



Change over time in young mothers' engagement with a community-based doula home visiting program

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ABSTRACT

Families' low engagement has been a common challenge of many early prevention programs, but the phenomenon and its associated factors have not been well studied, especially from a longitudinal perspective. This study examines the change over time in young, African-American mothers' engagement with a pregnancy and perinatal doula home visiting program. One hundred and twenty-three participants were involved, with an average age of 18.2 years old. Mothers were in pregnancy for an average of 26.6 weeks by the time of study, and were primarily first-time mothers. The mothers were visited approximately weekly, beginning in the last three months of pregnancy and extending through the first three months after birth. Doulas rated the mothers' engagement after each visit based on their involvement with the visits and understanding of materials. Longitudinal analysis using hierarchical linear modeling techniques showed that, overall, mothers' engagement increased over time linearly, with some deceleration after the babies' birth, and with individual differences in both initial levels and rates of change. Mothers' psychosocial characteristics were more likely to be associated with their initial engagement levels, while time-varying measures of visit length and settings showed much stronger associations with the rate of engagement change over time. In addition, the home visitors themselves showed individual variation that was predictive both of initial engagement and rate of growth over time. The results suggest that participant engagement is a dynamic process that varies over time in complex ways, and it is associated with participant and program factors.

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1. Introduction

Early preventive intervention programs, including community-based home visiting programs, have been recognized for their ability to foster early childhood development and competent parenting for young children and their families, especially those from disadvantaged backgrounds and challenging circumstances (Avellar et al., 2015; Azzi-Lessing, 2011). However, a common dilemma faced by these programs is families' low program involvement, reflected in problems such as poor attendance, early termination, and lack of engagement with visit content (Ammerman et al., 2006; Korfmacher et al., 2008).

For example, an evaluation of major national home visiting models demonstrates high drop-out rates among participants, with families rarely receiving the full intervention as planned (Boller et al., 2014; Gomby, Culross, & Behrman, 1999). It is also common in preventive parenting programs that 50% or more of parents attend only half or fewer program sessions (e.g., Barrera et al., 2002; Charlebois, Vitaro, Normandeau,

Brendgen, & Rondeau, 2004). For some intervention and social service programs, enrolling, retaining, and engaging families who may need help most (or be perceived to need help most) seems to be especially difficult (Halpern, 2000; Robinson et al., 2002). A number of home visitation studies show that families at higher levels of risk typically received fewer and less frequent home visits, and dropped out at higher rates, than families at lower levels of risk (Raikes et al., 2006; Roggman, Cook, Peterson, & Raikes, 2008).

Therefore, examination of the variation in participants' program involvement and service uptake has surfaced as central questions in understanding the ability of intervention programs to have a measurable and substantial impact on targeted child and family development outcomes (Boller, Strong, & Daro, 2010; Daro, McCurdy, Falconnier, & Stojanovic, 2003). Family involvement and differential response to services are important elements of implementation research (Powell, 2005; Sweet & Appelbaum, 2004). This trend of research has been shedding light on designing effective intervention programs that can truly reach out, engage, and support vulnerable young children and families across a number of fields, including early childhood education and health intervention, child welfare services, family mental health, and psychotherapy treatment (Baistow & Wilford, 2000; Broadhurst, 2003;

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Ferguson, 2009; Paulsell, Del Grosso, & Supplee, 2014). The current study used longitudinal data collected across a six-month intervention period to examine the changing pattern of program engagement among young mothers who participated in a community-based, prenatal and postpartum support program.

1.1. Program engagement – definitions, measures, and association with outcomes

Various terms and measures have been used in studying participant involvement with intervention and social support programs. Some studies defined program involvement in strictly behavioral terms (e.g., attendance), some defined it as a cognitive-behavioral phenomenon (e.g., engagement), while others endorsed it in relational terms (e.g., collaboration or working alliance) (Littell, Alexander, & Reynolds, 2001). Korfmacher et al. (2008) identified two broad dimensions of parent involvement in home visiting programs: participation, which refers to the quantity of intervention, and engagement, which refers to the emotional quality of interactions between families and programs. The quantity aspect of program involvement has been studied most often by using concrete measures of program contact, including the amount of service (e.g., number of home visits or services), intensity (e.g., weekly or monthly), enrollment duration, ratio of completed program contact to the expected amount of contact, or dichotomous indication of program completion (Korfmacher et al., 2008).

The tools and methodologies to assess engagement, the quality aspect of program involvement, have been limited (Littell et al., 2001). Conceptual formulations of program engagement vary widely in empirical studies across health and human services (Yatchmenoff, 2005). Some underlying constructs have included: participants' interest and positive attitudes toward the program and its staff (Bamberger, Coatsworth, Fosco, & Ram, 2014; McCroskey & Meezan, 1997); alliance between participants and program staff (Horvath & Greenberg, 1994; Wen, Korfmacher, Hans, & Henson, 2010); completion of homework or tasks in-between contacts (Dumas, Nissley-Tsiopinis, & Moreland, 2007), and understanding of program materials (Korfmacher, Kitzman, & Olds, 1998). Because programs vary in focus, duration, and other aspects of design, how engagement is specifically measured is tailored to programs. However, the underlying constructs, such as parent interest, following through on activities, and positive attitudes toward interventionists, can be seen as shared across multiple types of parent support programming.

Some research suggests that program engagement may be a stronger predictor of program outcomes than quantity of participation. For example, an evaluation study of the Memphis trial of the Nurse Family Partnership Program found that the content of home visits (parenting-focused) and the quality of the program contact between nurse and family, as measured by mother's emotional engagement and perception of nurse empathy, predicted more program outcomes than the quantity of participation (Korfmacher et al., 1998). Similarly, a study of 11 Early Head Start home visiting programs also suggested that quality of mother engagement and content of visits (child-focused) were more strongly related to outcomes than quantity per se (Raikes et al., 2006). These and other studies (e.g., Breitenstein et al., 2010; Teti et al., 2008) have shown that participants' engagement is more consistently associated with program outcomes than simply measuring of program attendance.

1.2. Changes in participant engagement over time

A critical limitation of the studies of engagement thus far is that engagement has been measured and treated analytically as a static characteristic of the participants, although engagement can change across the course of an intervention for many possible reasons (Bamberger et al., 2014). It is common that empirical home visiting research uses one-time, single measures of engagement to sum up or represent entire intervention time periods. There is little examination of longitudinal

patterns of parent engagement (and quantity aspect of participation) with early childhood home visiting services (Korfmacher et al., 2008).

Participant engagement represents a dynamic interaction process between families and programs and this interaction can be shaped by many factors. For example, families might become more engaged with the program over time when they know more about program services, feel the personal relevance, gain confidence in producing positive changes, and become familiar with program staff. On the other hand, participants' engagement might decline over time when they perceive the services to be irrelevant, less beneficial, demanding, or boring (Bamberger et al., 2014). In addition, their engagement might fluctuate up and down due to service providers' interpersonal and communication skills, feedback from other family members or friends, or individual stress and life situations.

In home visiting programs, families are in constant negotiations and interactions with their home visitors, finding shared goals, priorities, and solutions. Therefore, it is expected that families' engagement level would vary depending on their continuous evaluation of how well the program meets their needs. Variation in participant engagement has implications for program outcomes. Therefore, tracking how participants' engagement change over time and identifying associated personal, programmatic, and contextual factors would better our understanding of program design, service delivery and uptake, and program adjustments to be taken.

Little research, however, has been done to examine change in engagement with early childhood services over time. There are a few studies focused on psychotherapy or on parenting programs targeting older children. For example, in a family intervention program targeting youth substance use, Bamberger et al. (2014) collected repeated measures of parent engagement obtained from 252 families during a 7-week intervention period. Parent engagement was measured in four dimensions related to participation, interest, positive affect toward interventionist, and positive affect toward other parents/group members, and each dimension was rated on a 4-point scale. The study found that, on average, parent engagement increased over time. There were, however, some differences in both initial level and rates of change across participants. Family tension was related to both initial levels of engagement and session-to-session changes in engagement. Another family-focused intervention trial study (Coatsworth et al., 2006) also showed that the dimensions of caregiver engagement, including their positive and negative alliance with group members and interventionist and level of leadership, did change over time.

In psychotherapy research, the measure of participant engagement typically focuses on the relationship between therapists and clients, often termed the working alliance. There has been mixed results regarding how quickly the alliance between therapists and clients was formed, and whether this relationship was relatively stable or evolved over time. For example, there is evidence that the therapeutic alliance in couples and family therapy changed over time rather than remaining stable (Friedlander, Escudero, & Heatherington, 2006). On the other hand, research supports the idea that an alliance in couples therapy formed quickly and remained stable from the first to the eighth session of treatment (Knobloch-Fedders, Pinsof, & Mann, 2007). Interestingly, another study used both clients' and therapists' perspectives and found that there was both stability and change in the therapeutic alliance in early stages of couples therapy, and there were differences in perception by husbands, wives, and therapists. It is also noteworthy that the studies reviewed above collected data from only a proportion of the intervention period (e.g., a few sessions at different stages of the therapy).

More investigations are needed in tracking the changing patterns of participant engagement with intervention services, especially in the field of early childhood intervention where almost no information is available. Our study represents such an effort by examining the longitudinal, dynamic trajectories of high-risk, young mothers' engagement with a home visiting program.

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