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# Objectives

- To review an approach to research that perhaps is non-tradition but can add value
- To reflect on how to participate in research without being the researcher
- Discuss how to apply research to our daily work

# Background

- Joint project between SCAN & Young Families started in 2004
- Three year funding from Foresters (now ended)
- Goal:
  - To develop a comprehensive evidence-based screening and assessment process for young parents and families with the goal of improving outcomes in the areas of health, development, attachment, behaviour, safety and injury prevention

# Project Team Members

- Team has had many changes
- Current:
  - Gillian Thompson (NP Young Families)
  - Karla Wentzel (NP SCAN)
  - Sharon Lorber (SW Young Families)
  - Nicole (RN Young Families)
  - Sherri Madigan (Psych Post Doc)
    - On maternity leave
  - Stephanie Jeanneret Manning (Project research assistant)
  - Students (medical and MN)

# The Project to Date

- **Assessment Phase**
- Intervention Phase
- Evaluation Phase

# Objectives

1. Identification and assessment of high risk infants and parents
  - Screening and assessment- Identify tools and timelines
2. Provision of educational programs addressing the areas of outcome (health, development, attachment, behaviour, safety/injury prevention)
  - Development of appropriate (adolescent friendly) written materials /videos
  - Interactive sessions
3. Referrals and facilitation of infants and parents with services to meet their needs

# Assessment Phase

- Review of the literature
- Review, modification and development of resources used in program
- Clinical pathway developed (\*available for review)
  - Scheduled assessment with standardized measures
  - Standard scheduled educational resources to be use
  - Practical developmentally appropriate resources (toys, books, feeding) to be given to families
- Database (SPSS) developed
- Ad hoc intervention with clinically significant cases

Some interesting data ...

# The Beck Depression Inventory (BDI)

- Conducted with a Social Worker prenatally.

Of 20 cases, 20% of respondents fall within a range of mild depression

# The Edinburgh Postpartum Depression Scale

- ~3 weeks and ~3 months postpartum

84 mothers ~ 3 weeks postpartum

19.2% of these mothers scored above the cut-off for depression

59 mothers ~ 3 months postpartum

20.4% of the mothers scored above the cut-off for depression

# The Childhood Trauma Questionnaire (CTQ)

- 28 self-report items that help us to screen for the abuse/neglect history of the mothers.

31 mothers have taken the Childhood Trauma  
Questionnaire ~ 5 months  
postpartum

# Emotional Abuse

- 45.2% of mothers reported emotional abuse in their childhood
  - 16.1% of mothers experienced severe to extreme emotional abuse

# Physical Abuse

- 38.6% of mothers reported physical abuse in their childhood
  - 19.2 % of mothers experienced severe to extreme physical abuse

# Sexual Abuse

- 29% of mothers reported sexual abuse in their childhood
  - 16.1% of mothers experienced severe to extreme sexual abuse

# Emotional Neglect

- 48.4% of mothers reported emotional neglect in their childhood
  - 12.8 % of mothers experienced severe to extreme emotional neglect

# Physical Neglect

- 32.2 % of mothers reported physical neglect in their childhood
  - 12.8 % of mothers experienced severe to extreme physical neglect in their childhood

## Note...

- As indicated by minimization/denial scores, 38.7% of respondents may have under-reported their history of abuse/neglect

# The Substance Abuse Subtle Screening Inventory (SASSI-A2)

- Substance use and the degree to which substances are being used.
- 42 mothers completed the SASSI-A2 at both 3 and 6 months.

# SASSI-A2

- 83.3 % of mothers who had ever used alcohol or drugs
  - 52.4% were 14 years or younger when they first tried alcohol or drugs.

# SASSI-A2

- At 3 months:
  - 14.3% of mothers reported using drugs or alcohol.
- At 6 months:
  - 16.7% of mothers engaging in drug or alcohol use.

# SASSI-A2

- At 3 months:

- 31% of mothers responded that they were friends with people who sell drugs.

At 6 months:

- 33% of mothers, responded that they were friends with people who sell drugs.

# SASSI-A2

- 33% of mothers interviewed reported having ever been in trouble with the law.

# The Adult-Adolescent Parenting Inventory-2

- Two sets of questionnaires conducted at 2 and 15 months postpartum
- 40-question measures
- Compile a parenting profile in the areas of expectations, empathy, belief in corporal punishment, family roles, and independence.

# The Adult-Adolescent Parenting Inventory-2

- 71 mothers have completed the AAPI-A at ~ 2 months postpartum

12.7% of respondents tended to reverse family roles

21.1% of respondents tended to restrict power

# The Adult-Adolescent Parenting Inventory-2

- 23 mothers have completed the AAPI-B at ~15 months postpartum

13% of respondents continued to reverse family roles

30.4% of respondents tended to restrict power

# The Infant/Toddler Symptom Checklist

- 7-9 months, 13-18 months, 19 - 24 months
- screen for emotional, learning, attention and sensorimotor disorders.
- 57 items
- regulatory processes
  - (self-regulation, attention, sleep/wake cycles, feeding, dressing, bathing and touch, movement, listening, language and sound, looking and sight and attachment/emotional functioning).

# The Infant/Toddler Symptom Checklist

- 55 mothers have completed the 7-9 month symptom checklist
  - 34% of the infants scored within the deficient range of regulatory processes

# The Infant/Toddler Symptom Checklist

- 26 mothers have completed the 13-18 month symptom checklist
  - 15.4% of the children scored within the deficient range of regulatory processes

# The Infant/Toddler Symptom Checklist

- 15 mothers have completed the 19-24 month symptom checklist
  - 46.7% of the children score within the deficient range of regulatory processes

# The Child Abuse Potential Inventory (CAP)

- 160 item questionnaire
- Conducted at ~13 months postpartum.
- Derived from 6 factor scales: Distress, Rigidity, Unhappiness, Problems with the Child/Self, Problems with the Family, Problems with Others

# The Child Abuse Potential Inventory (CAP)

- Elevated abuse score indicates that the respondent has characteristics of individuals who have been abusive.

# The Child Abuse Potential Inventory (CAP)

- 31 mothers completed the CAP inventory
  - 22.4% of these mothers had an elevated abuse score

# Case 1-KE

- 17 year old mother
- 4 mos. baby
- Living at maternity home
- CCAS involvement-voluntary agreement
- Crown ward-age 14 due to conflict with mother's BF
- History of sexual abuse-court pending
- Accidental burn to baby day 2 of life
- Falling down stairs, difficulty focusing, ++ support form Massey staff
- Anxious feelings, sleeping ++, vomiting, body image issues, conflict with peers and endorses increasing depressive symptoms
- Recent arrest for assault with other resident

# Case- KE

- 3 Week post-partum Edinburgh (7)
- 3 Month post-partum Edinburgh (15)
- Childhood Trauma Questionnaire scores were classified as follows:
  - Emotional Abuse (Moderate to Severe)
  - Sexual Abuse (Severe)
  - Emotional Neglect (Low to Moderate)
  - Physical Neglect (Low to Moderate)
- 3 Month SASSI indicated the following:
  - Drugs Lifetime Use was well above the Clinical Range for both Alcohol and
  - Substances were first tried at 10- 11 years of age
  - Regular use at 14 years
  - Grade 8 was the last completed
  - She has had involvement with the law

# YFP Interventions

- Initially open to intervention
- On-going SW support Q visit
- Full medical assessment at “Mom’s clinic”
- Referral to Neurology
- Referral to psychiatry
- Referral to Jessie’s for housing and parenting support
- Outstanding: trauma, SA, impact on interactions with baby...

# Case-CJ

- 18 y.o. mother and 18 mos (16 mos corrected) baby
- Living with her BF and his family
- Both presenting with education/employment plan
- Very supportive environment
- Mom can present as quiet/flat
- FTT

# Case-CJ

- **3 Week post-partum Edinburgh (13)**
- **3 Month post-partum Edinburgh (6)**
- **Childhood Trauma Questionnaire scores were classified as follows:**
  - Sexual Abuse (Moderate-Severe)
  - Emotional Abuse (Low-Moderate)
- **Revised Infant Temperament Questionnaire scores (no longer administered due to length)**
  - well above cut-off for Rhythmicity of daily biological processes (eating /sleeping and bowel movements).
- **Adult/Adolescent Parenting Inventory**
  - low level of Empathy where in the following may hold true: Fear of spoiling children;developmental needs of children not understood or valued; children must act right and be good; lack of nurturing skills; may be unable to handle parenting stresses
- **Infant/Toddler Checklist (13 - 18 Months of age)**
  - well-above cut-off score. This includes mention of 1-2 hours of calming child daily.

# YFP Interventions

- FTT
  - Routine structure and feeding guidelines
  - Energy Boosting
  - Encourage/facilitate Daycare
  - Medical work-up started
  - Likely referral to “Infant and Toddler Nutrition and Feeding Program”
  - Outstanding: past trauma

# What does the High Risk Project tell us?

- More questions!!!!!!
- Clinical and psychometrics often similar picture
- Does ringing over on measure mean negative outcomes?
- What does this mean for the parenting role?

- **Intervention Phase**

- Establish a standardized model of intervention
  - Flowchart
  - Within hospital/staff and community
  - Establishment of referral base and/or partnerships
  - Consider the modalities available and what is most effective with adolescents
  - Continue with measures that add relevant information and are practical to do by team members in busy clinic setting

# Shift to Research-REB Application

- Now able to present/publish data
- Short form application complete
  - Chart review-retrospective
  - Part of clinical care
  - Improving outcomes for adolescent parents and their children

# Successes

- Rational for services
  - Psychiatry
- Confirming clinical experience
- Opportunity for research
- Learning opportunities for students
- Less resistance from population than expected to participate

# Challenges

- Lack of dedicated time for team members for project
- Order of project
- Broad scope of project
- Ongoing funding

# Next Steps....

- Analysis of data from psychometric testing to describe trends seen in this Canadian population
- Submit for publication-descriptive paper
- Focus on most clinically significant trends (mental health-maternal and infant, substance abuse, trauma)
- Use data for accessing funding sources/resources
- Future research opportunities and partnerships

# Inspiration to Participate in Research

- You do not need to be a researcher
- You do need to value research
- Do you have team members that have research skills? Use them! Form a team...
- You do have something to contribute-clinical experience, program planning, leadership, organizational skills, communication skills, networking, visionary?
- Develop relationships with the University to lead the research initiatives

# How to use Research?

- Read it
- Belong to a group that sends it
- Conference
- Look it up
- Question it
- Analyze it and see where it fits
- Play your part in it