EFFECTS OF FRIEND SUPPORT ON THE PARENTING BEHAVIOR OF LATINA ADOLESCENT MOTHERS

A thesis submitted to Kent State University in partial fulfillment of the requirements for the Degree of Master of Arts

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CHAPTER 1

INTRODUCTION

A growing body of literature, guided by attachment and ecological theories of parental functioning (Belsky, 1984; Bowlby, 1969), recognizes social support as an important predictor of parenting (For review, see Osofsky & Thompson, 2000). Given the many risk factors and adverse outcomes associated with adolescent parenthood for both mother and child, it is important to identify protective factors in this group (Moore & Brooks-Gunn, 2002). Social support and parenting research with adolescent mothers has principally focused on samples of African American (AA) and European American (EA) mothers and support provided by the parenting adolescent’s own mother. There are gaps in the available empirical evidence regarding support provided by other members of the adolescent mother’s network and parenting by Latina mothers (Grau, Wilson, Weller, Castellanos, & Duran, 2012). The current study aims to further the understanding of parenting among Latina adolescent mothers by examining friend support as a predictor of maternal behavior.

Significance of Research with Latina Adolescent Mothers

The previous literature on the lives of adolescent mothers reveals a host of adverse outcomes for both mothers and their children. Comparisons with adolescent peers who postpone childbearing have found that teenage mothers are more likely to live in
neighborhoods of low socioeconomic status, to be unemployed and out of school, to be single parents, and to receive less support from family and friends (Borkowski, Whitman, & Farris, 2007; Devereux, Weigel, Ballard-Reisch, Leigh, & Cahoon, 2009; Furstenberg, 1980; Moore & Brooks-Gunn, 2002). Compared to their adult counterparts, adolescent mothers are at higher risk for experiencing depressive symptomatology, feeling socially isolated, and experiencing stressful life events. (Furstenberg, 1980; Lanzi, Bert, & Jacobs, 2009; Whitman, Borkowski, Keogh, & Weed, 2001). The ways in which these socioeconomic outcomes relate to parenting among adolescent mothers have not received much research attention. However, studies with both adolescent and adult mothers indicate that outcomes such as economic strain, single parenthood, and low educational attainment are related to the psychological and parenting adjustment of mothers (Conger, Wallace, Sun, Simons, McLoyd, & Brody, 2002; McLoyd, 1990; Rhodes, Ebert, & Meyers, 1994).

Research with adolescent mothers of Latina origin is especially important, given that Latinos are significantly overrepresented among the poor and have the highest adolescent birthrate in the U.S. (70 per 1,000 births; 15-19 year olds, versus 59 per 1,000 births for Black teens; and 26 per 1,000 births for White teens; Hamilton, Martin, & Ventura, 2011). However, despite the prevalence of Latina adolescent mothers in the population, this group is still underrepresented in the literature.

Adolescent mothers and their children are also considered to be at-risk due to their own adolescent period of development. Teenage mothers may lack the cognitive and emotional maturity to understand their child’s perspective and respond consistently to
their child’s needs (Osofsky, Hann, & Peebles, 1993). Accordingly, studies have found that parenting adolescents are less likely than parenting adults to have appropriate developmental knowledge of their children (Bornstein, Cote, Haynes, Hahn, & Park, 2010; Karraker & Evans, 1996).

Coupled with poorer developmental knowledge, adolescent mothers tend to exhibit less desirable parenting behaviors. Parenting adolescents are less likely than parenting adults to initiate verbal interactions, provide cognitive stimulation for their children, and demonstrate positive affect, empathy, and sensitivity (Berlin, Brady-Smith, & Brooks-Gunn, 2002; Culp, Culp, Osofsky, & Osofsky, 1991; Levine, Garcia-Coll, & Oh, 1985). Teenage mothers are more likely to display negative control (i.e., criticism, physical restraint), negative affect, intrusiveness (i.e., imposing their own play “agendas” on the child), and detachment (Berlin et al., 2002; Ensor & Hughes, 2009). Additionally, adolescent mothers are more likely than older mothers to have dysregulated patterns of affective interaction, such that they misread their child’s affective cues or respond negatively to their child’s negative affect (Hann, Robinson, Osofsky, & Little, 1991).

Studies with adolescent mothers have linked observed parenting behaviors such as responsiveness, cognitive stimulation, and positive affect with toddler cognitive and language functioning (Cooley and Unger, 1991; Han, Osofsky & Culp, 1996; Moore & Snyder, 1991; Oxford & Spieler, 2006). Consistent with the findings regarding lower maternal sensitivity and higher detachment and negative affect, the children of adolescent mothers are at higher risk for behavior and learning problems and cognitive and language delays than the children of adult mothers (Brooks-Gunn & Furstenberg, 1986; Coley &
Chase-Lansdale, 1998; East & Felice, 1990; Luster & Haddow, 2005). Children born to adolescent mothers are also more likely to display a disorganized attachment style (Hann, Castino, Jarosinski, & Britton, 1991; Hann et al., 1996). These findings emphasize the importance of identifying predictors of sensitive, affectively positive adolescent parenting, so that interventions can be designed to boost child outcomes.

**Social Support and Parenting**

One important predictor of parenting behaviors among adult and adolescent mothers is social support (Belsky, 1984; Contreras, 2004; Nath, Borkowski, Whitman, & Schellenbach, 1991). Social support is known to be both stress-preventive and stress-buffering for at-risk individuals (Barrera, 1986). According to stress preventive theories, social support decreases the likelihood that stress will occur by improving self-esteem, coping strategies, and skills. In the stress-buffering model, these coping resources also diminish the negative impact of stressful events that do occur (Thompson, Flood, & Goodvin, 2006).

In Belsky’s (1984) model of parenting, support either directly informs maternal behavior (e.g., in the form of parental instruction or advice) or indirectly impacts maternal behavior by buffering against stressors and increasing self-esteem and parental self-competence. Substantiating the link between social support and parenting, adult parents with available supportive networks tend to be more sensitive and stimulating of their child’s learning, and less intrusive and controlling (Burchinal, Follmer, & Bryant, 1996; Jennings, Stagg, & Connors, 1991; Smith, 2010). Lending additional support to this model, Fiering, Fox, Jaskir, and Lewis’s (1987) study with Latino adult mothers and
fathers with premature and sick infants found that tangible assistance from friends, such as the provision of clothing, furniture, and baby supplies, was positively related to proximal maternal behaviors of touching, holding, and kissing the child.

The relation between social support and parenting may be more complex for adolescent mothers due to their stage of development. To conceptualize how Belsky’s (1984) theories would apply to the parenting of Latina adolescent mothers, Contreras and colleagues (2002) integrated developmental, cultural, and socio-demographic factors that contribute to the ecological context of these mothers’ lives (e.g., developmental age, acculturation/enculturation levels). This adapted model allows for challenges unique to the adolescent mother as she struggles with dual and divergent identities.

Developmental literature marks adolescence as a time of identity exploration, when teenagers venture out of the family sphere to socialize with friends, form romantic relationships, and seek new experiences (see Steinberg & Morris, 2001 for review). As adolescents grow older, they spend more time with peers and less time with parents (Steinberg & Morris, 2001), and experience more sensitivity to peer’s opinions and rejecting behaviors (Masten et al., 2009). However, focusing on her identity as an adolescent may be detrimental to the young mother’s development of parenting skills and relationship with her child. At the same time, the adolescent mother who strives to develop her identity as a parent, to ensure her child’s primary and secondary needs are met, and to foster developmental experiences for her child may experience social isolation. Adolescent mothers often report experiencing a decline in social support after childbirth, especially those who are also high school dropouts (Colletta & Lee, 1983;
Despite their additional identity as a parent and the challenge of these divergent developmental paths, adolescent mothers may still place great value on support from friends. It is possible that the effect of friend support may differ for adolescent mothers based on the type of support provided. However, there is a dearth of research examining the contribution of friend support to the lives of adolescent mothers.

Friend Support

Quantity and Type of Support

Although adolescent mothers identify their own mothers and partners as the most common providers of support in their networks, evidence suggests that their friends are also a considerable source of support (Crockenberg, 1987; Davis, 2002; Devereux et al., 2009; Nitz, Ketterlinus, & Brandt, 1995; Voight et al., 1996). In Voight, Hans, and Bernstein’s (1996) study of first time AA adolescent mothers with one-year-old toddlers, friends were the chief providers of social participation (76%) and intimate interactions (52%). In a sample of Mexican American and EA adolescent mothers enrolled in school-based programs for adolescent parents, mothers reported that maintaining friendships and making new friends were frequent coping behaviors in response to problem experiences (Codega, Pasley, & Kreutzer, 1990). Other research with AA and EA adolescent mothers suggests the importance of specific types of friend support. Friends seem to provide more emotional support and positive feedback than tangible or childcare assistance and are perceived by mothers to be an important source of emotional support (Dellman-Jenkins,
Sattler, & Richardson, 1993; University of Chicago, 2011; Richardson, Barbour, & Bubenzer, 1991; 1995; Voight et al., 1996). Although the literature is lacking regarding the characteristics of these friends, pregnant and parenting friends may be particularly valuable sources of support for adolescent parents, as they can assist with childcare support and exchange advice and emotional support through shared experiences (Herrman, 2008; University of Chicago, 2011). However, little is known about the composition of friends in the social network of adolescent mothers, and even less about this portion of the network for Latina adolescent mothers.

Latina adolescent mothers may utilize different social resources than EA adolescent mothers depending on their generational status (i.e., first generation mothers were born outside of the U.S., later generations were born in the U.S.). The social support literature comparing across ethnic groups indicates that Latino adolescents are more likely to seek advice from family members and report more positive attitudes towards their parents compared to EA adolescents (Suarez-Orozco & Suarez Orosco, 1995). Other research with nonparenting Latino adolescents has found that emotional support from friends is reported more often by female adolescents of both immigrant and nonimmigrant status than it is reported by male adolescents (Stanton-Salazar & Urso Spina, 2005; Way & Chen, 2000). These findings suggest that emotional support may be particularly valued among female Latina adolescents such as the mothers in the current sample. However, there is much heterogeneity among members of the Latino ethnic group. One of the ways in which Latinos vary is the preference for family support based on generational status. Nonparenting Latino adolescent immigrants report more positive
attitudes towards family members (Suarez-Orozco & Suarez-Orosco, 1995) and are more likely to prefer seeking advice from family members than adolescents of later generations (Morrison, Laughlin, San Miguel, Smith, & Widaman, 1997).

Generational status may also influence the support reported by Latina adolescents who are mothers. Similar to their nonparenting counterparts, Latina adolescent mothers report more family support and less outside support than EA (friends; Becerra & de Anda, 1984) and AA adolescent mothers (Dore & Dumois, 1990). These findings align with *familismo*, a core cultural belief system about Latino family life that refers to the valuation of interdependence, loyalty, and reciprocity in family relationships (Guilamo-Ramos, Dittus, Jaccard, Johansson, Bouris, & Acosta, 2007). In addition to favoring family over friends for support, Latina mothers born outside the U.S. have had less time living in their community to create and maintain supportive friendships. Thus, to better understand these relationships embedded within a larger ecological context, studies are needed exploring variations in friend social support based on generational status.

**Friend Support, Psychological Adjustment, and Parenting**

The literature on the relation between friend support and psychological adjustment suggests that the support of friends is a protective factor for adolescent mothers. Although a few studies with AA and EA teenage mothers found a positive relation between friend support and psychological distress (Thompson, 1986; Thompson & Peebles-Wilkins, 1992), other studies have found that higher levels of friend support is related to lower levels of emotional and life stress (Colletta, 1983; Leadbeater & Linares, 1992) and higher levels of life satisfaction (Crnic & Greenberg, 1987; Unger &
Wandersman, 1985). Previous research also indicates a negative relation between friend support and the stress a mother feels due to the parenting role (Richardson, Barbour, & Bubenzer, 1995; Unger & Wandersman, 1985).

Studies investigating the associations among friend support and parenting variables in samples of adolescent mothers have yielded mixed results. Several studies examined this relation using maternal report measures of parental behaviors. Colletta’s (1981) study with EA and AA adolescent mothers and their toddlers found that the types of friend support related to parenting in different ways. More emotional support from friends was unrelated to self-reported maternal warmth but was associated with less maternal aggression. More friend material support was related to less self-reported maternal aggression and rejection, and higher levels of task assistance from friends were related to greater maternal neglect. In Thomas, Rickel, Butler, and Montgomery’s (1990) research with a sample of AA and EA pregnant and parenting adolescent mothers, higher levels of friend support related negatively with self-reported maternal restrictiveness, a measure of parental strictness. Friend support was unrelated to self-reported maternal nurturance, a measure of encouragement and givingness. However, these studies examined the parenting behaviors of adolescent mothers based on indirect measures, rather than behavioral observations. Thus, the findings have implications for mothers’ perceptions about interactions with their children rather than their actual interactions.

Only three studies with adolescent mothers used behavioral indices of parenting to explore the effect of friend support. In Crnic, Greenberg, Ragozin, Robinson, & Basham’s (1983) study with a mixed-age sample of EA mothers, including adolescents,
higher satisfaction with friendship support was unrelated to behavioral interactions (e.g., affective tone, responsiveness). However, the infants in this sample were only one month old. The authors theorized that friendship support may have more of an effect on maternal behavior as the child grows older and the mother resumes prior levels of social contact (Crnic et al., 1983). Ensor and Hughes’ (2009) study with British, Caucasian mothers also used a mixed-age sample, and half of the participants were adolescents at the birth of their child. Mother-child interactions were coded for maternal behaviors when toddlers were 24 to 34 months old. The authors examined a support composite of friend emotional support and child care assistance. Findings indicated that the friend support composite was positively related to a composite of maternal sensitivity (i.e., responsiveness and positive affect) and negatively related to a composite of negative parenting (i.e., negative affect, negative control). Voight and colleagues (1996) found that the number of different types of friend support (i.e., advice, material assistance, positive feedback, child care assistance, social participation) was unrelated to a composite of maternal behaviors in which higher scores reflected more desirable behavior. However, the number of friends in the network related positively to parenting behavior. The authors suggested that friends may provide emotional, positive support without the conflict that is inherent to the mother-daughter/boyfriend-girlfriend relationship.

Given the different support measures used in the above studies, it is difficult to detect a pattern in how friend support relates to maternal behaviors. All of the studies that measured parenting through observed maternal behaviors examined friend support using a composite or a sum of support types. However, in order to delineate the potentially
differing effects of friend support, each type must be examined separately (Nath et al., 1991). Additionally, none of these studies considered the impact of developmental factors or other support providers on the relation between friend support and parenting. An early and unexpected pregnancy increases the household financial burden and the likelihood that Latina adolescent mothers will rely on the family as their main source of support (Cauce & Domenech-Rodriguez, 2002; Cochran & Niego, 2004). Grandmothers in particular tend to take over many of the adolescent mothers’ parenting responsibilities and directly socialize parenting skills (Moore & Brooks-Gunn, 2002). Incorporating grandmother support in studies with adolescent mothers allows for a more comprehensive picture of the relation between friend support and maternal behaviors.

**Grandmother Support**

The literature regarding grandmother support and adolescent mothers’ parenting indicates that these relationships are vital, but complex for the adolescent mother. Higher levels of emotional support from grandmothers are generally related to less psychological distress (Leadbeater & Linares, 1992), more parental competence (Oberlander, Black, & Starr, 2007), less neglectful and abusive parenting (Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011) and more positive parenting among adolescent mothers (Colletta, 1981). However, grandmother involvement in child care tends to have differential effects on maternal behavior depending on the grandmother-mother level of conflict, acculturation, and co-residency with the grandmother (Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Contreras, 2004; Contreras, Lopez, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999; Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999; Cooley &
Unger, 1991). Summing or averaging the different types of grandmother support may oversimplify how social support impacts maternal behavior. Accordingly, research examining the parenting of Latina adolescent mothers should account separately for grandmother emotional support and child care assistance.

To the author’s knowledge, the current study is the first to test the relation between specific types of friend support and observed parenting behaviors in a sample composed entirely of Latina adolescent mothers. Friend emotional support was included due to literature suggesting its importance to the adolescent mother. Socializing support and child care assistance were selected to test aspects of friend support that may differentially relate to maternal behavior. The hypothesized positive and negative effects of different types of friend support highlight mothers’ dual, divergent identities as adolescents and as parents (Contreras et al., 2002). The study is also the first to investigate maternal age and grandmother support as moderating factors.

Goals of the Current Study

In light of the scarcity of existing studies that explore the friend support networks of Latina adolescent mothers, the first goal of the study is to provide descriptive information on the extent of mothers’ friend networks. The amount utilized of three specific types of friend support will be described: emotional, socializing, and child care. Friends are expected to be a considerable source of support for mothers, with higher amounts of emotional and socializing support provided than child care assistance.

Importantly, mean differences in friend quantity and type of friend support between mothers of different generational status will be explored in order to take into
account the cultural and ecological context of the sample. Considering previous findings with both parenting and nonparenting adolescents, mothers born outside the U.S. mainland are expected to have lower mean levels of friend support than those of subsequent generations.

The second goal of the study is to expand the current literature by examining friend emotional support, socializing support, and child care assistance as separate predictors of observed parenting behavior. To further distinguish effects of different types of support, friend emotional support and child care assistance will be examined above and beyond the effect of grandmother support. Contextual variables that have been found to relate to parenting adjustment will also be explored (McLoyd, 1990; Rhodes et al., 1994). To address the second goal, mother-child social interactions were coded for sensitivity, positive and negative affect, cognitive stimulation, repertoire of behaviors, and detachment. These maternal behaviors were selected due to previous studies demonstrating their conceptually meaningful relationships with social support variables (Contreras, Mangelsdorf et al., 1999; Goldstein, Diener, & Mangelsdorf, 1996). Furthermore, studies have indicated the ability of these scales to assess variability in maternal behavior among Latina adolescent (Berlin et al., 2002; Contreras, Mangelsdorf et al., 1999; Ispa et al., 2004) and adult mothers (Harwood, Schoelmerich, Schulze, Gonzalez, 1999). Different main effects between support and parenting are expected based on the type of support provided. Interaction effects between friend support variables and maternal age, and the interaction between friend child care and grandmother child care, will be explored.
In line with previous literature, higher levels of friend emotional support are expected to relate to more desirable parenting behaviors (i.e., sensitivity, positive affect, repertoire of behaviors, cognitive stimulation). Mothers reporting more emotional support from friends are also expected to display less undesirable parenting (detachment, negative affect). These positive and negative relations are expected even holding grandmother emotional support constant. The distinctive closeness and intimacy inherent in emotional friend support may indirectly influence parenting behaviors by improving psychological adjustment, parental self-efficacy, and social competency skills (Belsky, 1984). These relations are expected to be stronger for older mothers than for younger mothers due to the greater importance that older adolescents place on their friendships (Cheng & Chan, 2004).

Conversely, with higher levels of friend socializing support, mothers are expected to display lower levels of desirable and higher levels of undesirable maternal behaviors. Although socializing with friends may have a positive impact on the adolescents’ psychological adjustment, this effect may not translate to the mothers’ parenting, given the mother’s divergent identities as an adolescent and as a parent (Contreras et al., 2002). Mothers seeking a fun diversion from parenting may decrease the time and interest they devote to their children. If the adolescent mother’s family members spend a great deal of time parenting the child while the mother is having fun with her friends, she will not have an opportunity to develop her parenting skills or feel confident in her parenting abilities. Additionally, socializing friend support may lack the competence-building trust and intimacy of other types of friend support. As Stanton-Salazar and Urso Spina (2005)
noted, friend relationships among Latino adolescents are not inherently characterized by trust and emotional support. Socializing friend support is expected to relate to less desirable and more undesirable parenting behavior regardless of maternal age.

Relations between friend child care assistance and parenting are expected to depend on both maternal age and the level of child care assistance she receives from the grandmother. Older adolescents are likely to be more socially and emotionally mature than younger adolescents. Therefore, older mothers are expected to display more desirable parenting behaviors and fewer undesirable parenting behaviors when receiving child care from friends, above and beyond the effects of childcare from grandmothers. Younger adolescent mothers are expected to display more negative and less positive maternal behavior when receiving child care assistance from friends.

The effect of friend child care assistance on parenting may also depend on the child care assistance the adolescent mother receives from her primary source of support, the child’s grandmother. In the unusual circumstances in which adolescent mothers receive low levels of child care assistance from the grandmother, she may turn to friends as complementary and compensational support figures to assist with her parenting role. Under these conditions, it is expected that friend child care assistance will be protective and therefore relate to more maternal sensitivity. If the adolescent mother is receiving high levels of child care assistance from the grandmother, she may have less need to seek support from friends (Hans & Thullen, 2009). Thus, under conditions of high grandmother support, child care assistance from friends is not expected to relate to her parenting.
CHAPTER II

METHOD

Participants

Participants for the current study (N=168) were drawn from a larger sample (N=170) of adolescent Latina mothers and their children. Data from two participants (1.20%) were not included, due to overly brief or off-task interactions with their children that could not be properly coded for analyses.

The mean age of the 168 mothers in the current sample was 17.94 years (SD = 1.32; range: 14.25-19.92) at the time of the child’s birth. Mothers were predominantly of Puerto Rican origin (81.20%) and 45.24% were born outside the mainland US. The majority of mothers (88.10%) reported receiving one or more forms of government assistance (i.e., food stamps, medical card), all mothers resided in a low-income Latino neighborhood within a Midwestern city. At the time of interview, 32.14% of mothers reported completing high school or some type of higher level education, while 58.4% of mothers had completed 9th to 12th grade, and 9.5% had not completed ninth grade. However, during the interview, 26.2% of mothers reported continuing to attend school full-time or part-time, and 41.7% reported being employed full-time or part time.

Over 92% of the target children were born in the mainland US, and 69% were described by the mothers as of purely Latino origin while others were reported as mixed. The mean age of toddlers (54.8 male) was 18.21 months (SD = .96; range: 15.94 – 20.79)
at the time of the home visit. The majority of children were the only child (72.6%) and 11.9% were the first child.

**Procedure**

Participants were primarily (78.2%) recruited in-person from pediatric clinics serving the Latino community in a large Midwestern city. Participants were also referred by friends/relatives or self (15.3%) or by professionals or others in the community (6.5%). Mothers were enrolled at first contact, regardless of child’s age, as a result of difficulties contacting young Latina mothers in the area (e.g. there is no service agency for this population). To meet eligibility for the study, mothers were required to be 19 years or younger at the birth of their child, with a child under 20 months old who was born full-term with no major physical or medical problems. The enrolled participants were followed until the target child reached age criteria.

Of the 253 eligible mothers that were contacted, only 12 did not agree to enroll in the study (4.7%). From the remaining 241 mothers, 170 (70.5%) participated. Seventy-one participants either moved before their child reached eligible age (18.5%), couldn’t be located (28%), refused to participate upon further contact (8.5%), or had scheduling problems after their child reached age criteria (45%).

Two female researchers, at least one of whom was bilingual, conducted home visits. The researchers obtained informed consent from the participant (and a parent or guardian if she was under 18 years of age), videotaped the mother with the child, and interviewed the mother using various questionnaires with a computer assisted interview. Instructions and questionnaires were administered in the participant’s preferred language.
Mothers received $70, a small gift for the child, and a copy of the videotape for their participation.

**Measures**

**Demographics**

Through computer-assisted, fixed-format questions, demographic information was collected via participant self-report. Mothers provided the following information: child’s age, gender, ethnicity, and parity; mother’s use of daycare or babysitter; mother’s age; ethnicity; school status; work status; education level; receipt of Temporary Assistance for Needy families; generation in the U.S.; and living arrangements.

**Economic Strain**

The Economic Strain Questionnaire (ESQ; Pearlin, Menaghan, Lieberman, & Mullan, 1981), was a self-report measure that assessed mothers’ financial difficulties. Participants responded to nine items, such as, ‘Do you feel your household is able to afford decent housing?’ Responses ranged from 1 – ‘Never’ to 4 – ‘Always.’ Scores were re-coded and averaged to create a mean score in which higher scores indicated more strain. Adequate reliability was found for the overall sample (α = .82) and with English and Spanish respondents (α = .82 and α = .72, respectively).

**Social Support**

The Social Support Network Questionnaire (SSNQ), a modified version of the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981; Gee & Rhodes,
2007) was used to assess the three types of friend and two types of grandmother social support of interest in this study.

**Friend Support**

Mothers nominated friends for emotional support (talking about something personal or private), socializing support (getting together to have fun or relax), and child care assistance (helping take care of child/children). For each friend nominated, the mother was asked to estimate the amount of support received from that friend in the last month, on a scale of 0-‘Never,’ 1-‘Once or twice this month,’ 2-‘About once a week,’ and 3-‘More than once a week.’ A measure of average overall friend support was created by summing and averaging all support scores. To create a measure of average support per friend, the amount of support from each friend was summed and divided by total number of friends reported. This measure was computed for emotional support, socializing support, and child care assistance. Given that friend socializing and emotional support were strongly intercorrelated ($r=.51, p<.001$), emotional support was subtracted from socializing support to create a new socializing measure. This measure was created to better assess the amount of purely socializing interactions with friends rather than socializing interactions that included a component of emotional support. Child care assistance from friends was found to be mildly skewed and kurtoted (skewness= 2.91, kurtosis=8.02). The majority of mothers (82%) did not report help with child care from friends in the past month. The variable was dichotomized such that mothers who did not report friend child care assistance were coded as ‘0,’ and mothers who reported receiving any amount of friend child care were coded as ‘1.’ Dichotomization was justified given
that the scores were theorized to belong to two conceptually different groups. However, conclusions cannot be drawn regarding variations in mothers who utilized at least some quantity of friend child care assistance (MacCallum, Zhang, Preacher, & Rucker, 2002).

**Grandmother Support**

Given the literature implicating grandmother emotional and child care assistance in the emotional well-being and parenting of the adolescent mother, parallel measures were created to control for emotional support and child care assistance from grandmothers.

The SSNQ has been used to assess support from different network members in samples of AA and Latina adolescent mothers (Gee & Rhodes, 2007; Rhodes et al., 2004). This measure was found to have adequate reliability with samples of English and Spanish speaking Latina adolescent mothers (α = .89 for partners; .75 for grandmothers; Contreras, 2004). In the present sample, the internal consistency of these scales was adequate for both friend (α = .85 for entire sample, α = .85 for English respondents, α = .82 for Spanish respondents) and grandmother support (α = .79 for entire sample, α = .79 for English respondents, α = .81 for Spanish respondents).

**Maternal Behavior Scales**

Maternal behaviors were assessed during a videotaped task, during which mothers were asked to play with their child as they normally would without toys for a period of five minutes. The episode was coded for maternal sensitivity, positive and negative affect, detachment, cognitive stimulation, and repertoire using six nine-point scales. The
sensitivity, positive and negative affect, and repertoire scales were developed from scales used by Isabella (1993) and adapted for the assessment of behavior among young Latina mothers (Contreras, Mangelsdorf, et al., 1999). The detachment and cognitive stimulation scales were derived from scales used by The NICHD Study of Early Child Care (for more details on procedure, see NICHD Early Child Care Research Network, 2001). These scales were adapted from 5-point to 9-point scales, and calibrated for the sample of Latina adolescent mothers and the task of playing without toys. The following is a brief description of the six maternal behaviors scales (Refer to Appendix F for full scale descriptions):

- **Sensitivity:** The timing and appropriateness of the mothers’ responses to their children’s cues.

- **Positive Affect:** The frequency and intensity of positive affect (e.g. smiling, kissing, positive vocal tone) displayed by the mother.

- **Negative Affect:** The frequency and intensity of hostility, annoyance, frustration, impatience, and disapproval exhibited toward the child.

- **Detachment:** The extent of emotional disengagement, underinvolvement, and lack of monitoring of the child.

- **Cognitive Stimulation:** The frequency and quality of teaching activities with the child.

- **Repertoire:** The number and types of different approaches or activities used to engage the child.
Coding

Three coders, who were blind to other participant data, were trained to reliably code the six scales of maternal behavior. Coders trained using a recording sheet to write notes and scores (See Appendix G). Once coders had been trained using these training tapes, which involved five-minute mother-child interactions from another study, the current study began.

Inter-rater Reliability

As soon as coding began for the current study, coders were assigned a selection of DVDs to code each week, while remaining blind to the DVDs that other coders received. Coders overlapped in approximately 25% of the observations (n=46) to assess agreement. These raters met every week in order to compare scores for overlapping DVDs, resolve discrepancies, and determine a consensus score. Interrater reliability was calculated for each scale using intra-class coefficients (ICC; Shrout & Fleiss, 1979). Coders achieved sufficient reliability for five of the six scales. The negative affect scale was not retained for further analysis due to low ICC (Table 1).

Derivation of Composites

Descriptive information for the maternal behavior scales is reported in Table 2. Two outliers were found for maternal detachment, three for cognitive stimulation, and one for repertoire. However, since these outliers were plausible and represented values on the maternal behavior scales, they were left on the distribution. Based on previous studies that used two composites of these scales based on factor analysis (sensitivity and
Table 1.  

*Inter-rater Agreement: Intraclass Coefficients of Maternal Behavior Variables within Task (n=46).*

<table>
<thead>
<tr>
<th>Maternal Behavior</th>
<th>Intraclass Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>.70</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>.69</td>
</tr>
<tr>
<td>Cognitive Stimulation</td>
<td>.80</td>
</tr>
<tr>
<td>Repertoire</td>
<td>.81</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>.54</td>
</tr>
<tr>
<td>Detachment</td>
<td>.67</td>
</tr>
</tbody>
</table>

Table 2.  

*Mean, Standard Deviations, and Ranges for Maternal Behavior Scales.*

<table>
<thead>
<tr>
<th>Maternal Behavior</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>4.93</td>
<td>1.15</td>
<td>3-8</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>5.35</td>
<td>1.03</td>
<td>3-8</td>
</tr>
<tr>
<td>Cognitive Stimulation</td>
<td>3.14</td>
<td>1.06</td>
<td>1-7</td>
</tr>
<tr>
<td>Repertoire</td>
<td>3.53</td>
<td>1.08</td>
<td>1-8</td>
</tr>
<tr>
<td>Detachment</td>
<td>1.33</td>
<td>.62</td>
<td>1-4</td>
</tr>
</tbody>
</table>
expressivity; Contreras, Mangelsdorf et al., 1999; Goldstein et al., 1996), the factorability of the five parenting scales was examined (promax rotation, maximum likelihood estimation). However, the scales were too highly intercorrelated to separate into two factors. Therefore, intercorrelations among maternal behavior variables were tested to reduce the overall number of variables included in the main analysis based on significant correlations among theoretically overlapping constructs. Sensitivity and positive affect ($r = .66, p < .001$) were averaged to create the maternal sensitivity composite. High values indicated more sensitivity and positive affect, and low values indicated less sensitivity and positive affect. Cognitive stimulation and repertoire ($r = .82, p < .001$) were averaged to create the cognitive growth-fostering behavior composite. High values indicated more cognitive stimulation and repertoire, and low values indicated less cognitive stimulation and repertoire. The detachment scale was not highly correlated with other behavior scales, and was therefore left uncombined, such that high values indicated more detachment, and low values indicated less detachment. Three maternal behavior variables were used in subsequent analyses: Maternal sensitivity, cognitive growth fostering behavior, and detachment.
CHAPTER III

RESULTS

Overview of Analysis

To address the first goal of the study, descriptive information about maternal reported friend support was explored. Next, preliminary bivariate correlations tested whether control variables should be included in subsequent analyses. Bivariate correlations also assessed whether significant relations existed among maternal behaviors, friend support, grandmother support, and maternal age. For the second goal of the study, separate hierarchical multiple regression analyses assessed the effects of friend supports and their interactions with maternal age on maternal sensitivity, cognitive growth fostering behavior, and detachment, respectively. Another set of hierarchical regressions was run for all parenting variables to test the interaction of friend and grandmother child care assistance. To reduce the potential for multicollinearity, and to assist in interpreting results, all predictors (i.e., support and maternal age variables) were centered (Aiken & West, 1991).

Goal 1: Exploring the Friend Support Network

One hundred and five mothers nominated at least one friend (63%), with 55 mothers nominating one friend, 27 mothers nominating two friends, 18 mothers nominating three friends, and five mothers nominating four or five friends. On average,
mothers reported having one friend (SD=1.15). Table 3 summarizes how many friends were reported by mothers in the sample, as well as the proportion of mothers who reported utilizing each type of friend support in the past month. Friends were a considerable source of support for mothers, with 61% reporting at least one instance of any type of friend support in the past month. Socializing was the most frequent type of support received from friends at 57%, while only 18% of mothers reported child care assistance from friends.

Table 3.

*Descriptive Information about Friends Nominated and Friend Support (N=168).*

<table>
<thead>
<tr>
<th># of Friends Nominated</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Friends</td>
<td>64</td>
<td>38</td>
</tr>
<tr>
<td>One Friend</td>
<td>55</td>
<td>32</td>
</tr>
<tr>
<td>Two Friends</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Three Friends</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Four/Five Friends</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Support</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Support</td>
<td>65</td>
<td>39</td>
</tr>
<tr>
<td>Socializing Support</td>
<td>95</td>
<td>57</td>
</tr>
<tr>
<td>Child care assistance</td>
<td>31</td>
<td>18</td>
</tr>
</tbody>
</table>
Generational Status and Friend Support

An independent samples t test assessed relations between generational status and the number of friends reported, as well as the average types of friend support utilized in the last month. No mean difference between generations was found for the number of friends mothers reported, however, results indicated that mothers who were born outside the mainland ($M=2.76$, $SD=3.90$) reported significantly less overall friend support, $t(166)=-2.63$, $p<.01$ than women of subsequent generations ($M=4.46$, $SD=4.40$). Cohen’s effect size (1988; $d=.41$) suggested that practical significance was medium. Parallel t tests indicated that immigrant mothers also reported significantly less emotional support, $t(163.1)=-3.30$, $p<.01$ than women born in the U.S.. Cohen’s effect size ($d=.50$) again indicated that practical significance was medium. There were no significant differences by generational status in socializing support from friends, $t(166)=.82$, $ns$. To test whether a difference was present in friend child care assistance (i.e., 0 = not utilized in the past month, 1= utilized) between immigrant and nonimmigrant mothers, a Pearson chi-square was conducted. Results indicated no significant differences, $\chi^2(1) = 1.46$, $ns$.

Preliminary Analyses

Control Variables

To test for potential control variables, bivariate correlations examined the relations between maternal (e.g., age, education, employment and school enrollment status, economic strain, welfare) and child variables (e.g., age, gender, being an only
child versus having siblings), and maternal parenting behaviors. Results indicated that none of these factors were significantly related to parenting behavior.

Goal 2: Friend Support and Maternal Behavior

Mean Differences and Bivariate Correlations

Independent samples t tests also assessed mean differences in maternal behaviors between mothers reporting zero friends and mothers reporting one or more friends. No mean differences were found (all p-values > .05). Bivariate correlations examined the relation between types of friend support, grandmother support, maternal age, and parenting behaviors (Table 4). Results indicated that overall friend support was unrelated to parenting behavior (all p values > .05). Friend emotional support was positively related to both maternal sensitivity (r = .16, p < .05) and cognitive growth fostering behavior (r = .16, p < .05). Mothers who reported higher levels of emotional support from friends displayed more positive and cognitive growth fostering behavior. Friend socializing support was negatively related to cognitive growth fostering behavior (r = -.20, p < .01), suggesting mothers reporting more friend socializing displayed less cognitive growth fostering behavior. Grandmother emotional support was marginally related to cognitive growth fostering behavior (r = .14, p = .07), indicating that mothers reporting higher levels of emotional support from the child’s grandmother tended to display higher levels of cognitive growth fostering behavior. Friend child care was not associated with any of the parenting behaviors. Examining relations among other study variables, friend socializing support was significantly related to grandmother emotional support (r = -.17,
Table 4.

Correlations Between Main Study Variables (N=168).

<table>
<thead>
<tr>
<th></th>
<th>Parenting</th>
<th>Friend Support</th>
<th>GM Support</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Sensitivity</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cognitive Growth Fostering</td>
<td>.60***</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Detachment</td>
<td>-.63***</td>
<td>-.41***</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4. Overall Friend Support</td>
<td>.10</td>
<td>.06</td>
<td>.08</td>
<td>-</td>
</tr>
<tr>
<td>5. Friend Emotional Support</td>
<td>.16*</td>
<td>.16*</td>
<td>.02</td>
<td>.81***</td>
</tr>
<tr>
<td>6. Friend Socializing</td>
<td>-.08</td>
<td>-.20**</td>
<td>.07</td>
<td>.03</td>
</tr>
<tr>
<td>7. Friend Child Care</td>
<td>.02</td>
<td>-.11</td>
<td>.03</td>
<td>.55***</td>
</tr>
<tr>
<td>8. Overall GM Support</td>
<td>.00</td>
<td>.12</td>
<td>-.02</td>
<td>-.05</td>
</tr>
<tr>
<td>9. GM Emotional Support</td>
<td>.04</td>
<td>.14†</td>
<td>-.04</td>
<td>-.08</td>
</tr>
<tr>
<td>10. GM Child Care</td>
<td>.04</td>
<td>.12</td>
<td>-.05</td>
<td>.07</td>
</tr>
<tr>
<td>11. Maternal Age</td>
<td>-.02</td>
<td>.04</td>
<td>-.05</td>
<td>-.07</td>
</tr>
</tbody>
</table>

Note: †\(p < .10\), *\(p < .05\), **\(p < .01\), ***\(p < .001\)
Mothers reporting higher levels of socializing support from friends reported lower levels of emotional support from grandmothers.

**Different Types of Friend Support Predicting Parenting Behaviors**

**Emotional Support**

The first hierarchical linear regressions assessed the influence of emotional friend support and maternal age on parenting behaviors after accounting for the effect of grandmother emotional support (Table 5). Grandmother emotional support was entered into the first step as a control variable to match with the type of friend support and further delineate effects of specific types of support. Maternal age and friend emotional support were also entered in the first step. Moderator effects were tested by entering the centered maternal-age-by-friend-emotional-support interaction term in the second step.

Results indicated that friend emotional support had a significant main effect on maternal sensitivity ($\beta=17$, $p<.05$) and cognitive growth fostering behaviors ($\beta=17$, $p<.05$), above and beyond grandmother support. Mothers reporting higher levels of emotional support from friends displayed more positive and cognitive growth fostering behaviors, regardless of grandmother emotional support. Interestingly, grandmother emotional support remained marginally predictive of maternal cognitive growth fostering behaviors ($\beta=15$, $p=.05$), above and beyond emotional friend support. Mothers reporting emotional support from grandmothers tended to display more cognitive growth fostering behaviors with their children. However, the interaction of friend emotional support and maternal age did not relate to parenting behaviors.
Table 5.


<table>
<thead>
<tr>
<th>Parenting Behaviors</th>
<th>Maternal Sensitivity</th>
<th>Cognitive Growth Fostering</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R2 Δ</td>
<td>β (in)</td>
</tr>
<tr>
<td><strong>Step 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GM Emotional</td>
<td>.05</td>
<td>.05</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Age</td>
<td>-.01</td>
<td>-.01</td>
</tr>
<tr>
<td>Friend Emotional</td>
<td>.17*</td>
<td>.17*</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 3:</strong></td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Friend Emotional x</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Maternal Age</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

†p<.10; *p<.05; **p<.01; ***p<.001. GM = Grandmother

Socializing Support

Hierarchical linear regressions also assessed the effect of friend socializing support and maternal age on parenting behaviors (Table 6). Maternal age and friend socializing support were entered in the first step, followed by maternal-age-by-friend-socializing-support interaction term in the second step.
Results indicated that friend socializing support significantly predicted cognitive growth fostering behavior ($\beta = -.20$, $p < .01$). Mothers reporting higher levels of socializing support from friends displayed less cognitive growth fostering behavior. The interaction of friend socializing support and maternal age was unrelated to parenting behaviors.

Table 6.

**Hierarchical Regression of Friend Socializing Support Predicting Cognitive Growth Fostering (N=168).**

<table>
<thead>
<tr>
<th></th>
<th>R2 Δ</th>
<th>$\beta$ (in)</th>
<th>final $\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Age</td>
<td>.04*</td>
<td>.05</td>
<td>.05</td>
</tr>
<tr>
<td>Friend Socializing Support</td>
<td>-.20**</td>
<td>-.21**</td>
<td></td>
</tr>
<tr>
<td><strong>Step 2:</strong></td>
<td>.01</td>
<td></td>
<td>-.12</td>
</tr>
<tr>
<td>Friend Socializing x Maternal Age</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .10; *p < .05; **p < .01; ***p < .001. GM = Grandmother

**Child Care Assistance**

Hierarchical linear regressions tested the effects of friend child care assistance and its interaction with maternal age on the three parenting behaviors (Table 7). Grandmother child care assistance was entered into the first step as a control variable, along with maternal age and friend child care assistance. Interaction effects were tested by entering the product of maternal age and friend childcare assistance in the second step. Separate regressions assessed the interaction of friend and grandmother child care assistance in predicting parenting behaviors. Grandmother and friend child care
assistance were entered into the first step, followed by the product of these two variables as the interaction term in the second step.

Table 7.

*Hierarchical Regressions of Friend Child Care Assistance Predicting Parenting Behavior (N=168)*.

<table>
<thead>
<tr>
<th>Parenting Behaviors</th>
<th>Growth-Fostering</th>
<th>Detachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R² Δ</td>
<td>β (in)</td>
</tr>
<tr>
<td>Step 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GM Child Care</td>
<td>.02</td>
<td>.09</td>
</tr>
<tr>
<td>Maternal Age</td>
<td></td>
<td>.05</td>
</tr>
<tr>
<td>Friend Child Care</td>
<td></td>
<td>-.08</td>
</tr>
<tr>
<td>Step 3:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend Child Care x Maternal Age</td>
<td>.03*</td>
<td>.18*</td>
</tr>
</tbody>
</table>

*p < .10; *p < .05; **p < .01; ***p < .001. GM = Grandmother

Results indicated that the interaction of friend child care and maternal age significantly predicted cognitive growth fostering behavior (β=.18, p< .05) and detachment (β=-.22, p< .01), above and beyond grandmother child care. For regressions investigating the interaction of friend child care and grandmother child care, the main effects were not significant in the first step of the model. However, the interaction of friend and grandmother child care assistance added in the second step marginally
predicted maternal sensitivity ($\beta=-.15$, $p=.09$). The interactions of friend and grandmother child care were unrelated to maternal cognitive growth fostering or detachment.

Significant interactions were interpreted using procedures outlined by Cohen and Cohen (1983). The predicted values of parenting behavior were plotted based on the mean, one standard deviation below the mean, and one standard deviation above the mean for child care and maternal age. Figure 1 illustrates the interaction effect of friend child care and maternal age on cognitive growth fostering behavior. Consistent with predictions, the direction of the slopes differed for low and high maternal age. Whereas younger mothers who reported utilizing friend child care were observed to display less cognitive growth fostering behavior, older mothers were observed to display more cognitive growth fostering behavior. Simple slope analysis (Aiken & West, 1991) revealed that the slope of friend child care and cognitive growth fostering behavior was significantly different from zero for younger mothers ($b=-.59$, $p<.05$), but was not significant for older mothers ($b=.12$, ns). Figure 2 depicts maternal age as moderating the relation between friend child care and detachment. Younger mothers who reported utilizing friend child care were observed to display more detachment, and older mothers were observed to display less detachment. Simple slope analysis again indicated that the slope of friend child care and detachment was significantly different from zero for younger mothers ($b=.33$, $p<.05$), but not significant for older mothers ($b=-.18$, ns).
**Figure 1.** Interaction of Friend Child Care and Maternal Age Predicting Cognitive Growth Fostering Behavior.

**Figure 2.** Interaction of Friend Child Care and Maternal Age Predicting Maternal Detachment.
CHAPTER IV

DISCUSSION

The current study provided important information on the friend relationships of Latina adolescent mothers and how support from friends relates to the adolescent’s parenting behavior. This study extends upon previous research by: considering the interaction of individual, contextual, and developmental factors, exploring the separate effect of each type of friend support above and beyond grandmother support, and investigating these factors with a sample of entirely Latina adolescent mothers.

With regard to the first goal of the study, friends were a considerable source of support for Latina adolescent mothers, as 61% of mothers received some kind of support from friends. Mothers especially spent time with friends for personal conversations and fun, relaxing support. Consistent with previous findings that Latina adolescent mothers report smaller support networks than do AA adolescent mothers (Wasserman, Rauh, Brunelli, Garcia-Castro, & Necos, 1990), the current sample reported having fewer friends than Voight and colleagues’ (1996) sample of AA adolescent mothers (\( M = 1.10, \ SD = 1.15 \) compared to \( M = 3.60, \ SD = 3.10 \)). However, the friend support composition reported by the Latina adolescent mothers in the present study is similar to that of AA adolescent mothers (Voight et al., 1996), aligning well with literature regarding friends as important providers of emotional support for adolescent mothers (Richardson, 1991; 1995, Voight et al., 1996).
To consider another layer in the ecological framework of parenting (Contreras et al., 2002), the current study explored differences between immigrant and nonimmigrant Latina mothers in how many friends and how much friend support they reported. The number of friends reported did not differ by generational status. However, the amount of overall and emotional friend support differed such that immigrant mothers reported utilizing less friend support than mainland U.S.-born mothers. Findings were consistent with *familismo* and the literature documenting Latino adolescent preferences for family support (Becerra & de Anda, 1984). Given that adolescent Latina mothers’ immigrant or nonimmigrant status relates to aspects of the social support network, generational status needs to be considered in future studies with similar samples.

As expected for the second goal of the study, overall friend support was not related to observed parenting behaviors. Instead, friend support had differential effects on maternal parenting depending on the specific type of support utilized. Mothers who utilized more frequent emotional support from friends displayed more desirable parenting during social interaction with their toddlers. These findings are consistent with parenting models proposing a positive effect of social support on parenting (Belsky, 1984), and with previous literature suggesting the important value of friend emotional support to the adolescent mother (Richardson et al., 1991; 1995; Voight et al., 1996). Mothers who utilized higher levels of friend socializing support displayed less desirable parenting during social interactions with their toddlers. These findings align with the nuanced approach of Contreras and colleagues (2002) to understanding the effect of social support on the parenting of adolescent parents. Due to the dual and divergent roles that the
adolescent mother assumes (e.g., adolescent and parent roles), support that is beneficial for the psychological adjustment of the adolescent’s identity may simultaneously be detrimental to her adjustment as a parent. Even socializing interactions high in entertainment and low in intimacy may still bolster the adolescent’s self-esteem. However, high self-esteem does not necessarily translate to quality parenting. Instead these mothers may spend more time with friends and less time with their children, yielding fewer opportunities to develop positive parenting practices.

Consistent with predictions, maternal age interacted with child care assistance to influence maternal behavior. The effect of friend child care assistance on the young mother’s parenting depended on her age. Younger adolescent mothers who utilize child care assistance from friends seem to be particularly at-risk for negative parenting. They may find it more challenging than older adolescent mothers to negotiate between the dual identities of parent and adolescent. Their age also suggests lower emotional maturity, and these younger mothers may rely more on others for child care assistance while using the support as an opportunity to spend more time away from their child.

Friend support has separate effects on the parenting of Latina adolescent mothers depending on type of support and age of the mother. These findings are consistent with researchers who implicate support type as a key dimension in the measurement of social support with adolescent mothers (Nath et al., 1991). Further, effects of friend emotional support and child care assistance do not reflect differences in support from the primary support provider (i.e., grandmothers), suggesting that friends should be considered an important support provider in their own right. The findings emphasize the importance of
assessing the types of friend support as separate measures in an ecological context that takes into account mother’s individual and developmental characteristics.

The hypothesized interactions between friend support and grandmother support in predicting parenting were not supported, plausibly because this interaction is complicated by other factors. Previous research with adolescent mothers indicates that the relation between maternal-reported grandmother support and observed parenting behaviors is moderated by co-residency of the adolescent mother and grandmother (Contreras, 2004). Familial conflict may be another complicating factor. Studies with AA pregnant and parenting adolescents have found that grandmothers and partners are the top providers of conflict in the mother’s social network (Nitz et al., 1995; Rhodes and Woods, 1995). Controlling for family conflict may provide a clearer picture of the relation between support and parenting, as the literature suggests that criticism or conflict in the network may render any support ineffective on parenting (Crockenberg, 1988; Nitz et al., 1995). Finally, maternal age may be another factor complicating the relation between grandmother and maternal behavior. In a sample of AA adolescent mothers, Davis (2002) found a significant interaction between maternal age, grandmother support, and friend support in predicting risk for depression. When grandmother support was low, older adolescents were found to be at greater risk for depression when peer support was also lower, while younger adolescents were at a greater risk when peer support was higher. Thus, the complex relation between grandmother support and parenting may have precluded an appropriate test of the hypotheses.
Limitations and Future Directions

Given the cross-sectional design of the current study, the direction and causality of these effects cannot be determined. For instance, both maternal sensitivity and higher levels of friend support may be caused by another factor, such as greater social competency, psychological adjustment, or general life satisfaction. To reach conclusions about the direction of these effects, longitudinal studies with samples of Latina adolescent mothers and their children are needed. Findings cannot be generalized beyond Latina mothers of primarily Puerto Rican origin, and thus more research is needed with other groups of Latina adolescent mothers and adolescent mothers of other ethnicities. The current study relied solely on the adolescent mothers’ report of support and future studies could be strengthened by including the report of friends or grandmothers. The measure assessing friend support did not fully capture nuances in socializing support. However, we adapted this variable to better reflect purely fun, social interactions with friends separate from emotionally supportive interactions. The measure could also be strengthened by exploring if friends provide child care assistance by watching children when mothers go out or when mothers are also present. Future studies should gather more demographic information about friends in the adolescent mothers’ social network (e.g., age, gender, parenting and pregnancy status).

This study was the first to assess the relations between specific types of friend support and observed maternal behaviors. Future research should investigate possible mediating mechanisms of this relation. Research has found that there is a positive association between friendship support quality and psychological well-being in
nonparenting Latino adolescents (Way & Chen, 2000). Psychological adjustment may be a mediating factor between emotional friend support and sensitive, warm parenting interactions. Given the dual and divergent identities of the adolescent mother, psychological adjustment may not mediate the relations between friend socializing support or child care assistance and parenting. Instead, socializing support and child care assistance may affect maternal behavior through parenting self-efficacy. For instance, if an adolescent mother frequently socializes with friends, she may not feel effective in the parenting role and thus may display less sensitivity and more detachment during social interactions with her child. Studies investigating the role of friends in the lives of adolescent mothers may also want to incorporate conflict. One of the reasons why emotional and child care friend support have effects on parenting above and beyond grandmother support could be due to low levels of conflict from friends compared to other providers (Nitz et al., 1995; Rhodes & Woods, 1995).

**Implications**

Findings suggest implications for interventions with Latina adolescent mothers and their children. Most of the interventions available for adolescent mothers provide professional support rather than enhancing the pre-existing friend support networks of adolescents (Letourneau et al., 2004). The findings of this study encourage the development of programs that help mothers to infuse warm, intimate support into pre-existing friendships that rely on superficial socializing activities. The current findings, in conjunction with the grandmother support literature, suggest that interventions should also target the mother’s relationship with the grandmother (Moore & Brooks-Gunn,
Focusing on this relationship would be especially relevant for adolescent mothers relying on their mothers for housing, financial, material, and child care assistance. Programs that incorporate social skills training, such as building reciprocal communication skills, may help mothers form and maintain friendships characterized by confidence-building support. Such programs should be sensitive to age and generational differences among young Latina mothers. Helping teenage mothers balance the divergent developmental tasks of being a parent and an adolescent is especially critical for younger adolescent mothers. Finally, parenting skills training should be included to help foster greater sensitivity, positive affectivity, cognitive stimulation, and repertoire of parenting behaviors.

The present study is the first to investigate the separate effects of specific types of friend support on observed parenting behaviors in a sample of primarily Puerto Rican Latina adolescent mothers. Understanding the interacting factors that increase risk for negative parenting is crucial, especially in light of the high birth rates of Latino adolescents in the U.S. By understanding the world of the Latina adolescent mother, research can generate appropriately calibrated interventions to aid the young mother in becoming a well-adjusted parent, armed with the tools she needs to foster the development of the next generation.
APPENDIX A

CONSENT FORMS
APPENDIX A

CONSENT FORMS

METROHEALTH MEDICAL CENTER

Human Investigation Consent Form

Project Title: Latina Adolescent Parenting Project

Investigator: Dr. Josefina Grau, Kent State University

Dear Participants and Parents:

Kent State University in collaboration with MetroHealth Medical Center is conducting a study of the factors influencing the well being of young Latina mothers and their children. We would like you to take part in this study. If you decide to participate, you will be asked to complete two home visits, one in the near future when your child is approximately 1 and ½ years old, and the other, six months later. The home visits will be scheduled at a time that is convenient to you and will be conducted by two female researchers. During each of the visits, one of the researchers will videotape your child while he/she is administered a developmental test. The researcher will then videotape you while you play with and teach your child. Finally, you will be interviewed individually about your own functioning (e.g., social and personal adjustment, relationships with family members) and your child’s behavior. The visit will take approximately 2 and ½ hours to complete. For your participation, you will receive $70.00, a copy of the videotape, and a small toy for your child at the end of each of the home visits.

All the information gathered through this study will remain strictly confidential within the limits of the law. This means that we are required by law to break confidentiality and report to local authorities if we find evidence of child (including you, if you are less than 18 years old) or elder abuse, or if we learn that you have suicidal or homicidal feelings. To maintain confidentiality, the information you provide to us will be identified only by a participant number (not your name) and will be examined only by Dr. Grau and qualified members of her research team at Kent State University. We will schedule the home visit at a time that is convenient to you, so that you can be videotaped and interviewed privately. Also, you will have the choice of responding to
interview questions either aloud or by pointing to response options that will be printed in
response cards. However, if you have confidentiality concerns because of the presence of a
family member or someone else in your home while you are being videotaped or interviewed, we
can interrupt the procedures or reschedule the home visit.

Personnel at MetroHealth Medical Center will not have access to the information you provide us.
Similarly, Dr. Grau and her research team will not have access to medical or any other
information that MetroHealth Medical Center may have about you. You may experience some
discomfort when asked to answer personal questions, but our experience is that this discomfort is,
at most, slight and short lived. If you experience more than mild discomfort, we encourage you
to contact the Center for Behavioral Health, Child and Adolescent Services at MetroHealth
Medical Center (216 - 778-3745). Alternatively, if you prefer, the interviewer can assist you with
the referral.

You are under no obligation to complete this study even if you sign this consent form. You may
skip questions or discontinue your participation at any time. You will be presented with another
consent form for the second home visit. Participation is completely voluntary and refusing to
participate will not affect in any way the services you receive at MetroHealth Medical Center.

If you have any questions regarding the study, please feel free to call Dr. Josefina Grau at (330)
672 3106 or (216) 212-9188. This project has been approved by Kent State University and
MetroHealth Medical Center. If you have any questions about Kent State University's rules for
research, please call Dr. John L. West at (330) 672-3012. If you have any questions about your
rights as a research participant, contact the MetroHealth Medical Center’s Institutional Review
Board (which is a group of people who review the research to protect your rights) at
(216) 778-2077.

By signing this form I acknowledge that I have read and understand this form, and have had any
questions regarding this study satisfactorily answered, and I am voluntarily consenting to
participate in this study.

Participant's signature __________________________  Date ______________

Parent/Guardian Consent: I give my daughter permission to participate in this study.

Parent or Guardian's Signature __________________________  Date ______________

Researcher Signature __________________________
(Person obtaining consent)  Date ______________

**THIS SIDE — IRB OFFICE USE ONLY**

Latina Adolescent Parenting Project – Consent Form  IRB #: IRB06-00047/CR00002903
**HumAn InvestigAtion conSent Form**

The MetroHealth System  
2500 MetroHealth Drive, Cleveland, Ohio 44109-1998  

**CONSent For PhOtography, Audio or VIDEOTAPING (medical)**

<table>
<thead>
<tr>
<th>Request Type:</th>
<th>Photography</th>
<th>Audiotape</th>
<th>Videotape</th>
<th>Other: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographs of the subjects(s) will be:</td>
<td>☐ Clothed</td>
<td>☐ Partially clothed</td>
<td>☐ Undressed</td>
<td></td>
</tr>
<tr>
<td>Permission is hereby given to photograph, audiotape, or videotape the following named person(s) ___________________________ with the understanding that such photographs, audiotapes or videotapes may be used for the following stated purposes:</td>
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<td>☐ Medical Necessity/Diagnostic Purposes: Explain:_________________________</td>
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<td>☐ Education: Explain intended purpose:_________________________</td>
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<td>☐ Publication in medical and/or scientific journals: __________________</td>
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<tr>
<td>☐ Inclusion in Research Paper(s): <strong>Latina Adolescent Parenting Project</strong> Name of Study</td>
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<td>☐ Other:__________________________________________________________ Please Specify</td>
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</tbody>
</table>

The department requesting photos, videos, etc will be responsible for proper storage of the media as established by The MetroHealth System medical record retention requirements. Photographs, etc are not to be placed in the patient medical record. The department requesting photographs, video, etc is ____________ Research _________:

Description of media requested: **Videotaping of 1) mother while she teaches and plays with her child; 2) child while he/she is administered a developmental test**.

Purpose of Request (describe how photographs, audiovisual or videotaped will be used): **Learn about factors influencing the well being of young Latina mothers and their children**.

I, the undersigned, understand that this authorization is valid for a period of 60 days from the date of completion of this authorization, and may be revoked by me or my legal representative in writing at any time. However, I understand that if I do so, it will not have any effect on any actions that were taken before the revocation was received. I understand that for the revocation to be effective, I must do so in writing and send it to department who originally requested the photographs, etc. The revocation notices will be filed in the patient medical record after review by the originating department.
I further understand that once the media has been released, re-disclosure of my information by the recipient which may include protected health information may no longer be protected by law.

Signature of Participant __________________________ Date/Time __________________

Signature of parent/guardian ___________________ Date/Time __________________

Name of Photographer __________________________ Date/Time __________________ Witness ______________________________

For non-medical photographs, videotapes or audiotapes for non-medical purposes for use by The MetroHealth Foundation, Marketing or Media Relations, please refer to the form in Attachment B.

MHS FORM 031047901
4/05
CONSENTIMIENTO

Titulo del Proyecto: Latina Adolescent Parenting Project

Investigadora: Dra. Josefina Grau, Kent State University

Estimadas Participantes y Padres:

En colaboración con MetroHealth Medical Center, Kent State University está conduciendo un estudio acerca de los factores que influyen en el bienestar de madres Latinas jóvenes y sus hijos/as. Nos gustaría que participes en este estudio. Si decides participar, te visitaremos en tu casa dos veces, una vez en el futuro cercano cuando tu hijo/a tenga aproximadamente 1 año y medio, y la otra vez, seis meses más tarde. Las visitas serán fijadas para el día y la hora que a ti te convenga, y serán conducidas por dos investigadoras mujeres. Durante cada una de las visitas, una de las investigadoras filmará a tu hijo/a mientras le administra una prueba de su desarrollo. Después de eso, la investigadora te filmará mientras le enseñas y juegos con tu hijo/a. Finalmente, te entrevistaremos individualmente acerca de tu propio bienestar (por ejemplo, tu adaptación social y personal, tus relaciones con tu familia y amigos) y acerca del comportamiento de tu hijo/hija. La visita tomará aproximadamente 2 horas y 1/2. Al terminar cada visita, recibirás $70.00, una copia del video, y un juguete pequeño para tu hijo/a.

Toda la información que obtengamos a través de este estudio se mantendrá confidencial dentro de los límites de la ley. Esto significa que no podremos mantener confidencialidad y tendremos que reportar a las autoridades si encontramos evidencia de abuso de menores (incluyendo a ti, si es que eres menor de 18 años) o de ancianos, o si notamos que tienes deseos de cometer suicidio u homicidio. Para mantener la confidencialidad, la información que nos des será identificada solamente mediante un número (no tu nombre) y será examinada solo por la Dra. Grau y miembros calificados de su grupo de investigación en Kent State University. Para que seas filmada y entrevistada privadamente, las visitas serán fijadas para el día y la hora que sean convenientes para ti. También tendrás la opción de responder a las preguntas de la entrevista en voz alta o señalando las respuestas que estarán escritas en tarjetas al frente de ti. De todos modos, si cuando estás siendo filmada o entrevistada, hay alguien en tu casa que prefieras que no te escuche o vea, podemos interrumpir la filmación o entrevista por un rato, o hacer una cita para continuar la visita en otro momento.

El personal de MetroHealth no tendrá acceso a la información que nos des. Tampoco tendrá la Dra. Grau y su grupo de investigación acceso a cualquier información que MetroHealth Medical Center pueda tener acerca de ti.
Puede que te sientas incomoda cuando te hagamos preguntas acerca de cosas personales, pero nuestra experiencia es que esta incomodidad es, a lo más, leve y breve. Si tu sientes más que incomodidad leve, te recomendamos que llames al Center for Behavioral Health, Child and Adolescent Services en el MetroHealth Medical Center (216 778-3745). Si prefieres, la entrevistadora te puede ayudar a hacer una cita.

Tú no estás obligada a completar el estudio aunque firmes este consentimiento. Puedes saltarte preguntas o dejar de participar en cualquier momento. Te pediremos que firmes otro consentimiento cuando te visitemos la segunda vez. Tu participación es completamente voluntaria y los servicios que puedas estar recibiendo en MetroHealth Medical Center no van a ser afectados si te niegas a participar.

Si tiene preguntas acerca del estudio, por favor llama a la Doctora Josefina Grau al (330) 672-3106 or (216) 212-9188. Este estudio ha sido aprobado por Kent State University y MetroHealth Medical Center. Si tienes preguntas acerca de los reglamentos de investigación de Kent State University, por favor llama al Dr. John L. West al (330) 672 3012. Si tienes preguntas acerca de tus derechos como participante, por favor llama al Institutional Review Board del MetroHealth Medical Center (que es un grupo de personas que revisa las investigaciones para proteger tus derechos) al (216) 778-2077.

Mi firma indica que yo leí y entiendo este formulario, que mis preguntas acerca del estudio han sido contestadas satisfactoriamente, y he decidido participar voluntariamente en este estudio.

__________________________  ____________________________
Firma de la Participante Fecha

Autorización del padre/madre: Le doy permiso a mi hija para participar en el estudio.

__________________________  ____________________________
Firma del Padre/Madre Fecha

__________________________  ____________________________
Firma de la investigadora Fecha
(Individuo que obtuvo el consentimiento)

THIS SIDE — IRB OFFICE USE ONLY
Latina Adolescent Parenting Project IRB #: 06-00047
Consent Form

Consent Form
HUMAN INVESTIGATION CONSENT FORM

The MetroHealth System
2500 MetroHealth Drive, Cleveland, Ohio 44109-1998

ATTACHMENT A
Patient Addressograph Label

CONSENTIMIENTO DE FILMACION

Tipo: ☐ Fotografía ☐ Grabación de voz/sonido □ Video tape ☐ Otro: ____________

Las fotografías de las participantes se tomarán: □ Vestida ☐ Parcialmente Vestida
☐ Desnuda

Doy permiso para que mi hijo/a y yo, ________________________ seamos filmados con el entendimiento que el video tape puede ser usado para los siguientes propósitos

☐ Necesidad médica/diagnostico: ____________________________

☐ Educación: Explique: ________________________________

☐ Publicación en revistas profesionales: _________________________ Nombre de la Revista
☐ Para reportes de investigación: Latina Adolescent Parenting Project ___________ Nombre del Estudio
☐ Otro: _______________________________________________ Especifique

El departamento que esta pidiendo el video va ha ser responsable de salvaguardarlo de acuerdo a los requisitos de MetroHealth System. Estos no serán puestos en la ficha médica del paciente. El departamento que esta pidiendo el video es __________ Investigación

Descripción del video que se solicita: Filmación de 1) la madre mientras le enseña y juega con su hijo/a; el/la hijo/a mientras se le administra una prueba de su desarrollo.

Razón para la solicitud: El video será usado para aprender acerca de los factores que influyen en el bienestar de madres Latinas jóvenes y sus hijos/as.

Mi firma indica que yo entiendo que esta autorización es válida por 60 días, y puede ser revocada por mi o mi representante legal por escrito en cualquier momento. Entiendo que si revoco el permiso esto no tendrá ningún efecto en las acciones que se tomaron antes de recibir el pedido de revocación. Entiendo que para que la revocación sea efectiva, yo debo hacerlo por escrito y mandarla al departamento que pidió el video. La nota de revocación será puesta en la ficha médica después de ser evaluada por el departamento.
También entiendo que una vez difundida, puede que nuevas revelaciones de mi información, que puede incluir información médica que es protegida, ya no sea protegida por la ley.

Firma de la participante

Fecha

Firma del Padre/Madre de la participante

Fecha

Nombre de la persona tomando el video

Fecha

Testigo

MHS FORM 031047901

4/05
APPENDIX B

MATERNAL DEMOGRAPHIC QUESTIONNAIRE
APPENDIX B

MATERNAL DEMOGRAPHIC QUESTIONNAIRE

Language
(CHECK ONLY ONE ANSWER)

☐  1. 1. English
☐  2. 2. Spanish

With whom do you currently live?
(Check ALL THAT APPLY by moving the highlight bar to an answer and then PRESS THE SPACE BAR to toggle a check mark on and off)

☐  1.  1. Live with child
☐  2.  2. Live with child's father
☐  3.  3. Live with boyfriend/husband (not the child's father)
☐  4.  4. Live with mother
☐  5.  5. Live with father
☐  6.  6. Live with siblings
☐  7.  7. Live with paternal grandparents
☐  8.  8. Live with maternal grandparents
☐  9.  9. Live with boyfriend/husband's parents
☐ 10. 10. Live with members of the boyfriend/husbands' family
☐ 11. 11. Live with friends
☐ 12. 12. Other <SPECIFY> (GO TO QUESTION 9)
☐ 13. 13. DON'T KNOW
☐ 14. 14. REFUSED

How far have you gotten in school?
(Read List. CHECK ONLY ONE ANSWER)

☐  1.  1. Less than seventh grade
☐  2.  2. Seventh grade
☐  3.  3. Eighth grade
☐  4.  4. Ninth grade
☐  5.  5. Tenth grade
☐  6.  6. Eleventh grade
☐  7.  7. Twelfth grade
☐  8.  8. High school diploma/GED
☐  9.  9. Partial college
☐ 10. 10. College graduate
☐ 11. 11. Other <SPECIFY> (GO TO QUESTION 15)
Are you in school now?
(CHECK ONLY ONE ANSWER)
☐ 1. No  (GO TO QUESTION 18)
☐ 2. Yes, part time/night school
☐ 3. Yes, full time
☐ 4. DON’T KNOW
☐ 5. REFUSED

Now, I'd like to find out a little bit about how you support yourself. Are YOU working at a job right now?
☐ 1. Yes, full time
☐ 2. Yes, part time
☐ 3. No  (GO TO QUESTION 25)
☐ 4. DON’T KNOW  (GO TO QUESTION 25)
☐ 5. REFUSED  (GO TO QUESTION 25)

Do you receive any welfare benefits?
☐ 1. No
☐ 2. Food stamps only
☐ 3. Medical card only
☐ 4. Monthly check
☐ 5. Money for day care
☐ 6. Two or more of the above
☐ 7. DON’T KNOW
☐ 8. REFUSED

What is your marital or relationship status?
☐ 1. Never married / no current partner
☐ 2. Never married / has a current partner
☐ 3. Married, live with husband / child's bio father
☐ 4. Married, live with husband / not child's bio father
☐ 5. Married, separated from husband / no current partner
☐ 6. Married, separated from husband / has partner who is not husband
☐ 7. Divorced / no current partner
☐ 8. Divorced / has current partner
☐ 9. Widowed / no current partner
☐ 10. Widowed / has current partner
☐ 11. DON’T KNOW
☐ 12. REFUSED
Now I am going to ask you a few questions about your ethnic background.
What is the ethnicity of your child?

[ ] 1. Hispanic / Latino
[ ] 2. Mixed ethnicity - Latino & African American
[ ] 3. Mixed ethnicity - Latino & European American
[ ] 4. Mixed ethnicity - Latino & Other
[ ] 5. Refused

In what country was your child born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON'T KNOW
[ ] 7. REFUSED

In what country was YOUR MOTHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON'T KNOW
[ ] 7. REFUSED

In what country was the MOTHER OF YOUR MOTHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON'T KNOW
[ ] 7. REFUSED

In what country was the FATHER OF YOUR MOTHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
In what country was your FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country was the MOTHER OF YOUR FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country was the FATHER OF YOUR FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country were YOU born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED
APPENDIX C

ECONOMIC STRAIN
APPENDIX C

ECONOMIC STRAIN

For the next few questions, I'd like you to tell me which of these responses comes closest to describing the usual situation of you and the people you live with - your household. If you live alone, you should just answer these questions about yourself.

1. Do you feel your household is able to afford decent housing?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

2. Is your household able to afford furniture or household items that need to be replaced?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

3. Can your household afford the kind of transportation it needs?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused
4. Do you think your household has enough money for the kind of food you and your household should have?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

5. Does your household have enough money for the kind of medical care you and your household should have?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

6. Does your household have enough money to buy decent clothing?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

7. Do you feel your household has enough money for the kind of recreation you and your household want?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

8. How much difficulty does your household have paying bills?
   1. Not at all
   2. A little
   3. Some
   4. A lot (Very)
   5. A huge amount (Extremely)
   6. 7. Refused
9. At the end of the month, do you have...?
   1. Not enough money
   2. Just enough money to make ends meet
   3. Some money left over
   4. Refused
APPENDIX D

SOCIAL SUPPORT NETWORK QUESTIONNAIRE
APPENDIX D

SOCIAL SUPPORT NETWORK QUESTIONNAIRE

I would like to spend the next 25 to 30 minutes talking with you about the people who are important to you in a number of different ways. To begin with, I am going to ask about the people you turn to for different kinds of help and support. You can give me just their first names or their initials if you wish. These people might be friends, family members, ministers, teachers, doctors, or anyone else you know. If you’re not sure you understand the question, please tell me and I will try to make it clear.

SECTION ONE: SOCIAL SUPPORT
1a) [EMOTIONAL SUPPORT] If you wanted to talk to someone about something personal or private, who would you talk to -- for instance, if you had something on your mind that was worrying you or making you feel down?

[NOTE: Participants can nominate up to 40 people on their network list]
[PROBE]: Is there anyone else who you can think of?

1b) During the past month, how often did you actually talk to each of these people about something personal or private?
[GET RATING FOR EACH PERSON NOMINATIED IN 1a]
  0. Never
  1. Once or twice this month
  2. About once a week
  3. More than once a week

1c) How did you feel about the way things went the times you talked about personal concerns this past month?
[GET RATING FOR EACH PERSON NOMINATIED IN 1a]
[SHOW SATISFACTION CARD]
  1. Bad
  2. Not too good
  3. Ok
  4. Good
  5. Very good
1d) During the past month, would you have liked more opportunities to talk to people about your personal feelings and concerns, less opportunities, or was it about right.

[SHOW AMOUNT CARD]
[RECORD AMOUNT FOR EACH PERSON NOMINATED IN 1a]
1. About right
2. Less
3. More

5a) [SOCIAL PARTICIPATION] Who are the people you get together with to have fun and relax? These could be new names or the ones you listed before.
[PROBE]: Anyone else?

5b) During the past month, how often did you actually get together with each of these people?
[SHOW UTILIZED CARD; ASK ABOUT EVERYONE LISTED IN 5a]
0. Never
1. Once or twice this month
2. About once a week
3. More than once a week

5c) During the past month, how good did you feel about your experiences the times that you got together with people to have fun and relax?
[SHOW SATISFACTION CARD; ASK ABOUT EVERYONE LISTED IN 5a]
1. Bad
2. Not too good
3. Ok
4. Good
5. Very good

5d) During the past month, would you have liked more opportunities to get together with people to have fun and relax, less opportunities, or was it about right?
[SHOW AMOUNT CARD]
1. About right
2. Less
3. More

7a) [CHILD CARE ASSISTANCE] Who could you go to for help in taking care of your child/children? For instance, who could you rely on to watch your child/children in an emergency or if you just needed a break?
[PROBE]: Anyone else?
7b) During the past month, how often did each of these people actually help you with your child/children?
[SHOW UTILIZED CARD; ASK ABOUT EVERYONE LISTED IN 7a]
   0. Never
   1. Once or twice this month
   2. About once a week
   3. More than once a week

7c) During this past month, how did you feel about the help with child care you did receive?
[SHOW SATISFACTION CARD; ASK ABOUT EVERYONE LISTED IN 7a]
   1. Bad
   2. Not too good
   3. Ok
   4. Good
   5. Very good

7d) During this past month would you have liked more help taking care of your child/children, less help, or was it about right?
[SHOW AMOUNT CARD]
   1. About right
   2. Less
   3. More

8) [OVERALL SATISFACTION] How good did you feel about the way things went the times this person tried to help or support you during the past month?
[SHOW SUPPORTER SATISFACTION CARD; ASK ABOUT EVERYONE LISTED]
   1. Not too good
   2. Ok
   3. Very good

9) [OVERALL NEED] During the past month could you have used more help and support from ______? Less help and support? Or was it about right?
[SHOW AMOUNT CARD; ASK ABOUT EVERYONE LISTED]
   1. About right
   2. Less
   3. More
10) [IMPORTANCE] How important to you is the help and support you get from this person?
[SHOW IMPORTANCE CARD; ASK ABOUT EVERYONE LISTED]
   1. Not too important
   2. Somewhat important
   3. Very important

[READ TO SUBJECT]

Next, I would like to get some information about the people you've listed so we can have a better sense of how you know them. Once again, I'm going to ask you questions that I'd like you to answer about each person on your list one-by-one.

18a) [RELATION TO SUBJECT, PART A] What is _________'s relationship to you?

[IF SUBJECT DOESN'T UNDERSTAND QUESTION PROMPT WITH]: Is he/she your mother/father, sister, brother, friend...etc.?

[RECORD SUBJECT'S ACTUAL RESPONSE]

18b) [RELATION TO SUBJECT, PART B] Does one of these words describe _________'s relationship to you? [READ LIST]: Mother, father, natural mentor, assigned mentor, partner/husband, baby's father <not your boyfriend>, maternal grandmother, paternal grandmother, boyfriend's mother, best friend.
[NOTE: SUBJECT MAY ONLY NOMINATE ONE PERSON FOR EACH OF THESE CATEGORIES]

[IF NONE OF THE RESPONSES ARE CHOSEN, SELECT "K, NOT ON THIS LIST"]
   A. Mother
   B. Father
   C. Natural Mentor
   D. Assigned Mentor
   E. Partner/Husband
   F. Baby's father, not partner
   G. Maternal grandmother
   H. Paternal grandmother
   I. Boyfriend's mother
   J. Best friend
   K. Not on this list
18c) [RELATION TO SUBJECT, PART C] Does one of these words describe __________'s relationship to you?

[READ LIST]: Aunt, Teacher, Neighbor, Minister, Counselor, Doctor or Health care provider, Sister or brother, Child, Boyfriend's relative, Friend

[NOTE: SUBJECT MAY NOMINATE SEVERAL PEOPLE FOR EACH CATEGORY]

[IF NONE OF THE RESPONSES ARE CHOSEN, SELECT "K, NOT ON THIS LIST"]

A. Aunt  
B. Teachers  
C. Neighbors  
D. Minister  
E. Counselor  
F. Doctor/Health care provider  
G. Siblings  
H. Child  
I. Boyfriend's relatives  
J. Friends  
K. Not on this list

Now I would like to find out whether the people on your list are in your family. If the person is a relative, this means that he or she is your KIN. All family members including stepmothers and stepfathers and in-laws count as KIN. Everyone else, such as teachers, neighbors, friends, and doctors count as NONKIN since they are not part of your family.

18d) [RELATION TO SUBJECT, PART D] Which phrase on this list best describes __________'s relation to you?

[READ LIST]: Kin peer, Nonkin peer, Kin adult, Nonkin adult, Younger kin, Younger nonkin

A. Kin peer  
B. Nonkin peer  
C. Kin adult  
D. Nonkin adult  
E. Younger kin  
F. Younger nonkin
APPENDIX E

PLAY WITHOUT TOYS INSTRUCTIONS
APPENDIX E

PLAY WITHOUT TOYS INSTRUCTIONS

Instructions Mother-Child Interaction

We will now videotape the child interacting with you. We want to see how (s)he does during a series of different tasks. First you will play with him/her without toys and then we will give you a set of toys for you to play with and teach your child. Try not to worry about the camera. You can move around if you want, we can move the camera to follow you. We will let you know when we are done with each part.

Ahora vamos a hacer un vídeo de tu niño/a jugando contigo. Queremos ver como él/ella actúa durante una serie de actividades diferentes. Primero vas a jugar con él/ella sin juguetes, y luego les daremos un grupo de juguetes con los que puedan jugar. No te preocupes por la cámara. Puedes moverte si quieres porque podemos ajustar la cámara para seguirte. Te avisaremos cuando termine cada parte.

Play Without Toys: (5 minutes)

Now we would like to videotape your child playing with you for 5 minutes. Play with him/her as you normally would when playing WITHOUT TOYS.

Ahora queremos grabar a tu niño/a jugando contigo por cinco minutos. Juega con él/ella como lo haces normalmente SIN JUGUETES.

Allow mother to decide where she will be videotaped. If there are toys or other items that can be used as toys in the area, ask the mother to take them away. If she starts using something as a toy, remind her that we would like to see how the child plays without toys and that later she will have a chance to play with toys. She can start wherever she wants.

After 5 minutes say: Good, let's move to the next thing now. [Bien, continuemos con lo siguiente.] If they are in the middle of something (e.g., singing a song, talking about something), allow them to finish but don’t let it last too long.
APPENDIX F

MATERNAL BEHAVIOR SCALES
APPENDIX F

MATERNAL BEHAVIOR SCALES

Detachment

1 = Not at all characteristic. **This rating should be given to mothers who display no signs of detachment or underinvolvement.** When interacting with the child, the mother is clearly emotionally involved. And when not interacting with the child these mothers are aware of what the child is doing. These mothers can be sensitive or intrusive.

2 = Minimal emotional disengagement and uninvolvment (e.g., lack of interest in child’s activities, doesn’t know how to appropriately comfort child in distress – only holds without touching, kissing, or talking to child)

3 = Minimally characteristic. This rating should be given to mothers who display minimal detachment. While the mother is sometimes noninvolved, she is clearly more involved than not. **1-3 instances of minimal to moderately detached behavior, including obvious emotional disengagement, and some physical lack of awareness of child with lack of joining in child’s activities**

4= Mom is more involved than detached

5 = Inconsistently characteristic. This rating should be given to mothers who can be detached on occasion, with **some periods in which she is involved** with her child. She is as frequently detached as she is engaged. The outcome is that the mother seems to be out of step in regards to dealing with her child. Inconsistently detached mothers may be provided opportunities to demonstrate involvement, but she doesn’t respond either because she doesn’t want to or she doesn’t pick up on child’s signals. (**e.g. Mom is inconsistently involved or aware of child, doesn’t monitor child when potentially dangerous situations arise or adult discipline/control is needed, ignores child’s distress/difficulties)**

6= Mom is more detached than involved

7 = Moderately characteristic. This rating should be given to mothers who are **mostly detached.** The mother is unaware of what the child is doing and where he/she is at fairly often. **Disengagement is characteristic of the interaction,** and although there may be periods of minimal engagement, they are infrequent.

8= Highly detached, with only 1 or 2 instances of engagement
9 = Highly characteristic. This rating should be given to mothers who are highly detached. The child spends virtually all of his/her time without mother attention, or at best only visual attention. In the minimal instances of involvement, the mother’s behaviors are simple, mechanical, stereotyped, repetitive, and perfunctory. The mother is clearly not emotionally involved with the child, and appears to be “just going through the motions.”
Stimulation of Cognitive Development

1 = Not at all characteristic. **The mother makes almost no attempts to teach the child anything or provide any stimulation.** She may provide routine care but does not use it as an opportunity for learning. The mother may ignore the child’s activities or interact perfunctorily, providing no stimulation.

2 = One instance of non-purposeful teaching, such as labeling

3 = Minimally characteristic. **This rating should be given to mothers who provide infrequent or weak stimulation.** The mother’s conscious and purposeful attempts to engage in development-fostering experiences are limited. She may label or demonstrate materials, but does so perfunctorily and/or with minimal elaboration.

4 = Stimulation is not the main agenda, limited teaching activities with elaboration (e.g. Mom goes through all the parts of the body with the child, but this is the only instance of cog stimulation)

5 = Inconsistently characteristic. **This rating should be given to mothers who provide adequate stimulation but could reasonably be expected to provide more and higher-quality stimulation.** The mother does make some effort to provide stimulation, but does not consistently take advantage of opportunities to do so. Stimulation is not the main agenda. The mother may find some new ways to engage the child, but these ways are limited in number. Actions are likely to be simply repeated rather than thoughtfully varied. Mothers who provide a rich linguistic environment but do not demonstrate the potential of the physical world would receive this rating.

6 = Stimulation is main agenda, teaching episodes are both linguistic and physical, but there are several opportunities that Mom does not take advantage of or attempt to teach child.

7 = Moderately characteristic. This rating should be given to mothers who provide consistent and appropriate stimulation. Stimulation is the main agenda, and is varied and creative. The mother takes every opportunity to engage the child, although there may be one or two instances that she does not take advantage of. Mothers provide rich language and physical stimulation.

8 = Mom takes every opportunity to teach/initiate activities for stimulation.

9 = Very characteristic. This rating should be given to the mother who is consistently stimulating and takes advantage of many activities as opportunities for stimulation. The mother provides frequent stimulation through “lessons,” explanations, or activities. Teaching or fostering development is a primary intent of the mother’s frequent interactions with the child. The mother thoughtfully varies and elaborates on these activities, providing numerous opportunities which are exceptionally advantageous to the child. She provides rich stimulation in terms of language, and embellishment of the potential of the physical world. (Creative, able to adapt to child’s distractions/interests/attemptsto initiate activities)
**Positive Affect**

This scale assesses the degree to which mother expresses warmth, nurturance, and positive affection towards her child and enjoys interacting with her child, with degree defined in terms of frequency and intensity. Behaviors that evidence such an orientation include hugging and kissing the child; touching, rubbing and/or patting child in an affectionate manner, smiling and laughing with child; being enthusiastically involved in what child is doing. More subtle examples would include obvious affectionate and/or soothing handling of child during times of close bodily contact, as well as positively affective tone of voice directed toward child. Expressions of positive affect that are in context of close bodily contact should be considered of greater intensity than those that are without contact. Look for the following behaviors: smiles, laughing, hugs, kisses, positive vocal tones, affectionate caresses or pats; obvious enjoyment in interacting with child; notice whether this type of interaction is characteristic of the whole episode or if it only happens occasionally.

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<th>7</th>
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<tbody>
<tr>
<td></td>
<td>No Positive Affect</td>
<td>Medium Positive Affect</td>
<td>High Positive Affect</td>
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1. No instances of warmth, affection, or enjoyment are observed. Mother is matter-of-fact, mechanical, and/or uninvolved.

2. **Only 1 instance of warmth (e.g. smile or encouraging tone) with no bodily contact**

3. Mother expresses positive affect, but such expressions are relatively infrequent and/or not very intense. Examples would include 1-3 smiles or positively affective tones that are **not in the context of “affectionate” close bodily contact**. Overall, the coder should be comfortable in determining that there was little expression of positive affect during the episode. If mother expresses slight positive affect (not intense), but this affect is not consistent throughout the episode, a “3” is a reasonable score.

4. **3 or more smiles or positively affective tones that may be reserved or subtle, with some touching that does not include hugging, kissing, or caressing.**

5. Mother displays positive affect sufficiently frequently (smile or laughs **3 or more times**, expresses warmth to child), or with enough intensity to warrant a higher rating than "4" (for example, if there are 2 positive behaviors which are more intense than her previous affective behavior, she could get a “5”). However, a rating of “5” does not require that positive affect characterizes mother's behavior throughout the episode. The rater should use this rating when maternal communication of positive affect is **obvious**, though not necessarily consistent throughout the episode, and/or involved **little bodily contact** that indicates the communication of warmth, **although there may be some affectionate touching.**
6. (a) More frequent and intense positive affect, with affectionate bodily contact (hugs/kisses), but not enthusiastic (may not be characteristic of entire interaction). Or (b) A very involved, enthusiastic mother with affectionate touching but NO hugging or kissing.

7. Mother is involved and enthusiastic; she hugs or kisses her child, affectionately talks to and/or touches child. Such expressions of positive affect are frequent and/or intense enough to be judged as characteristic of mother's behavior during the 5-minute period. Usually this rating will involve close bodily contact or caressing of some sort. It is possible that expressions of positive affect may be frequent enough to warrant a 6 without contact, but positive affect in the context of close contact would be recognized as more intense and warranted of a rating of “7”. Mother shows positive affect at all opportunities, possibly with one or two breaks in affect.

8. Characteristically and exuberantly positive, with 1 or 2 pauses or breaks in intensity of affect, or Mom has several instances of exuberant affect. Positive at all opportunities.

9. Instances of warmth, affection, and enjoyment are very frequent (almost continuous), and at least some instance of intense/exuberant behavior dominates mothers' behavior. Mother shows positive affect in a manner that shows extra effort, going above and beyond the situation.
**Negative Affect**

This scale assesses the degree to which mother expresses hostility, negative affect, annoyance, frustration, impatient displeasure, and/or disapproval toward her child during the episode. Degree of negative affect is defined in terms of both FREQUENCY and INTENSITY. Behaviors to watch for are abrupt, or aggressive handling of child (might occur when a child leaves the room and the mother aggressively brings the child back in the room and plops the child on the floor), explicitly negative and/or scornful vocal tones (the mother forcefully correcting the child), impatience expressed vocally or in verbal communication, facial expressions of annoyance, and/or evident lack of enjoyment of child when the mothers interact with their child. Examples of mothers demonstrating explicit negative messages: “no,” “bad child,” “no, do ---- this way.” Notice whether this type of interaction is characteristic of the whole episode or if it only happens occasionally.

Special attention should be given to the mother’s tone of “NO-NOs”. If several No-No’s are used for instruction and there is no sign of frustration this action should not be regarded as negative affect, but rather as helping guide the child process with the task. Subtle signs of negative affect include the mother having increased tension in verbalization or behaviors. (Ratings 3-5) Whereas obvious signs of negative affect consist of using loud tone, shouting, pressured whisper tone or harsh tone, firmly repeated statements, and snapping objects away from the child. (Ratings 7-9)

<table>
<thead>
<tr>
<th>No Negative Affect</th>
<th>Medium Negative Affect</th>
<th>High Negative Affect</th>
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<tbody>
<tr>
<td>1. No instances of hostility, negative affect, annoyance or displeasure are observed.</td>
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<td>2. One subtle instance, such as a frustrated or annoyed expression (not as obvious as 3)</td>
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<tr>
<td>3. Mother expresses some obvious forms of negative affect but such expressions are relatively infrequent (1-2 times) and/or not very intense. Examples would include frustrated vocal tone or negative expression. However a rating of a 3 <strong>possibly may not include any direct, explicit negative messages</strong> (i.e., expressing disappointment, seeming frustrated by child, negative tone of voice.)</td>
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<td>4 = 3-4 times nonhostile negative affect (ex: explicit neg message in teasing tone)</td>
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<tr>
<td>5. Some sufficient frequency (3- 4 times) of subtle acts of <strong>hostility (aggression, anger, or blame towards child)</strong>, negative affect, annoyance, or displeasure. Examples include two instances of verbal or nonverbal expression of annoyance, or impatience, which are not intense. Or high frequency non hostile negative affect.</td>
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<tr>
<td>7. Negative affect, hostility, annoyance, and/or displeasure are evident, and such behavior is frequent (more than four instances) and/or intense. Although negative affect does not characterize the whole episode, such expressions of negative affect are frequent and/or intense enough to be judged as characteristic of mother’s behavior during the 5 minute period.</td>
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</tbody>
</table>
9. Instances of negative affect, hostility, annoyance and/or displeasure are very frequent (almost continuous) and/or intense. Either one or two very strong, striking instances of negative expression or 5 or more separate instances of negative affective expression. A “9” rating requires that expression of negative affect dominates mother’s behavior.
This scale estimates the range of stimulation the mother is able to provide to her child. For instance, the number of different approaches, and types of interactions, her ability to find different manners to interest the child, different ways of playing, and inventing games. The coder’s attention should focus on the invention directed toward the child and the effectiveness in maintaining the child’s involvement in the situation. Therefore, invention directed toward the mother’s own purpose and not the child should not be considered and not counted. For example, if the child is not showing any interest and the mother begins to play for her own interest. Coder’s should also keep in mind how the mother uses herself to enrich the task.

(If the child is not engaged and Mom does not elaborate on the task, counts LESS towards cognitive stimulation)

1. Very small repertoire: mother is able to do almost nothing with her child. She seems at loss for ideas, stumbles around, and is unsure of what to do. Her actions are simple, stereo typed, and repetitive.

3. Small repertoire: mother does find a few ways to engage the child in the activity, but these are of limited number and tend to be repeated frequently, possibly with long periods of inactivity. The mother introduces activities in 1-2 standard ways, but does not seem to explore the activities fully. Only physical activities.

5. Medium repertoire: mother has available to her the normal playing behaviors of motherhood and the usual means of play. Using this variety of approach she is able to engage the child more frequently and without long periods of inactivity. There may be some short periods of inactivity. Mother engages child with physical and non-physical activities.

7. Large repertoire: mother has available to her and shows ability to use all the usual playing behaviors of motherhood, but in addition is able to find a few uses which are especially appropriate/crative to the situation and her child’s momentary needs. Examples are counting items, identifying colors, grouping by color, show me your nose, labeling parts of the body, ring around the rosie.

9. Very large repertoire: mother is consistently finding new ways to engage child, and use her own actions to play with the child. She shows both standard play and many unusual but appropriate play and continually is able to change her behavior in response to the child’s need and state.
Maternal Sensitivity

1. HIGHLY INSENSITIVE
*Responses are characteristically inappropriate to child’s signals*

- Mom acts according to her own wishes, moods, and wants
- Only responds to child’s signals if they are intense, prolonged, or repeated
  - Delayed response shows lack of sensitivity
  - Responses are inappropriate

Examples:
- rarely interacting with child, just sitting there and not playing or teaching child
- doesn’t notice or react when child is enjoying something or having difficulty with something (e.g. if child is crying, Mom doesn’t try to comfort or pick the child up)
- does not make eye contact, emotionally disengaged
- overstimulates child (ex: overtickling – child screams and is irrelevant)
- Transitions too quickly from one activity to the next

2. *Characteristically insensitive*
- 1 demonstration of convenient sensitivity

Scoring note: If more than 1 time of convenient sensitivity, bump up to score of 3

3. INSENSITIVE/CONVENIENT SENSITIVITY
*Characteristically insensitive, may on occasion demonstrate sensitivity or react promptly because child’s needs/wishes/mood are not too different from Mom’s*

- Inability to see things from her child's perspective, take cues from her child, and then respond appropriately.
- Can on occasion show some sensitivity if it only calls for slight adjustment of her own behaviors and goals

Scoring note: Insensitivity is not as pervasive as a score of 1, demonstrates more “convenient sensitivity” than score of 2

Examples of “convenient sensitivity”:
- Mom stops an activity, not when child is distressed, but because she is becoming annoyed with child’s distress
- Delayed response that is no longer appropriate to child’s state
- Once child’s immediate need has been met, Mom disengages or switches activity

Examples of insensitivity:
- Mom is preoccupied or distracted by her environment
- Overstimulation
4. *More insensitive than sensitive*
   - At least one instance of nonconvenient sensitivity in the context of:
     1) a base level of low-sensitivity (global)
     2) more than a few instances of convenient sensitivity (slightly more specific), and/or
     3) the nonconvenient sensitivity is highly sensitive (specific).
   - Mom could be a little more prompt in her response to child’s cues, but this is not consistent throughout the interaction

**Scoring note:** If there is no instance of nonconvenient sensitivity, bump down to score of 3. If demonstrates combined convenient/nonconvenient sensitivity about as much as sensitivity, bump up to score of 5.

5. **INCONSISTENTLY SENSITIVE**
   *Switches between sensitive and nonsensitive behavior – one does not seem to outweigh the other*
   - Sometimes prompt and appropriate to child’s cues
   - Sometimes slow or disengaged
   - The intensity of sensitive behaviors balances out the intensity of insensitive behaviors

**Examples:**
   - Sometimes engaged, playful, and responsive to child’s cues
   - Overstimulation – tickling, chasing child around room until child’s laughter starts to have an edge/sob/scream
   - Once immediate need is met or crisis is resolved, Mom disengages
   - Sometimes doesn’t notice or respond when child is upset, having difficulty, or demonstrates a want

6. *More sensitive than insensitive, demonstrates some obvious inappropriate responses to child’s cues*
   - Mom mostly responds appropriately to child, is emotionally engaged and aware
   - There are moments where Mom’s response is delayed or incomplete

**Example:**
   - Overstimulation
   - Sometimes if child does express a need or a wish to play a game, Mom doesn’t listen or respond but acts according to her own agenda
   - Latent response to child being upset

**Scoring Note:** If moments of insensitivity seem more subtle (infrequent, little mismatches with child’s cues), bump up to a score of 7.

7. **SENSITIVE**
   *Characteristically sensitive, mother responds to child’s cues promptly and appropriately, with some subtle mismatches*
   - Mom responds to all of child’s cues
- Mom is engaged and makes sure child is in a state to engage
- Mom gives child time to respond before stimulating child further (turn-taking)
- Infrequently, Mom misreads child’s cues or has a delayed response

**Examples:**
- Mom “checks in” with child after initiating activities
- If child doesn’t like a game or activity, Mom transitions quickly to a different activity
- Sometimes it may take her a few moments to figure out what the child wants, (e.g. if the child whimpers and it takes Mom a few seconds to realize the child wants to be put down)
- “Po po” Mom

**Scoring note:** If Mom does not check in with child, or if Mom misreads cues more frequently, bump down to score of 6. If there are no little mismatches or misreading of child’s cues, bump up to score of 8.

### 8.

*Characteristically sensitive, with no inappropriate responses*
- Mom is completely engaged and playful, encourages turn-taking
- Mom ensures the child is in a state to engage and checks in with child
- All of Mom’s responses are appropriate and prompt, but Mom does need to be prompted by a cue before she responds

**Examples:**
- Ring-Around-A-Rosie Mom

**Scoring note:** If there are any instances of latent or mismatched responses, bump down to a score of 7. If Mom is so in tune with child’s needs that she appears to predict them before the child’s cue, bump up to a score of 9.

### 9. HIGHLY SENSITIVE

*All of Mom’s responses are highly appropriate, prompt and sensitive to child’s needs*
- Mom attempts to prevent problems by predicting child’s moods and behaviors
- When she is not able to grant the child’s wishes (the child wants something he shouldn’t have), she acknowledges what he wants and offers an alternative
- Is able to settle child into activities so both child and mother are absorbed in their interaction

**Examples:**
- Mother changes the activity immediately when she starts to notice child getting distracted, before he has a chance to get upset
- Both mother and child are satisfied with interaction
Scoring note: Insensitivity vs directiveness

If Mom introduces an activity that is not in line with what the child wants, assess if she appears to be trying to structure the interaction (directive). Is she aware of the child’s distress/distraction?
  o If not aware, this action is insensitive.
  o If she is aware, how appropriate is the activity she is introducing to the child’s abilities/level of development/interests?
    o If appropriate activity that engages the child – sensitive.
    o If appropriate activity that does not engage the child, and Mom switches activities – sensitive.
    o If appropriate activity that does not engage the child, and Mom does not switch activity – less sensitive.
    o If inappropriate activity that engages the child – less sensitive
    o If inappropriate activity that does not engage the child, and Mom switches activities – less sensitive.
    o If inappropriate activity that does not engage the child, and Mom does not switch activities – insensitive.

*This list is not ordered from most to least sensitive – it is situation-dependent*
APPENDIX G

MATERNAL BEHAVIOR RATING SHEETS
APPENDIX G

MATERNAL BEHAVIOR RATING SHEETS

Latina Mother’s Project
Play Without Toys Task
Maternal Behavior Coding Sheet

Coder’s Name: _______________ Date Coded: _____________

Participant #: ________________

HV #: 1 2 HV Date: _____________

Language: English ___ Mostly English ___ Mixed ___ Mostly Spanish ___ Spanish ___

Sensitivity: ___ Detachment: ___
Positive Affect: ___ Cognitive Stimulation: ___
Negative Affect: ___ Repertoire: ___

Notes:
APPENDIX H

RELIABILITY SHEET
**APPENDIX H**

**RELIABILITY SHEET**

Latin Mother’s Project

**Reliability Play Without Toy Task**

**Maternal Behavior Coding Sheet**

<table>
<thead>
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<th>______</th>
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<tr>
<td>Sensitivity:</td>
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<tr>
<td>Repertoire:</td>
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Participant #: ______________________  Date Coded: __________

HV #: 1 2  

HV Date: __________
REFERENCES
REFERENCES


