

2008-09

Ounce of Prevention Fund  
Parents Too Soon/Doula Annual Report



the Ounce

04/06/2010

## What is Parents Too Soon?

**P**arents Too Soon (PTS) programs provide intensive home visiting in communities across Illinois. PTS programs aim to maximize teen parents' abilities to care for their children and to continue their own development. Adolescent parents and their children are often at risk for poor outcomes in many areas including health, development, child abuse, and future self-sufficiency. PTS programs use a variety of research-based service models built around home visiting as the primary strategy for engaging families, concentrating principally on the parent-child relationship. Each community-based agency develops and delivers PTS services based on a set of best-practice standards in the context of individual community needs. In FY 2009, the Ounce of Prevention Fund (The Ounce) administered twenty-two PTS programs and an additional eleven doula programs in communities across Illinois.

All PTS programs provide long-term home visiting services to teen parents and their young children using one of three nationally recognized research based models. These include the Healthy Families America, Parents As Teachers, and Nurse Family Partnership model. Beginning prenatally or shortly after the birth of the child, PTS home visitors work with teen moms to ensure that their needs get met, help them access needed services, and approach their futures in a planful way. As the child grows,

the home visitor will be there helping the mom anticipate the child's developmental stages and negotiate the various challenges those stages can present. Most importantly perhaps, the home visitor forms an important, healthy relationship with the teen mom. This relationship reflects to the mom that she is valuable, competent, and important, so that the mom can reflect those same ideas to her child. Home visiting services are offered to families for at least three years and, depending on what other resources are available in the community, may be offered for up to five years.

In addition to offering the core service of home visiting, most PTS programs offer group services. PTS prenatal groups help teens prepare for parenthood and let them know that they are not alone. Ongoing parenting groups provide teens with a place to express their feelings about being a parent, get support from peers, and perhaps guidance from group leaders. Group coordinators and home visitors coordinate their work with parents to ensure that the groups reinforce the work of the home visits and vice versa.

Twelve of the twenty-two PTS programs receive supplemental funding to provide doula services. Additionally, the Ounce funds doula services that are embedded in eleven Healthy Families programs that are administered by the Illinois Department of Human Services.



Doulas work with moms-to-be beginning in the third trimester of pregnancy. Doulas promote healthy prenatal practices, work with teens to create positive birth experiences and, beginning prenatally and continuing through the first two months of the baby's life, promote healthy relationships between mothers and their children. Doulas act as catalysts, helping to unleash the powerful natural forces that bond mothers to infants and to channel this energy toward the development of strong, healthy parent-child relationships.

Overcoming some of the barriers that obstruct the development of healthy parent-child relationships may require additional expertise. Maternal depression and other mental health issues often negatively affect the parent-child relationship. To better address these issues, a number of PTS programs employ or contract with licensed infant mental health clinicians who are available to program staff for consultation on the work they do with families. Where appropriate, these clinicians may also work directly with some families. Because the clinician is a part of the team with whom the parent has already established a trusting relationship, and because the clinician will often travel to the parent's home, teens who might not otherwise dream of seeking out mental health treatment are able to comfortably connect with a professional. Unlike some traditional mental health approaches, the infant mental health approach ensures that the child and the parent-child relationship are always a focus of the intervention. Integrating mental health services into the home visiting program not only increases access to services and reduces the stigma often associated with mental health services, but it also allows the work of the home visitor to be informed by the expertise of the mental health professional.

For those programs that do not receive funding to include mental health professionals as part of their staffing pattern, Ounce staff work with programs to ensure that community linkages are in place to identify and meet the mental health needs of the families they serve. One example of this work is the ongoing implementation of maternal depression screening protocols at all PTS programs. PTS home visitors are trained to administer and score the Edinburgh Postnatal Depression Screen. Before programs begin screening participants, Ounce staff work with the program to ensure that response protocols and referral linkages are in place that will enable the home visitors to appropriately respond to and access services for mothers who are affected by depression.

Community-based agencies, with the support of Ounce staff, integrate some combination of all of the services described above into a holistic program designed to address the needs of teen parents within the contexts of their communities. Ounce staff provide the training and technical assistance needed to ensure the successful implementation of these services. OunceNet, the database used by PTS providers, captures implementation and outcome data that provide a window into the work being done by PTS programs across the state. Ounce staff, along with our research partners at the University of Chicago, continually analyze the data to ensure that the services being delivered are effective and to inform future program development.

We recognize that hard data, while essential, never tell the whole story. Therefore, along with summaries of PTS data from FY 2009, the following pages contain some vignettes that attempt to show the impact of PTS services on the lives of participants.

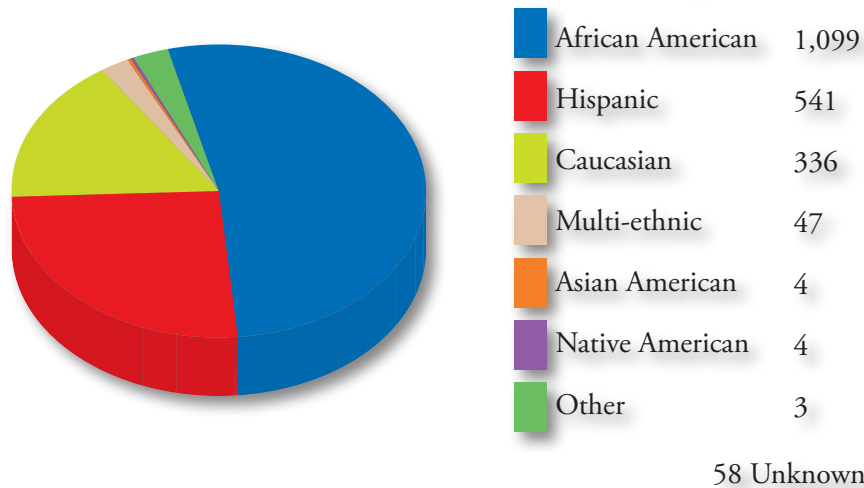
# FY 09 Highlights

## In FY 2009...

- 2,092 families received 27,590 home visits through our 22 long-term home visiting programs.
- 965 families received doula services. Doulas were present at 621 births.
- PTS home visitors conducted 5,109 developmental screenings.
- Over 100 prenatal or parenting groups were held comprising 1,431 sessions.
- Over 64% of fathers of children enrolled in PTS programs were involved with their children on at least a weekly basis.
- Over 70% of mothers enrolled in PTS scored higher on a measure of maternal efficacy after program participation than they did at enrollment.
- 85% of children in PTS programs were up-to-date with required immunizations.
- 74% of the mothers in PTS programs who gave birth in FY 09 initiated breastfeeding.
- 282 teen moms in PTS programs graduated from high school or received their GED.

## FY 09 Overall Service Numbers -Ethnicities of Participants

### 2,092 Served in Home Visiting



### Ages of Children Served

Under 1 year	892
1 year	613
2 years	301
3 years	160
4 years	84
5+ years	49
<b>Total</b>	<b>2,099</b>

# Breastfeeding

There are a variety of social and health benefits, for both baby and mother, associated with breastfeeding. Breastfed babies tend to have stronger immune systems and are less likely to die of Sudden Infant Death Syndrome than babies who are not breastfed. Moms who breastfeed have reduced postpartum bleeding and are less likely to develop breast or ovarian cancer.<sup>1</sup> Additionally, the time spent in close contact during breastfeeding can promote the attachment process.

Teen moms are often reluctant to try breastfeeding. They may lack adequate information about breastfeeding and experience little support from their peers. They may be concerned about what breastfeeding will do to their bodies, and they may worry that breastfeeding will make it difficult for them to return to school or to lead an active social life. As a result, teen moms are significantly less likely to breastfeed than older moms.

PTS programs' specialized focus on the unique needs of teen parents makes them more effective with this high-risk population. Home visitors in PTS programs work with pregnant teens to help them understand the benefits and responsibilities involved in deciding to breastfeed. Many PTS home visitors have received specialized training in lactation counseling. As the chart above shows, PTS programs that are funded for doula services have an impact on breastfeeding initiation over and above the already impressive effect of PTS programs in general. PTS doulas are present in the delivery room when the mother gives birth.

The invitation to breastfeed and the hands-on support to ensure that the first attempts at breastfeeding are successful often tip the scales in favor of breastfeeding for young moms.

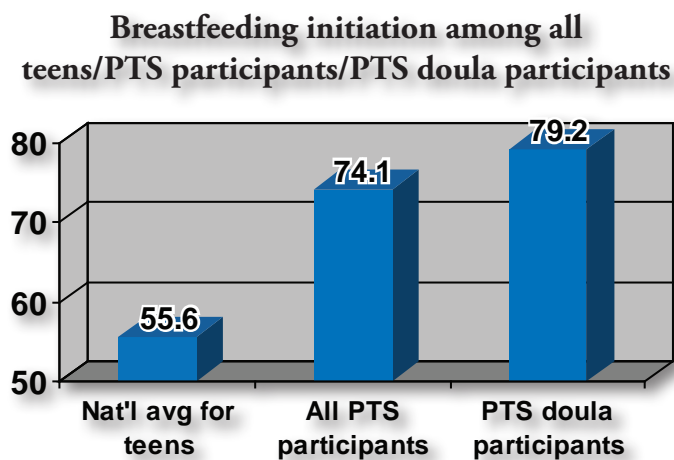
## Overcoming Risk – One Example of the Challenges PTS Programs Face and Their Effectiveness in Overcoming the Odds

Research in child development has shown that, for a variety of outcomes, the accumulation of risk is more predictive of negative outcomes than is any one risk factor. Participants in PTS programs are overwhelmingly single, young, low-income, and poorly educated. While changing a teen mother's environmental circumstances is difficult, PTS doulas and home visitors work to minimize the extent to which environmental risks find their way into the mom's relationship with her baby. The home visitor's persistent and intensive focus on

the baby supports the parent's ability to devote attention to the baby's needs in the midst of the chaos and turbulence that often provide the backdrop to their lives.

Initiating breastfeeding is one behavior that varies dramatically along demographic lines such as income level, age, race, education, and marital status. The bullet points below describe how each of these risk factors affects breastfeeding.<sup>2</sup>

- **RISK FACTOR** - Teens are 26% less likely to initiate breastfeeding than non-teens.
- **RISK FACTOR** - Women below 185% of poverty are 17% less likely to initiate breastfeeding than women above 350% of poverty.



<sup>1</sup>American Academy of Pediatrics, Work Group on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics. 2005 115:2 496-506

<sup>2</sup>Center for Disease Control and Prevention (2006). 2006 National Immunization Survey. Retrieved on 10/19/2009 from: [http://www.cdc.gov/BREASTFEEDING/DATA/NIS\\_data/2006/socio-demographic\\_any.htm](http://www.cdc.gov/BREASTFEEDING/DATA/NIS_data/2006/socio-demographic_any.htm)

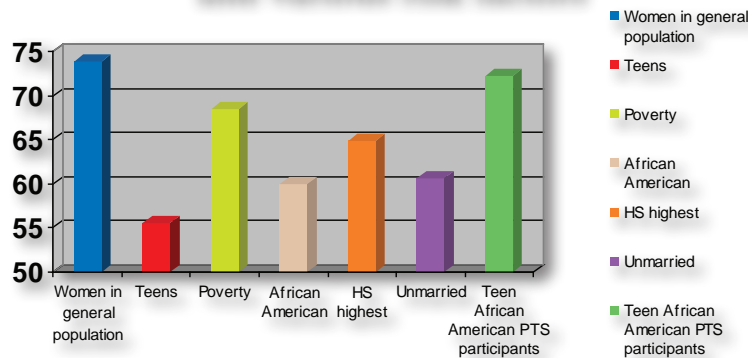
- **RISK FACTOR** - African Americans are **19% less likely** to initiate breastfeeding than women in general.
- **RISK FACTOR** - Women whose highest level of education is a high school diploma are **12% less likely** to breastfeed than college graduates.
- **RISK FACTOR** - Unmarried women are **24% less likely** to initiate breastfeeding than married women.

The chart on this page depicts data from the 2006 National Immunization Survey published by the Centers for Disease Control. The bar on the far left shows the rate of breastfeeding initiation for women in the general population. The next five bars show the breastfeeding initiation rates for the at-risk subgroups listed above. The bar on the far right shows the breastfeeding initiation rate

for African-American teens enrolled in PTS programs, most of whom are members of all five of the at-risk subgroups depicted by the red bars. In the area of breastfeeding initiation, as in other areas, the home visitors and doulas are able to support teen moms' abilities to overcome the accumulation of risk factors that work against many of the families whom we serve.

Anna's story (see text box below) provides a glimpse into the kind of work that makes these unlikely outcomes possible. Anna's doula spent months forming a supportive relationship with her, was present with Anna during 16 hours of labor and delivery, marshaled the support of the father and extended family, provided hands-on guidance, and followed up with Anna in the months after birth.

**Breastfeeding initiation rates and various risk factors**



Anna is 18 years old and her daughter Alma is two months old. Doula Bridget Lally worked with this family beginning in March. Parent Educator Alison McDuffee brought Bridget along on her first home visit with Anna. Anna was quite quiet and shy during prenatal visits. Bridget remarks, "I'm OK with quiet participants, it doesn't make me uncomfortable. I think for some people, they don't like the silences and don't know what to do, but it doesn't bother me." Bridget realized she needed to do a little more to engage Anna. As their relationship formed, Anna expressed her wish to have a natural birth, and Bridget helped her prepare for this.

Labor and delivery were normal, but very long; Bridget was in attendance for nearly 16 hours. The baby's father was present, as were both the maternal and paternal grandmothers. The baby's posterior position caused labor to be very lengthy but the sight of the grandmothers helping Anna with comfort measures was quite touching. Bridget stayed with Anna throughout

a difficult night of labor and her daughter Alma was born just after 7:00 am the following morning. Anna held her baby immediately and has breastfed almost exclusively since birth. Anna had a bit of trouble with pumping at first, but Bridget's assistance helped Anna pump successfully.

PTS doula services generally end about the time the baby turns two months old, but that is not the end of the program's involvement. A trained home visitor will continue to work with Anna for up to five years, helping her to understand and promote her baby's development. With the PTS program's support, Anna is beginning to focus on her own future even as she grows into her new role as a mother. Anna had a recent visit with a college counselor at Northeastern Illinois University. When the doula portion of Anna's services came to a close, Anna presented Bridget with a ceramic angel because, as Anna said, "you were an angel at my birth."

# Children's Health

The data below demonstrate the impact that PTS programs have in helping families access preventive health care. Additionally, the regular developmental screenings done by home visitors and the use of developmentally appropriate curricula help focus the home visits on supporting young children's development and identifying potential problems at an early stage.

A report by the Commonwealth Fund estimates that fewer than half of all children in the United States receive the preventive health care recommended by professional guidelines.<sup>3</sup> Children from low-income or non-English-speaking families are less likely to receive preventive health care than other children. These children are precisely the children for whom preventive care is most crucial for they are at increased risk of lead exposure, asthma, tuberculosis, and other health problems that can be prevented or minimized with early detection. Low-income children are less likely to be immunized against preventable diseases. The developmental surveillance, anticipatory guidance, and nutrition counseling that are built into well-child visits are especially important for helping younger and less educated parents track their children's development.

## Immunizations

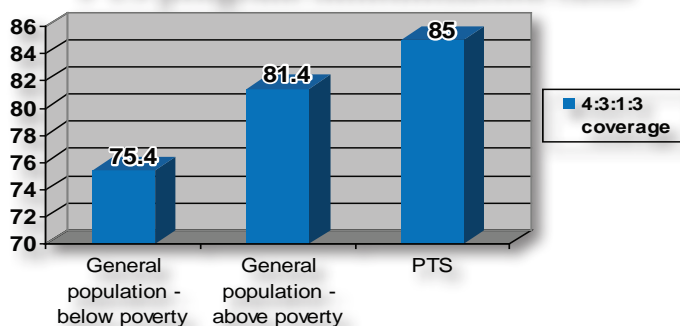
Immunization rates for children enrolled in PTS programs are not only higher than they are for other low-income children, but they are even higher than immunization rates for children who

are not low-income. The table on this page looks at the percentages of two-year-olds that have received four doses of DTaP, three doses of polio vaccine, one dose of MMR, and three doses of Hib as recommended by the American Academy of Pediatrics. Comparison data is from the 2008 CDC National Immunization Survey.

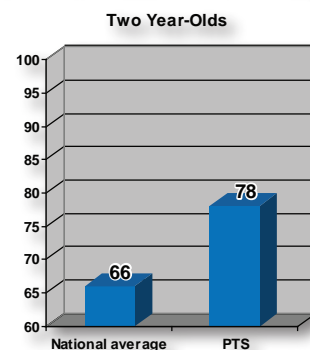
## Well-Child Visits

Well-child visits are important for tracking children's development, identifying potential health issues early on, monitoring immunization status, providing anticipatory guidance for parents, and answering parents' questions about their children's health. A study published in the December 2006 issue of *Pediatrics*<sup>4</sup> revealed that approximately one-third of two-year-olds received no well-child visits in the twelve month period prior to their birthdays. Data from this article show that demographic factors such as low maternal education, poverty, and minority status decrease the likelihood that a child will receive routine well-child care. More than one of these demographic factors are present in the majority of the families served by PTS programs. Nevertheless, as with other outcomes, the support of PTS programs helps to mitigate risk and allows the children of teen parents in PTS programs to access well-child care as often as, or more often than, children from families without multiple risk factors.

**PTS program immunization rates**



**Percentage of Two year-old Children with at Least One Well-Child Visit during Past Year**



<sup>3</sup> Paul J. Chung, Tim C. Lee, Janina L. Morrison, and Mark A. Schuster PREVENTIVE CARE FOR CHILDREN IN THE UNITED STATES: Quality and Barriers, *Annual Review of Public Health*, 27:491-515 April 2006

<sup>4</sup> Selden, Thomas, Compliance With Well-Child Visit Recommendations: Evidence From the Medical Expenditure Panel Survey, 2000-2002 *Pediatrics* Vol. 118 No. 6 (December 2006), pp. e1766-e1778.

## Developmental Screenings

Enrollment in early intervention services can improve outcomes for children with developmental delays. Universal screening of children beginning in infancy is critical to early identification of children that may benefit from early intervention. An article in the October 2009 issue of Pediatrics states that as many as 50% of children in the US fail to get adequately screened for developmental delays.<sup>3</sup> Children in Illinois fare significantly better thanks in part to efforts such as Preschool for All, the Assuring Better Child Health and Development Project, and Child Find. Slightly over 80% of one-year-olds enrolled in WIC or Family Case Management programs in Illinois received at least one developmental screening in their first year of life.<sup>6</sup>

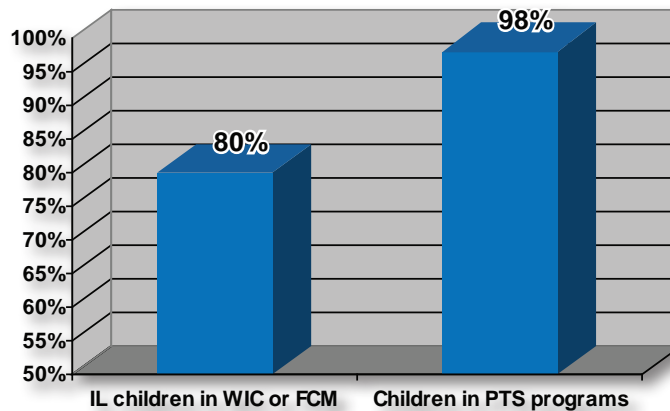
Home visitors in PTS programs receive extensive training and mentoring in the administration of developmental screenings through the Ounce's Training Institute.

OunceNet reports let home visitors know when children are due to receive a developmental screening, and the technical assistance and monitoring provided by Ounce Program Advisors provide additional support to ensure that children's development is monitored. The result of these efforts is that 98% of one-year-olds in

PTS programs in FY 2009 received at least one developmental screening (see chart).

In FY 2009, 94% of PTS families were enrolled in WIC.

**Percentage of 1 yr-olds who received at least one developmental screening**



*The following story from our Nurse Family Partnership program in Mt. Vernon further illustrates the value of developmental screening.*

### **The economics of Early Intervention**

During a routine developmental screening the nurse home visitor found that the baby did not respond to sound on one side. The baby's mom confirmed she had been noticing this also – the screening validated her concerns and the home visitor supported her decision to make an appointment for a follow-up medical visit. A more in-depth assessment of the baby's hearing confirmed that she did in fact have a hearing impairment. With the support of the home visitor, the baby was enrolled in early intervention services through the school district and is being followed by a hearing specialist. Additionally, the family is getting support through a local resource called Vision and Hearing Connections. The PTS program supervisor reports that the baby is doing “exceedingly well”.

<sup>5</sup> University of Illinois at Chicago, Department of Disability and Human Development, and Erikson Institute, Irving B. Harris Infant Studies Program (2002) Unmet Needs Project: A Research, Coalition Building, and Policy Initiative on the Unmet Needs of Infants, Toddlers, and Families, downloaded from <http://www.state.il.us/agency/icdd>

<sup>6</sup> Illinois Department of Human Services, Healthy Families Illinois 2004 Annual Report, October 2004, accessed on web at <http://www.dhs.state.il.us/chp/ofh/headlines/pdf/dhs-ofh-hfir.pdf>

# Educational Attainment

Over the past year, the public radio station in Chicago has been airing a series entitled: Fifty-Fifty: The Odds of Graduating. The series looks at the barriers faced by students in Chicago public high schools and the findings are alarming. Over 12,000 students drop out each year. An incoming freshman has only about a 50% chance of graduating. At some schools the odds are worse. The series looked in depth at Robeson High School in Chicago's Englewood community, a community served by one of our PTS programs. Barely one-third of students at Robeson are on track to graduate. The odds are even worse for pregnant students and at Robeson one in nine female students is pregnant or parenting.

While outcomes for pregnant students in Chicago Public Schools may be particularly bleak, the outlook nationally for teen parents is not much better. A recent report prepared by The National Campaign to Prevent Teen Pregnancy revealed that only 40% of teenagers that have children before age 18 go on to graduate from high school.<sup>7</sup> The first year of parenthood presents the biggest hurdle to staying in school for many of these young moms. Apart from having to miss school during the birth and recovery, teen moms, like all new moms, need to deal with sleep deprivation, figuring out childcare arrangements, keeping doctors' appointments, and the myriad other demands of new parenthood. Teen moms often need to meet these challenges without the support of a spouse or the financial resources to secure child care and other supports. It is therefore not surprising that the majority of teen

parents are not able to complete their high school education.

While we do not have sufficient longitudinal data at this point to be able to follow a group of newly-enrolled participants all the way through to graduation, we do have data that tell us something about our success at keeping them enrolled in school during that first critical year following the birth of their babies. PTS home visitors and doulas work diligently to support young parents' efforts to continue their educations. What these data tell us is that the vast majority of pregnant and postpartum teens who are in school when they enroll in a PTS program are still in school one year later. Of the 226 participants under 18 who were served in FY09, 195 (86%) were in school when they first enrolled in PTS services. That number diminishes only by about 12% (to 171) one year later. Further, of the teen moms who had already dropped out of school prior to enrolling in a PTS program, we are successful in getting a good portion of them (35%) back in school. When one considers that nationally about 60% of teen parents drop out of school at some point on the road to graduation, and that the first year is the most critical, the fact that such a high percentage of PTS participants are still in school a year after becoming parents is a strong indicator that PTS services are having an impact on their educational attainment.

The story at the bottom of the next page shows how one teen parent enrolled in a Chicago public high school beat the odds with the help of her PTS program.

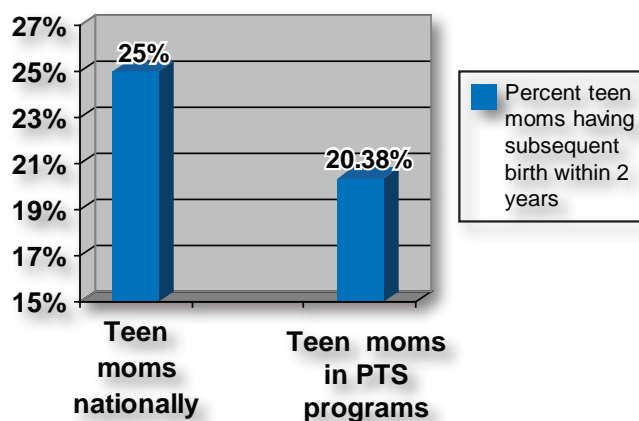
<sup>7</sup> Hoffman, S.D., By the Numbers: The Public Costs of Adolescent Childbearing. 2006, The National Campaign to Prevent Teen Pregnancy Washington, DC.

## Postponing Subsequent Births

One of the ways that PTS programs seek to improve outcomes for teen parents and their children is to help teen moms be more intentional regarding subsequent pregnancies. Home visitors do this by regularly completing and reviewing Individualized Family Support Plans with teen moms. In addition to setting goals for the child and the parent-child relationships, these plans encourage teen moms to set and work toward educational and vocational goals. Home visitors also provide education and referral resources around family planning. They do this because research shows that closely-spaced (i.e., fewer than two years apart) births to teen moms are associated with a number of detrimental outcomes. For the teen mom, these include a reduced ability to complete her education and to achieve economic self-sufficiency. Subsequent births to teen moms are more likely to be preterm, low birth weight, and carry an increased risk of infant mortality. Children of teen moms, both the first child and the subsequent child, are more likely to exhibit

behavior problems and less likely to be successful academically.<sup>8</sup>

Research also tells us that one-quarter of adolescent mothers bear another child within two years.<sup>9</sup> Teen moms enrolled in PTS programs are approximately 18% less likely than their counterparts to give birth to another baby within two years. Of the 265 teen parents served by PTS programs in FY09 whose first child was two years old or older, 211 did not have another baby before their first child turned two.



Leondra, a teen mom at our PTS program at Catholic Charities and a Chicago public high school graduate, recently shared her story. She spoke of being depressed and feeling “out of step” in the high school she was attending, even though they did have some sort of program for pregnant students. Leondra had actually considered quitting school until she found out about the Catholic Charities Parent Program. “After a few weeks of attending parenting groups on Mondays, I was hooked. I felt like this was home”.

She went on to share how the workers at Catholic Charities made her feel good about herself and encouraged her to stay in school and graduate, which she did. Now plans are in the making for her to go to culinary school where she would like to become a chef. She swears she can “make a steak melt in your mouth.” She went on to express how proud she is of her one year-old son when the two of them practice some of the parenting skills she learned. “I know my son is smart and I feel good when I see him figure out where to put the balls in the muffin puzzle.”

<sup>8</sup> The National Campaign to Prevent Teen Pregnancy: Another Chance: Preventing Additional Births to Teen Mothers, September, 2004. Accessed on the web at [www.teenpregnancy.org](http://www.teenpregnancy.org)

<sup>9</sup> Barnett, B, Liu, J, De Voe, M, Duggan, A, Gold, M, Pecukonis, E. Motivational Interventions to Reduce Rapid Subsequent Births to Adolescent Mothers: A Community-Based Randomized Trial. *Annals of Family Medicine* 7:346-445 (2009).

# Maternal Efficacy

Simply put, maternal efficacy is a mother's belief in her ability to handle the demands of parenting and to do a good job raising her child. Research has shown that a parent's belief about her competence has a direct impact on her behavior, and therefore, upon the parent-child interaction.<sup>10</sup> A mother who feels confident about her parenting abilities is less likely to feel stressed when presented with a parenting challenge. When problems in parenting do occur, she is less likely to internalize them ("I must be a bad parent") and less likely to attribute the problems to negative characteristics of her child ("He must be a bad kid").

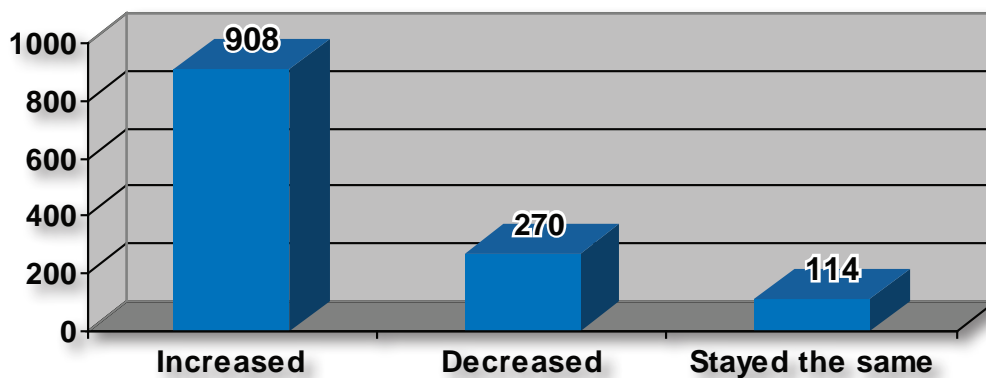
PTS home visitors promote maternal self-efficacy by shining a light on the unique connection between mother and baby and on the unique responsiveness of the baby to his mother ("Look at his face light up when you smile at

him!"). By scaffolding positive parent-child interactions during the home visit, commenting on the best aspects of these interactions, and using videotaped interactions as a tool to allow the mother to see the effect she has on her baby's development, PTS home visitors continually reinforce the message that even young mothers can be successful at the difficult job of parenting.

Maternal efficacy is measured at regular intervals using the Maternal Efficacy Questionnaire, a tool developed by Teti and Gelfand. It is our goal that mothers will increase their sense of efficacy over the course of their participation in the program. For the 1,292 participants served in FY 2009 for whom we have data from at least two time points, we found that over 70% increased their sense of efficacy, while only about 20% decreased.



**Number of PTS participants whose maternal efficacy scores increased/decreased/stayed the same over time**  
(N=1,292)



<sup>10</sup> Teti, D.M. & Gelfand, D.M. (1991) Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 62, 918-929

Sometimes, helping a mother develop a sense of competence consists of validating her instincts. Often a mother may get the message that she will spoil her baby if she picks him up too much, or that breastfeeding will keep her from having a normal social life. Nancy, a participant in the PTS program at La Voz Latina in Rockford, participated in prenatal groups, doula services, and home visits. In addition to helping her with her personal development goals such as graduating from high school and obtaining U.S. citizenship, the program provided the supportive environment needed for Nancy and her maternal instincts to flourish. Nancy breastfed David immediately and was responsive to his cues. She credits the program with helping her learn:

- to value herself and how to communicate with her family and others;
- not to worry about “spoiling” her baby, especially if the baby is wanting to be held;
- when she picks up her baby she is showing him that he is loved and safe;
- that her baby needs close contact with her and others; and,
- that she gives love, attention, affection, and care to her baby.

One can see how this foundation of early positive experiences and a commitment to nurturing parenting practices bodes well for David.



# Father Involvement

Research indicates that living without a father puts children at risk for a number of problems including poor school performance,<sup>11</sup> psychological problems,<sup>12</sup> and later criminal behavior.<sup>13</sup> The vast majority of families enrolled in PTS programs do not have a father residing in the same household as the child. Even though the father may not be present in the home, PTS home visitors make efforts to involve fathers in the program and in their babies' lives. Research indicates that the non-residential father's relationship with the mother and the child can be an important mediator of child outcomes.<sup>14</sup>



encouraged to read to their babies in utero, and to reflect upon what they want for their babies.

In spite of the high percentage of families with non-residential fathers, fathers were present at approximately two-thirds of all births to doula participants in FY09.

**Total births to doula participants in FY 2009 - 800**

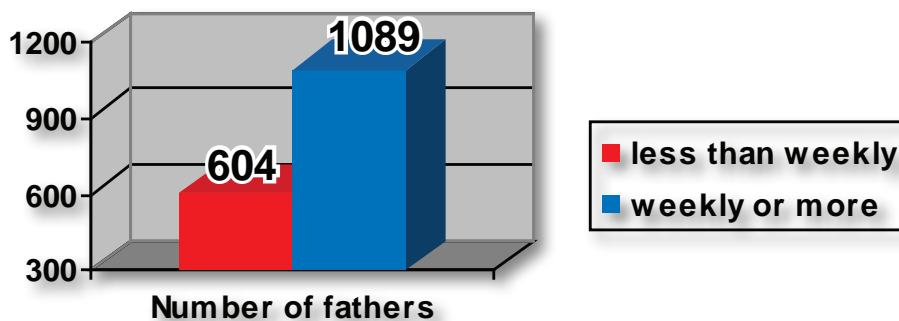
**Births to doula participants attended by fathers - 552 (69%)**

Our data indicate that these fathers stay involved. FY09 program data show that

Beginning in the prenatal period, doulas and PTS home visitors attempt to involve fathers in services. Fathers participate in groups, are

approximately two-thirds of PTS families had a father involved with the child on at least a weekly basis.

**Frequency of father's involvement with child**  
(N=1,693)



<sup>11</sup> Handbook of parenting: Vol. 3: Being and becoming a parent (2nd ed.). Bornstein, Marc H. (Ed); pp. 287-315. Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers, 2002. .

<sup>12</sup> Posttraumatic stress disorder in peers of adolescent suicide victims: Predisposing factors and phenomenology. Brent, David A.; Perper, Joshua A.; Moritz, Grace; Liotus, Laura; Journal of the American Academy of Child & Adolescent Psychiatry, Vol 34(2), Feb 1995, pp. 209-215

<sup>13</sup> Horn, Wade F., & Sylvester, Tom. (2002). Father facts (4th ed.). Gaithersburg, MD: National Fatherhood Initiative.

<sup>14</sup> Marsiglio, W., Amato, P., Day, R. D., & Lamb, M. E. (2000). Scholarship on fatherhood in the 1990s and beyond. Journal of Marriage and the Family, 62, 1173-1191.

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