

Promoting Family Stability in a Down Economy

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Research-Based Decision-Making

What do successful families have in common?

What policies and programs provide effective family support?

Take Away Points

You want policies & programs that:

1. Support parents in parental monitoring
2. Provide stable health insurance
3. Reduce parental stress
4. Address parental substance abuse and depression

Families Are Complex

- * Culture
- * Family needs
- * Education
- * Social networks, schools, neighborhoods

Family goals and values

- * Child health insurance
- * Income and resources
- * Parental health
- * Stability of family structure

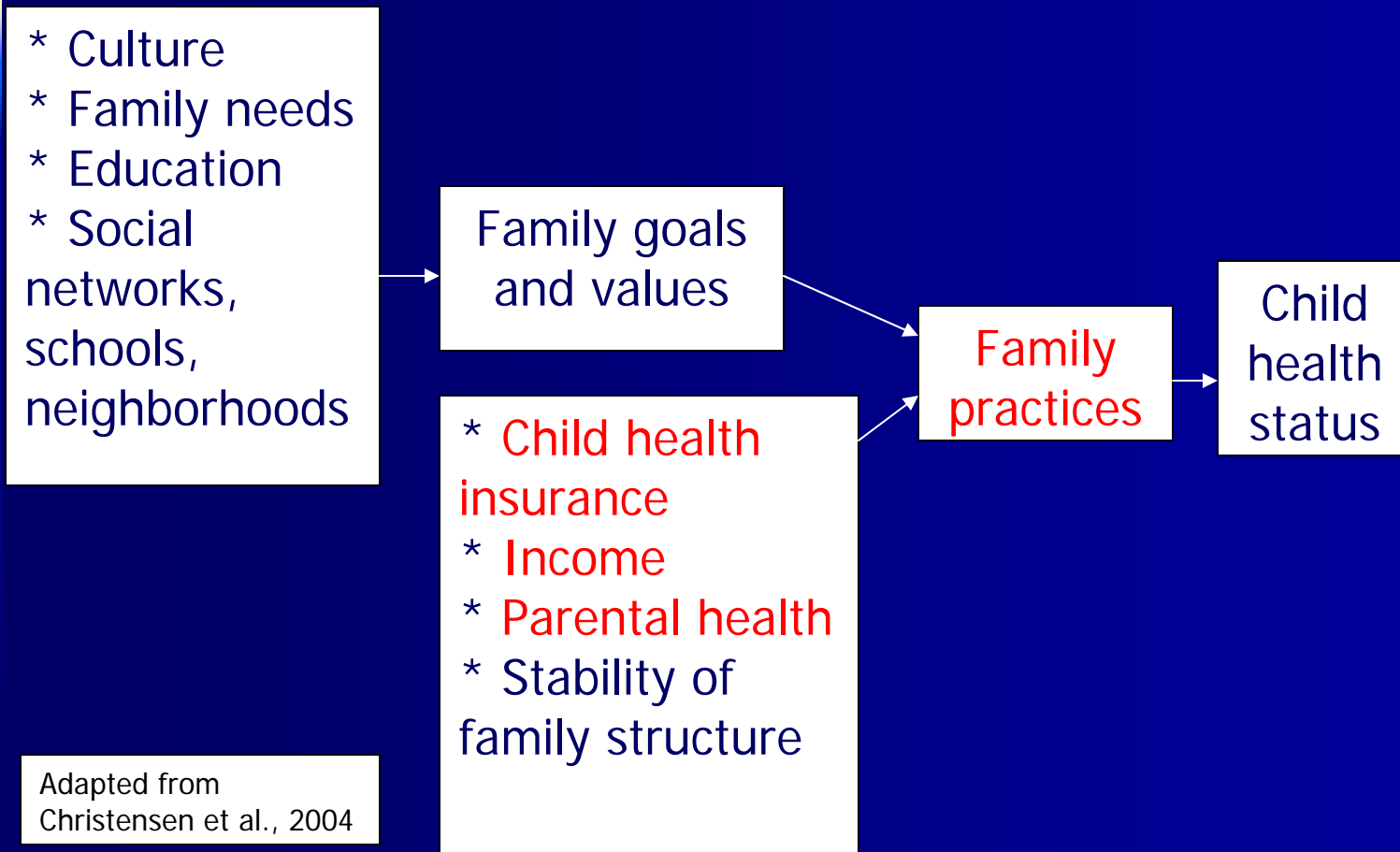
Family practices

Child health status

Adapted from
Christensen et al., 2004



Influence of Policy Makers



What Matters About Families

- Daily family practices
- A family's expectations of kin
- Health is a resource for daily living

Breslow, 1999; Christensen, 2004

What is Family Stability

- Employment
- Health
- Staying together
- Housing

Patterson & Yoerger, 2002

Family Stability Leads to...

- More effective child supervision
- Less family conflict
- More family cohesion

Robertson et al., 2008

Parental Monitoring

Families with ineffective monitoring and high conflict...

- High family stress
- Child abuse & neglect
- Juvenile delinquency
- Academic failure

→ Root cause: Parental Monitoring

Robertson et al., 2008

What Promotes Parental Monitoring?

- Everything that promotes stable families
- Fewer life stressors
- Absence of parental substance abuse
- Absence of parental depression

- The good news

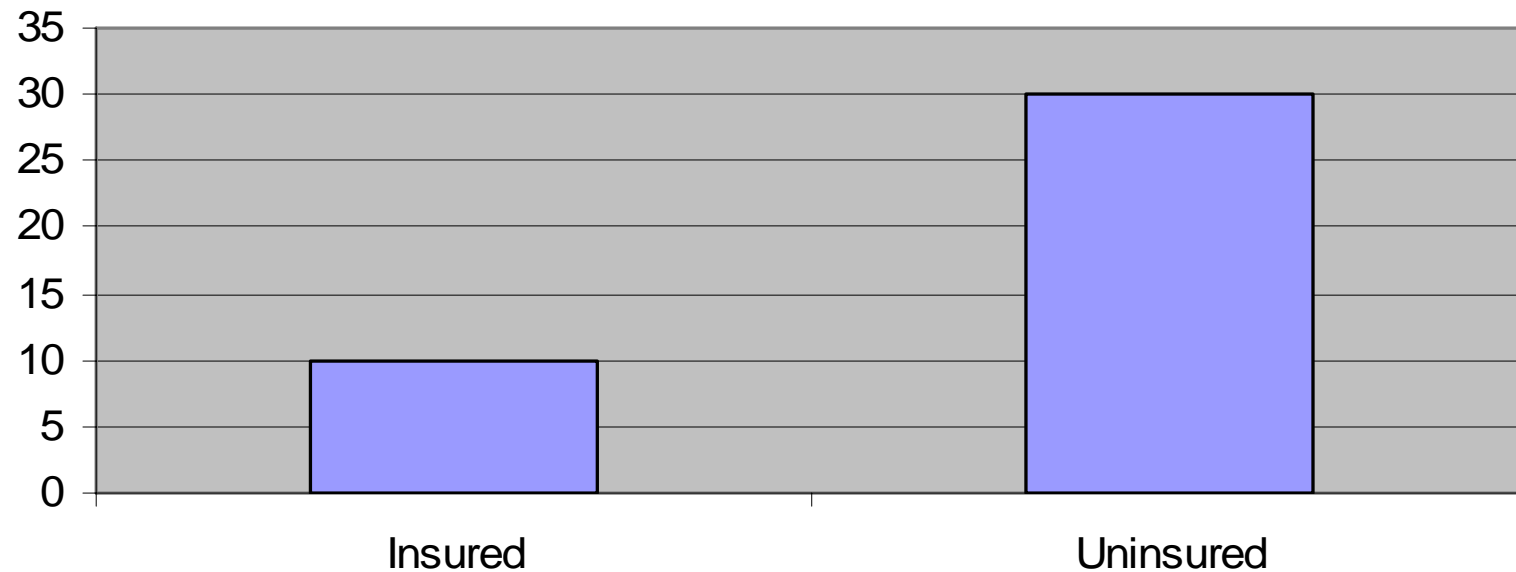
Romer et al., 1999; Bean et al., 2006; Schiff & McKay, 2003; Forgatch & DeGarmo, 2002; Johnson, 1996; Johnson et al., 1995; Patterson & Yoerger, 2002; Patterson et al., 1992

Health Insurance

Health Insurance in Arizona

- Among working adults, gaps in insurance for 25%
- 5th from the bottom in US
- Over 30% of uninsured put off needed medical care in past year

Percentage of Arizonans Who Put Off Needed Medical Care in the Past Year by Insurance Status



Rissi et al., 2008

Health Insurance

Uninsured children are more likely to...

- Have fewer doctor visits
- Go a year without any doctor contact
- Lack a medical home
- Receive inadequate preventive care
- Not go to the doctor when they have symptoms
- Have higher rates of hospitalization for illness or injuries due to lack of primary care

Ashiabi & Neal, 2007; Ettner, 1996; Holl et al., 1995; Newacheck, 1992; Paul et al., 1998; Wood et al., 1990; Stoddard et al., 1994; Perrin et al., 1989

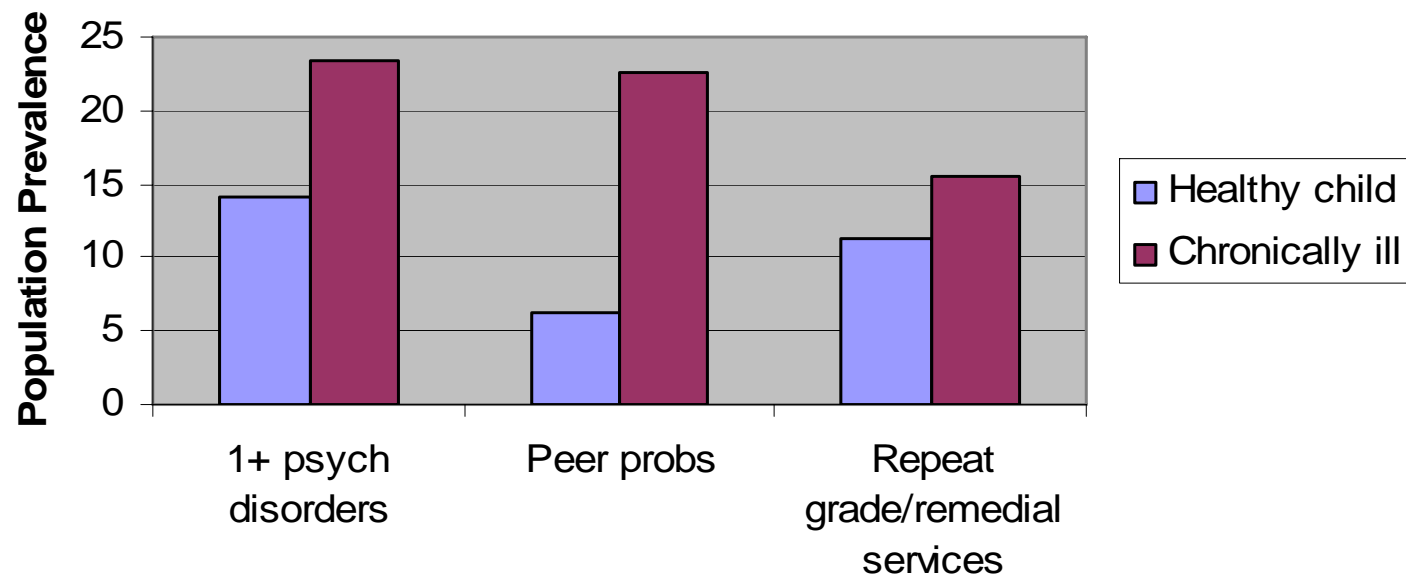
Child Physical Disorders

- 10-20% of children have chronic physical disorders
- Twice as likely to have a psychiatric disorder
- Academic success is threatened
- Due to family strain

Wallander & Varni, 1998; Cadman et al., 1987; Lavigne & Faier-Routman, 1992

Un-interrupted health insurance is needed to prevent, and quickly address, child illness

Psychological, Social, and Academic Problems Among Healthy Children Versus Those With Chronic Illness



(Cadman et al., 1987)

Why Chronic Child Health Disorders Impact Academics

- Recreational activities
- Social adjustment
- Cognitive functioning
- Parental stress
- Parent resources

King et al., 2005

Child Treatment Delay

- Delay in children receiving needed services can lead to worse psychological and academic functioning
- Hence importance of uninterrupted health insurance

Buffers of Poor Outcomes Among Children With Chronic Health Disorders

- Classmate social support
- Family cohesion
- Family expressiveness

Varni et al., 1996

Recap

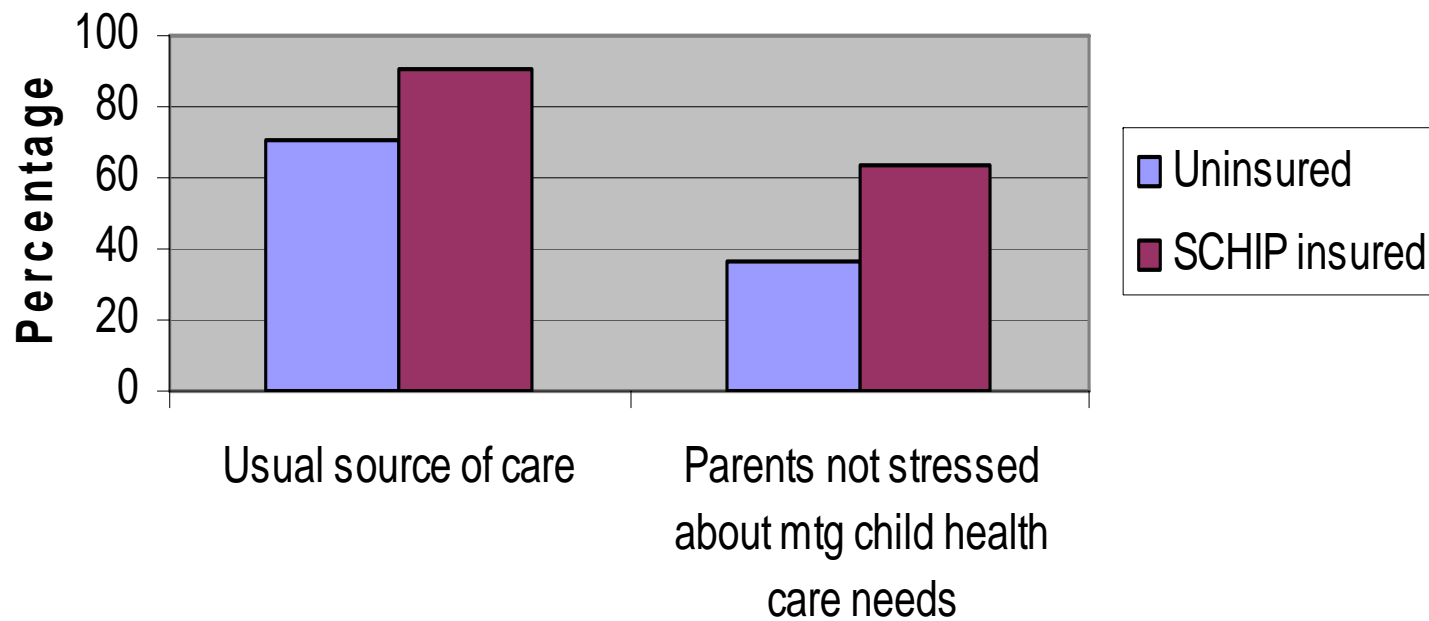
1. Support parents in parental monitoring
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Parental Stress

Parental Stress

- Child health problems create stress
- Decreased monitoring of children
- Can lead to parental depression and substance abuse

Relationship Between Health Insurance, Parental Stress, and Child Medical Home



Parental Depression

Parental Depression

Families with a depressed parent have:

- More conflict
- Less cohesion
- Less expressiveness
- Less organization
- Less child supervision
- More harsh and non-contingent discipline

Olfson et al., 2003; Chilcoat et al., 1996; Weissman & Paykel, 1974.

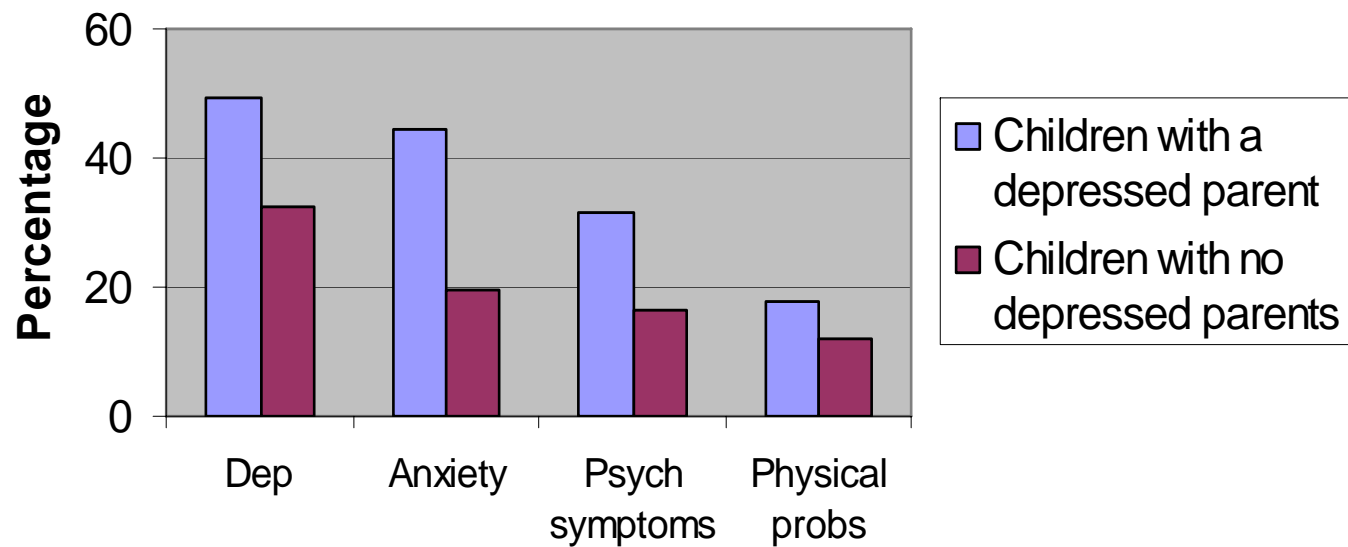
Parental Depression

Children in families with a depressed parent...

- Are twice as likely to have mental health problems
- Have more emotional, somatic, social, and behavioral problems

Ofsun et al., 2003; Billings & Moos, 1983; Kern et al., 2004; Murray et al., 1999

Psychological and Physical Symptoms Among Children With and Without Depressed Parents



Billings & Moos, 1983

Parental Depression

Policy implications:

- Genetic influences: 31-42%
- Prevent through fewer life stressors
- Effective treatment for depression
 - Need for insurance covering mental health care

Sullivan et al., 2000

Parental Substance Abuse

Parental Substance Abuse

- Less parental monitoring

More child...

- Substance use
- Sexual risk behavior
- Early traumatic events
- Juvenile delinquency

Richards et al., 2004; Robertson et al., 2008; Grella, 2005; Robertson & Hussain, 2001

Parental Substance Abuse

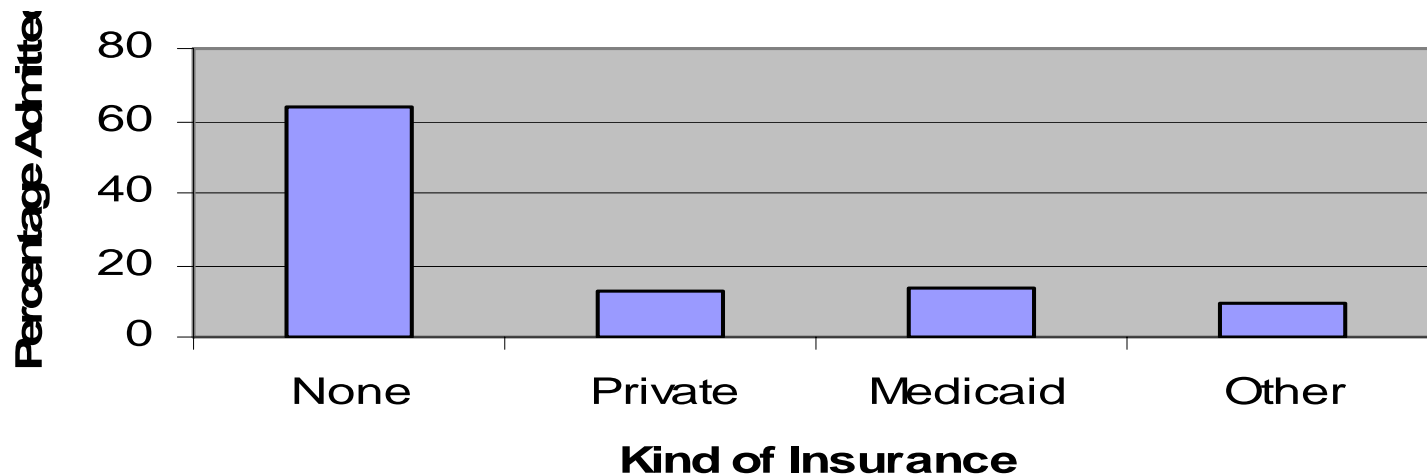
Child abuse and neglect

- 40%-80% of child welfare cases
- Child abuse and neglect result in:
 - Drug and alcohol use
 - Sexual risk behaviors
 - Juvenile delinquency
 - Violent crime

Semidei et al., 2001; Young et al., 1998; Bensley et al., 2000; Robertson et al., 2008;
Young et al., 2007

People Who Need Substance Abuse Treatment are Usually Uninsured

Substance Abuse Treatment Admission by Health Insurance Status



1999 SAMHSA Treatment Episode Data Set. Available at:
<http://www.oas.samhsa.gov/2k2/insuranceTX/insuranceTX.htm>

Parental Substance Abuse

Policy implications:

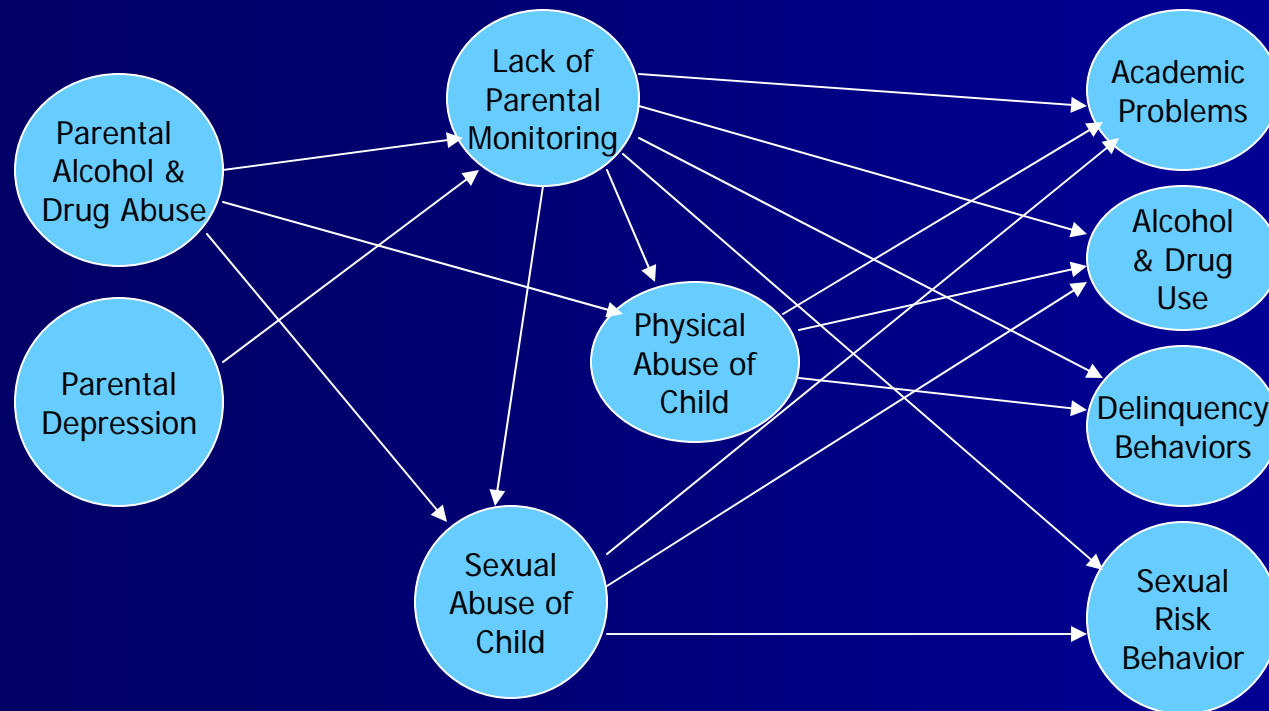
- Prevention through decreased life stressors and use of mental health services
- Early treatment
- Need for continuous insurance, must cover substance abuse treatment

Model of how parental drug and alcohol abuse and depression lead to child problem behaviors.

Parental Characteristics

Risk Factors

Youth Problem Behaviors



Compiled from multiple literatures; see Robertson et al. 2008 for lit review and an example model

So, to most effectively support families...

You want policies & programs that address:

- Parental monitoring
- Continuous health insurance
- Parental stress
- Parental substance abuse and depression

Families During Economic Downturns

- Family stress
- Parental substance abuse
- Parental depression
- Parental monitoring
- Children will be at risk

What can a policy maker do?

- Health insurance for adults and children
- Access to substance abuse and mental health services
- Programs that support parental monitoring and family cohesion

Programs That Support Parental Monitoring and Family Cohesion

Healthy Families Arizona

- 1991-present
- 150 communities in Arizona
- Families are enrolled during pregnancy or first 3 months after birth
- Significant life stressors to qualify
- Services up to 5 years

Healthy Families Arizona

- Weekly 1 hour visits
 - Positive parent-child interaction
 - Home safety
 - Problem-solving and coping skills
 - Child development
 - Health and nutrition
 - Parent education and work goals
- Regular screening for child development

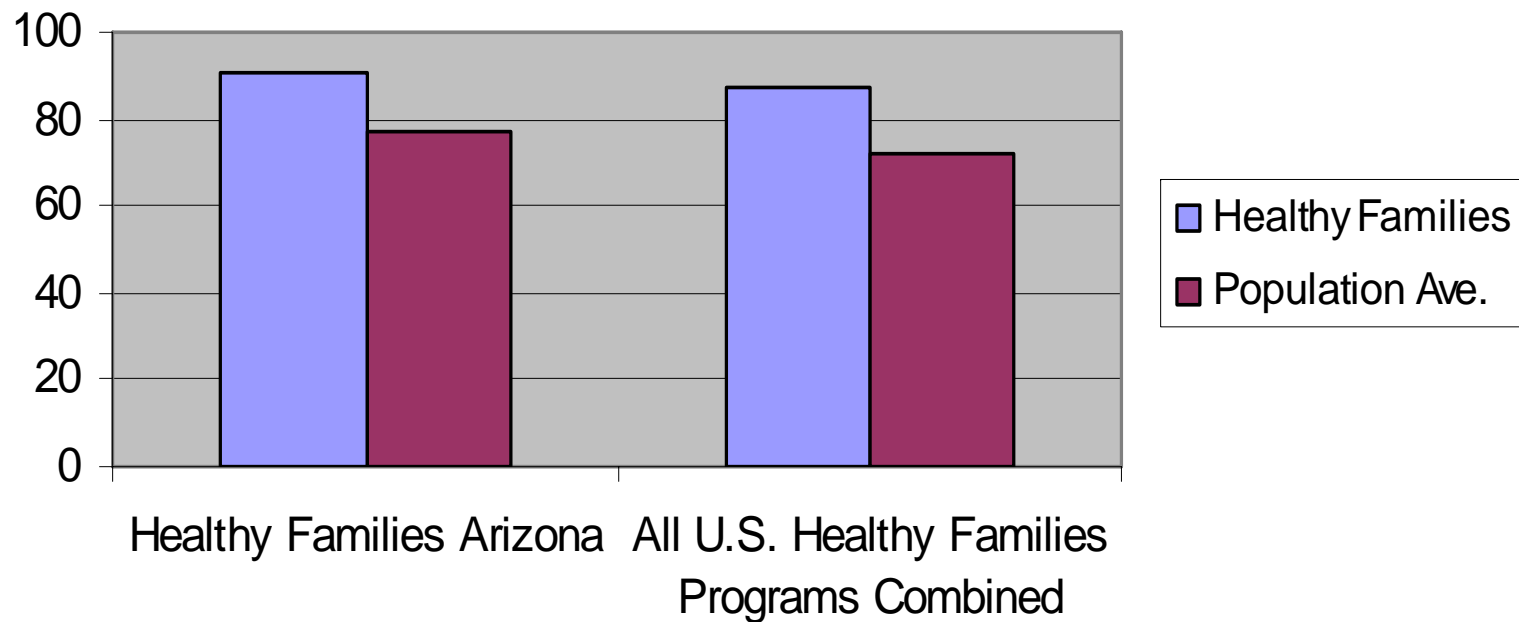
Krysik & LeCroy, 1997

Healthy Families Arizona: Evaluation Results

- High quality assurance standards
- Good retention
- 99.7% had no substantiated CPS reports
- Improvements in parental attachment, social support, sense of parenting competence, parental depression

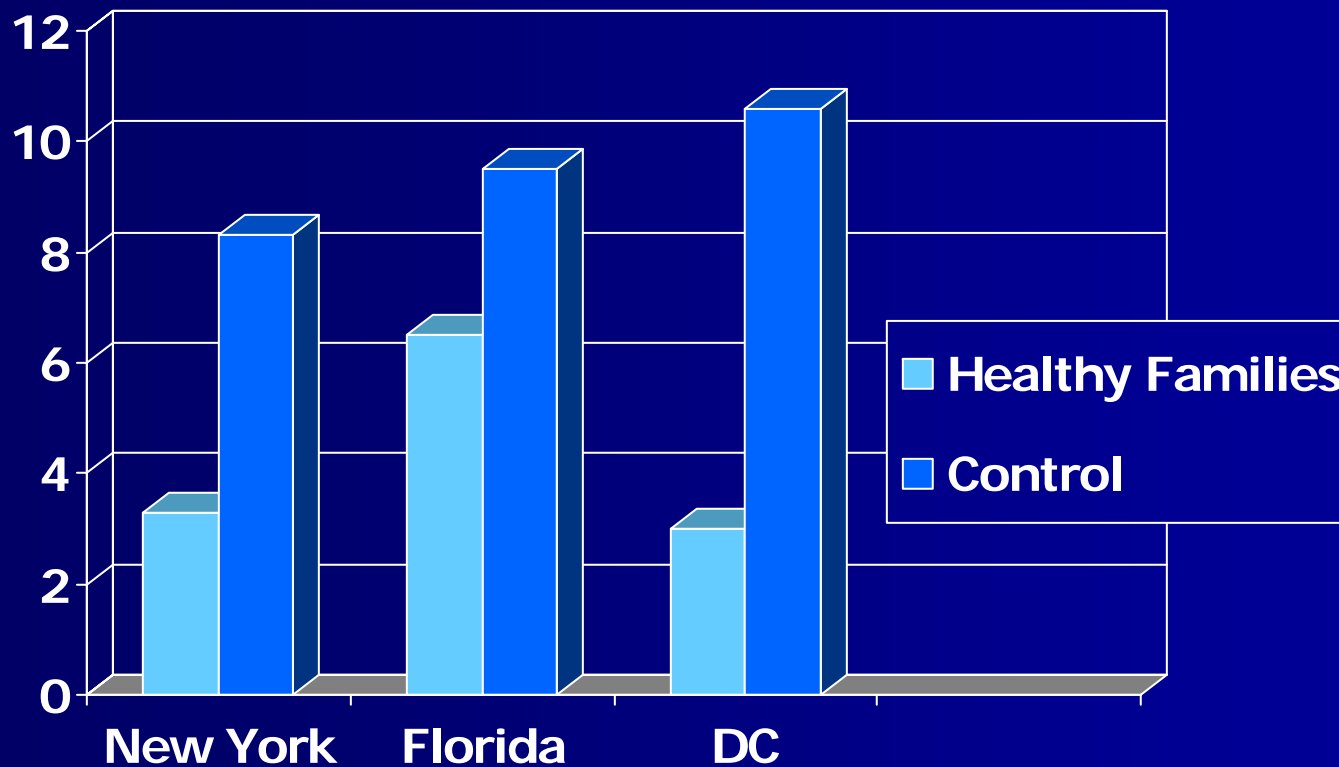
Krysiak & LeCroy, 1997; www.healthyfamiliesarizona.org

Rates of Full Immunization for Healthy Families Participants Versus the Population



Harding et al., 2007; Krysik & LeCroy, 2007

Percent Low Birth Weight Babies in Healthy Families Programs (Harding et al., 2007)



Healthy Families Arizona

- Cautions:
 - Optimal service delivery needed
 - Long time to see results
- Success:
 - Ex: Hampton, Virginia saved \$11.2 million between 1994 & 2004

Harding et al., 2007; Galano & Huntington, 2002

Early Head Start

- Teenage parents
- Children birth to age 3
- Weekly home visits
- Group socialization activities
- Teams of social workers, nurses, psychologists, psychiatrists focused on child and parent

Early Head Start

- Strong evidence base
- Early Head Start children better in:
 - Cognitive development
 - Language development
 - Sustained attention
 - Aggressive behavior
- EHS Parents better in:
 - Emotional support
 - Learning stimulation
 - Spanking

Love et al., 2005; USDHHS, 2002

Programming Policy

- Difficult work
- Requires resources
- Strong evidence for 2 Arizona programs
- Support critical with the current economy

Stay in touch

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References

- Ammerman, R. T., Kolko, D. J., Kirisci, L., Blackson, T. C., & Dawes, M. A. (1999). Child abuse potential in parents with histories of substance use disorder. *Child Abuse & Neglect, 23*(12), 1225-1238.
- Ashiabi, G. S., & O'Neal, K. K. (2007). Children's health status: Examining the associations among income poverty, material hardship, and parental factors. *PLoS ONE 2*(9), e940.
- Bean, R. A., Barber, B. K., & Crane, R. D. (2006). Parental support, behavioral control, and psychological control among African American youth. *Journal of Family Issues, 27*, 1335-1355.
- Bensley, L. S., Van Eenwyk, J., & Simmons, K. W. (2000). Self-reported childhood sexual and physical abuse and adult HIV-risk behaviors and heavy drinking. *American Journal of Preventive Medicine, 18*, 151-158.
- Billings, A. G., & Moos, R. H. (1983). Comparisons of children of depressed and nondepressed parents: A socio-environmental perspective. *Journal of Abnormal Child Psychology, 11*(4), 463-486.
- Black, M. M. (2001). The relationship between delay in receiving services and psychological and academic functioning for children with serious emotional disturbance. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 62*(3-A), 972.
- Breslow, L. (1999). From disease prevention to health promotion. *Journal of the American Medical Association, 281*(11), 1030-1033.
- Cadman, D., Boyle, M., Szatmari, P., & Offord, D. R. (1987). Chronic illness, disability, and mental and social well-being: Findings of the Ontario Child Health Study. *Pediatrics, 79*, 805-813.
- Chilcoat, H. D., Breslau, N., & Anthony, J. C. (1996). Potential barriers to parent monitoring: social disadvantage, marital status, and maternal psychiatric disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 25*, 1673-1682.
- Christensen, P. (2004). The health-promoting family: A conceptual framework for future research. *Social Science & Medicine, 59*, 377-387.
- Dunn, M. G., Tarter, R. E., Mezzich, A. C., Vanyukov, M., Kirisci, L., & Kirillova, G. (2002). Origins and consequences of child neglect in substance abuse families. *Clinical Psychology Review, 22*, 1063-1090.
- Ettner, S. I. (1996). The timing of preventive services for women and children: The effect of having a usual source of care. *American Journal of Public Health, 86*, 1748-1754.

Additional References

- Forgatch, M. S. & DeGarmo, D. S. (2002). Extending and testing the social interaction learning model with divorce samples. In J. B. Reid, G. R. Patterson, & J. J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 235-256). Washington, D.C.: American Psychological Association.
- Galano, J., & Huntington, L. (2002). *FY 2002 Healthy Families Partnership Benchmark Study: Measuring community-wide impact*. Prepared by the Applied Social Psychology Research Institute, College of William and Mary, Williamsburg, VA.
- Grella, C. E., Stein, J. A., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors, 19*, 43-53.
- Harding, K., Galano, J., Martin, J., Huntington, L., & Schellenbach, C. J. (2007). Healthy Families America effectiveness: A comprehensive review of outcomes. *Journal of Prevention & Intervention in the Community, 34*(1-2), 149-179.
- Johnson, C. (1996). Addressing parent cognition in interventions with families of disruptive children. In K. S. Dobson & K. D. Craig (Eds.), *Advances in cognitive-behavioral therapy* (pp. 193-209). Thousand Oaks, CA: Sage.
- Johnson, R. A., Su, S. S., Gerstein, D. R., Shin, H., & Hoffman, J. P. (1995). Parental influences on deviant behavior in early adolescence: A logistic response analysis of age- and gender-differential effects. *Journal of Quantitative Criminology, 11*, 167-193.
- Kenney, G. (2007). The impacts of the State Children's Health Insurance Program on children who enroll: Findings from ten states. *Health Services Research, 42*(4), 1520-1543.
- Kern, J. K., West, E. Y., Grannemann, B. D., Greer, T. L., Snell, L. M., Cline, L. L., VanBeveren, T. T., Heartwell, S. F., Kleiber, B. A., & Trivedi, M. H. (2004). Reductions in stress and depressive symptoms in mothers of substance-exposed infants, participating in a psychosocial program. *Maternal and Child Health Journal, 8*(3), 127-136.
- King, G., McDougall, J., DeWit, D., Hong, S., Miller, L., Meyer, K., & LaPorta, J. (2005). Pathways to children's academic performance and prosocial behavior: Roles of physical health status, environmental, family, and child factors. *International Journal of Disability, Development and Education, 52*(4), 313-344.
- Krysiak, J., & LeCroy, C. W. (2007). The evaluation of Healthy Families Arizona: A multisite home visitation program. *Journal of Prevention & Intervention in the Community, 34*(1-2), 109-127.
- Lavigne, J. V., & Faier-Routman, J. (1992). Psychological adjustment to pediatric physical disorders: A meta-analytic review. *Journal of Pediatric Psychology, 17*, 133-157.
- Love, J. M., Kisker, E. E., Ross, C., Constantine, J., Boller, K., Chazan-Cohen, R., Brady-Smith, C., Fuligni, A. S., Raikes, H., Brooks-Gunn, J., Tarullo, L. B., Schochet, P. Z., Paulsell, D., & Vogel, C. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology, 41*(6), 885-901.
- Murray, L., Sinclair, D., Cooper, P., Ducourneau, P., & Turner, P. (1999). The socioemotional development of 5-year-old children of postnatally depressed mothers. *Journal of Child Psychology & Psychiatry, 40*, 1259-1271.

Additional References

- Newacheck, P. W. (1992). Characteristics of children with high and low usage of physician services. *Medical Care, 30*, 30-42.
- Ofson, M., Marcus, S. C., Druss, B., Pincus, H. A., & Weissman, M. M. (2003). Parental depression, child mental health problems, and health care utilization. *Medical Care, 41*(6), 716-721.
- Patterson, G. R., Reid, J. B., & Dishion, T. (1992). *Antisocial boys: A social interactional approach*. Eugene, OR: Castalia.
- Patterson, G. R., & Yoerger, K. (2002). A developmental model for early- and late-onset delinquency. In J. B. Reid, G. R. Patterson, & J. J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 147-172). Washington, D.C.: American Psychological Association.
- Paul, W., Newacheck, P. H., Stoddard, J. J., Hughes, D. C., & Pearl, M. (1998). Health insurance and access to primary care for children. *New England Journal of Medicine, 338*, 513-519.
- Perrin, J. M., Homer, C. J., Berwick, D. M., Woolf, A. D., Freeman, J. L., & Wennberg, J. E. (1989). Variations in rates of hospitalization of children in three urban communities. *New England Journal of Medicine, 320*, 1183-1187.
- Peirce, R. S., Frone, M. R., Russell, M., & Cooper, M. L. (1994). Relationship of Financial Strain and Psychosocial Resources to Alcohol Use and Abuse: The Mediating Role of Negative Affect and Drinking Motives. *Journal of Health and Social Behavior, 35*(4), 291-308.
- Richards, M. H., Miller, B. V., O'Donnell, P. C., Wasserman, M. S., & Colder, C. (2004). Parental monitoring mediates the effects of age and sex on problem behaviors among African American urban young adolescents. *Journal of Youth and Adolescence, 33*, 221-233.
- Rissi, J., Walsh, M., Daws, J., Chen, M., Herman, P., Malter, F., & Sechrest, L. (2008). *Health insurance for Arizona Adults: Findings from the Arizona Health Survey 2008* [On-line]. Available: www.arizonahealthsurvey.org.
- Robertson, A. A., Baird-Thomas, C., & Stein, J. A. (2008). Child victimization and parental monitoring as mediators of youth problem behaviors. *Criminal Justice and Behavior, 35*(6), 755-771.
- Robertson, A. A., & Hussain, J. (2001). *Prevalence of mental illness and substance abuse disorders among incarcerated juvenile offenders*. Mississippi State: Mississippi State University, Social Science Research Center.
- Romer, D., Stanton, B., Galbraith, J., Feigelman, S., Black, M. M., & Li, X. (1999). Parental influence on adolescent sexual behavior in high-poverty settings. *Archives of Pediatric and Adolescent Medicine, 153*(10), 1055-1062.
- Schiff, M., & McKay, M. M. (2003). Urban youth disruptive behavioral difficulties: exploring association with parenting and gender. *Family Process, 42*, 517-529.
- Semidei, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare, 80*(2), 109-128.

Additional References

- Stoddard, J. J., St. Peter, R. F., Newacheck, P. W. (1994). Health insurance status and ambulatory care for children. *New England Journal of Medicine*, 330, 1421-1425.
- Sullivan, P. F., Neale, M. C., & Kendler, K. S. (2000). Genetic epidemiology of major depression: Review and meta-analysis. *American Journal of Psychiatry*, 157, 1552-1562.
- U.S. Department of Health and Human Services. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*.
- Varni, J. W., Katz, E. R., Colegrove, J. R., & Dolgin, M. (1996). Family functioning predictors of adjustment of children with newly diagnosed cancer: A prospective analysis. *Journal of Child Psychology and Psychiatry*, 37, 321-328.
- Wallander, J. L., & Varni, J. W. (1998). Effects of pediatric chronic physical disorders on child and family adjustment. *Journal of Child Psychology & Psychiatry*, 39(1), 29-46.
- Weissman, M. M., & Paykel, E. S. (1974). *The depressed woman: A study of social relationships*. Chicago: University of Chicago Press.
- Wood, D. L., Hayward, R. A., Corey, C. R., Freeman, H. E., Shapiro, M. F. (1990). Access to medical care for children and adolescents in the United States. *Pediatrics*, 86, 666-673.
- Young, N., Gardner, S., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare*. Washington, DC: CWLA Press.
- Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12, 137-149.