

A REPORT OF A COUNSELLING INTERNSHIP AT THE
ADOLESCENT HEALTH COUNSELLING SERVICE
INCLUDING AN EVALUATION OF THE
PARENTING PROGRAM NOBODY'S PERFECT
FOR USE WITH ADOLESCENT PARENTS

CENTRE FOR NEWFOUNDLAND STUDIES

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RUTH M. MANDVILLE, B.A.(Ed), B.A.



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BY

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A report submitted to the School of Graduate
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requirements for the degree of
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ABSTRACT

This report describes an internship completed at the Adolescent Health Counselling Service, May 6 through August 2, 1991. It includes a comprehensive report of the goals and the professional activities of the intern during the internship period. In addition, it presents a detailed discussion of an evaluation study conducted during the internship.

The description of the internship includes the rationale, a description of the setting, the goals of the internship, its duration and a description of the supervision of the intern during the internship. A comprehensive report of the intern's professional activities according to the goals of the internship is presented. The research project, its rationale, description and limitations are described. The project consisted of an assessment of the effectiveness of the parenting program Nobody's Perfect (Atlantic Regional Health Promotional Committee, 1989) for use with adolescent parents. Through individual analysis a determination of the program's effect on participants' knowledge, attitudes, and behaviour in relation to their child's health, safety and behaviour was made. The study showed mixed results for participants, but demonstrated promise for more widespread use of the Nobody's Perfect program among adolescents. The report concludes with a summary and a set of recommendations for further study.

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Thanks are also extended to the staff of the Adolescent Health Counselling Service, in particular, James Oldford, for their support.

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CHAPTER 1

Introduction

Candidates for the Master of Education degree are required to complete ten approved courses and a thesis, project or internship to fulfil their academic requirements. The internship is a thirteen-week long supervised placement at an approved setting. It is intended to provide the intern with an opportunity to enhance the skills which have been developed through course work and training during the previous year.

An internship was considered an ideal option for the fulfilment of the Master of Education requirements. It would provide, under supervision, an excellent opportunity to enhance the counselling skills currently possessed. It would also allow the intern to delve into an area of interest and limited knowledge (that is, family counselling) and give the intern the chance to develop skills in that area. Time at the internship would provide exposure to a broader multi-disciplinary approach than likely to be seen in a school setting. However, skills and knowledge gained would transfer nicely to the role of school counsellor. Finally, the internship would provide valuable exposure to various agencies providing services to adolescents. This would be of tremendous benefit for the intern's work as a school counsellor.

Setting

The Adolescent Health Counselling Service in St. John's, Newfoundland, was chosen for the internship setting. The Service is a free standing satellite of the Janeway Child Health Centre in St. John's, Newfoundland, Canada. Since its opening in March, 1984, it has provided services to over 1400 adolescents and their families. Mr. James Oldford (M.S.W.) is the director of mental health services at the Adolescent Health Counselling Service. Ms. Claudette Boyd (M.Ed) directs the areas of Lifestyle and Growth and Development. Mr. Oldford and Ms. Boyd comprise the full-time professional staff. In addition, there are several part-time counsellors who spend varying amounts of time at the Adolescent Health Counselling Service. These people include a pediatrician, an educational psychologist, a psychiatric nurse and three social workers. These full and part-time staff consult regularly on cases and participate in biweekly case reviews. The Service has, in the past, trained students from medicine, nursing, psychology, educational psychology and social work (J. Oldford, personal communication, May, 1991).

The goals of the Adolescent Health Counselling Service (1991) are:

1. To enhance the present and future health of adolescents.
2. To demonstrate a model of service delivery for providing health counselling for adolescents.
3. To facilitate co-operative relationships among relevant professions and agencies on the behalf of adolescents.

The philosophy of the Service is that adolescence is a critical period for the development of attitudes, behaviour and responsibility. The major determinants of adolescent health status are growth and development, lifestyle and mental health. These determinants are affected by the individual's family, peers and education. Health services for adolescents, therefore, must strive to positively influence adolescents' present and future health. In carrying out its mandate, the Service recognizes the benefits of close contact with other agencies and strives to cooperate with these agencies (The Adolescent Health Counselling Service, 1991). Referrals come from many sources, including school guidance counsellors. At the time of the internship there was an eight-week waiting list for services (J. Oldford, personal communication, May 1991).

Duration

The internship commenced on May 6, 1991 and continued for thirteen weeks, ending on August 2, 1991. The service was open Monday through Friday from 9:00 am to 5:00 pm. The intern also used the building for her group on Tuesday evenings. The group met from 7:00 p.m. until 9:00 p.m..

Supervision

On-site supervision was conducted by James Oldford M.S.W.. The intern's university supervisor was David Watts, Ed.D. (Division of Educational Psychology, Faculty of Education).

Goals of the Internship

The main objective for the internship was to enhance the skills and competencies of the intern and provide exposure to counselling services in a non-school setting. A list of goals was formulated to meet this objective.

Goal 1: To become familiar with the Adolescent Health Counselling Service, its goals and philosophy, as well as its operating procedures.

This was accomplished by meetings with the director of mental health and the secretary at the Adolescent Health Counselling Service and through reading printed material available at the service.

Goal 2: To carry a minimum caseload of five clients for individual counselling. These clients' needs will vary and cover a range of presenting problems.

This was accomplished by examining the wait list at the Adolescent Health Counselling Service. With the permission of the Management Committee of the Adolescent Health Counselling Service the intern was able to take from the list referrals which covered a wide range of presenting problems. The intern worked with a total of twelve clients during the internship.

Goal 3: To become involved in and familiar with the Peer Counselling program presently in place at the Adolescent Health Counselling Service.

This goal was reached through contact with Barbara Kelly, the Peer Counselling coordinator, and through reading relevant

documents. A peer counsellor, Jason, provided some information as well.

Goal 4: To co-lead and evaluate a six week program for adolescent parents/prospective parents.

The parenting program Nobody's Perfect was organized, facilitated and evaluated by the intern during the internship.

Goal 5: To become familiar, through reading current literature and through experience, with the theory and practice of family systems counselling. Direct contact with a least three families should be made during the internship.

This goal was achieved through reading five books on family therapy and through discussions with supervisors. The intern had contact with eight families during the internship.

Goal 6: To come into contact and be familiar with at least five city agencies which offer services to adolescents and their families.

The intern contacted five city agencies and spent from one to two hours visiting each one. A sixth agency made contact with the intern.

Goal 7: To participate in bi-weekly case reviews and to present at least one case.

The intern attended and participated in the five case reviews which took place during the internship. At one case review the intern presented a current case for discussion and consultation.

Goal 8: To attend relevant workshops/seminars that may be

available to increase awareness, knowledge and training.

This goal was accomplished by attending the Spring Conference of the Association of Newfoundland Psychologists (ANP) and a four-day training program for the facilitation of the parenting program Nobody's Perfect.

Goal 9: To work with professionals from different fields (that is, Social Work and Medicine) in order to broaden knowledge and enhance skills.

During the internship the intern was able to consult on a regular basis, through bi-weekly case reviews, with a pediatrician, three social workers, and a psychiatric nurse. In addition, several of these people were available on a daily basis for consultation. The intern was able to observe two social workers in counselling sessions.

Goal 10: To videotape (or audiotape) counselling sessions for review by the intern field supervisor, and university supervisor.

Through the use of a one - way mirror the intern videotaped sessions whenever the client was willing and the equipment and room were available. All tapes were reviewed by the intern; parts of all tapes were reviewed by the field supervisor.

Goal 11: To consult weekly with the field supervisor, James Oldford, on progress and cases.

To accomplish this goal, the intern and the field supervisor scheduled a two-hour session weekly for

consultation. Daily informal consultations also occurred.

Goal 12: To consult weekly with the intern's university supervisor, Dr. David Watts, on the internship and the intern's progress.

This goal was partially accomplished by five meetings with the intern's university supervisor.

Goal 13: To develop and present educational sessions/packages on relevant adolescent issues for the purpose of community and professional education.

To accomplish this goal, the intern assisted the field supervisor in the preparation and presentation of a workshop for Child Protection Workers. In addition, the intern accompanied the field supervisor to the Janeway Children's Hospital where the supervisor gave a presentation on dating violence to a group of physicians.

CHAPTER II

ANALYSIS OF THE INTERNSHIP

Introduction

During the first week of the internship at the Adolescent Health Counselling Service, together with the field supervisor, Mr. James Oldford, the coordinator for mental health at the Adolescent Health Counselling Service, a Learning Contract for the duration of the internship was formulated. This contract included the desired goals for the internship. (These goals are outlined in Chapter One of this report and in Appendix A).

This chapter will analyze the internship completed at the Adolescent Health Counselling Service between May 6, 1991 and August 2, 1991 and will do so by attempting to describe the extent to which each of the thirteen stated goals for the internship were met. Each goal will be stated and followed by an explanation of the activities pursued in an effort to attain that particular goal. For clarity, the thirteen goals are group under eleven headings which include: orientation, individual counselling, peer counselling, group guidance, family counselling, city agencies, case reviews, workshops/seminars, working with staff, supervision and educational sessions.

Orientation

Goal 1: To become familiar with the Adolescent Health Counselling Service, its goals and philosophy, as well as its operating procedures.

The first week at the Adolescent Health Counselling Service was spent as an orientation with the service itself, the staff, the goals and philosophy of the Adolescent Health Counselling Service and the general operating procedures. Much of the orientation was achieved through the reading of the orientation package which included a policy and procedure manual. These documents provided an overview of the history, goals and philosophy of the service. This package gave a very good understanding of the service and how it evolved.

James Oldford, (M.S.W.), the director of mental health at the Adolescent Health Counselling Service, met with the intern during the first week of the internship to discuss intake procedures and the forms used for intake, as well as the referral forms used at the Service. By the end of the first week Mr. Oldford and the intern had worked together to formulate a Learning Contract for the internship. (See Appendix A). This document included goals for the internship, the intern's duties while at the Service and Mr. Oldford's responsibilities as field supervisor.

The secretary, Carol Rice, was very helpful in the orientation as she familiarized the intern with general office procedure and location of files. The orientation at the Adolescent Health Counselling Service was completed in the first week.

Individual Counselling

Goal 2: To carry a minimum caseload of five clients for individual counselling. These clients' needs will vary and cover a range of presenting problems.

During the internship the intern had occasion to work with twelve clients. Each of these twelve was seen individually and eight of the twelve were also seen with at least one family member.

The number of sessions with each client ranged from one session to nine sessions. The modal number of sessions was five; the average number of sessions was four per client.

Three clients came to only one session and did not return for subsequent sessions. One of these was a young man who was living in a group home and was moved to a foster home outside the city. Another was a young man who missed several appointments before he finally came in with his mother. Though he agreed to come back, he cancelled the next appointment because of other commitments. Efforts to reach the family were futile until the second last week of the internship. By this time, the young man was attending summer camp. This case was referred to Mr. Oldford who will see the family if they call back at a later date. The third client, who was seen only once, was a seventeen year old male. This man missed three scheduled appointments before he attended a counselling session. He then missed two more scheduled appointments. When finally contacted by phone he reported

that he was "too busy" to attend additional counselling sessions.

Other clients were seen for varying numbers of times. One client and her family had a total of nine visits; another had six.

The presenting problems of the twelve clients seen during the internship were varied. They included the problem of parental control, self-esteem issues, abusive relationships, trouble with the law, dealing with parents' divorce, dealing with parental illnesses, past depression and general adolescent issues.

Eight of the twelve cases seen were terminated before the intern left the Adolescent Health Counselling Service. Four were referred to Mr. Oldford for further counselling.

Peer Counselling

Goal 3: To become involved in and familiar with the Peer Counselling program presently in place at the Adolescent Health Counselling Service.

This goal was only partially reached. The Peer Counselling Program operated out of another building in St. John's. Therefore, the intern was not able to have frequent exposure to the program or contact with the coordinator. The intern visited the site of the Peer Counselling Program on one occasion, and had a discussion with Barbara Kelly, the coordinator of the program. Ms. Kelly provided the intern with information about the Peer Counselling Program, how it

operates and how to make referrals to the program. A peer counsellor, Jason, also provided information.

Group Guidance

Goal 4: To co-lead and evaluate a six week program for adolescent parents/prospective parents.

During the internship the intern co-led the parenting program Nobody's Perfect for a group of adolescent mothers and fathers. This was part of the research component of the internship. The research involved the evaluation of the parenting program with adolescent parents. This study is described in detail in Chapter Three.

In order to obtain group members, sixteen city agencies were contacted by telephone and followed up with an information letter describing the program and appropriate clients for referral. Prior to the first session, seven clients made commitments to attend. This group of seven were administered preprogram questionnaires to elicit information related to evaluation of the program. The program consisted of six weekly sessions beginning on June 25, 1991 and ending on July 30, 1991. Five members of the group completed the program. These members were administered the postprogram questionnaires as part of the evaluation component.

Family Counselling

Goal 5: To become familiar, through reading current literature and through experience, with the theory and practice of family systems counselling.

In an effort to fulfill this goal the intern utilized three methods - reading, discussing and supervised practice.

Books and journal articles on family systems theory were read. A list of these readings can be found in Appendix B.

Some supervision time was spent discussing family systems theory with both supervisors. Exposure to systemic thinking was also achieved through bi-weekly case reviews where different family cases were presented and discussed.

Family systems theory was put into supervised practice. The intern worked with eight families during the internship. She was directly supervised with one of those families and made videotapes of the others for discussion with her field supervisor.

City Agencies

Goal 6: To come into contact and be familiar with at least five city agencies which offer services to adolescents and their families.

During the internship the intern visited six city agencies. In each case, the intern spent from one to two hours at the agency. While there she became familiar with the agency by conversations with a director and, in two cases, received a guided tour of the facility. The tour gave the intern a chance to view the facility and meet staff and, in some cases, residents or students.

The intern had planned to visit five city agencies. The five proposed sites included The Ready Centre, The Brother

T.I. Murphy Centre, Iris Kirby House, Elizabeth House, and the Alcohol and Drug Dependency Commission.

All but one of these sites were visited. During the course of the internship a decision was made not to visit the Alcohol and Drug Dependency Commission (ADDC). Some exposure to the ADDC had been accomplished through the graduate program at Memorial University by way of a two-day inservice and therefore it was felt that it would be better to use the time visiting another agency. Choices for Youth, a newly organized program designed especially for adolescents who had spent time in foster care was visited instead. It was felt that this organization was more in concert with the intern's work at the counselling service and subsequent work as a school counsellor. Robert Filds, a coordinator at Choices for Youth, provided information on the program.

Mr. Gordon Spurrel, at the Ready Centre, provided the intern with a tour of that facility. The intern met several students and two other staff members. Mr. Spurrel also provided information on the referral process for the Ready Centre as well as details concerning the curriculum provided at the Ready Centre.

At the Brother T.I. Murphy Centre, Ms. Lois Finn provided information concerning the centre's curriculum and the referral process as well as a tour of the facility. Susan Shiner, a counsellor at Iris Kirby House familiarized the intern with the philosophy of the women's shelter, its

operating procedure and its facilities. The intern was not provided with a tour of the facility in an effort to preserve the anonymity of the residents. While visiting the Brother T.I. Murphy Centre, the intern also met Maureen Reddigan. Ms. Reddigan is the coordinator of a peer counselling program called Youth Outreach which operates out of the Centre. Ms. Reddigan, along with a group of three trained peer counsellors travel around the city in a motor home identifying the youth of the city who need counselling and referring them to appropriate agencies when necessary. Ms. Reddigan provided the intern with a description of the program and its goals.

The intern met with Philameona Rodgers, the director of Elizabeth House, at her office in St. John's. Ms. Rodgers informed the intern of the philosophy, operating procedures and referral process of Elizabeth House, which provides shelter for young, single, pregnant girls. A tour of the building was not undertaken in an effort to protect the privacy of the residents.

Case Reviews

Goal 7: To participate in bi-weekly case reviews and to present at least one case.

Case reviews were scheduled bi-weekly at the Adolescent Health Counselling Service and attended by full-time and part-time staff. While at the Service, the intern attended each of the five case reviews which took place.

Case review was a time for one or more counsellors to present a case they were currently working on for consultation with the other counsellors. On June 25, 1991, the intern presented such a case for group consultation.

Workshops/Seminars

Goal 8: To attend relevant workshops/seminars that may be available to increase awareness, knowledge and training.

During the internship the intern attended two workshops. One was an information workshop and one was designed for training.

On May 17, 1991, the intern attended the Spring Conference of the Association of Newfoundland Psychologists (ANP). Sessions at the conference covered a variety of topics. The intern attended sessions on cognitive-behavioral pain management, group intervention with sex offenders, systems theory and therapy, and strategies for the delivery of mental health services in rural Newfoundland.

From June 10, 1991 to June 15, 1991, the intern participated in a training program for implementing the parenting program Nobody's Perfect. The training involved recruitment of participants for the program, planning sessions for the program, adult education methods and group problem solving techniques.

Working with Staff

Goal 9: To work with professionals from different field (i.e. Social Work and Medicine) in order to broaden knowledge

and enhance skills.

The Adolescent Health Counselling Service draws upon the expertise of people from various professional fields including social work and medicine. The intern was able, during the internship, to work with people from both medicine and social work.

Dr. Delores Doherty, a pediatrician, worked at the Adolescent Health Counselling Service two afternoons a week and participated in all case reviews. In addition to being involved in the intern's case review, Dr. Doherty was consulted regarding three other cases. These cases concerned a young man suspected of having an attention-deficit, another young man who exhibited hyperactive behaviours and a parent who was uncooperative with the intern regarding her son's treatment.

Ellen Oliver, a social worker, was consulted regarding several clients. Regarding two families, the intern consulted with her on a regular basis. The intern was also able to observe Ms. Oliver in three counselling sessions with clients.

Debbie Sue Martin, a psychiatric nurse, was invaluable during the intern's presentation at case review. Her insights and suggestions helped a great deal with the case presented.

Barbara Kelly, a social worker, was the Peer Counselling coordinator. Ms. Kelly not only shared information about the program she coordinated, but was often available for consultation.

James Oldford, the on-site supervisor, spent hours not only supervising but guiding, informing and challenging the intern with regard to cases. Mr. Oldford's training was in Social Work. The intern observed Mr. Oldford in counselling sessions on four occasions.

The intern had ample exposure to the fields of social work and medicine and their approaches to counselling at the Adolescent Health Counselling Service. The experiences and knowledge of the staff added greatly to the learning experience of the intern at the Adolescent Health Counselling Service.

Supervision

Goal 10: To videotape (or audiotape) counselling sessions for review by the intern, field supervisor, and university supervisor.

Whenever possible, counselling sessions were videotaped. Taping equipment was not always available. Also, not all clients agreed to taping of any kind and no clients were taped without consent. The intern was, however, able to tape sixteen sessions. The intern reviewed all tapes. These viewings were especially beneficial to the intern who found that viewing the tapes not only enabled her to gain insight into the presenting problem, but also afforded her a chance to view her own skills and suggest ways for improvement. Mr. Oldford, the intern's field supervisor, reviewed with her parts of videotapes of counselling sessions.

Goal 11: To consult weekly with the field supervisor, James Oldford, on progress and cases.

The field supervisor, James Oldford, and the intern worked very closely together for the duration of the internship. Mr. Oldford provided an orientation and helped the intern formalize her learning goals. He was consulted on all cases and shared many of his cases with the intern. The intern and Mr. Oldford observed one another's counselling sessions and together reviewed parts of several of the intern's video tapes.

Each week of the internship two hours were scheduled for Mr. Oldford and the intern to meet and consult on cases or discuss theory. In addition, much time was spent outside of this block of time in informal consultation. Mr. Oldford was kept up-to-date on each of the intern's cases. As well, the other activities participated in, such as visiting agencies and training programs, were carried out with Mr. Oldford's knowledge and were discussed with him.

Goal 12: To consult weekly with the intern's university supervisor, Dr. David Watts, on the internship and the intern's progress.

Due to scheduling difficulties and other commitments, weekly supervision was not possible. Dr. Watts, the supervisor from Memorial University and the intern consulted on five occasions. Mr. Oldford was present at three of these sessions. Dr. Watts also observed four family counselling

sessions.

Educational Sessions

Goal 13: To develop and present educational sessions/packages on relevant adolescent issues for the purpose of community and professional education.

While at the Adolescent Health Counselling Service the intern had the opportunity to participate in two presentations which the director, James Oldford, made to agencies on topics of adolescent development.

On June 6, 1991, the intern accompanied Mr. Oldford to a presentation at Adolescent Rounds at the Janeway Children's Hospital. The session was on Dating Violence among teenagers. On July 25, 1991, the intern assisted Mr. Oldford in a presentation to Child Protection Workers at the Department of Social Services. This presentation/workshop was on the topic of dealing with difficult adolescents.

Summary

An analysis of the thirteen-week internship completed at the Adolescent Health Counselling Service from May 6, 1991 to August 2, 1991 was presented. The thirteen goals devised by the intern and the director, Mr. James Oldford, were presented along with the activities which fulfilled the requirements of each goal. All but two of the thirteen goals were achieved. Involvement in the Peer Counselling program which is affiliated with the Adolescent Health Counselling Service was reduced to information gathering. This was due mainly to the

fact that the Peer Counselling program was not operating out of the same building as the Adolescent Health Counselling Service. In addition, due to scheduling difficulties and other commitments, supervision with the intern's university supervisor was reduced to five consultations which included four direct supervisions of counselling sessions. The requirements for the remaining eleven goals were met and, in some cases, surpassed.

CHAPTER III

RESEARCH COMPONENT

Introduction

To fulfill the requirements for the internship in the counselling program at Memorial University of Newfoundland one must undertake a research project relevant to the internship setting. The Adolescent Health Counselling Service specializes in services to adolescents and was interested in providing a group experience for adolescent parents and/or expectant parents. The intern had an interest in the needs of young parents and expected to encounter many in her work as a school counsellor. Therefore, the intern, through the Adolescent Health Counselling Service, implemented and evaluated the parenting program Nobody's Perfect, with specific emphasis on the usefulness of the program for adolescent parents. This chapter will present the need and purpose of the study, a literature review, a description of the methodology, and the limitations of the study. Finally, the findings and a discussion of the findings related to this study will be presented.

Need for the Study

The need to offer the Nobody's Perfect parenting program to a group of adolescents was primarily based upon four premises. One premise was that there was a need to get information about parenting to young parents. Secondly, offering the program to adolescent parents would provide an opportunity to evaluate the effectiveness of the program on

individual participants. This evaluation could, in turn, lead to modifications of the program which could make it more suitable for implementation in school settings. Finally the program was to be implemented by a graduate student in educational psychology as opposed to someone from the field of medicine. If the program could be successfully implemented by someone outside of the field of medicine it could lead to more widespread use of the Nobody's Perfect program by teachers, counsellors, and other professionals.

Barrett and Robinson (1982) in their study of teenage married couples found that both the boys and the girls had unrealistic expectations of child development and a lack of knowledge about children. Indeed, Scherman, Korkanes-Rowe and Howard (1990) discovered that 40% of the teenage parents they surveyed indicated a willingness to participate in parenting classes. Therefore, it appears that not only do young parents need parenting programs but they also want them. Implementing the Nobody's Perfect program at the Adolescent Health Counselling Service would then fulfil an important need of young parents.

Although the Nobody's Perfect program has been offered throughout the province of Newfoundland and Labrador, and at the time of writing, there was a group for adolescent parents only, in St. John's, there were no plans to formally evaluate the program's impact on those involved. There had never been a formal evaluation of the Nobody's Perfect program when

delivered to a group of adolescent parents or soon-to-be parents.

Formal evaluation of the Nobody's Perfect program could ascertain its usefulness with young parents. A determination could be made as to whether or not the program can increase such things as self-image and confidence levels. An evaluation could shed light on where the program might fall short in its objectives when applied to an adolescent population. This could lead to suggested improvements in the program with perhaps modifications to make it more applicable for this age group.

Once the Nobody's Perfect program has been evaluated for its use with adolescent parents, suggestions can be made for modifications to the program. These modifications could be aimed at making the Nobody's Perfect program suitable for use in schools.

The successful implementation of the Nobody's Perfect program by a graduate student in education psychology would be a deviation from the usual means of implementing the program. To date, the program has only been offered by Public Health Nurses. The Newfoundland Department of Health was in favour of having persons from outside the medical profession implement the Nobody's Perfect program (L. Vivian-Book, personal communication, May, 1990). It was felt that more widespread use of the program would result if people other than medical personnel could offer it.

In conclusion, there is a need to offer the Nobody's Perfect program to a group of adolescents who meet the criteria for four reasons. One reason is the need to impart valuable information about parenting to this population. Second, there is a need to evaluate the program to determine its effectiveness for this population. Third, evaluation of the program can lead to modifications to make the program more effective and make it suitable for implementation in school settings. Finally, successful implementation by someone outside of the field of medicine could enable the program to be more widely used.

Purpose of the Study

The purpose of the study was to determine the effectiveness of a short-term parenting program for adolescent parents, or soon-to-be parents. The program was closely evaluated in an effort to find out what aspects of the program were effective or not effective with that age group. Recommendations would be made as to how to improve the program when it is used with an adolescent population. This may succeed in making the program a suitable one for use in high schools throughout the province and thus reach a larger number of people who need the service.

In addition to using the same methods of evaluation used by the original developers of Nobody's Perfect, there was a more thorough assessment of each participant's self-image using the Offer Self - Image Questionnaire for Adolescents

(Offer, Ostrov and Howard, 1982).

The goals of this program were to effect positive change in participants' knowledge, attitude and behaviour in relation to their children's health, safety and behaviour, and to increase participants' self-image as parents. The study would determine the effects of a short-term parenting program for adolescents on the participants' knowledge, attitudes, and behaviour in relation to their children's health, safety and behaviour; and on participants' self-image.

Review of the Literature

Introduction

The research component of this internship involved the implementation and evaluation of a parenting program. While the program being used was not specifically designed for adolescent parents it had features which made it an appropriate one for use with this particular population. (See pages 46-48.)

The review of the literature shows that groups are both an effective and an efficient means of delivering services to adolescents (Gazda, 1989). The effects of adolescent parenthood are varied and wide-reaching, affecting the child, the parents and the parents' families. For the parent with few parenting skills there can be consequences for the child (Glossop, 1983). Parenting programs for adolescent parents can go a long way towards alleviating some of the problems

parents face, and preventing potential problems from arising (Ferguson, 1987). This review of the literature presents a rationale for the use of groups with adolescents, discusses the effects of adolescent parenting on those involved, rationalizes parenting programs for adolescents and presents Nobody's Perfect as a program for use with adolescent parents. In addition, the Offer Self-Image Questionnaire is described and presented as a suitable instrument for measuring the self-image of adolescents who have participated in a parenting program.

Groups for Adolescents

Groups can be an efficient and an effective means of delivering services to a group of adolescents. The developmental level of adolescents means they possess certain characteristics which make them particularly good candidates for group interaction. The therapeutic experience of the group is one that allows adolescents to gain much from the experience and makes the group a safe place to share and grow. The groups' composition, too, can be important in determining its success or failure (Gazda, 1989).

Gazda (1989) contended that language or verbalizing is the most natural and efficient communication medium for adolescent age groups and therefore advocates group counselling for addressing the needs of these groups. Gazda (1989) contended that adolescents are capable of making

decisions in an effective manner. Brooks (1984) listed several characteristics of adolescents that seemingly make them good candidates for group interaction. These include the ability to respond reciprocally in interpersonal relationships; understanding and acting in accordance with situationally appropriate social customs; being open to the opinions and actions of others; coping successfully with peer pressure; understanding to some degree the problems and difficulties of others; responding to the feelings of others and being able to express one's own feelings; developing support from peer relationships; and appreciating one's similarities to others.

There are many benefits of participating in a group experience for those who are involved. Yalom (1985) described eleven primary factors that make up the therapeutic experience of groups which can lend great support to the idea of a group approach for virtually any age level, and certainly for adolescents and young adults. Groups, according to Yalom, offer an opportunity for members to observe the improvement of others in the group for inspiration that they too can improve. If the leader has experienced what the group members are going through it is even better because the members develop a strong conviction that they can best be understood by someone who has "been there and back". Yalom contended that once group members find out they are not alone, they realize they are not so unique. They see that there are others facing similar

situations. This creates a powerful source of relief and can go a long way towards helping them deal with their situation.

Included as well in the therapeutic experience is the concept of altruism when members help one another and this, as a result not only boosts their own self-esteem, but for a while enables them to forget their own problems (Yalom, 1985).

Yalom (1985) felt that people develop social skills in groups; skills that may not be achieved in an individual setting. People in groups learn to be helpfully responsive to others; they acquire methods of conflict resolution; they are less likely to be judgemental and more likely to be capable of empathy.

Imitative behaviour, whereby group members may model themselves after the therapist or other group members, was also discussed by Yalom (1985). The group setting is a good arena to "try on" new behaviours and discard those that do not fit. The members are able to find out what they are, in the process of finding out what they are not. Group members also learn new behaviours through self-observation and feedback from other members; behaviours which can be carried over to the person's social environment.

Yalom (1985) contended that if groups can achieve a level of group cohesiveness akin to the relationship strived for in individual counselling, then significant changes can occur in the group. Self-esteem can be fostered, self-disclosures occur, risk-taking takes place and there is constructive

expression of conflict.

Existential factors come into group counselling whereby the people in the group are able to face life in its reality, see what they must handle in life and take responsibility for themselves Yalom (1985). Schinke and Gilchrist (1984) found that the majority of adolescent boys who took part in groups designed to provide life skills counselling reported that they enjoyed the counselling process. In addition the study found group counselling to be more effective at increasing societal adaptation among these adolescents than information sessions or no counselling at all.

Groups for adolescents can be composed in such a way as to allow for maximum benefit for those involved. Eight members is considered to be an optimal number. However, group leaders may find they have to screen twenty to thirty people to get fifteen. Then one must allow for absentees and probably expect six to eight regulars, three or four who show up occasionally, and three who are absent more than present (Kraft, 1971). Kraft (1971) supported 45 to 90 minute sessions, but suspected that adolescents fifteen and over will often extend their sessions informally by chatting before the meeting or getting together immediately after.

In summary, groups for adolescents can be an effective means of delivering services or imparting skills. Adolescents are at the age where talking is their preferred mode of communication (Gazda, 1989). The therapeutic experience of

group interaction can do a lot to enhance disclosure, improve social skills, change behaviours and increase self-esteem (Yalom, 1985). The group can be easily composed to establish a safe environment for growth to occur (Kraft, 1971).

Adolescent Parents and their Children

The fact that there are teenagers who are parents will come as no shock to anyone. More teenagers are sexually active today than twenty or thirty years ago and more are getting pregnant (Rickel, 1989). Glossop (1983) indicated that more than 80% of teenage mothers are remaining unmarried and keeping their babies. He felt that we are in the midst of a "teenage baby-keeping epidemic" (p.31). This trend must naturally lead us to reflect on the supports adolescent parents require.

Glossop (1983) reported that in Canada one in five teenage girls will become pregnant before leaving high school; that there are 50,000 adolescent pregnancies in Canada each year; that one girl in twenty between the ages of twelve and nineteen will become pregnant each year; that 40% of all teenage girls will become pregnant before they are twenty and that nine percent of the babies born in Canada are born to teenagers. For Newfoundland and Labrador, the provincial Department of Health reported 925 live births to women nineteen and under in 1989 with twelve of those mothers being under fifteen years of age (B. Kavanagh, personal communication, February, 1990). This represents twelve

percent of the births in the province.

Adolescent pregnancy poses a real and significant threat to the life chances, opportunities and expectations of the adolescent girl and her child. Mortality rates are higher for mothers aged fifteen to nineteen than they are for older women. For girls under fourteen the mortality rate is generally twice that of mothers over twenty (Glossop, 1983).

The infants of teenage mothers are also more likely to be born premature, and to be of low birth weight (Glossop, 1983; Menken, 1981; Washington & Glimps 1983). Glossop (1983) also suggested that the infants of teenage mothers are at a higher risk of being abused and neglected. Frequently the mother's educational opportunities and chances for stable employment are lessened and dependency on welfare may result. (Card & Wise, 1978; Glossop, 1983; Menken, 1981; Moore, Hofferth, Werthermer, Waite & Caldwell, 1981; Washington & Glimps, 1983). Scott-Jones & Turney (1990) studied the impact of having become pregnant during adolescence on educational attainment and income for black adult women. The women were grouped into three age groups comprised of ages 20 to 24 years; 25 to 34 years and 35 to 44 years. For each group, it was found that adolescent pregnancy depressed educational attainment and income in the early and middle adult years.

Writers have reported on studies that looked at the effects of adolescent parenthood on the parenting practices of the young women. Grow (1979) found that seventeen year old

mothers of eighteen month old babies found child care more difficult than older mothers. Flick (1980) reported that mothers younger than twenty in low income populations exhibited less interaction with their children and seemed less accepting and involved than older mothers. A study by Baronowski, Schilmoeller and Higgins (1990) found that a comparison of the parenting attitudes of adolescent and older mothers revealed that adolescent mothers scored significantly lower than did older mothers in displaying empathy towards children's needs. Lawrence (1983) felt that mothers who made plans for the pregnancy and the infant and whose family was supportive were doing better in terms of maternal attachments after six weeks. Lawrence concluded that intervention programs could improve infant outcome developmentally and psychologically and should, therefore, be developed.

Sahler (1983) explored the factors that seem to influence success in mothering. Among other things she contended that young mothers need adequate knowledge of child behaviour and development. These mothers also need confidence in their own personal abilities, a quality that is often lacking in adolescents and certainly underdeveloped in most.

Allen (1980) advocated prenatal care for young parents-to-be, contending that this would improve the chances of a healthy baby and better prepare the teenagers to be parents. Among other things he said that teens want information about how to care for children, and factual information and

counselling in preparation for parenthood.

The Adolescent Father

In discussions about teenage pregnancy the "other" person, the father, is often forgotten. There has been a "mother-centred bias" in our culture with little work done on the concerns of the father in the case of teenage pregnancy (Osofsky and Osofsky, 1983). Menken (1981) reported a study that found 63% of teenage fathers were maintaining relations with their children five years after the baby's birth. Of this 63%, one third lived with their children, one-third saw their children once a week, and one-third visited their children on a regular basis. Cervera (1991) discovered that some pregnant teens reported that they communicated with their baby's father on more than a weekly basis. However, being involved with their children does not mean they are comfortable with child-rearing. Barrett and Robinson (1982) reported a study of teenage married couples which saw both the boys and girls ill-prepared for parenthood. They had unrealistic expectations of child development, a lack of knowledge and experience concerning children, were often impatient and intolerant of children and tended towards physical abuse in their child-rearing practices. Elster and Lamb (1986) reported from their study that some of the young fathers they interviewed needed and wanted help adjusting to the stresses of pregnancy and prospective parenthood. However, Cervera (1991) suggested that some teenage girls may have had to choose between their

parents' or the baby's father's support. Cervera's study reported that there was minimal communication between the parents of 15 pregnant teens and the fathers of their babies. Cervera concluded that family attitudes towards the fathers of their pregnant teen's baby affect their communication with and closeness to the father. The author suggests further research into the relationship between the family of the pregnant teen and the father of the pregnant teen's baby. Barrett and Robinson (1982) recommended that further research was needed and that society should not assume that adolescent male parents are not interested in parenting. Agencies should plan programs in parenting that involve both young men and young women.

In summary, with an increasing number of teenaged parents having and then rearing their children there is more reason to be aware of the dangers that are inherent in teenage pregnancy and the issues that arise when a teenager becomes a parent (Glossop, 1983). This section attempted to show that there are dangers and problems connected with being a teenage parent, both for the parent(s) (Menken, 1981) and for the child (Baldwin & Cain, 1981). When discussing adolescent pregnancy one must also be aware of the needs of the father who is often times an adolescent himself (Osofsky & Osofsky, 1983).

Parenting Programs for Adolescents

Many programs for adolescent mothers focus on prenatal care and are aimed at keeping the girl in school, or getting her to go back to school. Some are aimed at preparing these young women to be parents and a few aim to prepare young men to be fathers. This section discusses some of the reasons why new mothers need training in order to be effective parents and points out the problems of being an adolescent at the same time as being a parent. In this section there is also a description of a number of parenting programs. Some programs included fathers; some did not. Some have had more extensive evaluation procedures than others. All seemed to acknowledge the importance of equipping adolescent parents with skills to make them more effective parents and the need for comprehensive programs.

Adolescents themselves seem to want programs aimed at preparing them better to be parents. Scherman, Korkanes-Rowe and Howard (1990) surveyed fifty-seven teenage mothers in an effort to examine their needs as expressed by these young mothers. They discovered that parenting classes ranked third among teenage parents' perceived needs, along with medical attention, play groups for children and transportation. Just over forty percent of those surveyed expressed a desire to participate in some kind of parenting class. Only 8.8% had ever participated in such a program.

Burt and Sonestain (1985) collected data on twenty-one

federally funded care programs in the United States in 1982. They found that most programs concentrated their energies on providing services during pregnancy and immediately thereafter but did not focus on client needs during the parenting period. The authors felt that six months after birth the mother needs to know how to manage their babies, not to mention how to deal with the conflicting roles they face - mother, student, teenager, and possibly worker. They concluded that teenagers need help coping with actual mothering and that services must be created to help young mothers through the adjustments they have to make.

Catrone and Sadler (1984) suggested that parent education programs for adolescents must be responsive to the various social, psychological and cognitive aspects of adolescent parenthood. They designed and implemented a parent education curriculum for a high school setting considering the developmental needs of the adolescent. According to Catrone and Sadler (1984) adolescent pregnancy is a time of potential stress as teenage parents find themselves facing not only the developmental crises of adolescence, but also the demands of early parenthood. Both of these periods mean growth, change and potential conflict, but occurring together, needs and problems from one may conflict with needs and problems of the other. They summarized five major areas of conflict:

Adolescent egocentric thought and narcissism conflict with the parent's need to form an empathetic and mutualistic relationship with the infant. The

adolescent , on the verge of identity formation needs to experiment with roles and peers. However, parenthood dictates certain roles and tasks that are hardly flexible. The adolescent girl who is just becoming comfortable with a changing and maturing body is then confronted with the bodily changes and transformations that occur during pregnancy, delivery and the postpartum period. At a time when the adolescent is desperately trying to emancipate from parents and family, the demands of caring for one's own child contribute to a prolonged and forced dependence on family. Finally, the teenager who is just learning to think in abstract and future terms, is faced with the daily need to solve problems and plan for the future concerning child-rearing issues and duties.
(p.63)

Catrone and Sadler (1984) concluded that the developmentally vulnerable adolescent parent is in need of and open to programs of supportive and educational outreach. The program that Catrone and Sadler developed included parenting practices, as well as an emphasis on self and a component on child development. Teaching strategies included role-playing; biographical scripts, where students responded to written vignettes; family diagrams, which graphically illustrated social and psychological aspects of family development; and child development charts which emphasized five areas of development - physical growth, intellectual growth, emotional growth, play and safety. Unfortunately, the creators of this program offered no evidence of its effectiveness. However, it provides useful information for creators and implementors of other programs.

A survey from 1981 reported by Vinovskis (1988) shows that five programs for adolescent parents were cost effective and demonstrated their ability to improve the lives of teenaged parents. The author also described "Project Redirection" which was undertaken in four American cities. These programs included sessions on parenting. All four programs reported success in getting the parents back to school. No investigation was conducted with regard to the success of the parenting component of the programs. No fathers were included in these programs.

Delatte, Orgeron and Preis (1985) conducted an intervention program for seventy-five adolescent parents and expectant parents within a school system. The program was conducted over a three year period and included educational and counselling aspects as well as material on parenting. This program was not available for the fathers. Three types of data were collected - knowledge of child development, questionnaires to measure student satisfaction with the course activities, and information on dropouts. In the three years the project was run, in knowledge of child development as measured by objective tests, the treatment group consistently scored significantly higher than the control group. Eighty percent of participants responded positively to course activities and there was a significantly lower dropout rate for participants.

One example of a program that not only addressed

parenting issues but also included adolescent fathers was described by Palmer (1981). Palmer reported on a program conducted in Detroit that included individual, conjoint, family and group counselling. It assisted clients to remain in school and included parenting skills sessions at two levels. Level I covered pregnancy and the child's first twelve months. Level II covered twelve months to three years and emphasized social and emotional development. Everything from nutrition to safety to toilet training was covered and the fathers were encouraged to participate. Weekly individual and group assessments as well as pre and post session tests reportedly showed favourable results. The author felt that the service was a vital one which met the needs of the adolescent parent.

Ferguson (1987) described GRADS (Graduation, Reality and Dual Role Skills), an in-school program for pregnant students and/or young parents. The main goal was to keep students in school until graduation but it also included a component on child development and parenting skills. The program offered services to fathers as well. Evaluation of the program reported a reduction in the drop out rate for participants. In 1984-85 only 12% dropped out as compared to the United States national dropout rate of 80% for pregnant teens. There was no evaluation of the component devoted to parenting and child development.

Fulton, Murphy and Anderson (1991) explored whether or

not an intervention program for adolescent mothers would be effective in increasing the mothers' knowledge about child growth and development. The authors believed that increased knowledge would result in decreased tendencies towards inappropriate interactions with children, that is, child abuse. The Adolescent Parenting Program they studied was largely an educational program designed to determine, in consultation, with the mother, her needs. The mother was then directed towards resources and services that would meet her needs. The program was found to be effective in yielding significant gains in knowledge of infant development by the young mothers. They also showed lower scores on The Child Abuse Potential Inventory following completion of the program. This led the authors to conclude that as knowledge of child development increases, the possibility of child abuse decreases. They also felt that short-term interventions to enable young parents to gain skills and knowledge and to practice positive parenting practices can be effective.

Lewis (1989) studied the effectiveness of two parent education programs on the parenting attitudes and self-image of adolescent mothers. She concluded that a short-term intensive parenting program may be more effective than a longer-term program in that the more intense model provides more opportunity for immediate follow-up and monitoring as well as the immediate reinforcement of the concepts presented.

Jordon (1989) studied a parent education program which

was designed for rural, white adolescent parents. The study explored whether rural teen parents' knowledge of child development could be increased by their participation in a parent education program and if their self-esteem and sense of mastery could be increased by such participation. Jordon's findings showed a significant increase in knowledge of child development by participants. She reported the lack of a statistically significant change in self-esteem and a sense of mastery for any of the mothers and explained it by asserting that either the construct of self-esteem should not be expected to change over ten weeks, or that the measurement instrument used was not appropriate for program evaluation.

Evangelisti (1989) studied the efficacy of three intervention strategies conducted with mothers of infants who were approximately six months of age. In two of the intervention groups the mothers met once a week for five weeks with a parent training instructor. Procedures for developing effective parenting skills were discussed. One of these two groups also received 15 minutes of behaviour training where they practised what they had learned in the discussion group through teaching their infants. The third group was an information-control group which was given a booklet which contained all of the information covered in the group discussions. A paper and pencil test was used to measure parenting skills. Analysis of results of the tests indicated that the groups who had met and discussed the topic of

effective parenting scored significantly higher than the information-control group with regard to knowledge about parenting skills.

Causby, Nixon and Bright (1991) investigated the short-term effects of a specialized school curriculum which taught parenting skills to adolescent mothers. Ten teenage mothers received instruction on such things as alternatives to punishment, selecting play materials, responding to baby's distress, and mother-child interactions during feeding. They also received semi monthly home visits by the school social worker, during which they were given information related to parenting. A control group of 10 adolescent mothers received no specialized school curriculum, but did receive the home visits from a social worker. Findings indicated that the mothers who received the specialized curriculum interacted more effectively during time spent teaching their infant than did mothers involved in the traditional school curriculum.

Theriot, Pecorara and Ross-Reynolds (1991) reported on a program designed to increase the self-esteem and encourage the personal development of adolescent mothers. Participants in the program identified parenting skills, among others, as what they thought would be the long-lasting aspect of their experience in the program. More than half of the participants mentioned having better feelings about themselves as a change that had occurred as a result of being in the program.

There are also reports of services for pregnant and

parenting adolescents that include parenting and child development components, but for which these components are not always evaluated as such (Alan Guttmacher Institute, 1981; Clark, Williams, & Smith, 1985; Gaston, 1984).

Clark et al (1985) cited what they see as skills teens need in order to be effective parents. They are:

1. patience
2. consistency
3. ability to delay gratification
4. good self-concept
5. ability to be nurturing
6. understanding the needs and abilities of children
7. ability to relate to the child
8. ability to verbally interact with their children
9. ability to provide daily routine care for their infants
10. knowledge of proper nutrition
11. ability to play purposefully (p.17)

Imparting these skills to a teenager in a comprehensive, effective way is a challenge, but one that must be undertaken for the sake of both the parents and the child.

In summary the need for comprehensive parenting programs for adolescent parents is apparent. These young people are coping with the stresses of young adulthood and are therefore rarely equipped with the skills to be effective parents (Catrone & Sadler, 1984). Programs have been largely aimed at continuing the young mother's education. The programs that have included components on parenting practices are often deficient in the area of systematic evaluation making generalizations tentative (Vinovskis, 1988). Adolescent

fathers have not always been included in parenting programs although there is evidence to support the fact that they are often involved in their child's life (Vinovskis, 1988; Palmer, 1981). Parenting programs, therefore, should be aimed towards both male and female adolescent parents.

Nobody's Perfect Parenting Program

In 1980 the Atlantic Region Health Promotion Directorate of Health and Welfare Canada and the four Atlantic Provinces' Departments of Health established the Regional Health Promotion Committee which developed a parenting program called Nobody's Perfect. A process and impact evaluation of the program was carried out between October 1986 and June 1987. The program has been implemented throughout Newfoundland since. This section describes the Nobody's Perfect parenting program.

Nobody's Perfect consists of a set of five books designed to address five areas of parenting. The book entitled "Body" is concerned with physical health and illness. "Safety" is about safety and accident prevention. A book entitled "Mind" is about emotional health and intellectual development. "Behaviour" covers problem solving, and the book "Parents" is devoted to the well-being of the parent themselves. Additional materials include development and growth charts, posters, stickers and T-shirt transfers. For the facilitators, the program includes a Leader's Guide, a video, promotional posters and brochures. Facilitators of the

program are trained in a four-day session provided through the Public Health Nursing Unit in St. John's, Newfoundland.

Nobody's Perfect can be used in three ways—in group sessions, in a combination of one-to-one and a group, or strictly on a one-to-one basis. It utilizes an adult education model with the emphasis on group discussion and role plays rather than on instruction.

The evaluation of Nobody's Perfect, completed in 1988, included both a Process Evaluation and an Impact Evaluation. The Process Evaluation looked at such things as the extent to which the groups fit the criteria for selection, attendance and attrition, content and methods of program delivery, usage of the Leader's Guide, facilitator satisfaction and an assessment of the Training Manual. The Impact Evaluation was conducted through the use of participant questionnaires which were administered orally to individual participants before participation in the Nobody's Perfect program and immediately after completion of the Nobody's Perfect program. There was a six-month follow-up evaluation also administered in the form of a questionnaire. A unique feature of these questionnaires was the use of visual aids. Each participant was shown a picture that depicted a home scene involving parents and children (for example: an exhausted mother sitting in a messy living room while her kids sleep in the next room) and were asked what they saw. The person conducting the questionnaire made note of the things the parent commented on ("the women

deserves a break", "there's a pair of scissors on the floor") and prompted for more information when needed, ("is that where you keep the scissors?"). There are three such aids for each evaluation. Each evaluation (pre, post and six-month follow-up) followed the same format.

The Impact Evaluation looked at three areas - program resources, achievement of objectives, and satisfaction with the program. With regard to the achievement of objectives the Process and Evaluation Report indicated the following:

- there was a significant increase (74%) in the extent to which parents could identify, positively respond to and anticipate potential safety hazards.
 - there was a significant positive impact (25% increase) on the extent to which parents identified their own children's behaviour as being problematic and the number who were able to give a response reflecting a positive attitude and behaviour towards a problem.
 - there was a substantial increase in the number who recognized and gave a positive response to the concept of personal needs as they relate to parenting.
 - in the areas of health/illness, cognitive development and meeting the child's emotional needs, participation in the program appeared to have limited impact.
- (Atlantic Regional Health Promotional Committee, 1989, p. 124-125.)

These conclusions were based upon the responses of participants to questions posed before, immediately after and six months following the program. No standardized measures of confidence, self-image or coping skills were used in this evaluation.

Nobody's Perfect is a comprehensive, attractive program for parents which is well-suited to an adolescent population. It is written for young, single parents who probably have limited education. It is attractively packaged and presented in a format that is easy to comprehend. It is suitable for use in groups and uses an adult education model that does not resort to lectures. Though evaluated in 1988, no attempts were made to measure self-confidence, self-image or coping skills.

Offer Self-Image Questionnaire

The Offer Self-Image Questionnaire for Adolescents is used with thirteen to nineteen year olds to measure their own feelings of self-worth. The eleven areas measured by the instrument include: impulse control, emotional tone, body and self-image, social relationships, morals, vocational-educational goals, sexual attitudes, family relationships, mastery of the external world, psychopathology, and superior adjustment (Offer, Ostrov and Howard, 1982).

The eleven content areas of the Offer Self-Image Questionnaire can be classified into five aspects. These include the Psychological Self, which includes impulse control, emotional tone, and body and self-image. Social Self is comprised of the content areas of social relationships, morals, and vocational-educational goals. Sexual attitudes constitute the Sexual Self, while family relationships are at the core of the Familial Self. Coping Self is made up of the

content areas of mastery of the external world, psychopathology and superior adjustment.

The Offer Self-Image Questionnaire was developed by Daniel Offer in 1969. It is a self-descriptive personality test that is used to measure the adjustment of men and women between the ages of thirteen and nineteen. It contains one hundred and thirty items which measure adjustment in eleven areas considered to be important in the psychological life of an adolescents. The eleven areas, what they measure, and the number of items that are included in each are:

1. Impulse Control - This scale measures the extent to which the ego apparatus of the adolescent is strong enough to ward off the various pressures that exist in his internal and his external environment. There are nine items in this scale.
2. Emotional Tone - This scale measures the degree of affective harmony within the psychic structure, the extent to which there is fluctuation in the emotions as opposed to feelings that remain relatively stable. There are 10 items in this scale.
3. Body and Self-Image - This scale indicates the extent to which the adolescent has adjusted to or feels awkward about his or her body. There are nine items in this scale.
4. Social Relationships - This scale assesses object relationships and friendship patterns. There are nine items in this scale.
5. Morals - This scale measures the extent to which the conscience or superego has developed. There are 10 items in this scale.
6. Vocational-Educational Goals - One of the specific tasks of the adolescent is learning and planning for a vocational future. This scale measures how well the teenager is faring in accomplishing this task. There are 10 items in this scale.
7. Sexual Attitudes - This scale concerns itself with the adolescent's feelings,

attitudes, and behaviour towards the opposite sex. There are 10 items in this scale.

8. Family Relationships - This scale is concerned with how the adolescent feels about his parents and the kind of relationship he has with his mother and father. It measures the emotional atmosphere in the home. There are 19 items in this scale.
9. Mastery of the External World - This scale demonstrates how well an adolescent adapts to the immediate environment. There are 10 items in this scale.
10. Psychopathology - This scale identifies overt or severe psychopathology. There are 14 items in this scale.
11. Superior Adjustment - This scale measures how well the adolescent copes with himself, significant others and this world. This scale could also be defined as a measure of ego strength. There are 14 items in this scale.
(Offer, Ostrov & Howard, 1982, pp. 3-4).

The adolescent must decide how well each of the various items describes himself or herself. Some of the items are worded negatively to avoid a response set.

The questionnaire has been administered to over 100,000 teenagers (Hogan, 1985; Offer, Ostrov & Howard, 1982). Offer et al (1982) contended it could significantly differentiate between adolescent populations.

Internal consistency for this instrument is reported to range from .36 to .88 (Offer et al, 1982). Moderate to high correlations have been reported between the Offer Self-Image Questionnaire and the Bell Inventory, the Minnesota Multiphasic Personality Inventory and the Tennessee Self-Image Test.

Taylor (1989) used the Offer Self-Image Questionnaire as a means of assessing the effects of a group for sexually abused adolescent girls on the girls' self-image. Taylor felt that the instrument provided a good measure of the different areas of the self-image of sexually abused girls. Following the group experience she used the questionnaire to assess the effects of the program as measured by significant changes in the factors of Impulse Control, Emotional Tone, Body and Self-image, Social Relationships, Morals, Vocational-Educational Goals, Sexual Attitudes, Family Relationships, Mastery of the External World, Psychopathology and Superior Adjustment.

The Offer Self-Image Questionnaire has been used as part of a study which attempted to determine the effectiveness of two parent education programs on parenting attitudes and self-image of adolescent mothers (Lewis, 1989).

The Offer Self-Image Questionnaire is a measure of eleven areas of psychological functioning in adolescents and gives a reliable measure of self-image in an adolescent population.

Summary

In delivering services to an adolescent population, the use of groups is a viable one as they can be efficient and effective (Gazda, 1989). The problems facing adolescent mothers and fathers as they struggle to blend adolescence with parenthood are enormous (Catrone & Sadler, 1984) and call for programs which not only aim to allow for the continuation of the parents' education (Card & Wise, 1978), but which also

equip the parents with effective skills for parenting (Allan, 1980). Effective parents can be instrumental in increasing the likelihood of well-adjusted children (Lawrence, 1983). Nobody's Perfect is a well-designed parenting program which may be suitable for an adolescent population. Further investigation with the use of an instrument such as the Offer Self-Image Questionnaire for Adolescents would serve to better evaluate the program's suitability for use with adolescent mothers and fathers.

Methodology

Introduction

One of the ways to address the diverse needs of adolescent parents and their children is through the use of parenting programs. These programs can serve to empower the parents to be effective at child rearing and, at the same time, help them to feel good about themselves as parents and as adolescents. The research component of this internship involved the implementation of a parenting program for adolescent parents in St. John's , Newfoundland.

This section describes the program Nobody's Perfect which was implemented at the Adolescent Health Counselling Service. A description of participants in the program is provided. Research questions to be addressed are listed in this section. The various instruments that were used in the evaluation of the program are identified and described. Finally, the procedure for implementation of the program, as well as the

procedure for evaluating the program, is presented.

The Nobody's Perfect parenting program was used with a group of male and female parents, at the Adolescent Health Counselling Service, St. John's, Newfoundland. The program was evaluated to determine the extent to which the program had a positive or negative effect on the participants' knowledge, attitude, and behaviour in relation to parenthood, and on each person's self-image as a parent. The instruments included the preprogram and postprogram questionnaire from the initial evaluation of Nobody's Perfect (See Appendix C) and the Offer Self-Image Questionnaire for Adolescents (See Appendix D). The researcher hypothesized that positive changes would be observed in each participant's knowledge, attitude, behaviour and self-image as a result of participating in the Nobody's Perfect parenting program.

Program Description

In 1980, the Atlantic Region Health Promotion Directorate of Health and Welfare Canada and the four Atlantic Provinces' Departments of Health established the Regional Health Promotion Committee which developed and evaluated a parenting program called Nobody's Perfect. The program's goal was as follows:

- to improve participant's capabilities to maintain and promote the health of their 0-5 year old children through the use of the resource "Nobody's Perfect". (Atlantic Regional Health Promotional Committee, 1989, p. 1).

The program's stated objectives include:

- to increase the participant's knowledge and understanding of their children's health, safety and behaviour.
- to effect positive change in the behaviour of participant's in relation to their children's health, safety and behaviour.
- to improve participant's confidence and self-image as parents.
- to increase self-help and mutual support among parents. (Atlantic Regional Health Promotional Committee, 1989, p. 1).

The target population was parents of children 0-5 years of age who met one or more of the following criteria as assessed by the Public Health Nurse:

1. Low Education-less than Grade 12 education (not completed high school)
2. Young- 25 years old or younger
3. Single-never married, widowed, separated, divorced.
4. Isolated -socially- lack of support system
 - geographically- absence of extended family
 - culturally-access to services difficult
5. Low income
 - social assistance
 - family income less than \$15,000
 - unemployment (Atlantic Regional Health Committee, 1989, p.2)

Nobody's Perfect includes a set of five booklets designed to address five areas of parenting. The book entitled "Body" is concerned with physical health and illness. "Safety" is about safety and accident prevention. A book entitled "Mind" is about emotional health and intellectual development. "Behaviour" covers problem solving, and the book "Parents" is devoted to the well-being of the parent

themselves. Additional materials include development and growth charts, posters, stickers and T-shirt transfers.

For the facilitators, the program includes a Leader's Guide, a video, promotional posters and brochures. Facilitators of the program are trained in a four-day session provided through the Public Health Nursing Unit in St. John's, Newfoundland.

Nobody's Perfect can be used in three ways: in group sessions, in a combination of one-to-one and a group, or strictly on a one-to-one basis. It utilizes an adult education model with the emphasis on group discussion and role plays rather than on lectures.

Population

The participants in the Nobody's Perfect program offered at the Adolescent Health Counselling Service and its subsequent evaluation met the criteria for participation as prescribed by the developers of Nobody's Perfect and the researcher. The young women could be pregnant or have a child under the age of five. The fathers of these children were also invited to participate. The mothers could be under the age of nineteen; the fathers could be any age. Both parents need not participate, that is, fathers could participate if mothers did not and vice versa.

Referrals from the program came from two social workers and two school guidance counsellors. The researcher met with potential participants prior to their joining the group. This

was in an effort to explain to each person exactly what the program entailed and at the same time at least partly determine the needs of the parents. Seven parents expressed an interest and planned to attend the first session. However, only five people completed the Nobody's Perfect program and its subsequent evaluation. The five included three fathers and two mothers. There were two couples, one married, one not, and a single father. Both mothers were age nineteen or younger; two of the fathers were over nineteen years of age. The two people who did not complete the program were single mothers. One of these mothers attended only the first two sessions; the other attended the first three sessions. Neither of these young women were administered the postprogram questionnaire or completed the postprogram Offer Self-Image Questionnaire. In addition, an eighth person attended only the first session. This young woman had been approached by the researcher prior to the first session as a potential participant for the group but had expressed no interest. When she attended the first session arrangements were made for a preprogram evaluation to be completed. The mother did not return to the researcher's office to complete the preprogram evaluation and she attended no more sessions.

For the purpose of discussion and the ease of identification each participant is assigned a letter. Subject "A" and Subject "B" are the married couple. Subject "A" is the mother, "B" is the father. Subject "C" and Subject "D"

comprise the single couple. Subject "C" is the mother; Subject "D" is the father. Subject "E" is the single father. Subject "F" is the mother of his daughter. She attended the first three sessions. Subject "G" is the single mother who attended the first two sessions. Subject "H" is the single mother who attended the first session. (See Appendix E for a summary table)

The "Nobody's Perfect" program was evaluated as single case studies with each participant. Each participant was administered pre and postprogram questionnaires to determine the effectiveness of the parenting program. No control group was used.

Research Questions

This study attempted to answer the following research questions:

1. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge in relation to their child's health?
2. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge in relation to their child's safety?
3. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge in relation to their child's

behaviour?

4. Would participants in the Nobody's Perfect program exhibit significant positive changes in their attitude in relation to their child's health?
5. Would participants in the Nobody's Perfect program exhibit significant positive changes in their attitude in relation to their child's safety?
6. Would participants in the Nobody's Perfect program exhibit significant positive changes in their attitude in relation to their child's behaviour?
7. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge of appropriate behaviour in relation to their child's health?
8. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge of appropriate behaviour in relation to their child's safety?
9. Would participants in the Nobody's Perfect program exhibit significant positive changes in their knowledge of appropriate behaviour in relation to their child's behaviour?
10. Would participants in the Nobody's Perfect

program exhibit significant positive changes in their self-image?

Instrumentation

A pre and postprogram questionnaire was used to measure participants' knowledge in relation to their child's health, safety, and behaviour. Knowledge was measured by the extent to which participants identified and understood issues or situations, such as safety hazards or reasons why children behave the way they do. The questionnaires used for this purpose were developed and used in the initial evaluation of Nobody's Perfect (See Appendix C). The questionnaires consisted of open-ended questions, and visual aids for which reactions from the participants were elicited. The visual aids were actually pictures depicting different scenarios. One such picture showed a mother watching television while her children played in a messy living room and used crayons on the wall. Another visual aid depicted a mother hanging clothes on the clothesline and her son passing her a bunch of flowers which he had obviously picked from a nearby flowerbed. The preprogram questionnaire was not exactly the same as the postprogram questionnaire in that different pictures were used in each questionnaire. Similarly, not all the questions designed to ascertain parental knowledge, attitudes or behaviours were exactly the same on both the pre and postprogram questionnaires.

Responses to the pictures and corresponding questions were

not measured in terms of content but rather, in the direction of the content (i.e. whether the response reflected a negative or positive approach to parenting). Each response was analyzed in terms of whether or not it reflected positive understanding (knowledge), positive resolution (attitude) and positive action (behaviour). What constitutes a positive versus a negative response is very topic-specific. However, as an illustration of the approach, if a parent's response to the picture depicting a little girl mishandling a cat was: "She's too young to know she shouldn't do that - she should be shown how to handle the cat - that's what I would do", the response would be measured as positive on all three counts. If the parent replied: "She's a spiteful little girl and I'd let the cat teach her a lesson," it was considered a negative response. As a general rule a positive response was one that reflected the types of knowledge, attitude and behaviour promoted by the Nobody's Perfect books. A response was deemed to be negative if it indicated lack of knowledge and the type of attitudes and behaviour the Program is designed to change.

In relation to the research questions, knowledge was measured by the extent to which a participant could identify or understand issues or situations in the pictures and/or the open-ended questions. Knowledge was measured in relation to the child's (a) health, (b) safety and (c) behaviour.

Knowledge of a child's health (as described in Research Question 1) was measured by examining a participant's response

to the open-ended question: "What do you think children need to stay healthy?" on both the preprogram and the postprogram questionnaire. Comparisons were made between the number of health needs mentioned on both administrations of the questionnaire.

Knowledge of a child's safety was examined by an assessment of the extent to which a participant could identify safety hazards as depicted in the pictures, and by the number of additional safety hazards identified by the participant through open-ended questioning. This examination addressed the concerns of Research Question 2.

Knowledge in relation to a child's behaviour (Research Question 3) was measured by examining a parent's reaction to behavioral problems which were depicted in the pictures. The preprogram picture showed two children fighting while their mother held a infant in her arms in the next room. The postprogram picture depicted a child mishandling a cat. Knowledge was then measured by whether or not the participant indicated a positive or negative understanding of the situation. The concepts and solutions presented in the five books which accompanied the Nobody's Perfect program were used as the basis for determining whether the participant's response was positive or negative. Positive responses reflected the suggestions provided in the books and negative responses indicated the types of attitudes and behaviour the program was designed to change.

The pre and postprogram questionnaires were used to measure the participants' attitude in relation to their child's health, safety and behaviour. Attitude was determined by how the participant would resolve given situations or issues. Specifically, attitude was measured on the basis of the type of advice the respondent would give others for resolving a given situation or issue. The developers of the Nobody's Perfect program believed the measure of a participant's attitude to be an indication of a participant's confidence as a parent.

Research Question 4 was concerned with whether or not participating in the Nobody's Perfect program would result in changes in the participant's attitude in relation to their child's health. Throughout the initial evaluation of Nobody's Perfect attitude was determined by how a participant would resolve a given situation or issue and was measured on the basis of the type of advice the respondent would give others for resolving the issue.

Specifically, attitude in relation to a participant's child's health was measured by asking each participant to suggest what a parent should do when faced with a particular illness. Responses were termed positive or negative. Positive attitudes would include such things as advising someone to take the child to a doctor. Negative responses would be indicated if, for example, the participant did not know what to do.

Research Question 5 addressed the issue of attitude in relation to a child's safety. Again attitude was measured in terms of the advice the participant would give to another person with regards to an identified safety issue. Responses were classified as positive or negative; a positive response being one which would eliminate or reduce to the extent possible the potential hazard. A negative response was one that did not reduce or eliminate the hazard, for example "I don't know".

Attitude in relation to the behaviour of the child was the main concern of Research Question 6. Attitude was measured by asking each participant what a parent should do when faced with the child's undesirable behaviour as depicted in the visual aid. Responses were classified as negative or positive. Examples which would be considered negative would include slapping and yelling, or punishment; positive responses would be ones which involved things like talking to the child.

The pre and postprogram questionnaires were also used to measure participants' knowledge of appropriate behaviour in relation to their child's health, safety and behaviour. Knowledge of behaviour was measured by how the parents themselves have, would or do react to given situations. This was also meant to assess participants' abilities to cope with being a parent.

Research Question 7 was concerned with changes in the

participant's behaviour in relation to their child's health. Behaviour was measured by how the participants themselves have/would or do react to different situations. With regard to their child's health each participant was asked how they had reacted when their own child had gotten sick. Responses were classified as positive or negative; with positive responses being the more desirable answers. These included responses such as calling a doctor when appropriate. Negative responses indicated that the participant did not know what to do.

The participant's behaviour in relation to their child's safety was the focus of Research Question 8. When faced with an accident or emergency each participant was asked what they themselves did, or would do in the situation. Each response was termed positive or negative. Positive responses included things such as administering first-aid; negative responses included doing nothing or panicking.

Research Question 9 examined each participant's behaviour in relation to their child's behaviour. Undesirable behaviour on the part of a child was depicted in each of the visual aids. Participants were asked what they would do if their child was exhibiting similar behaviour. Each participant's response was deemed positive or negative. Positive responses were those which reflected the suggestions provided in the Nobody's Perfect books; negative responses indicated behaviours the program was designed to change.

The Offer Self-Image Questionnaire was administered to each participant to measure participant's self-image. The scale measures eleven areas of self-image. They include:

1. Impulse Control - This scale measures the extent to which the ego apparatus of the adolescent is strong enough to ward off the various pressures that exist in his internal and his external environment. There are nine items in this scale.
2. Emotional Tone - This scale measures the degree of affective harmony within the psychic structure, the extent to which there is fluctuation in the emotions as opposed to feelings that remain relatively stable. There are 10 items in this scale.
3. Body and Self-Image - This scale indicates the extent to which the adolescent has adjusted to or feels awkward about his or her body. There are nine items in this scale.
4. Social Relationships - This scale assesses object relationships and friendship patterns. There are nine items in this scale.
5. Morals - This scale measures the extent to which the conscience or superego has developed. There are 10 items in this scale.
6. Vocational-Educational Goals - One of the specific tasks of the adolescent is learning and planning for a vocational future. This scale measures how well the teenager is faring in accomplishing this task. There are 10 items in this scale.
7. Sexual Attitudes - This scale concerns itself with the adolescent's feelings, attitudes, and behaviour towards the opposite sex. There are 10 items in this scale.
8. Family Relationships - This scale is concerned with how the adolescent feels about his parents and the kind of relationship he has with his mother and father. It measures the emotional atmosphere in the home. There are 19 items in this scale.
9. Mastery of the External World - This scale demonstrates how well an adolescent adapts to the immediate environment. There are 10 items in this scale.
10. Psychopathology - This scale

- identifies overt or severe psychopathology. There are 14 items in this scale.
11. Superior Adjustment - This scale measures how well the adolescent copes with himself, significant others and this world. This scale could also be defined as a measure of ego strength. There are 14 items in this scale. (Offer, Ostrov & Howard, 1982, pp. 3-4).

The adolescent must decide how well each of the various items describes himself or herself. Some of the items are worded negatively to avoid a response set.

Research Question 10 was concerned with the effects, if any, participation in the Nobody's Perfect program had on the individual's self-image as measured by the Offer Self-Image Questionnaire for Adolescents. The Offer Self-Image Questionnaire was administered to each subject prior to the commencement of the first session and following completion of the last session. The questionnaire is composed of eleven areas measuring self-image. Raw scores in each area were calculated and converted to standard scores. A score of 50 signifies a score equal to the normal reference group mean. A score lower than 50 indicates poorer adjustment than that of normal and a score of higher than fifty signifies better adjustment than that of normal adolescents. A score of 65 is one standard deviation above the mean and a score of 35 is one standard deviation below the mean. A difference of five points in the standard score is considered significant at the .05 level. (Offer, Ostrov, & Howard, 1982).

The questionnaire has been administered to over 100,000

teenagers (Hogan, 1985; Offer, Ostrov & Howard, 1982). Offer et al (1982) contended it could significantly differentiate between adolescent populations.

Internal consistency for this instrument is reported to range from .36 to .88 (Offer et al, 1982). Moderate to high correlations have been reported between the Offer Self-Image Questionnaire and the Bell Inventory, the Minnesota Multiphasic Personality Inventory and the Tennessee Self-Image Test.

A registration form was completed by each participant for purposes of collecting demographic data (See Appendix F).

Procedure

The participants met as a group once a week for six weeks at the Adolescent Health Counselling Service. Sessions began on July 25, 1991 and terminated on July 30, 1991.

The group was co-led by Ruth Mandville, the intern, and Mary Normore, a daycare operator. Both leaders had participated in a four-day Nobody's Perfect training program from June 11, 1991 until June 14, 1991. The training was conducted through the Public Health Nursing Unit in St. John's, Newfoundland.

Prior to the start of the program each participant was asked to complete the demographic questionnaire, the Nobody's Perfect pre questionnaire and the Offer Self-Image Questionnaire. Upon completion of the program each was administered the Nobody's Perfect post questionnaire and the

Offer Self-Image Questionnaire.

For analysis purposes, each participant was treated as an individual case study. Each person's pre and postprogram Nobody's Perfect questionnaires were compared to assess change in the participant's knowledge, attitude and behaviour.

Pre and post results from the Offer Self-image Questionnaire were analyzed for each participant in an effort to assess any significant changes in the eleven sub tests of self-image as measured by the instrument. Offer Self-Image Questionnaire scores are presented as standard scores, which show the amount by which individuals differ from the average obtained by the reference group on which the instrument was normed. Standard scores on the Offer Self-Image Questionnaire have a mean of 50 and a standard deviation of 15.

Comparisons of self-image before and after the Nobody's Perfect program had been completed were conducted for each participant. This allowed the researcher to ascertain which aspects of each individual's "self" seems to have been positively or negatively changed since the first administration of the Offer Self-Image Questionnaire, and after participation in the Nobody's Perfect parenting program.

Description of Sessions

Appendix G contains a session by session description of the Nobody's Perfect parenting program as it was implemented between June 25, 1991 and July 30, 1991 at the Adolescent Health Counselling Service. The outline for the program was

developed by the writer based on the five booklets included in the Nobody's Perfect program and the needs and interests expressed by the group members. Therefore after an introductory session, each of the five remaining sessions was devoted to one of five topics. The five topics were growth and development, behaviour, safety and first aid, loving and caring, and parent needs.

Summary

The parenting program Nobody's Perfect was offered through the Adolescent Health Counselling Service by the intern and Mary Normore, a daycare operator. A total of eight adolescents attended at least one session. Five participants attended four or more of the six sessions and participated in the pre and post evaluation. This evaluation entailed the completion of pre and postprogram questionnaires to determine what effect, if any, participating in the program had on the participants' knowledge, attitudes, and behaviour in relation to parenting.

In addition, participants completed the Offer Self-Image Questionnaire for Adolescents before and after the program in an effort to determine the effects of participation in the program on the parent's self-image.

Limitations of the Study

Several limitations are inherent with this type of study. These include the size of the sample, the lack of representativeness of the group members, the fact that two

participants were not adolescents, as defined by the Adolescent Health Counselling Service to be individuals over nineteen years of age. In addition differing motivational levels, differing abilities to learn, a short time span between testing, outside influences and pretest treatment interaction may also be considered limitations for this sort of study.

The size of the sample included in this study plus the irregularity of participants' attendance at sessions affect the validity and generalizability of the study. Eight people began the sessions and attended one or more sessions. In Session One there were seven participants (Subjects "A", "C", "D", "E", "F", "G", and "H"). Session Two also had seven participants but these were not the same seven people. Subject "H" did not attend Session Two but Subject "B" did. Session Three was attended by five participants (Subjects "A", "B", "D", "E" and "F".) Subjects "A", "B", "C" and "E" attended Session Four. Sessions Five and Six were both attended by Subjects "A", "B", "C" and "D". (See Appendix H for a table summarizing each participant's attendance at sessions.) Only five participants completed the Nobody's Perfect program and were included in both the pre and the postprogram evaluations. These participants were Subjects "A", "B", "C", "D" and "E". Of these five, only Subject "A" attended all six sessions. Subject "B" missed Session One; Subject "C" missed Session Three, Subject "D" missed Session

Four and Subject "E" missed both Session Five and Session Six. Such a small sample combined with the irregularity of attendance at sessions caused the study to have low external validity and rendered generalizability practically impossible.

The group members likely are not representative of all teenage parents. Those who participated were referred to the Adolescent Health Counselling Service by social workers and guidance counsellors. Indeed, two participants, both older than nineteen, were not even adolescents. These two fathers were included in the group because the mothers of their children were involved in the program and were teenage parents. They were included in the study at the discretion of the researcher. They both met the criteria for participation in Nobody's Perfect although they were not between the ages of 14 and 19 which is the age range of clients to whom the Adolescent Health Counselling Service offers counselling.

Motivation levels of individual participants could have affected the amount of learning that occurred. Depending on the enthusiasm of each participant each may have learned a certain amount as a result of having participated in Nobody's Perfect. Similarly, each participants' ability to learn could have played a role in how much he or she gained from the experience. There was no direct instruction in the delivery of Nobody's Perfect. This may have been a hinderance to any individual who did not learn well through the adult education methods of discussion and problem-solving employed by the co-

leaders of Nobody's Perfect.

The length of time between pre and postprogram evaluation was approximately eight weeks. Such a short period of time between testing could result in participants remembering their responses from the first evaluation and replicating their answers on the subsequent evaluation. Also, it is questionable if self-image can realistically change over eight weeks significantly enough to be detected on any standardized measure.

There can be few guarantees that any improvement in attitudes, knowledge, behaviour or self-image on the part of the participants in the Nobody's Perfect parenting program is the result of participation in the program. There is virtually no way of assuming that there was not something else which could have happened to the participants or inside the participants to make them score better on the postprogram evaluation.

The instrument used to measure self-image (The Offer Self-image Questionnaire) was a lengthy document consisting of one hundred and thirty items. This entailed quite a lot of reading for the participants. If reading presented a difficulty for any of the participants it could have affected the results on the Offer Self-image Questionnaire.

In qualitative research interrater reliability should be established through the use of additional unbiased raters. The only rater in this study was the intern. Therefore rater

reliability may not be high.

A final limitation of the study is the issue of pretest - treatment interaction. Having been pretested may cause participants to react differently to the experience of participating in the group. Similarly, the knowledge that one was to participate in a postprogram evaluation may affect one's participation as well.

When one conducts pre and postprogram evaluations on a small group of participants there are certain limitations to the study. These include the size of the sample, the lack of representativeness of the group members, motivational levels, learning ability, a short time span, outside influences, and pretest- treatment interaction. (Gay, 1987).

Findings of the Study

Overview

The purpose of this study was to implement and evaluate the parenting program Nobody's Perfect for use with adolescent parents. The researcher wanted to determine if participating in the Nobody's Perfect parenting program would have a positive effect on the participants' knowledge, attitude and behaviour in relation to being parents and on each participant's self-image as adolescents. The data consists of (a) a comparison of each adolescent's responses on a pre and postprogram questionnaire (See Appendix C) designed to ascertain the parent's knowledge, attitude and behaviour in relation to parenting and (b) the scores of each adolescent on

the Offer Self-Image Questionnaire for Adolescents (See Appendix D).

This section of the analysis contains a general description of the group members, followed by individual profiles of each adolescent. The following information is included in each profile: (a) the specific demographic data regarding the adolescent, (b) the results of the comparison of responses on the pre and postprogram questionnaires, (c) the adolescent's scores on the pretest Offer Self-Image Questionnaire and (d) the adolescent's scores on the posttest Offer Self-Image Questionnaire.

General Demographic Information

The population of the group used in this study consisted of five parents ranging in age from 17 to 21 years with children between two and eighteen months of age. Three participants were male; two were female. There were two female co-leaders. The program began on July 25, 1991 and continued for six consecutive weeks. The sessions were held at the Adolescent Health Counselling Service every Tuesday evening for two hours.

The group was comprised of a married couple who had a two month old baby and a couple who were not married who had an eighteen month old baby. The unmarried couple did not live together but were both involved in the parenting of the child. In addition, a single father participated in the study. His child was eleven months old.

The married couple lived in their own home, while the unmarried mother lived with her child in an apartment. Both unmarried fathers lived at home with their parents and siblings. Three parents were dependant on Social Services. One unmarried father had a job; the other was collecting unemployment insurance.

The writer and a female daycare operator were the co-leaders for the group. Both had received training for leading the Nobody's Perfect parenting program; however neither co-leader had previously led a Nobody's Perfect group. The writer was a graduate student in educational psychology who had experience leading groups of adolescents in the past. Having been a high school teacher for eleven years, the writer had done considerable work with adolescents. The daycare operator had owned and operated her own daycare for three years. This was her first experience leading a group.

Individual Profiles

Subject A

Subject "A", a nineteen year old mother, was married (to Subject "B") for just over one year. Her child was two months old at the time Subject "A" participated in the Nobody's Perfect program. Subject "A" had not graduated from high school and had not worked outside the home. At the time of the program, Subject "A" and her family were dependant on Social Assistance.

Subject "A" was referred to the Nobody's Perfect program

by her social worker who felt that Subject "A" could benefit from a program which emphasized parenting skills. Subject "A" attended all six sessions.

The preprogram questionnaire was administered to Subject "A" prior to the first session. Along with the postprogram questionnaire these instruments were designed to determine the impact the Nobody's Perfect program had on the participant in terms of his or her knowledge, attitude and behaviour as a parent. The specific areas addressed by the questionnaires included issues related to a child's (a) health, (b) safety and (c) behaviour. These questionnaires were developed and used in the initial evaluation of Nobody's Perfect and consisted of open-ended questions, and pictures for which reactions from the participants were elicited.

Subject "A", when presented with the question "What do you think children need to stay healthy?" on the preprogram questionnaire responded with three good responses, that is, she identified three legitimate health needs of children as identified in the books which accompanied the Nobody's Perfect program. Upon completion of the program, Subject "A"'s response to the same question was again to respond with three good responses. One was an elaboration of an earlier response; two were new ideas.

In the preprogram questionnaire, Subject "A" identified none of the three safety items depicted in the picture. However, through an open question she identified six safety

items which could be present in and around a home. Upon completion of the program Subject "A" recognized the three safety items depicted in the picture and was able to name eight additional items that were not mentioned in the preprogram questionnaire. Two previously mentioned items were included again in the postprogram questionnaire.

Subject "A"'s pre and postprogram knowledge of health and safety items is reported in Table 1.

TABLE 1

Comparison of Pre and Postprogram Responses Regarding
Parental Knowledge of Health and Safety Items for Subject
"A".

Category	Pretest Response	Posttest Response (n-w responses)
No. of Health related Issues Named	3	2
No. of Safety Items Named	6	9

In the preprogram questionnaire Subject "A" made a positive response to the two children fighting. In postprogram follow-up, Subject "A" responded negatively to the child pulling the cat's tail. She was not able to give an explanation as to why the behaviour was occurring.

Subject "A"'s response with regard to the advice she would give to a parent whose child was ill was a positive one in the preprogram questionnaire. Similarly, Subject "A"'s

response was positive in the post evaluation as well. (In both cases, Subject "A" indicated that parents should take their children to a doctor when they are ill).

Subject "A" responded with all positive responses to the various issues of safety in the preprogram questionnaire. Similarly, she responded with all positive responses in the postprogram questionnaire as well.

Subject "A" responded to the behaviour of the children in the preprogram questionnaire with a positive response in attitude. In the postprogram questionnaire the response was less positive. The advice Subject "A" would give a parent facing the situation depicted could not be considered a positive one.

Subject "A"'s response indicated positive behaviour in relation to her child's health during the preprogram questionnaire. Similarly, her response in the postprogram questionnaire was a positive one, indicating that this parent would take the appropriate action if her child were sick.

Subject "A"'s responses in the preprogram questionnaire were all positive ones, indicating appropriate actions on the part of the participant in issues regarding her child's safety. The postprogram evaluation indicated all positive responses as well with regard to issues of child safety.

Subject "A" responded positively to the behaviour in the picture as part of the preprogram questionnaire. Her response to a child's behaviour in the postprogram questionnaire was

not, however, responded to positively.

In the pretest, Subject "A" scored below the mean in nine of the eleven areas of self-image. The area of Superior Adjustment had the lowest score of 22. The area of Sexual Attitudes held the highest score of 61. Other scores were as follows: Impulse Control, 50; Emotional Tone, 24; Body and Self-Image, 43; Social Relationships, 39; Morals, 44; Family Relationships, 34; Mastery of External World, 35; Vocational and Educational Goals, 42; and Psychopathology, 30. Five of the nine areas below the standard mean score of 50 were at least one standard deviation below the mean. The total standard score mean combining all areas was 38.5. This was 11.5 points below the average for normal adolescents.

In the posttest Subject "A" scored below the mean in ten of the eleven areas of self-image. There was a significant negative change (as indicated by the authors to be a difference of five points in the standard score between pre and posttesting) in the areas of: Impulse Control, Morals, Family Relationships, Mastery of the External World and Psychopathology. There was a significant positive change in the area of Emotional Tone. The changes in the other five areas were not significant. The total standard score mean on the posttest was 34.2. While this represents a 4.3 point decrease over the pretest scores it would not be considered a significant change. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in

Table 2.

TABLE 2

A Comparison of the Pre and Posttest Scores of the Offer-Self Image Questionnaire for Subject "A"

Categories	Pretest Scores		Posttest Scores		Direction of change	Significance of change (\$ point diff)
	Stan. Scores	% Rank	Stan. Scores	% Rank		
Impulse Control	50	47.7	23	3.4	-	Yes
Emotional Tone	24	4.0	33	9.0	+	Yes
Body & Self Image	43	25.2	43	25.2	0	No
Social Relationships	39	19.7	41	21.9	+	No
Morals	44	23.9	36	15.3	-	Yes
Voc & Edu Goals	42	19.5	45	24.6	+	No
Sexual Attitudes	61	67.9	61	67.9	0	No
Family Relationships	34	13.7	26	6.9	-	Yes
Mast. of Ext. World	35	11.5	30	6.5	-	Yes
Psychopathology	30	9.0	24	5.0	-	Yes
Superior Adjustment	22	1.1	26	2.7	+	No
Standard Total Mean	38.5		34.2		-	No

Summary

Subject "A" was a nineteen year old married women with a two month old baby. Subject "A" had been married for fourteen months. She was not a high school graduate and was dependant on Social Assistance. Subject "A" was administered the preprogram and postprogram questionnaires which had been used in the preliminary evaluation of the Nobody's Perfect parenting program. Subject "A"'s responses indicated improved knowledge of safety items in relation to children, indoors and outdoors. Subject "A"'s knowledge of health-related issues remained unchanged; her knowledge of children's behaviour did

not yield a positive response upon completion of the Nobody's Perfect program. Subject "A" responded positively to areas of the questionnaire designed to measure parental attitude towards health and safety related issues surrounding child-raising. With regard to attitude towards behaviour-related issues, Subject "A" responded negatively upon completion of the Nobody's Perfect program. Similarly, Subject "A"'s responses regarding parental behaviour towards health and safety issues yielded positive responses; Subject "A", upon posttesting, responded negatively to items designed to measure parental behaviour regarding children's behaviour-related issues.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "A" was below the normal reference group mean in 9 of the 11 areas of self-image. The total score was 11.5 points below the mean for normal adolescents. In the posttest there was significant positive change in one area and significant negative change in six areas. There was not, however, a significant decrease (4.3 points) in the total score as compared to the pretest.

Subject "B"

Subject "B", a twenty year old father, was married to Subject "A". They had been married for just over one year. Subject "B"'s child was two months old at the time of his participation in Nobody's Perfect. Subject "B" was not a high school graduate and was not employed at the time. Along with

Subject "A", Subject "B" was dependant on Social Assistance.

Subject "B" was referred to the Nobody's Perfect program by his social worker who felt that Subject "B" lacked basic parenting skills and would benefit from taking part in the program and meeting other young parents. Subject "B" attended all but the first session.

The preprogram questionnaire was administered to Subject "B" prior to the first session. Upon completion of the Nobody's Perfect program, Subject "B" was administered the postprogram questionnaire.

With regards to Subject "B"'s knowledge of health issues and safety items (Research Questions 1 and 2) Subject "B" showed some increase in each category between the pre and postprogram evaluation. Subject "B" was able to add one health need to his previous list and could now identify a total of six safety issues which included two new items. Table 3 shows a comparison between pre and postprogram knowledge of health needs and safety items for Subject "B".

Subject "B"'s preprogram responses with regard to knowledge of children's behaviour were negative; that is, Subject "B" was not able to explain why the children depicted in the picture were behaving the way they were. The postprogram questionnaire revealed a more positive response to the child's behaviour, indicating knowledge of why the child was behaving the way he was.

Research questions 4,5 and 6 concerned the

TABLE 3

Comparison of Pre and Postprogram Responses Regarding
Parental Knowledge of Health and Safety Items for Subject
"B".

Category	Pretest Response	Posttest Response (new responses)
No. of Health related Issues Named	3	1
No. of Safety Items Named	4	2

participant's attitude towards parenting, specifically with regard to a child's health, safety and behaviour. In the preprogram questionnaire, Subject "B" exhibited negative responses to health and behaviour issues. The postprogram questionnaire, however, revealed more positive responses to these issues, indicating that Subject "B" had learned more about these issues and would be better able to give advice to other parents as to how to approach these issues. With regard to safety issues, both the pre and postprogram questionnaires yielded positive responses from Subject "B".

A comparison of Subject "B"'s behaviour in relation to child health, safety and behaviour (Research Questions 7,8 and 9) reveals a change of response from negative in the preprogram evaluation to positive in the postprogram for both health and behaviour-related issues. No change was observed

for safety-related issues for which the response was positive in both administrations of the questionnaire.

The Offer Self-Image Questionnaire was administered to Subject "B" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "B" scored below the mean in eight of the eleven areas of self-image. The area of Mastery of the External World had the lowest score of 2. The area of Social Relationships held the highest score of 57. Other scores were as follows: Impulse Control, 7; Emotional Tone, 28; Body and Self-Image, 56; Morals, 15; Sexual Attitudes, 48; Family Relationships, 39; Vocational and Educational Goals, 32; Psychopathology, 34, and Superior Adjustment, 47. Six of the eight areas below the standard mean score were at least one standard deviation below the mean; three scores were two standard deviations below the mean. The total standard score mean combining all areas was 33.2. This was 16.8 points below the average for normal adolescents.

In the posttest Subject "B" scored below the mean in 11 of the eleven areas of self-image. However, there was a significant positive change in the areas of: Impulse Control, Emotional Tone, Morals, Mastery of the External World and Vocational and Educational Goals. There was significant negative change in the areas of: Body and Self-Image, Social Relationships, Family Relationships, Psychopathology and Superior Adjustment. The area of Sexual Attitudes displayed

no significant change. The total standard score mean on the posttest was 33.5. While this is a 0.3 increase over Subject "B"'s pretest score, it is not considered to be a significant increase. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire are reported in Table 4.

Summary

Subject "B" was a twenty year old father of a two month old baby. He was not a high school graduate at the time of his participation in the Nobody's Perfect parenting program. Subject "B" and his family were dependant on Social Assistance.

Pre and postprogram evaluation of Subject "B"'s knowledge, attitude and behaviour with regard to a child's health, safety and behaviour was conducted. Subject "B"'s knowledge of health and safety issues increased after participation in the Nobody's Perfect program. With regard to Subject "B"'s knowledge of a child's behaviour, he responded positively on the postprogram evaluation, indicating an improvement in Subject "B"'s knowledge in relation to the behaviour from the preprogram evaluation. His attitude towards children's safety was positive in both evaluations.

Subject "B" showed improvement in parental behaviours towards issues regarding children's health and behaviour

TABLE 4

A Comparison of the Pre and Posttest Scores of the Offer-Self Image Questionnaire for Subject "B"

Categories	Pretest Scores		Posttest Scores		Direction of change	Significance of change (\$ point diff)
	Stan. Scores	% Rank	Stan. Scores	% Rank		
Impulse Control	7	0.5	23	4.0	+	Yes
Emotional Tone	28	6.7	36	11.3	+	Yes
Body & Self-Image	56	54.7	38	14.5	-	Yes
Social Relationships	57	58.2	32	8.6	-	Yes
Morals	15	0.3	46	33.8	+	Yes
Voc. & Edu. Goals	32	11.3	45	26.3	+	Yes
Sexual Attitudes	48	33.9	48	33.9	0	No
Family Relationships	39	20.1	18	2.9	-	Yes
Mas. of Ext. World	2	0.3	31	6.2	+	Yes
Psychopathology	34	12.1	21	2.1	-	Yes
Superior Adjustment	47	38.9	30	6.4	-	Yes
Standard Total Mean	33.2		33.5		+	No

after completion of the Nobody's Perfect parenting program. His behaviour towards issues regarding children's safety was positive in both evaluations.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "B" was below the normal reference group mean in eight of the eleven areas of self-image. The total score was 16.8 points below the mean for normal adolescents. In the posttest there was significant positive change in five areas and significant negative change in five areas. The total score was 0.3 points higher than the posttest. This was not considered to be a significant change.

Subject "C"

Subject "C", a seventeen year old mother, came to the

group with her boyfriend (Subject "D") who was the father of her eighteen month old baby. These parents did not share a residence. The baby lived with his mother in a basement apartment. Subject "C" had completed high school, but was not employed at the time of the program. She planned to enroll in a vocational school program in the fall. Subject "C" was dependent on Social Assistance at the time of the program. Subject "C" attended five of the six sessions.

The preprogram questionnaire was administered to Subject "C" prior to the first session. Upon completion of the Nobody's Perfect program, Subject "C" was administered the postprogram questionnaire.

Subject "C"'s knowledge of health needs and safety items increased between the pre and postprogram evaluations. Table 5 shows a comparison between pre and postprogram knowledge of health needs and safety items for Subject "C".

Subject "C" responded positively to items designed to ascertain her knowledge of children's behaviour on both the pre and postprogram evaluation.

With regard to attitude towards health, safety and behaviour issues, as well as in regard to behaviour towards health, safety and behaviour issues, Subject "C" consistently gave positive responses on both the preprogram and the postprogram questionnaires.

The Offer Self-Image Questionnaire was administered to Subject "C" prior to the commencement of the first session

TABLE 5

Comparison of Pre and Postprogram Responses Regarding
Parental Knowledge of Health and Safety Items for Subject
"C".

Category	Pretest Response	Posttest Response (new responses)
No. of Health related Issues Named	3	2
No. of Safety Items Named	7	4

and following completion of the last session.

In the pretest Subject "C" scored below the mean on three of the eleven areas of self-image. The areas of Morals had the lowest score of 33. Subject "C"'s score of 64 for Emotional Tone was her highest. Other scores were as follows: Impulse Control, 63; Body and Self-Image, 36; Social Relationships, 54; Sexual Attitudes, 51; Family Relationships, 48, Mastery of the External World, 55; Vocational and Educational Goals, 57; Psychopathology, 56 and Superior Adjustment, 59. The total standard score mean combining all areas was 52.4. This was 2.4 points above the average for normal adolescents.

In the posttest Subject "C" scored below the mean in four of the eleven areas of self-image. There was significant positive change in two areas: Morals, and Mastery of the

External World. There was a significant negative change in five areas: Emotional Tone, Body and Self-Image, Social Relationships, Vocational and Educational Goals and Psychopathology. There was no significant change in the other four areas. The total standard score on the posttest was 49.8. This score was a 2.6 decrease from the pretest score. This is not considered to be a significant difference. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 6 .

Summary

Subject "C" was the seventeen year old mother of an eighteen month old baby. She and her baby lived alone and were supported by Social Assistance. Subject "C" was a high school graduate but was unemployed at the time of her participation in the Nobody's Perfect parenting program.

Pre and postprogram evaluation of Subject "C"'s knowledge, attitude and behaviour with regard to a child's health, safety and behaviour was conducted. Subject "C"'s knowledge of health and safety issues increased after participation in the Nobody's Perfect program. She displayed good knowledge of children's behaviour on both the pre and the postprogram evaluation.

Subject "C" responded positively to items designed to ascertain her attitude towards health, safety and behaviour issues on both the pre and the postprogram evaluation. Similarly, Subject "C"'s responses regarding parental

TABLE 6

A Comparison of the Pre and Posttest Scores of the Offer-Self Image Questionnaire for Subject "C"

Categories	Pretest Scores		Posttest Scores		Direction of change	Significance of change (5 point diff)
	Stan. Scores	% Rank	Stan. Scores	% Rank		
Impulse Control	63	74.6	59	63.7	-	No
Emotional Tone	64	74.2	56	59.7	-	Yes
Body & Self-Image	36	16.4	22	2.1	-	Yes
Social Relationships	54	45.6	46	33.6	-	Yes
Morals	33	8.0	47	31.1	+	Yes
Voc. & Edu. Goals	57	55.2	52	48.9	-	Yes
Sexual Attitudes	51	45.2	54	49.3	+	No
Family Relationships	48	39.5	45	31.1	-	No
Mas. of Ext. World	55	52.3	62	67.7	+	Yes
Psychopathology	56	64.1	50	41.0	-	Yes
Superior Adjustment	59	68.9	55	61.1	-	No
Standard Total Mean	52.4		49.8		-	No

behaviour towards a child's health, safety and behaviour yielded positive behaviours on both the pre and postprogram evaluation.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "C" was below the normal reference group mean in three of the eleven areas of self-image. The total score was, however, 2.4 points above the mean for normal adolescents. In the posttest there were significant positive changes in two areas and significant negative change in five areas. The total score was 2.6 points lower than the pretest. This was not considered to be a significant difference.

Subject "D"

Subject "D", an eighteen year old male, was the boyfriend of Subject "C" and the father of the eighteen month old child who lived with her. Subject "D" lived at home with his parents. He had graduated from high school and was employed part-time at a large grocery store at the time of the program. Subject "D" missed session four because of work commitments.

The preprogram questionnaire was administered to Subject "D" prior to the first session. Upon completion of the Nobody's Perfect program, Subject "D" was administered the postprogram questionnaire.

Subject "D"'s knowledge of health needs and safety items improved slightly after participating in the Nobody's Perfect program. With regard to health needs, Subject "D" added one item. He was able to name two additional safety related items upon postevaluation. Table 7 summarizes pre and postprogram knowledge of health needs and safety items for Subject "D".

With regard to knowledge of children's behaviour in the preprogram questionnaire, Subject "D" responded negatively indicating a lack of knowledge as to why the children depicted in the picture were behaving the way they were. Upon completion of the Nobody's Perfect program, Subject "D" once again responded negatively to the item designed to ascertain his knowledge of children's behaviour.

Subject "D"'s responses with regard to his attitude towards health and safety issues on both the pre and

TABLE 7

Comparison of Pre and Postprogram Responses Regarding
Parental Knowledge of Health and Safety Items for Subject
"D".

Category	Pretest Response	Posttest Response (new responses)
No. of Health related Issues Named	2	1
No. of Safety Items Named	5	2

postprogram questionnaire were positive, indicating that Subject "D" would give sound advice to someone else when it came to health and safety issues regarding children. In the preprogram questionnaire, however, Subject "D" was not able to give a positive response to items designed to measure his attitude towards behaviour issues. That is, when faced with a misbehaving child, Subject "D" was not able to suggest what a parent should do in that particular situation. Upon post evaluation, Subject "D" was still unable to suggest a positive response to the item designed to measure attitude towards children's behaviour.

Subject "D"'s responses on issues pertaining to his behaviour in relation to health, safety and behaviour issues were identical to his responses on the topic of attitude. Pre and postprogram responses regarding Subject "D"'s behaviour

towards health and safety were both positive. Responses for Subject "D" on behaviour issues were negative in both the pre and postprogram evaluation.

The Offer Self-Image Questionnaire was administered to Subject "D" prior to the commencement of the first session of Nobody's Perfect and following completion of the last session. In the pretest Subject "D" scored below the mean on two of the eleven areas of self-image. The area of Psychopathology had the lowest score of 37. The area of Sexual Attitudes had the highest score of 85. Other scores were as follows: Impulse Control, 62; Emotional Tone, 59; Body and Self-Image, 48; Social Relationships, 64; Morals, 58; Family Relationships, 55; Mastery of the External World, 56; Vocational and Educational Goals, 73 and Superior Adjustment, 62. The total standard score mean combining all areas was 59.9. This was 9.9 points above the average for normal adolescents.

In the posttest Subject "D" scored above the mean in each of the eleven areas of self-image. There was significant positive change in four areas: Social Relationships, Family Relationships, Mastery of the External World, and Psychopathology. Two areas showed significant negative change. These were Sexual Attitudes and Vocational and Educational Goals. Five areas showed no significant change. The total standard score on the posttest was 62.5. This score is a 2.6 increase over the pretest score. This is not considered to be significant increase. A comparison of the

pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 8.

TABLE 8

A Comparison of the Pre and Posttest Scores of the Offer-Self Image Questionnaire for Subject "D"

Categories	Pretest Scores		Posttest Scores		Direction of change	Significance of change (5 point diff)
	Stan. Scores	% Rank	Stan. Scores	% Rank		
Impulse Control	62	71.3	60	63.5	-	No
Emotional Tone	59	63.0	59	63.0	0	No
Body & Self-Image	48	39.1	51	45.8	+	No
Social Relationships	64	78.8	69	87.4	+	Yes
Morals	58	66.2	60	67.3	+	No
Voc. & Edu. Goals	73	92.5	64	73.5	-	Yes
Sexual Attitudes	85	99.0	80	96.3	-	Yes
Family Relationships	55	54.2	62	74.0	+	Yes
Mas. of Ext. World	56	56.6	66	78.3	+	Yes
Psychopathology	37	15.3	57	63.8	+	Yes
Superior Adjustment	62	77.2	60	72.4	-	No
Standard Total Mean	59.9		62.5		+	No

Summary

Subject "D" was the eighteen year old father of an eighteen month old child. He did not reside with his child. Subject "D" was a high school graduate who worked part-time.

Pre and postprogram evaluation of Subject "D"'s knowledge, attitude and behaviour with regard to a child's health, safety and behaviour was conducted. Subject "D"'s knowledge of health and safety issues increased after participation in the Nobody's Perfect program. Subject "D"'s knowledge of children's behaviour did not improve upon

completion of Nobody's Perfect.

Subject "D" responded positively to items designed to ascertain his attitude towards health and safety issues on both the preprogram and postprogram evaluation. Subject "D" did not show improvement in his attitude towards children's behaviour upon completion of the Nobody's Perfect program. Subject "D" responded positively to items concerning parental behaviour when faced with health and safety issues on both the pre and postprogram evaluation. Subject "D" did not show improvement in parental behaviour towards children's behaviour upon completion of the Nobody's Perfect program.

The results of the pretest Offer Self-Image Questionnaire revealed that Subject "D" was below the normal reference group mean in two of the eleven areas of self-image. The total score, however, was 9.9 points above the mean for normal adolescents. In the posttest there was significant positive change in four areas of self-image and significant negative change in two areas. The total score was 2.6 points higher than the pretest. This was not considered to be a significant difference.

Subject "E"

Subject "E", a twenty-one year old father, came to the program with the mother of his eleven month old child although they were not dating one another at the time. The mother attended only sessions one and two. Subject "E" had graduated high school. He was presently unemployed and lived at home

with his parents. Subject "E" attended the first four of the six sessions. A job interview and illness resulted in Subject "E" being absent for the last two sessions.

The preprogram questionnaire was administered to Subject "E" prior to the first session. Upon completion of the Nobody's Perfect program, Subject "E" was administered the postprogram questionnaire.

With regard to Subject "E"'s knowledge of health issues and safety items Subject "E" showed some increase in each category between the preprogram and postprogram evaluation. Subject "E" added two health needs and increased his list of safety issues by three items. Table 9 shows a comparison of pre and postprogram knowledge of health needs and safety items for Subject "E".

TABLE 9

Comparison of Pre and Postprogram Responses Regarding
Parental Knowledge of Health and Safety Items for Subject
"E".

Category	Pretest Response	Posttest Response (new responses)
No. of Health related Issues Named	2	4
No. of Safety Items Named	4	7

Subject "E"'s preprogram responses with regard to knowledge of children's behaviour were negative; that is, Subject "E" was not able to explain why the children depicted in the picture were behaving the way they were. The postprogram questionnaire revealed a more positive response to the child's behaviour, indicating knowledge of why the child was behaving the way he was.

Research questions 4,5 and 6 concerned the participant's attitude towards parenting, specifically with regard to a child's health, safety and behaviour. In the preprogram questionnaire Subject "E" exhibited negative responses in reaction to health and behaviour issues. The postprogram questionnaire, however revealed more positive responses to these issues, indicating that Subject "E" had learned more about these issues and would be better able to give advice to other parents as to how to approach these issues. With regard to safety issues, both the pre and postprogram questionnaires yielded positive responses from Subject "E".

A comparison of pre and postprogram evaluation of Subject "E"'s behaviour as measured by what the Subject said he would do or has done when faced with a similar situation, in relation to a child's health, safety and behaviour reveals a change of response from negative in the preprogram evaluation to positive in the postprogram for both health and behaviour-related issues. No change was observed for safety-related issues for which the response was positive in both

administrations of the questionnaire.

The Offer Self-Image Questionnaire was administered to Subject "E" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "E" scored below the mean on three of the eleven areas of self-image. The area of Body and Self-Image had the lowest score of 33. Subject "E"'s score of 71 for Vocational and Educational Goals was his highest. Other scores were as follows: Impulse Control, 62; Emotional Tone, 62; Social Relationships, 55; Morals, 43; Sexual Attitudes, 45; Family Relationships, 51; Mastery of the External World, 56; Psychopathology, 61 and Superior Adjustment, 62. The total standard score mean combining all areas was 54.5. This was 4.5 points above the average for normal adolescents.

In the posttest Subject "E" scored below the mean in one area of the eleven areas of self-image. There was significant positive change in the areas of Morals, Sexual Attitudes and Mastery of the External World. Four areas which showed significant negative change were Impulse Control, Emotional tone, Body and Self-Image, and Vocational and Educational Goals. There were no significant changes in the other four areas. The total standard score on the posttest was 54.2. This score was a 0.3 decrease from the pretest score. It is not a significant difference. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 10.

Summary

Subject "E" was the twenty one year old father of an eleven month old baby. He did not reside with his child. Subject "E" was a high school graduate who was not working at the time of his participation in the Nobody's Perfect parenting program.

Pre and postprogram evaluation of Subject "E"'s knowledge, attitude and behaviour with regard to a child's health, safety and behaviour was conducted. Subject "E"'s knowledge of health and safety issues increased after participation in the Nobody's Perfect parenting program. With regard to Subject "E"'s knowledge of a child's behaviour, he responded positively on the postprogram evaluation, indicating an improvement in Subject "E"'s knowledge in relation to the behaviour of children.

Subject "E" showed improvement in his attitude towards issues regarding children's health and behaviour from the preprogram evaluation to the postprogram evaluation. His attitude towards children's safety was positive in both evaluations.

Subject "E" showed improvement in parental behaviour towards issues regarding children's health and behaviour after completion of the Nobody's Perfect parenting program. His behaviour towards issues regarding children's safety was positive in both evaluations.

TABLE 10

A Comparison of the Pre and Posttest Scores of the Offer-Self Image Questionnaire for Subject "E"

Categories	Pretest Scores		Posttest Scores		Direction of change	Significance of change (5 point diff)
	Stan. Scores	% Rank	Stan. Scores	% Rank		
Impulse Control	62	71.3	57	56.0	-	Yes
Emotional Tone	62	71.0	55	49.1	-	Yes
Body & Self-Image	33	7.8	26	5.4	-	Yes
Social Relationships	55	52.5	57	58.2	+	No
Morals	43	24.7	48	33.8	+	Yes
Voc. & Edu. Goals	71	89.0	64	73.5	-	Yes
Sexual Attitudes	45	26.2	53	52.7	+	Yes
Family Relationships	51	41.0	53	50.9	+	No
Mas. of Ext. World	56	56.6	66	78.3	+	Yes
Psychopathology	61	71.8	57	63.8	-	No
Superior Adjustment	62	77.2	58	68.4	-	No
Standard Total Mean	54.5		54.2		-	No

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "E" was below the normal reference group mean in three of the eleven areas of self-image. The total score was, however, 4.5 points above the mean for normal adolescents. In the posttest there was significant positive change in three areas of self-image and significant negative change in four areas. The total score was 0.3 points lower than the pretest score. This was not considered to be a significant change.

Discussion of the Findings

This study was designed to determine the effectiveness of the parenting program, Nobody's Perfect, for use with

adolescent parents. The evaluation examined the outcome of the program through individual analysis. Each participant was administered a pre and postprogram evaluation designed to determine if participation in the Nobody's Perfect program had had an effect on their knowledge, attitudes and behaviour in relation to their child's health, safety and behaviour. In addition, the Offer Self-Image Questionnaire was completed before and after participation in the Nobody's Perfect program to determine if there were any significant changes in the participant's self-image upon completion of the Nobody's Perfect parenting program.

Subject "A"

Subject "A" was a nineteen year old mother who had a two month old daughter.

Participation in the Nobody's Perfect program seemed to have mixed results for Subject "A" according to the pre and postprogram evaluation. In the postprogram evaluation, Subject "A" demonstrated positive changes with regards to each of the following: knowledge in relation to a child's health and knowledge in relation to a child's safety. Three areas showed negative change from the preprogram evaluation. These were in the areas of knowledge in relation to child's behaviour, attitude in relation to child's behaviour, and parental behaviour in relation to child's behaviour. It should be noted, however, that a negative change in attitude and behaviour in relation to the child's behaviour was a

direct result of lack of knowledge concerning the child's behaviour. Subject "A" did not display an understanding of the child's behaviour as depicted in the picture. Subject "A" did not appear to consider the child's behaviour as depicted in the picture as undesirable behaviour. This was evident because Subject "A" laughed when she looked at the picture. When the researcher asked what was humorous about the picture, Subject "A" pointed to the depiction of the child pulling the cat's tail. This led the researcher to conclude that Subject "A" may not have interpreted the behaviour as undesirable. This would naturally result in her not responding positively when asked what advice she would give to the parent whose child exhibited that particular behaviour. Therefore her response regarding her attitude towards the child's behaviour was rated as negative by the researcher. Similarly, when questioned by the researcher as to what Subject "A" would do if faced with the behaviour depicted in the picture, Subject "A" responded that she would do nothing. This was termed a negative response by the researcher. However, it was a logical response given that she apparently had not recognized the depicted behaviour as undesirable at the onset.

Four areas examined in the postprogram evaluation yielded positive results but would not be considered changes. That is, Subject "A" responded positively to these four areas on both pre and post evaluations. These areas were parental attitude towards children's health, parental attitude towards

children's safety, parental behaviour towards children's health and parental behaviour towards children's safety. However, despite the fact that these results would not be considered changes, it should not be assumed that Subject "A" did not gain something in these areas as a result of participation in the program. The postprogram evaluation did not ask the exact same questions or present the exact same scenarios for the subject's consideration as did the preprogram evaluation. The pictures presented to the subjects showed different examples of parental and child behaviours in the postprogram evaluation than were presented in the preprogram evaluation. Although definitely inconclusive, positive responses on the postprogram evaluation may be indicative of positive knowledge, attitude or behaviour as a result of participation in the program, whether the preprogram responses were positive or negative. This is because the postprogram evaluation items were designed to ascertain what was gained from participation in the program. That is, responses were deemed positive if they reflected the suggestions provided in the Nobody's Perfect books. In the case of Subject "A", her positive responses in the aforementioned four areas on both the pre and postprogram evaluation therefore, may be indicative of positive effects as a result of participation in the Nobody's Perfect program.

Subject "A"'s total score on the Offer Self-Image Questionnaire showed no significant change following the group

experience. The posttest score of 34.2 was 4.3 points lower than the pretest score of 38.5. Of the eleven areas of self-image measured in the questionnaire, one area showed significant positive change, five areas showed significant negative change and five areas showed no significant change. All but one area, Sexual Attitudes, scored below the mean in the posttest. While these results may suggest that Subject "A"'s self-image decreased after completion of the Nobody's Perfect program there were extenuating circumstances which may account for these results. Subject "A" had not completed high school. The highest grade completed was Grade Nine. Upon completing the Offer Self-Image Questionnaire prior to the first session, Subject "A" expressed to the researcher the difficulties she had completing the questionnaire. She said that she found it too long and too hard to read. The researcher had been available to answer questions while the participants were completing the questionnaire but none of the participants requested assistance. During the postprogram administration of the Offer Self-Image Questionnaire, the researcher approached Subject "A" and asked her if she wanted the researcher to read some of the items for her but Subject "A" declined the offer of assistance. It is the researcher's belief that Subject "A" may not have understood some of the items contained in the Offer Self-Image Questionnaire and this, in turn, may have affected her scores on the measure. This belief is supported by Subject "A"'s comments to the

researcher and also by the researcher's own observations of Subject "A" during the pre and postprogram evaluations and during the course of the Nobody's Perfect sessions. The researcher observed that during the evaluations there were several times when the researcher had to explain items and questions more fully to Subject "A". Similarly there were times during individual sessions when the researcher found Subject "A"'s understanding of different topics rather limited. Therefore, one may conclude that the results of the pre and postprogram administration of the Offer Self-Image Questionnaire may be questionable for Subject "A" and indeed may be invalid because of the participant's apparent difficulty with understanding some of the items on the questionnaire.

Participation in the Nobody's Perfect parenting program appeared to have mixed results for Subject "A". She showed improvement in her knowledge, attitude and behaviour towards health issues and safety issues regarding children, but appeared unable to recognize certain undesirable behaviours on the part of children. Though there was no significant change in her overall self-image, five areas showed significant negative change after completion of the Nobody's Perfect program.

Though pre and postprogram evaluations do not show it, there were other positive effects that participation in the Nobody's Perfect program had for Subject "A". Subject "A", at

the beginning of the program, presented as a timid, insecure young woman who was very dependant on her husband for support. She talked mainly to him during sessions. She rarely offered suggestions and when prompted to do so, offered them very tentatively. By the end of the program, Subject "A" appeared more confident in her responses. She now offered suggestions more readily and spoke in a more confident tone. She did not seem to depend as much on her husband and interacted more with the other participants. She commented to the researcher that she had enjoyed the group experience and was disappointed that the sessions had to end. It appears, then, that participation in the Nobody's Perfect program was a positive experience for Subject "A". She reportedly benefited from the interaction with other young parents and she appeared more confident as a result of the experience.

Subject "B"

Subject "B" was a twenty year old father of a two month old baby and the husband of Subject "A".

Participation in the Nobody's Perfect parenting program had mixed effects for Subject "B" according to the pre and postprogram evaluation. In the postprogram evaluation, Subject "B" demonstrated positive changes with regards to each of the following: knowledge in relation to a child's safety, knowledge in relation to a child's behaviour, attitude towards a child's health, attitude towards a child's behaviour, parental behaviour in relation to a child's health, and

parental behaviour in relation to a child's behaviour. No area showed negative change from the preprogram evaluation. Two areas were responded to positively in both the pre and postprogram evaluation, therefore indicating no change. These areas were parental attitude towards safety-related issues, and parental behaviour towards safety-related issues. The fact that there was no change should not, however, be taken to mean that the program did not necessarily have an effect on the participant. The items which measured parental attitude and parental behaviour on the postprogram evaluation were different from the items which measured parental attitude and behaviour on the preprogram evaluation. That is, the pictures shown to the participants depicted different scenarios for each evaluation. Positive responses on the postprogram evaluation may indicate that something was gained from the experience of participating in the Nobody's Perfect program since positive responses are those responses which reflect the suggestions provided in the Nobody's Perfect books. This does not preclude, however, that Subject "B"'s response was a direct result of participation in the Nobody's Perfect program and that he may not have responded similarly had he never completed the program.

Subject "B"'s total score on the Offer Self-Image Questionnaire showed no significant change following the group experience. The posttest score of 33.5 was 0.3 points higher than the pretest score of 33.2. Of the eleven areas of self-

image measured in the questionnaire, five areas showed significant positive change. Two of these (Impulse Control and Master of the External World) increased by more than one standard deviation upon posttesting. Five areas showed significant negative change and one area showed no significant change. All areas scored below the mean on the posttest. It should be noted, however, that Subject "B" expressed some difficulty reading and understanding many of the items on the Offer Self-Image Questionnaire. Though he was offered assistance by the researcher with the reading of the items, he declined any assistance. The researcher feels that Subject "B"'s perceived lack of understanding of many of the items on the Offer Self-Image Questionnaire may have affected his scores on the measure. This may, therefore, yield the results of the Offer Self-Image Questionnaire invalid for Subject "B". Participation in the Nobody's Perfect parenting program appeared to have some positive effects for Subject "B" who showed improvement in his knowledge with regards to a child's health, safety and behaviour. Improvement in Subject "B"'s attitude towards a child's health and behaviour was also evident upon completion of the Nobody's Perfect program. Positive responses were elicited for measures of parental attitude and behaviour towards safety items upon postprogram evaluation. Though there was no significant increase in Subject "B"'s overall self-image, two areas increased by a least one standard deviation from the pretest score. In

addition, five areas showed significant negative change. There may be, however, some question as to the validity of Subject "B"'s scores on the Offer Self-Image Questionnaire given the difficulties Subject "B" had in completing the questionnaire.

There may have been other benefits for Subject "B" as a result of participating in the Nobody's Perfect program. The experience gave Subject "B" an opportunity to observe at least one other couple and their interactions. According to Subject "B"'s wife (Subject "A"), in conversations with the researcher, there had been some violence in the home of Subject "A" and "B". Exposure to the other couple in the group may have exposed Subject "B" to a healthy model of how a couple interacts. Similarly, in an early session, Subject "B" commented that he felt that little girls should never play softball. This remark was quickly refuted by all other members of the group. Subject "B" remarked in the last session that he had changed his mind on the issue. The researcher feels that the exposure Subject "B" received to a couple whose interactions were healthy and to two young fathers who modelled desirable parental behaviours may have been of tremendous benefit to Subject "B".

Subject "C"

Subject "C" was the seventeen year old mother of an eighteen month old baby.

Participation in the Nobody's Perfect program was of some

help to Subject "C" according to the pre and postprogram evaluation. In the postprogram evaluation, Subject "C" demonstrated a positive change with regard to knowledge of health and safety items. No areas showed negative change from the preprogram evaluation. Seven areas examined in the postprogram evaluation yielded positive results but would not be considered changes. That is, Subject "C" responded positively to these seven areas on both the pre and postprogram evaluations. These areas included the following: parental knowledge of children's behaviour, parental attitude towards children's health, parental attitude towards children's safety, parental attitude towards children's behaviour, parental behaviour in relation to a child's health, parental behaviour in relation to a child's safety and parental behaviour in relation to a child's behaviour. However, given that the preprogram and postprogram evaluations of each of these seven areas contained different items and different scenarios for the participant's consideration, one may suggest that Subject "C" did experience gains in these areas from participation in the Nobody's Perfect program. Her positive responses on the postprogram evaluation are in concert with the suggestions made in the Nobody's Perfect books and therefore may indicate that her responses were positively influenced by participation in the Nobody's Perfect program.

Subject "C"'s total score on the Offer Self-Image

Questionnaire showed no significant change following the group experience. The posttest score of 49.8 was 2.6 points lower than the pretest score of 52.4. Of the eleven areas of self-image measured in the questionnaire, two areas showed significant positive change, five areas showed significant negative change and four areas showed no significant change. Six areas scored above the mean on the posttest.

Participation in the Nobody's Perfect parenting program appeared to have some positive effects for Subject "C" who showed improvement in her knowledge of health and safety issues regarding children upon completion of the program. While there was no significant change in Subject "C"'s overall self-image, one area, Morals, increased one point less than one standard deviation upon pretesting. This would indicate a sizeable improvement in Subject "C"'s sense of duty, responsibility and concern for others. (Offer, Ostrov and Howard, 1982). Upon completion of the program Subject "C" commented to the researcher that she had enjoyed the group experience and would have liked for it to have continued for a longer period of time. She said that she enjoyed the contact with other parents and found the books very helpful. She had referred to the books several times during the course of the program and anticipated future references to them as her child grew older.

Subject "D"

Subject "D" was an eighteen year old father of an

eighteen month old baby and the boyfriend of Subject "C".

Participation in the Nobody's Perfect parenting program was of some help to Subject "D". In the postprogram evaluation, Subject "D", demonstrated positive changes with regard to the following: knowledge of health issues and knowledge of safety items. Seven areas remained unchanged upon completion of the Nobody's Perfect program. Four of these yielded positive responses in both pre and postprogram evaluation. These areas were: attitude in relation to children's health, attitude in relation to child's safety, parental behaviour in relation to children's health, and parental behaviour in relation to children's safety. However, positive responses on the postprogram evaluation are reflective of the suggestions put forth in the Nobody's Perfect books and therefore may be indicative of learning which may have taken place as a result of participation in the Nobody's Perfect program. There is, however, no indication as to whether or not Subject "D" would have responded positively to these items even if he had not participated in the Nobody's Perfect program. Three of these seven areas showed no improvement, yielding negative responses after both pre and post evaluation. These areas included parental knowledge of children's behaviour, parental attitude towards children's behaviour and parental behaviour towards children's behaviour. These results could mean that Subject "D" did not see the behaviours as depicted in the pictures as undesirable. If he

had, he would have responded with suggestions as to how a parent should respond to such situations. Instead, Subject "D" made no note of the behaviours as undesirable in either the pre or postprogram evaluation.

Subject "D"'s total score on the Offer Self-Image Questionnaire showed no significant change following the group experience. The posttest score of 62.5 was 2.6 points higher than the pretest score of 59.9. Of the eleven areas of self-image measured in the questionnaire, four areas showed significant positive change, two areas showed significant negative change, and five areas showed no significant change. All eleven areas were above the mean in the posttest.

Participation in the Nobody's Perfect parenting program appeared to be a positive experience for Subject "D" to the extent that he showed improvement in his knowledge of health and safety issues regarding children. Significant change in four areas of self-image also indicates a rather positive effect on Subject "D". At least one area, Psychopathology, improved by more than one standard deviation, upon posttesting. Though two areas of self-image indicated significant negative change, the standard total mean upon postevaluation was significantly above the mean for normal adolescents indicating that Subject "D" was significantly better adjusted than his peers. (Offer, Ostrov, and Howard, 1982).

Subject "D" indicated to the researcher upon completion

of the Nobody's Perfect program that he enjoyed the sessions. He said that he especially enjoyed the chance to talk about his son to other people as it made him feel that he played a significant role in his son's life.

Subject "E"

Subject "E" was the twenty one year old father of a eleven month old child.

Participation in the Nobody's Perfect parenting program was somewhat helpful to Subject "E" according to the pre and postprogram evaluation. In the postprogram evaluation, Subject "E" demonstrated positive changes with regards to each of the following: knowledge in relation to a child's health, knowledge in relation to a child's safety, knowledge in relation to a child's behaviour, attitude towards a child's health, attitude towards a child's behaviour, parental behaviour in relation to a child's health, and parental behaviour in relation to a child's behaviour. No area showed negative change from the preprogram evaluation. Two areas were responded to positively in both the pre and postprogram evaluation, therefore indicating no change. These areas were parental attitude towards safety-related issues, and parental behaviour towards safety-related issues. The fact that there was no change should not, however, be taken to mean that the program did not necessarily have an effect on the participant. The items which measured parental attitude and parental behaviour on the postprogram evaluation were different from

the items which measured parental attitude and behaviour on the preprogram evaluation. That is, the pictures shown to the participant's depicted different scenarios for each evaluation. Positive responses on the postprogram evaluation may indicate that something was gained from the experience of participating in the Nobody's Perfect program since positive responses are those responses which reflect the suggestions provided in the Nobody's Perfect books.

Subject "E"'s total score on the Offer Self-Image Questionnaire showed no significant change following the group experience. The posttest score of 54.2 was 0.3 points lower than the pretest score of 54.5. Of the eleven areas of self-image measured in the questionnaire, three areas showed significant positive change. Four areas showed significant negative change and four areas showed no significant change. All areas, but one, scored above the mean in the posttest.

Participation in the Nobody's Perfect parenting program appeared to be a somewhat positive experience for Subject "E" who showed improvement in his knowledge with regards to a child's health, safety, and behaviour. Improvement in Subject "E"'s attitude towards a child's health and a child's behaviour was observed. Parental behaviour in regard to a child's health and a child's behaviour also improved upon completion of the Nobody's Perfect program. Positive responses were elicited for the measures of parental attitude and behaviour towards safety items upon postprogram

evaluation. Though there was no significant increase in Subject "E"'s overall self-image, all areas, but one scored above the mean in the posttest evaluation. In addition, Subject "E" reported positive feelings with regard to his participation in the Nobody's Perfect program. He commented to the researcher that he found the program to be a good opportunity to feel as if he were truly involved in the parenting of his daughter with whom he had limited visitation rights. He also said that he felt more determined than ever to play a more active role in the life of his child and to take steps to have more access to her. The researcher was impressed by the fact that Subject "E" continued to attend the Nobody's Perfect sessions when the mother of his child dropped out. When forced to miss sessions Subject "E" contacted one of the co-leaders before the session. He always took part in discussions and was enthusiastic about all of the activities the group took part in. His commitment and high level of participation seemed indicative of a healthy attitude and a positive group experience for Subject "E".

Summary

The purpose of the study was to determine the effectiveness of a short-term parenting program for adolescent parents, or soon to be parents. Specifically, the researcher wanted to evaluate the Nobody's Perfect parenting program with regard to the effects the program would have on the participants' knowledge, attitudes and behaviour in relation

to their child's health, safety and behaviour and with regard to participants' self image. The results of the study revealed decidedly mixed results for its five participants with some of the participants showing apparent improvements in knowledge, attitudes and behaviours towards child-related matters, and some participants exhibiting varying degrees of knowledge, attitudes and behaviours upon completion of the Nobody's Perfect program. Doubt was cast as to whether or not positive responses to items on the postprogram questionnaire were indeed dependant on participation in the Nobody's Perfect program or simply based upon one's interpretation of a child's behaviour as depicted in a drawing - a behaviour which may or may not have been discussed during the six sessions of the Nobody's Perfect program. Also the participants may have been influenced in their responses by the opinions or actions of other group members.

The apparent effects of the Nobody's Perfect program on the participants' self-image were equally mixed. While no participant's overall self-image changed significantly positively or negatively upon postprogram evaluation, there was significant negative change in at least one of the eleven areas of self-image as measured by the Offer Self-Image Questionnaire for all five participants. For two participants there may have been a reading difficulty thus rendering the results of the Offer Self-Image Questionnaire invalid for these participants. For the three other participants the

explanations are less clear, but may shed some doubt on the results for each of these participants.

The researcher believes that the instruments used to determine the effectiveness of the Nobody's Perfect program may not have adequately determined the viability of the Nobody's Perfect program for use with adolescent parents. The pre and postprogram questionnaires which were developed for the initial evaluation of the program by its developers were not exactly the same in that the pictures presented to each participant were different in each interview. Therefore, it was not always possible to ascertain if a response had changed from negative to positive, or if just simply the participant was more familiar with the second scenario as opposed to the first. The Offer Self-Image Questionnaire presented its own set of problems. Two participants clearly demonstrated difficulties with reading the items and three remarked that many of the items were ambiguous and they were not sure how to interpret them. All five participants expressed a strong dislike for the instrument following their first completion of it. They said it was long and at least one said some of the items were "stupid". When presented with the same questionnaire upon completion of the Nobody's Perfect program remarks such as "not that again" were expressed. Their expressed dissatisfaction with the Offer Self-Image Questionnaire combined with some rather inexplicable results suggest to the researcher that this instrument may not have

been the most appropriate one to use with this population. The researcher's dissatisfaction with the instruments used to determine the effectiveness of the Nobody's Perfect program with adolescents coupled with mixed results for participants would appear to make a determination of the program's effectiveness somewhat difficult. However, informal evaluation through the researcher's individual interviews with each participant before and after the program and by conversations with and observations of the participants during the six sessions makes such a determination possible. The researcher believes that the experience of participating in the Nobody's Perfect program had some positive effects for each participant, although these results were not necessarily measured by any standardized instrument. In addition to the positive changes indicated in the formal evaluation, the researcher observed growth in every participant. This ranged from the increased independence of the married woman to the perceived positive feelings of the young father who felt more a part of his young son's life.

The researcher concludes that this implementation of the Nobody's Perfect parenting program had decidedly mixed results in terms of its effects on the participants' knowledge, attitude and behaviour in relation to child-related issues and on their self-image. However, each participant appeared to enjoy the experience and in some ways benefit from having participated in the program. Valuable information about

parenting was made available to six young parents who each received the Nobody's Perfect book set, and the program appeared to run smoothly under the leadership of two people outside the field of medicine. This may lead to more widespread use of the program.

The evaluation questionnaires created by the developers of the Nobody's Perfect program may not have been suitable for a concise evaluation of the program's effectiveness. The pre and postprogram versions did not contain the same visual aids (pictures) used to determine knowledge of children's behaviour in each case. More importantly, since sessions were geared towards the individual needs of the participants in the group, there was no certainty that the topics and issues contained in the evaluations were even discussed in the actual sessions. A more concise instrument is needed to evaluate the participants' gains from having completed the program. Devising such an instrument is difficult given that the sessions change everytime the Nobody's Perfect program is implemented, according to the particular group of participants. Research in the future would require that the leaders of the program devise an instrument to evaluate the topics and issues they plan to introduce with a particular group and then administer that evaluation before and after completion of the Nobody's Perfect program.

There are also concerns regarding the instrument used to measure the self-image of the participants. Expressed

difficulties and dissatisfaction on the part of the participants with the Offer Self-Image Questionnaire may have affected the results for each participant. An alternate measure of self-image should be utilized in further evaluations of the Nobody's Perfect parenting program. The instrument used should be shorter in length and easier to read.

The researcher was able to informally observe many positive elements of participation in the Nobody's Perfect parenting program. However, these elements were not formally measured by any instrument. Therefore, a more subjective analysis should be undertaken of the effectiveness of the Nobody's Perfect parenting program. The researcher's observations of each participant throughout the course of the program combined with each participant's own reactions to the program could prove to be valuable measures of the effectiveness of the program for young adolescents.

Summary

The preceding text described the research component part of the internship undertaken as part of the requirements for the Master of Education degree. The need and purpose of the study was outlined, followed by a review of the literature pertaining to groups for adolescents, the needs of adolescent parents, parenting programs for adolescents, the Nobody's Perfect parenting program and the Offer Self-Image Questionnaire.

The methodology for the study was outlined and perceived limitations of the study were listed. The findings of the study itself were presented and followed by a discussion of those findings.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

The purpose of this chapter is to present a summary of the objectives of the internship and of the activities undertaken to achieve these objectives. Also included is a brief restatement of the research findings, a discussion of the implications of these findings and recommendations for further research.

Objectives and Activities

Thirteen goals were outlined for the internship at the Adolescent Health Counselling Service. A systematic analysis of the extent to which they were achieved is contained in Chapter II of this report.

Orientation to the goals, philosophy and operating procedures of the Adolescent Health Counselling Service was achieved through reading available material and assistance from James Oldford, the director, and Carol Rice, the secretary.

Experience and practice in individual counselling was achieved by working with twelve different clients during the internship.

Exposure to the Peer Counselling program affiliated with the Adolescent Health Counselling Service was provided by Barbara Kelly, the coordinator of the program, who informed the intern about the program.

The intern was able to facilitate a group for adolescent parents during the internship. This involved recruiting and

selecting participants, preparing sessions and co-leading sessions with another trained facilitator. This program was evaluated as the Research Component of the internship.

The intern was exposed to the theory and practice of family therapy through readings, discussions with her two supervisors, and through supervised practice. The intern worked with eight families during the internship.

Exposure to city agencies that deal with adolescents was achieved through contacts and visitations. A total of six city agencies were visited by the intern during the internship.

Case reviews were scheduled biweekly at the Adolescent Health Counselling Service. The intern attended all that took place during the internship and presented a case she was involved with at one of the case reviews.

Workshops and seminars were seen as an opportunity to enhance training during the internship. While at the Adolescent Health Counselling Service, the intern attended the Spring Conference of the Association of Newfoundland Psychologists as well as a four-day training program designed for the training of facilitators of the Nobody's Perfect parenting program.

The intern had the opportunity to work with people from various fields on a regular basis during the internship. She had regular consultations and discussions with a pediatrician, three social workers, a psychiatric nurse and a family

therapist.

Regular supervision was provided by Mr. James Oldford, the field supervisor, and Dr. David Watts, the university supervisor. Both supervisors provided valuable insights, support and advice to the intern during the course of the internship.

The intern was afforded the opportunity to assist the field supervisor in the preparation and presentation of a workshop to Child Protection Workers on the topic of dealing with difficult adolescents. She was also able to accompany the supervisor to a presentation on Dating Violence among teenagers.

The internship proved to be a valuable learning experience for the intern. It provided exposure to a variety of presenting problems which face teenagers today and gave the intern a chance to work with other professionals involved in delivering mental health services to adolescents. In addition the intern had the opportunity to work with adolescents and their families in a non-school setting. This experience will benefit the intern in her future work as a school counsellor. The intern's exposure and experience with family systems theory during the internship will undoubtedly be of benefit to the intern in the future. Overall, the internship proved to be a beneficial choice for the intern and a valuable experience.

Research Findings

The Research Component of this internship involved the

evaluation of the parenting program, Nobody's Perfect for use with adolescent parents. Five parents between the ages of 17 and 21 years with children ranging from two to eighteen months of age took part in the study. Each participant was administered a preprogram questionnaire designed to determine the parent's knowledge, attitude and behaviour in relation to children's health, safety and behaviour. A postprogram questionnaire was administered upon completion of the Nobody's Perfect program to determine if the program would enable participants to give positive responses to items designed to determine the participant's knowledge, attitude and behaviour in relation to a child's health, safety and behaviour. In addition, all participants were requested to complete the Offer Self-Image Questionnaire prior to and upon completion of the Nobody's Perfect program. This instrument was utilized in an effort to determine if participation in the Nobody's Perfect parenting program would have a significant effect on each participant's self-image.

The outcome of the Nobody's Perfect program was examined through individual analysis with each participant's pre and postprogram questionnaires being compared for changes as a result of participating in the Nobody's Perfect parenting program.

The results of the study revealed decidedly mixed results for its five participants with some of the participants showing apparent improvements in knowledge, attitudes and

In conclusion, the research reported mixed results in terms of the effectiveness of the Nobody's Perfect parenting program for adolescent parents. However, participants seemed to enjoy the experience and according to subjective reports of the researcher and the participants, appeared to benefit from the experience.

Recommendations

The intern offers the following recommendations for others who may wish to consider the internship as an option for the master's degree in education and for those who may want to do further study in the area of parenting programs for adolescents.

1. Those who intend to work in the field as counsellors may want to consider the viability of a supervised internship as a means of gaining further practical experience.
2. Potential interns might consider the value of an internship setting which employs a family systems approach to counselling. This exposure may enhance the intern's training and expertise.
3. Potential interns might examine the advantage of contact with professional counsellors from the fields of social work and medicine in an effort to broaden one's perspective and experience.
4. The study conducted as part of the internship could be improved upon by the creation of a more appropriate instrument for evaluating the extent of the participants' gains from

behaviours towards child-related matters, and some participants exhibiting varying degrees of knowledge, attitudes and behaviours upon completion of the Nobody's Perfect program. Doubt was cast as to whether or not positive responses to items on the postprogram questionnaire were indeed dependant on participation in the Nobody's Perfect program or simply based upon one's interpretation of a child's behaviour as depicted in a drawing - a behaviour which may or may not have been discussed during the six sessions of the Nobody's Perfect program.

The apparent effects of the Nobody's Perfect program on the participants' self-image were equally mixed. While no participant's overall self-image changed significantly positively or negatively upon postprogram evaluation, there was significant negative change in at least one of the eleven areas of self-image as measured by the Offer Self-Image Questionnaire for all five participants. For two participants there may have been a reading difficulty thus rendering the results of the Offer Self-Image Questionnaire invalid for these participants. For the three other participants the explanations are less clear, but may shed some doubt on the results for each of these participants.

The researcher felt that neither the pre and postprogram questionnaires used in the study nor the Offer Self-Image Questionnaire were adequate for determining the viability of the Nobody's Perfect program for use with adolescent parents.

having participated in the program. The instrument would have to be one which evaluated the actual topics and issued introduced with a particular group.

5. The instrument used to measure the effects of the Nobody's Perfect program on participant's self-image should be shorter in length and at a reading level suitable for adolescents.

6. Subjective evaluation, in the form of participant self-reports and researcher observation should be included in the determination of the effectiveness of the parenting program.

7. Additional raters should be engaged to improve rater reliability.

8. Further evaluation of the Nobody's Perfect Program should use a larger number of subjects in an effort to increase the potential for generalization.

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APPENDIX A
Learning Contract

Learning Contract

Skills

To demonstrate:

1. Ability to engage appropriately with various client groups served by the Agency.
2. Use of confidentiality principles in an ethical manner, respecting clients rights.
3. Use of contracting, using informed consent procedures as per agency guidelines.
4. Use of listening and interviewing skills in individual, family and group sessions.
5. Ability to identify and assess client needs and formulate relevant interventions.
6. Ability to follow cases through problem identification stage and to effect the facilitation of positive change.
7. Application of theoretical principles in practice.
8. Use of appropriate referral and consultation.

Consultation

Consultation is for the purpose of facilitation of skill development and professional growth, and should be on an ongoing basis. The process should be formalized at both the mid point and at the end of placement.

Evaluation

The evaluation shall be provided on an ongoing basis and formalized at both the mid point and at the end of the placement.

Field Instructor's Responsibilities

1. Provides appropriate orientation to the Agency.
2. Facilitates case referrals.
3. Facilitates opportunities for learning in the areas of group work, program development, community service and advocacy, and community professional education.
4. Is prepared for field instruction (reads written materials, assigns topics for review, etc).

5. Provides direct supervision of student activities, through observation, tapes, recording, etc.
6. Provides prompt and constructive feedback of student endeavors.
7. Assists in professional development through referral to literature exploration of emerging issues, use of role play, etc.
8. Consults with Agency staff re: student progress and acts as an intermediate between student and inter/intra-agency personnel as necessary.

Goals

During my internship at Adolescent Health Counselling Service I hope to attain the following goals:

1. To become familiar with the Adolescent Health Counselling Service, its goals and philosophy, as well as its operating procedures.
2. To carry a minimum caseload of five clients for individual counselling. These clients' needs will vary and cover a range of presenting problems.
3. To become involved in and familiar with the Peer Counselling program presently in place at the Adolescent Health Counselling Service.
4. To co-lead and evaluate a six-week program for adolescent parents/prospective parents.
5. To become familiar, through reading current literature and through experience, with the theory and practice of family systems. I want to have direct contact with at least three families during the internship.
6. To come into contact and be familiar with at least five city agencies which offer services to adolescents and their families.
7. To participate in bi-weekly case reviews and to present at least one case of my own.
8. To attend relevant workshops/seminars that may be available in an effort to increase my awareness, knowledge and training.
9. To work with professionals from different fields (i.e. Social Work and Medicine) in order to broaden my knowledge and enhance my skills.
10. To videotape (or audiotape) my counselling sessions for review for myself, my field supervisor, and my university supervisor.
11. To consult weekly with my field supervisor, James Oldford, on my progress and my cases.

12. To consult weekly with my university supervisor, Dr. David Watts, on the internship and my progress.
13. To develop and present educational sessions/packages on relevant adolescent issues for the purpose of community and professional education.

APPENDIX B
List of Books Read During the Internship

List of Books Read During the Internship

- Boschlo, L., Cecchin, G., Hoffman, L., and Penn, P. (1987). Milan systemic family therapy: Conversations in theory & practice. Basic Books: New York.
- Goldenburg, I. and Goldenberg, H. (1990). Family therapy-An overview. Brooks/Cole: Monterey, California.
- Minuchin, S. and Fishman, H. (1981). Family therapy techniques. Harvard University Press: Cambridge.
- Piercey, F., Sprenkle, D. and Associates. (1986). Family therapy sourcebook. Guilford Press: New York.
- Richardson, R.W. (1987). Family ties that bind. A self-help guide to change through family of origin therapy. Self-Counsel Press: Vancouver.

Appendix C
Pre and Postprogram Questionnaires

PRE-PROGRAM PARTICIPANT
QUESTIONNAIRE

NAME OF PARTICIPANT: _____

PROVINCE: _____

DATE: _____

NW/P-PU-090-02488

NW/HSD-265-02488

WARM-UP

142

INTRODUCE YOURSELF AND REMIND THE PARENT THAT YOU HAD CALLED TO TALK ABOUT THE NOBODY'S PERFECT PROGRAM. GAIN ENTRY AND MAKE GENERAL CONVERSATION UNTIL THE PARENT IS COMFORTABLE WITH YOU. ORGANIZE YOUR MATERIALS BUT DO NOT START INTERVIEW UNTIL PARENT IS AT EASE.

PART A

As I mentioned earlier I'd like to find out how the Nobody's Perfect Program might be useful to you and other parents and how you feel about being a parent.

1. What made you decide you'd like to do a NOBODY'S PERFECT program?
2. From what (Facilitator) has told you about the program what do you think will be especially interesting or useful for you?
3. Are there other things about being a parent that you would find interesting or useful to know?
4. What do you like best about being a parent?

5. As far as being a parent is concerned what are some of the things you feel you are quite good at?

6. What do you find the hardest about being a parent?

- 7a. Do you have family in the area?

1. Yes _____ (PROBE FOR RELATIONSHIP) _____
THEN GO TO Q. 7b. _____
2. No _____ (GO TO Q. 8a)

- 7b. How often do you see them/him/her?

- 7c. Do you talk to them on the phone very often? (PROBE FOR HOW OFTEN?)

8a. Do you have friends that you see or talk to regularly?

1. Yes _____ (PROBE FOR ONE FRIEND/MORE THAN ONE THEN GO TO Q. 8b) 144

2. No _____ (GO TO Q. 9a)

8b. How often do you get together with your friend(s)?

8c. Do you talk to them on the phone very often? (PROBE FOR HOW OFTEN?)

9a. Do you belong to any church groups, recreation groups (hiking, bowling) or other organizations?

1. Yes _____ (GO TO Q. 9b)

2. No _____ (GO TO Q. 10a)

9b.

NAME OR TYPE OF GROUP
(PROBE: Any others?)

1. _____

2. _____

3. _____

4. _____

5. _____

(FOR EACH GROUP MENTIONED)

9c. How often do you meet/get together?

1. _____

2. _____

3. _____

4. _____

5. _____

(FOR EACH GROUP MENTIONED)

9d. What do you do with this group?

1. _____

2. _____

3. _____

4. _____

5. _____

10a.

Do you have contact with anyone else in the community such as doctors, public health nurses, social workers?

1. Yes _____ (GO TO Q, 10b)

2. No _____ (GO TO PART B)

10b.

(IF YES, PROBE FOR WHO)

10c. (FOR EACH PERSON MENTIONED)
How often do you see _____?

10d. (FOR EACH PERSON MENTIONED)
What are some of the things you
generally do or talk about with
_____?

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

3. _____

3. _____

3. _____

4. _____

4. _____

4. _____

5. _____

5. _____

5. _____

PART B: VISUAL AID - AI

I have a picture here (HAND AI TO PARENT) that shows a situation that lots of parents find themselves in. Let's say you were looking in the window, as you look around the room what do you see? (DO NOT INHIBIT THE FLOW OF THE PARENTS' RESPONSE. RECORD THE PARTS OF THE RESPONSE INTO THE APPROPRIATE CATEGORIES AND ONLY USE THE PROMPTS AS REQUIRED.)

<p>11a. SAFETY ITEM IDENTIFIED (X)</p> <p>1. Javex bottle _____</p> <p>2. Aspirin bottle _____</p> <p>3. Scissors _____</p>	<p>PROMPT A What should she do about _____? (PROBE FOR WHERE)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>PROMPT B Is that where you keep things like that?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>PROMPT C Where do you keep things like that?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>11b. ASSESSMENT OF WOMAN</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PROMPT A What should she do? (PROBE: Anything else?)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PROMPT B Is that what you would do?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PROMPT C What would you do?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11c. OTHER ITEMS MENTIONED</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>(USE PROMPTS ONLY AS APPROPRIATE)</p> <p>_____</p> <p>_____</p> <p>_____</p>		

TAKE BACK VISUAL AID

**** IF RESPONDENT DID NOT MENTION ANY SAFETY ITEMS GO TO Q. 14a ****

IF SAFETY ITEM(S) MENTIONED:

12. You mentioned the _____ (item(s)) _____ was not safe. Children can get themselves into all sorts of trouble. As far as safety is concerned, what do you think parents with young children should be careful about?

ITEM IDENTIFIED	PROMPT A What should a parent do about _____?	PROMPT B Is that what you do?	PROMPT C What do you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____

** IF RESPONDENT DID NOT RECOGNIZE PERSONAL NEED ITEM GO TO P RT C **

IF PERSONAL NEED RECOGNIZED:

14a.

Like you said, the woman in the picture looks _____ (from O. 11b) _____. What are some of the things that make you feel _____ (from O. 11b) _____, down or upset?

ITEM IDENTIFIED

PROMPT A

What do you think a parent can do when they feel like that about _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

Is that what you do?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT C

What do you do?

1. _____
2. _____
3. _____
4. _____
5. _____

14b. (ASK ONLY IF APPROPRIATE) Is there anyone you think would be useful to talk to about _____?

PERSON/AGENCY IDENTIFIED

PROMPT A

Have you ever talked to or contacted _____? (PROBE: Why not?)

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

Did you find it helpful? (PROBE: Why/why not)

1. _____
2. _____
3. _____
4. _____
5. _____

PART C: VISUAL AID - BI

15a.

Here is another picture (HATH BI TO PARENT). What do you see going on here?

PROMPT A

ITEM(S) IDENTIFIED

Why do you think this might be happening?

PROMPT B

What should the parent do?

PROMPT C

If these were your children what would you do?

15b.

As far as your own children are concerned what type of behavior do you have to deal with?

PROMPT A

Why do you think they do this?

PROMPT B

Is there anything a parent can do about this?

PROMPT C

What do you do?

15c.

(ASK ONLY IS APPROPRIATE (e.g. extreme behavior or behavior related to a health problem).

Is there anyone you think would be useful to talk to about _____ (item) _____?

PERSON/AGENCY

1. _____
2. _____
3. _____
4. _____

Have you ever talked to or,
contacted _____,
(PROBE: Why last?)

1. _____
2. _____
3. _____
4. _____

Did you find
useful? (PROBE: Why/ why not?)

1. _____
2. _____
3. _____
4. _____

PART D: VISUAL AID - C1

16a. Here's my last picture (HAND C1 TO PARENT). What would you say about this situation?

ITEM(S) IDENTIFIED

PROMPT A

What should parent do?

PROMPT B

If it were your child what would you do?

_____	_____	_____
_____	_____	_____
_____	_____	_____

**** IF RESPONSE IS NEGATIVE (E.G. PARENT DOES NOT REACT TO INTENT OF BEHAVIOR) GO TO PART E ****

IF RESPONSE IS POSITIVE

16b. What do you think are the things children need most as they are growing up? (IF RESPONDENT MENTIONED "A MOTHER AND FATHER" OR "FINANCIAL SECURITY" DO NOT USE PROMPTS)

ITEM IDENTIFIED

PROMPT A

What can a parent do about _____?

PROMPT B

What do you do?

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

PART E

17a.

Do you find it hard to keep your children amused or busy?

1. Yes _____

2. No _____

17b. Do you have any ideas what a parent might do to amuse their children or keep them busy?

1. Yes _____

2. No _____ (Go to Q. 17d)

PROBE FOR ITEMS

Have you tried this?

(If no, probe why;

If yes, probe: How useful?

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

17c. What do you do?

1. _____

2. _____

3. _____

4. _____

5. _____

17d.

How do you decide which play things you give your children?

18.

What are some of the things you and your children do together?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

PROJECT A

HOW OFTEN DO YOU _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROJECT B

IF APPROPRIATE
DO YOU THINK IT'S FAIR/UNFAIR
TO _____? (PARENT: WHY?)

1. _____
2. _____
3. _____
4. _____
5. _____

PART F

18a.

One thing that worries some parents is illness. How do you know when your child(ren) isn't feeling well?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT DO YOU DO?

1. _____
2. _____
3. _____
4. _____
5. _____

20a.

How can parents tell if their children are healthy?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

20b.

What do you think parents can do to help their children stay healthy?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT A

Is that what you do/have done?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

(IF NO) Why is that?

1. _____
2. _____
3. _____
4. _____
5. _____

19b.

Have you had to deal with your child(ren) being sick? (If NO, Go to Q. 21)

ITEM IDENTIFIED

PROMPT A

What can a parent do when _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

Is that what you did?

1. _____
2. _____
3. _____
4. _____
5. _____

19c.

Did you contact or talk to anyone when _____ (each item) _____? (PROBE: Why?)

1. Yes _____

PERSON IDENTIFIED Was _____ helpful? (PROBE)

- Item 1 _____
- Item 2 _____
- Item 3 _____
- Item 4 _____
- Item 5 _____

2. No _____

Is there anyone you think might have been useful to talk to when _____?

- Item 1 _____
- Item 2 _____
- Item 3 _____
- Item 4 _____
- Item 5 _____

Why didn't you contact _____?

PART G: SUPPLEMENTARY

USE ONLY IF Q 12, Q 14 or Q 16b WERE NOT ASKED.

IF THEY ALL WERE ASKED GO TO PART H

IF YOU DID NOT ASK ABOUT SAFETY IN Q. 12

21.

Children can get themselves into all sorts of trouble. As far as safety is concerned what do you think parents with young children should be careful about? (PROBE FOR INDOORS/OUTDOORS)

PROMPT A

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

What should a parent do about _____?

PROMPT B

Is that what you do?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PROMPT C

What do you do?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

22a. Sometimes accidents do happen. What types of accidents or emergencies do you think are the most common with young children?

PROPERTY A

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

What could a parent do about _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROPERTY B

Have you ever had to deal with _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROPERTY C

What did you do, _____?

1. _____
2. _____
3. _____
4. _____
5. _____

22b. Do you think there's anything a parent can do to make it easier to deal with an accident or an emergency?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____

Is that what you would do/have done? (NOTE: Have/Would)

1. _____
2. _____
3. _____
4. _____

**** IF YOU DID NOT ASK ABOUT PERSONAL NEED IN Q 14 ****

23a.

Being a parent can really be hard at times. What are some of the things that make you feel down or upset?

ITEM IDENTIFIED

PROMPT A

What do you think a parent can do when they feel upset?

PROMPT B

Is that what you do?

PROMPT C

What do you do?

1. _____

2. _____

3. _____

4. _____

5. _____

23b.

(ASK ONLY IF APPROPRIATE) Is there anyone you think would be useful to talk to about _____?

PROMPT A

Have you ever talked to or contacted _____?

PROMPT B

Did you find them helpful? (PROMPT: Why/Why not)

ITEM 1 _____

ITEM 2 _____

ITEM 3 _____

ITEM 4 _____

ITEM 5 _____

•• IF YOU DID NOT ASK ABOUT CHILDREN'S EMOTIONAL NEED IN Q. 16a ••

24. In your experience what do you think children need most as they are growing up? (PROBE FOR MORE THAN ONE ANSWER)
NOTE: IF RESPONDENT MENTIONS "A MOTHER AND A FATHER" OR "FINANCIAL SECURITY" DO NOT REPLY. OMIT.

PROMPT A

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

What does a parent do about _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

What do you do?

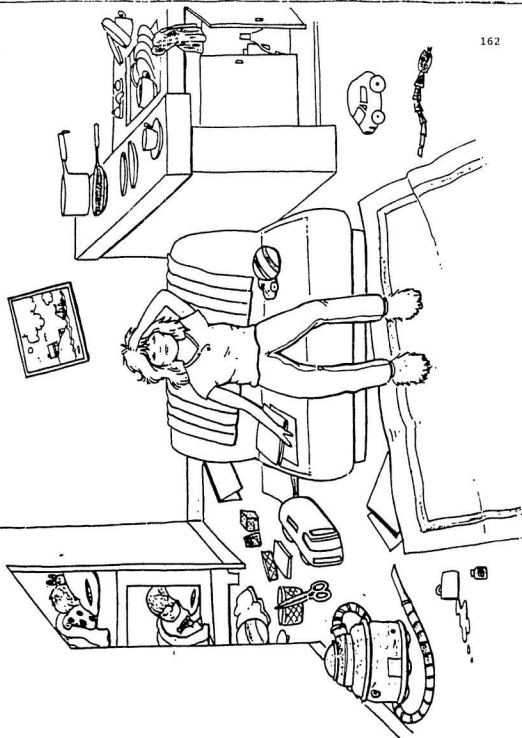
1. _____
2. _____
3. _____
4. _____
5. _____

PART II

25. Being a parent can sometimes be great and sometimes not 161
so great. All parents have worries, concerns and problems
at one time or another. As a parent do you think there
are things you have learned or had to deal with that would
be helpful for other parents to know about? (If YES, PROBE:
How or in what way?)

26. Do you think that knowing about the experiences other parents
have had would be useful to you? (PROBE: How/Why not?)

That's all the questions I have. I'm sorry for taking up so much of your
time but I really appreciate your talking with me. Thank you.







POST-PROGRAM PARTICIPANT
QUESTIONNAIRE

NAME OF PARTICIPANT: _____

PROVINCE: _____

DATE: _____

GROUP: _____

ONE-ON-ONE: _____

BOTH: _____

NHW/P-PU-090-02488

NHW/HSD-265-02488

WARM-UP

MAKE GENERAL CONVERSATION UNTIL PARENT IS COMFORTABLE.

PART A

1a. What did you think of the NOBODY'S PERFECT PROGRAM?

1b. Was it what you expected? (PROBE: Why/why not?)

2. What types of things did you talk about or do during the NOBODY'S PERFECT PROGRAM?

3. Of the things you talked about or did, what did you find particularly interesting or helpful?

Why was this interesting/helpful to you?

ITEM 1	_____	_____
ITEM 2	_____	_____
ITEM 3	_____	_____
ITEM 4	_____	_____

4. Was there anything you would like to have spent more time on? (PROBE: What?)

5. Was there anything that wasn't talked about that you would have found interesting or helpful? (PROBE: What?)

6a. In general, what were some of the things you liked best about NOBODY'S PERFECT?

6b. In general, what were some of the things you didn't like about NOBODY'S PERFECT?

7a. Do you think the program could be interesting or useful to other parents? (PROBE: Why/why not?)

7b. Would you recommend NOBODY'S PERFECT to other parents?
Yes _____ No _____

8a. Do you think changes should be made to NOBODY'S PERFECT?
Yes _____ No _____

8b. If Yes: What changes do you think should be made to NOBODY'S PERFECT? (PROBE: materials/program)

- 9a. (GROUP ONLY) Did going to NOBODY'S PERFECT cost you anything like babysitters, car expenses, loss of work time?

Yes _____ No _____

- 9b. If Yes: What was the expense and how much was it?

What Expense

How Much

_____	_____
_____	_____
_____	_____

10. Were the NOBODY'S PERFECT books given to you:

all at once _____ one at a time _____

- 11a. Do you think that was a useful way to give you the books?

Yes _____ No _____

- 11b. If No: Please give reasons why not.

13. These are the other things that came with the box unit. Have you had a chance to use any of these things?

(IF YES) What did you do with it? Do you think the _____ was a useful
(IF NO) Do you think you will ever use it? thing to give you? (HERE: Why/why not?)

YES/NO

Telephone sticker _____

Development chart _____

Growth chart _____

14. Did you receive any of the following things:

1. Safe/Sorry game _____

2. Self-Esteem poster _____

3. RADDY'S PERFECT sticker _____

4. T-Shirt transfer _____

15. Were these things given to you:

all at once _____ one at a time _____

16a. Do you think that was a useful way to give you these things?

Yes _____ No _____

16b. If No: Please give reasons why not.

17.	Have you had a chance to use any of the following things?			
		(IF YES) What did you do with it?		
		(IF NO) Do you think you will ever use it?		
	YES/NO		Do you think the	was a useful
			thing to give you? (PROMPT: Why/why not?)	
	Safe/Sorry game			
	Self-Esteem poster			
	KIDDY'S PERFECT			
	sticker			
	T-Shirt transfer			

- 18a. Are you in touch with any of the other parents who took part in the NOBODY'S PERFECT PROGRAM?
1. Yes _____ (PROBE: one/more than one _____)
(Go to Q. 18b)
 2. No _____ (Go to Q. 19)
- 18b. Do you see them often? _____
- 18c. Do you talk to them on the phone very often? (PROBE: How often) _____
- 19a. Do you have family in the area?
1. Yes _____ (PROBE FOR RELATIONSHIP _____)
(Go to Q. 19b)
 2. No _____ (Go to Q. 20a)
- 19b. How often do you see them/him/her? _____
- 19c. Do you talk to them on the phone very often? (PROBE: How often) _____
- 20a. Do you have friends that you see or talk to regularly?
1. Yes _____ (PROBE: one friend/more _____)
(Go to Q. 20b)
 2. No _____ (Go to 21a)
- 20b. How often do you get together with your friend(s)? _____
- 20c. Do you talk to them on the phone very often? (PROBE: How often?) _____
- 21a. Do you belong to any church groups, recreation groups (bingo, bowling) or other organizations?
1. Yes _____ (Go to Q. 21b)
 2. No _____ (Go to Q. 22)
- 21b. NAME OR TYPE OF GROUP (PROBE: Any others?)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- 21c. (FOR EACH GROUP MENTIONED): How often do you meet/get together?
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

21d. (FOR EACH GROUP MENTIONED): What do you do with this group?

1. _____
2. _____
3. _____
4. _____
5. _____

22a. Do you have contact with anyone else in the community, such as doctors, public health nurses, social workers?

1. Yes _____ (Go to Q. 22b)
2. No _____ (Go to PART B)

22b. IF YES, PROBE FOR WHO

1. _____
2. _____
3. _____
4. _____
5. _____

22c. (FOR EACH PERSON MENTIONED): How often do you see _____?

1. _____
2. _____
3. _____
4. _____
5. _____

22d. (FOR EACH PERSON MENTIONED): What are some of the things you generally do or talk about with _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PART B: VISUAL AID - A2

I have a picture here (HAND A2 TO PARENT) that shows a situation that lots of parents find themselves in. Let's say you were looking in the window, as you look around the room what do you see? (DO NOT INHIBIT THE FLOW OF THE PARENTS' RESPONSE. RECORD THE PARTS OF THE RESPONSE INTO THE APPROPRIATE CATEGORIES AND ONLY USE THE PROMPTS AS REQUIRED.)

	PROMPT A What should she do? (PHONE: Anything else?)	PROMPT B Is that what you would do?	PROMPT C What would you do?
22a. ASSESSMENT OF WOMAN	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
22b. OTHER ITEMS MENTIONED	(USE PROMPTS ONLY AS APPROPRIATE)		
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TAKE BACK VISUAL AID

**** IF RESPONDENT DID NOT RECOGNIZE PERSONAL NEED ITEM GO TO PART C ****

IF PERSONAL NEED RECOGNIZED:

24a. Like you said, the woman in the picture looks _____ (from Q. 23a) _____. What are some of the things that make you feel _____ (from Q. 23a) _____, down or upset?

ITEM IDENTIFIED	PROMPT A What do you think a parent can do when they feel like that about _____?	PROMPT B Is that what you do?	PROMPT C What do you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

24b. (ASK ONLY IF APPROPRIATE) Is there anyone you think would be useful to talk to about _____?

PERSON/AGENCY IDENTIFIED	PROMPT A Have you ever talked to or contacted _____? (PLEASE: why not?)	PROMPT B Did you find it helpful? (PLEASE: why/why not?)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

PART C: VISUAL AID - B2

25a. Here is another picture (HAND B2 TO PARENT). What do you see going on here?

SAFETY ITEM IDENTIFIED (X)

PROMPT A
What should she do about
(PROBE FOR WHERE)

PROMPT B
Is that what you
would do?

PROMPT C
What would you do?

1. Matches _____

2. Cigarette _____

3. Stove _____

4. Other _____

1. _____

2. _____

3. _____

4. _____

1. _____

2. _____

3. _____

4. _____

PROMPT A

ITEM(S) IDENTIFIED

Why do you think this might
be happening?

PROMPT B

What should the
parent do?

PROMPT C

If this was your child
what would you do?

25c. As far as your own child(ren) are concerned what type of behavior do you have to deal with?

ITEM IDENTIFIED

PROMPT A
Why do you think they
do this?

PROMPT B
Is there anything a
parent can do about
this?

PROMPT C
What do you do?

1. _____

2. _____

3. _____

4. _____

1. _____

2. _____

3. _____

4. _____

1. _____

2. _____

3. _____

4. _____

1. _____

2. _____

3. _____

4. _____

25d.

(ASK ONLY IF APPROPRIATE (e.g., extreme behavior or behavior related to a health problem)).

Is there anyone you think would be useful to talk to about _____ (item) _____?

PERSON/AGENCY

1. _____
2. _____
3. _____
4. _____

Have you ever talked to or contacted _____ (PROBE: Why not?)

1. _____
2. _____
3. _____
4. _____

Did you find _____ useful? (PROBE: Why/why not?)

1. _____
2. _____
3. _____
4. _____

** IF RESPONDENT DID NOT MENTION ANY SAFETY ITEMS GO TO Q.28a **

IF SAFETY ITEM(S) MENTIONED:

26. You mentioned the _____ (item(s)) _____ was not safe. Children can get themselves into all sorts of trouble. As far as safety is concerned, what do you think parents with young children should be careful about? (PLEASE: Indoors/Outdoors)

ITEM IDENTIFIED	PROMPT A	PROMPT B	PROMPT C
	What should a parent do about _____?	Is that what you do?	What do you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____

27a. Sometimes accidents do happen. What types of accidents or emergencies do you think are the most common with young children?

ITEM IDENTIFIED	PROMPT A What could a parent do about _____?	PROMPT B Have you ever had to deal with _____?	PROMPT C What did you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

27b. Do you think there's anything a parent can do to make it easier to deal with an accident or an emergency?

ITEM IDENTIFIED	PROMPT A Is that what you would do/have done? (NOTE: Have/would)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

PART D: VISUAL AID - C2

28a. Here's my last picture (HAND C2 TO PARENT). What would you say about this situation?

ITEM(S) IDENTIFIED

PROMPT A
What should a parent do?

PROMPT B
If it were your child what would you do?

** IF RESPONSE IS NEGATIVE (E.G. PARENT DOES NOT REACT TO INTENT OF BEHAVIOR) GO TO PART E **

IF RESPONSE IS POSITIVE

28b. What do you think are the things children need most as they are growing up? (IF RESPONDENT MENTIONED "A MOTHER AND FATHER" OR "FINANCIAL SECURITY," DO NOT USE PROMPTS)

ITEM IDENTIFIED

PROMPT A
What can a parent do about _____?

PROMPT B
What do you do?

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

3. _____

4. _____

4. _____

4. _____

5. _____

5. _____

5. _____

PART E

23a.

Do you find it hard to keep your children amused or busy?

1. Yes _____

2. No _____

23b. Do you have any ideas what a parent might do to amuse their children or keep them busy?

1. Yes _____

2. No _____ (go to Q. 29d)

PROBE FOR ITEMS

Have you tried this?

(If no, probe why;

If yes, probe: How useful?

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

23c. What do you do?

1. _____

2. _____

3. _____

4. _____

5. _____

23d.

How do you decide which play things you give your children?

30. What are some of the things you and your child(ren) do together?

	PROMPT A	PROMPT B
ITEM IDENTIFIED	HOW OFTEN DO YOU _____?	(IF APPROPRIATE) DO YOU THINK IT'S IMPORTANT TO _____? (PROBE: WHY?)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

PART F

31a. One thing that worries some parents is illness. How do you know when your child(ren) isn't feeling well?

ITEM IDENTIFIED	WHAT DO YOU DO?
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

31b. Have you had to deal with your child(ren) being sick? (If NO, Go to Q. 32)

ITEM IDENTIFIED	PROMPT A What can a parent do when _____?	PROMPT B Is that what you did?
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

31c. Did you contact or talk to anyone when _____ (each item) ? (PROBE: Why?)

1. Yes _____		2. No _____	
PERSON IDENTIFIED	Was _____ helpful? (PROBE)	Is there anyone you think might have been useful to talk to when _____?	Why didn't you contact _____?
Item 1 _____	_____	Item 1 _____	_____
Item 2 _____	_____	Item 2 _____	_____
Item 3 _____	_____	Item 3 _____	_____
Item 4 _____	_____	Item 4 _____	_____
Item 5 _____	_____	Item 5 _____	_____

32a. How can parents tell if their child(ren) are healthy?

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

32b. What do you think parents can do to help their children stay healthy?

PROMPT A

ITEM IDENTIFIED Is that what you do/have done?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

(IF NO) Why is that?

1. _____
2. _____
3. _____
4. _____
5. _____

PART G: SUPPLEMENTARY USE ONLY IF Q. 24a, Q. 26, or Q. 28b WERE NOT ASKED. IF THEY ALL WERE ASKED GO TO PART H

**** IF YOU DID NOT ASK ABOUT PERSONAL NEED IN Q. 24a ****

32a.

Being a parent can really be hard at times. What are some of the things that make you feel down or upset?

ITEM IDENTIFIED

PROMPT A

What do you think a parent can do when they feel upset?

PROMPT B

Is that what you do?

PROMPT C

What do you do?

1. _____
2. _____
3. _____
4. _____
5. _____

32b.

(ASK ONLY IF APPROPRIATE) Is there anyone you think would be useful to talk to about _____?

PERSON/AGENCY IDENTIFIED

PROMPT A

Have you ever talked to or contacted _____?

PROMPT B

Did you find them helpful? (PROBE: Why/Why not)

- ITEM 1 _____
- ITEM 2 _____
- ITEM 3 _____
- ITEM 4 _____
- ITEM 5 _____

IF YOU DID NOT ASK ABOUT SAFETY IN Q. 26

34. Children can get themselves into all sorts of trouble. As far as safety is concerned what do you think parents with young children should be careful about? (PROBE FOR INDOORS/OUTDOORS)

ITEM IDENTIFIED	PROMPT A	PROMPT B	PROMPT C
	What should a parent do about _____?	Is that what you do?	What do you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____

35a. Sometimes accidents do happen. What types of accidents or emergencies do you think are the most common with young children?

	PROMPT A	PROMPT B	PROMPT C
ITEM IDENTIFIED	What could a parent do about _____?	Have you ever had to deal with _____?	What did you do?
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

35b. Do you think there's anything a parent can do to make it easier to deal with an accident or an emergency?

Is that what you would do/have done? (NOTE: Have/Would)

ITEM IDENTIFIED	
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

** IF YOU DID NOT ASK ABOUT CHILDRENS EMOTIONAL NEED IN Q. 28b. **

36. In your experience what do you think children need most as they are growing up? (PROBE FOR MORE THAN ONE ANSWER)
NOTE: IF RESPONDENT MENTIONS "A MOTHER AND A FATHER" OR "FINANCIAL SECURITY" DO NOT USE PROMPTS.

PROMPT A

ITEM IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

What can a parent do
about _____?

1. _____
2. _____
3. _____
4. _____
5. _____

PROMPT B

What do you do?

1. _____
2. _____
3. _____
4. _____
5. _____

PART H

37. What do you like best about being a parent?

38. As far as being a parent is concerned, what are some of the things you feel you are quite good at?

39. What do you find the hardest about being a parent?

40.

Being a parent can sometimes be great and sometimes not so great. All parents have worries, concerns and problems at one time or another. As a parent, do you think there are things you have learned or had to deal with that would be helpful for other parents to know about? (if YES, PLEASE How or in what way?)

41.

Do you think that knowing about the experiences other parents have had has been useful to you? Would still be useful to you?

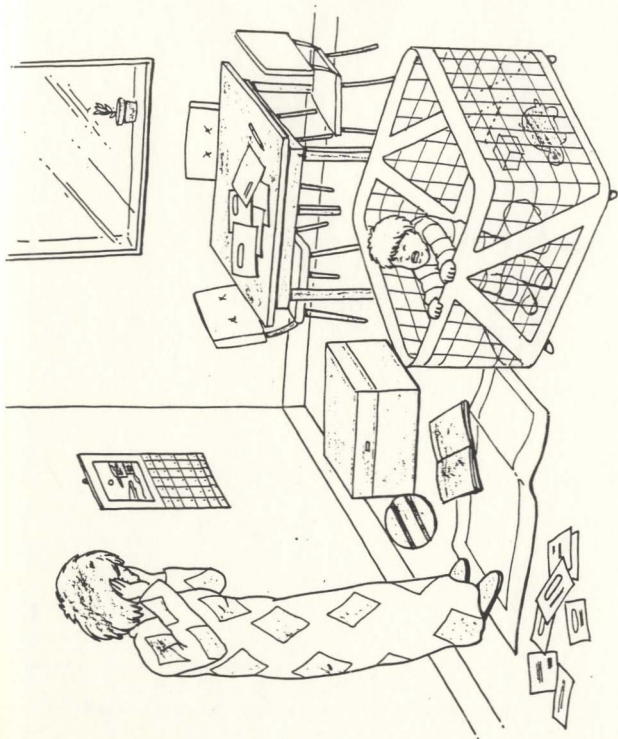
PART I

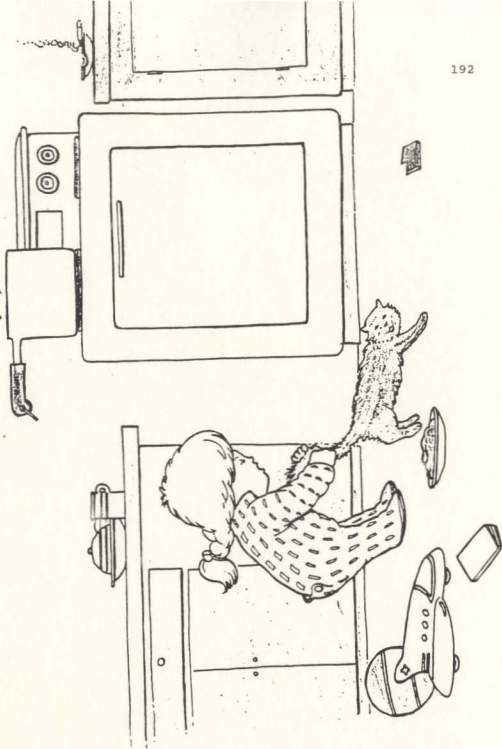
42. Since we have last talked, have there been any changes in:

Change Explained

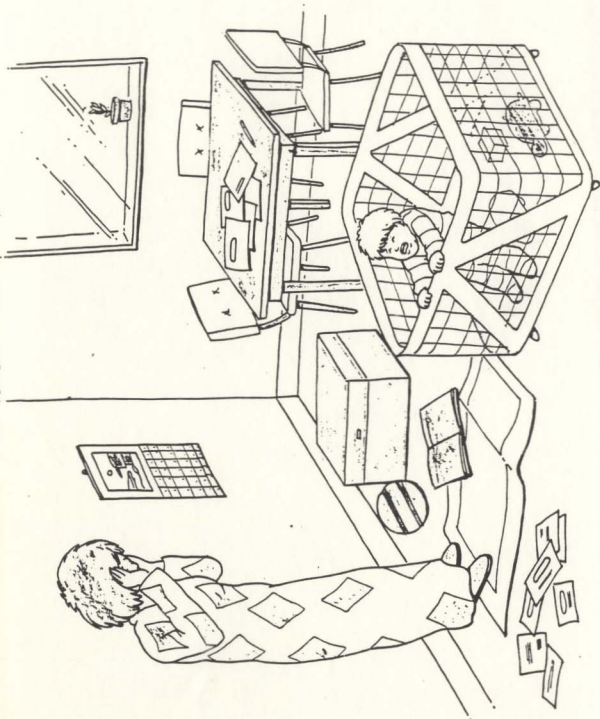
- | | | |
|-------------------------|-------|-------|
| 1. Living situation | _____ | _____ |
| 2. Employment situation | _____ | _____ |
| 3. Training situation | _____ | _____ |

That's all the questions I have. I'm sorry for taking up so much of your time but I really appreciate your talking with me. Thank you.











APPENDIX D

The Offer Self-Image
Questionnaire for Adolescents (Girls)

(The Offer Self-Image Questionnaire for
Adolescents (Boys) is identical to the
Girls' Version except for gender changes)

Offer Self-Image Questionnaire

1. I carry many grudges.
2. When I am with people, I am afraid that someone will make fun of me.
3. Most of the time I think that the world is an exciting place to live.
4. I think that I will be a source of pride to my parents in the future.
5. I would not hurt someone just for the "heck of it".
6. The recent changes in my body have given me some satisfaction.
7. I am going to devote my life to helping others.
8. I "lose my head" easily.
9. My parents are almost always on the side of someone else, eg. my brother or sister.
10. The opposite sex finds me a bore.
11. If I would be separated from all the people I know, I feel that I would not be able to make a go of it.
12. I feel tense most of the time.
13. I usually feel out of place at picnics and parties.
14. I feel that working is too much responsibility for me.
15. My parents will be disappointed in me in the future.
16. It is very hard for a teenager to know how to handle sex in a right way.
17. At times I have fits of crying and/or laughing that I seem unable to control.

18. I am going to devote my life to making as much money as I can.
19. If I put my mind to it, I can learn almost anything.
20. Only stupid people work.
21. Very often I feel that my father is no good.
22. I am confused most of the time.
23. I feel inferior to most people I know.
24. Understanding my parents is beyond me.
25. I do not like to put things in order and make sense of them.
26. I can count on my parents most of the time.
27. In the past year I have been very worried about my health.
28. Dirty jokes are fun at times.
29. I often blame myself even when I am not at fault.
30. I would not stop at anything if I felt I was done wrong.
31. My sex organs are normal.
32. Most of the time I am happy.
33. I am going to devote myself to making the world a better place to live in.
34. I can take criticism without resentment.
35. My work, in general, is at least as good as the work of the girl next to me.
36. Sometimes I feel so ashamed of myself that I just want to hide in a corner and cry.

37. I am sure that I will be proud about my future profession.
38. My feelings are easily hurt.
39. When a tragedy occurs to one of my friends, I feel sad too.
40. I blame others even when I know that I am at fault too.
41. When I want something, I just sit around wishing I could have it.
42. The picture I have of myself in the future satisfies me.
43. I am a superior student in school.
44. I feel relaxed under normal circumstances.
45. I feel empty emotionally most of the time.
46. I would rather sit around and loaf than work.
47. Even if it were dangerous, I would help someone who is in trouble.
48. Telling the truth means nothing to me.
49. Our society is a competitive one and I am not afraid of it.
50. I get violent if I don't get my way.
51. Most of the time my parents get along well with each other.
52. I think that other people just do not like me.
53. I find it very difficult to establish new friendships.
54. I am so very anxious.
55. When my parents are strict, I feel that they are right,

even if I get angry.

56. Working closely with another girl never gives me pleasure.
57. I am proud of my body.
58. At times I think about what kind of work I will do in the future.
59. Even under pressure I manage to remain calm.
60. When I grow up and have a family, it will be in at least a few ways similar to my own.
61. I often feel that I would rather die, than go on living.
62. I find it extremely hard to make friends.
63. I would rather be supported for the rest of my life than work.
64. I feel that I have a part in making family decisions.
65. I do not mind being corrected, since I can learn from it.
66. I feel so very lonely.
67. I do not care how my actions affect others as long as I gain something.
68. I enjoy life.
69. I keep an even temper most of the time.
70. A job well done gives me pleasure.
71. My parents are usually patient with me.
72. I seem to be forced to imitate the people I like.
73. Very often parents do not understand a person because they had an unhappy childhood.

74. For me good sportsmanship in school is as important as winning a game.
75. I prefer being alone than with kids my age.
76. When I decide to do something, I do it.
77. I think that boys find me attractive.
78. Other people are not after me to take advantage of me.
79. I feel that there is plenty I can learn from others.
80. I do not attend sexy shows.
81. I fear something constantly.
82. Very often I think that I am not at all the person I would like to be.
83. I like to help a friend whenever I can.
84. If I know that I will have to face a new situation, I will try in advance to find out as much as is possible about it.
85. Usually I feel that I am a bother at home.
86. If others disapprove of me I get terribly upset.
87. I like one of my parents much better than the other.
88. Being together with other people gives me a good feeling.
89. Whenever I fail in something, I try to find out what I can do in order to avoid another failure.
90. I frequently feel ugly and unattractive.
91. Sexually I am way behind.
92. If you confide in others you ask for trouble.
93. Even though I am continuously on the go, I seem unable

- to get things done.
94. When others look at me they must think that I am poorly developed.
 95. My parents are ashamed of me.
 96. I believe I can tell the real from the fantastic.
 97. Thinking or talking about sex frightens me.
 98. I am against giving so much money to the poor.
 99. I feel strong and healthy.
 100. Even when I am sad I can enjoy a good joke.
 101. There is nothing wrong with putting oneself before others.
 102. I try to stay away from home most of the time.
 103. I find life an endless series of problems--without solution in sight.
 104. At times I feel like a leader and feel that other kids can learn something from me.
 105. I feel that I am able to make decisions.
 106. I have been carrying a grudge against my parents for years.
 107. I am certain that I will not be able to assume responsibility for myself in the future.
 108. When I enter a new room I have a strange and funny feeling.
 109. I feel that I have no talent whatsoever.
 110. I do not rehearse how I might deal with a real coming event.

111. When I am with people I am bothered by hearing strange noises.
112. Most of the time my parents are satisfied with me.
113. I do not have a particularly difficult time in making friends.
114. I do not enjoy solving difficult problems.
115. School and studying mean very little to me.
116. Eye for an eye and tooth for a tooth does not apply for our society.
117. Sexual experiences give me pleasure.
118. Very often I feel that my mother is no good.
119. Having a boyfriend is important to me.
120. I would not like to be associated with those kids who "hit below the belt".
121. Worrying a little about one's future helps to make it work out better.
122. I often think about sex.
123. Usually I control myself.
124. I enjoy most parties I go to.
125. Dealing with new intellectual subjects is a challenge to me.
126. I do not have many fears which I cannot understand.
127. No one can harm me just by not liking me.
128. I am fearful of growing up.
129. I repeat things continuously to be sure that I am right.

130. I frequently feel sad.

APPENDIX E

Summary Table of the Sex, Marital Status, Attendance at
Sessions and Evaluation of Participants in the
Nobody's Perfect Parenting Program

Summary of the Sex, Marital Status, Attendance at Sessions and Evaluation of Participants in the Nobody's Perfect Parenting Program

Subject	Sex	Marital Status	Number of Sessions Attended	Pre-Tested	Post-Tested
<hr/>					
A	F	M	6	YES	YES
B	M	M	5	YES	YES
C	F	S	5	YES	YES
D	M	S	5	YES	YES
E	M	S	4	YES	YES
F	F	S	3	YES	NO
G	F	S	2	YES	NO
H	F	S	1	NO	NO

Sex: M=Male; F=Female

Marital Status: M=Married; S=Single

APPENDIX F
Registration Form for Participants
in the Nobody's Perfect program

Nobody's Perfect Registration Form

NAME: _____

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH: _____

PRESENT LIVING SITUATION: _____

EDUCATIONAL STATUS: _____

EMPLOYMENT STATUS: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

Appendix G
Description of Group Sessions for the Nobody's
Perfect Parenting Program

Description of Group Sessions

Session One

There were seven participants present at the first session. The group members for the evening included Subject "A" (married mother), Subject "C" and "D" (single couple), Subject "E" and "F" (single father and mother) and Subject "G" (single mother). In addition a young mother, Subject "H", who had been approached for the group but had expressed no interest in attending did attend the first session. Subject "H" did not return for subsequent sessions. Session One began with an introduction of the co-leaders and the general purpose of the program. The group members, including the leaders, were then randomly paired and sent to different rooms to interview one another in an effort to get to know one another. After fifteen minutes the pairs returned to the main room and introduced one another to the whole group. The idea of ground rules was then explained to the group and together the entire group discussed and decided upon the ground rules for the sessions. These rules were written on flip chart paper and were posted on the wall for the duration of the sessions. The group then divided into two sub-groups. Each sub-group discussed what their individual goals were for the program and what they expected from it. The entire group got together again and each member's goals were written on the flip chart. These were also posted in subsequent sessions for all to see. The purpose of this was for participants to be reminded of the

goals they had set for themselves and to be able to determine if their goals were being met by the program. The concept of group problem solving was explained and a topic for problem solving was decided upon for the following week. The session concluded with a "go-around" exercise in which each member expressed to the group what they liked or did not like about the session.

Session Two

Seven participants were present for the second session. The seven included Subjects "A" and "B" (married couple), Subjects "C" and "D" (single couple), Subjects "E" and "F" (single father and mother), and Subject "G" (single mother). The new member, Subject "B", was introduced and welcomed to the group. The session began with a warm-up exercise which consisted of the members producing a picture of themselves and their child which they drew while looking at the ceiling. This activity produced some anxiety at first but as each member came to realize that everyone was doing the same thing the mood lightened considerably. The next exercise introduced the topic of growth and development. The participants were presented with the set of booklets designed for use with the Nobody's Perfect program. Included with these booklets were two charts which outlined normal growth and development for children aged 0-5 years. The co-leaders explained that the charts were guidelines for parents of what to expect of their children at different ages.

The group then divided into two sub-groups. One group consisted of those participants with children aged 0-6 months; the other group consisted of participants with children aged 12-24 months. Each group discussed what their children were doing with respect to growth and development as illustrated in the charts. The group as a whole then discussed their findings. Following a fifteen minute break, a co-leader led the entire group through the steps of the problem-solving model explained in the previous session. The group then applied the model to one participant's expressed problem with their child. The session ended with the "go-around" exercise described in Session One.

Session Three

Five participants were present for the third session. These included Subjects "A" and "B", Subject "D" and Subject "E" and "F". The session began with an exercise where the members were divided into two sub-groups. Each sub-group had to devise a list of words that started with the letters P,A,R,E,N and T, and that related to parenting and babies. The two lists were then shared with the whole group. Following this exercise the group discussed positive parenting. They also discussed the characteristics of people that participants perceived as good parents. Each member was asked to share what they liked about being a parent. They also shared a story about a situation where they felt really good about being a parent. As they talked a co-leader made a

list of the group's many positive feelings of being parents. The purpose of the above activity was to point out that each of them possessed good characteristics as parents. Following the planned break the group discussed love versus spoiling and ways to prevent others from spoiling their children. Following an introduction to the Behaviour booklet group members discussed their experiences with respect to behavioral problems outlined in the booklet. This section was concluded with a problem-solving activity for a child's behavioral problem being experienced by one of the participants. The session ended with the "go-around" activity.

Session Four

Four members were present for Session Four. The members present were Subjects "A", "B", "C", and "E". This session began with the group dividing into pairs and playing the Safe/Sorry game which was part of the Nobody's Perfect kit. This "Snakes and Ladders" type game introduced the topic of child safety in and around the home. The player would ascend a blue kite when he or she landed on a square depicting a safe activity such as a child wearing a seat belt in a car. Conversely, the player would descend a red kite when he or she landed on a square depicting a "sorry" activity such as a child playing around glass in their bare feet. Group members were asked to try to figure out why they were ascending or descending as they played the game. A group discussion of the game followed and participants were given the game boards to

keep. The next activity involved a large group discussion about the kinds of accidents that the participants themselves or their family members or friends had as children and how these accidents could have been prevented. The group then brainstormed the locations where accidents could happen. In pairs, the participants selected two typical rooms in a home and drew depictions of each room. They then identified potential hazards in each room. Using the Safety booklet, they devised plans to childproof each of the rooms. Each pair then presented their "childproofed rooms" to the whole group. This was followed by a group discussion about first-aid using the Safety booklet as a guide. Each participant was provided with a phone book and some time to look up emergency phone numbers. The numbers were then transferred to stickers which came with the Safety booklet. Participants were advised to put the stickers on or near the phone. The final activity was a "Guess Who I Am ?" activity. Before the session, each member had been asked to write down three things about themselves that they figured other people might not know. A co-leader then read the clues from different cards at random and the participants tried to guess who the clue was describing. The session ended with the "go-around" exercise.

Session Five

Four participants, Subjects "A", "B", "C", and "D" were in attendance for Session Five. After welcoming the group a co-leader led the participants in an activity that involved

remembering a good and a bad memory from childhood. The purpose was to elicit from participants feelings they had experienced as children. Each person, including the leaders, shared these childhood experiences and the accompanying feelings associated with those experiences. This activity was designed to help the participants increase their awareness that children have feelings and parents need to be aware of this. Following this activity a co-leader led the group in a general discussion about feelings, love, and security, and their importance for children.

After break, the topic turned to things parents can do with their children and the importance of parents and children spending time together. The subject of toys for children was discussed and the group brainstormed different types of homemade toys that are safe for different age groups. The discussion was followed by an activity which involved looking at how people often communicate their feelings through their actions. The group concluded with the participants expressing their feelings at that time to the group.

Session Six

Four participants attended the sixth and final session. These were the same four who attended Session Five - Subjects "A", "B", "C", and "D". The topic for the session was parents' needs. The evening began with an activity where each participant was asked to think about what they would do if they had three hours to themselves a day. Upon sharing each

other's lists, a discussion incurred regarding the importance of a parent doing the things they enjoy away from the children and the problems inherent in finding the time to do these things. A general discussion about what the needs of the parents were and the resources available to them followed. After the break, the group viewed parts of the Nobody's Perfect video which featured young parents who talked about their own experiences in parenting and child-raising. A co-leader led the group in a discussion of what they saw in the video. The session ended with an activity where each person in the group wrote a short note to every other member in the group to express some wish they had for that person. The co-leaders wrote a note to each group member as well. The evening ended with the go-around exercise.

APPENDIX H
Summary Table of Participants' Attendance at
Nobody's Perfect Sessions

Summary of Participants' Attendance at Nobody's Perfect Sessions

Subject	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
A	X	X	X	X	X	X
B		X	X	X	X	X
C	X	X		X	X	X
D	X	X	X		X	X
E	X	X	X	X		
F	X	X	X			
G	X	X				
H	X					



