Assessing Life Satisfaction in Children Born To Adolescent Mothers

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Abstract
Children of adolescent mothers face adverse outcomes related to parental attachment, academics, psychosocial development, clinical disorders and transition into adulthood. In the United States there has been a recent peak in children born to adolescent mothers. Due to increasing numbers of these children and their risks for adverse outcomes, there is a need for effective assessment. Life Satisfaction assessment is an ideal way if identifying specific risks and informing intervention because it inherently contains domains associated with risks. This paper illuminates the broad constellation of risks that are common among children of adolescent mothers. Parallels regarding Life Satisfaction and specific risks are highlighted and substantiate the value of assessing Life Satisfaction. Future clinical and research implications are present.

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ASSESSING LIFE SATISFACTION
IN CHILDREN
BORN TO ADOLESCENT MOTHERS

A THESIS
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
HILLSBORO, OREGON

BY
JENNIFER E. KELLY
IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE DEGREE
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MASTER OF SCIENCE IN CLINICAL PSYCHOLOGY

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APPROVED:

Alyson Williams, Ph.D.
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ABSTRACT

Children of adolescent mothers face adverse outcomes related to parental attachment, academics, psychosocial development, clinical disorders and transition into adulthood. In the United States there has been a recent peak in children born to adolescent mothers. Due to increasing numbers of these children and their risks for adverse outcomes, there is a need for effective assessment. Life Satisfaction assessment is an ideal way if identifying specific risks and informing intervention because it inherently contains domains associated with risks. This paper illuminates the broad constellation of risks that are common among children of adolescent mothers. Parallels regarding Life Satisfaction and specific risks are highlighted and substantiate the value of assessing Life Satisfaction. Future clinical and research implications are presented.
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Assessing Life Satisfaction in Children Born to Adolescent Mothers

Children born to adolescent mothers are at high risk for a variety of adverse outcomes. For example, children born to adolescent mothers may have greater developmental, cognitive, attachment, and behavioral problems than those born to adult mothers (East & Felice, 1996; Garcia-Coll, Vohr, Hoffman, & Oh, 1986). Importantly, the number of children born to adolescent mothers in the United States is increasing. In 2006 alone 441,832 children were born to females 10-19 years old. Due to the increasing number of children born to adolescent mothers, common adverse outcomes in these children such as poor attachment style (Lounds, Borkowski, Whitman, Maxwell, and Weed, 2005), clinical disorders (Wakschlag, Gordon, Lahey, Loeber, Green, & Leventhal, 2000), reduced academic motivation (Luster, Leksul, & Oh, 2004), deficits in social development (Zimmerman, Tuttle, Kiefer, Parher, Caldwell, & Maton, 2001), and problematic transitions into adulthood (Jaffee, Caspi, Moffit, Belsky, & Silva, 2001) need to be further examined.

This literature review illuminates the broad constellation of risks of potential adverse outcomes that children born to adolescent mothers may face. The construct of Life Satisfaction is introduced as an effective way of assessing potential adverse outcomes more commonly occurring in children born to adolescent mothers. Evidence is presented to illustrate the value of assessing Life Satisfaction in children born to adolescent mothers as a vehicle for highlighting risks of adverse outcomes in children born to adolescent mothers.

Life Satisfaction has been broadly described as reflecting a cognitive judgment of one’s life as a whole (Diener, 1994). Psychologists have long incorporated the construct of Life Satisfaction as a means of studying adults (Suldo & Huebner, 2004). Recently, in
the field of psychology there has been a call to expand the focus of Life Satisfaction to children (Huebner & Gilman, 2002). To date, no research has been conducted assessing Life Satisfaction in children born to adolescent mothers. Measuring Life Satisfaction across different domains is useful, specifically in children born to adolescent mothers, because it may inform customized interventions targeting specific life domains in which the children would most greatly benefit. In this way, assessing Life Satisfaction serves as a means of identifying potential adverse outcomes and providing opportunity for better outcomes in the children born to adolescent mothers.

Life Satisfaction is often conceptualized as a global reflection of one’s satisfaction with life in general (Diener, 1994). However, more recently the conceptualization of Life Satisfaction has been broken down to reflect one’s satisfaction in specific life domains. For example, the Multidimensional Student’s Life Satisfaction Scale (MSLSS: Huebner, 1994) was constructed to assess five important specific life domains in children and adolescents, ages 8 to 18 years. The five domains are School, Self, Family, Friends, and Living Environment. This literature review presents evidence that, for children born to adolescents, there is concordance between their objective outcomes (e.g. attachment style and academic motivation) and their status on subjective evaluations (e.g. satisfaction with family life and satisfaction with school life), thus rendering the MSLSS a useful tool for assessing risks with this population.

This paper begins with a review of the historical and current context regarding children born to adolescent mothers in the United States. Definitions of important terms are also presented to help orient the reader to this topic. Next, this paper presents a review of studies illuminating common adverse outcomes that are faced by children of adolescent mothers. Adverse outcomes are presented in chronological order by age of the
child born to an adolescent mother (i.e., beginning with ages 1-5 and concluding with young adulthood). This structure is intended to illustrate a potential adverse chronological pathway that may ultimately result for these children. After the risks of adverse outcomes are presented, the risks will be examined in terms of a concordant specific life domain measured by the MSLSS. Rationale will be presented regarding the value of assessing these life domains in children born to adolescent mothers. Concurrently, literature will be presented as a rationale for assessing Life Satisfaction in this way in order to assist psychologists in identifying domains in the child's life within which specific interventions could be most beneficial. The studies will be summarized, conclusions will be drawn, and recommendations for future directions will be discussed regarding assessment and intervention for children of adolescent mothers using the construct of Life Satisfaction.

History and Orientation to Topic

The following National Vital Statistics Report data regarding the prevalence of children born to adolescent mothers does not specify whether the children were also raised by their adolescent mother. However, the scenario most frequently presented in the psychological literature regarding this population involves children who were indeed born to and raised by their adolescent mother. Hence, for the purposes of this paper, when the phrase “children born to adolescent mothers” is used, it is assumed the children were born to and raised by their adolescent mother. This section of the paper includes the historical and current prevalence of children born to adolescents in the United States, racial trend data of these births, and a definition of the term Life Satisfaction.

The National Vital Statistics Report indicated that the rate in which children were born to adolescent mothers steadily declined from 1990 to 2005 in the United States.
However, according to a 2006 report by the National Center of Health Statistics (Hamilton, Martin, & Ventura, 2007), the rate of children born to adolescent mothers suddenly increased in 2006. Specifically, the peak rate of adolescent birthrates in 1990 was 116.8 per 1,000 teenage females (Ventura, Abma, Mosher, & Henshaw, 2007). Data comparing rates in which children were born to adolescent mothers in 2006 compared to 2005 indicate a 3 percent rise in 2006 to 41.9 births per 1,000 teenage females.

Further, the National Vital Statistics Report indicated the rates of children born to adolescent mothers are increasing across most racial groups in the United States. In 2006, the largest increase was seen in non-Hispanic Black teenagers. Compared to 2005, the rate of adolescent births among this group increased a record 5 percent in 2006 to 63.7 births per 1,000 teenage females (Hamilton, Martin, & Ventura, 2007). American Indian or Alaskan Native teenagers had the second highest increase of children born to adolescent mothers of 4 percent, totaling 54.7 births per 1,000 teenage females, followed by non-Hispanic White adolescents whose rate of births rose 3 percent to 26.6 per 1,000 teenage females of this population. Finally, the rate in which children are born to Hispanic teenagers increased 2 percent, totaling 83.0 children per 1,000 Hispanic female teenagers. The rate of children born to adolescent Asian or Pacific Islanders was unchanged in 2006 compared to 2005.

Trend data on the rate of which children born to adolescent mothers were compiled on 46 developed countries over the period spanning 1970-1995. The data from the most recent year indicate the United States has the second highest increase of children born to adolescent mothers of all the 46 developed countries (Singh & Darroch, 2000). Specifically, the United States was preceded only by Armenia who had the highest rate of teenage births at 56.2 per 1,000 teenage females. Data on teenage birthrates in the United
States indicate 54.4 per 1,000 females aged 15-19 compared to other developed countries such as Australia at 19.8 per 1,000, England at 28.4 per 1,000, Spain at 7.8 per 1,000, and Sweden at only 5.7 births per 1,000 female teenagers (Singh & Darroch, 2000). In sum, these children of adolescent mothers are being born at an alarming rate in the United States.

According to Singh and Darroch (2000) the general trend of children born to adolescent mothers has lowered in the United States since the mid-1990s data were published, in addition to an overall lowering trend that was widespread and occurring across the developed world. However, in 2001, the United Nations Children’s Fund (UNICEF) reported that the United States had the highest rate of children born to adolescent mothers in the developed world at a rate of 52.1 per 1,000 teenage females, approximately four times greater than the average teenage birthrate in the European Union. At the time of this literature review, no data have been published regarding whether the 2006 increase children born to adolescent mothers in the United States has been seen in other developed countries as well. Due to the higher rate in which children in the United States are being born to adolescent mothers and because these children are at higher risk for adverse outcomes, there is a clear need to effectively assess these children and plan interventions accordingly. One primary goal of this paper is to provide evidence that assessing Life Satisfaction in the children of adolescent mothers may be an effective means of identifying risks of adverse outcomes that these children may face. A description of the term Life Satisfaction is provided next.

Life Satisfaction is a construct that reflects a full range of human functioning including levels of wellness in addition to levels of psychopathological functioning (Huebner, 2004). Other definitions of global Life Satisfaction reflect a cognitive
judgment of one’s satisfaction with life as a whole (Diener, 1994) and a general self-evaluation of the quality of one’s own life (Huebner, 1994). The construct of Life Satisfaction in adulthood has been studied extensively. For example, a review of Life Satisfaction research with adults evidenced numerous advantageous outcomes that stemmed from elevated Life Satisfaction such as increased longevity, stronger problem solving skills, increased work capacity, positive social and marital outcomes, and stronger physical health (Frisch, 2000).

Research assessing Life Satisfaction in children and adolescents has received minimal and only recent attention (Suldo & Huebner, 2004). Interestingly however, the related construct of “happiness” has been discussed in child and adolescent literature as a criterion for “positive mental health” (Huebner, 1994 p. 150). More specifically, research on Life Satisfaction in children and adolescents born to adolescent mothers is nonexistent to date. Due to the multiple risks of adverse outcomes in the children born to adolescent mothers, there is a need to effectively assess potential risks in these children. The present paper introduces assessment of Life Satisfaction as an effective tool for looking at risks of adverse outcomes in the children born to adolescent mothers. First, the risks of these children are described below.

Overview of Risks of Children Born to Adolescent Mothers

A thorough understanding of the potential risks of adverse outcomes facing children of adolescent mothers is important for preventing such negative outcomes. This section describes evidence of risks including attachment risks, academic and social developmental risks, risks of developing clinical disorders, and risks during transition into young adulthood of children born to adolescent mothers. Much that is experienced as a child or as an adolescent sets the stage and establishes the trajectory for the remainder
of life (Newcomb & Loeb, 1999). Examining these risks and the potential life trajectory of the children of adolescent mothers is important because it takes into consideration the culmination of these risk factors that may compound to magnify the pervasiveness of difficulties that these children face.

Attachment Risks

One of the first risks to children of adolescent mothers involves the type of attachment style they develop with their mother. Therefore, the review begins with an examination of attachment styles from 1 to 5 years of age in children of adolescent mothers. Lounds, Borkowski, Whitman, Maxwell, and Weed (2005) conducted a longitudinal study to assess the quality of the adolescent mother-child attachment at 1 year and again at 5 years of age. Participants consisted of 78 adolescent mother-child dyads. For their study, the authors defined adolescent mothers as teenagers, 13-19 years of age. Lounds and colleagues used the standardized Strange Situation procedure (Ainsworth & Wittig, 1969) to measure and classify participant attachment style. These attachment classifications were determined based on the children's responses to their mother upon her returning to them after briefly leaving the child in an unfamiliar room. At 12 months of age, 45% of the children were classified as disorganized; meaning they exhibited a blend of contradictory responses upon their mother's return. For example, these children engaged in strong proximity seeking immediately followed by strong avoidance of their mother. Twenty-four percent of the children were classified as insecure; meaning they behaved angrily and were unable to be soothed when their mother returned. Thirty percent of the children were classified in the ideal category of securely attached; meaning they happily greeted their mothers and were comforted upon their mother's return to the room. In addition to appearing happy to see their mother, the
securely attached 1-year-olds began using her as a base from which to explore the unfamiliar room.

Attachment classifications at the 1 year assessment were stable in 41% of the children at the 5 years of age measure. Twenty-three percent of the children who were categorized as disorganized at 1 year also demonstrated disorganized attachment behaviors at 5 years. The majority of the securely attached children remained secure between 1 and 5 years (63%), whereas 42% of the children who were insecure at 1 year were classified as secure at 5 years. Another shift in the classifications was that the majority of disorganized children at 1 year became insecure at 5 years (51%), and 26% became securely attached. The results of a study conducted by Broussard (1995) suggested that 70% of children from a normative, adult mother sample were securely attached as opposed to 30% in the current study of adolescent mother-child dyads. These results suggest that children born to adolescent mothers are not likely to form a secure attachment, but rather that they are at higher risk of developing an insecure or disorganized attachment style.

Academic and Social Developmental Risks

In addition to being at risk for poor attachment styles between the ages of 1 and 5 years, the children born to adolescent mothers are also at risk for low academic motivation as first graders. Luster, Lekskul, and Oh (2004) conducted a study to test the hypothesis that home environment, parenting style, and maternal education level of children born to adolescent mothers would adversely affect the children’s academic motivation in the first grade. Participants consisted of 89 children (42% girls and 58% boys) born to adolescent mothers. The level of the children’s academic motivation was determined at the end of the school year by their first grade teachers using two measures.
The first measure was the Pupil Behavior Inventory (PBI: Purkey, Cage & Graves, 1971) motivation scale. The PBI asks how frequently a child displays certain behaviors such as being alert and interested in school, and how frequently the child is motivated toward academic performance. The second measure rated the child’s motivation relative to other children in his or her grade.

Results showed that over half of the children were rated by their teachers as above average on the overall construct of motivation, whereas twenty-three percent of the children were assessed by their teachers as having below average academic motivation. Lounds and colleagues (2005) suggested that these individual differences in motivation indicate that some children are likely to be on cognitive developmental trajectories that may not have adequately prepared them for academic success. Synthesis of other studies confirms this trajectory of academic difficulties in adolescent children of adolescent mothers across multiple ethnicities. For example, East and Felice (1990) studied 450 mostly White children of suburban adolescent mothers and found that these children had more academic difficulties than children of older, non-adolescent mothers. Furthermore, Hardy, Astone, Brooks-Gunn, Shapiro, and Miller (1998) studied over 1,500 mostly African American children of urban adolescent mothers and found higher rates of high school drop outs than peers born to mothers over 20 years of age.

Academic risks and social developmental risks are intercorrelated (Zimmerman, Tuttle, Kiefer, Parker, Caldwell, & Maton, 2001). Other research regarding the social development of children born to adolescent mothers also found greater risk of poor social adjustment in school (Bates, Luster, & Vandenbelt, 2003). In addition, they found that children’s social adjustment with peers is also related the child’s academic success or failure. Furthermore, intercorrelations have been shown among self-concept and
academic ability, physical ability, social ability, relationship with parents, and relationship with peers (Zimmerman et al., 2001).

Clinical Disorder Risks

As children of adolescent mothers approach late childhood and early adolescence, risks of specific clinical disorders also become apparent. Wakschlag, Gordon, Lahey, Loeber, Green and Leventhal (2000) examined whether maternal age at first birth (MAFB) increases the risk of conduct disorder (CD) in the offspring of adolescent mothers. In this 7-year longitudinal study, the participants were 177 boys referred either to a child psychiatric setting or a psychological outpatient clinic. The boys ranged from 7 to 12 years at the onset of the study and 13 to 18 years at the completion of the study. The incidence of externalizing disorders was high among the boys born to adolescent mothers. For example, 112 (65%) of the boys met the full criteria according to the Diagnostic and Statistical Manual-III, Revised (DSM-III-R; American Psychiatric Association, 1987) for the diagnosis of CD at least one time during the 7-year course of the study. Most of the boys also had other externalizing disorder comorbidity: attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD).

Interestingly, Wakschlag and colleagues (2000) demonstrated that ADHD was not directly associated with MAFB. Oppositional defiant disorder was associated with MAFB, but only when it was comorbid with CD. Oppositional defiant disorder alone was not related to MAFB. Importantly, the authors demonstrated that regardless of the age of the mother at the time of birth of her other children, if the mother was young (14-19 years) at the time of her first child’s birth, her later offspring were also at high risk for CD.
Conduct problems and other externalizing disorders have broad implications for the individual and for society as a whole. For example, externalizing children are often characterized in a negative light in academic environments and are the students most frequently segregated from their peers in special education and alternative programs (Jenson, Olympia, Farley, & Clark, 2004). Public school classrooms are made up of three to five percent of students with externalizing disorders (Jenson, et al., 2004). A salient problem faced by these students is elevated school drop out rates. Children with externalizing disorders are three times more likely to drop out than students with visual, auditory, or orthopedic impairments (U. S. Department of Education, 2002). Due to evidence that children born to adolescent mothers are at higher risk of exhibiting externalizing disorders, these children likely contribute to a significant part of these educational costs to society. Additionally, children who exhibit externalizing behaviors such as those demonstrated in conduct disorder are at greater risk of later exhibiting antisocial and criminal behaviors (Barkley, 1997).

Risks During Transition into Adulthood

Finally, as the children of adolescent mothers begin themselves to transition into young adulthood, they face additional risks. A longitudinal study is used to illuminate the value in following the progress of children born to adolescent mothers as the children enter into young adulthood. Jaffee, Caspi, Moffitt, Belsky, and Silva (2001) conducted a 20-year longitudinal study in New Zealand focusing on young adult outcomes of children born to teen mothers. Of the 1,037 mothers who participated in the study, 221 mothers were in the teen childbearing group, and 812 mothers were in the later childbearing group. Their offspring were assessed between the ages of 15 and 21 on a range of adverse
outcomes including leaving school early, unemployment, early parenthood, and violent offending.

The first adverse outcome, leaving school early, refers to the New Zealand School Certificate Examinations which adolescents take at age 15. The certificate determines the adolescent's promotion to secondary or technical school or secures their employment in the labor market. Of the 221 children of adolescent mothers in the study, 144 of these children, over 65%, had not taken the New Zealand School Certificate Examinations and therefore would not be promoted on to continued schooling or receive employment in the labor market. The next adverse outcome of long-term unemployment was assessed by participant self-report. The self-report responses indicated that 163 of the adolescent offspring participants, over 73%, acknowledged being unemployed for 12 months or more between the ages of 15 and 21 years. Another adverse outcome that was assessed was the likelihood that the offspring of adolescent mothers would become adolescent parents themselves. Thirty-one percent of the adolescent offspring participants (48 females and 32 males) had given birth or fathered a child before their 21st birthday.

The final adverse outcome focused on in this study is violent offending which was assessed at age 21 years. Overall, 9.9% of the offspring of adolescent mothers either self-reported a violent offense or had been convicted of a violent offense. Their offenses ranged from threatening violence to rape and homicide. Jaffee and colleagues concluded by discussing that offspring born to teen mothers were approximately 2-3 times more likely than offspring born to adult mothers in their study to suffer the adverse outcomes of leaving school early, unemployment, early parenthood, and violent offending.

These and other negative outcomes have also been found in U.S. children born to adolescent mothers. For example, Hardy, Astone, Brooks-Gunn, Shapiro, and Miller
(1998) also examined risks during the transition into adulthood in adolescent children of adolescent mothers and found the same and additional negative outcomes. Specifically, they found that the adolescent children of adolescents were more likely to become a teen parent themselves, more likely to experience distress, more likely to engage in antisocial behaviors, and more likely to drop out of school than adolescents born to parents over 20 years old.

This section has illustrated some of the multiple risks of adverse outcomes faced by children of adolescent mothers. In an effort to prevent negative outcomes for the children of adolescent mothers, clinicians need to be aware of the above risks and also need a well-developed practical understanding of assessments to detect them (Romanelli, Rodriguez, Burton, & Stein, 2008). Accurate assessment is a crucial component to successful treatment of these and other risks. Assessment is considered an important contributing factor to the “successful achievement of clinical outcomes” (Leach, 2007, p. 1728). Moreover, accurate assessment is the first step in informing appropriate mental health treatment for children (Romanelli, Rodriguez, Burton, & Stein, 2008). Specifically, the children of adolescent mothers need to be assessed in an effort to help them prevent or overcome negative outcomes they may face. The following section presents assessment of Life Satisfaction as a valuable means for identifying potential risks in the children of adolescent mothers.

Using Assessment of Life Satisfaction to Identify Potential Risks in Children of Adolescent Mothers

The primary goal of this section of the paper is to illustrate the value of using assessment of Life Satisfaction as a means of identifying risks in the children born to adolescent mothers. As a specific means of assessing Life Satisfaction, the
Multidimensional Students' Life Satisfaction Scale (MSLSS: Huebner, 1994) is used as a framework in which to investigate these risks. First, a detailed description of the MSLSS is provided, including cross-racial reliability and validity. Next the MSLSS is broken down into each of its five individual life domains specifically targeting each aforementioned risk area faced by the children of adolescent mothers. The goal of describing the assessment this way is to articulate the value of assessing Life Satisfaction in children of adolescent mothers in order to intervene appropriately to decrease their risks of negative outcomes.

**Multidimensional Students’ Life Satisfaction Scale**

For the purposes of this paper, the five life domains from the Multidimensional Students' Life Satisfaction Scale (MSLSS: Huebner, 1994) are used as a framework to demonstrate the clear parallels between risks children born to adolescent mothers may face and specific related domains of Life Satisfaction. The five domains of Life Satisfaction, according to the MSLSS, are Family, School, Friends, Self, and Living Environment and have contributed to the assessment of positive mental health indicators (Huebner, 1998). MSLSS items corresponding to their respective life domains are shown in Table 1. Huebner (1994) constructed the Multidimensional Students’ Life Satisfaction Scale to investigate children and adolescent’s perception of their Life Satisfaction in the aforementioned five specific life domains. The MSLSS was constructed, in part, due to the “increased interest in the promotion of positive psychological well-being in children and adults” (Huebner & Gilman, 2002 p. 115). The MSLSS is a 40-item self-report scale designed to measure five domains of Life Satisfaction in children and adolescents ages 8-18 years old. Life Satisfaction may prove to be a useful tool to use with the population of children of adolescent mothers because it is a construct that inherently contains domains
in which these children are known to face greater risks. Therefore, it is logical that assessing specific life domains in children born to adolescent mothers is a relevant way to identify potential risks and inform intervention for these children. To familiarize the reader with the MSLSS, a brief overview of psychometrics and relevant cross-cultural utility is presented.

Concerns related to potential racial bias in affective measures, such as the MSLSS, have been raised (Moran, 1990). Therefore, cross-racial reliability and validity is important in general when striving for ethical and culturally responsible research. In this review, cross-racial considerations are particularly important due to rising occurrence of adolescent motherhood across races in the United States. The 2006 National Vital Statistics Report purports the largest increase in children born to adolescent mothers was seen in non-Hispanic Black populations (Hamilton, Martin, & Ventura, 2007). In an effort to examine cross-racial comparability of the MSLSS, Huebner (1998) conducted a study aimed at demonstrating the reliability and validity of the MSLSS across racial groups. Huebner drew a sample of third graders, fourth graders, fifth graders, sixth graders, and eight graders from socioeconomically diverse areas. The participants self-identified as Black (n=156), White (n=529), or other (n=40). In determining reliability and validity, Huebner compared the Black and White students only.

In terms of reliability of the MSLSS, comparisons across race indicated equivalent alpha coefficients for each domain except the School domain, where the reliability estimate significantly favored White students versus Black students (Black student’s alpha=.77, White student’s alpha=.83), (Huebner, 1998). In terms of construct validity, the analysis indicated four of the five domains had an acceptable congruence coefficient alpha of .90 or above. The exception was the Self domain which had a
congruence coefficient alpha of .86. In terms of criterion-related validity, the data suggest equivalence of the MSLSS across Black and White students for three of the five life domains, not the Self domain or the Friends domain (Huebner, 1998). As a result, Huebner (1998) indicated careful interpretation of these domains. Overall, however, Huebner wrote “for the most part the factor structure of the MSLSS appears to be invariant across race (with respect to Blacks and Whites)” (1998, p. 184). Thus, Huebner concluded that his investigation demonstrated the usefulness of the MSLSS for research purposes cross-racially.

Research regarding the multidimensional cross-cultural relevance of Life Satisfaction in adults may offer support to the multidimensional cross-cultural utility of the five life domains delineated in the MSLSS for children and adolescents. For example, Diener and Diener (1995) examined the cross-cultural relevance of the construct of Life Satisfaction. Their analyses cast a broad cross-cultural net and included 13,118 college students, ages 17-25, from 49 universities in 31 countries on five continents. Four domains of Life Satisfaction (satisfaction with self, family, friends, and finances) were measured and found to be highly significant predictors of Life Satisfaction across all respondents within virtually all nations (Diener & Diener, 1995). Although measures designed for adults are not automatically generalizable to children, the clear overlap between domains measured in the Diener and Diener study (1995) and the five domains measured by the MSLSS, may provide further evidence that the latter five domains are a valid way of assessing Life Satisfaction among children of diverse race and ethnicity. In sum, the individual life domains that make up the MSLSS are a useful way of looking at the risks faced by children of adolescent mothers because the parallels between risks and life domains are so clear. This cross-cultural study of Life Satisfaction is important for
the purposes of this paper, because it is further evidence that investigating specific life
domains in the assessment of Life Satisfaction is not only useful, but also useful cross-
culturally.

Table 1

*Items Comprising the Multidimensional Students' Life Satisfaction Scale (Huebner, 1994)*

<table>
<thead>
<tr>
<th>Family Domain</th>
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<tbody>
<tr>
<td>I enjoy being at home with my family.</td>
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<td>My family gets along well together.</td>
</tr>
<tr>
<td>I like spending time with my parents.</td>
</tr>
<tr>
<td>My parents and I do fun things together.</td>
</tr>
<tr>
<td>My family is better than most.</td>
</tr>
<tr>
<td>Members of my family talk nicely to one another.</td>
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<tr>
<td>My parents treat me fairly.</td>
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<th>Self Domain</th>
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<tr>
<td>I think I am good looking.</td>
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<tr>
<td>I am fun to be around.</td>
</tr>
<tr>
<td>I am a nice person.</td>
</tr>
<tr>
<td>Most people like me.</td>
</tr>
<tr>
<td>There are lots of things I can do well.</td>
</tr>
<tr>
<td>I like to try new things.</td>
</tr>
<tr>
<td>I like myself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friends Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>My friends treat me well.</td>
</tr>
<tr>
<td>My friends are nice to me.</td>
</tr>
<tr>
<td>I wish I had different friends.</td>
</tr>
<tr>
<td>My friends are mean to me.</td>
</tr>
<tr>
<td>My friends are great</td>
</tr>
<tr>
<td>I have a bad time with my friends.</td>
</tr>
<tr>
<td>I have a lot of fun with my friends.</td>
</tr>
<tr>
<td>I have enough friends.</td>
</tr>
<tr>
<td>My friends will help me if I need it.</td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Items</th>
<th>School Domain</th>
<th>Living Environment Domain</th>
<th>Family Domain and Attachment Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I look forward to going to school.</td>
<td>I like where I live.</td>
<td>Research indicates that attainment of Life Satisfaction is strongly associated with positive relationships with parents (Suldo &amp; Huebner, 2004) and that children’s perceptions of their family relationships have also been shown to be a strong correlate of their global Life Satisfaction (Huebner, Gilman, &amp; Laughlin, 1999). In fact, research with American adolescents found perceived quality of relationship with parents was the strongest predictor of Life Satisfaction (Dew &amp; Huebner, 1994). Further, the adolescents endorsed that their relationship with their parents was more strongly associated to Life Satisfaction than their perceived physical appearance, general self-concept, and peer relationships. Suldo and Huebner (2004) stated examining environmental factors such as</td>
</tr>
</tbody>
</table>
residence, situational factors and family result in numerous significant correlates of children's Life Satisfaction.

Combining the knowledge we have regarding children of adolescent mothers facing greater attachment and other familial risks (Lounds, Borkowski, Whitman, Maxwell, and Weed, 2005), and the knowledge we have demonstrating strong correlations among Life satisfaction and familial circumstances (Suldo & Huebner, 2004), assessing the Family domain of Life Satisfaction in these children of adolescent mothers becomes a logical first step in informing intervention to help foster better outcomes for these children.

School Domain and Academic Risks

As described earlier, there is evidence suggesting early school success leads to later academic achievement and future educational attainment (Bates, Luster, & Vandenbelt, 2003). Furthermore, research has found children who experience competence in school in early elementary school are more likely to be on a trajectory of success that persists throughout school, while children who do not experience good adjustment to school are more likely to be on a trajectory of future academic failure (Luster & McAdoo, 1996). Since the children of adolescent mothers are at higher risk for demonstrating academic difficulties, the value of assessing the School domain of Life Satisfaction in these children is strong. It is logical because assessing satisfaction in the School domain would importantly reveal the child's own judgment regarding his or her level of satisfaction in this domain. Consequently, if the child endorsed current dissatisfaction in the School Domain, these results would serve as a means to better inform intervention efforts.
Self Domain and Clinical Disorder Risks

Targeting children’s and adolescent’s self-perceptions in the Self domain of Life Satisfaction may be an effective way of assessing potential clinical disorders for children of adolescent mothers. For example, Suldo and Huebner (2004) propose a link between Life Satisfaction with internalizing and externalizing disorders. Further, they emphasize the necessity of assessing Life Satisfaction as a means of appraising “how the client formulates generalized cognitive and affective interpretations of the life experiences, which predispose her/him to subsequent behavioral ‘outputs’ such as healthy versus psychopathological behavior” (Suldo & Huebner, 2004 p. 190).

Additional literature links the construct of Life Satisfaction to self-esteem (Diener and Diener, 1995; Huebner, 1997). For example, global self-esteem is often considered a “component of overall Life Satisfaction, which may be derived from evaluations of one’s family life, school experiences, peer relations, living environment, as well as oneself” (Huebner, Gilman & Laughlin, 1999, p. 2).

Assessment of Life Satisfaction is a way of tapping into personal strengths as well as the presence or absence of psychopathological symptoms (Huebner, 2004). In this way, Life Satisfaction assessment encompasses a full range of one’s self-appraisal of their satisfaction from very low to neutral to very high. For the children born to adolescent mothers, who are at higher risk of developing clinical disorders, assessing Life Satisfaction in the Self Domain may be a valuable way of identifying potential clinical disorders and potential strengths in self-appraisal.
Friends Domain and Social Developmental Risks

Research has evidenced a positive correlation between peer relationships and adult support systems outside the family with higher Life Satisfaction and resiliency (Doll & Lyon, 1998; Huebner, 1991). It is intuitive that social developmental issues for children would correspond most strongly to the Friends Domain of Life Satisfaction. Interestingly however, the literature shows that peer attachment (and parent attachment) also significantly predicted Life Satisfaction in the School, Living, and Self Domains (Nickerson & Nagle, 2004). Because social development and peer relationships are such an integral part of a child’s satisfaction among multiple domains, assessing overall Life Satisfaction is justified for children in general. More specifically, assessing the Friends Domain of Life Satisfaction is a logical way of identifying whether the child’s subjective appraisal is one of satisfaction or dissatisfaction. Especially pertinent to this paper, assessing the Friend Domain is recommended for children born to adolescent mothers due to the evidence that these children are already at a higher risk of adverse social developmental outcomes (Zimmerman et al., 1998).

Living Environment Domain and Risks during Transition into Adulthood

Research conducted by Suldo and Huebner (2004) demonstrated that as children develop into late adolescence, the important role previously played by family in children’s evaluation of their Life Satisfaction begins to be replaced by other environmental factors. Individuation from family occurs in late adolescence and living environment plays more of a role in the evaluation of one’s Life Satisfaction. Adolescents are also exposed to major social and educational demands that are related to Life Satisfaction and one’s evaluation of self-efficacy (Vecchio, Gerbino, Pasterelli, Del Bove, & Caprara, 2007). This evidence illuminates another clear parallel between the
value of assessing for Life Satisfaction to identify areas where intervention could be targeted. Consideration of an adolescent's developmental level during assessment and when designing interventions is recommended (Suldo & Huebner, 2004), and is in line with the rationale for using assessment of the specific life domains of Life Satisfaction as a means of highlighting relevant risks. First, assessing Life Satisfaction as a way of identifying potential risk areas and second, taking information learned from the Life Satisfaction assessment and creating customized interventions relevant to the specific domain in which less satisfaction is endorsed. This especially relates to adolescent children of adolescent mothers because they are known to be at greater risk in the living environment domain (Jaffee et al., 2001). Living environment factors such as number of total children in the home, maternal self-esteem, and low socioeconomic status predicted antisocial behaviors during transition into adulthood in children of adolescent mothers (Zimmerman et al., 2001).

The parallels described above between the construct of Life Satisfaction as measured on the MSLSS and the areas of risk for children of adolescent mothers are striking. As such, the use of this specific measure may be an ideal first step for intervening with this high-risk population.

Summary and Conclusions

As demonstrated above, the literature supports a pathway that is fraught with risks for offspring born to adolescent mothers. Theoretically, this pathway begins from 1 to 5 years of age when the child is most likely to develop an insecure or disorganized attachment to their mother. Next, the child enters elementary school and is likely to be assessed by teachers as having low academic motivation. These early childhood risk factors lead to late childhood when, at ages 7 to 12 years the child is at higher risk for
meeting a diagnosis of conduct disorder and comorbid diagnoses of other externalizing disorders. Finally, between the ages of 15 and 21 years, during transition into adulthood, the adolescent is at higher risk for leaving school early, unemployment, early parenthood, and violent offending. The review of the articles presented begins to illuminate the broad constellation of risks that offspring of adolescent mothers may face. As such, it is imperative that these children are identified, assessed and given support to overcome and change the trajectory of negative outcomes they may face.

**Future Directions**

The literature presented above has important clinical and research implications. With regard to clinical work for mental health providers, it is important for clinicians working with this population to be aware of the risks these children may face. Given the information provided above, it would behoove clinicians to be well informed regarding risks of adverse outcomes in specific life domains faced by children of adolescent mothers. This review provides a framework from which clinicians can begin to familiarize themselves with some of the risks that these children may face. Mental health providers would also benefit from further training regarding the specific needs and challenges of this population. If a clinician were working with a child of an adolescent mother without paying attention to the specific factors of this population, the consequences could be detrimental and include incomplete assessment, misinformed intervention and practice, and harm to the client. In addition to understanding the risks mentioned in this paper, it would also be beneficial for clinicians to gain awareness about other aspects of children of adolescent mothers such as protective factors, strengths, and resiliency. In this way, the clinician may more accurately conceptualize the client and inform treatment from a holistic approach.
Beyond awareness, it is suggested that clinicians pay attention to the construct of Life Satisfaction, and perhaps specifically the utility of the MSLSS in order to assess particular risk areas for individual clients. Life Satisfaction is a construct that is useful for ascertaining general well-being and areas of distress in adults and children (Diener, 1994; Huebner, 2004). As such, a clinician’s greater familiarity with the construct of Life Satisfaction can be useful regardless of the population being treated. For example, Suldo and Huebner suggest “Life Satisfaction is more than simply a desirable attribute in and of itself, but also a prerequisite for positive psychological health” (2004, p. 189). Because we know that Life Satisfaction is important, clinicians should be attentive to the varying means in which Life Satisfaction may be measured.

In addition to formal measures of adult Life Satisfaction (for a description, see Diener, 1994) and child Life Satisfaction (for a description, see Huebner, 2004), there also are informal ways in which Life Satisfaction may be assessed. For example, clinician observation and general questioning regarding global and domain-specific Life Satisfaction may also be an informative component of thorough assessment. Clinicians should also be aware that formal measures of Life Satisfaction such as the MSLSS are in the public domain and may be used freely, making the measurement and its manual easily accessible and user friendly. Similarly, the adult Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) is also in the public domain and therefore may be used without permission or charge. In sum, the utility and ease of accessibility of Life Satisfaction measures further support the rationale that mental health providers should incorporate this invaluable tool into their clinical practice in an informed way.

In addition to the importance of clinician implications of Life Satisfaction assessment, there are also research implications of the construct. Future directions of
research should include further investigations of Life Satisfaction in children. More specifically, Life Satisfaction in high risk children, such as the children born to adolescent mothers should be an area for future research. To date, not a single study was located assessing Life Satisfaction with this population. Due to the high risks these children face, it is imperative that comprehensive assessment including Life Satisfaction would be invaluable in accurate identification of potential challenges. Finally, accurate assessment would better shape treatment toward preventing negative outcomes for these children.

Future directions for research regarding the measure of Life Satisfaction itself are also recommended. This paper has highlighted the clear parallels between Life Satisfaction and risks in specific life domains, but it would be important to investigate whether assessment of Life Satisfaction actually captures real risk in individual clients. In this way, research would be establishing the degree of real world utility for the accuracy of Life Satisfaction assessment of risks in each specific domain. A hypothetical method of this research may involve assessing Life Satisfaction in children who are already known to face challenges in specific domains. Then, if the Life Satisfaction assessment results indicated low satisfaction in these same domains, an argument for using this measure for these purposes could be supported. Another area of future research includes process research; meaning an investigation of the fundamental process variables that comprise a clinician's intervention methods. Through process research, studies examining whether Life Satisfaction assessment actually informs clinician intervention would be useful.

The clinical and research applications described above are only a beginning. It is hoped that this review provides an impetus for action in both domains, as the children of
adolescents face a great deal of risk, and society faces substantial cost if these risks are ignored.
References


