LESSONS LEARNED BY PROFESSIONALS:

EDUCATING AND

SUPPORTING ADOLESCENT PARENTS

A FIELD STUDY
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL
OF THE UNIVERSITY OF MINNESOTA
BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF EDUCATION

Dr. Jane Plihal, Advisor

December, 2011

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Acknowledgments

First and foremost, I would like to thank my advisor, Dr. Jane Plihal, who worked very hard during her semi-retirement to get me across the finish line! The time she spent with me will never be forgotten along with her advice and encouragement that made it all possible.

I would also like to thank the doctoral committee members: Dr. Ruth Thomas, Dr. Marti Hope Gonzales, and Dr. Susan Walker for their help along with Dr. Jerry McClelland who started on the committee but retired before the process was completed.

A special thanks to Dr. Sue Fust for all of her help and guidance with this study and the work we did together in the Teen STEEP® program.

My appreciation to Dr. Lilian Katz, Dr. William Julius Wilson, and Dr. James Garbarino for the depth and breadth of their work and wisdom that continues to inspire me (and countless others) to improve my own craft and work with children and families who may not always have a voice. Their willingness to correspond with me was amazing!

To Jim and Jody Nelson who have led the way in so many areas of my life. You guided me at The City and you are still in my life as mentors and friends.

And last, I would like to thank my wonderful family and friends who never gave up on me and my ability to complete this even though it was years in the making. I will never forget your encouragement along the way.

Dedication

This dissertation is dedicated to the 21 participants who were willing to take their time to participate in a focus group discussion and a follow-up activity. I was so impressed with their dedication and knowledge about working with adolescent parents. Many of their quotes did not make it into this study, but I heard every word as I repeatedly listened to the focus group sessions. All of their comments helped inform this study. Although this is challenging work and many of the professionals have been helping teen parents and their children for years, they still find joy in their work. These are the unsung heroes—and we thank you.

Abstract

Close to three quarters of a million girls and young women become mothers every year in the United States. Adolescent parents face multiple challenges that make parenting at a young age a difficult endeavor. The research question for this study was: What can be learned from professionals who work with low-income adolescent parents about educating and supporting those parents?

A group of 21 professionals consisting of public health and school nurses, parent educators, social workers, and those working with young fathers participated in focus groups and completed follow-up questionnaires and interviews (written, phone, or in person) on the topic of educating and supporting adolescent parents. Additionally, the researcher and her colleague, one as a parent educator and teen program coordinator, and the other, a case manager for a teen parent-program, offered their perspectives of working in teen parent-programs.

The themes that emerged from the focus group participants were: (a) adolescents are still maturing cognitively and emotionally and this affects their decision-making ability and their capacity to parent, (b) adolescent parents face many challenges, (c) relationships play a critical role in adolescents' parenting, (d) poverty influences adolescents' ability to be effective parents, and (e) culture and ethnicity are important considerations when developing educational programs and support services. Analysis of these themes may offer insight and information for professionals who provide support and education for low-income teen parents and for those who create policies and programs for them.

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Chapter One
Laying the Foundation

I worked with adolescent parents for 15 years as a parent educator, teen parent-program coordinator, and a volunteer. It was very rewarding and, at the same time, very challenging work. The work was not just with the teen mother, but also her baby and, in many cases, her family and the baby's father. It was family work. And the majority of the adolescent parents I worked with were from low-income households. These families faced many obstacles and needed support to meet these challenges.

Adolescent parenting is a complex phenomenon. To fully understand this topic one must examine the antecedents of pregnancy (including the social context), pregnancy prevention (which includes delaying subsequent pregnancies), supporting and educating adolescents once they become parents, and supporting and educating the children of the teen parents. This study touches on all of these aspects but mainly attempted to provide:

- a look at the current state of teen pregnancy and parenting
- a review of what is known about the antecedents of teen pregnancy
- the perspective of professionals who work to educate and support adolescent parents
- a retrospective view of educating and supporting adolescent parents in two teen-parent programs
- a discussion that integrates the sources of data presented in the study
- recommendations for those working with, or on behalf of, teen parents as culled from the research literature and from the lessons learned by the professionals who participated in focus groups for this study

The first chapter begins with a presentation of the conceptual framework of this study, which is the ecology of human development model (Bronfenbrenner, 1979, 1994). This is followed by a description of the scope of adolescent pregnancy and parenting and an explanation of my interest in the topic. The chapter concludes with a presentation of

the central research question guiding this study.

Conceptual Framework

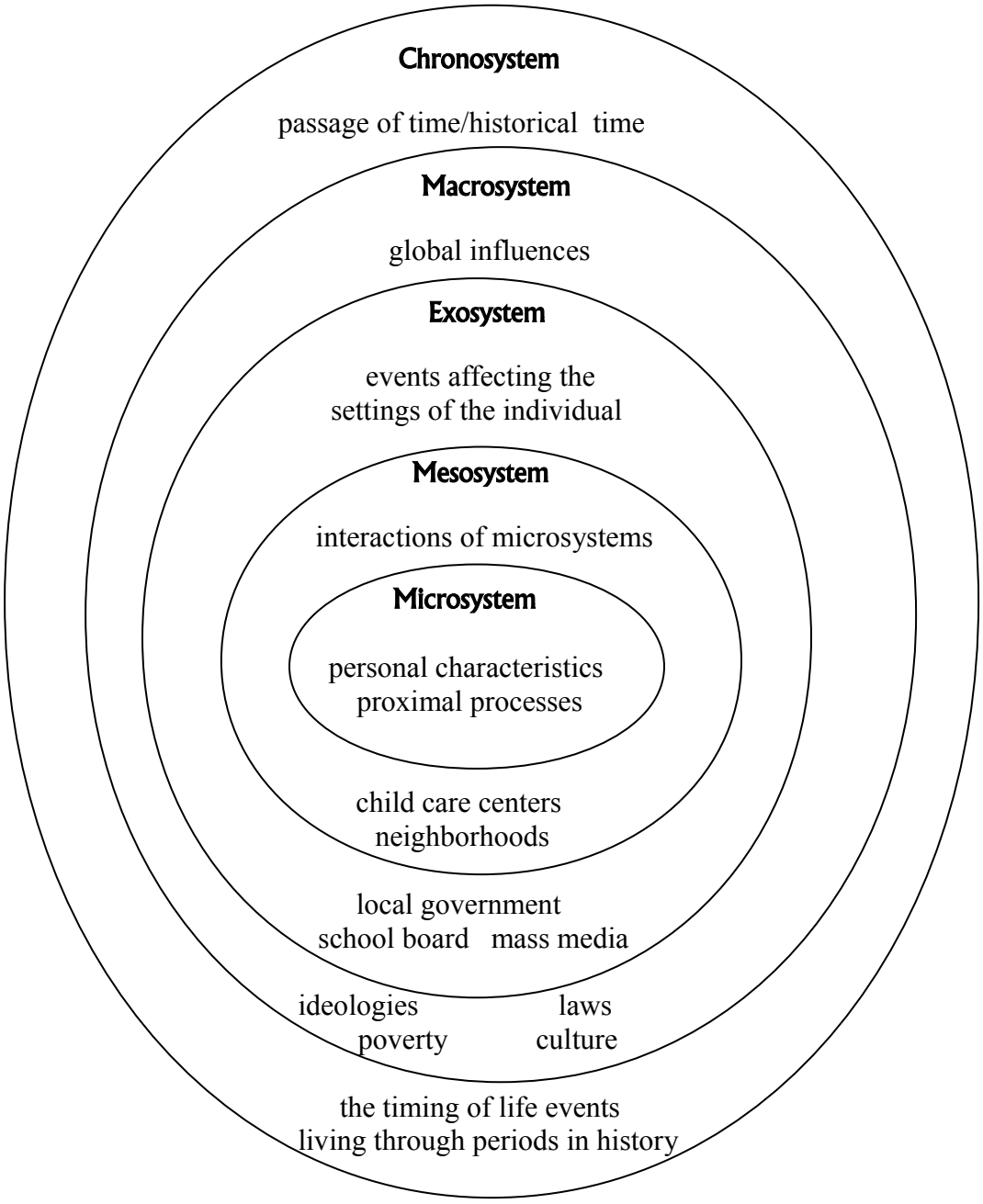
The conceptual framework for this study was influenced by Bronfenbrenner's (1979, 1994) ecology of human development model. The main point of the model is that, if we are to understand how humans develop, we must take the whole system into account with an awareness of the various personal characteristics of the individual, the processes humans go through (e.g., attachment), the various contexts/environments in which the development takes place, and the fact that development takes place over time. Bronfenbrenner describes these environments or contexts as systems that are nested like Russian dolls (see Figure 1). The inner-most environment is known as the microsystem and encompasses aspects of the individual that include status variables such as age and gender as well as proximal processes such as parent-child interactions. Next is the mesosystem that consists of the interactions of the microsystems. An example of this is the relationship between home and school and the impact this has on the developing individual. Following that is the exosystem, which Bronfenbrenner (1979) describes as "settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person" (p. 25). An example of influences in the exosystem are decisions made by local governments or school boards that effect the individual. The outer layer represents the macrosystem, which includes subculture, culture, and belief systems found among groups of people, countries, and religions. As the model evolved, a fifth system was added. The chronosystem represents the effect of time on a person's development

(Bronfenbrenner, 1994). Examples of this are the timing of a death of a family member or living through a period of history such as The Great Depression and how this affects people's attitudes, values, and belief systems.

Steinberg and Morris (2001) state that there has been a shift in studies of adolescents: Studies have shifted from a focus on individual development (e.g., Freud) to a focus on the relationship of individuals to their environment using an ecological approach to human development (Bronfenbrenner, 1979, 1994). They also note an increase in research and more availability of funding to examine social problems such as teenage pregnancy.

The focal point of this study is the research question with every aspect radiating from this point. The other areas of the study intersect with the research construct and represent:

- the professionals who participated in the focus groups who are the closest to the work with adolescent parents.
- the retrospective view of the work I did in two teen-parent programs as well as a colleague's reflections.
- the research literature and what is currently known about educating and supporting adolescents; and
- implications for further research and practice.



A Conceptual View of Bronfenbrenner's Ecology of Human Development Model

Scope of the Issue

Adolescent parents face many challenges that usually include completing high school, finding quality child care, developing parenting skills, coping with single parenthood, maintaining a relationship with the baby's other parent, attending post-secondary training or college, securing housing, and finding work that will support a family. Adolescent parents potentially face a variety of problems and risk factors that include their children being at greater risk of experiencing child abuse and developmental problems (Trupin, 2005). Approximately 25% of teen parents go on to have a second child within two years of giving birth the first time, making it more difficult to secure child care, complete school, and find a job (Baytop, 2006; Williams & Sadler, 2001). Rapid subsequent pregnancies are more likely to occur with young mothers who have not graduated from high school (Kalmuss & Namerow, 1994).

In 2006, 750,000 girls and young women between the ages of 15-19 became pregnant in the United States (Guttmacher Institute, 2010). It is reported that half of pregnancies to young women are unplanned. This is more likely to happen in the case of young unmarried women of color from low-income households and with less education (Kearney, 2009). The teen birth rate (including births, miscarriages, and abortions) rose for two years (2006 and 2007) after a 14-year decline, increasing by 5% between 2005 and 2007, with a national birth rate for this age group at 42.5 per 1,000, and 28.5 per 1,000 in Minnesota (Hamilton, Martin, & Ventura, 2009). Preliminary data for 2009 from the U. S. Department of Health and Human Services show that the teen birth rate for young women 15-19 years old has fallen 6%, signifying a record low in the United States:

39 per 1,000 (age 15-19) (Hamilton, Martin, & Ventura, 2010), and 27.9 per 1,000 (age 15-19) in Minnesota in 2009 (United Health Foundation, 2010).

The majority of teen parents are single parents. Wilson (2009) writes about the correlation between living in poverty and single parenthood. Compared to two-parent families not living in poverty, children from single-parent, low-income households will grow up and earn less, have a higher incidence of developmental problems, and will be more likely to drop out of school and become teen parents (Koball & Douglas-Hall, 2004). They are also at a higher risk for premature births, low birth weight, and infant mortality (Stoddard, 2005; Ventura, 2009). Many will go on to be low-income, teenage single-parents themselves, thus perpetuating a generational cycle of poverty and teenage parenthood (Stoddard, 2005). Given adequate support and education, young families have a better chance of thriving than those not receiving services and support (Stephens, Wolf, & Batten, 1999). Quality programming and support for adolescent parents may be a critical factor in helping to break the cycle of teen parenthood.

Background Interest

I have over 15 years of experience working with low-income adolescent parents. My experience has been primarily with The City, Inc. and Teen STEEP®. The City was a non-profit community service agency in Minneapolis that included an alternative junior and senior high school and an on-site developmental child care center. I coordinated the teen-parent program there for 10 years. The Teen STEEP® (Steps Toward Effective, Enjoyable Parenting) program was implemented at St. David's Center for Children and Families in Minnetonka, Minnesota, where I was the early childhood program director. I

volunteered in the Teen STEEP® program for over two years. I have also worked with teen parents in other contexts, including teaching parent education to incarcerated women in a correctional facility. The program at The City, Inc. and Teen STEEP® are described in detail in Chapter Five.

My participation in the teen-parent programs at The City, Inc. and Teen STEEP® gave me an insider's view into the phenomenon of adolescent parenting. It left me with a desire to explore the topic further by broadening the discussion to include other professionals who work with teen parents.

Research Question

The focus of this research was to explore what professionals who work with low-income adolescent parents can tell us regarding educating and supporting young parents. The central research question for this study was: What can be learned from professionals who work with low-income adolescent parents about educating and supporting those parents?

Summary

In this chapter, the ecology of human development model (Bronfenbrenner, 1979, 1994) was presented as the theoretical framework for this study. Also presented was a discussion of the scope of adolescent pregnancy and parenting. This discussion involved an examination of the statistical data and antecedent factors concerning teen parenthood. Following this was a sketch of my interest in the topic of educating and supporting adolescent parents.

This study is focused on the question of what we can learn about adolescent

parents and their educational and support needs by asking practitioners who work with these parents in various capacities about the lessons they have learned regarding this topic.

Chapter Two

Review of the Literature

This literature review contains three major sections: a summary of research that describes the context of adolescent parenting, a review of research on educational and support programs for adolescent parents, and an identification of gaps in the literature.

Context of Adolescent Pregnancy and Parenting

At least half of teen pregnancies are unintended (Kearney, 2009). This unexpectedness adds stress to the teens' already, in many cases, chaotic lives. Many experience challenges from living in poverty and lack sufficient motivation to delay pregnancy (Musick, 1993). In other words, low-income teens may not have future prospects giving them a reason to postpone having children.

Because there is a disproportionate number of people of color who are poor, it is difficult to discuss poverty without taking race and ethnicity into account. According to the 2007 American Community Survey (Bishaw & Semega, 2008), people of color make up the majority of the families living in poverty in the United States, with poverty the greatest predictor of teen pregnancy. Compared to white women, women of color are more likely to live in poverty with a greater chance of becoming adolescent mothers (Kirby, Coyle, & Gould, 2001). Hispanic adolescents have the highest teen birth rate in the United States (Hamilton, Martin, & Ventura, 2010).

Race and ethnicity factor into a multitude of societal issues, playing a role in poverty, teenage pregnancy, joblessness (Wilson, 1987), sexual abuse (Logan, Holcombe, Ryan, Manlove, & Moore, 2007; Stone, 2004), and mental health problems (Cox,

Buman, Valenzuela, Joseph, Mitchell, & Woods, 2009; Sarri & Phillips, 2004).

A Catholic Charities' policy paper, *Poverty and Racism: Overlapping Threats to the Common Good* (2008), addresses the connection between poverty and racism:

> It is our strong belief that any strategy to reduce poverty in America must also confront the deep connection between racism and poverty. As we stated in 2006, we are convinced that poverty and racism "are so intertwined that it is impossible to fully separate them". Racism, in both its individual and institutional forms, is the cause of poverty and at the same time an additional barrier for people of color seeking to escape poverty. (p.1)

Wilson (1987) uses the term *social dislocations* to refer to issues such as teen pregnancy, unemployment, and crime found in impoverished communities that keep people in disequilibrium and poor. Wilson believes these are not aspects of culture but rather indicators of inequality due to race and class. He states that people living in concentrated areas of poverty are locked out of many mainstream opportunities and develop coping strategies and ways of living in the world in response to the lack of opportunities available to them. Having sex at a young age may be one of these coping strategies.

Living in poverty makes it likely that adolescent parents may need to rely on financial assistance. The federal government provides funds to states for distribution to individuals living in poverty via the Temporary Assistance for Needy Families (TANF) program. There is a belief among some that low-income teens get pregnant so they are eligible for welfare benefits (Guttmacher, 1995). None of the sources examined for this report support that assumption, and it has been shown that when welfare benefits were reduced in some states, birthrates did not decrease (Wilson, 2009).

However, there is a correlation between teen parenthood and receiving TANF benefits. The Urban Institute found that "more than half of all AFDC assistance in 1975 was paid to women who were or had been teenage mothers" (Wilson, 1987, p. 29). This still held true years later according to research conducted for the welfare reform bill known as The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Duffy & Levin-Epstein, 2002).

Within this context in which poverty and teen pregnancy are strongly related, three trends relevant to this study will be explored: the historical trends of birthing patterns, fluctuations in the teen birth rate, and changes in perceptions of adoption as an option to deal with an unplanned pregnancy.

Birthing Patterns

More single women are having babies. National statistics reveal that 41% of babies in the United States were born to single women in 2009, with teenagers accounting for 21% of these births. There has been a shift since 1975 when 52% of births outside of marriage were to women under 20 (Hamilton, Martin, & Ventura, 2010). There is less stigma attached to women, no matter what their age, who have children outside of marriage. This represents a significant societal change in birthing patterns in the United States.

Teen Birth Rate

The United States has the highest teen birth rate compared to other industrialized nations (Adams, Gavin, Femi, Santelli, & Raskind-Hood, 2009; Furstenberg, 2007) and, after a 14-year decline, the teen birth rate (42.5 per 1,000) increased in 2006 and 2007

(Hamilton, Martin, & Ventura, 2009). In Minnesota, the 2006 pregnancy and birth rates also increased for the first time in 14 years (MOAPPP, 2009).

As stated earlier, the preliminary data from 2009 now reveal a 6% decline in the birth rate for teen mothers between the ages of 15-19 years. But with many girls and young women giving birth every year in the United States (750,000 in 2006, according to 2010 report from Guttmacher Institute) the problems that surround teenage pregnancy remain.

The two-year increase in the teen birth rate brought teen pregnancy back into the spotlight. Examining the possible reasons for this increase may serve two purposes: (a) to gain a deeper understanding of the antecedents of teen pregnancy and ways to ameliorate these causal factors, and (b) to continue to strive to develop programs and service delivery that effectively address the challenges teens face as young parents.

The probable reasons the teen birth rate changes over time are many and complex. There is evidence that funding for, access to, and the availability of contraceptives, along with education promoting effective use, may affect the teen birth rate. The number of sexually active teenagers doubled between the years 1970 and 1990, but the teen birth rate did not double because more teens used contraception, and used it more effectively, even though funding for programs dispensing birth control had been reduced (Luker, 1996). Moore (2009) explored whether the rising teenage birth rate in 2006 and 2007 was a trend or just an anomaly. In 2005, there was a small but significant increase in the number of female high school students who said they did not use any form of birth control the last time they had sex. Moore also noted a decrease in federal funding (Title

X) for family-planning services that target teens. She proposed that both of these could be factors contributing to the rise in the teen birth rate in 2006 and 2007.

Another possible factor contributing to the increase in the teen birth rate in 2006 and 2007 may be a change in how sex education was delivered at that time in many schools. Abstinence-only programs began with President Clinton as part of the 1996 welfare reform. Under President George W. Bush, federal funds for abstinence-only sex education more than doubled (Howell & Keefe, 2007). Abstinence-only programs have not proved to reduce teen pregnancy (Collins, Alagiri, & Summers, 2002; Cook, 2009; Howell & Keefe, 2007; Kirby, 2002). The federal government did not include funding in the 2010 budget for abstinence-only sex education, returning to funding comprehensive sex education programs (Kliff, 2009).

A recent study by John B. Demnott and his colleagues offers a new perspective on sex education (Guttmacher, 2010). African-American sixth-and seventh- graders participated in a study in which abstinence was not discussed in conjunction with waiting until marriage but rather until someone is ready to handle the consequences of having sex. Additionally, the information was presented in a value-free manner based on medical facts and did not discourage the use of birth control when one is sexually active. This educational approach proved to be effective for getting this age-group to postpone sex. The effectiveness of this approach might be due to its combination of information about both abstinence and contraception.

A decrease in the number of providers who perform abortions, changes in the laws regarding abortions in some states (Jones, Zolna, Henshaw, & Finer, 2008), and a

growing pro-life movement may also factor into the rise of the teen birth rate in 2006 and 2007. There has been a decline in the abortion rate, which has not been at this level since 1974, down 25% since it peaked in 1981 (Wind, 2008).

A variety of additional factors, including the economic downturn, fewer educational opportunities, and a decrease in HIV prevention and education efforts may also have contributed to the rise in the teen birth rate in 2006 and 2007 (Santelli, Orr, Lindberg, & Diaz, 2009). The teen birth rate is presently on the decline but the reasons for this are currently unknown. Pinpointing the factors that influence the teen birth rate's rise and fall could be extremely important in stemming the tide of teen pregnancy.

Adoption

Adoption is not the option most adolescent parents currently choose. Approximately 2% of unmarried women of all ages choose the option of adoption (Child Care Trends, 1995; Jones, 2008). Most unintended teen pregnancies result in abortion or mothers keeping their babies (Guttmacher Institute, 2006).

The Adoption History Project (University of Oregon, 2007) provides a perspective regarding how unmarried mothers were viewed in the past. Between 1940 and 1972, abortion was illegal, and adoption was used as a means to deal with the increase in out-of-wedlock births for white, middle-class, young women. Many women were sent away to homes for unwed mothers to avoid the shame associated with having a child outside of marriage. Because illegitimacy was more accepted in the African-American community at that time, legal adoptions were not as prevalent as they were in the white community, but this changed after WWII when more African-American children were brought into

the adoption system.

To conclude this discussion about the context of adolescent pregnancy and parenting, we see that it is important to be aware of the multiple risk factors that may impact a teen parent's life, such as living in impoverished neighborhoods, the effects of race and culture, sub-standard education, and abuse (Sarri & Philips, 2004) as well as factors that affect birth practices (e.g., birthing patterns) that have changed over time. Understanding the issues young parents face is critical for working with teen parents or creating programs and services to meet their needs. There has been a shift in how society views single parenthood, adoption, birth control, and approaches to pregnancy prevention. Fluctuations of the teen birth rate, changes in birthing patterns and adoption, and issues surrounding poverty and race should be taken into account when planning for adolescent parents' present-day needs as well as thinking about what they will need regarding education and support in the future.

Educating and Supporting Adolescent Parents

Research demonstrates that education and support services make a positive difference in the lives of adolescent parents and their children (Flanagan, 2005; Letourneau, Stewart, & Barnfeather, 2004; Trupin, 2005; Zero to Three Policy Center, 2005). Teen parents with access to support and services do better in school, have fewer subsequent pregnancies, and are less likely to engage in illegal drug use (McDonell, Limber, & Connor-Godbey, 2007). Adequate support and access to services can make the difference in the health and well-being for young parents and their children. "In an ideal world, young people who choose to parent would obtain adequate supports and resources

to ensure that their own hardships are not replicated in their own children's lives" (Healthy Teen Network, 2008, p. 3).

Educational Needs of Adolescent Parents

Many teen parents have relatively lower academic skills and need educational services. Lack of success in school presents a risk factor for early pregnancy (Musick, 1993). Many young mothers are socially isolated due to a lack of skills and knowledge. More likely to drop out of school than other women (Kearney, 2008), adolescent mothers may perceive themselves as lacking the ability to achieve the American dream of having a career and financial success. A little more than half of adolescent mothers earn a high school diploma by the time they are 22 years old compared to 89% of young women who do not give birth as a teenager (Perper, Peterson, & Manlove, 2010). Parenthood may be the goal that some young women can successfully pursue instead of an education (Edin & Kafalas, 2005). Close to 75% of adolescent mothers drop out of school (Stoddard, 2005). Being a teen father also increases the likelihood of dropping out of school (Xie, Cairns, & Cairns, 2001).

Being a young mother does not necessarily mean that education comes to a halt. If a program can support and help sustain young families, 73% of teen mothers will go on to graduate, which is not much below the 77% graduation rate of young women who are not mothers (Hollander, 1994). Young mothers who graduate from high school have a greater chance of building a future for themselves and for their children. A significant number of female dropouts cite pregnancy and parenting as the reason for not completing their education. Research suggests that schools providing support and services can

reverse this trend (National Women's Law Center, 2007).

How School-Based Programs Meet These Needs

School-based programs offer an array of comprehensive services, which is the most effective means of service delivery for teen parents (Amin, Browne, Ahmed, & Sato, 2006). Schools with child-care services have a positive impact on both adolescent parents and their children due to daily contact with involved and caring adults; child-care services significantly affect teen parents' school success (Sadler, Swartz, Seitz, Meadows-Oliver, Grey, & Clemens, 2007). This daily contact with child-care providers along with programs designed to meet adolescent parents' needs may also help deter rapid subsequent pregnancies (Baytop, 2006). Some teen parents are leery about their first child-care experience and feel most comfortable with school-based child care for their children (Crean, Hightower, & Allan, 2001). Schools serve an important function whereby early intervention is possible for both the teen parents and their children, but few programs offer the array of services most teen parents and their children need (Stephens, Wolf, & Batten, 1999). The American Academy of Pediatrics (2001) states:

> Quality school-based child care programs facilitate the participation of the adolescent in school, provide support and education to the parent, and can assist in improved health and development in their children. (p. 431)

The Center for Assessment and Policy Development's report (1997) provides an overview of school-based programs for adolescent parents. Access to quality child care, medical services, case management, support services, employment and training services, and a flexible educational environment were identified as key elements in providing comprehensive services for adolescent parents and their children. School-based clinics

that offer a variety of medical services (e.g., contraception, parent education, sex-education) for all students provide a benefit to teen parents, as well (Sarri & Phillips, 2004).

In a report about how to prepare pregnant and parenting teens in the Chicago schools for success, Marcy (2003) recommended that staff be trained regarding the needs of teen parents. Class schedules need to be flexible in order to accommodate teens who are employed, and support needs to be offered in a variety of ways (e.g., home visits, family advocates, on-site child care, homebound instruction).

Title IX is a federal mandate passed in 1972, stipulating that pregnant and parenting teens have a right to an education that is comparable to students who are not pregnant or parenting (National Women's Law Center, 2009). Pillow (2006) asserts that not all programs fulfill the intent of the law of providing a fair and equitable education for pregnant and parenting students. Some schools refer pregnant and parenting teens to other programs that may or may not be a quality educational setting. Many school districts fail to provide educational and support services for teen parents (Healthy Teen Network, 2008). Pillow also points out that The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform) created a shift from the original intention of Title IX, which views education as an entitlement. Now education is seen as a requirement that adolescent parents must fulfill to receive economic benefits (Lower-Basch, 2008).

Support Needs of Adolescent Parents

As stated in the previous chapter, adolescent parents face the possibility of living

in poverty (Kirby, Coyle, & Gould, 2001), joblessness (Wilson, 1987), sexual abuse (Logan, Holcombe, Ryan, Manlove, & Moore, 2007), health risks for the teen mother and child (Stoddard, 2005; Ventura, 2009), a greater risk of child abuse and developmental problems (Trupin, 2005), and mental health issues (Cox, Buman, Valenzuela, Joseph, Mitchell, & Woods, 2008). When developing programs to strengthen social support, it is important to understand how risk factors, such as mental health (depression, in particular), and social support interact, with an emphasis on strengthening social support (Cox, Buman, Valenzuela, Joseph, Mitchell, & Woods, 2008).

Along with poverty comes hopelessness. Many people who are poor have little hope for the future and do not see life as full of possibilities and options. There is a high incidence of depression among the poor (Brown, 2009) and, more specifically, adolescent parents (Sarri & Phillips, 2004). Some teen parents feel stuck and unable to make changes in their lives; such emotions may impact their ability to parent (Letourneau, Stewart, & Barnfeather, 2004). Support from the baby's father has a positive effect on the mother's mental health by decreasing the incidence of postpartum depression (Cox et al., 2008).

Teen parents may also be at higher risk for mental health issues due to physical, emotional, and sexual abuse (Lerman, 1997; Lipper, 2003; Musick, 1993; Stoddard, 2005). According to different sources, 62% (Lerman, 1997) to 66% (Elders & Albert 1998, as cited in Stone 2004, p. 120) of teen mothers have been sexually abused. If the root causes that lead to mental health issues and early pregnancy are not addressed, some teens may keep having children in an attempt to resolve their internal conflicts (Logan,

Holcombe, Ryan, Manlove, & Moore, 2007). Depression has been found to be a strong predictor of rapid subsequent pregnancies for adolescent African-American mothers. They have a 40% greater chance of repeat pregnancies compared to teen mothers not affected by depression (Barnet, Liu, & DeVoe, 2008). It is imperative that the mental health issues of adolescent parents be identified and that support and services are in place to address these issues.

Support for adolescent parents takes different forms. Informal support includes support from family, friends, and significant others and has been identified by some as the most significant kind of support for teen parents (Lettourneau et al., 2004). But additional support is needed to connect young families with the services they need, such as educational, medical, financial, housing, and counseling services. Formal support connects adolescent parents with professionals and may be categorized as either center-based, home-based, mixed delivery (Trupin, 2005), or community-based (Barnet, Liu, DeVoe, Alperovitz-Bichell, & Duggan, 2007).

When adolescent parents are connected to formal support systems, they become clients or participants. Community service agencies, schools, medical facilities, and churches are examples of points of entry where teen parents access services and programs.

Components of Effective Programs for Adolescent Parents

A review of research literature indicates that critical components of high quality programs and services for adolescent parents include competent and caring staff, comprehensive services, and access to services.

Staff. Effective programs have staff members who are competent and caring. The people who work with teen parents and the relationships they build are critical to a program's success (Sergio & Maier, 2005). A review of teen parent programs indicated that relationships with caring adults is the only factor found to improve outcomes (Cox et al., 2008), although other findings also point to the comprehensiveness of programs (including coordination of services, staff training, and public awareness) as a factor for improving outcomes for adolescent parents (Stephens, Wolf, & Batten, 1999). Some programs are not staffed with people willing and able to address sensitive issues facing teen parents, such as sexual abuse (Musick, 1993) and issues related to sexuality (Polit, 1989). But addressing these issues is necessary if a program seeks to change teen parents' attitudes and beliefs, which is a critical factor in reducing rapid subsequent pregnancies (Teen Parent Quality Improvement Project, 2005).

People working with teen parents need to have certain skills that might not be required of other teachers or child-care workers. Lipper (2003) believes that staff members need relationship skills and the ability to mentor adolescent parents with openness and honesty. Staff members also need to be familiar with human developmental principles as they work with both the adolescent parents and their children (Flanagan, 2005). They also need to be culturally competent in order to increase their ability to work with individuals from diverse cultures. Cultural competence is defined by Cross, Bazron, Dennis, and Isaacs (1989, ¶ 2) as:

> a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross–cultural situations.

Studies of home visiting programs specify the need for staff to have relationship skills and knowledge of community resources in order to facilitate coordinated care to better serve adolescent parents (Barnet, Liu, DeVoe, Alperovitz-Bichell, & Duggan, 2007; Sergio, Capell, & Maier, 2005).

Comprehensive services. Programs that offer a variety of services such as transportation, counseling, housing assistance, and economic assistance for teen parents and their children are the most successful (Stephens, Wolf, & Batten, 1999). Culturally-sensitive approaches to service delivery are also an aspect of comprehensive and effective programs (Baytop, 2006; Britner & Reppucci, 1997; Cooley & Unger, 1991), meeting the needs of racially and ethnically diverse populations. McDonell, Limber, and Connor-Godbey (2007) identify the importance of providing services that meet the individual needs of teen parents instead of treating them as members of a homogeneous group who all need the same type of services and support. Additionally, teen-parent programs using developmentally appropriate strategies with an emphasis on mentoring young parents are found to be effective in delaying subsequent pregnancies (Black, et al., 2006).

Rothenberg and Weissman (2002) describe a teen-parent program in New York in which a number of professionals provide a variety of services that teen parents require in order to meet their various needs. The point of entry into this program is a community clinic where a social worker refers teen parents to the Pathways to Success program. Parent educators, pediatric health educators, and volunteers also work with the teen parents and their children. This program exemplifies the fact that multiple professionals are needed to work across disciplines to provide comprehensive services for teen parents.

Adolescent fathers also need support and education. Boys who engage in risky behavior such as drug use, not attending school, or acting out at school are at high risk for becoming adolescent fathers (Thornberry, Wei, Stouthamer-Loeber, & Van Dyke, 2000). Early fatherhood may also lead to both the teen fathers and their children having developmental problems (Thornberry, Smith, & Howard, 1997). Many adolescent fathers are unable to provide for their children's needs and, therefore, become disengaged from their children's lives (Rhein, Ginsburg, Schwartz, Pinto-Martin, Zhao, Morgan, & Slap, 1997). There are many programs available for teen mothers, but programming for teen fathers is less available (Parikh, 2005).

Bronte-Tinkew, Burkhauser, and Metz (2008) identify the components of a high-quality teen-father program that includes developing community partnerships (e.g., with schools and the medical community), building relationships with adolescent fathers, providing a variety of services delivered in developmentally appropriate ways that meet young fathers' needs, and employing staff members who are knowledgeable and possess positive attributes (e.g., enthusiasm).

Service delivery. Some programs offer home-based or home visiting delivery of services to the adolescent parents and their children. A study was conducted that randomly assigned low-income urban African-American pregnant girls between the ages of 12 and 18 to a home visiting program (Barnet, Liu, DeVoe, Alperovitz-Bichell, & Duggan, 2007). Community members were trained as home visitors, which included implementing a curriculum. They visited the teen parents twice a month and had positive outcomes on parent attitudes and helped teen parents stay in school. They did not have a

positive effect on the mental health of the teen parents or in reducing repeat pregnancies. It was concluded that better communication between the home visiting program and medical providers was an area that needed improvement and that the teen parents' mental health needed to be addressed more effectively, which may require that the home visitors be trained to recognize mental health issues. An additional study done on mentoring teen parents (Flynn, 1999) through a home visiting component concluded that home-visitors who are from the communities they serve are effective in improving outcomes regarding birth weight, infant mortality, and child neglect and abuse for teen parents and their children.

Examining program delivery on a national level, the Healthy Teen Network (2008) proposed changing the Adolescent Family Life Act (AFLA) Care Program. The AFLA was established as Title XX legislation from the Department of Health and Human Services in 1981 to promote abstinence and provide services to pregnant and parenting teens. The proposed model, the Young Families Resource Centers Program, called for (a) expanding services for young families, (b) being the first point of contact for service delivery, and (c) connecting teen parents to existing community services or providing services if none is available. The Adolescent Family Life Demonstration and Research Program currently funds 27 demonstration projects nation-wide and was funded at close to $17 million in 2010. The projects focus on pregnancy prevention, the development of comprehensive services for pregnant and parenting teens, and research to explore the antecedents of adolescent pregnancy (Department of Health and Human Services Office of Population Affairs, 2011).

A special addition of the *Journal of Family Social Work* (2011) highlights the findings from seven programs funded through the Adolescent Family Life Program administered by the Office of Adolescent Pregnancy Programs. The findings reported in this issue indicate that (a) teen parents face challenges but also have protective factors, mainly in the form of social support; (b) addressing the adolescents' mental health issues, particularly depression, can help reduce child abuse and improve the developmental outcomes of their children; (c) strong relationships between adolescent mothers and their parents can strengthen social support and develop the adolescents' nurturing capacities as parents; and (d) positive relationships between adolescent mothers and the fathers of their children, health professionals, and school counselors can have desirable impacts on young parents and their children.

Sarri and Phillips (2004) identified barriers preventing adolescent parents from receiving quality services. These include teen parents not having input into program design, services that do not fit their needs, a mistaken assumption that the teens' own parents will be there to help them navigate the service delivery system, and issues with accessing services. Young fathers, in particular, may not be able to access services as readily as teen mothers (Pastner, 2008). This may be due to the fact that the mother is typically the sole custodial parent so the father would not be eligible for some services (e.g., as non-custodial parents, adolescent fathers would not be eligible for child care subsidies).

High attrition has also been cited as an issue with programs that target disadvantaged families (Reichman & McLanahan, 2001; Woolfolk & Unger, 2009). More

research is needed to identify what might ameliorate this problem so that more people can access services and programs and stay involved for a longer period of time.

Gaps in the Literature

There are gaps in the literature regarding educating and supporting teen parents and, in particular, adolescent fathers. Very few programs specifically designed to serve adolescent fathers have been evaluated, indicating that more research is needed in this area (Bronte-Tinkew, Burkhauser, & Metz, 2008). Additionally, there is a lack of research regarding the effectiveness of teen parent support interventions (Letourneau, Stewart, & Barnfeather, 2004). The majority of research on adolescent pregnancy and parenting has been conducted outside of the educational field by people with a focus on the social and psychological dimensions as opposed to the educational aspect of teen pregnancy and parenting (Pillow, 2006).

A large portion of the literature addresses the barriers preventing teen parents from accessing programs and services (e.g., lack of transportation, lack of awareness of existing services) as opposed to identifying what needs to be in place (e.g., coordination of services, advocacy) in order to increase program success and participation (Woolfolk & Unger, 2009). Sarri and Phillips (2004) state:

> The consequences of adolescent child bearing are well documented, but the precipitating risk factors and social conditions are less well understood. Furthermore, the pregnant or parenting teen's need for and access to social services has not been sufficiently studied. (p. 539)

This study may shed some light on these issues that are not well represented in the literature.

Summary

This chapter explored the context of adolescent parenting that included the link among poverty, race and ethnicity, and teen pregnancy. A historical perspective of adoption was presented, because adoption is rarely perceived as a viable option among teen parents. Research tells us that comprehensive quality services may make the difference in steering young parents and their children in the right direction. Components of effective educational and support programs for teen parents include competent staff and comprehensive services that are well designed and implemented. Also presented were the various types of support needed to help teen parents thrive as well as the barriers that prevent them from accessing services. Gaps in the literature were identified. The many issues that continue to challenge the lives of teen parents and future generations of their children make this issue one that deserves continued and careful attention.

Chapter Three

Research Plan

This chapter includes the purpose and methodology of this study as well as a general discussion about focus group research and data analysis for qualitative research. The methods of data collection and analysis for this study are also described.

Purpose

The purpose of this research was to learn what professionals can tell us regarding educating and supporting low-income adolescent parents. Furstenberg (2007) explains that social science research is a means of staying close to the people who normally have no voice in policy development in order to describe the reality of those for whom policies are made. Although this study does not present voices of low-income adolescent parents, it presents perhaps the next best option: professionals' voices who work directly with these adolescents. The information garnered in this study might have an impact on practice and policies regarding educating and supporting adolescent parents. Additionally, professionals and students in the parent education field should find this information helpful as they navigate the complexities of working with adolescents who face the challenges of parenting and living in poverty.

Methodology

This study used a descriptive qualitative research methodology, employing focus groups to collect data. Qualitative research is an appropriate approach for examining the complexities of human existence, which is fitting for this study about educating and supporting adolescent parents. Rossman and Rallis (2003) state that qualitative research

"takes place in the natural world, uses multiple methods, focuses on context, is emergent rather than tightly prefigured, and is fundamentally interpretive" (p. 8). The qualitative researcher, they maintain, "views the social world as holistic, systematically reflects on who she is, is sensitive to personal biography, and uses complex reasoning" (p. 10).

Creswell (2007) discusses the characteristics of qualitative research and the emphasis on inductive reasoning. This involves a *bottom-up* flow of inquiry (i.e., a focus on specific cases) versus a *top-down* approach that is guided by a previous theory. In qualitative research, the researcher is immersed in the phenomenon, gathers data, poses questions, looks for patterns and themes, and reflects on what emerges and how it relates to other theories or develops theories of his or her own. One widely recognized means of collecting data using bottom-up inquiry is the focus group.

A critical element of qualitative research is the researcher maintaining openness to the phenomenon, which allows themes to emerge (van Manen, 1990). Flexibility is needed in data analysis, as it is an evolving process whereby new insights may bubble up to the surface. The researcher also needs to balance exploring the topic prior to collecting data (in this case, conducting the focus groups) and, at the same time, remaining open to new perspectives brought forward by the (focus group) participants.

Denzin and Lincoln (1994) summarize some of the criticisms of qualitative research:

> Qualitative researchers are called journalists, or soft scientists. Their work is termed unscientific, or only exploratory, or entirely personal and full of bias. It is called criticism and not theory, or it is interpreted politically, as a disguised version of Marxism, or humanism. (p. 4)

Denzin and Lincoln go on to compare qualitative and quantitative research paradigms,

stating that qualitative research is viewed by some as subjective and value-laden with unreliable methods.

Although it might be interesting to examine the epistemology characteristics of all types of research approaches (positivism included), such an examination is beyond the scope of this study. The argument for using qualitative methods in this study is two-pronged: qualitative methods suit the central research question and qualitative methods are widely used and accepted in the field of education as evidenced by their inclusion in peer-reviewed publications and presentations.

Creswell (2007) summarizes the philosophical assumptions of qualitative research. The ontological assumption examines the nature of reality, which in qualitative research is subjective: What is real is defined by those participating in the group. The epistemological assumption looks at the nature of knowledge and what is known, which in this case are knowledge claims or assertions produced by the focus group participants. The researcher is immersed in the phenomenon being studied, attempting to minimize the distance between the researcher and what or who is being studied. The researcher makes his or her own values and beliefs known to the reader when addressing the axiological assumptions of qualitative research. In qualitative research reports, a relatively informal style of writing and personal narrative is acceptable in light of the rhetorical assumptions of qualitative research. The methodological assumption refers to the process of doing qualitative research. The process includes primarily using inductive logic and being immersed in the topic as well as providing the context surrounding the phenomenon. It also means being comfortable with an emerging research design that changes and evolves

as the study progresses.

Willig (2001) explains that qualitative researchers look for the meaning of experiences in order to gain a deeper understanding of life events and how people interpret a phenomenon. The focus is more on context and the layers of experiences rather than on seeking a cause-effect relationship.

Marshall and Rossman (2006) define qualitative research as a means to study social phenomena using multiple methods of inquiry with the aim of understanding, and in some cases changing, the social phenomenon being studied. Qualitative research is an appropriate approach to study the phenomenon of educating and supporting adolescent parents.

Worldview

The worldview of the researcher is the stance taken or the lens with which one views a phenomenon that affects all aspects of the research. This research is guided by a constructivist or constructionist approach and philosophy. "The constructivist view is that knowledge claims are *justified* if we agree that they are useful in reaching our practical goals─rather than *verified* by proving that they correspond to reality" (Colliver, 2002, p. 49). By employing the constructionist world view, meaning will be found in the collective experiences shared by participants in the focus groups. This world view could also be described as social constructionism which "draws attention to the fact that human experience, including perception, is mediated historically, culturally and linguistically" (Willig, 2001, p. 7).

Epistemological Perspective

Constructivism is the epistemological orientation for this research with the assumption that reality and meaning are social creations constructed by interactions among focus group members and also with the researcher (Stewart, Shamdasani, & Rook, 2007).

This Researcher's Perspective

Constructionism is my worldview as a researcher and a parent educator. Not having children of my own makes this a natural approach for me as a parent educator who worked with adolescent parents, because I can not claim expertise from the personal experience of being a parent. My love of children, commitment to family, and knowledge about child and family development is what I brought to my work with adolescent parents and what I bring to this research study. Using group facilitation skills, I helped participants share their own experiences, enabling us to learn from each other.

The social constructionist perspective is a stance I developed in my years as a parent educator: We were co-creators of knowledge. It is a collective process in which I was a participant as well as a leader. This was also the case as I served as the moderator (but not an active participant) for the focus groups convened for this research. This approach fits with the focus group method to collect data in that the group constructs the knowledge as they share their experiences related to the topic.

Description of Focus Groups

Krueger (1994) defines a focus group as "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive,

nonthreatening environment" (p. 6). He identifies three focus groups as the minimum number needed for a legitimate focus group study with a recommended six to nine participants in each group. The researcher is responsible for moderating, listening, observing, and analyzing the data using an inductive process. Understanding of the results is based on the discussion as it develops rather than the testing of a preconceived hypothesis or theory.

A great deal of thought and planning is required to properly conduct focus groups. Choosing appropriate participants, taking the necessary steps to ensure attendance and participation, and deciding on the questions to elicit data to answer the research question are all important components of the planning process. As focus group participants offer opinions and make assertions about the topic being discussed, it is critical that the data generated in focus group discussions match the goals of the research (Morgan, 1997).

Krueger (1994) suggests five types of questions to be used in focus groups. The opening question is one that can be answered briefly and factually to achieve the goal of establishing rapport and a common thread among the participants. Next, the moderator asks an introductory question to present the topic and to get people talking and participating in the discussion. Following that, a transition question is asked, which moves the discussion towards the key topic questions. It offers an opportunity for the participants to hear from each other and to become aware that they bring different perspectives to the discussion. Next are two to five key questions that are the main focus of the discussion. Last, ending questions help wrap up the discussion, giving the participants an opportunity to reflect, prioritize assertions, add anything they think has

been missed, and comment on the moderator's summary of the discussion.

Krueger (1994) states that questions should be open-ended, clear, follow a natural progression from the general to the specific, and be presented in a context. "Why" questions are to be avoided because they suppose that the participants have reflected upon the questions; if the participants have not reflected on the questions, they might give answers they think the moderator is looking for or, in some cases, defensive responses. Instead, "what" questions or questions about how people feel about the topic should be used.

Krueger (1994) believes that one of the benefits of using focus groups is that the discussion between the moderator and the participants and among the participants themselves generates data that would be nearly impossible to obtain using other research methods. Morgan (1997) adds:

> Ultimately, focus groups will be judged against one unavoidable criterion: Do they help us reach our research goals? At a minimum, any new method must offer researchers an increased sense that they can answer their existing research questions. New methods are especially appealing, however, when they also lead us to ask new or better questions. Thus, the appeal of focus groups as an addition to the existing range of qualitative techniques arises from their ability both to address existing research questions and to generate new ideas about how to do qualitative research. (p. 74)

The focus group method of data collection was used in this study in order to discover what a variety of professionals know about educating and supporting adolescent parents. Focus groups fit with the constructionist view in that knowledge is socially constructed. Focus groups allows for multiple voices and views to emerge. Participants may stimulate each other to think about multiple aspects of a topic and, in some cases,

think about it differently, or from a new perspective.

Data Collection for this Study

Focus Groups

I served as the moderator for three focus groups within a two-month time period. The groups were comprised of experienced (more than 2 years) professionals who work with low-income adolescent parents. There were 21 participants in all, 7 in each group. The ethnic make-up of the groups consisted of 19 European Americans and 2 African Americans. There were 3 male and 18 female participants. Each group had at least one professional from each of the following categories: nurses, parent educators, teen father workers, and social workers. Across the three groups, there were a total of 7 nurses, 6 parent educators, 3 people who work with young fathers, and 5 social workers (see Appendix F). Gender and age were not a consideration although each focus group had one male participant. Race was not initially a consideration until the first two focus groups were comprised of all European Americans, many from suburban settings. An effort was made to have more ethnic diversity and urban representation in the third group. The Institutional Review Board at the University of Minnesota granted human subjects approval for this study.

The focus groups were homogeneous in that all of the participants had experience educating or supporting low-income adolescent parents. The groups were heterogeneous due to the various professional roles represented in each focus group. It seemed important to have groups of mixed professionals in the focus groups because this mirrors the way we work with teen parents. No one agency or school meets all of the teen

parents' needs. Services and programs are delivered by many professionals in a variety of ways. For example, case management can be done by a social worker, a public health nurse, a teen-parent program coordinator, or a collaborative team. Working with teen parents requires professionals to work with a variety of programs and community service providers. Having a discussion with a group of professionals from various disciplines was a means of fitting the puzzle pieces together to create a whole picture regarding educating and supporting teen parents.

Litoselliti (2003) suggested that focus groups should be conducted in a comfortable, convenient location. Participants should be seated around a table where they may have eye contact with each other as well as the moderator. Food and drink may be provided to increase comfort in the situation. Recording equipment should be set up and tested prior to the start of the group to minimize distractions and prevent wasting participants' time. These recommendations were followed in the current study.

The focus groups for this study were both videotaped and audiotaped with separate equipment to facilitate the recognition of individual speakers. The camera was placed in a location designed to optimize a view of all participants' faces.

Participants were recruited by Dr. Suzanne Fust, program manager at Teenwise Minnesota, formally known as MOAPPP (Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting) who had access to a list of public health nurses, social workers, parent educators, and people who work with adolescent fathers. Dr. Fust recruited subjects by writing an article in the Teenwise newsletter describing the research study and requesting volunteers. Because the groups were held during the summer

months during vacation time for many potential participants, a special effort was needed to complete recruitment for the third group. Dr. Fust personally contacted specific people by phone and email to invite them to participate. She also made an effort to specifically invite people who were working in an urban setting.

Dr. Fust has an M.P.H. in Public Health Administration and a Ph.D. in Child Psychology from the University of Minnesota. She has experience with focus groups, both as a participant and as a researcher, and has participated in three product focus groups convened by marketing research firms. Dr. Fust has contracted with a consulting firm and participated in the development of questions, criteria, and logistics for six focus groups, two of which she observed. Due to her experience and training, she was able to fill the observer role for the focus groups as well as preview and critique the focus group interview schedule and questions and provide guidance on the questions' adequacy to address the research question.

Regarding the composition of focus groups, Krueger (1994) states that "the focus group is characterized by homogeneity but with sufficient variation among participants to allow for contrasting opinions" (p.77). In this study, the common ground was that all of the participants had worked with teen parents for at least two years. The main variation was the different professions represented in the groups.

The participants filled out a questionnaire prior to the meeting to provide demographic information used for screening (Appendix A). This determined whether the participants had at least two years of experience with teen parents and, depending on their profession, which group they would be assigned to, so that each group had

representatives from each occupational area. The sessions lasted for approximately two hours and were held in the conference room at the Teenwise Minnesota office. Dinner was provided and served at the beginning of the session. I served as the moderator of the focus groups and, therefore, did not contribute to the discussion other than asking the questions and probes (Appendix B). A consent form was mailed to each participant prior to the focus group session. Extra forms were available the night of the session if someone forgot to bring their form. The form included:

- background information about the study
- the procedures to be followed
- the risks and benefits of the study
- how confidentiality would be maintained
- the voluntary nature of the study
- contact information

The focus group questions were derived from the literature review as well as from my own experience working in teen-parent programs. The questions were developed to generate more information or to provide various perspectives regarding key concepts found in the literature review. Questions focused on critical issues facing teen parents; programs and services for adolescent parents; challenges faced by professionals who work with teen parents; the mental health of adolescent parents; and issues related to working with the teen fathers.

The transition question was about critical issues facing teen parents. This question reflected the literature about teen parents being (a) caught in a generational cycle of

poverty (Stoddard, 2005), (b) likely to drop out of school (Kearney, 2008), and (c) likely to face many challenges, including securing child care and employment (Williams & Sadler, 2001).

The first key question explored the professionals' views on programs and services designed to meet the needs of teen parents and what the professionals consider to be the most important components of teen parent programs and services. Research tells us that quality programming can make a positive difference in the lives of teen parents and their children (Flanagan, 2005; Lettourneau, Stewart, & Barnfeather, 2004; McDonnell, Lumber, & Connor-Godbey, 2007; Trupin, 2005; Zero to Three Policy Center, 2005).

Other key questions were related to the challenges professionals face in educating and supporting low-income teen parents. These questions address the correlation between poverty and teen pregnancy and parenting (Koball & Douglas-Hall, 2004), and the skills professionals need to work effectively with teen parents. According to the literature, relationship skills help professionals connect with teen parents. A relationship with a responsible, caring adult is seen as a critical factor for improving outcomes for teen parents (Cox et al., 2009). A follow-up question addressed high attrition, which keeps families from taking full advantage of services and programs, especially those that target disadvantaged families (Reichman & McLanahan, 2001; Woolfolk & Unger, 2009).

There was a key question about working with adolescent fathers due to the fact that young fathers are, in general, under served and have problems accessing services (Parikh, 2005; Pastner, 2008). Another key question concerned the mental health of teen

parents. There is a higher risk of mental health issues for teen parents as a result of physical, emotional, and sexual abuse (Lerman, 1997; Lipper, 2003; Musick, 1993; Stoddard, 2005), and, in particular, depression (Sarri & Phillips, 2004). Professionals were asked about specific strategies for teaching parenting skills to adolescents that may be different than teaching parents who are adults (Black et al., 2006).

Follow-up Interviews and Questionnaires

Morgan (1997) suggests using both focus groups and individual interviews as complementary data collection methods to strengthen the researcher's ability to capture data. Therefore, I followed up after the focus groups with all of the participants except for two who declined to participate. I conducted one person-to-person interview and conducted four telephone interviews. The individual interviews were very informative. I was able to dig deeper into the topics and the probes and follow-up questions flowed more naturally than in the focus group discussions.

The remaining 14 participants completed follow-up questionnaires (Appendix D). My intention was to contact the participants as soon as possible after the focus groups while the discussion was still fresh in our minds. I asked some of the participants for clarification or for more details about points they made during the focus groups and offered them an opportunity to tell me more about a topic. I also shared the tentative themes that emerged from the discussion groups and gave them an opportunity to comment on the themes or identify additional themes from the focus group discussion. Most of the participants thought the list was complete.

The following list was presented to the participants in the follow-up interviews

and on the follow-up questionnaire as possible themes from the focus groups:

- The need for more and consistent services
- Catching those who fall through the cracks
- The importance of teaching self-sufficiency
- The importance of learning about teen dads and that services be available to them
- That relationships are key when working with teen parents
- Teen parents need to have their basic needs met
- Schools plays an important role in working with teen parents
- The mental health of teen parents is important to assess and address
- Adolescent parents may need help navigating all the systems in their lives
- Being patient and staying positive is important for those who work with teen parents

When asked if they could think of other possible themes from our discussion not found on this list, five people responded, each expressing one of the following perspectives:

1. It would be helpful to know more about how the teen parents were raised and what they bring to the new relationship with the baby. Teen parents can parent differently than they were parented if they so choose.
2. The most important piece is that a teen parent has access to a high quality child care program for their child.
3. A greater understanding about brain development is needed along with more tools for teaching and working with adolescent parents.

4. Teen parents often have issues with their parents taking over and parenting their grandchildren.

5. Securing transportation and housing are huge issues teen parents face.

In addition to the list of questions on the follow-up questionnaire, I tailor-made at least one question for each person after viewing the videotape. Here is an example of a question I asked one of the participants during our phone interview:

> You were saying some interesting things [during the focus group discussion] and I actually have a question later on asking you to reflect on your own experiences as a teen mom thinking you might not have felt comfortable, or maybe there just wasn't time in the group, for you to say a lot about that? I think you're one of two participants who brought that perspective to the discussion.

This enabled me to further explore the comments each participant made in the focus group. Follow-up interviews can be important in uncovering new information because people may reveal things in an individual interview that they might not reveal in a group (Michell, 1999). I found this to be the case when I was able to talk with this participant in more depth about being a teen parent herself.

The follow-up phone and individual interviews were audiotaped and then transcribed into a written text. The follow-up questionnaires also served as written text. These were all color-coded by theme and some of the quotes were used in the theme portion of this study.

Analyzing Qualitative Data

There is no recipe or exact formula for conducting qualitative research data analysis (Krueger, 1994; Stewart, Shamdasani, & Rook, 2007). Most sources offer suggestions for this process with the knowledge that it is by nature a creative process that

is emerging and evolving. Padgett (2008) offers this general explanation about qualitative data analyses:

> Despite a dizzying array of possibilities, most qualitative data analyses have the following in common: 1) full and repeated immersions in the data; 2) going "deep" into descriptive specificity as well as "across" with pattern recognition; 3) attending to context─temporal and environmental; and, 4) proceeding "up and out" to weave in theoretical and empirical knowledge from the literature. Analysis begins inductively, but the pathways to its completion often include deductive thinking as well. The insider perspective is an invaluable part of this process, but the ultimate contribution of a qualitative study depends on the probity and intellectual clarity of its interpretations. (p. 175)

Plummer-D'Amato (2008) makes the distinction between qualitative and quantitative research in that the concepts of reliability, validity, and generalizability do not fit the qualitative paradigm. Instead, the concepts of dependability, credibility, transferability, and confirmability are more appropriate for qualitative research.

Dependability refers to another researcher being able to follow the procedures and come to the same conclusions as the original researcher. I kept an audit trail, an ongoing account of every step taken in the study (see Appendix E), so that someone else could follow the same procedures.

Credibility is achieved when the results are believable and seem to be a true representation of the participants' responses. In this study, focus group members were able to give input about the themes that the researcher identified from the focus group discussions. Peer debriefing also occurred when the observer for the focus groups (Dr. Fust) had opportunities to read the study on more than one occasion and make comments and suggestions.

Transferability is the ability to transfer the results from one study to another

similar situation. Plummer-D'Amato notes that this is similar to generalizability which is not an emphasis in focus group research. Comments are made in the context of a particular group which further limits generalizability. Due to the small, non-random sample size of focus groups, the findings are not used to make generalizations about the larger population. The constructive process was used with mixed professionals who, together, represented the way teen parents receive services. This may be viewed as transferable if other groups of mixed professionals were convened and asked similar questions.

Confirmability refers to that conclusions drawn are a result of the focus group discussion and the participant's comments and not the researcher's biases. Confirmability is upheld in this study by this researcher disclosing personal background interest and history regarding the research topic, the peer review by the focus group observer, and the audit trail (Appendix E).

Analyzing Focus Group Data

Various sources followed similar steps regarding analyzing focus group data.. Stewart, Shamdasani, and Rook (2007) explain the cutting and sorting technique that was used for this study. First, a written transcript is made from the audiotaped or videotaped focus group. Then the transcript is taken apart and reconfigured. The parts of the transcript that answer the research question are identified and extraneous comments are set aside. Then themes or major topics are isolated. These can be delineated using different colors or symbols. Phrases or sentences that illustrate the themes or topics are then grouped. Each section is described and then used in conjunction with interpretive

analysis. The cutting and sorting technique, while useful and efficient, relies heavily on the judgment of a single analyst and therefore may leave the opening for criticisms concerning greater subjectivity and bias.

Krueger (1994) offers further suggestions for analyzing focus group data. Analysis begins while a focus group is in session; once that group is done, one cannot go back to the group experience. Therefore, the moderator must be astute and alert during the discussion in order to ask probing questions to get at additional information about a topic that may or may not have been part of the original plan. The participants have an opportunity to contribute to the analysis when asked to comment on the moderator's summary at the end of the session and when asked to identify what they think are the most important aspects of the discussion.

Krueger's (1994) suggestions for data analysis are similar to others' in that he suggests looking for trends or patterns that at least a few of the participants put forward in the group. Krueger and Casey (2000) refer to the Classic Approach for transcript-based analysis of focus group data, which was used in this study in conjunction with the cutting and sorting technique:

> The Classic Approach is a low-technology option that has been used in countless analysis projects. It allows the analyst to identify themes and categorize results. It isn't an elegant or sophisticated looking strategy, but it works. (p. 118)

To summarize the Classic Approach:

- Cut transcript into individual quotes
- Number each line of the transcript
- Print transcripts on different color paper according to categories (e.g., by

profession, by theme)

- Arrange quotes by questions to be answered or by categories or themes
- Talk with someone else about how the topics are being categorized
- Write a report focusing on the questions or themes
- Present findings
- Offer recommendations and interpretations

An observer was used during the focus groups in this study, as recommended by Litoselliti (2003), to assist the moderator in taking notes during the focus groups that may include body language and any insights she has about the group. The observer did not record any observations about the body language or tone of voice of the participants which could have been considered focus group data. Her feedback mainly involved suggestions for moderator techniques and what participants shared in the brainstorming session. When field notes or observations from the observer involve interpretations, they are considered part of the analysis process (Morgan, 1997) and not focus group data.

Data Analysis Procedures for this Study

An important distinction to make when using focus groups to collect data is that the group, and not the individual participants, is the unit of analysis (Israel & Galindo-Gonzalez, 2008). So even though the professionals in the focus groups represented various disciplines, roles, and means of delivering services, the emphasis in this study is on the commonalities or themes that came out of the focus groups regarding educating and supporting adolescent parents.

These are the steps taken for analyzing the focus group and follow-up data for this

study, which represent a combination of a few focus group data-analysis techniques:

1. Audiotapes were transcribed into a written text. The videotapes were used to identify the speakers. Phone interviews were also transcribed into a written text.
2. Transcripts of the focus groups were read for general impressions before gradually looking for specific opinions and topics. The transcript was coded by writing on the margin to label the parts of the discussion that related to the research question as well as any new topics discussed (Litoselliti, 2003).
3. Using a cutting and sorting technique, transcripts were taken apart and reconfigured. First, the parts of the transcript that answered the research question were identified. Then the themes or major topics were isolated. Then phrases or sentences that illustrated the themes were grouped (Stewart, Shamdasani, & Rook, 2007).
4. Then:

- transcripts were cut into individual quotes, saving the original transcript in a secure place
- line numbers were added to the transcript for easy identification
- transcripts were color coded to delineate each category (e.g., professions, themes)
- quotes were organized by placing them under the various themes and categories
- different colored paper was used to distinguish each focus group, thus providing a means to identify which group a comment came from and making it possible to compare comments from different groups (Krueger & Casey, 2000)

5. Each theme was described and substantiated by quotes and then used in

conjunction with interpretive analysis.

6. The focus group follow-up questionnaires and phone interviews were coded using the themes identified in the focus groups.

More information about the data analysis for this study is outlined in the audit trail (see Appendix E).

The observer's field notes were reviewed, but they did not reveal any information beyond what was discussed in the debriefing sessions after each focus group. The observer and I talked about my role as the moderator and her feedback regarding the flow of the discussion. Her suggestions were incorporated into the subsequent groups. An example of this was reducing the time of the brainstorming section and not stopping to ask for clarification after each of the comments. The observer encouraged me to have more of a free flowing approach. This allowed more time for the key questions, given that time seemed to be an issue in the first group. For the second and third groups, the observer kept track of the time for me during the brainstorming session because I was recording at the board. I did not have the time to ask all of the questions in all of the groups. Varying the technique (e.g., not conducting the brainstorming session in the same way with each group) might have slightly affected the data that was collected in each group, but it is impossible to know if it did and what the effect was if there was an effect.

The data were sorted according to professions to uncover possible themes or beliefs of a particular group. After reviewing the themes sorted by profession, I did not find any profession-specific themes so this is a collective perspective rather than representative of professional groups. I made limited comparisons between groups, but in

my individual follow-up activities I referred to comments made from all of the groups to the participants.

Having a second person read the transcripts to identify themes would be ideal and is recommended to enhance the reliability of the coding (Litoselliti, 2003; Morgan, 1997). A second person did not code the data for this study, but focus group participants were given opportunities to comment on, and make additions to, the themes in the follow-up interviews and on the questionnaires. The observer also saw the list of themes and had an opportunity to comment. My initial analysis resulted in the identification of five themes that will be presented and discussed in the next chapter.

Summary

In this chapter the research plan was presented, facets of qualitative research were explored, and the use of focus groups to collect data was explained. Procedures for collecting and analyzing data for this specific study were also presented.

Chapter Four

Results

This chapter presents the themes that were identified in the focus group discussions and follow-up communications. These themes are presented in an ecology of human development framework (Bronfenbrenner, 1979, 1994), starting with the simple (individual, proximal) and moving towards the complex (societal, distal). The model evolved to the PPCT (process-person-context-time) model that expresses human development in terms of humans affecting, and being affected by, processes (e.g., the proximal process of parent-child interactions), personal characteristics (e.g., dispositions, age, gender), context (e.g., home, school), along a continuum of time.

In this study, the teen parents' brain development as well as their social, emotional, cognitive, and physical development, are part of the inner-most contexts and processes of the microsystem. The theme of personal challenges experienced by the adolescent parents include mental health issues and meeting basic needs as a result of living in impoverished neighborhoods. This theme falls in both the microsystem (mental health) and the mesosystem (meeting basic needs). The mesosystem consists of the interactions of the microsystems. Relationships are also part of the mesosystem including the contexts of home, school, work, and family. The fourth theme of poverty falls in both the exosystem and the macrosystem. For example, poverty is part of the exosystem when looking at how changes in the welfare system effects people living in poverty. Poverty is part of the macrosystem when examining causes of poverty such as unemployment, as well as beliefs and values that result from living in poverty. The macrosystem is also

where the theme of culture lies, which according to Bronfenbrenner, includes subculture, culture, and belief systems. The section of this study that examined birthing patterns and adoption and how these changed over time and as a result of historical influences are examples in this study that fit into the chronosystem.

Teen parents may be viewed as members of various ecosystems (e.g., a family member, a student in a school, an employee at work) but in order to best educate and support them, one must take a larger view to see how teen parents interact within and among these systems.

Presentation of Themes

After listening to the audio tapes, watching the video tapes, transcribing these tapes, and then reading and re-reading the text, I identified five themes:

1. Adolescents are still maturing cognitively and emotionally. This stage of their development affects how they learn and how they handle stressful situations, their relationships, their decision-making processes, and their ability to parent.
2. Adolescent parents face many individual challenges, which include meeting basic needs, struggling with mental health issues, developing healthy relationships, and, in general, managing their lives so they can create a positive future for themselves and their children.
3. Relationships play a critical role in adolescents' parenting. Building trusting relationships helps adolescents achieve their goals and is a crucial part of their support system. Family dynamics and the relationship between the teen mother and father and with their baby are important to their well-being.

4. Poverty influences adolescents' ability to be effective parents. Poverty may negatively impact teen parents' ability to see a positive future for themselves and their children. Generational poverty results in people struggling to meet basic needs, and this most basic struggle often takes precedence over other aspects of their lives, such as education.

5. Culture, race, and ethnicity are part of the contextual background when studying adolescent parents and are important considerations when developing educational programs and support services. Culture and ethnicity may influence child-rearing practices, relationships with family members and significant others, and the level of support teen parents may experience.

Krueger (1994) states that comments made by a few focus group members constitutes a trend or pattern (theme); if only one person mentions a topic, it may be of interest, but it is not considered a theme. I tallied the number of participants who talked about each topic in order to verify that it was a theme (that is, it was expressed by at least three people out of the 21 participants). So even if only one quote appears about a certain topic, it can be assumed that at least three focus group members discussed that topic.

As opposed to other research approaches whereby themes emerge from non-structured questions, themes in this study emerged from the comments participants made in response to specific and planned focus group questions. Some comments were made in response to specific questions (e.g., whether and how they address pregnancy prevention). Other comments were made in response to open-ended questions (e.g., what, if any, challenges teen parents face).

Quotes were selected to highlight each theme to give the reader a sense of what the professionals actually said. Some of the themes overlapped, particularly poverty, culture, and challenges. These three themes were especially intertwined, making it difficult at times to determine where a comment should be placed.

It is my hope that the professionals' voices came through as they shared their experiences and collective wisdom about educating and supporting adolescent parents.

This key was used to distinguish the profession of each of the quotes:

N = Public Health Nurse/Nurse
SW = Social Worker
PE = Parent Educator
F = Professional working with young fathers
M = Moderator
* = unknown speaker

The letters after the professional code distinguish the individual but protect his or her actual identity. The three men who participated in the focus groups were listed as professionals working with young fathers because I wanted to distinguish the fact that they worked with adolescent fathers unlike most of the other professionals. One managed a young father's program and identified himself a program manager and parent educator; another coordinated a father and family services program specifically for adolescent fathers and identified himself as a mentor, parent educator, social worker, and educator; and the third worked with males/fathers of all ages as a behavior consultant and LADC (Licensed Alcohol and Drug Counselor). Some of the other professionals worked with young fathers, but not exclusively (see Appendix F). Even though themes specific to professionals were not found, the profession is included with the quotes because it might

be of interest to the reader to note the profession of the speaker.

I selected the themes for this study as an independent researcher by reading through the transcripts to see what big ideas came through. It is recommended that more than one person code the transcripts to avoid depending on the judgment of only one person analyzing the data (Litoselliti, 2003; Stewart, Shamdasani, & Rook, 2007).

Cognitive and Emotional Development

The theme of cognitive and emotional development is part of the microsystem with a focus on individual growth and development. This is where humans start developing and proximal processes (e.g., parent-child interactions, attachment) begin. A person's ability to develop is affected by reciprocal interaction with his or her environment (Bronfenbrenner, 1994).

Having a child and facing the adult responsibilities of parenting may be particularly challenging for the teen parents who have not fully matured and who may have developmental issues of their own from childhood. Focus group participants discussed the various ways that the teens' development impacted their ability to parent:

PE/D But in reality their frontal lobe is not fully developed, and so they don't have the logic and reasoning that maybe an older parent would have. But you're a parent so we expect them to think things through and reason things out just like a parent, but I don't know how they could possibly do that. And again, they're expected to be an adult—figure it out. And it's just like, are we kidding here? Because developmentally, they can't figure it out.

PE/Li So their babies are developing one part of the brain and they're [the teens] developing another part. And how can you really expect someone who's underdeveloped to really take on the bigger brain activities which is what a lot of parenting is. It's kind of a crazy thing.

PE/S And then past traumas get in the way of all of that because then they kind of stay where all of that has happened.

PE/Li And then I understand that trauma has to do a lot with how one is able to parent as well and if some of them are coming already having had trauma, significant trauma, and depending on how they see their babies, and the teenager, and the birth, and the relation with the father, how their parents react. That can be a lot of trauma in a very short time.

SW/J The amount of stressors that they're dealing with, with their child and with whatever stage of brain development. A typical 16-year-old doesn't deal with stress very well. To have this small being dependent on them at this time is really challenging.

As humans, we grow and mature along a pathway of development. Adolescence is the stage prior to full adult maturity. It is a time for young people to test the limits and their own independence. Having a baby at this stage of development makes for an experience that may be different than having a child when one is a fully mature adult. Some teens are forced to grow up quickly and experience a loss of their own childhood. Unfortunately, in some cases they will not possess the maturity and the resources needed for parenting and a stable life:

SW/P Well and I think sometimes parenting requires lifestyle changes that they're maybe not prepared to make right now because they're 16 years old. They are really being asked to move into the adult world quicker than they are ready.

F/T Well, I just see the parents trying to figure out their own parenting style and the influence from their own parents and how they would like them to parent and then that whole rebellion thing comes in and their own parents are telling them how to do stuff. Then there's us making suggestions too. It seems so confusing for them to try to figure out which direction they should go when they're trying not to go any way anybody's telling them to go.

N/La And they're all in their own developmental stage and that's what I think is a piece that is maybe a clue about how to help them because they are teenagers and they're developing themselves. I was a teenage mom so here's the deal. At about 40 I had to go back and complete some of those tasks so I realize that's what's going to happen for them too. They get a little stunted for awhile while they take on those parenting tasks.

F/S Right, and then what adds to that is if the parents that they have of theirs is already stunted and never got to another level. In his development [young dad] he's probably like 4, in terms of emotional development, especially depending on, in urban settings, boys in

urban settings are not held accountable, at least healthily accountable, in a lot of the homes especially without no dads in there.

It is important to understand adolescent parents' development—where they are at on the developmental continuum and how their brain development affects their decision-making abilities. Adolescent development needs to be taken into consideration when designing and implementing programs and services to ensure that they are developmentally appropriate and also meet teen parents' needs.

Personal Challenges

Personal challenges may be considered part of both the microsystem and the mesosystem. The individual challenges of mental health issues are part of the microsystem. The challenge of meeting basic needs falls into the mesosystem as that involves the interactions of the microsystems. The relationship between home and a school or a teen parent navigating community services are examples of the mesosystem being a system of microsystems.

Focus group participants discussed the personal challenges many teen parents face. Participants talked about the struggle for teens to meet even the most basic needs due to living in impoverished communities. For example, finding adequate housing is difficult when a person is young, has a child, and unemployed. The mental health of adolescent parents was another area of concern and was identified as a barrier preventing teens from living a good life and seeing a positive future for themselves and their children. Abuse in various forms was also discussed and may be an antecedent of some teen parents' mental health issues.

The professionals identified a lack of services, or the inability to coordinate and

access services, as stumbling blocks for teen parents. Teen parents find themselves juggling many aspects of their lives—being a parent, a teenager, a student, an employee, and, for many, individuals living independently. The professionals identified meeting basic needs as a major challenge for teen parents. Problems teen parents had in securing housing were mentioned repeatedly in each of the three focus groups. Securing adequate child care and finding transportation were also mentioned as specific challenges for teen parents.

Meeting basic needs contributes to the stability of the lives of teen parents and their children and allows teen parents to progress in their own development. The professionals said low-income teen parents do not always get the support they need from their families to fulfill these basic needs.

SW/J I was going to say that the families I work with have all experienced homelessness. It's often those moments when they find out they're pregnant, when they decide that they can't keep on running away. They can't keep using whatever they're using. They have to change the way their life is going and some times that's something that helps. But I was going to say an issue that they face, at least for the young families I work with, meeting basic needs with what limited resources they have. Where to access them? How best to do it? Feeling secure with all the things that the child needs plus what they need.

SW/P And I think they're so busy putting out the fire, that they can't see long-term. Because they're planning for where am I going to sleep tonight? Not where am I going to sleep next week? And they're young. We assume because they're parents they know how to grocery shop. They don't.

SW/P I think transitional housing is huge. At least in our county, there is very little of it. We find a lot of girls who are living around places because they can't live in the parents' home or they're in and out of the parents' home. Or mom and dad have become homeless. So I think housing is huge.

PE/D This place won't take her because she's a teenager. You know, very, very frustrating to find a place where a teen mom and her child can live if they've been, especially in an emergency situation. And it's probably one of the toughest things that I deal with because many times when it takes place, I feel helpless. I can't find anything to

help them and it's in the middle of winter and I don't want to see this mom and baby out on the street and it's one of the things that keeps you up at night.

SW/R I know affordable transportation is hard for inner-city kids, they just don't have the money for it.

N/A Lack of access to adequate day care [is a challenge]. Particularly those students who aren't attending an adolescent parent school.

The focus group participants talked in some depth about pervasive emotional issues that teen parents face in their lives. Many of these issues are undiagnosed, and some of the underlying causes of mental health issues such as physical, sexual, domestic, and substance abuse go unexplored and untreated. Most practitioners focus more on the day-to-day needs of teen parents with little time or ability to address their mental health issues.

Some mental health issues such as depression block the growth and development of the teen parents and prevent them from being able to visualize a positive future:

F/S Basic emotional health includes healthy ways to deal with stress. Because that whole survival/stress management thing is a very major piece with the young folks and depending on the cultures it's even more, and depending on the environment it's even more.

N/St I think there's a large amount on my caseload that have mental health issues undiagnosed or diagnosed. I always tell them, before they move from one big thing in life to the next big thing, they have to work out that other stuff. It doesn't always help, but give the therapist three tries, go three times and give them a chance.

PE/S In the last 16 years, we have seen an increase in mental health concerns for teen moms. Without some kind of intervention, we worry greatly about their attachment and bonding to their child.

N/C Ours is huge [mental health issues]. We talk about it, and talk about it, and talk about it, and talk about going and encourage going, and try to push gently to go. I'd say on average it takes about two years of talking to get somebody to go. Get somebody to agree to make an appointment and then it'll be another six months before they make the appointment. There's a lot of mistrust out there.

Although the causes of teen parents' mental health issues are likely to be

multifaceted, one possible contributor is sexual abuse:

PE/S I would say that the national average that one in three girls have been sexually abused. I would say it's one in two in our building.

PE/D I'm aware that a fair amount of teen pregnancies come from sexual abuse. I have dealt with a number of students who became pregnant because they were abused by a family member or friend or something. I don't think it's something that the moms really talk about. The way I find out about it is working with their social workers or working with their child care assistance caseworker. I would say that the majority of my staff is not at all aware of some of the abuse that these girls have gone through.

SW/J There is a very high prevalence of sexual abuse history with the moms I work with, and though I don't know the statistics offhand, I know this is supported by evidence. At last count, 80% of the moms I work with are survivors of sexual abuse. This astounds me.

N/La I know a fair amount of mine have been sexually abused or have seen it. But then sex is very cheap if your mother has introduced you to it. It's pretty cheap.

Domestic abuse is also likely to influence adolescent parents' mental health:

N/AB I honestly was really surprised at the amount of domestic abuse. I was talking to a Hmong nurse who has worked in a variety of settings, she's now a nurse practitioner. She goes, "You know, I think it's about 25% of those young couples."

N/AB I was shocked by the amount of abuse between teen couples. It is so much harder for the students to succeed if they don't have family support.

N/A As to the violence teen parents are dealing with, that usually revolves around the boyfriend. Often it is controlling behavior or emotional abuse, occasionally rising to physical abuse. More frequently clients complain of boyfriends who emotionally abuse them, only come around when her MFIP [welfare] check comes in, and never provide any support to the infant.

Substance abuse was noted by the focus group participants as another factor affecting the state of teen parents' mental health:

PE/Li And sometimes substance abuse is a part of the mental health thing.

N/C Although you said drugs, and we've had the conversation a lot about what we call a Major Mom, who is grandma, and in many of our families, has used drugs. And so the Minor Moms had to raise their siblings and felt the effects of neglect and the drugs. We

do not see as many of them using drugs as 15-20 years ago.

A common theme across all the groups was a concern about the lack of services for teen parents or problems with accessing these services. Services include educational, medical, counseling, employment, housing, and welfare. Young parents may require more help and support for themselves and their children than older parents. This may mean multiple services are needed as well as the support from adults who can help teens navigate systems so they can access these services:

PE/S And why did they fall through? How does that happen? They got pregnant somewhere along the line. Somebody should have picked it up. It's not fair. Cause I know a system, a district that kind of looks the other way. Gives them information about where they can go but doesn't follow up to make sure they got there. That irritates me a little bit.

N/St The challenge in helping a young woman navigate either a social service system or healthcare system is how complicated it can be for them to do this on their own and how the systems seem to be geared toward adults who know what they are asking for. Calling a clinic to make an appointment or ask questions can be very intimidating, and I have been told by my clients that they feel judged when talking to an adult on the phone or meeting in the clinic setting.

PE/Li For some it takes over an hour to get where they need to go for services and they're dragging their babies along.

Relationships

Relationships are part of the microsystem and the mesosystem. Relationships in the family, at school, and with peers are considered part of the microsystem. But when those relationships interact with one another they are considered part of the mesosystem. How an adolescent parent perceives the home environment in relation to his or her school environment is an example of the mesosystem. One of the most prevalent themes throughout the focus groups was the importance of relationships. Quotes are presented first from the individual perspective; then, as the relationships gain complexity, they

move into the various contexts that impact the individual, both directly and indirectly.

Most adolescent parents are first-time parents learning about having a relationship with their baby. The relationship with their baby may be new and exciting but the responsibilities of parenting and having someone dependent on them can be stressful and can mandate a change in lifestyle:

PE/Li Those little people actually help define and point out their strengths. And in some ways, that's what keeps some of our girls on task. It's their babies—otherwise, they would have gotten lost.

SW/P And they will verbalize that. They'll say, “My baby saved me.”

PE/Li They're willing to do all kinds of things for their baby that they won't attempt for themselves.

SW/Sh And that's why I love working with, and adding this new piece, for me it's new, is the infant mental health and helping people and young people understand this infant mental health diagnoses isn't about the child but about the relationship you have with the child.

F/P The number one lesson that I've got from this work, and I've been at it for 16 years now, is that men can take care of children, men are good at taking care of children, men are safe, men are loving and caring, men are capable of loving, nurturing, safe, healthy relationships. I can't over emphasize that enough.

N/St Identifying how they were raised and what they are bringing to this new relationship with their baby; and how they can parent differently than they were raised if they desire.

F/T I can see fathers almost over compensating. Where they are just buying, buying, buying this stuff because they want to be the supplier that way too and then it makes them feel good but...I had to tell one guy, “Your baby doesn't need two cribs.”

Relationships between the teen parents are tenuous at best. Some teens are no longer, or have never been, in a relationship with the person with whom they have a child. The pregnancy was most likely unintended. When they start parenting at a young age they may face challenges (previously mentioned) and do so with less earning power, less education, less maturity and experience, and less stability than older parents:

F/S Sex is about relief and feeling close. And the more damaged they are, the more [sex] they find. So I will sacrifice my long-term life and not use a condom for this moment.

F/T Some of the fathers end up staying at the mother's parents' house frequently until something happens and then her parents say he can't be here anymore until they cool off and then he can come back eventually, or maybe not. It's the struggle with him, what he really wants is to be involved and parent his child, but he can't because he feels that her parents are in the way because they're, she's living with them.

F/S Young fathers frequently face limited contact with the child and mother due to family and grandparents' rejection.

The relationship between teen parents and their families can be complicated. Roles may be confusing because the teens are parents but might still live at home with their parents and be parented themselves. Grandparents may take on the parenting role of their grandchild. These relationships can be supportive and some times detrimental. The professionals also talked about how the relationships between the teen parents and their families can both help and hinder the teens in moving forward with their lives:

SW/J I usually see a lot of conflict with young parents living with their parents.

F/T That seems like a key piece for the fathers to stay involved with the baby regardless of their relationship with the mother. The grandparents have such a great ability to shut the door just as much as the mother or the father. It's like working a triangle.

PE/D And the parenting roles get confused in that some of the grandparents, or the parents of the teen parents, kind of take on the parenting piece and some times there's an inner struggle between the teen parent and her parents on who makes the decisions and who should be doing what with the child and then when they go out in public, like when they go to the doctor or something like that. If teen mom and grandma both go, the same thing generally happens. The doctor tends to address grandma rather than addressing the teen parent who is actually mom.

Peers play an important role in teens' lives. Once parents, some teens become isolated and cut-off from their social support network. Teen parents' relationships with peers may also undergo changes because becoming a parent brings new and different challenges and opportunities that peers who are not parents cannot relate to:

SW/P Often the teen mom feels she doesn't really fit with peers. Sometimes they have difficulty relating to the normal teen stuff that goes on around them. They feel like they are dealing with such different issues.

SW/P Well, I think too when they're pregnant, everyone is going to help. “My friends are going to be there. My friend said she'd babysit anytime I want. My mother said she'll take care of the baby any time I need her to. And then the baby gets to be 6 months old and now everybody's saying, “It's not my baby.”

N/C Loneliness. Many of our moms, sometimes dads, but at least moms, don't trust other females. Other females are only there to take your man. So they don't feel the friendships like young, middle class moms do.

The work professionals do with fathers falls in both the microsystem and the mesosystem. They work to build a relationship with the young fathers as well as help them connect with the services they need for themselves and their families. The professionals who participated in the focus groups discussed the many challenges adolescent fathers face, including having a positive relationship with the baby's mother. Being able to access services that provide the support needed to help them be good fathers is an example of the work professionals do to help young fathers that lies in the mesosystem. The professionals also discussed the challenges they face when working with teen dads:

PE/V There's just not a lot of parenting programs for males no matter what age.

F/T Identifying fathers and considering them to be an asset is a huge [issue]. Usually don't know who they are. Don't know all of the fathers. They're harder to find where they are.

F/P What I've been doing over the years, it still is the largest challenge, is the perception that parenting is optional. That's still the number one challenge with the guys I work with. That when it gets difficult they can step off. Or that it could be third or fourth on their list of what's important today.

N/A For us it's funding where funding is aimed at the girls. If the father is there and wants to participate, he's more than welcome to. We can't serve him if she stops. So you know, and maybe we can do one visit if it's just him and the baby there but on an ongoing basis she has to be part of it in order to receive her funding. It makes it really hard to

provide any consistent father classes.

F/T The problem is so often they're [teen dads] not thought of as an asset, they're thought of as a threat.

Developing quality relationships is critical in a professional's ability to work effectively with adolescent parents. The professionals emphasized that their relationship with the teen parents is a critical factor for bringing about change and making a difference in the lives of these young families by building trusting relationships with them:

N/Sa Well I think when it comes to your children you feel you're doing your very best. So when they hear that maybe they're not doing their best, they don't like to hear that. And they don't. A trustful relationship is huge in order to get any information across to them.

SW/J A lot of my clients have experienced trauma in the past, almost alarming amounts. And I think sifting through that to help them, so I can provide better services for them so they can stop seeing themselves as people that these things happen to, a diagnosis, or whatever history they have.

SW/P And the kids are really savvy. I mean they know. They'll tell you who is really interested in having a relationship with them and who is not. You have to be there, and you have to be there consistently and you have to be truly interested.

Poverty

The theme of poverty lies in the exosystem and the macroystem. As part of the exosystem, the individual interacts with a system of which he or she is not a part, but a system that influences the individual's development, processes, and environment, nonetheless. An example of this is welfare reform. Under the old system, teen parents as young as 16 could live independently. Under the current system, young parents are required to live with their parents unless they get approval to live independently. Additionally, now there is a five-year limit for financial assistance, and people are required to be in school, in post-secondary training, or looking for work. Poverty creates

certain beliefs, values, and attitudes that are part of the macrosystem that affects individuals indirectly.

The focus group participants talked about the effects of poverty and how they saw it impacting the lives of teen parents and their children. Poverty may negatively affect the teen parents' ability to see a positive future for themselves and their children. Thibos, Lavin-Loucks, and Martin (2007) provide this definition of poverty:

> While the very definition of poverty implies the inability to meet basic needs such as food, clothing, or shelter, being poor also implies the absence of choice, the denial of opportunity, the inability to achieve life goals, and ultimately, the loss of hope. (p. 1)

Meeting basic needs was part of the challenges theme and is also an aspect of the poverty theme. Living in impoverished neighborhoods may prevent people (in this case teen parents) from meeting the most basic of needs. Many of the focus group participants talked about the shortage of adequate housing and transportation and said that many of the systems low-income teen parents are expected to navigate (e.g., welfare, medical assistance) are not user-friendly. Much of the teen parents' time and energy is spent trying to access and use these services in order to complete their own education to build a foundation for their future as well as for their children:

SW/J I only work with families in poverty so I see it affect them. It's kind of part of that meeting the basic needs that, when they're struggling so much day-to-day. The expectations that also you will understand your child's development in three months, or that you will be very nurturing and loving and consistent with discipline. It's like everything else gets pushed aside until we can figure out diapers and clean clothing, and a stable, safe place to live. So it really gives them, as it does with anyone, it gives them a big disadvantage to this kind of higher state of happy family and you know, meeting goals and having big goals that they can actually achieve. Just kind of keeps them stuck in this needy place where they don't feel stable.

PE/D Often times when they're living in more poverty they don't have a place to live

and they bounce from place to place and they can't focus on the education piece because while they're in class supposedly learning they're thinking about where am I going to get something for dinner tonight? Where am I going to get diapers for my baby? Where are we going to stay tonight? They can't absorb the learning piece because they have too many other issues they have to iron out first.

N/C The nurse *must* always remember most of this teaching will go out the window at times because loss of housing or lack of food will narrow the vision of anyone to immediate needs.

The professionals said that many of the teen parents are a product of generations living in poverty, making that the norm for the families. The rate of poverty for woman as head of household was 36.9% in 2005 as compared to males at 17.6%. There is a greater chance of women staying in poverty with 40% less earning power than men (Thibos, Lavin-Loucks, & Martin, 2007):

N/C Generational poverty has a maternal power structure. Being a mom gives you power. There's generational poverty and so there's young moms who have never seen their mom working, getting up, going anywhere.

N/C People of generational poverty many times think differently than even the first-ring suburb clientele that we deal with in Ramsey County. And the challenges are different.

N/Lo I am attaching "The Hidden Rules of Classes" from Ruby Payne's material. Basically, what she says is that people in poverty, middle class, and wealth have different ways of thinking and acting with respect to possessions, money, personality, social emphasis, clothes, etc. These ways of thinking/acting help people survive in their social class and also keep them in that social class. In her writing, she talks about breaking this cycle. She writes that education and relationships are essential in the route out of poverty. People in poverty need a mentor to help them learn the skills of the next level as well as to encourage them to continue when things get difficult. In working with teen parents, a big part of my role has always been helping them understand how education is the way out of poverty (a middle class characteristic in Ruby Payne's grid).

SW/R With the youth that I work with, or especially worked with at Freeport, they were homeless youth. I worked with inner-city African- American youth that had usually lived in poverty for generations. And with that, they have a lot of family instability and I think the rate of sexual abuse among those youth is sky-rocketed. It's so frequent. They aren't necessarily living amongst the protection of mom and dad. A lot of them have been in foster care or different group homes. I think that sexual abuse is common for that

population of youth. So many things mix up so it's hard to find what is the cause of teen pregnancy or parenting.

Understanding whom you are working with and what they are experiencing is an important aspect of providing education and support for teen parents. Poverty affects many aspects of young families' lives. It affects attitudes, beliefs, and whether a person has a sense of hope for the future. Programs serving teen parents from impoverished communities are likely to have foci that are different from programs serving teens from more affluent communities. In many cases, basic needs have to be met and support given before educational goals can be put into place.

Culture, Race, and Ethnicity

The theme of culture, race, and ethnicity falls in the macrosystem that includes culture, belief systems, and poverty. What occurs at this level has an impact on the conditions and the processes the individual experiences in the microsystem. Feeling connected to one's cultural identity may provide a greater sense of belonging and security as an individual develops.

There are cultural practices (e.g., the Hmong practice of being culturally married), which influence how people view marriage, relationships, pregnancy and sexually transmitted infection prevention, and child-rearing practices. The following are responses from the focus group participants when asked how culture, race/ethnicity, and cultural practices impacts the work they do educating and supporting teen parents:

SW/P A lot of our Hmong students aren't legally married but culturally they're married.

N/Sa Ya, I think it's pretty complex—it has to be a barrier. But then you're also dealing with kind of being brought up in this culture now. So having the children fit into both cultures. I don't know, it's a tough one. But it has to be somewhat of a barrier.

PE/Li So there's some cultural barriers to that too, in that I think Hispanic girls are a little more welcoming of babies at a younger age, so we're finding it harder to get those girls on birth control cause it's okay to have babies.

F/S But you know, with the African-American kids, once you involve the child, that's their representation of long-term relationship. Marriage is just not part of it. Because they have probably two, three generations not seeing anything looking like a marriage. And the few they did see are the old people left in the family. So there's this real strange connection they still feel they have especially if both of you didn't have a father. I know for the boys once you say that I'm the dad, then I do everything possible to try to stay connected even though I have no clue. You know, 'cause they all make the promise at six that no matter what I'm not treating my children like I was treated. Yet they have no clue about what that means.

F/S You look at the African-American community 14% increase last year in girls with HIV. And going down in other communities. So there's more to this in terms of that emotional—you know. It's about that stress management thing and instant gratification and the belief that your life ain't gonna last long.

N/AB Cultural issues influence these young people sometimes forcing them to stay with a partner because they started dating or got pregnant. You have to keep the cultural piece in the picture as you are looking at the person as an individual as well.

N/St I think it's hard too because there might be some cultural parenting. If the girl's asking me my opinion on something their parents told them. And I don't want to speak poorly about that parent's parenting so I say that to them that it doesn't hurt but...this is what I think.

It is important for professionals working with adolescent parents to have knowledge and awareness of the cultural backgrounds of the teen parents with whom they are working. This may impact subject matter and teaching strategies. An example of this is the professional in the focus group who talked about the higher incidence of HIV among African-American girls. In response to this statistic, a program (especially one that serves African-American students) may decide to add a unit in a health class about HIV and prevention.

Research Literature Supporting Focus Group Themes

The following sections include additional literature reviewed for this study regarding the themes that emerged in the focus group sessions.

Cognitive and Emotional Development

Having a child is an aspect in life in which some teenage girls experience success and a feeling of autonomy as they move from adolescence to adulthood (Black, Bentley, Le, McNary, Oberlander, O'Connell, Papas, & Teti, 2006). Spear and Kulbok (2004) explore the relationship between adolescents developing autonomy and their health habits. They recommend that public health nurses and health educators who work with adolescents factor in the teen's desire for independence and find ways to use this to promote healthy choices and decision-making. The developmental stage of the adolescent parents needs to be taken into consideration when creating and implementing programming and interventions.

DeJong (2003) outlines various strategies for parent educators and teachers who work with teen parents that follow Erikson's eight stages of personality development. DeJong identifies the importance of developing trust and respect with the teen parents, keeping them involved, building fun into the program, offering them choices within a safe and organized environment, helping them develop autonomy and independence, and supporting them in setting goals and in managing their responsibilities.

Scarborough, Lewis, and Kulkarni (2010) identify goal-setting as a typical activity social workers use with teen parents and identify this as a means to enhance self-efficacy, expand social support, and promote brain development. The act of setting goals calls upon the executive functions of the brain and thereby helps to hardwire the brain for future higher order thought processes.

Williams and Sadler (2001) point out the importance of factoring in

developmental considerations in service delivery:

> Supportive educational, health, and social services that focus on the unique developmental characteristics of adolescent parents can mediate adverse environmental and social hazards for young parents and their children. (p. 51)

Adolescent parents are a challenging group to work with because they have adult responsibilities as parents but can slip back into being children themselves. Adolescence is a transitional period between childhood and adulthood (Polan & Taylor, 2007), placing adolescent parents in a different place on the developmental continuum than most parents. Teen parent education, therefore, has a niche all of its own in the field of parent education. Curriculum and activities used with other parent education groups may need to be adapted or new approaches designed that are developmentally appropriate for adolescent parents (Black, et al., 2006).

Personal Challenges

Personal challenges can be internal (microsystem), such as mental health issues, as well as external (macrosystem), such as the effects of living in impoverished neighborhoods. Luster and Haddow (2005) provide a description of the internal and external challenges adolescents face as young parents:

> Being a parent is a demanding task at any age. Parenting as an adolescent is especially difficult given the other developmental tasks that adolescents are dealing with, such as going to school, starting jobs, establishing identity, and developing relationships with partners and peers. Being an adolescent parent is even more difficult than usual for young mothers who are dealing with other stressors and/or have limited support from parents or partners. Stressors that may directly influence their children or indirectly influence children via parenting include poverty, unsafe neighborhoods, and domestic violence. (p. 92)

Relationships

Relationships play a critical role in adolescents' parenting. De Jong (2003) offers ideas for including teen fathers, such as working with school staff to make it possible for teen fathers to spend time with their children if the children are in a school-run child care center. De Jong also suggests (a) creating programs that are father-friendly and interesting for both mothers and fathers and (b) training staff to give them the skills to work specifically with teen fathers.

McNeil and Murphy (2010) use an ecological approach for therapists who work with young grandmothers with teenagers who have children. They explored the various systems that impact family members. Some households have four generations living under one roof, and roles and responsibilities can be confusing. Heightened stress can impact the health of young grandmothers as well as teenage mothers.

How adolescent parents were parented affects how they, in turn, will parent their children. Some will repeat child-rearing practices that their parents used, and others will make the decision to parent very differently than the way they were parented. If a person was raised by parents who were neglectful or abusive, it may be difficult to provide a healthy and nurturing environment for their children (Luster & Haddow, 2005).

Parents have the most significant relationship with their children with the potential to counter some of the negative consequences of living in impoverished neighborhoods:

> Parents can, however, play a significant role in protecting their children from the negative aspects of high-risk communities. Effective parenting behaviors, such as fostering a secure attachment during infancy and providing a warm, supportive

> relationship during childhood and adolescence are associated with well-being among youth, even in the face of environmental risk. Furthermore, the support provided by parents can be bolstered by strong connections with other adults and families in the community. Finally, macro-level alternations in structural barriers (e.g., poverty, unemployment) through family focused programs and policy changes can ameliorate some of the negative consequences of high-risk communities on parenting. (Gabarino, Bradshaw, & Kostelny, 2005, p. 314)

Poverty

Communities that have a high concentration of people who are economically disadvantaged as well as ethnically heterogeneous may contribute to negative developmental outcomes of children and families (Brooks-Gunn, Duncan, & Aber, 1997). Garbarino and Sherman (1980) discuss the processes in the microsystem and in the macrosystem that contribute to poor communities:

> High risk families are most likely to live in high-risk neighborhoods both because their personal histories incline them to do so and because the political and economic forces that shape residential patterns encourage them to form clusters. (p.196)

One of the possible consequences of living in impoverished neighborhoods is child neglect and abuse. This illustrates the relationship between the indirect influences of the mesosystems and macrosystems and direct influences on individuals in the microsystem:

> The link between neighborhood poverty and child maltreatment continues to be a powerful feature of the problem. Parents and children both suffer when faced with neighborhood poverty, especially when it is coupled with high levels of exposure to community violence. These findings illustrate specific environmental conditions that can influence the consequences of community level variables on childrearing. (Gabarino, Bradshaw, & Kostelny, 2005, p. 314)

McLoyd (1990) makes the distinction between the direct and indirect effects of chronic poverty and that of economic loss due to temporary unemployment. Chronic poverty has a direct effect on the individual because it is ongoing and is seen and felt in the person's immediate environment. For some people who are not born into poverty, economic loss or being unemployed is usually a temporary set-back from which they can rebound. A new job is secured and the individual's environment is maintained. Generational poverty becomes a way of life due to living in high-risk neighborhoods where families are exposed to high-risk behavior and a lack of resources and community support.

Culture, Race, and Ethnicity

Culture, race, and ethnicity are part of the contextual background when studying adolescent parents. As previously discussed, there is a disproportionate number of people of color who live in poverty (Bishaw & Semega, 2008), making the issues of race and class difficult to differentiate.

A multi-level study in Chicago by Browning, Leventhal, and Brooks-Gunn (2004) explored the contextual variables of early sexual activity by African Americans and the correlation to poverty:

> African American youths remained 2.1 times as likely as European American youths to experience sexual onset....Thus, the relative explanatory power of neighborhood poverty with respect to racial differences in sexual transition behavior, compared with micro-contextual variables, was considerable, indicating that socioeconomic features of the neighborhood context play a consequential role in the unfolding sexual trajectories of urban adolescents. (pp. 714-715)

This study exemplifies the difficulty of separating race and class even though they are

treated as separate themes in this study.

Summary

This chapter presented the five themes that emerged from the focus group discussions using Bronfenbrenner's ecology of human development model as the theoretical framework. Quotes from the participants were included to represent each theme: (a) parenting as an adolescent is different in many ways than parenting as an adult when considering the adolescent parents' cognitive and emotional development; (b) teen parents face many personal challenges (e.g., mental health issues); (c) relationships are critically important to a teen's ability to parent (e.g., with caring adults, significant other, peers); (d) culture, race, and ethnicity (e.g., cultural practices, belief systems) can influence adolescent parents and their children; and (e) teen parents and their children experience external obstacles as a result of living in impoverished neighborhoods (e.g., inadequate housing, health issues, difficulty in school).

The themes were presented using an ecology of human development model. The themes began with the individual teen parent and then branched out to include the many environments and systems with which adolescent parents interact. The themes and the information gathered from focus group participants, the literature, and my own experience working with teen parents is the essence of the discussion in the next chapters.

Chapter Five

Reflections

Retrospective View of Working in Teen-Parent Programs

After working for many years with teen parents at The City, Inc. and Teen STEEP®, it seemed logical to include some of the lessons I learned about educating and supporting adolescent parents. In addition, I interviewed Dr. Sue Fust (personal communication, May 2011) and asked her about the experience she had working with adolescent parents as the Teen STEEP® case manager. I knew she could provide more insight and details about the Teen STEEP® program than I could as a volunteer. The themes from the focus groups are used as the means to organize our thoughts and recollections about our experience with educating and supporting adolescent parents.

Overview: The City, Inc.

In 1985, I began my journey with adolescent parents at The City, Inc., an alternative junior and senior high school in inner-city Minneapolis, which recently closed its doors after more than 40 years of service to the community. The agency had a variety of programs that included a recreational drop-in center, family counseling, a day treatment program for youth involved with the juvenile justice system, a group home for girls, culturally specific programming, an alternative junior and senior high school, and an on-site developmental child care center. As a non-profit community-service agency, The City received funding from Minneapolis Public Schools, the United Way, government support, and support from foundations, grants, and private donations. The school program was part of the Metropolitan Federation of Alternative Schools. It was a

culturally diverse school with predominantly African-American and Native-American students from low-income households. Many of the students had been unsuccessful in the public schools and found their way to our door. I came to realize early on that our agency was probably the most consistent aspect of the students' lives. We were there for them; we cared. Many of the students faced challenges that so often accompany poverty: chemical dependency, single-parent households, absenteeism from school, community violence, gang involvement, unemployment, and teen pregnancy.

At the end of my first year of teaching high school, The City Board of Directors, community members, and staff decided that a teen-parent program that included child care was needed because the lack of child care services was causing teen mothers to drop out of school. With funding from Hennepin County, I helped start the on-site developmental child care and adolescent-parent program that began in the fall of 1986. I became the coordinator of the CAPP (The City's Adolescent Pregnancy and Parenting) Project, which included developing and teaching a parent education class. I asked the teen mothers what they needed to know to be good parents, and together we created *A Wish List of Competencies for Teen Moms*. I used the list to design the curriculum for a year-long parenting class. Topics such as child development, health and safety, nutrition, relationships, and independent living skills were covered. Guest speakers were brought in to present additional perspectives on a variety of topics. The parenting class was eventually offered to all students in the school. Baby School (a parent-child interaction time), a support group, and a summer employment project were other components of the CAPP Project. Later, a pregnancy prevention program, called Before the Stork, was

added.

During the summers, the teen mothers participated in the employment project. We helped them find jobs in places such as law offices and banks. A few of the mothers continued these jobs after graduation. They kept a journal about their work experience as part of the employment project. The summer culminated in an overnight retreat that sometimes included their children and other times only mothers. The employment project ended when the county stopped subsidizing our child care due to the mothers' earnings while employed during the summer.

Baby School and the support group alternated every other week. During Baby School, the mothers came to the child care center and participated in activities with their children such as baby massage and sensory activities. I co-facilitated the support group with another teacher. We used the counseling room that had two-way observation mirrors and a telephone. Occasionally we took turns being out of the room and would call in to the other person with an observation or a suggestion. Some times both of us would leave the room and ask one of the students to be the facilitator. I remember calling in and suggesting that the student facilitator engage a student who was not participating in the group by asking her some questions. We thought the adolescents might open up more without adults in the room.

We used a child development curriculum. It gave us an opportunity to talk about the developmental continuum and how each child is unique. For example, when a mother wanted to toilet train her one-year-old, I could point to the chart and ask her if the child had accomplished the steps leading up to that goal (“Can your child indicate when she is

wet or dry?"). Parents spent an hour a day in the child care center and earned school credit.

I worked for 12 years at The City, Inc. in various capacities, but I always worked with the teen parents. I wanted my dissertation topic to be about adolescent parents because they have been a major part of my professional career. Teen parents were the subject of many university assignments as well as the lens from which I viewed what I was learning in parent education classes.

At times the academic world and my work world with teen parents did not mesh. There were situations for which I could not find solutions in a text-book. The culture of poverty, gangs, inner-city life, teen activities, and ethnic diversity all played a part in my work. I learned a lot by just living through experiences, trying to figure things out in the moment, and then later reflecting with co-workers and friends to try and make sense of it all. The teen parents taught me many things.

Overview: Teen STEEP®

I worked at St. David's Center for Child and Family Development as the Early Childhood Director for five years. During that time I became familiar with the STEEP® (Steps Toward Effective and Enjoyable Parenting) program, a research-based program developed at the University of Minnesota by Martha Farrell Erickson and Byron Egeland. This program is being implemented nationally as well as internationally (Germany). St. David's decided to modify the STEEP® program to focus on adolescent parents. I saw this as an opportunity to get back into my area of interest so I became a volunteer for the Teen STEEP® program. Most of the mothers entered the program when they were

pregnant, and we were together for 2-1/2 years.

The Teen STEEP® program included therapeutic intervention delivered through bi-weekly home visiting by a case manager and a support group that met every other week, consisting of teen mothers from two case managers' case loads. Transportation and dinner were provided at group meetings. The meetings were structured in the following manner: Dinner with mothers and babies together followed by a parent-child interaction circle time facilitated by child care staff members who were highly trained individuals used to working with children with social-emotional issues. Following this, the mothers and the case managers left to hold the support group meeting while the child care workers and volunteers cared for the children. I usually participated in the support group, but occasionally I would stay with the babies if I was needed there. Usually there was a predetermined topic for the group, but we frequently went off topic when one of the mothers wanted to talk about something going on in her life.

As a volunteer, my primary responsibility was to attend the group twice a month and build relationships with the mothers and children. I also accompanied the mothers and children on some field trips. I met with the case managers on a regular basis to talk about what went on in the group and to help plan for the next group. The managers involved me in the process probably more than they would have with another volunteer. They knew I had extensive experience with teen parents, had an education background, and we were co-workers.

I recently interviewed Dr. Suzanne Fust (personal communication, May 2011), one of two Teen STEEP® case managers. I knew she could provide an in-depth account

of the Teen STEEP® experience. I asked her about the STEEP® model:

> The goal is to develop healthy attachment relationships between mothers and their babies. We strive for secure attachment, but that may not always be possible. Intervention is a parallel process in that you treat the mom with the respect and care that you would want her to treat her child. For instance, we want them to be consistent with their babies so we are consistent with them. We want them to be nurturing and non-judgmental so that's the way we were with them. Everything we did, we did deliberately, trying to dispel preconceptions based on their own attachment histories. We wanted to give them the kinds of experiences they never had as kids themselves. The kinds of parenting they experienced as children often was very traumatic, and was almost definitely not optimal. I would be surprised if we had one mom in our program who had a secure relationship with her parents when she was little.
>
> Videotaping the home visits and showing the tapes back to the moms was part of the reflective practice experience. It helped them to actually see themselves interacting with their babies. We used the tapes to help them learn what they were good at in order to build on their strengths and it helped us speak for the baby, a technique we used often to help moms understand the baby's perspective. "What do you think he was thinking when you did that?" It was hard to say something like that in the moment because the moms didn't necessarily see the event you are referring to, but they could see it when the video was replayed. Some times they might see things they could have done differently or how the baby reacted on their own without prompting but usually we had to prompt and ask the questions to provoke thought.
>
> A component that we added to the Teen STEEP® program that was not part of the adult STEEP® model involved youth development activities because we really felt that it was important to not think about them solely as teen mothers but as teenagers. I think a lot of teen mom programs forget that part of it. You can't just say, "Oh we have to treat them like grown-up moms, and we'll make a few adjustments because they're adolescents." That's what youth development activities do—help them work on the skills they need to grow into healthy productive adults. And that's what we tried to do—to introduce as much of that youth development component as we could.

The group of Teen STEEP® moms was different than other groups I had worked with because about half of the young mothers were Liberian immigrants, and most of the other girls were African Americans living in north Minneapolis or a surrounding suburb. This diversity brought about some interesting dynamics. There was an "accent" barrier

and it was difficult to understand the English spoken by some of the Liberian girls. There was tension at times when the cultures bumped up against one another. The gang culture also came into the group, bringing conflict that the entire group had to deal with. But all in all, these moms had very similar issues to the moms I worked with at The City. They were still straddling the two worlds of adolescence and motherhood and dealing with the struggles of day-to-day living.

Retrospective View of the Themes

In this section, the themes that emerged from the focus groups are used to examine the experiences Dr. Fust and I had in the two teen-parent programs described previously in this chapter. The themes provide a focus and maintain continuity between the data gathered in the focus groups and our recollections of working in teen-parent programs. The ecology of human development model is followed as the themes are presented starting with the teen parent and then moving outward to the various environments and systems with which they interact.

Cognitive and Emotional Development: The City, Inc.

I recall moments of joy and laughter when the moms had opportunities to be kids again. They would get lost in the moment—having fun and feeling carefree. That is when I could see the incongruity and the challenges for teen mothers living at the intersection of three worlds. First, they were kids themselves although many had grown up before their time, having experienced the loss of childhood after taking on adult responsibilities at an early age. Even before having children of their own, they might have cared for their siblings. The second world was that of being a teenager with a focus on boyfriend issues,

peer relationships, and their personal appearance. And last, they experienced the world of being a parent. Some were destined to repeat the ways in which they were parented. Others worked hard to learn about being a parent so they could do things differently and be better parents for their children than their mothers and fathers were for them.

Cognitive and Emotional Development: Teen STEEP® (Interview with Dr. Fust)

I asked Sue about the differences between working with teen parents and adult parents:

> You have to say things more than once. They're going to be a little bit rebellious just because you're an adult—but you have to be who you are. It's a little ironic that to be a good adult friend, you can't try to be a friend. They have to see the adult part of you. That made it a little different than the adult STEEP® program. Where we tried to be on the same level as the moms. Sometimes we just had to be the adult, be the substitute mom or the aunt, sister, whatever. We were always taking development into account.

Sue went on to talk about how being a teen meant they had less life experience to draw from and less empathy for other girls in the group because of where they were on the developmental continuum:

> And of course the African-American girls are teenagers. An adult would listen to someone saying something and say “Oh my God” and just try to imagine what you've read and what you've heard and what they had undergone. But the African Americans were teenage girls. They probably didn't have a lot of life experience and hadn't read too much about what happens to people in other countries. They have their own traumas and their own issues and bad things that happened to them. I don't think they know the extent of what happens in other countries. As bad as things sometimes feel here, I think as Americans we have no clue how bad it can be in other places. I don't mean to discount the trauma that the African-American girls were experiencing. Obviously, anyone experiencing trauma, no matter what causes the trauma, is terrible. But I think having the knowledge of what it's like elsewhere in the world would have helped them put things in perspective, not their own pain, but to understand the pain of the other girls.

Personal Challenges: The City, Inc.

The focus group participants identified housing, transportation, mental health issues, and the lack of services for teen fathers as the primary challenges teen parents face. In my experience at The City, I found that teen parents were most challenged by finding and securing housing, dealing with mental health issues, and organizing their lives in order to do what was needed to meet their basic needs for themselves and their children. It was a challenge for some of the teen mothers to get out of bed in the morning to get to school with their baby.

Housing was always an issue. On a regular basis the teen mothers were moving and trying to find a place to live. I helped some of them move, some more than once. Under the welfare system at that time, you could not live at home with your parents and collect AFDC. This encouraged those as young as 16 years old to live on their own. It was not easy, but most of them tried to do it. Sometimes being on their own was a better situation than living with their parents. I worried about the conditions they were living in and how their children were affected by this. Some were successful at living independently, but others were not. As long as they attended school I had a level of comfort and was hopeful about their future.

What I am struck with as I reflect upon my work with adolescent parents is that I was not aware of many of these challenges and issues. I know now that there is a strong connection between sexual abuse and teenage pregnancy. There is also a prevalence of mental health issues (depression) among teen parents. I am sure many of the teen moms were dealing with these issues, but these were not always addressed. Even though we had

a support group, personal issues such as sexual abuse would probably only surface in a one-on-one setting. Maybe if I had been aware of these issues I could have asked the difficult questions to help the teen parents open up. It also takes courage to approach these sensitive topics, but I could have referred them to counseling. There were counselors in the building. We worked across programs at The City but did not have formal treatment plans for the teen parents. That would have been ideal.

Personal Challenges: Teen STEEP® (Interview with Dr. Fust)

An interesting aspect of volunteering in the Teen STEEP® program was working with teen parents from various countries. I did not have that experience at The City. Working across cultures provided opportunities to expand our knowledge about what life was like for the young mothers when they lived in Africa. Most of us will never experience, or really understand, the trauma they went through. They were also experiencing leaving their country of origin and starting a new life in America:

> The African-American girls didn't have a clue about the kinds of trauma that the Liberian girls had experienced. Liberian girls never really talked about it in group. They were reluctant to share even with us, the case managers, on home visits. Some of my clients would say, “I don't even want to tell you how bad things were.” I'd look at their scars and I'd say, “Where did you get this one?” They'd say, “I really don't want to tell you. It's really bad.” Because of the mental health focus of the STEEP® program we tried to get them to share this kind of information with us, but I think there were a lot of cultural issues about that too. The culture of a refugee...you know, “I'm starting a new life and I need to leave the rest of that behind me.” So that, if you talk about it too much it's still there and it's not behind you. We know that they were carrying all the consequences of that trauma but they still didn't want to go back and re-visit that. I think that if the African-American girls had any inkling of the kinds of trauma the African girls had undergone there would have been a lot more sympathy.

I asked Dr. Fust about the connection between sexual abuse and mental health

issues with the teen parents in STEEP® and told her I was not aware of this connection when I worked with teen parents at The City:

> I think that's the difference between an education model where the focus has to be so much on education and a model like we had with STEEP® which was very much therapeutic and mental health oriented. Part of my job right now at Teenwise Minnesota is to inform people who are working in schools how important it is to keep mental health issues in mind. You get so caught up in the day-to-day and the education and the child care, you know, all the mechanics and social work stuff that you forget that there's some really deep, down troubling issues. We were very well aware that there is a link; there are many teen parents who have been sexually abused as children. One of the negative consequences of childhood sexual abuse is that you engage in risky sexual behavior and you're more likely to become a teen parent. We would try and use every opportunity, after we had developed a trusting relationship, to get them to talk about those issues and to reveal their past and what kinds of difficult issues might be underlying their behavior. When they started acknowledging those dark issues and brought them out in the open we could talk about them and process them, not quite as adults but getting there. Our purpose was to help them see how that influenced their current behavior and how dealing with unresolved trauma influences their babies.

Relationships: The City, Inc.

Relationships were developed on many different levels at The City: between the teen parents, with their baby, family members, The City staff, and with people in the community who provided services and support. We knew that it was through these relationships that change was possible and a support system could be formed. We offered programming that would help these relationships grow and develop.

It was exciting to watch the relationship develop between the adolescent parents and their children. The teens were learning about who their baby was. They'd say, "He's so bad!" I would use that as an opportunity to re-frame what they said and replied, "That means your baby is smart. He's curious and getting into things. He wants to figure out

how things work!"

The developmental curriculum provided a means for the mothers to get to know their babies as they passed through various stages of child development. The activities engaged both the parents and the children. The teen parents were asked to document their child's progress in a notebook which served as a journal to track the baby's growth and development throughout the year and their progression with the developmental goals.

The mothers were able to develop a support network with other teen mothers via the support group, overnight trips, and various activities in the school and in the CAPP Project. Attending a smaller school made it easier for the teen parents to connect with other students. The school program emphasized community-building through activities and the way issues were handled. For example, we did Super Clean periodically and everyone, staff and students alike, were expected to help clean the building; no clean—no credit! We also had an annual softball game and picnic, an all-school retreat, and graduation. Relationships were formed through all of these experiences.

We took the moms and babies to J's (principal) cabin for an overnight. We had just completed our first year of the program. There was a big "ah-ha" moment when one toddler would not go to her mother. She wanted me! J talked to me afterward and said, "We know you have good relationships with these kids, but now the focus needs to be on nurturing the parent and child's relationship." That made an impression on me. We had made it through the first year as I was learning how to care for the infants and toddlers myself, but now it was time to shift the focus to fostering the parent-child relationship.

When someone was absent for a period of time, I would go to her house to find

out what was going on. I remember one day none of the moms showed up. I got in the van and pounded on everyone's door. I guess I did home visits, but not in a formal sense as part of my regular duties. I cannot remember why I went to visit D but I had a nice chat with her mom sitting at the kitchen table while she fried chicken and made a meal that smelled fantastic. And then there was the time I visited D again when she had moved out and was living with her boyfriend in the projects on the northside. I did not have a good feeling when I left but was glad I had made the visit. Home visiting was another way to show we cared and a way to get a glimpse into their lives outside of school.

Relationships with the teen mothers' significant others varied from fathers who were very involved (some attended the school) to those who were no longer in the mother's or child's lives. We encouraged father participation and male participation in general. Male students (some fathers) served as child care aides and earned credit for working in the child care. We had a fathers' group for a short period of time. We decided that male staff members needed to facilitate the group, but there were no staff positions for that purpose so the group did not last. We hired a male student to work in the child care center after he graduated. It was great to have the presence of a male and someone closer in age with whom the teen parents could relate.

Relationships were formed in the day-to-day exchanges as the teen moms were supported and as they watched us provide loving care for their children. We would talk to the moms about their lives whenever an opportunity presented itself. We showed we cared every day by just being there as people they could trust and count on.

Relationships: Teen STEEP® (Interview with Dr. Fust)

STEEP® was a relationship-based program that encouraged healthy attachment between the mothers and their babies through teen mothers experiencing a healthy, caring relationship between themselves and the STEEP® case manager. The STEEP® program consisted of home visiting, case management, and group counseling which all focused primarily on relationship-building:

> I think trust develops by always being consistent, always being there, being non-judgmental and part of it is just like, "Oh, I'm used to seeing you all the time so I'll start revealing some stuff to you because I know you and that you really care about me." And really showing that we cared about them—that was extremely important. It was almost like with the STEEP® program you had to go just a little bit over the line of what a therapy relationship would be, it had to be a little bit more enmeshed. Not completely enmeshed but just slightly over that line of most therapeutic relationships. They thought we were there for the parenting and case management. But we also knew we were there for a deeper reason as well. With the teenagers you have to go even a little bit more over the line than with the adult moms because of the whole adult guidance thing and you being one of their trusted adults. I think with teenagers it takes you just a little bit farther over the line to have that relationship because it's kind of hard to describe but I think it really has to do with them needing you to be one of the adults in their life and not just their case manager. You had to be there for them in ways that mattered significantly.

Poverty: The City, Inc.

An eye-opening experience for me was working with the culture of poverty. I had not experienced much of that myself. I remember noticing that when we gave students things like pop and food, they started hoarding the items. They gathered as much as they could as if there was no tomorrow. For many of the teen parents, that was their reality. We also noticed that some of the teen parents did not know how to celebrate. I am not sure if that was due to a lack of money or a lack of joy in their lives. We made a point to celebrate birthdays and some holidays so they could experience that even when it was

done simply.

Poverty can lead people to do things that are hard to understand. A story comes to mind about R and T, both teen mothers who were students at our school and had their children in our child care. We got a phone call from Target saying that two teen girls were trying to use the principal's credit card. She did not press charges. We were amazed that they had done that to someone they liked and respected and someone who had been good to them. There were many stories about R and T. They got caught shoplifting bacon from a gas station and were handcuffed to a sign on busy Broadway Avenue for all of the passersby to see. They laughed when they told us the story. R's mom was a prostitute with drug involvement. I knew she was living in a world very different from my own.

Poverty: Teen STEEP® (Interview with Dr. Fust)

Dr. Fust offers some insight into how the Liberian and African-American young women related to each other according to their perceptions of social class and citizenship status. Another example of culture and class overlapping:

> There was a real culture clash where I think both of the groups felt superior to the other group was my impression, for different reasons. The African-American girls feeling superior because they were born here and they were Americans and the others were immigrants and therefore it put them at a higher status because they were American. Then on the other hand, I think the African girls felt superior because they had come from middle class families in Africa. And the African-American girls they were encountering were usually lower income and might be considered lower class. I think the Liberian girls viewed themselves as superior in that respect. So it was a real interesting dynamic with that and I think always vying for who was better than whom made for a lot of discomfort. So that was kind of a class thing.

Culture, Race, and Ethnicity: The City, Inc.

The City was a culturally diverse place. The southside site was primarily Native-

American and African-American students with some Hispanic, Asian, and European-American students. The northside site was predominantly African-American and also educated a few Asian students. The majority of the students were from low-income households from the surrounding neighborhoods. One of the foundations of the work we did at The City was cultural healing. This refers to the ability to use cultural traditions and practices to help people connect, or re-connect, with their cultures, strengthening their sense of community and building a sense of connectedness and belonging. Cultural traditions were incorporated on many levels: program development, staff development, and community-building efforts.

Native-American cultural traditions were the most prominent at the southside site. We were fortunate to have Native-American staff who were willing to share their cultural traditions with all of us. Students and staff had opportunities to participate in these cultural traditions that included sugar bushing, pow wows, ceremonies, and sweat lodges. The teen parents were involved in these cultural traditions, which helped all of us feel like a part of a larger community.

Native-American traditions were also incorporated at our staff retreats. I remember J, keeper of the pipe for his Lakota Sioux tribe, doing a ceremony at a staff retreat in northern Minnesota. He poured water in the four directions and blew an eagle bone whistle. Within minutes, the eagles were soaring above our heads. It is an image I will never forget. These cultural traditions helped forge a sense of mission that united the staff. Having a cohesive staff was extremely important because we were working with at-risk youth, many whom were from multi-problem families.

I talked to Native-American and African-American staff members who would be considered elders to seek guidance about working with the teen parents. I remember talking to S, a Native-American counselor at The City, about the teen parents. He said, "For many, the children are our wealth." That made me view teens having children from a different perspective.

Culture, Race, and Ethnicity: Teen STEEP® (Interview with Dr. Fust)

Sue explained that the two main cultures represented in the STEEP® group were Liberian and African-American. Cultural clashes happened at school, in the community, and in the STEEP® group. Some girls were refugees, which added another layer of cultural experience unfamiliar to many of us. These cultural differences were a source of conflict as well as a learning opportunity for all of us:

> There's a lot of stuff that happened outside of group, not necessarily with those particular women together but the fact that they had these experiences outside of the group with others of those different cultures. Those experiences would color how they viewed what happened in the group. So for instance, the African girls were frequently having encounters with African-American girls at their school. And those weren't particularly good situations.
>
> And then there was the whole African culture versus American culture. And even though the American girls were African Americans and have their own sub-culture there was still the dominant mainstream culture which is adhered to by the African-American girls as well. And then you see that clashing with the African culture which is so different. They had different attitudes toward their parents and how they behaved toward their parents. There were different attitudes about how to raise the children. Just getting at that African versus American difference was another layer that was happening in the group. The girls who were immigrants were all Liberian. They were all English speakers but they were difficult to understand—the accent is difficult for Americans to understand. I think that sometimes led to miscommunication as well. Also, kind of a prejudice that I think some of the African-American girls held, thinking that the Liberians weren't really speaking English or that English was their second language which greatly offended the Liberian girls—*really* offended them. And they were used to taking that offense at school too because they were put in English Language Learner

> classes. That was really hard for them because English was their first language. So there were a lot of dynamics related to culture happening in group. And I think when there were disagreements between the girls of the different cultures it might have made it harder to work through them.

In Light of This Researcher's Experience with Adolescent Parents

The lessons I learned working with teen parents at The City and as a volunteer with the Teen STEEP® group mostly centered on building relationships. The first and most important lesson I learned was that building a relationship with someone is really the only way to make a significant impact in his or her life. When the teen parents trusted me and believed I had their best interest at heart, I had an opportunity to enter their world and make a difference in their lives. We talked about earning the right to be heard at The City. That came only with time and by making an effort to get to know the students and their families. Some of that was just a matter of putting in years of service in the community to become known and trusted. Developing credibility did not happen over night; it was years in the making.

We also built relationships with co-workers. Working with at-risk youth from multi-problem families was extremely challenging work. Staff members had good communication and a level of trust with each other, along with an understanding of the culture of the workplace. We spent time building those relationships at staff retreats and various trainings and activities. There was an established culture at The City; we had a way of doing things that worked. So when someone new was hired, we brought them into the fold and taught them the ways of The City.

And last, we built relationships in the community. I attended a lot of collaboration meetings with a variety of community agencies. Working together was the best way to

support teen parents. No one agency could provide everything the teen parents needed so we relied on others to provide the services we did not have. For example, I went out of my way to connect with county workers who were assigned to the teen parents in our program. The county workers also appreciated the fact that they had someone they could call if they had a question or if they needed my help in connecting with one of the teen parents on their caseload.

Relationships were key in how we attracted and kept clients engaged in our program. There were many things going on in the teen parents' lives that got in the way of them continuing with us, but we felt good about any time we had with them and their children.

In thinking about the other themes that came out of the focus groups helping teens meet their basic needs and addressing mental health issues were also important aspects of our program. We also had an awareness that most of the teen parents were from poor households. The teen's development was taken into consideration as they were involved in creating the Family Life curriculum. The cultural diversity was a special aspect of the agency and helped to make us feel like we were all part of a larger family and community.

Summary

This section provided a look inside two teen-parent programs; The City, Inc. and Teen STEEP®. Both programs worked with predominantly low-income teen mothers of color and their children. Neither program addressed the needs of the teen fathers with any formal program although there was an attempt to include them whenever possible. Teen

STEEP® offered a formal home visiting program and case management. The home visiting component focused on the parent-child interaction and provided on-going support (e.g., provided transportation to appointments) for the mom and baby. Both programs offered a support group and activities. The City offered an educational program that also included a developmental child care center and the many services that were part of the agency.

Each of the programs had a special emphasis. Teen STEEP® focused more on mental health and The CAPP Project more on education. Both helped nurture the relationship between the adolescent mothers and their children as well as offered support to help teen mothers meet their basic needs, build a support base, and grow as parents and as young women.

My experience working with teen parents has led me to believe that building relationships with clients, with co-workers, and in the community is the most important aspect of any successful program. But it is also important to understand who you are working with regarding cultural background, personal histories, the challenges the teens face, and the fact that they are teenagers who are parenting. All of these factors need to be taken into account when working with teen parents, designing programs, and creating policies to provide the services and support adolescent parents need.

Chapter Six

Recommendations and Implications

Hearing from the professionals as well as reflecting upon my own experience with teen parents proved to be a very satisfying process that brought about new insight and awareness. At times I felt like an investigative reporter searching for the latest statistics and following up on leads and questions that came out of the focus groups. At other times, a scholar, with occasional moments of feeling like an artist.

Conducting this study was like painting a picture. The opening sections of the study provided the background, the context of the phenomenon being studied, and my interest in the topic. More of the canvas was covered as various societal influences such as poverty and race were examined as to how these factors affect adolescent parents. My own personal experience of working in two teen-parent programs was described and filled in the remaining negative space behind the phenomenon. Colors burst forth on the scene as the voices of the professionals came through the shadows into the light. Figures started taking shape as themes emerged and Bronfenbrenner's ecology of human development model provided the structure in which to view educating and supporting adolescent parents. And for the finishing touches, the literature, the professionals' voices, and recollections from my own experiences came together to frame or delineate the phenomenon being studied.

Dr. Lilian Katz (University of Illinois, Urbana-Champaign) spoke at a conference (August, 2002) about the difference between floor work and ceiling work. As practitioners, we spend most of our time on the floor (literally, in the early childhood

field). The conference offered us an opportunity to do some ceiling work, or a way to rise above our practice and look at it from a different vantage point. Writing this dissertation has been an opportunity to do both floor work and ceiling work. Talking to the professionals and reflecting on my own work in two teen-parent programs was a means to think about the actual work being done (floor work) with adolescent parents. Conducting the literature review and framing this study in Bronfenbrenner's ecology of human development model was a means to rise above the work and view it through a different lens (ceiling work).

This final chapter brings together all the sources of data: the research literature, the focus group participants' comments, and recollections of my own experience of working in two teen-parent programs, and Bronfenbrenner's ecology of human development model providing the theoretical framework. The data are integrated in order to present a discussion about educating and supporting adolescent parents.

Implications for Practice and Further Research

The teen birth rate is currently declining but that should not give us a sense that the problems associated with teen pregnancy and parenting are going away. These teens and their children need education and support to thrive as young families and members of society.

Recommendations from the Focus Group Professionals

The focus group professionals shared ideas regarding how to do a better job of educating and supporting adolescent parents. Their comments have been summarized and grouped into seven categories:

Being there for them. Teen parents need the presence of many adults who will help them navigate systems (e.g., medical, welfare, schools) that may seem overwhelming and not user-friendly to an adolescent. They need encouragement along the way by people who will be there─people who will tell them to keep going and that they are on the right track. Relationships with professionals can make a difference in the developmental outcomes of both the teen parents and their children.

Making home visits. Home visiting was discussed in the literature and by the focus group participants as a critical program component for adolescent parents. In Minnesota, Ramsey County nurse home visitors work with the teen mothers regarding their school and work plans in accordance with MFIP (Minnesota Family Investment Plan) requirements as well as the services they provide as public health nurses. Many programs rely on public health nurses for home visiting due to a lack of resources to have their own home visitors. Offering this intense support can help mitigate the consequences of living in impoverished neighborhoods.

Encouraging teens to postpone subsequent pregnancies. The focus group participants did not have a specific program component that addressed pregnancy prevention and postponing a second birth once the teen becomes a parent. They did mention this as an important aspect of working with teen parents. These professionals seemed to rely more on their relationships with the teens that allows them to have conversations about birth control and goals for the future.

Working with young fathers. Teen fathers have not always been a part of the dialogue about teenage pregnancy and parenting. The majority of programs and research

focuses on adolescent mothers. Teen fathers have been left out of many services presumably because they do not have custody of their child. More professionals are realizing that teen pregnancy and parenting programs needs to include adolescent fathers. The men in the focus groups who work with young fathers stressed the importance of building relationships with them as well as helping them build a support system for themselves and their children.

Addressing mental health and abuse issues. Many mental health issues go undiagnosed and untreated. The person working with teen parents may be the trusted adult in the teen parent's life who has a relationship with them and is able to make a referral so the teen parent can get the mental health support needed to avert a crisis or deal with mental health issues.

Teaching parenting skills to teen parents. Working with teen parents requires flexibility. There are many different family situations, personalities, and learning styles. This requires using a variety of approaches to effectively teach parenting skills to young families. Working with adolescent parents also takes fortitude, and in some instances, courage to delve into personal issues. One must be willing to go the distance and this requires patience. Teens are more likely to open up to an adult they trust who has proved to be reliable and consistently there for them. This work requires having a relationship with the teen parents in order to be effective in bringing about change. I asked the focus group participants what skills professionals need to work with teen parents. They talked about being open and genuine as ways to effectively work with teen parents.

The focus group participants talked about the cognitive and emotional

development of the teen parents and that progress some times came in the form of taking baby steps and that some days it seemed like one step forward and then two steps back. They have learned to celebrate the small victories. Parent education strategies may need to be modified at times in order to be developmentally appropriate for teen parents.

Considering cultural influences. Cultural competency is a skill needed for those working with teen parents and the diverse world in which many of them live. Understanding cultural traditions and the history of ethnic groups helps raise awareness that is needed for professionals designing and implementing culturally-sensitive programs for adolescent parents.

This Researcher's Ideal Teen-Parent Program Model

This was my opportunity to take what I learned throughout this study as well as from my own experience to create an ideal model for a teen-parent program. The ecology of human development model provides the framework in which to think about the various systems and environments teen parents interact with as they develop as people and as parents:

Comprehensive services. Practitioners know, and research tells us (Stephens, Wolf & Batten, 1999), that providing education and support services for teen parents and their children improve outcomes for young families with comprehensive services being the most effective means of supporting young families. One service provider delivering multiple services removes some of the barriers to access providing teen parents with a greater chance of utilizing services for themselves and their children.

An ideal program would have a multiple service-delivery system to meet the

majority of the clients' personal needs and the needs produced from living in impoverished neighborhoods. School-based programs would be one means to deliver these services. When an on-site school clinic is included to provide a variety of medical services for all students, there have been improved health outcomes for teen parents and their children (Sarri & Phillips, 2004). Schools with on-site child care also remove a barrier to success in school for teen parents. The American Academy of Pediatrics (2001) espouses the various positive effects of school-based child care that include supporting and educating teen parents, helping them stay in school, and improved health and developmental outcomes for the children of teen parents. Transportation must be provided for the parents and their children to attend school and to assist them in accessing the services (e.g., medical and WIC appointments) needed to support them.

Programming and services for adolescent fathers.

An ideal model would include programming for adolescent fathers. There are fewer services available for them than for teen mothers (Parikh, 2005). This needs to change if we want to support young families in getting their needs met so they may prosper and thrive.

Mental health services. Mental health services would be a part of every ideal teen-parent program. It was discussed in the literature and in the focus groups that (a) mental health issues are common among teen parents but many go undiagnosed and untreated (Sarri & Phillips, 2004) and (b) some teen parents become stuck and unable to make changes in their lives which may negatively affect their ability to parent (Letourneau, Stewart, & Barnfeather, 2004).

Counselors and therapists working in the program in which the teen parents are being served would be ideal. The teens may feel more comfortable not having to go somewhere new because they most likely have developed a relationship and a level of trust with an adult who works in the program. Focus group participants talked about the time it took to convince teen parents to get help and then more time trying to connect them with a therapist and then even more time to get them to make an appointment, and then they need transportation to get to the appointment. Having counselors in the same building would greatly expedite this process. One of the focus group participants talked about the success she has seen when the counseling component was integrated into the teen-parent program where she works.

Pregnancy prevention. An ideal teen-parent program would emphasize pregnancy prevention as well as developing a program for teens once they become parents. The cost of teen parenting is explored in *Kids Having Kids* (Hoffman & Maynard, 2008). Their recommendations include pregnancy prevention efforts:

> The costs of childbearing among those under age 18 in particular are sufficient to warrant serious investment in prevention. Yet...prevention is not easy....It seems prudent to continue support for the more expansive, multipronged efforts that have been instituted for over the past decade ─efforts that include research and public communications by the National Campaign to Prevent Teen Pregnancy, targeted community-based youth services, and medically accurate and developmentally appropriate health and sex education programs offered in both school and community settings. In a world where the United States is spending $5 to $10 billion in aggregate social welfare as a consequence of adolescent childbearing, substantial investment in teen pregnancy prevention and its attendant ills is worth serious consideration. (p. 386)

The Before the Stork component of The City's CAPP Project targeted junior and senior high school girls who had not become pregnant. We encouraged them to make

goals and share their dreams about the future in an effort to help them focus on their future and their own lives before choosing to become a mother. Having a relationship with a young person allows conversations about goals, life circumstances, and choices that is a key role professionals can play in pregnancy prevention.

Home visiting. Home visiting is another means of delivering services and supporting young families. A home visiting component was seen by the focus group participants as an integral part of a quality adolescent-parent program. Goodman (2006) presents the results of a study of a 30-year nurse home visiting program targeting low-income and first-time parents (many of whom were teen parents) developed by Dr. David Olds. The study demonstrated a significant reduction in the incidence of child abuse and neglect, a reduction in tobacco use, healthier outcomes for the mothers and the children, fewer rapid subsequent pregnancies, and more mothers who entered the workforce than mothers who had not participated in the nurse home visiting program.

Competent and caring staff. Quality staff is the heart of any program. People would be in place who are culturally competent, knowledgeable about community resources, familiar with developmental theory, who have good relational skills. Professionals such as social workers with good relational and communication skills may provide the social support needed to address mental health issues (Cox et al., 2008) and sensitive issues such as sexual abuse (Polit, 1989).

Culturally sensitive and developmentally appropriate. Ideal programs would be developed to meet the needs of teen parents and prepare them for the future. These programs would be designed with input from the teen parents. The program would be

culturally sensitive and developmentally appropriate to increase the likelihood that services fit the needs of the adolescent parents being served (Baytop, 2006; Britner & Reppoucci, 1997; Cooley & Unger, 1991). Participants would be viewed not only as parents but also as teenagers taking into account their developmental processes.

Employment services. An employment component is a viable aspect of an ideal teen-parent program. This can help secure teen parents' financial stability as well as instill hope for their future and reverse some of the negative effects of living in impoverished neighborhoods as well as the indirect effects of poverty. We had an employment counselor who taught a class at The City and helped teen mothers secure employment during the summer. This proved to be a valuable experience and led to some higher level occupations for the teen mothers.

Case management. And finally, case management would be in place for all teen parents in an ideal program. There would be someone who would take the lead and have the primary relationship with the teen parent. Teen parents are juggling so many responsibilites in their lives. It would be helpful to have a trusted adult who could help teen parents navigate the maze of being a parent and a student. The adult could help teen parents address their personal and developmental challenges and help them overcome the barriers they face from living in poverty.

Discussion

This study provided an opportunity to view the education and support of adolescent parents from a variety of perspectives. A wide lens was used to look at the scope of the issue from a historical perspective as well as a current view.

Bronfenbrenner's ecology of human development model was used to view the topic from a variety of contextual levels in order to discern direct and indirect forces that affect the lives of teen parents. Viewing this topic from an ecological perspective is essential for those who make policies and design programs to address the needs adolescent parents face as a result of personal characteristics and direct influences of the microsystems and the external indirect influences of culture and poverty in the macrosystem. Examining the multiple contexts in which teen parents exist and the reciprocal relationships that are part of those contexts is critical for understanding the complete picture.

I learned some significant things about teen pregnancy and parents while conducting this study. There is a connection between sexual abuse and teen pregnancy and mental health issues and teen pregnancy. I was not aware of these connections when I was working with teen parents. If given a second chance, I would design programs differently to include more counseling resources and staff training around these issues. I also learned that more needs to be done in the way of research, program design, and service delivery to support adolescent fathers.

Teen pregnancy and parenting is a phenomenon that requires a greater understanding─both in how to prevent it and how to address the plethora of needs once adolescents become parents. The resounding theme of this study is that having a relationship with teen parents is the most important way a professional can make a difference in their lives. This may sound like common sense, but if taken into consideration, this conclusion would have a significant impact on how programs are

designed, staffed, and implemented.

Contributions of this Study

People have asked how this study contributed to the field of parent education and what I know now about educating and supporting teen parents that I did not know before I conducted the study. This study provides:

- a validation of the literature by using a different method; focus groups of mixed professionals who are practitioners working with teen parents.
- a synthesis of the themes found in previous literature and in the original data collected for this study.
- an opportunity to put a spotlight on adolescent fathers and the fact that they are not well represented in the literature and research. The practitioners (especially those who work with teen fathers) reminded us that young fathers need more services and need to be included in our thinking regarding teen parents.
- a literature review that demonstrates a connection between adolescent parents and sexual abuse as well as adolescent parents and mental health issues. Some practitioners are either unaware of these issues or do not have the resources to address them.
- suggestions for parent educators working with adolescent parents. Teen parent education may require different strategies than working with parents who are older.
- a unique use of Bronfenbrenner's ecology of human development model. Although Bronfenbrenner's model has been used by others to guide what is

studied, this study looked at how the model fit the data. This allowed an openness to the themes that emerged instead funneling the data through a pre-existing model.

Limitations of the Study

One limitation of this study is that the voices of the adolescent parents themselves were not heard. Including their perspective may have strengthened the results of this study by comparing the themes generated by the teen parents and those of the professionals that emerged in the focus groups.

Another limitation is that the focus group questions varied somewhat from group to group. The probes and follow-up questions also varied. Additionally, some of the probes could be considered *leading.* For example, I asked if employment was a critical component of a teen-parent program instead of asking an open-ended question such as, "Is there anything else you want to add concerning critical components of teen-parent programs?"

A third limitation is that I was the only person who coded the data. Ideally, the data would be coded by at least two people.

Topics for Further Research

Topics identified in the literature review and by focus group participants as needing further research are:

- Identifying what needs to be in place to address the barriers that prevent teen parents from finding and accessing services and programs (Sarri & Phillips, 2004)
- Identifying what services and support adolescent fathers need to be successful

(Bronte-Tinkew, Burkhauser, & Metz, 2008)

- Identifying factors that cause high attrition rates of program participants, especially those in low-income groups, and ways to lower attrition rates (Woolfolk & Unger, 2009)
- Evaluating program effectiveness and, in particular, programs for teen fathers (Center for Assessment and Policy Development, 1997)
- Exploring the connection between sexual abuse and adolescent fathers. This was a question raised in one of the focus group discussions. There are a limited number of studies on this topic. Anda, Felitti, Chapman, Croft, Williamson, Santelli, Dietz, and Marks (2001) conducted a retrospective cohort study with over 4,000 participants and concluded that the men who had been sexually abused at age 10 or younger had an 80% chance of impregnating a teenage girl. Boys who were physically abused or had a mother who was battered were more likely to become fathers at a young age.
- Identifying and addressing antecedents of teen pregnancy (e.g., poverty) was a question from the focus group discussion.
- A future study is needed that includes the teen parent's perspective regarding their education and support needs.

Reflecting on the Big Picture

I return to the ecology of human development model to think about supporting and educating teen parents and the many factors that are antecedents to teen pregnancy. Bronfenbrenner (1994) discusses the genetic aspect of a bioecological model that was not

included in his original model. It goes back to the nature/nurture debate about the most important influence on a person's development. Bronfenbrenner provides us with a sense of hope that even if people do not receive what is needed to maximize their potential initially, policies and programs may be able to provide stable and stimulating environments that will help individuals develop the proximal processes (e.g., attachment), enabling them to continue to grow and develop.

Growing up in poverty means children face a lifetime of challenges that include school difficulties, unemployment, and a greater risk of having a child at a young age creating a cycle of poverty (Stoddard, 2005). Poverty is also the greatest predictor of child abuse and neglect (Trupin, 2005). It will literally take all of us to make the needed changes in our society to win the war on poverty.

Other systems will need to change in order to address the issues poverty puts in motion for teen parents and for the rest of society. More affordable housing is needed to create stability in the often-times chaotic lives of the poor. Schools need to be supported in their efforts to lay a solid educational foundation for all children. We need a medical system that ensures that all of us have access to quality health care. Community service agencies need to be in place with a variety of services to meet the needs of the community. These services would be delivered by well-trained staff who are culturally competent, who care, and who possess effective relational and communication skills. Jobs need to be created and skill training offered so everyone has the opportunity to make a livable wage to support his or her family. We need a government that can work collaboratively for the greater good of our country and its citizens.

Garabrino (1995) remarks about what is needed to change our socially toxic society. Although written some years ago, his ideas are still relevant:

> The spiritual challenge is to put our money where our values ought to be, to make reducing poverty and reinforcing middle-class society our number one national priority. This means more than just handing out welfare checks, of course. It means building successful families, competent schools, and positive communities in which good jobs exist to meet the basic human need to work and people are prepared to perform those jobs competently....Shielding children from the effects of poverty means ensuring that high-quality health care and schooling are available to *all* families, particularly families with young children, regardless of family income. If we make a commitment to the access as a matter of human rights, all we have left to face are the logistical issues. This is the true nature of government's contract with America. (pp. 147-148)

If all of this came to pass, we would see a drastic reduction in teen pregnancy. Children would grow up in stable households and have a greater opportunity to succeed with a sense of hope for the future. Further research is needed in all of these areas to help convince our leaders and policy makers that changes are needed to mitigate the challenges and issues brought about by poverty and systems that are failing to meet many American's needs.

Summary

It is my hope that this study presented a multi-layered view of educating and supporting teen parents: a view of microsystems and who teen parents are and the issues they face; the mesosytem, and teen-parent programs and what the professionals who work with teen parents had to say about what is working and what needs to be improved in order to better serve these young families; a view of the macrosystem including the societal factors (e.g., culture, and poverty) that surround the issue of educating and supporting teen parents; and that of the chronosystem and how the passage of time and

events in history have altered some of our perceptions about teenage pregnancy and parenting.

There is much work to be done, but there are many dedicated people in place doing the work of educating and supporting adolescent parents and their children. There are countless others who are developing programs, conducting research, and making policies that push us to continue to explore how to best meet the needs and address the challenges of teen parents. If this study offers any insight or raised awareness about educating and supporting adolescent parents, then writing this dissertation was a worthwhile endeavor.

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Appendix A

Focus Group Participant Questionnaire

Name:_____

1. Please list the positions you hold/have held that have involved working with adolescent parents:

2. How many years total have you worked professionally with adolescent parents?

3. Have you participated in any training/education specific to working with teen parents? If so, what kinds of training/education?

4. Who of the following have you worked with professionally? Please check:

___adolescent mothers ___adolescent fathers

___children of teen parents ___ extended family

___ other:

5. What type of agency sponsored the programs where you work(ed)? (e.g., school, clinic)

6. What were the goals of the programs in which you work(ed)?

Appendix B
Focus Group Interview Schedule

Opening Question

Could you please introduce yourself and tell us where you work and what kind of work you do with adolescent parents?

Introductory Question

Can you please share some words or phrases that come to mind when you think about working with teen parents?

Transition Question

What do you see as critical issues facing adolescent parents?

Follow up question: What are the issues teen parents face regarding finishing school?
Follow-up question: Are there issues with their ability to parent?
Probe: Does their maturity level affect them as parents?
Follow-up question: Do you see poverty affecting the young families you serve? How?
Follow-up question: Is their living situation an issue?
Probes: Are there issues with living on their own or other issues living with their parents? Do they co-parent with their parents? How does that work out?
Follow-up question: Does your program have something in place to help teen parents postpone rapid subsequent pregnancies?

Key Questions

What are critical components for a program or service to meet the needs of teen parents?

Follow-up question: From your particular professional perspective, what is the most important component of a program to address the challenge teen parents face? For example, social workers might have a different perspective that public health nurses...

Follow-up question: Do you see _____ as critical components? (I will ask about child care, employment, home visiting, housing, counseling, school, and parent education if these are not mentioned.)

Have you faced any challenges in supporting and educating low-income adolescent parents? If you have, what are some of the challenges?

Follow-up question: Have you noticed differences in working with low-income versus those who are not low-income teen parents?
Follow-up question: How important is it to have good relational skills when working with teen parents? Is this something you can teach? How did you learn these skills?
Follow-up question: What other skills do you need to work effectively with teen parents?
Follow-up question: Do you work with others in the community in serving the teen parents?
Probe: How do the teen parents get connected to community resources?

Are there things that get in the way of adolescent parents accessing or maintaining involvement in programs and services? Can you share some stories or ideas about how you were able to attract/hold on to them?

Follow-up question: If attrition been an issue in your program, how do you account for this decline in the numbers of participants?
Follow-up question: In what ways does your program address culturally-specific programming?
Probe: Has this been a barrier to services for teen parents you work with?

Do you see mental health of the teen parents as a significant issue? Does your program address this? If yes, how?

Follow-up question: Are you aware of sexual abuse being a prevalent issue among the teen parents you work with? If yes, how do you address this in your program?
Probe: Are you aware of the teen parents experiencing other types of abuse or neglect? How did you come to know about this? How do you address it?

I'm interested in the work being done with adolescent fathers. Can you tell me about the work you are doing with teen dads?

Follow-up question: If you are not working with teen dads, can you talk about that?
Follow-up question: What could we do better to get/keep young fathers involved with their children?
Follow-up question: What do teen dads need in order to succeed in today's world? Do you see their needs as different from the teen mom's?
Probe: What barriers do teen dads face regarding accessing services?
Probe: How important is employment training/opportunities for teen dads and how does your program address this?

Are there specific strategies you use when teaching parenting skills to teen parents?
Follow-up question: Is your approach different than when you teach parenting skills to an older parent?

What are the most important lessons you've learned about working with low-income adolescent parents?

Ending questions

Here's a chance to go back to something that you might have wanted to say earlier. Is there anything else you want to add to this discussion about either educating low-income adolescent parents or supporting them?

What do you think are the key points of our discussion tonight?

After hearing the re-cap of our discussion, did I miss anything?

Appendix C
<u>After the Focus Group: Follow-up Interview Request</u>

Name:

I would be willing to participate in a follow-up session with the researcher in the following way(s): (Please check)

___ An email survey
My email address is:

___ A survey mailed to me (I don't have access to email)
My address is:

___ Individual interview by phone
I have more to say and would like to do an individual interview over the phone.
My phone number is:

___ Individual Interview in person
I have more to say/would be willing to do an individual interview with the researcher.

(Day/time will be determined by you.)

Appendix D
Follow-up Interview Questions

1. You seemed very interested/knowledgeable about _____ during the focus group. Could you talk more about that now?

2. Are there other aspects of the discussion that you would like to talk more about?

3. Are there any themes you believe the discussion reflected but are not included in this list?

4. Was anything said during the discussion that surprised you?

5. Is there anything you thought of that you wished you would have said during the focus group?

6. Is there anything you'd like to say now that you didn't feel comfortable sharing in the group?

7. Anything else?

Appendix E

Audit Trail

1. Dr. Suzanne (Sue) Fust agreed to be the observer for the focus groups.
2. Sue recruited participants for the focus groups. I attended one TAPP (A group working with adolescent parents) meeting at Broadway School to talk about the research project. She followed that up with a blurb in the MOAPPP newsletter asking for participants.
3. Sue revised the Focus Group Participant Questionnaire (Appendix A) that I submitted in my research proposal. She emailed it to those who contacted her about being a participant and used it as a screening tool.
4. I met with Sue at the MOAPPP office and helped arrange the people into 3 focus groups paying attention to filling the slots we designated. We wanted to have 2 social workers, 2 parent educators, 2 public health nurses and 1 person who works with teen dads in each group. The rest of the participants could be a mix of anyone working with teen parents. We wanted 2 people in these slots in case one canceled we would still have that role represented. The first and second focus groups were arranged. More recruitment would be needed to fill the third group.
5. I sent out emails to the participants a week in advance and then another one the day before the group.
6. I went to MOAPPP to check out the site, decided on the room, and discussed the camera placement and room set-up with Sue.
7. The day of the first group I arrived 2 hours early and with Sue's help, set up the room, the camera, the digital recorder, the food, and placed signs in the building to direct the participants to the conference room.
8. Sue and I met after the group and she gave me some initial feedback and we talked about the notes she took.
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13. Sue and I met after the group and she gave me some initial feedback and we talked about the notes she took. Soon after the first group, I reviewed the videotape and wrote an individual question for each participant. I added this to the post-focus group

questionnaire that was included in my research proposal.
14. This procedure was repeated for the second focus group.
15. For the third group, more direct recruitment was needed. Sue contacted people personally, not relying solely on her newsletter. I asked her to try to recruit a more diverse group because there were no people of color in the first two groups and more suburban than urban participants in the first two groups.
16. I repeated the process for the third group of watching the tape and sending out the post-focus group questionnaire to the participants.
17. I listened to the audio tapes of all the groups and transcribed them into a written text.
18. I watched the videotapes again to identify the speakers and marked that on the transcripts.
19. I watched the videotapes again to check the accuracy of the transcripts making the changes if there were any discrepancies.
20. I read more books on analyzing focus group data.
21. I made a plan for analyzing the data.
22. The plan was given to my advisor for feedback.
23. I met one focus group participant for coffee for an individual interview to ask her the follow-up interview questions.
24. I reviewed all of the focus group participants and decided on four roles to use for coding; nurse, parent educator, social worker, and working with fathers.
25. I coded all the transcripts with the occupational role and person's initials.
26. I conducted 4 phone interviews that were recorded and transcribed.
27. I sent out many emails to the participants with the goal of 100% return on the follow-up questionnaires. There were 2 people who did not respond.
28. I read an article about analyzing focus group data.
29. I copied each focus group transcript on a different color paper in the event that I want to actually cut and paste with a scissors and glue to reorganize the transcript with the ability to still identify which focus group the comment came from.
30. I segregated each focus group transcript by profession so now I have focus group one nurse's comments, focus group two social worker comment's, etc.
31. Then I grouped all nurse's comments from all three focus groups into one “Nurse's comments” document. These comments were placed under each question that was asked.
32. Then I color coded the text (focus group transcripts, follow-up questionnaires, phone interview transcripts, and the one-on-one interview transcript) with a color representing the six themes that resonated throughout: recommendations for education and support, challenges, poverty, culture, developmental, and relationships.
33. I divided all the comments in the texts into six documents representing the six themes (still identifying the source of the comment as far as the speaker and the group/ questionnaire/phone interview.)
34. I then grouped all the comments by profession and theme. For example, all the public health nurse comments relating to the theme of poverty.
35. I put all information into three-ring binders to aid organization:

Binder #1 Focus group one transcript on colored paper, another copy of the transcript that

has been color-coded according to the six themes, follow-up questionnaires, phone interviews, and the moderator's and observer's notes from the group.
Binder #2 Focus group one transcript on colored paper, another copy of the transcript that has been color-coded according to the six themes, follow-up questionnaires, phone interviews, individual interview, and the moderator's and observer's notes from the group.
Binder #3 Focus group one transcript on colored paper, another copy of the transcript that has been color-coded according to the six themes, follow-up questionnaires, phone interviews, and the moderator's and observer's notes from the group.
Binder #4 Professional's comments
Binder #5 Themes: mixed professional's comments
Binder #6 Parent Educator's comments by theme
Binder #7 Nurse's comments by theme
Binder #8 People who work with teen father's comments by theme
Binder #9 Social Worker's comments by theme
Binder #10 Research Proposal
Binder #11 Articles about Focus Group research

36. I am trying to find articles about social workers, nurses, people who work with teen fathers, and parent educators and their work with teen parents. I put a request out to the parent educator's list serve to ask for help with this and got two responses back about teen parent programs.
37. I wrote the theme portion of the dissertation by finding the best quotes to highlight each of the themes and wrote introductions to each of the themes.
38. I examined the themes according to profession and concluded that there were not significant points about the themes so it did not call for a thematic analysis by profession.
39. I wrote an outline for the final chapter that included adding more literature review in response to the data gathered in the focus groups as well as their questions.
40. Re-read the professionals' comments categorized by theme in order to see what they recommend and the main points they made about each theme.
41. Found more books on teen parenting and specifically about teen fathers.
42. Writing and re-rewriting as I work with my adviser.
43. Submit draft to reviewers.
44. Another re-write to accommodate reviewer's suggestions.
45. Submit dissertation to full committee
46. Final oral defense

Appendix F:
Focus Group Participation Data

*Profession Initials	Gender	**Ethnicity	Place of Work	Profession	Worked With:
N/A	F	EA	public health	public health nurse	teen moms/children
N/C	F	EA	public health	public health nurse	teen moms/children
PE/Li	F	EA	school	teacher/parent ed	Teen moms/dads children/extended family
N/Sa	F	EA	clinic	public health nurse	teen moms
N/St	F	EA	clinic	public health nurse	teen moms
PE/V	F	EA	social service agency	parent educator	teen moms/dads
F/P	M	EA	social service agency	fathers program manager	teen moms/dads
SW/R	F	EA	social service agency	housing case manager	teen moms/dads
SW/S	F	EA	social service agency	social worker	teen moms/dads/ children/ extended family
F/T	M	EA	social service agency	young fathers program mentor	teen dads
SW/J	F	EA	social service agency	social worker	teen moms/dads/ children
PE/J	F	EA	school	parent educator	teen moms/dads/ children
N/Lo	F	EA	school	school nurse	teen moms/dads/ children
PE/Sh	F	EA	school	teacher/parent ed.	teen moms/dads/children/ extended family
SW/P	F	EA	school	coordinator/ counselor	teen moms/ children/ extended family
SW/Sh	F	AA	school	counselor	teen moms/dads/ children/ extended family
F/Sm	M	AA	social service agency	chemical dependency counselor	teen dads
N/La	F	EA	public health agency	nurse	teen moms/dads children/ extended family
PE/D	F	EA	school	teen-parent program director	teen moms/children

N/AB	F	EA	school	school nurse	teen moms/dads/ children
PE/S	F	EA	school	teacher	teen moms/children

All participants have 2+ years of experience educating and/or supporting adolescent parents
***N=Nurse PE=Parent Educator F=Works with Fathers SW=Social Worker**
****EA=European-American AA=African American**