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Obstacles in Human Service Work with Teen Mothers

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Obstacles in Human Service Work with Teen Mothers

Abstract

Research has shown that it is extremely beneficial for teen mothers to have support during their pregnancy and during their new experience of motherhood. Teen mothers can be extremely vulnerable because of the many obstacles they may face including unhealthy relationships, lack of education attainment, mental health concerns, and isolation. One source of support can come from human service workers. In an effort to better understand the obstacles faced by teen mothers, and thus the obstacles faced by home visitors, this study focused on the stories, opinions, and experiences of those who are working with teen mothers in a home visiting setting. Participants' interviews were analyzed for common struggles amongst the workers and teen mothers. Recommendations for improving practice strategies and policy are included.

Obstacles in Human Service Work with Teen Mothers

The incidence of teenage pregnancy has been decreasing in the United States for many years (Hamilton & Ventura, 2012). But, the girls who do become mothers as teens continue to face many challenges. Being a young mother can increase the chance of experiencing social, mental health, and physical risks. Some of the risks that can be experienced from teen pregnancy could include unhealthy relationships, lack of education attainment, and furthermore risks for the children of teen mothers.

Because of the many risks, it is crucial for young mothers to have support during their pregnancy and the new experience of motherhood (Partington, Steber, Blair, & Cisler, 2009). During this period a teenage girl is very vulnerable for various reasons, including her developmental stage and the stigma of teen pregnancy. One source of support can come from home visitors. Working with a teen mother in this setting can be challenging for the human service worker. The worker must be knowledgeable about the various obstacles faced by teen mothers and be able to help them balance and navigate their work, childcare, school, health, and social supports in addition to their new role of being a mother.

The purpose of this study was to listen to the stories, opinions, and experiences of those who are working with teen mothers in a home visiting setting in Providence County, Rhode Island. It was conducted through semi-structured interviews. The main focus was on the obstacles and struggles the workers face. In addition, their thinking on improving services, and any systemic problems related to housing, health, insurance, and/or education that their teen mother clients are experiencing were examined. It is important to understand the struggles that the teen mothers are facing because this can

affect the work that she is doing with the home visitors. Therefore, this research can inform human service workers in similar settings, many of which are social workers; on the common obstacles they may face while working with teen mothers. The goal is to also provide recommendations to improve services teen mothers receive and help workers to feel more prepared to assist and advocate for their clients.

Literature Review

Recent Trends in Teenage Pregnancy

Trends in the United States. As mentioned previously, rates of teenage pregnancy in the United States have been steadily decreasing in recent years. In 2010 there were 367,752 infants born to girls between fifteen and nineteen years of age. This means that there were 34.3 births for every 1,000 girls in this age range. This data taken from the U.S. Department of Health & Human Services (2012) shows a decrease in pregnancies from the previous year in which the birth rate was 37.9 births for every 1,000 girls in the fifteen to nineteen year old age range. Overall, the birth rate for this age group has dropped forty-four percent from 1991 to 2010 (Hamilton & Ventura, 2012). This decrease has been theorized to occur for a variety of reasons. According to the U.S. Department of Health and Human Services (2012), the decrease is “due to a combination of an increased percentage of adolescents who are waiting to have sexual intercourse and the increased use of contraception” (p. 4). Others, such as Hamilton and Ventura (2012), attribute the decrease to pregnancy prevention messages and programs along with the increased use of contraception among sexually active teens.

Although the pregnancy rates have substantially decreased, there is still a great number of females getting pregnant, giving birth, and becoming mothers during

adolescence. The teenage birth rate for the United States remains relatively high when compared to other industrialized countries (Hamilton & Ventura, 2012, U.S. Department of Health & Human Services, 2012). In fact, it is estimated that, in the US, one in six girls will have her first child before she reaches age twenty (U.S. Department of Health & Human Services, 2012).

It is important to note that birth rates vary among different populations. The U.S. Department of Health & Human Services (2012) breaks down the percentage of girls who have their first child before the age of twenty by race/ethnicity. Recently the Department found eleven percent of these girls are white, twenty-four percent are black, and twenty-eight percent are Hispanic (U.S. Department of Health & Human Services, 2012). Indeed, the highest rates of teenage pregnancies are among minorities.

Pregnancy rates also differ based on geographic location in the United States. For example, although teen birth rates dropped in 47 states from 2007 to 2010, yet did not drop in three states. This disparity is due in part to the high population of Hispanics (Hamilton & Ventura, 2012). In 2010 it was reported that states with the highest birthrate were those in the southern part of the country (Hamilton & Ventura, 2012, U.S. Department of Health & Human Services, 2012). Since the Hispanic population tends to be greater in southern states, this statistic is consistent with the higher rates of teenage pregnancy among Hispanic adolescent girls. On the other hand, the lowest rates of teen pregnancies were found in the Northeast and the upper Midwest. This disproportion can be attributed to the greater white population in these regions of the country. (Hamilton & Ventura, 2012, U.S. Department of Health & Human Services, 2012)

Cost. The consequences of adolescent pregnancy, child birth, and raising a child do not only affect the family, but also the country. The cost to taxpayers is “almost \$11 billion each year” (Lachance, Burrus, & Scott, 2012, p.1826). According to Lachance et al. (2012), the reasons for these expenses are often due to the costs associated with foster care, health care, and the usage of public assistance. This is because teen mothers are more likely than older mothers to be involved with these programs. The expense associated with these programs is only exacerbated by the fact that they tend to focus on short-term relief and do little to foster self-sufficiency. This is supported by Yakusheva (2011), who concluded that there is a cyclical nature that can be found in teen pregnancy. More specifically Yakusheva (2011) found that, “governmental programs that provide childcare and other financial assistance to young mothers with low means may not be enough to improve their long term well-being and financial security” (Yakusheva, 2011, p. 836). The failure of these programs to improve long term well being and financial security may be attributed to the fact that they fail to consider “the lived experiences of adolescent mothers” (Kulkarni, 2007, p. 20) in order to best address their needs. This suggests that other work must be done with teen mothers to aid them during and after pregnancy.

Trends in Rhode Island. Rhode Island, like the entire country, has also been experiencing a decline in teen pregnancy over the years. In fact, Rhode Island is one of sixteen states that experienced the most significant decreases from 2007 to 2010 in teenage pregnancy among girls fifteen to nineteen (Hamilton & Ventura, 2012). From 1991 to 2010 the birthrate among girls ages fifteen to nineteen in Rhode Island decreased by fifty percent, as compared to the national level, where it dropped forty-four percent.

Rhode Island also exceeded the national teen birth rate decrease from 2009 to 2010 when it dropped seventeen percent compared to twelve percent. (U.S. Department of Health & Human Services, 2012) In 2010, the state of Rhode Island's teen birth rate was 22.3 births per 1,000 girls aged from fifteen to nineteen (U.S. Department of Health & Human Services, 2012). And in a national rank, Rhode Island fared very well, ranking ninth out of fifty for births among girls in the age range of fifteen to nineteen. But, when Rhode Island was compared to the other states in New England, it did not do as well, ranking sixth out of six for teen birth rates in the previously mentioned age group. (Rhode Island KIDS COUNT, 2012).

In 2010 eight percent of all births in Rhode Island were from mothers between the ages of fifteen and nineteen. This percentage equaled 888 births. In 2009, there were 1,051 births in that age group. But there were 685 births from eighteen to nineteen-year-old girls specifically and 366 births from fifteen to seventeen-year-olds. There were also nine births from girls that were under the age of fifteen. Of these teenage mothers, forty-one percent were Hispanic, forty percent were non-Hispanic white, ten percent were non-Hispanic black, five percent were Asian or Pacific Islander, and three percent were American Indian or Alaska Native. Finally, nine percent of these births resulted in low birth weight, which is defined as less than about five and a half pounds. (U.S. Department of Health & Human Services, 2012) From 2006 to 2010, Rhode Island KIDS COUNT (2012) reported the number of repeat births to mothers between the ages of fifteen and nineteen and 17.6% of girls have a repeat birth.

Geography also matters in Rhode Island as it does in the country. Different geographical locations in the state have varying birth rates. Rhode Island has four core

cities: Central Falls, Pawtucket, Providence, and Woonsocket. Sixty-four percent of babies are born to teens that live in these core cities. (Rhode Island KIDS COUNT, 2012) Much like the United States Department of Health and Human Services, Rhode Island KIDS COUNT (2012) also reported pregnancies of girls ages fourteen and younger. In 2012 KIDS COUNT found that fifty-seven babies were born to girls in this age group and thirty-one of these infants were born to girls living in Providence.

Trends in Providence County. Providence County is made up of the towns of Burrillville, North Smithfield, Woonsocket, Cumberland, Gloucester, Smithfield, Lincoln, Central Falls, Foster, Scituate, Johnston, North Providence, Pawtucket, Cranston, Providence, and East Providence. Providence County encompasses all of the core cities in Rhode Island where the majority of teen pregnancy occurs. From 2006 to 2010 in the city of Providence there were 40.6 births for every 1,000 girls between the ages of fifteen and nineteen, totaling 2,053 births. (Rhode Island KIDS COUNT, 2012). This number is slightly higher than the 2010 national average of 34.3 per 1,000.

While the cities of focus in this study lie outside the core area and have lower birth rates, the rates are still high enough to be a concern. From 2006-2010 in North Providence there were ninety-five births or 21.5 births per 1,000 fifteen to nineteen year old girls. Also in Johnston there were seventy-six births (18.8 per 1,000) to girls fifteen to nineteen years old. Although these two towns are not considered core cities, their average is higher than the remainder of the state (all towns but the core cities), which was 15.1 births per 1,000 girls between the ages of fifteen to nineteen. Other surrounding towns like Smithfield and North Smithfield were below the average. In Smithfield there were seventeen births from 2006-2010. This means that there were 3.3 births per 1,000 girls in

the previously mentioned age range. In North Smithfield there were twelve births or 6.5 births per 1,000 girls. (Rhode Island KIDS COUNT, 2012)

Given the statistics and the high incidence at the national, state, and locally it is important to further investigate characteristics of teen pregnancy that lead to further risk. Many teen mothers believe that their pregnancy and child birth has happened too soon. About eighty-two percent of these pregnancies are unplanned. (U.S. Department of Health & Human Services, 2012) The terms “unplanned” and “too soon” suggest that the mothers are unprepared and not ready for pregnancy, child birth, and child bearing at this point in their lives. Moreover, eighty-seven percent of the pregnancies to teen mothers in the United States in 2009 occurred outside of marriage. This percentage was even higher in Rhode Island, at ninety-four percent. (U.S. Department of Health & Human Services, 2012) These rates suggest that the overwhelming majority of teen mothers do not have any of the benefits that come from marriage with regards to support and finances. According to Partington et al. (2009) this could include, “increased income, as well as increased psychosocial support during pregnancy, and may thereby contribute to improved outcomes” (p. 106). Given the statistics and high incidence of teenage pregnancy at the national, state, and local level it is important to investigate the risks that teen mothers must face. This is especially true in the Northeast where Rhode Island is ranked high for teen pregnancy rates. Human service workers must be aware of the risk factors associated with teen pregnancy in order to best work with the teen mothers and their children.

Risk Factors Associated with Teen Pregnancy

There are many risk factors that are associated with teen pregnancy. These risks can range from health, mental health, social supports, to education (Lachance et al., 2012). But these challenges are not limited to just the mothers because their children can be deeply affected from their struggles and lack of preparedness for pregnancy and raising a child.

Mental Health. One of the major risk factors for teen mothers is poor mental health. Depression and anxiety among teen mothers can occur for a variety of reasons including limited resources, a recent increase in responsibilities, and competing demands of being a mother, student, and employee (Hurd & Zimmerman, 2010). Unfortunately, there is often a stigma associated with receiving services for mental health issues, and this stigma can be more difficult for teen mothers, who are already self-conscious. But getting services is very important for teen mothers because according to LePlatte, Rosenblum, Stanton, Miller, & Muzik (2012), “adolescent mothers are twice as likely as adult mothers to experience depression” (p. 40). Moreover, it is important that services and programs for adolescent mothers are comprehensive in offering mental health services. More comprehensive services would be beneficial so that teen mothers could “learn to think clearly when under stress so that they can prevent, manage and recover from problems with anxiety, depression, addiction, anger, social isolation and dissociation when engaged in parenting” (LePlatte et al., 2012, p. 42). Leaman and Gee (2008) found a link between depression and anxiety to abusive relationships. They also found that depression could then put girls at risk for having unhealthy relationships (Leaman & Gee, 2008).

Unhealthy Relationships. In addition to the risk of poor mental health, researchers have found that teen mothers are susceptible to dysfunctional or abusive relationships. For example, Kulkarni (2007) studied the effect that “socially constructed” (p. 10) fantasies have on young girls who become teen mothers. In the study forty-three percent of the girls “described the engulfing romantic feelings that are associated with falling in love” (Kulkarni, 2007, p. 12). More importantly, seventy-five percent of girls also reported that they had experienced abusive relationships (Kulkarni, 2007). If many teen mothers have experienced unhealthy relationships, it greatly puts them at risk for domestic violence. Kulkarni (2007) went on to explain why this may be a common risk for teen mothers, “understandably, young mothers feel less judged when they are in exclusive or committed relationships, regardless of whether these relationships are safe or healthy for them” (p. 15). Similar to Kulkarni, Leaman and Gee (2008) found that during pregnancy, teenage girls are much more likely to experience intimate partner violence than adult women. It is important to note this risk is heightened by the fact that the number of unmarried teen mothers who live with their child’s father increases over time (Eshbaugh, 2008) This raises another important issue of where the teen mother and her child are living.

As Eshbaugh (2008) found, the risk for domestic violence is affected by whether or not the teen mother lives with the child’s father. These risks may be increased due to the lack of adult supervision. In 1996, Temporary Assistance for Needy Families (TANF) and Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) were passed in the United States, requiring teen parents must live in an “adult supervised household in order to receive cash assistance” (Eshbaugh, 2008 & Sellers, Boris, Black,

Oberlander, & Myers, 2011). Yet Eshbaugh (2008) found little other benefits than the cash assistance. It was found that there were no major differences among financial, educational, parenting, mental health, or child outcomes between young mothers who were living with their mothers and those that were not (Eshbaugh, 2008). The absence of major differences may be related to the many conflicts that can arise from residing in “multigenerational households” (Sellers et al., 2011, p. 117). Although coresiding with parents can be either a negative or positive experience, having social supports is very important for teen mothers. Typically family members play a big role in providing these supports. McDonald, Conrad, Fairtlough, Fletcher, Green, Moore, & Lepps (2009) explored the reason for the lack of positive experiences with a teen mother living with her family. They found that “within this picture of teenage parents with supportive families, is the complexity of sustaining such support in a social, cultural and family environment in which the teenage, unmarried mother may be condemned for her sexual behaviour, and in which she and her extended family experience social shame” (McDonald et al., 2009, p. 46). If the teen mom cannot find support from her family, she may return to her child’s father. If she does return to the father, then she is less likely to continue her education according to Eshbaugh (2008).

Education Attainment. Low educational attainment is yet another risk factor for teen mothers. It can be very challenging for teen mothers to balance being a new mother and attending school or taking classes to attain a degree. According to a study done by Yakusheva (2011), “women from poor socioeconomic backgrounds are likely to have low educational expectations” (p. 810). Teen mothers generally have low educational attainment levels compared with women who have children later in life (Sullivan, Clark,

Castrucci, Samsel, Fonseca, & Garcia, 2010, p. 361). In Yakusheva's (2011) study it was assumed that teen mothers had two "proximate outcomes" (p.813), which were dropping out of high school or delaying graduation from high school. When either of these two outcomes occur teen mothers cannot or do not typically receive postsecondary education (Sullivan et al., 2010, p. 361). Eventually though, after dropping out or delaying graduation, many girls can achieve more education that is comparable to high school. Sullivan et al. (2010) found that "continuing education for adolescent mothers was associated with more positive home environments for their children" (p. 363). This finding shows how it is important to understand that how the mother addresses the challenges she faces, which in turn could influence her child.

Clearly, teen mothers face a variety of major risks and challenges. While these young girls are experiencing these challenges, they must also be parenting their children. This difficult balancing act then puts their children at risk, especially during their early development. Consequently, children of adolescent mothers may face risks later in their childhood and adolescence as well (Lachance et al., 2012).

Risk Factors for Children of Teen Mothers. Babies born to adolescent mothers are at risk for adverse birth outcomes that could include preterm birth, low birth weights, and neonatal death (Partington et al., 2009 & Lachance et al., 2012). These health issues could have a variety of causes, including but not limited to lack of prenatal care, smoking during pregnancy, and using alcohol or other drugs during pregnancy (Partington et al., 2009).

The child's health can also be indirectly affected due to maltreatment. According to Mckelvey, Burrow, Balamurugan, Whiteside-Mansell and Plummer (2012),

“adolescent mothers are at greater risk for perpetrating child maltreatment than are adult mothers” (p. 1860). This increased risk has to do with “lower educational attainment and income, less knowledge about child development, unrealistic expectations for children’s behavior, and a reliance on physical forms of discipline” (McKelvey et. al, 2012, p. 1860). This study shows that the educational risks a teen mother may face can affect the development of her child. Therefore, it can be concluded that by helping a teen mother navigate her obstacles with education, a worker is also helping her child developmentally.

In addition to the risk of being maltreated, children born to adolescent mothers risk living in an environment with low emotional and cognitive support. They are also more likely to present psychosocial and intellectual functioning issues as they grow up (LePlatte et. al, 2012). More specifically these children are at risk to have “internalizing and externalizing behavior problems...lower reading and math scores during childhood and poorer academic trajectories through adolescence” (Sullivan et. al, 2010, p. 360). Sadly, these children are also more likely to experience neglect or abuse and consequently may enter the foster care system. Looking into their own adolescence, they are more likely to become parents themselves. Boys of adolescent parents are also at a higher risk for being incarcerated. (Lachance et al., 2012). To address these risks, early and preventative resources and assistance are important for teen mothers.

In sum, teen mothers and their children both face risks. For the mothers, poor mental health, unhealthy relationships, and lack of education are among the many possible challenges. For their children, health is a main concern. Finally, the effects of being raised by a struggling teen mother can potentially increase risks for the child presently and in their future.

Strategies to Working with Teen Mothers

In order to address and work on the issues that teen mothers and their children face it is important to understand strategies that can assist them. The goal of working with a teen mother should be about “improving parenting outcomes, and increasing economic self-sufficiency through education and employment” (Kulkarni, 2007). Kulkarni (2007) suggests that the “best” practice model is one that is very complex and all encompassing. It should address all of the mother’s and family’s needs.

The need for support and services is important for teen mothers because they can be extremely vulnerable simply due to their developmental stage because “they are in the throes of experimenting with their identity and relationships” (Kulkarni, 2007, p. 10). But, Lewis, Quirin, Rose, and Scarborough (2007) described an adolescent girl who contradicted this stereotype. As the mother to a toddler, this young woman made it her mission to fight the stigma against teen mothers and went to the University of Texas in order to gain the education to do so. She says that she was able to do this because of “moral support, encouragement, and mentorship” (p. 303). This is an example of how beneficial social supports can be to a young mother. With more supports and positive relationships, the likelihood of a teen mother being more successful in an area that could be a challenge, such as education attainment.

In Hurd and Zimmerman’s (2010) study among African American teen mothers, it was found that natural mentors were “highly supportive and minimally conflictual” (p. 792). Natural mentors were described as a support outside of the immediate family for teen mothers. This mentor could be an extended family member, neighbor, or family friend within the community.

Another strategy used when working with teen mothers is group therapy. In some cases group has been beneficial. It also provides extra social supports, which are known to be extremely helpful to teen mothers. Group work allows for teen mothers to talk with and meet other mothers that could turn into friends. (LePlatte et. al, 2012). The idea of group work, according to McDonald et. al (2009), is that it expresses “social work values of shared governance, social support and social inclusion” (p. 47). They go on to say that group work demonstrates “a track record of engaging people, which individual approaches or traditional teaching approaches may not” (p. 47- 48). A theme that comes with group work is support. Support and relationships can come to young mothers through other strategies as well.

A relationship like case management or home visiting has also been seen to be very beneficial to adolescent mothers and their children. According to Sullivan et al. (2011) these mothers are perfect candidates for “intensive case management or other interventions that can mediate outcomes through encouraging educational achievement” (p. 365). Home visiting programs have been noted to be helpful to teen mothers in reducing the risks for themselves and for their children, a study done by McKelvey et. al (2012) confirmed. They also found that home visiting made “gains in parent attitudes and behavior, particularly when parenting education is paired with case management” (McKelvey, et. al, 2012, p. 1862).

To be successful, case management and home visiting workers need to be properly equipped to work with teen mothers. My hypothesis for this study is that the previously mentioned risks that will be experienced by the teens with which these workers are interacting. There may also be more risks and strategies uncovered through

the interviews that were not addressed. The workers must be informed of these risks and they should also be knowledgeable about the proper ways to advocate for these girls.

The focus of this study will be on understanding the obstacles direct service workers face when helping teen mothers balance and navigate their work, childcare, school, health, and social supports in addition to their new role of being a mother. There may also be more risks and strategies uncovered through the interviews that were not yet discussed. Through hearing the stories of teen mothers told by human services workers in a home visiting setting, the challenges that the workers face will come to light.

Methodology

A qualitative, descriptive study was conducted regarding the experiences of home visitors who work with teen mothers. The aim of the study was to learn what obstacles these human service workers face while working with teen mothers.

Subjects

The sample of this study was one of convenience. Subjects were home visitors of a federally funded community-based program in Providence County, Rhode Island. This program is for low-income families with a pregnant woman, infant, or toddler. The program uses home visiting as a strategy to achieve its mission statement of healthy childhood development and healthy family relationships.

Data Gathering

Information was gathered through semi-structured interviews, which was tape-recorded. All forms, notes, and tapes were maintained in a safe, locked location. The interview contained questions asking for demographics of the subjects and the teen mothers with which they work. The interview questions aimed to uncover the obstacles

faced by the teen, her child, and the home visitor within their working relationship (See Appendix A). In addition, interview questions elicited various strategies that the workers use with the teen mothers. A question regarding the home visitor's experience of advocating for the teen and her family was included. Finally, subjects were asked to share any recommendations that they have regarding working with teen mothers in this setting. All participants signed an informed consent letter stating that they will remain anonymous (See Appendix B).

Data Analysis

The data was examined to find commonalities and differences in the experiences of the teen mothers and of the human service workers. Stories were analyzed to find the risks that teen mother's face, which then create challenges for home visitors. The strategies used by the workers were examined to find what is beneficial and helpful to the teen and her child and what is not. Also, common themes of systemic obstacles that called for a worker's advocacy were examined. From this data possible improvements in the delivery of services were explored and recommendations made.

Findings

The study aimed to explore the challenges human service workers face while working with teen mothers as home visitors. Their stories included obstacles that were faced in the working relationship with the teenage mother and her child. Two home visitors of a federally funded, community-based program in Providence County, Rhode Island were interviewed. This program is for low-income families with a pregnant woman, infant, or toddler. The interviews each lasted about forty-five to sixty minutes. They were conducted in a private area and were voice recorded. The structure of the

interview questions allowed the workers to freely tell the stories of their experiences working with particular teenage mothers. The interviewer asked prompting questions as needed throughout the interview. All of the names used below have been disguised to keep the identity of all participants and teen mothers confidential.

The first participant, Kelly, is a thirty-one year old, white, female with a Bachelor of Arts degree in Psychology. She has been working in the position of home visitor in this agency for four and a half years. During our interview, Kelly shared four different experiences of working with teen mothers, Abby, Beth, Cindy, and Diana. Kelly shared the story of Abby who is currently twenty-one years old, but when they began working together she was eighteen and pregnant. Abby currently lives in Providence but was raised in Johnston. Kelly identified Abby as being African American and her son as multiracial and Dominican. The baby's father was never involved. Abby had a second birth two years later, when she was using protection. Becca was seventeen when Kelly was working with her during her child's infancy. Kelly indicated that she began working with Becca right around the time that she started her job as a home visitor at this agency. Becca is from North Providence and is Caucasian. The child's father was in and out of their lives. Cindy is eighteen years old. Kelly has been working with her for just one month. Her child is twenty-one months old. Cindy is from North Providence and Hispanic. This mother speaks mostly Spanish to her child. The child's father is involved with the child and mother but they do not live together. Diana just turned sixteen and is six months pregnant. Diana is from North Providence and is Hispanic. The child's father is involved but the mother and father have only been together eight months. The couple did not use protection of any form.

The second participant, Lisa, is a thirty-five year old, white, female with an Associate's Degree in Early Childhood Education and Bachelor of Arts degree in Psychology. Lisa has been working in the position of home visitor in this agency for four years. During our interview, Lisa shared four different experiences of working with teen mothers, Ellie, Felicia, Grace, and Hannah. Ellie was fifteen when Lisa began working with her two years ago, prenatally. Ellie is from Johnston and is Caucasian. The child's mother and father are still together. Felicia was nineteen when she and Lisa began working together, three years ago while she was pregnancy. Felicia is from North Providence and is biracial. The child's mother and father are still together.

Grace was sixteen when Lisa began working together, five years ago when she was pregnant. Grace is from North Providence and is Caucasian. She is no longer with the baby's father. Hannah was sixteen years old when Lisa first began working with her. Hannah is from Johnston and is white. She is still together with her child's father and they had a child together two years after their first child. Table 1 display's the teen mother's demographics and the home visitor with whom she worked.

Table 1: Teen Mother's Demographics

Teen Mother	Home Visitor (Participant)	Age	Hometown	Race or Culture	Relationship Status	Other Children
Abby	Kelly	18	Providence	Black	Not Together	Yes
Becca	Kelly	17	North Providence	White	On and off	No
Cindy	Kelly	18	North Providence	Hispanic	Together	No
Diana	Kelly	16	North Providence	Hispanic	Together	No
Ellie	Lisa	15	Johnston	White	Together	No
Felicia	Lisa	19	North Providence	Biracial	Together	No

Grace	Lisa	16	North Providence	White	Not Together	No
Hannah	Lisa	18	Johnston	White	Together	Yes

Mother's Obstacles

Mental Health. The participants both identified the challenges that most of the teen mothers face, stem from their vulnerabilities. Kelly and Lisa described some of the teen mothers that they worked with as having anxiety. These included Becca, Felicia, and Hannah. For both Becca and Hannah some of their mental health challenges stemmed from experiencing isolation, which will be further explored. Not having transportation was one of the contributing factors for these moms. Without transportation, the teens are stuck at home all day, typically alone. Felicia experienced much of her anxiety from negative experiences with relationships, both familial and romantic. When talking about Hannah, Lisa said, “there was definitely some mental illness. There was anxiety. There was PTSD from situations that had occurred with sexual abuse.” For many of these mothers, the mental health challenges that they faced were even exasperated by some of the behaviors with which they were engaged.

Risky Behaviors. In addition to her struggles with her mental health, Hannah was involved with drugs and was stripping when she found out that she was pregnant. Kelly also shared a story of a teen mother who struggled with drugs. This home visitor made it clear that there was a pattern of why Becca began using drugs. When talking about this teen she said, “Her mother was drug addicted. She was not part of her life. The baby’s father was in and out of the picture, not really helping and this mom was just frustrated, didn’t know what to do and got involved with the wrong people and started doing drugs.” When the interviewer further pressed Kelly on this issue she said, “she lost him”. The

interviewer asked for clarification, “the baby?”, to which the home visitor replied “yup”. At this point in the interview it was clear that Kelly needed a break and a long silence was held between her and the interviewer. Finally Kelly said, “What I do know about her after she got out of the program, she went homeless...She did clean up for awhile...then she spiraled out of control again”. Lisa had a different experience while working with Hannah because she was able to discontinue her drug use and stop stripping, but she continued to smoke cigarettes. While Hannah smoked cigarettes during her pregnancy she also struggled with an eating disorder. Lisa said, “In her first pregnancy she had issues with an eating disorder. She wasn’t eating while she was pregnant. Which was a big, big issue.” Lisa was greatly concerned that these habits would have a negative effect on her child.

The home visitors expressed that they have both had to discuss adoption with teen mothers when there is a known greater risk to the child. Diana is a relatively new client for Kelly and is a very vulnerable girl herself. When explaining Diana’s background, Kelly said, “her dad has been raising her and her twin sister on his own since they were two” because their mother struggled with drugs and left them. Prior to Diana’s pregnancy she would take off on her father, like a runaway, and he wouldn’t be able to find her. Diana also spent time at the Rhode Island Training School, a secure residential detention center for juveniles, because of shoplifting charges. Kelly is working on introducing the idea of adoption to Diana. But she says,

“I don’t really have a strategy yet. I don’t know where I’m going to go with this. I tried to use a strategy to scare her into reality, to scare her into reality of what she is about to embark on, what pregnancy is like, the demands that a single parent is on with feeding and crying. I was trying to get her to be like ‘oh man!’ But no reaction.”

This is not the first time that Kelly had the challenge of helping a teen mother through the possibility of adoption. Kelly explained that her client, Abby “was meeting with people to give her baby up for adoption, being so young, already having a two year old. But, she decided not to. She’s very glad she didn’t”. Having a second birth is another risk that teen mothers face through their choices in behaviors. In Kelly and Lisa’s shared experiences, second births were only a reality for Abby and Hannah.

Relationships. Being so vulnerable, it is important for these teens to have supports. Kelly said that Cindy has great family supports and lives with her parents. The father of her child is involved but does not live with them. Unfortunately, the majority of the teen mothers that the home visitors worked with were not as lucky to have such supports. Abby’s mom kicked her out of the home after she gave birth. Lisa described the relationship of Ellie and her mother as friendlier than that of a mother and daughter. Yet, this actually resulted in a lot of conflict and tension for Ellie and her mother. Lisa said, “Her mom is a single mom. Her mom was a young mom...she (Ellie) has been thrown out of the house a couple times”. Felicia also experienced conflict living at home with her parents. A piece of her struggle was that she was adopted and was working on getting in contact with her biological family. Lisa describes Hannah’s relationship with her family as “unstable.” Her parents cut her and her child out of their lives. This severing of the relationship was especially difficult because “she had no friends so she was very isolated.”

Lisa shared that social isolation is a very common struggle for teen mothers. She said, “I find this for probably every single one of the moms that I work with that are teen moms. They have a lot of friends once they’re pregnant and then when they have their

child their friends are gone.” Without family and friends it is clear that having a relationship with the baby’s father would be important to a teen mother. Unfortunately from the interviews with the home visitors, it is clear that many teen mothers struggle with unhealthy relationships. Every story of a teen mother that Lisa shared involved domestic violence, whereas it only came up in one case with Kelly.

An interesting case of domestic violence was between Ellie and her boyfriend. Many of their arguments stemmed from their poor relationships with their own parents. Lisa said, “It is a good relationship, the two of them together, although it is difficult, a lot of the baggage so to say from the parents comes into play. So her mom and his mom do a lot of telling them how they should be doing things and how they should be raising their kid”. This was also the case for Felicia and her boyfriend. Grace never disclosed domestic violence to Lisa but it was highly suspected.

Hannah’s relationship with her child’s father was very challenging for Lisa. She described the relationship between the teen mother and her child’s father as “very hostile and very chaotic. She would be aggressive with him and she would say he would be aggressive back towards her”. The relationship between Hannah and Lisa would prove to test professional boundaries. Lisa shared,

“She would call me literally saying come pick me up... There were several times that she had her bags packed, had all the kids together and was on the verge of going to a shelter and then she would pull out and then she would isolate away from me. And then she would call me again. It was a back and forth relationship.”

These patterns continued. This was very hard on Lisa. She said,

“In the end she was getting ready to leave and she called me one day and told me that he had actually hit her and left a bruise. And she said that she called the police. So, I ended up calling the police to confirm that. And I ended up having to call because she just completely left, like completely, I went to the house there was no one there. So I actually had to end up calling DCYF to let them know that we were no longer involved and that

there was a lot of domestic violence going on in that household. I've never heard of them again. Which is sad because I think about that family a lot."

Lisa had worked very hard to get Hannah the resources and help that she needed but nothing stuck and their relationship ended abruptly.

Education. Both Kelly and Lisa expressed that the teen mothers they worked with struggled to continue their education after their pregnancy. Lisa described how she advocated for Ellie's return to high school after the birth of her child.

"I actually had to work with her and the school department. I actually went to the superintendent because it was really hard for her to get back into high school. Believe it or not she wanted to. So, we worked with the school department and she was able to graduate with her original class."

Lisa saw this as a major accomplishment and described Ellie as going "beyond every teen mom statistic". Diana, a mother that Kelly is working with, is six months pregnant and still enrolled in her high school. Kelly explained that she is struggling to complete the ninth grade at the age of sixteen. Diana is in a self-contained classroom and according to Kelly, she cannot "handle" switching from class to class. It is difficult to imagine Diana having an easy transition back into high school after the birth of her child.

Another option for teen mothers is to drop out of high school and work toward achieving their General Education Diploma (GED). Grace is an example of a mother who was trying to go this route. Lisa explained the struggles that Grace faced trying to continue her education after her pregnancy,

"She was trying to get her GED. But I think to this day that is something ongoing that she is trying to do. She was trying to get her GED for a significantly long time. The other thing is when she was in high school, she had an IEP and I think finding a GED program that helps people with IEP's is significantly harder."

Lisa shared that she tried to find an appropriate program for Grace in which she could have the most beneficial learning experience yet, finding a program that would properly

honor Grace's Individualized Education Plan (IEP) was very challenging. Therefore obtaining her GED became a very timely process. This then inhibits Grace from getting better employment.

Other teenage mothers chose to go into a specific trade school. Abby was enrolled in a program that offered both culinary and Certified Nursing Assistant (CNA) training. Kelly, her home visitor, explained that Abby had almost completed the culinary program but got pregnant again. At this time Abby had to drop out. After her second pregnancy, Abby was persistent and eventually was able to finish a CNA program, pass the exam, and is currently looking for a job. When Abby told Kelly that she had passed the exam, Kelly cried. She went on to say that she was so proud of Abby.

Although Cindy was pregnant in high school she was able to graduate on time. At age eighteen, she is a freshman at a local community college. Because she is attending college she is under strict financial restrictions. This is one of Cindy's biggest obstacles related to her education, the other obstacle being transportation to and from campus.

Systemic Obstacles. Most of the teen mothers that Kelly and Lisa worked with had experiences of coming up against systemic obstacles. In some instances this would call for the home visitor to advocate for the teen mother.

Transportation. Like Cindy, transportation was a major issue for many of the teen mothers. Cindy was completely dependent on others for transportation and this included using busing. Abby also has no transportation and must be dependent on others to get places. Kelly explained that,

“She hasn't been able to prioritize getting her driver's license...you know when you're surviving, you're trying to get from one place to another and get to all these programs, the last thing you're going to be able to do is fit in studying for a driver's ed. test, get to the DMV, take the test, and then even if you do pass how are you going to pay for a car?”

It was clear that Kelly is impressed by these mothers' ability to rely on busing to get everywhere they need to be. When talking about Abby she said, "she does a really good job of getting around on the bus. But I could never do what she does." On the other end of the spectrum, Becca was forced to leave her job due to a transportation issue.

Department of Human Services. Becca was enrolled in a job program through the Department of Human Services (DHS) but the DHS worker assigned to her, got her a job in a town that she could not easily get to without her own transportation. Kelly knew that this was not going to work out for Becca. So, she wanted to go to DHS with her to see if she could help because as she explained,

"she wasn't getting anywhere with that worker...her DHS worker was rude to me. She said to me 'oh, did you bring her to make sure I do my job?'. And I said, 'oh, I'm just here to help'. And I could tell, if you're giving her that kind of attitude while I'm sitting here, I can only imagine what she would say if I wasn't."

Even after this visit, Becca could not get her job switched to a more appropriate location. In the end, she was not able to show up to work so she lost her CASH assistance. Kelly described this situation by saying that, "the system really failed her."

Becca was not the only teen mother who experienced difficulties working with DHS. Kelly referred to DHS as a "huge barrier". Kelly described DHS as a challenging system for teen mothers to navigate:

"they get these mailings where they have to respond within like seven days and they can't get in touch with anyone. No one answers the phone. And now you have to go to DHS to figure out why your food stamps got cut off."

Contrary to this, one of Lisa's clients, Felicia, was able to benefit from DHS because Lisa went with her to advocate for her. She was able to help her find programs that she could enroll in based on her medical and CASH assistance.

Housing. For one of Kelly's clients housing was a major issue. The Department of Children, Youth, and Families (DCYF) mandated Abby that she could not live in her mother's home anymore due to her abusive relationship with her mother. After this Kelly described Abby as:

“very transient. She was hopping from home to home because there is nowhere to house teenage girls anymore, there used to be. It was up to her to find somewhere to live with no income and just having a baby. She didn't work either because she just had the baby. And DCYF mandated her not to go home so she didn't have that option.”

Abby had a very difficult time finding proper housing for herself and her child. She was placed on very long waitlists for section eight housing. In the mean time, she had no other choice but to bounce from couch to couch of friends and family.

Child Support. Child support is a crucial means for teen mothers to support the growth and development of their children. For Abby, obtaining appropriate child support was also a challenge. Abby's biggest problem was that her child's father was not paying his child support and he eventually got arrested for this. Kelly explained to the interviewer that:

“another big problem with our system is that how much you're supposed to be getting for child support, will play a part in how much you get for food stamps and CASH assistance. So it can be documented that you're supposed to receive X amount and that's going to prevent you from getting anymore from the state.”

Therefore, in Abby's case because she was documented to be getting a certain amount of child support, she was getting a lesser amount for food stamps and CASH assistance.

Cindy experienced a different problem with her child support. She felt as though her boyfriend was asked to pay too much for child support. Cindy would like to change this but whenever she calls child support, no one answers because they have an automated system. It is likely that her and her boyfriend will have to go back to court to resolve the

issue. Not receiving the proper amount of child support, whether it is too little or too much can eventually have an effect on the child.

Child's Obstacles

Many of the obstacles that the teen mother is facing can affect her child. For Kelly and Lisa, the teen mother is not only their client but so are their children. As home visitors, they use tools to assess the child's development and perform social/emotional assessments. By being the child of a teen mother, who faces so many obstacles and stressors, it is crucial for the home visitors to provide supports for the family to keep the child developmentally appropriate and well cared for at all times.

Development. Kelly shared the only story of a child who was born with a health risk. Becca's child was born with his intestines outside of his body but this was corrected immediately. It was more common among Kelly and Lisa's stories for the teen mother's children to have developmental delays. There are some concerns with Cindy's child development. The child is very behind in communication skills. Her child was accepted into the Early Intervention (EI) program to work on speech and language skills, gross motor skills, and problem solving skills. Kelly suspects that these delays could be due to a lack of exploration. Lisa explains that a lack of exploration for the children of teen mothers can be a common issue with the teen mothers with whom she works. Lisa shared that she experienced this with Ellie:

"Just being a teen parent is very hard. Like learning how to play with him was a big thing, learning how to talk because in the beginning she was very self-conscious about reading to him, singing in front of him. She felt really weird. But now she does it all the time. Which is great."

Both Kelly and Lisa expressed the importance of teen mothers learning how to play with their children because that is how they learn and grow. Kelly described Abby's child as

loving to play but never having the opportunity to do so. Abby and her child's life are very hectic because they move around so much. Kelly shared that,

“He has no routine, no consistency. Children are very resilient. Let's see, if I go back and count she is probably in her ninth apartment in the past two and a half years of his life. He's done a great job with survival...but the poor kid probably wakes up not knowing where the heck he is.”

Consistency is another important factor that young children need to progress and learn. In Kelly's experience with Becca, she could see that her son's development was stalled when Becca's behaviors began changing. It was at this time that Becca began using drugs again. Kelly shared her experience by saying,

“I could see his gains. And then all of a sudden, I could see that he plateaued and then I became to get very concerned developmental wise. That was my first indicator that things weren't going well. For her.”

Kelly was able to tell that something was changing with Becca because there was such a drastic change in her son's development. Lisa was apprehensive that this would happen with her client, Hannah. Hannah was involved in a very hostile and violent relationship with her boyfriend. Lisa knew that this was not the ideal environment for a child,

“My concern was that the chaos in the house was not good for the kid.” In order to make home a safer and more consistent environment for the child, Lisa saw it necessary for Hannah to be referred to a therapist. This referral shows that the condition of the mother can have an either positive or negative affect on their child due to the environment in which they are living in together.

Child Care. Felicia's challenges with her child was not solely centered around developmental or health delays. Felicia's child was very appropriate developmentally but

experienced some behavioral challenges. These struggles with behavior became an issue for Felicia finding appropriate childcare for her daughter. Lisa explained that Felicia's child was kicked out of the day care with only two days' notice because of her behavior issues. Lisa was so outraged by this that she went to the day care center to advocate on behalf of Felicia and her daughter. She shared this experience with the interviewer,

“I really let them know that this is a single teen mom who you just gave two days' notice and now she has to find day care. And not only find day care but find day care that takes state assistance so that's not really easy.”

This was a really powerful experience for both Lisa and Felicia because this action of advocating showed Lisa's dedication and concern for Felicia and her child.

Worker and Teen Mother Relationship

Shared experiences like this allow for a bond to form between the worker and the teen mother. Lisa describes her relationship with Felicia as a “good relationship”. When they terminated their work together, Felicia wrote Lisa a letter. She shared this story with the interviewer,

“I have a great letter from her that she had written to me the last day and she had stated that she hoped one day she can help somebody like I helped her and how I didn't make her feel like a good mom, I made her feel like a great mom.”

This letter demonstrates the bond that can be forged between the worker and their teen mother client. The relationship that the teen mother and the worker have together becomes very strong because they must do weekly home visits together. This consistency allows the teen mothers to have someone on whom to rely. Both Lisa and Kelly stated that they felt like their role was someone that the teen mothers can rely on and be there on a weekly basis. From this the home visitors also mentioned that trust forms and the teens would confide in them once they feel comfortable.

Along with being a family support, the home visitor acts as an educator for the teen mother. From the stories that Kelly and Lisa shared it was clear that some mothers needed them more for social services reasons and other mothers wanted to focus more on the education piece so they know more about motherhood and the development of their child. Kelly said that Cindy was one of the mothers who was very interested in the educational piece and would soak up all of the information that she gave her. Before Becca got involved with drugs again, Kelly had the same experience with her. She was very interested in the education piece that she had to offer and would take all of the information in and use it to work with her child. But once drugs were reintroduced into Becca's life Kelly said, "she flaked out on me all of a sudden, wouldn't return my phone calls, wasn't home. I lost her." This was a very difficult experience for Kelly. Having experiences like this reinforces the importance of the various strategies that the workers use to create a positive relationship with their teen mother clients.

Worker's Strategies and Recommendations

Both Kelly and Lisa stressed the importance of honesty, boundaries, and consistency in their relationship with their clients who are teen mothers. One way that Lisa ensures that she creates a trusting relationship with her teen clients is if she says she is going to do something or bring something she has to do it because that directly reflects on if the teen mother trusts. Lisa also explained that it is important, yet a challenge, to get the teen mothers to open up to you as a home visitor. Lisa and Kelly both try to relate to the teen in any way that they can to forge their relationship. Lisa says that she will use pop culture any way that she can with the teen mothers in order to simply open up the lines of dialogue. When prompted about her strategies working with teen mother, it was

clear that Kelly agreed with Lisa. She shared that the way she begins to relate to them is by,

“going back to my teen roots, being really relaxed with them, making it okay for slang vocabulary to be used. If I say I’m going to do something, I have to do it for them. There is no letting them down because the moment you let them down, they’re going to not trust you.”

Both home visitors also stressed that while this is the best way to relate to a teen mother, it is crucial to keep professional boundaries.

It is also important that the home visitor provides other supports for the teen mother. Both Kelly and Lisa shared stories of when they had to “stop holding the hand” of the teen mother and tell her that things are not going to be easy. One way that the home visitors work together to add supports for the teen mothers is to provide monthly socializations of all mothers and specific teen groups. This support in addition to that of the home visitors is very beneficial for the teen mothers because as it was previously discussed, these mothers are often experiencing isolation. Although the home visitor is a great resource for a teenage mother and her child, it is important that the teen is aided by other systems as well. Kelly’s recommendation with regards to this was as follows, “As a state, I think there just needs to be a good look at teenage pregnancy. It happens, it’s out there. How can we make the situation better and easier for them to be successful?” With the support of the state and its systems both Kelly and Lisa believe that their clients and other teen mothers could be more successful and thus create a better environment for their child.

Summary and Implications

This study intended to examine obstacles faced by human service workers when working with teenage mothers and their children. The interview questions were designed to have an open dialogue with the worker about their experiences with specific teen mothers of their choosing. The findings show that the obstacles that the teen mothers and their children face are directly related to the working relationship with the teen mother. This then means that finding appropriate resources to aid the teen mother in her struggles can be a challenge for human service workers, like home visitors.

Both of the participants indicated that the teen mothers faced many obstacles during her pregnancy and after the birth of her child, which corresponds with what was found in the literature (Lachance et al., 2012). Trends among the worker's teen mother clients were isolation, anxiety, domestic violence, engaging in risky behaviors, and systemic struggles and this paralleled much of what was found in the literature (Kulkarni, 2007). Not all of the mothers experienced the same systemic challenges but some commonalities were navigating DHS and child support. Another system that was identified by the participants where most of the teen mothers were faced with obstacles was in continuing their education, which supported previous literature (Sullivan et al., 2010 & Yakusheva 2011). With regards to the child's obstacles, the literature suggested that there would be more health concerns for the child but this not supported through the interviews (Partington et al., 2009).

The findings in this study are powerful due to the challenging experiences that the teen mothers, their children, and the workers faced; yet the study has limitations. The small sample size was a limitation of this study. There were only two participants who

each shared four stories. Although there were some commonalities and trends within the different experiences, as discussed above, the findings cannot then be applied to the general population. It cannot be widely assumed that these obstacles are common among other teenage mothers and their children. Another limitation was due to the format of the interview. Not all of the same topics were addressed for every teen mother because the interview question format was not rigid, but more like an open conversation prompted by broad questions. It would have been beneficial for the interviewer to prompt the participant more. This could have ensured that both participants touched on the same topics for discussion.

From the interviews with the home visitors, it was clear that it is best practice for a worker in this setting to be both a family support and an educator. The worker needs to put forth effort in creating a relationship with the teen mother that is based on trust, understanding, and comfort. A human service worker that is working with a teen mother must also help her navigate through the many systems, as they can be very confusing, especially for a young girl who has just become a new mother. The findings imply that there could be policy work done to create a better opportunity for teenage mothers and their children to be more successful, regarding issues that surround child support, education, and transportation. Further research focusing on the teenage mother's stories could provide another perspective of dealing with obstacles and navigating various systems while dealing with the obstacles of their personal lives. These mothers should already be involved in a setting where they work with a home visitor or are receiving case management services. The interview questions could include the teen's view of the working relationship and the role that the worker plays in their life. This potentially can

shed further light on the obstacles and improve the delivery of services for teen mothers and their children.

References

- Eshbaugh, E. (2008). Potential positive and negative consequences of coresidence for teen mothers and their children in adult-supervised households. *Journal Of Child & Family Studies, 17*(1), 98-108. doi:10.1007/s10826-007-9150-5
- Eshbaugh, E. M. (2008). Teen mothers: Marriage, cohabitation, and educational achievement. *Journal Of Family Social Work, 11*(1), 3-16.
- Hamilton, B. E., & Ventura, S. J. (2012). Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. *National Center for Health Services Data Brief, 89*. Retrieved from: www.cdc.gov/nchs/data/databriefs/db89.pdf
- Hurd, N. M., & Zimmerman, M. A. (2010). Natural mentoring relationships among adolescent mothers: A study of resilience. *Journal Of Research On Adolescence (Blackwell Publishing Limited), 20*(3), 789-809. doi:10.1111/j.1532-7795.2010.00660.x
- Lachance, C. R., Burrus, B. B., & Scott, A. (2012). Building an evidence base to inform interventions for pregnant and parenting adolescents: A call for rigorous evaluation. *American Journal Of Public Health, 102*(10), 1826-1832. doi:10.2105/AJPH.2012.300871
- Leaman, S., & Gee, C. (2008). Intimate partner violence among adolescent and young adult mothers. *Journal Of Family Violence, 23*(6), 519-528. doi:10.1007/s10896-008-9179-2
- LePlatte, D., Rosenblum, K., Stanton, E., Miller, N., & Muzik, M. (2012). Mental health in primary care for adolescent parents. *Mental Health In Family Medicine, 9*(1), 39-46.
- Lewis, C. M., Scarborough, M., Rose, C., & Quirin, K. B. (2007). Fighting stigma: An adolescent mother takes action. *Affilia: Journal Of Women & Social Work, 22*(3), 302-306. doi:10.1177/0886109907302253
- Kulkarni, S. (2007). Romance narrative, feminine ideals, and developmental detours for young mothers. *Affilia: Journal Of Women & Social Work, 22*(1), 9-22.
- McDonald, L., Conrad, T., Fairtlough, A., Fletcher, J., Green, L., Moore, L., & Lepps, B. (2009). An evaluation of a groupwork intervention for teenage mothers and their families. *Child & Family Social Work, 14*(1), 45-57. doi:10.1111/j.1365-2206.2008.00580.x
- Mckelvey, L. M., Burrow, N. A., Balamurugan, A., Whiteside-Mansell, L., & Plummer,

- P. (2012). Effects of home visiting on adolescent mothers' parenting attitudes. *American Journal Of Public Health, 102*(10), 1860-1862. doi:10.2105/AJPH.2012.300934
- Partington, S. N., Steber, D. L., Blair, K. A., & Cisler, R. A. (2009). Second births to teenage mothers: Risk factors for low birth weight and preterm birth. *Perspectives On Sexual And Reproductive Health, 41*(2), 101-109. doi:10.1363/4110109
- Rhode Island KIDS COUNT Factbook. (2012). Health: Birth to teens. Retrieved from www.rikidscount.org/matriarch/.../12_Factbook_Indicator_32.pdf*
- Sellers, K., Boris, N. W., Black, M. M., Oberlander, S. E., & Myers, L. (2011). Adolescent mothers' relationships with their Own mothers: Impact on parenting outcomes. *Journal Of Family Psychology, 25*(1), 117-126. doi:10.1037/a0021877
- Sullivan, K., Clark, J., Castrucci, B., Samsel, R., Fonseca, V., & Garcia, I. (2011). Continuing education mitigates the negative consequences of adolescent childbearing. *Maternal & Child Health Journal, 15*(3), 360-366. doi:10.1007/s10995-010-0585-8
- U.S. Department of Health & Human Services: Office of Adolescent Health. (2012). Reproductive health data for Rhode Island. Retrieved from <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/ri.html>
- U.S. Department of Health & Human Services: Office of Adolescent Health. (2012). Trends in teen pregnancy and childbearing. Retrieved from: <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>
- Yakusheva, O. (2011). In high school and pregnant: The importance of educational and fertility expectations for subsequent outcomes. *Economic Inquiry, 49*(3), 810-837. doi:10.1111/j.1465-7295.2010.00313.x

Appendix A

Worker's Demographics

Age:

Gender:

Race:

Educational Background:

Job Title:

Length of time working in this position:

Tell me about teen mothers that you are currently working with or have worked with in the past.

Her age:

Her hometown:

Her race:

Her identified culture:

Her relationship status:

Other children:

When did you start working with the teen mother?

What, if any, are the obstacles you can identify that she is facing/faced? (education, health, mental health, relationships, housing, employment, finances, familial)

What, if any, are some obstacles her child is facing/faced? (health, care)

What, if any, obstacles do you feel like you are facing/faced while working with this mother?

How have you advocated for your client based on the obstacles she is experiencing/experienced?

How do you feel that the teen mother perceives your role?

What strategies/techniques/modalities do you use when working with a teen mother?
(group work, home visits, referrals, case management, parenting education)

Final Question to Worker

What are some recommendations you have for improving work with teen mothers in this setting?

Appendix B

Dear Potential Participant,

I am a social work major at Providence College, inviting you to participate in a study that I am conducting. The study focuses on human service workers' experience working with teenage mothers. Data gathered in this study will be reported confidentially for use in my social work senior thesis paper in a social work capstone course at Providence College. It will also be added to the Providence College digital commons database.

Participation includes a semi structured, taped interview. Questions will include your demographics, excluding your name and the teen mothers, and your overall experiences working with teen mothers. The length of the study may vary, but is expected to be between thirty to fifty minutes.

There are no anticipated significant risks associated with participation in this study. There is always the possibility that uncomfortable or stressful memories or emotions may arise when thinking about these past experiences. The benefit of participating in this study is sharing both successful and difficult experiences while working with teen mothers. There will be opportunities to share ideas regarding improving strategies and/or creating new strategies to use in your practice.

Confidentially of participants will be protected by reporting information in a way that cannot be traced back to the individual participant. All data gathered during this interview, including notes and tapes would be kept in a safe, locked place.

Participation in this study is voluntary. Your decision to participate or to decline to participate in any capacity will have no influence on your relationship with the interviewer or the agency in which you work. At any point during your participation in the study you may choose to withdraw.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION AND THAT YOU HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPTION AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for your participation.

Chloe Casale, Social Work Student, ccasale@friars.providence.edu

Signature: _____

Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOU RECORDS