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Self-empowerment Within the Woodside Juvenile Rehabilitation Center Population

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WOODSIDE JUVENILE REHABILITATION CENTER
The State of Vermont
Agency of Human Services
Department for Children and Families

Abstract

Intro

Teens at the Woodside Juvenile Rehabilitation Center struggled with personal health and self-empowerment in the health care setting.

Methods

We spoke with both detention and treatment residents about their health. We constructed self-health surveys which were completed by 16 residents. Analysis of the results led to creation a self-health advocacy and activity booklet to be completed by current and future residents.

Results

Residents had health coverage but only sought dental care, feeling little control over doctor visits. Stress stemmed from family and friends and was coped with via exercise. Interest in learning about relaxation and long term health was expressed.

Discussion

Health information needed to be incorporated into patient-interactive teaching methods and self-analysis, focused on self-reflection and changing attitudes rather than raw health knowledge.



Background

Teens face many challenges brought on by puberty, broken homes, domestic violence and/or drug abuse. Dealing with these stressors can drive many teens to act out, sometimes ending in incarceration. Lack of trust in others and lack of self-empowerment further prevents growth and rehabilitation. (1)

Where to go from there?

- Stress and anger management techniques can result in the reduction of aggressive behaviors in adolescents (2).
- Teens feel more compelled and empowered to help themselves.

"I think we should be in control of whatever we do instead of being like mindless robots"

"Being preached to about health ...doesn't make me feel too great"

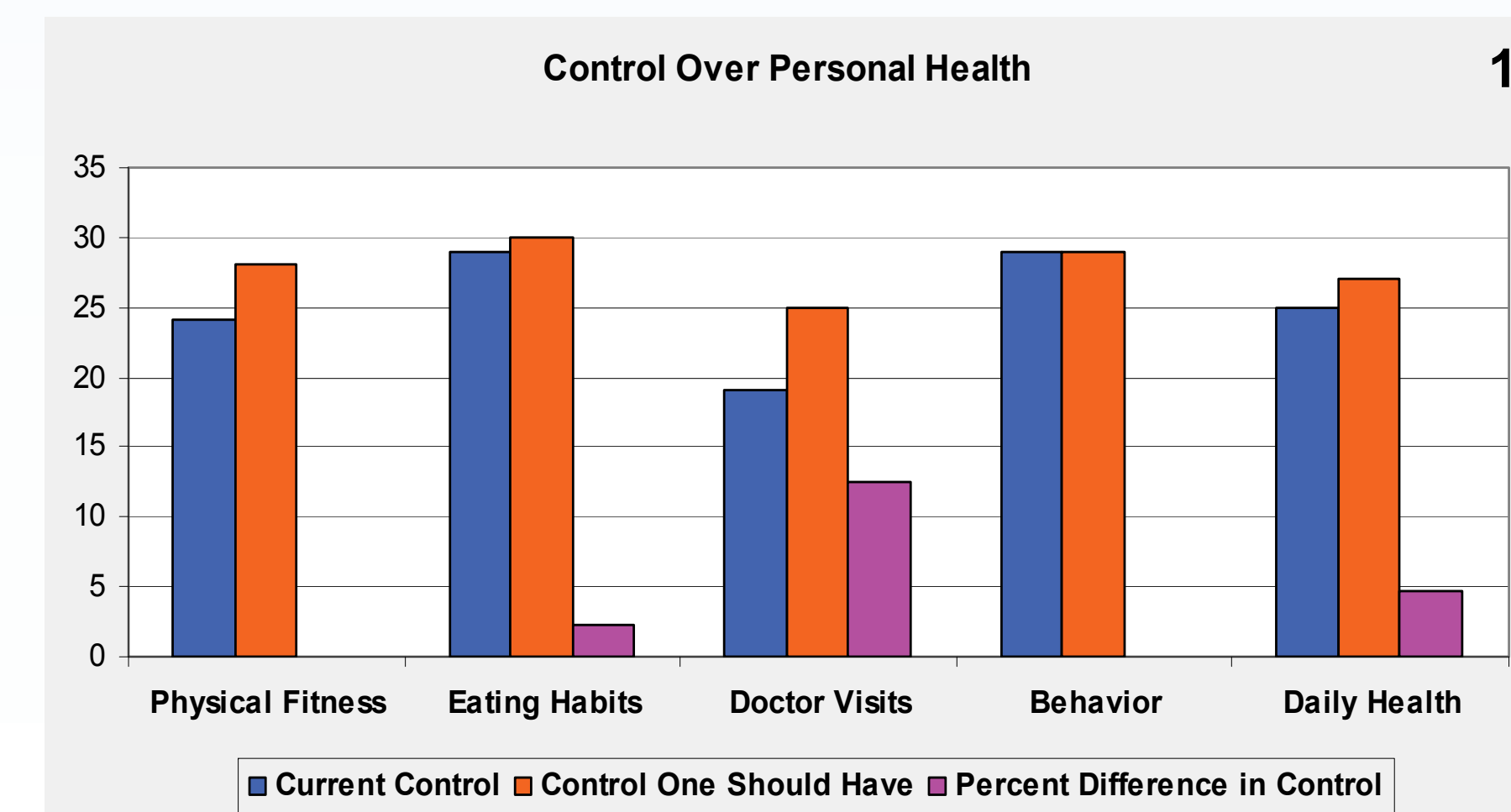


Figure 1: Subjects' feelings of control over aspects of their health compared to how much control they believe they should have (X-axis). Individual responses of 'total control,' 'some control,' 'little control,' 'no control' were respectively valued at 2, 1, 0 and -1 and summated to represent the entire group (Y-axis). Percent difference between two series also displayed.

References

- (1) Bandura and Benight. Social Cognitive Theory of Posttraumatic Recovery: The Role of Perceived Self-efficacy. Behavior Research and Therapy, 42, 1129 – 1148.
(2) Bourke, Michael L. and van Hasselt, Vincent B. Social Problem-Solving Skills Training for Incarcerated Offenders: A Treatment Manual. Behavior Modification 2001; 25; 163.

Methods

Demographic

- Male and female youth (<18yo) residing in Detention and Residential wings of Woodside Juvenile Rehabilitation Center in Colchester, Vermont.
- Residents of the facility between August and December, 2008.
- Roughly 20 residents met with in small groups to gauge knowledge and interest in health. 16 consented to complete a health survey.

Our Role

- Management of several small focus groups gauging the knowledge of health education and efficacy topics.
- Surveys were created and administered (n=16) to assess the residents' general use of health care, current stressors and levels of interest in learning more about health and empowerment.
- Created pamphlets to be used at Woodside including activities to reduce stress and maintain residents' own health as well as to teach general and personal health information. The pamphlets were primarily focused on self-evaluation and corresponding growth.

Results

- All patients positively noted that they had a source of medical care outside of Woodside, however, the majority, 13, stated that they visited that resource less than 5 times per year (Figure 2a).
- Of those visits, thirteen were amicable to regular dental check-ups while only seven were open to recurrent primary care appointments (Figure 2b).
- Also, while ten subjects felt that people their age should have total control over when to see the doctor, only 5 believed that they actually had that control. On the other hand, the majority, 16, of patients considered themselves to be in control of their physical fitness and eating behaviors (Figure 1).

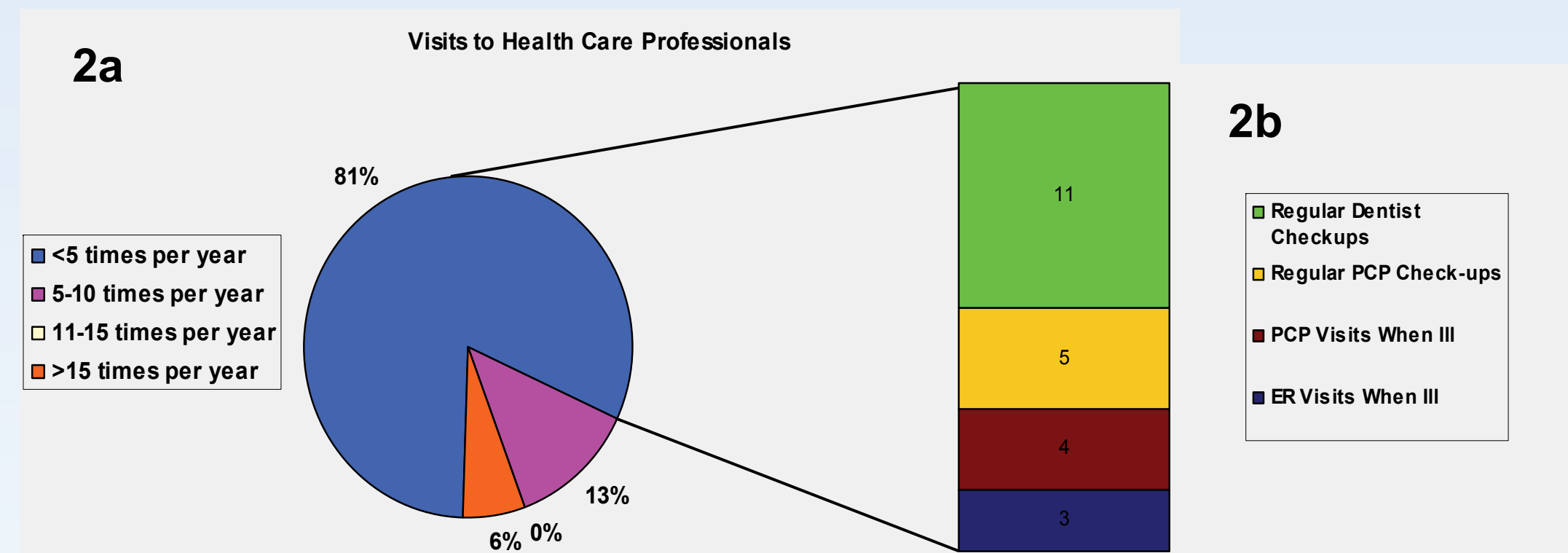


Figure 2a: Regularity of health care visits displayed as a measure of percentage based upon the 16-patient population.

Figure 2b: Bar displays how the majority category of '<5 per year' is divided by location and circumstance of visits.

- Woodside residents said that confrontation with family, friends and school officials was stressful (Figure 3).
- Sleeping, exercising and socializing with friends were the most important coping mechanisms for stress while writing and drugs were the least important (Figure 4).
- General and dental hygiene were considered most important for overall health.
- Drugs/alcohol/smoking and role models were marked as the least important.
- Yet, role models were predicted to be of value in the future.
- Residents were interested in learning about relaxation/stress relief and long term health (Figure 5).

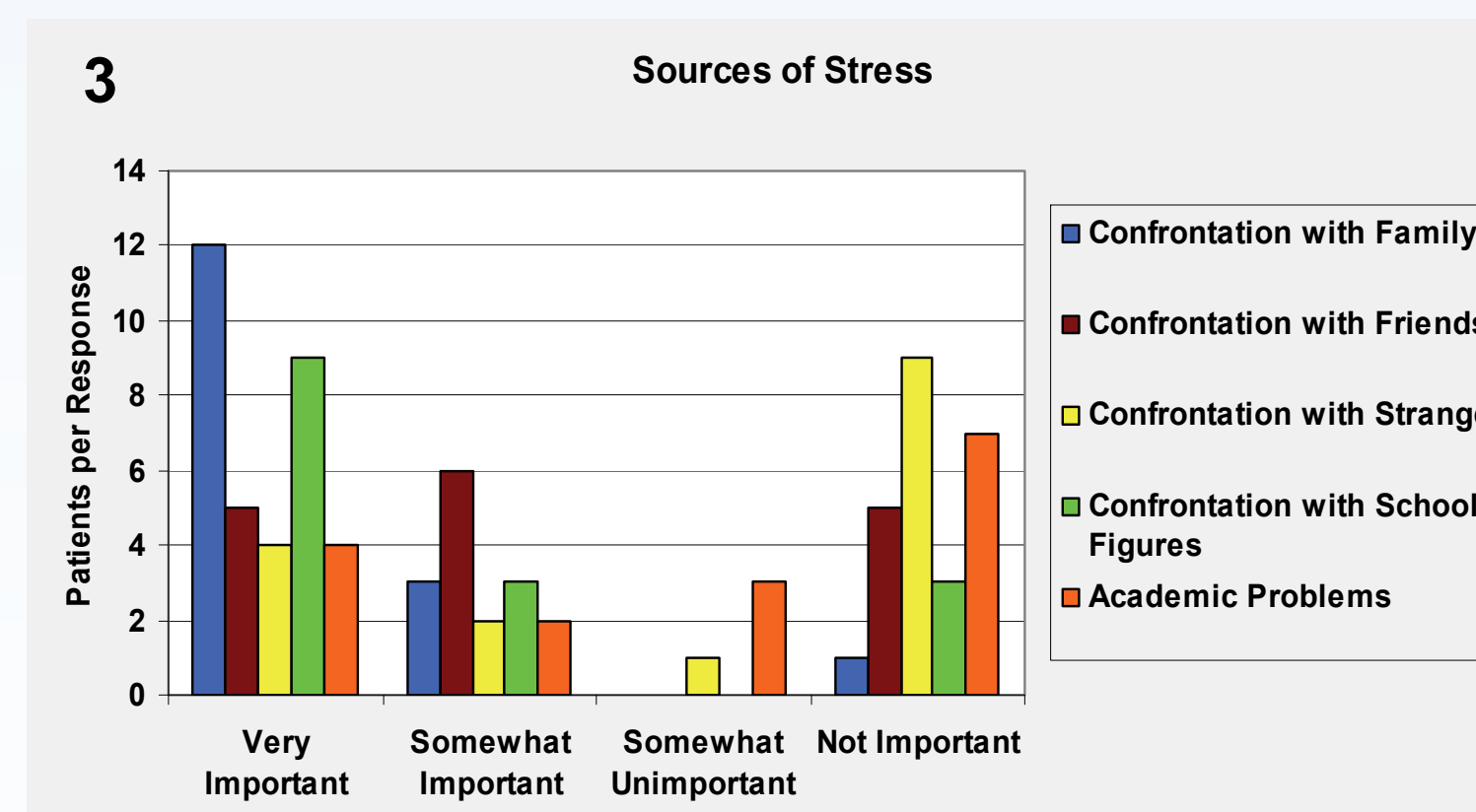


Figure 3: Sources of residents' stressors sorted by the level of importance placed upon them towards overall health.

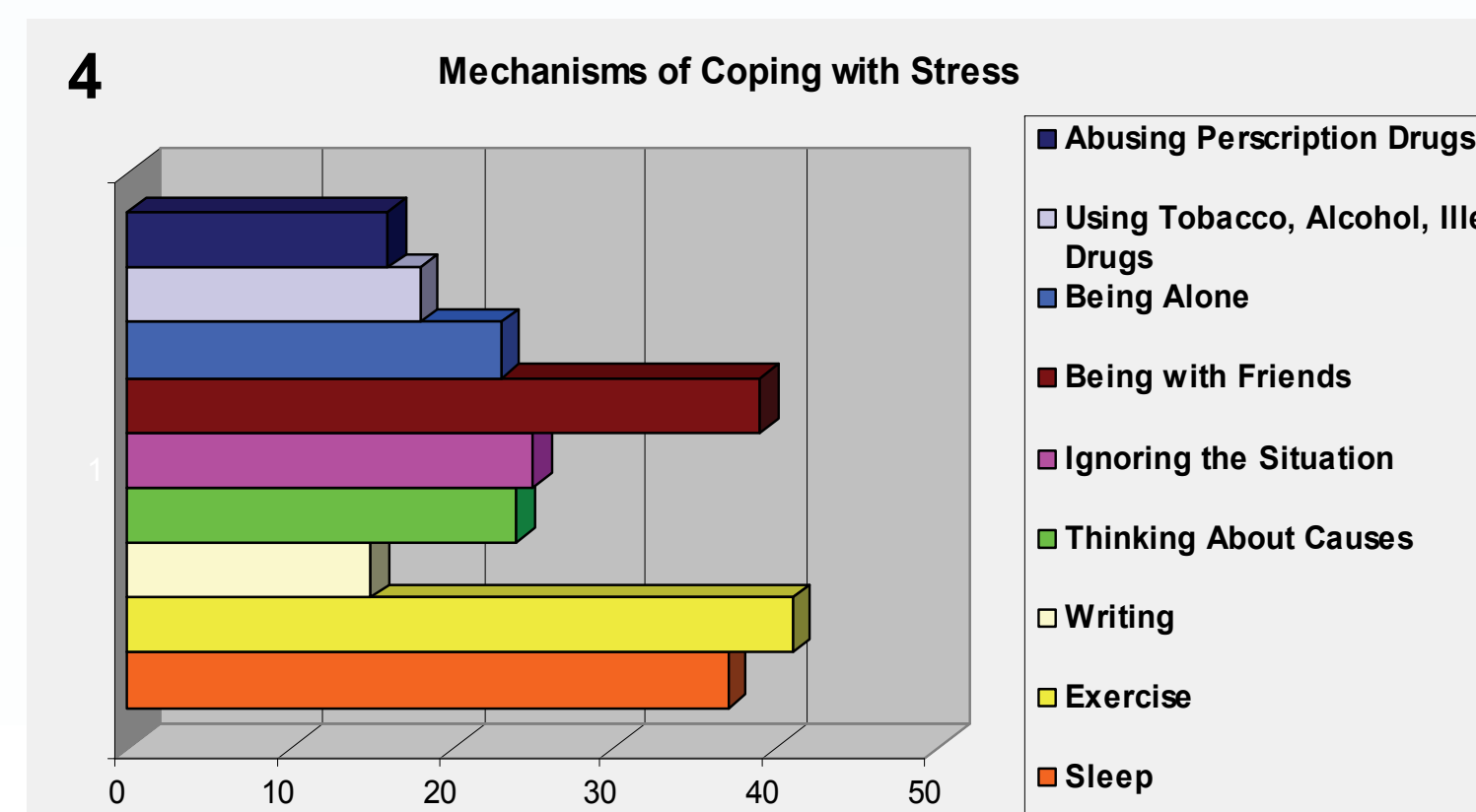


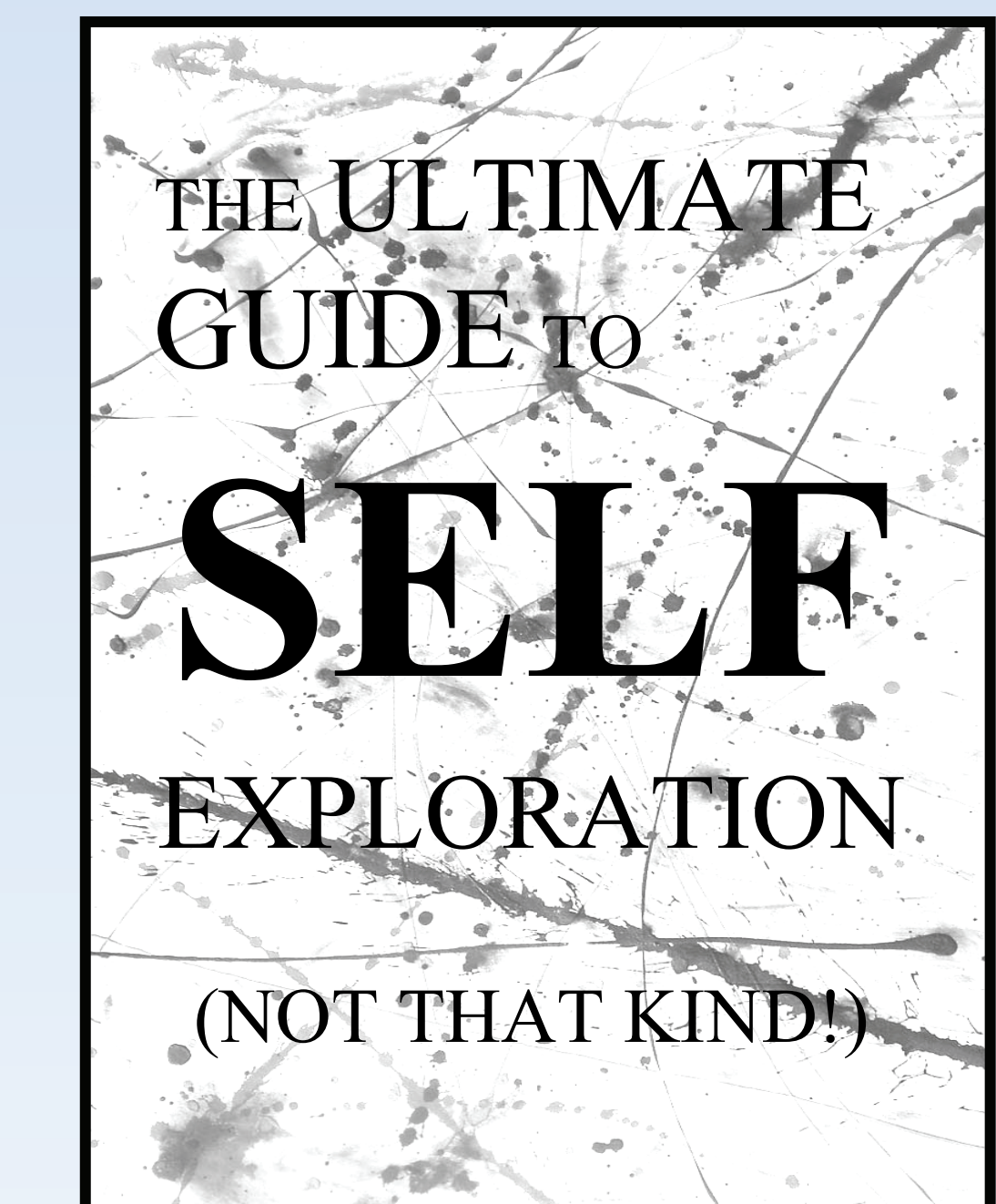
Figure 4: Mechanisms of coping with stress. 'Very,' 'somewhat important,' 'somewhat unimportant,' and 'not important' were numerically valued as 3, 2, 1 and 0 respectively and summed for all patients.

Discussion

Survey results indicated strong yet variable trends in health, stress and learning interests. We sought to address those trends while embracing the participants individualities. The survey and advisors pointed towards patient inclusivity as an important part of advocacy intervention.

The results directed us to incorporate self-analysis questionnaires (SAQ) into an informative and interactive health self-empowerment booklet.

- Presents activities and allows time focused towards reflection upon patients' own lifestyles and habits.
- Juxtaposed with health information according to survey results:
 - Stress relief/relaxation techniques
 - Long-term health
 - Primary Care Physician visits
- Response-related activities to highlight and emphasize user-responses.
- Wallet-sized card for future health information and self-advocacy reference.



Lessons

- Residents of Woodside Rehabilitation Center, and possibly other troubled youth, can be effectively taught through interactive and self-empowering activities.
- While visiting the dentist regularly, residents rarely see doctors despite adequate health care coverage.
- High-stress lives necessitate the use of relaxation activities, physical exercise, socialization and focus on family dynamics.
- Woodside residents are knowledgeable about health. Rather, motivation, feelings of control and power, and stress must be addressed.

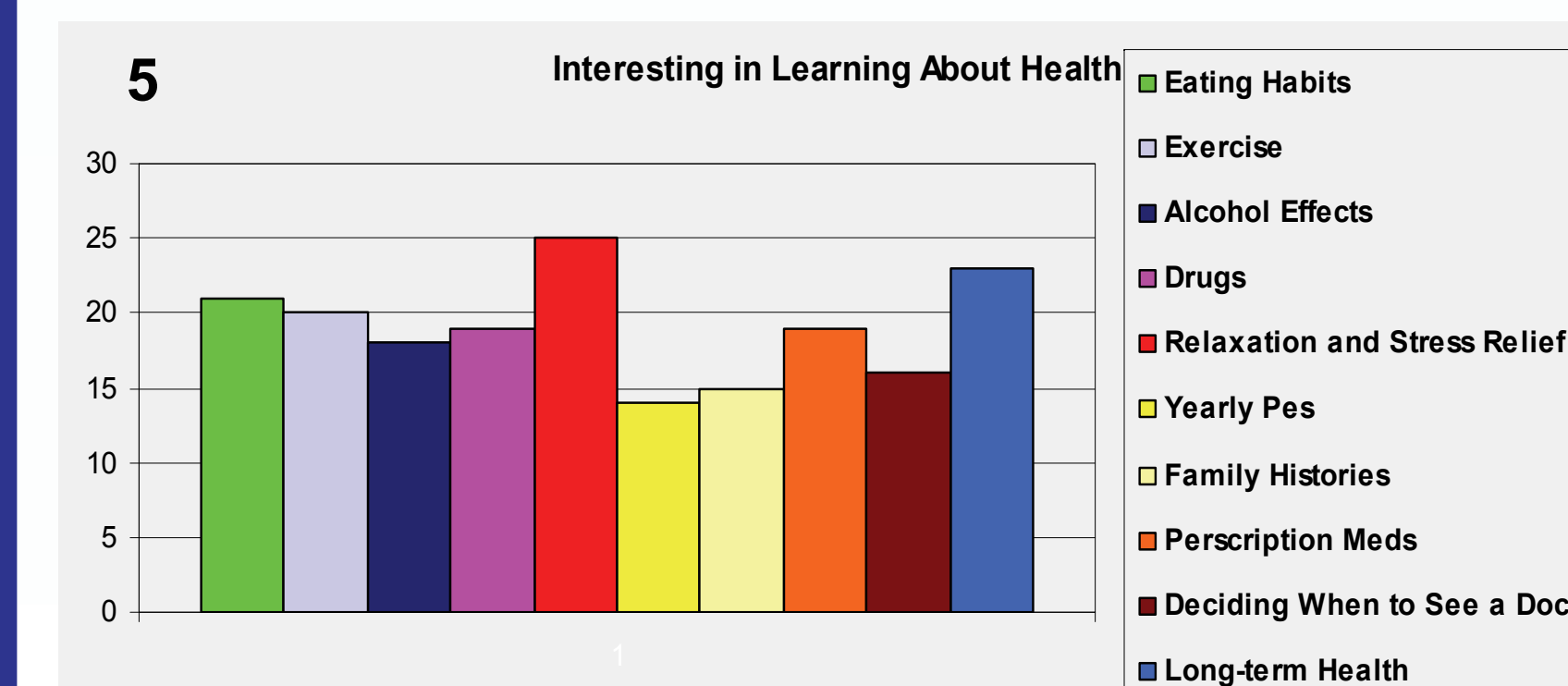


Figure 5: Interest in learning about various health topics. Responses of 'extremely,' 'very,' 'mildly' and 'not interested' were numerically valued as 3, 2, 1 and 0 respectively and summed among patients.