

Life Skills for Pregnant Teenagers: A Program Development Plan

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.

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### **Executive Summary**

The United States has the highest teen pregnancy and birth rates of all the industrialized countries (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010). There are around 750,000 teens that become pregnant every year. Twenty-five percent of these girls will have a second child within two years of the first. Approximately seven of 10 pregnant teenagers will drop out of school before finishing their high school degree. The high rate of teenage pregnancy is very expensive to all taxpayers. It costs taxpayers over 9.1 billion dollars a year to cover the costs of teen childbearing (Teen Pregnancy Statistics, 2009). There is a significant need to teach these young girls the life skills required to function independently as an adult and as a parent and to decrease the amount of teenagers living on welfare.

The goal of the Life Skills for Teens program is to provide individualized occupation-based interventions to educate pregnant teenagers on life skills. Learning life skills will help these pregnant teenagers learn how to prepare for life as a parent. The program objectives focus on identifying problems areas in life skills, actively engaging in occupational therapy sessions, and actively increasing the ability to perform life skills. This program will be offered to pregnant teenagers that are living at Guiding Light Ministries and approximately 12 pregnant teenagers will participate throughout the first year. The programming for this occupational therapy program will consist of the pregnant teenager participating in interventions that take place in the community and at the maternity home in the life skills that were identified as problem areas through the initial assessments conducted. The program interventions will be unique for each participant. Evaluations of the program will be conducted throughout the program, at the time of discharge, and at the end of the 6<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> month of the program. The evaluations will provide feedback for improvement or changes for the program.

## **Introduction**

### **Program Goal**

The goal for the Life Skills for Teens program of Guiding Light Ministries is to provide occupation-based services that increase the life skills of homeless, pregnant teenagers. Guiding Light Ministries provides safe housing for pregnant teenagers that are 19-years-old and younger. Life skills are important for teenagers to acquire to become functional and self-sufficient adults. These skills may include, but are not limited to, meal preparation, time management, money management, transportation, parenting, social interaction, household maintenance, and community safety. These pregnant teenagers that are homeless may have voluntarily left home, were thrown out of their home, live on the street without shelter, live in a homeless shelter, living friend to friend, or have become a ward of the state.

### **Sponsoring Agency**

The Life Skills for Teens program will take place at Guiding Light Ministries in Lima, Ohio. Guiding Light Ministries, a teen maternity home, will be opening at the end of 2011. It will house up to five homeless, pregnant teenage girls at a time. This home will provide adolescents with a safe home environment. Some of the goals for this home are to educate the girls on nutrition, life skills, and the available resources in the community. The mission statement of Guiding Light Ministries is as followed:

“We are dedicated to providing a safe environment that strives to educate teen mothers on how to possess qualities needed to be successful, but most importantly learn how to effectively care for themselves and their child. We will work to decrease repeat pregnancy rates and long-term government assistance.”

It is well within the mission of Guiding Light Ministries to develop services that strengthen the life skills that this population needs. Without the ability to learn and develop life skills, these teenagers will not be given the chance to lead and develop successful and independent lives. One objective of Guiding Light Ministries directly relates to occupational therapy services. It states, "To educate them on life skills such as budgeting, laundry, housekeeping, etc." Occupational therapy can play a huge role in educating teenagers on these life skills and help Guiding Light Ministries reach their goals and objectives. A unique factor to Guiding Light Ministries is that the home is faith-based and Christ-centered. The core values of the home are faith, hope, love, giving, integrity, and perseverance. These core values help to foster and instill values within the adolescents.

Julianne Frankhouser, Executive Director, states "It will be important to provide an education, teach life skills, and help the adolescents to value themselves (personal communication, January 26, 2010). She also stated that money management and how to run a household are important skills for adolescents to learn. Another need for this program is to find positive activities for this population to take part in and for the teenagers to have positive role models and mentors. As this home is getting ready to open in 2011, programming is a need at this time. Julianne stated that a life skills program, mentoring program, tutoring program, and parent education classes are all needed (Julianne Frankhouser, personal communication, January 10, 2010). It will be important for all new programs to fit under the facility's core values and mission statement.

### **Organizational Structure**

The organizational structure of Guiding Light Ministries is still a work in progress as the home is working to open up to the community. Julianne Frankhouser, Executive Director of

Guiding Light Ministries, assisted in providing an organizational chart for the home (see Appendix A). Individuals on the organizational chart include the Board Members and employees of the home. The Board Members assist Guiding Light Ministries in making decisions that will affect the teen maternity home.

An occupational therapist hired to organize and lead the Life Skills for Teens program will be an employee of Guiding Light Ministries. The therapist will report first to the Program Director. The Program Director oversees all programs conducted at the home and will directly report to Julianne Frankhouser, Executive Director. The occupational therapist will be able to work with the house mothers, tutors, social workers, nurses, holistic counselors, doulas, and community members to help provide holistic services for the pregnant teenagers.

### **Investigating the Need for Programming**

A comprehensive needs assessment was given in order to determine if programming to educate homeless, pregnant teenagers on life skills is a need in the community. A needs assessment is a systematic procedure for identifying needs, examining their nature and potential causes, and setting priorities for future action (B. Kopp Miller, personal communication, February 25, 2010). Through conversations with the Executive Directors of Guiding Light Ministries and Mom's House, it was concluded that semi-structured interviews, surveys, and focus groups are three methods that will find out the needs of the pregnant teenage population. It was determined that these three methods will give a comprehensive overview of the opinions of people in the community and will allow all participants of the needs assessment to give honest answers.

Performing semi-structured interviews was chosen as the first method in the needs assessment in order to better understand the expectations of community members. Semi-

structured interviews are valuable in attaining information and for building rapport with people chosen for the interview (Taylor & Kielhofner, 2006). Through interviewing the needs, wants, values, and beliefs of various community members, the needs of the pregnant teenagers will be better understood. To cut down on biased responses, Fowler (1993) recommends scripting the introductions of the interviews and limiting unstructured discussion. A well structured interview with well-designed questions can help the interviewer gather pertinent information (see Appendix B). Conducting the interviews should be done in a place that the individual is comfortable in. The Executive Director of Guiding Light Ministries, Executive Director of Mom's House, various business owners, and people working with the pregnant teenage population were interviewed. This includes people working at OB/GYN offices, teachers of pregnant teenagers, a speech therapist, and an occupational therapist. All of these community members provided a well-balanced idea of what beliefs the community has on what pregnant teenagers need. These interviews served the purpose of trying to find out what the teenagers needed to be educated on to live independently, find jobs, continue on to higher education, and to take care of a newborn child.

From the community members that were interviewed, several themes emerged. When asked about how to educate the teenage population the dominant themes were to have hands on experiences and to educate the teenagers in a variety of ways so that the information will be retained. Many different skills were identified as a need for this population to learn. The skills that appeared most often were healthy relationships, financial skills, parenting classes, finishing an education, and job skills. Only one person interviewed knew of community resources available for the pregnant teenagers. It will be important to educate the teenagers and community members on the sources of support that are available. The opinions of the

interviewees showed that a life skills program, parent education programs, and mentoring programs are needed for this population. All of the persons interviewed stated there was a need for a life skills program for pregnant teenagers. The most important life skills needed by this population were found to be parenting, job skills, homemaking, money management, healthy relationships, healthy nutrition, and daily functioning skills. The semi-structured interviews gave me a good idea of how the community views pregnant teenagers and their knowledge on what is already available for this population.

The next method for data collection was surveys. Surveys are an excellent way to obtain statistics about a population, problem, or need (Fowler, 1993). The questions were targeted at finding out the life skills teenage parents will need to learn and the importance of those life skills. "Increasing the sample size will increase the reliability of surveys," (Fowler, 1993). A total of 100 surveys were emailed to include a majority of the workers in Allen County that work with young parenting mothers. Professionals who work at Lima Allen Council on Community Affairs (LACCA), Allen County Health Partners, Allen County Teen Pregnancy Program, YMCA Teen Pregnancy Prevention, Specialized Alternatives for Family and Youth (SAFY), Lima Chamber of Commerce, teachers working at county schools, and teachers at Opportunities for Parenting Teens (OPT) were surveyed. The survey consisted of questions regarding the professionals' viewpoint on occupations that are necessary and important for this population to learn in order to become successful members of the community (see Appendix C).

A total of 32 of 100 people responded to the survey. All participants that responded stated that the number of teenagers getting pregnant was a concern for Allen County, teenagers need to learn budgeting and money management skills, need assistance with time management, and assistance with learning job skills. When asked if there was an adequate amount of

programs available for pregnant teenagers, 25 people (78.1%) selected false. The majority of people, 84.4%, agreed that support groups for this population were a need for the community. A total of 31 of the 32 (97%) people that responded stated these teenagers would benefit from learning about healthy lifestyles, diet, and life skills. A variety of life skills were given on what pregnant teenagers need to learn. The most common themes included parenting classes, budgeting, education, job skills, healthy lifestyles, time management, communication, home management, self-confidence, and personal responsibility. When asked for further comments or suggestions, one participant stated, "This population requires guidance pertinent to money, time, and self management." Another participant stated, "It is difficult to change the lives of these young girls and to change their learned behavior. It will be important for resources in the community to work together."

A focus group was conducted as the third method for collecting data. "Focus groups create a conversation among participants around a chosen topic" (Morgan, 1998). Focus groups should be composed of 5-10 participants (Krueger, 1994). More than one focus group will be held in order to identify trends and patterns regarding the teenage population. The different focus groups included one for teenage moms and another with the Board Members of Guiding Light Ministries. The focus groups were held by the occupational therapist looking to start the life skills program. The director of Guiding Light Ministries was in attendance to provide support to the Board Members participants of the second focus group.

Teenage mothers attending school at Poly Fox consisted of the first focus group. A total of 7 girls were in attendance. The main themes that were gathered from the teenage mothers were the skills that this population needs to learn. The most important area that was discussed was parenting skills. The young girls stated it would be important to learn how to take care of

the baby, how to feed the baby, change diapers, comforting techniques, and how to find help in taking care of the baby. The girls expressed that they would have liked to have more knowledge on how to care and respond to their baby's needs. Other skills that were discussed as important to learn were finding resources in the community, finding housing, money management, and job skills. Most of the girls stated they would accept outside help as long as the help was free.

The second focus group was made up of the Board Members of Guiding Light Ministries and was held at St. Rita's Medical Center physician's café conference room. A total of five members were in attendance. When discussing the influences of sexual activity, the members stated that the teenagers do not have the right mind set, morals, or values that are needed to sustain from intercourse. It is the belief that teenagers are growing up in an environment where they think having kids at a young age is the norm. The various Board Members stated that in all of their different types of jobs it is obvious that that a lot of young girls are having babies. All members in attendance stated that healthy communication and positive parenting is an important aspect of parenting. The expectations of child development and the understanding that the needs of the child will be different depending on the child's age was another subject that was discussed. Skills that were stated as important to learn included housekeeping, time management, money management, child care, goal setting, and options for adoption. When asked how to get the girls involved in the program one participant stated, "Incentives will have to be given in order to get the teenagers involved." The focus group needs assessment guide can be found in Appendix D for the teenage mothers and Appendix E for the community members.

These instruments focus on the occupational needs of the pregnant teenagers and try to get answers about the culture of the pregnant teenagers. No costs were incurred through the administration of these assessments. Emailing the surveys to community members eliminated

the cost of postage. The findings from these data collection methods will help prioritize the implementation of the program based on the need of life skills identified.

### **Literature Review**

The United States has the highest teen pregnancy and birth rates of all the industrialized countries (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). In 2008, for girls between the ages of 15-19, the United States had 41.5 teenagers getting pregnant per 1,000. The United Kingdom is the next highest industrialized country and it only had 26.7 of 1,000 teenagers getting pregnant in 2008. Prior to 2005, there had been a decrease in the amount of teenagers that were getting pregnant since 1991. In the years 2006 and 2007 the United States had seen a slow rise in the number of pregnant teenagers. Currently, there has been a slight decrease in the overall amount of teenagers that are getting pregnant (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). There is close to 750,000 adolescents, or one in three teenagers, that become pregnant in the United States each year (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). The National Campaign also states that about nine in ten teenagers believe teen pregnancy is a problem in the United States. Approximately seven of ten pregnant teenagers will drop out of school before finishing their high school degree and less than two percent of the pregnant teens will complete a college degree (Teen Pregnancy Statistics, 2009). Preventing second pregnancies with this population is another important area to cover. Around 25% of teen moms will have a second baby within two years of having the first baby.

Teenagers that become pregnant are more likely to experience school failure, live on welfare, and have repeat pregnancies. The population most at risk for becoming homeless is single mothers with two or more dependent children. Becoming homeless increases the stress,

depression, and deterioration of parental roles of mothers. This combination of being a pregnant teen and homeless increases the costs for the taxpayers. It costs taxpayers over 9.1 billion to support teen childbearing (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). By teaching and educating the homeless pregnant teenagers the life skills that are needed to live as functional and self-sufficient adults it will decrease the amount of teenagers that live off welfare.

### **Life Skills and Teenagers.**

Teenagers that become pregnant are more likely to drop out and not complete high school. The transition from high school to adulthood is where teenagers learn the skills needed for adult life (Conaboy et al., 2008). Prevocational modalities such as computer skills and money management are important skills for teenagers to possess. The development of job skills and prevocational abilities allow the teenagers to know possible options available after high school graduation. This is a time where enhancing functional skills such as cooperative work, organization, time management, community mobility, and self-care occur. Without development of these life skills or identification of career interests, teenagers have a difficult time successfully transitioning into adulthood (Conaboy et al., 2008).

A study was conducted by DeMars (1992) that focused on developing a life skills program for Native American adolescents. This study was completed because there were a large proportion of students dropping out of school. The occupational therapist had each age group working on different life skills. Students, ages 4-10, worked on prevocational activities, such as baking cookies, working in the school store, participating in basic leather crafts, and learning daily living survival skills. This age group also worked on developing play, social, and recreational leisure skills. The students ages 11-13 had training that dealt with prevocational job

simulations including clerical office assistance, babysitting, horticulture, and business skills. Job skill behaviors, communication skills, stress and time management, job interests, and leisure skills programs were all life skills targeted for this age group. Skills that the girls older than 14 worked on include money management skills, attending job workshops, job internships, apartment finding, home management, conflict resolution, interpersonal communication skills, and leisure interests (DeMars, 1992). All of the earlier identified skills were also built upon and worked on continuously. These skills increased in difficulty as the child's cognitive status improved. It is important that the interventions have a just-right challenge (DeMars, 1992). This program ended up increasing the percentage of adolescents that regularly attended school. All of these skills that were addressed were seen as important in helping increase the student's locus of control. The occupational therapist used a health promotion approach to help address or change life-style habits. These habits may be difficult to change and will only be changed if the psychological issues an adolescent may face throughout this period of life, including self-esteem and self-worth, are addressed (DeMars, 1992).

Adolescence is a period of conflict, stress, sensitivity, and impressionability (Aviles & Helfrich, 2004). During adolescence, this population is expected to master an area of work, develop values, and establish an identity. The ability to develop a healthy self-esteem and the ability to care for oneself also occurs during one's teenage years. When a pregnancy prevents a teenager to develop these skills of finding a job, finishing an education, and becoming a successful adult becomes much harder. Teenage pregnancy can limit a young woman's life chances and opportunities. Many teenage mothers have little education and live in subsidized housing. Without access to suitable transport and child care it is difficult to undertake further education or training (Mendes, 2009). Often the adolescent's support groups with one's family,

school, peer groups, and leisure interests disappear. Without support from others, teenagers are more likely to find themselves homeless.

### **Homeless Pregnant Teenagers.**

Homelessness is defined as a lack of “a fixed, regular, and adequate nighttime residence” (Schultz-Krohn, Drnek, & Powell, 2006). The Department of Housing and Urban Development defines homelessness as a person living on the street, persons living in a place not meant for human habitation, coming from an emergency shelter, coming from transitional housing, person being evicted from a private dwelling, and persons fleeing from domestic violence (National Alliance to End Homelessness, 2010). Homeless adolescents are one of the nation’s most vulnerable populations. “There are approximately 170 students at the Lima City Schools that are homeless during the current school year. Twenty of those students are females between the grades of 9-12. The last school year only had 18 homeless female students in high school” (Sara Bowsher, personal communication, January 13, 2011).

A needs assessment was conducted by Finlayson, Baker, Rodman, and Herzberg (2002) to better understand the needs of people living in a homeless shelter. There are many factors that contribute to homelessness, including extreme poverty, extended periods of unemployment, shortages of low-income housing, and substance abuse. These authors conducted a needs assessment to help guide the development of an occupational performance skills program in a homeless shelter. The participants in the needs assessment identified communication skills, job finding skills, interviewing skills, developing computer skills, finding inexpensive leisure activities, and finding and maintaining a home as important skills to improve (Finlayson et al., 2002).

When a person is homeless the basic needs of housing, employment, education, and healthcare are not met. Over the past 20 years, the homeless population has risen. This is due to a shortage of affordable housing and an increase in poverty. Homeless teenagers are likely to have a poor support system. This may result in a lack of confidence and a failure to develop work skills (Aviles & Helfrich, 2004). Adolescents need to acquire the basic life skills to successfully transit out of homelessness. From a study conducted by Aviles and Helfrich, it was found that youth would benefit from more skill-based and hands on opportunities to practice problem solving skills (2004). The inability to handle responsibilities is ultimately what impedes a youth's ability to succeed. Occupational therapists have the unique skill sets to provide this population with learning life skills through meaningful hands on experiences.

Living in poverty is very common with early parenthood. Low-income women have high rates of unintended pregnancies (Finer & Henshaw, 2006). Early parenthood is directly connected to adverse outcomes later in life, through limiting opportunities and choices (Hobcraft & Kiernan, 2001). Most young parents are reliant on income support payments and experience financial hardship. Homeless parents will need help with emotional and practical issues. These practical issues may include finances in order to purchase clothes and equipment for a new child, parenting skills, housing, and access to support networks (Mendes, 2009). A case study on a homeless mother was conducted by Schultz-Krohn, Drnek, and Powell (2006). The homeless mother identified time management, financial management, and interview skills as the three most important goals that needed addressed. She was unable to balance a checkbook and establish a monthly budget. These are areas that pregnant teenagers will also need to learn.

Deciding to become a parent is a big decision. Mothers organize the physical day-to-day routines of young children (Griffin, 2004). Basic infant needs that a pregnant teen will have to

learn are bathing, diapering, dressing, feeding, lifting, carrying, and playing. In industrialized societies, adolescents are expected to focus on the development of vocational roles and delay parenthood until they are financially able to support a child (Head & Esdaile, 2004). Often, there is a negative attitude toward teenage mothers because of the financial burden it causes. Since there are long-term risk factors it is important to assist teenage mothers to become skilled, responsible, and healthy adults. While there may be negative consequences associated with teenage pregnancy, one theme that occurred from the interviews was that the pregnant teenagers wanted a better future for their children (Head & Esdaile, 2004).

### **Parenting and Children of Teenage Mothers.**

Children of adolescent mothers are more likely to become teen parents themselves, drop out of school, and to rely upon public assistance (Institute for Educational Leadership, 1997). More than one in ten babies are born prematurely. Low birth weight and health problems are strongly associated with socioeconomic status, including teenage pregnancy. Babies born from teenagers are more likely to experience anemia and infant mortality (National Association of County and City Health Officials [NACCHO], 2009). It was found that the daughters of teen mothers are more than three times more likely to receive welfare than the daughters of older mothers.

Thompson and Walker conducted a study focusing on the satisfaction with parenting (2004). These authors found that parenting satisfaction varies for mothers and fathers based on finances, home stability, education and family structure. Premature pregnancies trigger an increased need for family support, but most do not receive that support. Becoming a parent during adolescence may lead to less satisfaction with parenting. It is important to understand the

roles of teenagers and the psychological feelings this population may be experiencing when providing treatment.

Another study was conducted to better understand the perspective of pregnant teenagers. Kirkman, Harrison, Hillier, and Pyett (2001) interviewed twenty young women to better understand early pregnancy. The difficulties of parenthood were mentioned by the young mothers, but none stated that there were any disadvantages to teenage parenting. All the teenage parents stated that they were capable of learning the skills of motherhood. To become culturally competent and to understand the life of teenage parents, one really needs to learn the values and beliefs of others and immerse oneself in the culture and life of teenagers. By being more culturally competent and understanding the problem, professionals will be able to more adequately give the help that is needed to teenage mothers.

### **Pregnant Teen Programs.**

Social workers, Rothenberg and Weissman, started a teen pregnancy clinic at a hospital for pregnant teens 17 and younger (2002). Group programs can help lessen the isolation and stigmatization felt during pregnancy. This program allows the teenagers to discuss problems that they may be experiencing. Parenting, job training, employment opportunities, and academic help are also addressed. Another program that was developed to target this population was to provide family support (Cherniss & Herzog, 1996). Incorporating family into treatment helped with responsiveness and involvement of the family members. On the other hand, this type of programming did not help with decreasing the amount of repeat pregnancies. Overtime, these programs can come together to contribute to healthy, self-sufficient and successful members of society.

Hannah's Home is a faith-based teen maternity home located in Northeastern Ohio. It provides services for single, pregnant, young women through the age of 25. The program provides counseling, parenting classes, and education on adoption. The young girls are required to complete all the mandatory classes provided through the home. The structured environment provided at the home allows a young woman to make a positive life for herself and her unborn child. This program mandates the girls to continue with their education, participate in household management, and participate in preparing meals. This home strives to teach the girls the skills needed to make a successful life for themselves (Hannah's Home, n.d.). Guiding Light Ministries will be structured similarly to Hannah's Home.

“The most important needs are to provide an education, teach life skills, and help the adolescents' value themselves. Money management and how to run a household are important skills for adolescents to learn. It is important to their psychosocial well-being and their motivation. This population also needs to find positive activities to take part in” (J. Frankhouser, personal communication, February 18, 2010).

Julianne Frankhouser stated that there are many needs that this population requires. More programs are needed that focus on teaching life skills in order for the population to better learn how to succeed in society. Being successful will help the teenagers to value themselves and increase their psychosocial well-being.

### **Pregnant Teen Occupational Therapy Programs.**

Occupational therapists teach skills such as communication, money management, and meal preparation in a various institutional, community, and home settings (Kannenberg & Dufresne, 1997). Leslie Roundtree, an occupational therapist, designed a life skills program for teenage girls attending an alternative school (2010). The goal of the program is to enhance the

skills of teenage girls in their new roles as parents and as the primary provider for their child. This program was conducted during the health class held at school. Some of the class sessions that were held were child temperament, communication skills, child safety, time management, interviews, filling out job applications, and body image. A total of 65 girls participated in the program. One of the girls in the program stated, “Thank you for helping me with some of my future goals” (Roundtree, 2010). This program allowed the girls to start thinking about future plans. Occupational therapy can play a unique role in establishing skills in parenting occupations and in promoting healthy lifestyles and occupations for both adolescents and their children” (Roundtree, 2010). Occupational therapists can help to limit the disparities faced by teen mothers and their children.

### **Occupation Based Programming**

The Life Skills for Teens program that will be carried out at Guiding Light Ministries is occupation-based and will be conducted by an occupational therapist. The profession of occupational therapy is well suited to meet the needs of homeless pregnant teenagers due to our broad knowledge in the domains of physical, social, emotional, and social functioning. “The value and purpose of occupational therapy is to support the health and participation of clients by engaging them in their desired occupations” (Cohn & Lew, 2010). Occupations help to meet human needs for self-care, survival, self-actualization, quality of life, and participation in society (Haynes & Jones, 2007). Understanding the physical and social aspects of the clients and naturalistic environment are important skills that occupational therapists have.

The Occupational Therapy Practice Framework (OTPF) is an official document that defines and guides occupational therapy practice (American Occupational Therapy Association, 2008). There are seven different areas of occupation that are covered in the OTPF. One

important area is the Instrumental Activities of Daily Living. These are activities that support daily life within the home and community that require more complex interactions than self-care. This area includes activities such as caring for other, child rearing, and community mobility. It also involves financial management, health management, meal preparation, religious observance, safety, and shopping (American Occupational Therapy Association, 2008). These skills will be important areas for the teenagers to learn and to possess. These are areas that not many teenagers have much practice with, but will need to be mastered in order to efficiently care for their baby and for themselves. The other areas of occupations that will be important for the occupational therapist to consider when conducting interventions with pregnant teenagers include occupations of Activities of Daily Living, Rest and Sleep, Education, Work, Play, Leisure, and Social Participation (American Occupational Therapy Association, 2008). All seven areas support a person's engagement in occupations and in health.

According to the American Occupational Therapy Association position paper concerning nondiscrimination and inclusion, all individuals have the right to access and fully participate in society, have access to public transportation, and have the same opportunities (Hansen & Hinojosa, 2009). Occupational therapy is moving more towards health promotion. Health promotion is the process of enabling people to increase control over and to improve their health (Scaffa, Van Slyke, & Brownson, 2008). Primary prevention is one way occupational therapists can help to eliminate the onset of disease and unhealthy conditions. By providing occupation based programming for homeless pregnant teenagers, occupational therapists can help increase a teenager's quality of life.

This program will be successful under an occupational therapist because it will assist the teenagers in learning the occupational skills needed to be an adult and a mother. It will help

support individualized goals of each homeless, pregnant teenager. Through these goals, unique and holistic interventions can be used to help the teenagers succeed in their naturalistic settings and support successful participation.

### **Models of Practice**

The occupational therapist will use the Model of Human Occupation (MOHO) while leading the program (Kielhofner, 2008). MOHO seeks to explain how occupations are motivated, patterned, and performed. Persons are conceptualized as being made up of three components: volition, habituation, and performance capacity. Volition is the motivation of the person to perform daily occupations. Habituation is that process by which occupations are organized into patterns or routines. The physical and mental abilities that underlie skilled occupational performance make up the performance capacity component. In order to emphasize human occupation, occupational therapists need to understand the physical and social environments in which it takes place (Model of Human Occupation, n.d.).

MOHO can be used with any person experiencing problems in their occupational life and is designed to be applicable across the life span. It is applicable to use for adolescents that are homeless, teenagers experiencing change resulting from becoming pregnant, and in community-based organizations. There has been evidence-based practice directly relating to homeless, pregnant teenagers. A study conducted by Levin and Helfrich (2004) found that developmental factors, family demographics, and relationships are the primary forces that shape homeless, adolescent mothers' perceptions of their identity and competence in the role of a mother. This study had 7 participants ranging from 16-21 years in age. Understanding a client's personal history is necessary in order to support the development of occupational competence and

identity. The teenagers in this study perceived motherhood as a barrier to fulfilling other adolescent roles (Levin & Helfrich, 2004).

This model views humans as occupational beings that are motivated to engage in occupations and routines that make up their daily lives and move them toward a fulfilling and meaningful future. This model provides an approach that considers a client's ability to identify areas of strength while incorporating a client's beliefs. MOHO examines a person's self-concept, motivation, and environment to tailor services that meet the person's individual needs (Model of Human Occupation, n.d.). These three components of a person will help the occupational therapist tailor the interventions to each individual homeless pregnant teenager.

MOHO also has several holistic assessments that focus on volition, habituation, and performance capacities of all age ranges. Two assessments that can be utilized with adolescents are the Occupational Self Assessment (Baron, Kielhofner, Ivenger, Goldhammer, & Wolenski, 2006) and the Occupational Performance History Interview-II (Kielhofner et al., 2004). The Occupational Self Assessment reflects the uniqueness of each client's values and needs and is a tool that facilitates client-centered therapy. This is a self report that assists the client in establishing priorities for change and identifying goals for occupational therapy. Lists of occupations are given to the client and the client assesses his or her ability to participate in the occupation and the value for the occupation (Baron et al., 2006). The Occupational Performance History Interview-II gives a detailed appreciation of a person's life history and the direction in which the person would like to take his or her life. The occupational identity, competence, and environment are explored to give a full and rich picture of each individual client (Kielhofner et al., 2004). Both of these assessments can be valuable for the pregnant teenage population. The assessments will help with understanding the lived experiences of the client, the culture, and the

future aspirations of the client. It also allows for the therapist to suggest occupations of concern if the pregnant teenagers are having difficulty thinking of goals or specific areas that need improvement. It will help to guide the direction of the interventions that will be held by the occupational therapist.

### **Federal Initiatives and National Trends**

The implementation of Life Skills for Teens will address several national health initiatives as addressed by Healthy People 2020 (United States Department of Health and Human Services, 2010). A comprehensive set of national health objectives are discussed through Healthy People 2020. The goal of the Healthy People 2020 looks at health-related quality of life that relates to physical, mental, emotional, and social functioning. It looks to measure the population's health, life expectancy, and quality of life. Implementation of the Life Skills for Teens program will address several of these objectives.

The Adolescent Health goal is to improve the healthy development, health, safety, and well-being of adolescents and young adults. More specifically, Adolescent Health Objective 2 looks at increasing the proportion of adolescent who participate in extracurricular and out-of-school activities. The Life Skills for Teens program will address this objective by hosting a bi-monthly support group for this teenage population. Attending this support group will help provide the girls with an after-school program opportunity. Also, the Life Skills for Teens program will help the girls discover their interests and help to develop the skills needed to pursue those interests.

The Adolescent Health Objective 3 looks at increasing the proportion of adolescents who are connected to a parent or other positive caregiver. Throughout the Life Skills for Teens program, healthy communication and relationships will be taught. By learning these skills the

pregnant teenagers will be better able to communicate with their caregivers. The Life Skills for Teens program will also strive to find a supportive and encouraging support system for each girl.

Another section of Healthy People 2020 is the Educational and Community Based Programs (ECBP; United States Department of Health and Human Services, 2010). Objective ECBP-2.7 looks at increasing the proportion of adolescents that receive an education that will help prevent unintended pregnancy. Life Skills for Teens will be helping to educate the adolescents on how to prevent future pregnancies since 25% of pregnant teens will give birth to another child in two years (Teen Pregnancy Statistics, 2009). Objective ECBP-10.6 looks at increasing the number of community-based organizations that provide services to prevent unintended pregnancy. The Life Skills for Teens will be working under the community-based program of Guiding Light Ministries. This will be a new program that will strive to meet this objective.

Family Planning Objective 8.1 and 8.2 look at reducing pregnancy rates among adolescent females ages 15-17 and 18-19 respectively. The Life Skills for Teens program will be educating teenagers on different life skills that will help the girls find jobs, finish school, and decrease sexual activity. Through this program it is hoped that there will be fewer repeat pregnancies among this population. Another section targets Maternal, Infant, and Child Health (MICH). The objective MICH-1 looks at reducing the rate of fetal and infant deaths. The objective MICH-9 looks at reducing the number of preterm births and MICH-11 looks at abstinence from alcohol, cigarettes, and drugs (United States Department of Health and Human Services, 2010). The Life Skills for Teens program will educate the girls on healthy eating and cessation from smoking and drinking. By receiving an education about health eating and getting doctor check-ups it is hoped that fewer teenagers will have high risk pregnancies or have

pregnancies that result in a miscarriage. The women in the program will be educated on the harmful effects smoking, alcohol, and illegal drugs can have on oneself and the child. All of these objectives will be met through this life skills program by promoting the health and wellness of the program recipient's.

The National Campaign to Prevent Teen and Unplanned Pregnancy shows that teens younger than 19 that are raising children in Ohio cost the taxpayers \$353 million (2011). These costs come from public health care, child welfare, incarceration, and lost tax revenue due to decreased earnings and spending. The annual cost of childbearing for a teenage mother is approximately \$4,534. Nationally, teen childbearing costs taxpayers at least \$9.1 billion a year (Hoffman, 2006). This campaign also found that teen parents represent every socioeconomic and demographic category. Approximately 41% of teen parents come from homes that are above 200% of the federal poverty line. It is important to understand that this is a widespread problem (Docksai, 2010).

The National Center for Health Statistics reported a 3.5% increase in teenage births from the year 2005-2006. This number increased another 1.43% from 2006-2007. There remain substantial racial and ethnic disparities among birth rates for teenagers. Hispanics have the highest percentage of pregnant teenagers between the ages of 15-17. Eighty-one Hispanic teenagers will get pregnant for every 1,000 girls (Moore, 2009). The next highest groups for teenage pregnancies are African Americans, American Indians, Caucasians, and finally Asians. In Allen County the non-Hispanic group makes up the majority of the population at 84.7%. African Americans make up 12.1% of the Allen County population (Allen Economic Development Group, 2010).

The Allen County Health Department Needs Assessment presents the needs of the community (Allen County Health Department, 2011). This needs assessment included results collected from the year 2007. It was found that teen pregnancy was one of the seven biggest health concerns for Allen County. A total of 57% of high school students have had sex with at least one partner. In 2008, the Ohio Department of Health reported Allen County as having 264 total teenage pregnancies and a rate of 37.6 pregnancies per 1,000 teenagers (Ohio Department of Health, 2011). This number ranks Allen County 17<sup>th</sup> out of the 88 counties and is higher than the Ohio average. The total number of pregnancies for Ohio is 26,554 and Ohio has a rate of 34.6 pregnancies per 1,000 teenagers. Both Allen County and Ohio is above the national target number. The target national trend statistic is 22 pregnancies per 1,000 teenagers (Child and Family Statistics, 2010). For teenagers between the ages 18 and 19 there were 117.8 pregnancies per 1,000 teenagers for Allen County. This age group was also higher than the state which was 100.8 pregnancies per 1,000 teenagers (Ohio Department of Health, 2011).

Although there are many programs out there that focus on preventing pregnancy, there needs to be programs that help the teenagers that do become pregnant. These teenagers need help in learning the skills to become successful parents and adults. Disruption in adolescence can harm the person's abilities to learn the skills necessary to become successful members of society. The teenagers getting pregnant need support systems that will help educate them on the life skills needed and finding appropriate resources in the community. By educating teenage girls on life skills, it will help to decrease the costs of taxpayers, the amount of people that are homeless, and the amount of people living off of welfare. Learning life skills will increase the pregnant teenagers' ability to communicate with their children, find jobs, run a household,

manage money, effectively manage their time, and ultimately become a contributing member of the community.

### **Objectives**

#### **Program Goal**

The goal for the Life Skills for Teens program of Guiding Light Ministries is to provide occupation-based services that increase the life skills of homeless, pregnant teenagers. Guiding Light Ministries provides safe housing for pregnant teenagers ages 19 and younger who are homeless. Life skills are important for teenagers to acquire to become functional and self-sufficient adults. These skills may include, but are not limited to, meal preparation, time management, money management, transportation, social interaction, household maintenance, and community safety. These pregnant teenagers that are homeless may have voluntarily left home, were thrown out of their home, live on the street without shelter, live in a homeless shelter, live friend to friend, or become a ward of the state.

#### **Objectives**

1. Participants will identify at least two areas on the Occupational Self Assessment that are priorities for change based on individual occupational competence at the initial meeting.
2. Participants will complete the Occupational Performance History Interview II and identify at least one goal for each problem area at the initial meeting.
3. Participants will schedule and attend at least one occupational therapy session a week to progress and receive further education on at least one of the life skill goals that were identified.

4. Participants will actively engage in performing at least three life skills in the maternity home and in the community throughout participation in the Life Skills for Teens program.
5. Participants will achieve at least 2 of the 3 goals identified through the Occupational Self Assessment and the Occupational Performance History Interview II at the conclusion of the program.
6. At the conclusion of the program, 80% of the participants will report higher levels of perception in ability to perform life skills as measured by the Occupational Self Assessment.

These established objectives were developed to help pregnant teenagers learn the skills needed for adult life, including motherhood. The life skills training objectives will enhance the functional skills of pregnant teenagers.

### **Marketing and Recruitment of Participants**

#### **Marketing**

Marketing for the program will involve the stakeholders of the Guiding Light Ministries. Participants of this program will have to be living at Guiding Light Ministries, a teen maternity home, to qualify for the Life Skills for Teen services. Julianne Frankhouser, Executive Director of Guiding Light Ministries, will need to approve all marketing materials for the program. Board Members of the maternity home will also be approached for opinions and approval regarding the marketing materials for the program. Marketing for the Life Skills for Teens program will be completed through marketing for the maternity home. The target audience for this program is homeless, pregnant teenagers.

Marketing techniques used will have to be unique in order to reach the targeted population. Brochures that outline this program at Guiding Light will be developed and distributed to agencies in the community. Flyers will also be created and circulated to community agencies (see Appendix F). Heartbeat of Lima, Allen County Health Department, WIC offices, OB/GYN offices, churches, and local schools will be given brochures and flyers about the program. These agencies were chosen because these are places that pregnant teenagers will be receiving services. Heartbeat of Lima can give the brochures and flyers to newly pregnant teenagers. The Allen County Health Department, WIC offices, and OB/GYN offices are often the first places that see and treat pregnant teenagers. The local schools that will be given brochures and flyers include: Bath, Lima Central Catholic, Shawnee, Elida, Lima Senior City Schools, Opportunities for Parenting Teens, and Apollo Career Center. The occupational therapist will provide an in-service for the guidance counselors, health education teachers, and other interested teachers at the schools. These employees at the schools often can help the pregnant students find the best options for them. Having the support of these agencies and schools will be important in marketing the program and reaching the pregnant teenage population.

It will be important to also provide in-services to the aforementioned agencies. The agencies will not distribute the brochures, flyers, or explain the program as an additional option for the pregnant teenagers if the importance of the program is not fully understood. In-services will provide information about the mission, objectives, and goals of Guiding Light Ministries. The Life Skills for Teens program will be presented as an additional program at the maternity home that will be very beneficial to the pregnant teenagers. It will be important to present examples of the life skills that will be enhanced and the benefits of the program, the goals of the

program, objectives, and ways to measure performance and success. By understanding the benefits of the program, it is the hope that these agencies will pass out brochures to possible participants and hang up flyers around the facility.

While conducting the in-services at the local schools, the occupational therapist should encourage the schools to include information about the program in school newsletters and on the school news. This marketing method will help get information about the program and the teen maternity home to the teenagers. Information about encouraging safe sex or abstinence should be included to help the schools feel more comfortable sharing details about the program to the students.

Brochures and flyers about the program will also be given to participants of support groups for teenage mothers. There are free childbirth classes for teenagers offered through St. Rita's Medical Center. It is a two day class held every couple of months. Flyers and brochures will be available for the participants of that support group to take. The occupational therapist needs to be available to answer any questions from the support group participants. These materials will also be given to members of the Girl Talk support group. This is part of Guiding Light Ministries and will be a support group that the occupational therapist helps to co-run. Girl Talk is for all young mothers, pregnant teens, and teen girls. It is held every first and third Thursday of the month. One of the sessions of the Girl Talk support group will be dedicated to explaining the Life Skills for Teens program. Incentives, such as gift cards and prizes, will be given to all people who attend the 8 bi-monthly sessions in order to help encourage a big turnout.

Another marketing technique will be to advertise the program on the Guiding Light Ministries website (<http://gl.priusmedia.com>). Information about the Life Skills for Teens program, the benefits it provides, and participant quotes will be available on the website.

Information about the Life Skills for Teens program will also be posted on Guiding Light's Facebook page, as this is an inexpensive, but highly effective way of reaching the teenage population. Finally, recruitment and information about the program will be sent to all the contacts in Guiding Light's email database.

As this is a new program, the marketing items will be very inexpensive. The cost for the brochures and flyers will only be for the amount of paper and ink used. In-services and meetings with the different agencies, schools, and support groups will only acquire the time of the occupational therapist. The one major expense for the occupational therapist will be the gift cards and prizes given away to the pregnant teenagers at the support groups. The occupational therapist will ask for donations from local businesses. The estimated cost will be approximately \$100.00, 10 gift cards for \$10.00 each. These prizes will be given after every 8 sessions and it will be up to the therapist whether to use gift cards or to buy prizes that equal \$100.00. The occupational therapist will need to show up to support groups and continually be present at Guiding Light Ministries. It can be very difficult to gain a teenager's trust. Getting to know the teenagers will help increase the amount of people that participate in the program.

Inclusion criteria for the potential participants of the Life Skills for Teens program are individuals 19 or younger that are pregnant and living at Guiding Light Ministries. All persons living in the teen maternity home will initially be assessed by the Occupational Self Assessment (Baron et al., 2006) and the Occupational Performance History Interview-II (Kielhofner et al., 2004). The participant must identify at least one area for improvement on each assessment. These pregnant teenagers must be willing to attend weekly occupational therapy sessions.

The teen maternity home can house up to five pregnant teenagers at a time. It is estimated that approximately four people will be at the house at a given time. Jaclyn, Executive

Director of Hannah's Home of Mentor, OH, stated that Hannah's Home has had anywhere from 2-7 girls living at the home at one time. The length of stay for each girl is unique. Some may stay 7 months, while others only stay 1 month. The average length of stay was stated to be between 3-5 months (Jaclyn Sanzo, personal communication, March 24, 2010). From this it was determined that the average person living at the home will be there for around four months. This is the estimated time frame, instead of a full nine months, because some teenagers may enter the home later in the pregnancy and others may have to leave the home early due to pregnancy problems. The participants will continuously be coming and leaving the teen maternity home. From this, it is estimated that a total of 12 people will participate in Life Skills for Teens for the total year. This number may grow if more rooms are added to the maternity home or if a second maternity home is built.

Information collected from the female participants during the initial visit will include age, education level, home environment and current living situation. It will be important to know about the current living situation in order to help find a safe place to live after the birth of the newborn child. Information about sexual activity, family life, and current relationships will also be collected. The problem areas for daily occupations most often reported will be documented.

### **Recruitment of Participants**

The occupational therapist will be the main recruiter for participants for the Life Skills for Teens program. The Executive Director and the occupational therapist will both be recruiting participants for the teen maternity home and the support group. The occupational therapist will need to be present at the teen maternity home, support groups, and throughout the community in order to gain the trust and support of the targeted population and community members. The therapist will also be responsible for setting up the in-services at the agencies and school, passing

out the brochures and flyers, updating the information about the Life Skills for Teens program on the Guiding Light Ministries website and Facebook, and updating Board Members at the monthly board meetings. This will be done on a continuous basis as the participants will be constantly entering and leaving the program.

### **Programming**

The Life Skills for Teens is a highly individualized program that will teach pregnant teenagers the life skills needed for life as a mother through daily hands on occupations. It was found that youth would benefit from more skill-based and hands on opportunities to practice problem solving skills (Aviles & Helfrich, 2004). The program will be led by an occupational therapist using the Model of Human Occupation (MOHO) model of practice (Kielhofner, 2008). MOHO model of practice has three subsystems: volition, habituation, and performance capacities. These subsystems will be evident in this program as the occupational therapist works towards developing new roles and habits for the pregnant teenager and developing skills and abilities in the area of life skills. The pregnant teenagers will express personal values and interests and will develop individualized goals. The program will be focused on individual achievements and strengths. MOHO can be used for any person facing problems in occupational life (Kielhofner, 2008). The pregnancy has disrupted the teenager's daily occupations and occupational therapy will help guide the teenage girls in enhancing the three subsystems in order to be successful in the new role of a mother while engaging in life skill occupations.

Occupational therapy interventions will be held on a 1:1 basis. Every teenager has a unique history and will be at different stages of pregnancy. The life skills that are taught will be different based on the individual needs of the pregnant teenagers. The interventions will occur in the maternity home and in the community. Participants will be entering and leaving the program

at different times based on the nine month pregnancy period and as the life skills needs are identified and accomplished. The occupational therapist will also be in charge of co-leading a support group for pregnant or parenting teens called Girl Talk. This will be co-led with the Executive Director, Julianne Frankhouser, twice a month. This support group and Life Skills for Teens program will continuously accept new participants.

Potential participants for the Life Skills for Teens program will be recruited from Guiding Light Ministries. The occupational therapist will assess newly admitted pregnant teenagers within the first week of entering the home. This visit will be set up at a time that is convenient for both the pregnant teenager and occupational therapist. It will be conducted in the participant's room, living room, prayer room, or kitchen area, depending on where the participant feels most comfortable. During the initial assessment of the pregnant teenager, occupational therapy will be defined. This will help the participants understand the services that will be received. Life skills will also need to be defined and examples of life skills will be given. The Occupational Self Assessment (Baron et al., 2006) will be given first to collect information on the challenges faced during daily routines. Next, the occupational therapist will administer the Occupational Performance History Interview-II (Kielhofner et al., 2004). This will begin the process of gathering the life history of the pregnant teenager and to assist the participant in developing goals for the future. These assessments will help the occupational therapist and pregnant teenager collaborate in finding out what life skills need to be created, built, or enhanced for life after having a child. Without development of these life skills or identification of career interests, teenagers will have a difficult time successfully transitioning into adulthood (Conaboy et al., 2008).

All documentation will be completed by the occupational therapist. Notes on the weekly occupational therapy sessions, initial evaluation, discharge evaluation, monthly progress notes, and goals will be written by the occupational therapist. This information will be kept on a password protected computer. This will help eliminate the amount of paper used for documentation. One copy of each assessment will be made. These copies will be stored in the pregnant teenager's file. The discharge summary of the patient's progress and accomplishments towards the stated goals will also be included in the patient's file. Other documentation can be printed out if asked for by other disciplines. The occupational therapist will constantly be working with the nurse, House Mothers, and the counselor staffed at Guiding Light Ministries. All the disciplines will need to work together in order to know the current health situations of the pregnant teenagers. Meetings will be held with the nurse and counselor once a month. The occupational therapist will meet with the House Mothers on a weekly basis to gather any new information about the pregnant teenager's situation. These meetings will be held weekly because House Mothers are the staff members that will have daily contact with the pregnant teenagers. The occupational therapist will meet with the Executive Director every other week to discuss progress of the pregnant teenagers and to develop materials for the board meetings.

An estimated number of 4 pregnant teenagers will be on the occupational therapist's case load at a time. A total of 17 hours will be spent a week at Guiding Light Ministries. Approximately 3 hours will be spent with each pregnant teenager a week. The amount of time for each participant will vary depending on the goals that were established by the participant. However, it is estimated to spend one hour working towards each goal per girl. This comes out to approximately 12 hours a week working with four girls. These three hours will include the two hours a month the occupational therapist spends at the bi-monthly support group.

Approximately 5 hours, will be spent on documentation, preparing materials for the interventions and support groups, and analyzing the evaluations conducted throughout the program. It will also include time spent on marketing, recruitment, speaking on behalf of the program and home at events, fundraising, and attending monthly support groups.

After the initial goals have been established, the occupational therapist and pregnant teenager will set-up a schedule for weekly occupational therapy sessions that does not interfere with school. The weekly sessions will educate the pregnant teenagers on the life skills needed to become a new mother. "Occupational therapy can play a unique role in establishing skills in parenting occupations and in promoting healthy lifestyles and occupations for both adolescents and their children" (Roundtree, 2010). This could include cooking meals, house management, money management, time management, transportation, meal preparation, community resources, etc. Each session will focus on the life skills identified in the initial meeting. Discussions will be held on whether the solutions are working for the pregnant teenager. For example, if a participant has trouble with time management the occupational therapist may help the pregnant teenager learn how to use and follow a daily planner. There are many different types of planners, and it may take a couple of trials before a planner is found that is helpful to the pregnant teenager. The occupational therapist and pregnant teenager will come up with a list of appointments, therapy sessions, items that need to be accomplished, school work to be accomplished, and other pertinent needs. These items will then be documented into the planner. The occupational therapist will help the pregnant teenager learn how to manage the planner, write down new items that need to be completed, and how to follow it daily. This will help the pregnant teenager learn how to follow a schedule, how to stay organized, and manage her time effectively. The occupational therapist will also teach the pregnant teenager how to effectively

prioritize items that need to be completed, ways to relieve stress, the importance of keeping appointments, and the importance of completing items in a timely fashion.

Another example is working on setting and maintaining a budget. The occupational therapist can help the pregnant teenager come up with a meal to prepare for. The pregnant teenager will have to write down the ingredients needed and what needs to be bought. The teenagers will be taught how to find coupons for the items needed and what items can be bought at a discounted price. If spaghetti is the meal that needs to be prepared for, coupons for the store can be found, comparing prices of store brand to the name brand will be taught, and sticking to the grocery list will be discussed and practiced. The occupational therapist can then help the pregnant teenager set up a budget, go down to the grocery store, buy the needed groceries while sticking to the budget, and then fix the meal for all the girls living in the home. Fixing the meal helps to give hands-on experience of what the end result of managing money can be and helps the teenagers practice meal management. These examples demonstrate how the occupational therapist can provide education, engage in life skills through occupations, and give direct feedback on the occupational performances. Other budgeting areas that will be covered include how to write checks, how to open and maintain a bank account, and how to create and maintain a monthly budget.

Transportation and community safety may be another area the pregnant teenager may want to work on. Depending on the age of the pregnant teenager, she may need to be taught how to use the city bus transportation and how to budget for the bus fares. Understanding of how the bus runs, the schedule of the bus, and the bus routes will help the girls to feel more comfortable riding the bus and getting to the correct destination. Knowing the times of the bus schedules may help to decrease the girls traveling on buses at night, ultimately increasing their safety. If

the girl is over 16 then the pregnant teenager may need to be educated on driving safety, how to get a license or permit, and budgeting for a car. This will also be a time where the girls can be educated on how to get to their doctor appointments and how to get to different community agencies that provide services to pregnant teenagers (i.e. Health Department, Heartbeat, and WIC)

Healthy communication and social interaction may be another goal that the pregnant teenager sets. Learning ways to increase their self-esteem and self-worth will be vital. If the teenager has a low self-esteem all other aspects of social interaction and healthy communication will be hard to teach. Learning how to notice non-verbal's in communicating with another person, tone of voice, how to control anger, etc. will all need to be taught. How to appropriately talk to family members, the baby's father, and friends will be a need to teach the young girls. This will be important in order to develop healthy relationships with the people in the pregnant teen's life. Helping to find areas of interest will also be important for the pregnant teenager. The areas of interest can be targeted toward leisure interests or work interests. It will help the teenagers find appropriate avenues to invest in for school or for finding a job. These interests will also give the girls appropriate and healthy methods on how to spend leisure time.

Another example of a goal that may be set by the pregnant teenager is learning about household management. In order to accomplish this goal the girls will be taught how to effectively sanitize the house and baby toys. The girls will be given a weekly list of chores that need to be completed in the house. The occupational therapist can help the girls to budget for cleaning supplies and learn how to clean in a safe and ergonomically correct way.

One final example is learning parenting skills. The girls may express a need to learn how to care for their newborn. The occupational therapist will teach the pregnant teen about the

development of a newborn, the feeding needs of the child, the bond between the mother and child, and the hygiene needs of the newborn. Understanding how to hold a child, safely use equipment, (i.e. cribs and care seats) and how to discipline a child will be important to teach. How to develop a safe environment for the infant, information on shaken baby syndrome, information on how alcohol and drugs can affect a baby's environment, and the dates for vaccinations and check-ups will all be taught to the pregnant teenager if this is a goal she wishes to improve upon.

At the end of each month, the pregnant teenager and occupational therapist will discuss the progress made toward each individual goal established and if the goals have been met. The participant will be discharged when all the goals have been met. If the goals are met and the pregnant teenager wants to continue occupational therapy services, then the assessments will be re-administered to determine new goal areas that need improvement. Discharge from the program will also occur if the pregnant teenager gives birth. Guiding Light Ministries is only allowed to house teenagers up to the time of birth. The girls will be expected to come to the home within the first 2 weeks of having the baby in order to finish the discharge assessment, to pick up personal items, and to tie up any loose ends. All girls will be given baby blankets, baby bibs, burp cloths, and baby hats for completing the occupational Life Skills for Teens program. These items will be donated from a local sewing group. This will be the teenager's incentive for returning to the home to finish the discharge evaluation. The Occupational Self Assessment (Baron et al., 2006) will be administered during discharge. A third way for the teenager to be discharged from the program is if the teen unexpectedly leaves the home. If this is the case then the occupational therapist will have two weeks to finish the discharge summary. If the discharge

evaluation is not able to be administered, detailed documentation must be provided on the reasons it was not completed and the progress of the participant toward the identified goals.

After completion of the program, the participants will be asked opinions on the occupational therapy services and interventions that were received. Suggestions made by the participants will help the occupational therapist positively modify the program for future participants. This will be completed during the session when the discharge paperwork is completed. The Life Skills for Teens program will be evaluated by all teenagers participating every three months. The support group will be evaluated after every eight sessions, or 4 months. The topics of the support group will range from life skills, parenting education, parenting styles, baby development, brain development, community resources, setting and following goals, respect, trust, relationships, and providing loving environments.

The direct services that will be provided by the occupational therapist will be the interventions, administration of assessments, and the education provided to the pregnant teenager. This includes co-leading the bi-monthly support groups for all pregnant teenagers. The indirect services will be referrals to other disciplines if needed or to community agencies. These services will give the pregnant teenagers a wide range of help and support.

### **Budgeting and Staffing**

The expected costs to run the Life Skills for Teens program during the first year are described below. The program will be implemented, developed, and ran by an occupational therapist licensed in Ohio. An occupational therapist is needed to run this program as the interventions implemented will be occupation based, MOHO will be the underlying theory, and life skills are part of a person occupations of daily living and instrumental occupations. The position is part-time, 17 hours a week, year round. The salary of a community-based

occupational therapist was determined by the website [payscale.com](http://payscale.com) (\$55,777). This amount was then divided by 40. This came out to \$1,394.43 and was multiplied by the 17 hours the occupational therapist is expected to work weekly. The salary then came out to \$23,705.31. However, this is based on a 52 week salary. It is not expected that the occupational therapist will be working the whole 12 months. It will take approximately one month to hire an occupational therapist so the final salary was based off of a 48 week salary. The amount \$23,705.31 was divided by 52 weeks and then multiplied by 48 weeks. The salary came out to be \$21,882. The occupational therapist will also receive 25% of the salary for fringe benefits. This will cover malpractice insurance and health insurance.

The occupational therapist applying for the job must have an appropriate occupational therapy education. It is preferred that the occupational therapist has 3 years of clinical and/or community based experience as this position requires an independent and autonomous decision maker. However, applications from new graduates will be accepted. The therapist must be creative in the interventions that are implemented with the pregnant teenagers. A job description of the occupational therapist job can be found in Appendix G. A sample job advertisement can be found in Appendix H. The therapist will be expected to market and recruit participants, perform evaluations, implement interventions, and write and keep all documentation. It is vital that the occupational therapist be sensitive to the needs of the pregnant teenage population and have a strong desire to help this population learn life skills.

### **Projected Staffing Costs**

Employee Position	Hours Per Week	Salary	Benefits	Total Amount
Occupational Therapist	17	\$21,882 *Based on 48 weeks	\$5,470 * 25% fringe benefits	\$27,352
Total Projected Staffing Costs				\$27,352

\* Salary estimated from [www.payscale.com](http://www.payscale.com)

### Items for Therapeutic Purposes

The following items are necessary to purchase for the Life Skills for Teens program in order to complete the evaluations, interventions, and discharge assessments.

Item	Rationale	Quantity	Total Cost
The Occupational Performance History Interview –II	This assessment is one of the major assessments used with each client. It will be used for the initial evaluation. After initially buying the assessment, copies of all the forms can be made.	1 at \$38.50 + Shipping  Shipping Costs = \$10.55	\$49.05
The Occupational Self Assessment	This assessment is another major assessment used with each client. It will be used during the initial evaluation and at discharge to measure change in the life skills of the pregnant teenagers. After initially buying the assessment, copies of all the forms can be made.	1 at \$38.50 + Shipping  Shipping Costs = \$10.55	\$49.05
Resume Paper	Resume paper will be needed for the clients who set a goal of working on job skills. Preparing a resume and cover letter will help the client learn the steps to applying for a job.	1 box at \$8.99  Box contains 100 sheets	\$8.99
Miscellaneous Amount for Each Client	Each client will have very individualized and unique interventions to meet the goals set by the client. For example, one client may set a money management goal, time management goal, and community safety. This client will need to have funds that cover the costs of buying sample checks, learning how to budget meals and other shopping items, buying planners, and transportation fares. The community safety	12 people at \$50.00 each  \$30.00 will go towards budgeting interventions for meals or other necessary items  \$10.00 will go towards planner  \$10.00 will go towards public transportation * This is just an example of one person. Each client will have	\$600.00

	may have the clients learn how to get to community resources safely. The estimated costs will cover items for one meal to budget for, a planner, and transportation fees. The costs for each individual will vary according to the goals and interventions implemented.	individualized goals and this amount of money can go towards other life skill interventions.	
Total Costs for Therapeutic Purposes			\$707.09

\* Prices for Therapeutic purposes were estimated from [www.moho.uic.edu](http://www.moho.uic.edu) and [www.acrta.com](http://www.acrta.com)

### Office Items and Marketing Supplies

The following items are needed for the Life Skills for Teen program in order to work on documentation and keep each client's weekly notes, monthly progress notes, initial assessments, and discharge documentation organized. It will also be used for marketing and recruiting teenagers into the program.

Item	Rationale	Quantity	Total Cost
Gift Cards	Gift cards will be used as incentives to recruit pregnant teenagers to participate in the focus groups and interviews.	10 x \$10.00 x 3  * 10 people are expected to come to the support group. * 3: 8 bi-weekly sessions	\$300.00
Office Copy Paper	This item will be necessary for making copies of the marketing materials, printing off documentation about the client's progress, and any handouts needed for clients.	1 at box \$23.99  Each box contains 2,500 sheets	\$23.99
Bic Round Stic Grip Ballpoint Pens	This will be necessary to take notes while in the office or out in the community.	1 package at \$2.29  Each package contains 12 pens	\$2.99
Hanging File Folders	A different file folder will be used for each client, marketing materials, intervention materials, and miscellaneous items. This will keep all the information organized.	2 packages at \$17.29 each  Each package contains 20 file folders	\$34.58

Manila File Folders	This will keep information about the clients organized within each hanging file folder.	2 packages at \$8.29 each Each package contains 24 manila file folders	\$16.58
Monthly Desk Pad	This will help keep the occupational therapist organized on weekly sessions and meetings.	1 at \$6.79	\$6.79
Notepad	Necessary for keeping notes on clients during interventions or writing notes during office hours.	5 at \$1.99 Each notepad contains 60 pages	\$9.95
Post-Its	Necessary for flagging pages in clients charts for follow-up and for reminders.	1 package at \$8.49 Each packages has 5 packs of post-its	\$8.49
File Cabinet Safe	This is necessary to protect confidential client information.	1 at \$436.99	\$436.99
Stapler	Necessary to staple documents together.	1 at \$19.99	\$19.99
Staples	These are needed for the stapler.	1 at \$4.99 Each case contains 5,000 staples	\$4.99
Paper Clips	Necessary to clip important documents together.	1 at \$18.49 Each box contains 1,000 paper clips	\$18.49
Total Cost of Office Items			\$883.83

\* Prices for Office Items were estimated from [www.officemax.com](http://www.officemax.com)

### Miscellaneous Items

This item will cover the costs the occupational therapist incurs from driving to different community agencies to implement the interventions.

Item	Rationale	Quantity	Total Cost
Mileage Reimbursement	Necessary to allow the therapist to implement interventions in the community for the clients. An average of 8 community	8 community interventions for each client for a total of 12 participants at 10 miles per visit (\$.50 a mile)	\$480.00

	interventions will be held for each client. This is approximately one visit every other week for each client.		
Total Cost of Miscellaneous Items			\$480.00

### **In-Kind Support**

Guiding Light Ministries will provide the following in-kind support to the occupational therapist for the Life Skills for Teens program: office space, desk, chair, telephone, computer, printer, copying services, kitchen, restroom, and access to other areas in the house and materials (i.e. pots and pans, laundry, etc.) in the home that will be used for interventions with the pregnant teenagers.

### **Indirect Costs**

Indirect costs for facility amenities and administration including the electricity, heat, and air conditioning will be reimbursed at 25% of the total budget to Guiding Light Ministries by the Life Skills for Teens program.

### **Total Program Costs**

Expense Category	Amount
Projected Staffing Costs	\$27,352.00
Items for Therapeutic Purpose	\$707.09
Office Items	\$883.83
Miscellaneous Items	\$480.00
In-Kind Support	\$0.00
<b>Subtotal of Program Costs</b>	<b>\$29,422.92</b>
Indirect Costs (25% of Subtotal of Program Costs)	\$7,355.73
<b>Total Program Cost</b>	<b>\$36,778.65</b>

### **Funding**

To implement the Life Skills for Teens program for one year grant funding will need to cover an estimated budget of \$36,778.65. Three possible grant funding agencies have been

identified based on their areas of interest and giving. The three following agencies are appropriate sources for obtaining initial funds to implement the program.

The first funding source will come from the Adolescent Family Life Care Demonstration Grant. This grant's contact information is through the federal agency of Department of Health and Human Services. This federal grant is available for public or private nonprofit organizations that will be demonstrating effective means of strengthening families. The organization must provide services that help prevent repeat pregnancy and enhance the well-being of pregnant or parenting adolescent mothers, their children, fathers of their children, husbands, or male partners with whom they are in a long-term relationship. This grant clearly meets the goal of the Life Skills for Teens program. Through educating adolescent mothers on life skills it will help the adolescents feel more confident and have better abilities to be a parent. Learning life skills will help enhance the well-being of the parenting mother and their children. The due date for the application is June 11, 2011.

The second possible funding source will come from Reducing Teen Pregnancy: Integrating Services, Programs, and Policies through Community-wide Initiatives. This federal grant is issued by the Centers for Disease Control (CDC). The CDC issues grants to assist with health related and research organizations that contribute to the CDC's mission. The purpose of the Reducing Teen Pregnancy: Integrating Services, Programs, and Policies through Community-wide Initiatives grant is to reduce the rates of teen pregnancy and births in communities with the highest rates. This directly relates to the Life Skills for Teens program. The program is being held in Allen County, Ohio and Allen County is one of the communities in Ohio that have the highest teenage pregnancy rates. Through the Life Skills for Teens program it will help educate the young women in learning life skills to become self-sufficient adults. This will ultimately

help in reducing repeat pregnancies among this population. Applications are due June 14, 2010 for this grant.

The third funding source comes from a private foundation. The Stranahan Foundation funds grants in the areas of human services, ecological well-being, education, physical and mental health, and arts and culture. The Life Skills for Teens program will fall under the areas of human services and physical and mental health. Human services grants can include those that provide access to services to meet basic human needs, opportunities to work and fully participate in community life, and avenues for achieving self-sufficiency. Physical and Mental Health includes programs that will create better access to care, educate people to better care for themselves and their families, and support preventative measures. The goal of the Stranahan Foundation is to help people become independent and responsible citizens. Guiding Light Ministries and the Life Skills for Teens program are looking to improve the lives of pregnant teenagers. This organization will provide guidance, leadership development, and educational opportunities to pregnant teenagers. Through the Life Skills for Teens program, education will be provided to help promote healthy lifestyles. Learning life skills such as money management, community resources, community transportation, household management, self-esteem, and healthy relationships will positively influence the lifestyles of pregnant teenagers. These skills will help to promote successful teenagers who might one day become independent, responsible citizens, and leaders in the community.

### **Self-Sufficiency Plan**

The first year of the Life Skills for Teens program will be funded through grants. After the first year it is assumed that the Executive Director, Board Members, and Guiding Light Ministries personnel will want to continue the program. The occupational therapist, to ensure

self-sufficiency of the program, will become a certified Medicaid provider. Medicaid providers serve low-income families, the elderly, disabled, pregnant women, and children under 18 years old. By becoming a Medicaid provider, the occupational therapist can bill the pregnant teenagers for the services received. The services covered by Medicaid for the teenage population are those that will increase the developmental skill level of the teenagers. The Life Skills for Teens program does meet this requirement and can bill for services. Most teenagers will be applying and receiving Medicaid services to cover the costs of the pregnancy.

Not all teenagers will qualify based on the income of the parents. If the teenagers are under private insurance policies, then their individual insurance will be billed for services. However, occupational therapy services will still be given even if the family is unable to pay for services or afford the co-pay determined by their insurance. The individuals who are not able to pay for occupational therapy will not be turned away from the program. Services may be billed for, but not limited to, occupational therapy evaluation, reevaluation, self-care/home management training, community/work reintegration training, therapeutic procedure, and therapeutic activities. The revenue earned from billing will cover at least three-fourths of the program budget.

As this is a non-profit agency fundraising will also be an important way to raise revenue for the program. An annual 5K run will be held during the first week of May to raise awareness of teen pregnancy. May 5<sup>th</sup> is the National Day to Prevent Teen Pregnancy. The proceeds will go towards the program. Sponsorships from companies will help pay for the event and proceeds will go towards the Life Skills for Teens program. Donations from private donors in the community will be accepted to cover the costs. The Life Skills for Teens program, along with Guiding Light Ministries, will also host a fundraiser in June. This will be an annual Golf

Scramble. Completing these fundraisers and becoming a Medicaid certified provider should cover all costs for the program.

### **Program Evaluation**

Evaluating the Life Skills for Teens program will be important and necessary in determining how well the program meets the stated goals and objectives. It will also be necessary in ensuring future program funding. The program will use formative evaluations and summative evaluations. Formative evaluations will be used throughout the program to determine if the program is viewed as being successful by the participants. The participants of the program will be verbally asked at the end of every month to see if the program is being viewed as beneficial and if any suggestions for improvements should be made to make the program more effective. The therapist will also provide time at the end of each session for any feedback the client has for the therapist. The therapist will also attend monthly board meetings and discuss with the Board Members the progress of the program. Suggestions from the Board Members will be encouraged and then implemented to enhance the quality of service the pregnant teenagers receive. At the end of the bi-monthly support groups the teenagers will be asked for their feedback and for future topics that they would be interested in learning about.

Summative evaluations will be performed at the time of discharge for each of the participants. Each client will be evaluated with the Occupational Self Assessment (Baron et al., 2006) during the initial evaluation and at discharge. This pre- and post evaluation will measure the participants progress in terms of an individual's view of occupational competence in life skills. The participants of the program and staff members of Guiding Light Ministries will also participate in a summative evaluation during the 6<sup>th</sup> month, 9<sup>th</sup> month, and 12<sup>th</sup> month of the program. These evaluations will give the occupational therapist suggestions on what needs to be

changed or improved in the Life Skills for Teens program. The support group will be evaluated at the end of every fourth month, or every eight sessions. This is approximately three times a year. The goals and objectives that were established for the Life Skills for Teens program will be continuously monitored and documented by the occupational therapist. The objectives will be evaluated by using the following methods:

1. Participants will identify at least two areas on the Occupational Self Assessment that are priorities for change based on individual occupational competence at the initial meeting.
  - a. The occupational therapist will document whether each participant identified two problem areas in the areas of occupational competence of life skills. This will again be filled out and completed at time of discharge for each participant. The occupational therapist will be able to document whether each participant felt that there was a change in skill in the problem areas identified. The occupational therapist will gather data from all the participants at the end of the year to determine the most commonly identified problem areas. The occupational therapist will also note the how much change was made by each participant on the assessment.
2. Participants will complete the Occupational Performance History Interview II and identify at least one goal for each problem area at the initial meeting.
  - a. During the initial meeting, the occupational therapist will administer the Occupational Performance History Interview II. The occupational therapist will document whether the participants were able to identify at least one goal for the problem areas identified during the assessment. At least one problem area and goal should be identified. At the end of the year the occupational therapist will

compile all the problem areas and goals of all the participants. This will allow the therapist to determine the most common problem areas and goals identified by the participants.

3. Participants will schedule and attend at least one occupational therapy session a week to progress and receive further education on at least one of the life skill goals that were identified.
  - a. The occupational therapist will set-up weekly occupational therapy sessions with each participant. An attendance sheet will be kept by the occupational therapist in order to document how regularly the participants attend the sessions. The therapist will write a weekly note documenting what intervention was completed, the education that the participant received, and what goal the session worked to improve.
4. Participants will actively engage in performing at least three life skills in the maternity home and in the community throughout participation in the Life Skills for Teens program.
  - a. The occupational therapist will document the attendance of the participants through an attendance sheet. Daily notes written by the occupational therapist will keep track of the weekly interventions completed and where the intervention was completed at. Monthly progress notes will be written documenting the progress towards each goal, where interventions have taken place, and what the participant still needs to complete. Each participant will be required to complete three interventions out in the community and three within the maternity home. For example, if a participant has the goal of meal preparation, an intervention will

be completed in the community by going to a grocery store and buying the appropriate items. An intervention in the maternity home will consist of making the meal.

5. Participants will achieve two of the three goals identified through the Occupational Self Assessment and the Occupational Performance History Interview-II at the conclusion of the program.
  - a. The occupational therapist will evaluate this objective by documenting all the goals developed by the participants and whether these goals had been achieved over the course of the program. The occupational therapist will complete a discharge summary stating the participant's progress or completion of the goals that were identified during the initial meeting.
6. At the conclusion of the program, 80% of the participants will report higher levels of perception in ability to perform life skills as measured by the Occupational Self Assessment.
  - a. The occupational therapist will re-administer the Occupational Self Assessment (Baron et al., 2006) at time of discharge. This will document each participant's perception of ability in levels of occupational competence in life skills. The occupational therapist will compile the results of all the participants in the program to rate if 80% of the participants increased in perception of skills. The occupational therapist, at the conclusion of the program, will administer a survey to each participant. This survey can be completed anonymously and returned to the Executive Director of the program. The occupational therapist will collect the

surveys and gather data on the feedback of the program, suggestions, facility, and any other additional comments (see Appendix I).

### **Timeline**

A timeline that outlines the major tasks that need to be completed throughout the year for the Life Skills for Teens program are identified in Appendix J. It is expected that interventions will begin in the third month. Recruitment of participants will continuously take place throughout the year. As participants will continuously be entering and leaving the program, evaluations will be taken place and analyzed throughout the duration of the program. The last month of the program will be dedicated to analyzing the evaluation outcomes. The occupational therapist will take the feedback from all the participants and make the appropriate changes for the upcoming year of the program.

### **Letters of Support**

Individuals from several agencies will be asked to provide a letter of support for the Life Skills for Teens program. The primary letter of support will be from Julianne Frankhouser, Executive Director of Guiding Light Ministries (see Appendix K). Julianne Frankhouser was selected to provide a letter of support as this will be the facility where the program will be ran. She was a pregnant teenager herself and understands the skills this population will need to learn.

Additional letters will come from a variety of sources and their contact information is included in Appendix L. The first will be from the Mayor of Lima, Mr. David Berger. His letter of support will be important because he understands the current demographics of Lima. As this program will be ran in Lima, Ohio his support will be needed to make this program successful in the community. Penelope Moyers, American Occupational Therapy Association President, will also be asked to provide a letter of support. She could provide reasons on why occupational

therapy fits in a community-based setting and how the pregnant teenage population could benefit from individualized occupational therapy services.

A third letter of support will come from Dr. William Scherger, OB/GYN specialist at St. Rita's Medical Center. He is also a Board Member of Guiding Light Ministries. This hospital is located in Lima, Ohio and he has multiple pregnant teenagers on his case load. Pregnant teenagers have greater chances of having high-risk pregnancies and his letter would highlight the need for services for this population. A fourth letter of support would come from Angie Joiff. She teaches at Opportunities for Parenting Teens in Lima, Ohio. This is a school for pregnant teenagers and teenage mothers. This letter will be important in stressing the need of a program that is culturally sensitive to the population. A final letter of support will come from Cory Maag. He works at the Allen County Health Department in the Teen Pregnancy Prevention Task Force. This letter will highlight the health issues that pregnant teenagers face and how a program for the population will help reduce the percentage of teens that have a repeat pregnancy.

## References

- Allen County Health Department. (2011). *Welcome to the Allen County Health Department*. Retrieved February 19, 2011 from <http://www.allencountyhealthdepartment.org/index.htm>
- Allen Economic Development Group. (2010). *Data Center*. Retrieved February 21, 2011 from <http://www.aedg.org/DataCenter.aspx>
- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2<sup>nd</sup> ed.). *American Journal of Occupational Therapy*, 62, 625-683.
- Aviles, A., & Helfrich, C. (2004). Life skill service needs: Perspectives of homeless youth. *Journal of Youth and Adolescence*, 33, 331-338.
- Baron, K., Kielhofner, G., Ivenger, A., Goldhammer, V., & Wolenski, J. (2006). *Occupational self assessment: Version 2.2*. Chicago, IL: University of Illinois.
- Cherniss, C., & Herzog, E. (1996). Impact of home-based family therapy on maternal and child outcomes in disadvantaged adolescent mothers. *Family Relations*, 15, 72-79.
- Child and Family Statistics. (2010). Family and social environment. *America's Family: Key Indicators of Children's Well-Being*. Advance online publication. Retrieved from <http://www.childstats.gov/index.asp>
- Cohn, E. S., & Lew, C. (2010). Occupational therapy's perspective on the use of environments and contexts to support health and participation in occupations. *Journal of Occupational Therapy*, 64. Advance online publication. Retrieved from <http://www.aota.org/default.aspx>
- Conaboy, K. S., Davis, N. M., Myers, C., Nochajski, S., Sage, J., Schefkind, S., & Schoonover, J. (2008). *FAQ: Occupational therapy's role in transition services and planning*.

Retrieved from American Occupational Therapy Association website:

<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/>

[Transitions/41879.aspx](http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/Transitions/41879.aspx)

- DeMars, P. A. (1992). An occupational therapy life skills curriculum model for a Native American tribe: A health promotion program based on ethnographic field research. *American Journal of Occupational Therapy, 46*, 727-736.
- Docksai, R. (2010). The truth about teenaged parents. *The Futurist, 44*, 14.
- Finer, L. B., & Henshaw, S. K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health, 38* (2), 90-96.
- Finlayson, M., Baker, M., Rodman, L., & Herzberg, G. (2002). The process and outcomes of a multimethod needs assessment at a homeless shelter. *American Journal of Occupational Therapy, 56*, 313–321.
- Fowler, F. J. (1993). *Survey research methods* (2<sup>nd</sup> ed.). Newbury Park, CA: Sage Publications.
- Griffin, S. D. (2004). The physical day-to-day care of young children: Methods and meanings. In S. A. Esdaile & J. A. Olson (Eds.), *Mothering occupations: Challenge, agency, and participation*. Philadelphia: F.A. Davis.
- Hannah's Home. (n.d.). *Hannah's home at the heart of life*. Retrieved February 25, 2011 from <http://www.hannahshome.org/>
- Hansen, R. H., & Hinojosa, J. (2009). Occupational therapy's commitment to nondiscrimination and inclusion. *American Journal of Occupational Therapy, 63*, 341-342.
- Haynes, D. A., & Jones, T. (2007). Philosophy of occupational therapy education. *American Journal of Occupational Therapy, 61*, 129.

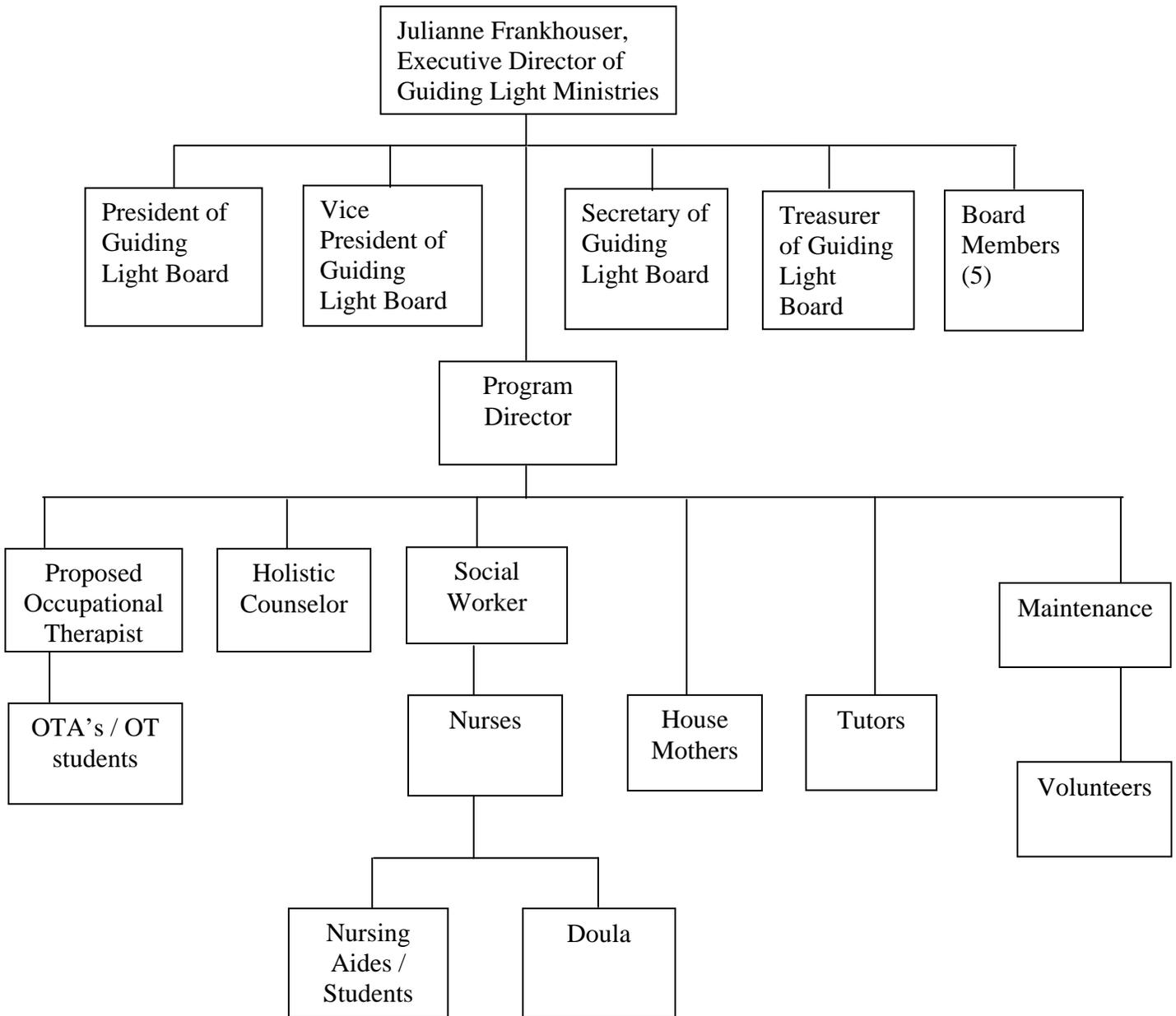
- Head, D. Y., & Esdaile, S. A. (2004). Teenage mothers: Roles, occupations, and societal challenges. In S. Esdaile and J. Olson (Eds.), *Mothering occupations: Challenge, agency, and participation* (pp. 134-152). Philadelphia: F.A. Davis.
- Hobcraft, J., & Kiernan, K. (2001). Childhood poverty, early motherhood, and adult exclusion. *British Journal of Sociology*, 52, 495-517. doi: 10.1080/00071310120071151
- Hoffman, S. (2006). *By the numbers: The public costs of teen childbearing*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy.
- Institute for Educational Leadership. (1997). *School-based and school-linked programs for pregnant and parenting teens and their children*. Washington, D.C.: Office of Educational Research and Improvement.
- Kannenberg, K., & Dufresne, G. (1997). *Occupational therapy practice guidelines for adults with schizophrenia*. Rockville, MD: American Occupational Therapy Association.
- Kielhofner, G. (2008). *A model of human occupation: Theory and application*. Baltimore: Lippincott, Williams, and Wilkins.
- Kielhofner, G., Mallinson, T., Crawford, C., Nowak, Meika, Rigby, M., Henry, A., & Walens, D. (2004). *Occupational performance history interview-II: Version 2.1*. Chicago, IL: University of Illinois.
- Kirkman, M., Harrison, L., Hillier, L., & Pyett, P. (2001). I know I am doing a good job: A canonical and autobiographical narratives of teenage mothers. *Culture, Health, and Sexuality*, 3, 279-294. doi: 10.1080/13691050010026097
- Krueger, R. A. (1994). *Focus groups: A practical guide for applied research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

- Levin, M, & Helfrich, C. (2004). Mothering role identity and competence among parenting and pregnant homeless adolescents. *Journal of Occupational Science, 11*, 95-104.
- Mendes, P. (2009). Improving outcomes for teenage pregnancy and early parenthood for young people in out-of-home care: A review of the literature. *Youth Studies Australia, 28*(4), 11-18.
- Model of Human Occupation. (n.d.) *MOHO clearinghouse*. Retrieved from <http://www.moho.uic.edu/>
- Moore, K. A. (2009, March). *Teen births: Examining the recent increase* (Research Brief) No. 2009-080. Washington, D.C.: Child Trends.
- Morgan, D. L. (1998). *The focus group guidebook*. Thousand Oaks, CA: Sage Publications.
- National Alliance to End Homelessness. (2010). *Changes in the HUD definition of 'homeless'*. Federal Policy Brief, May 10, 2010. Retrieved April 6, 2011 from <http://www.endhomelessness.org/content/article/detail/3006>
- National Association of County and City Health Officials. (2009). *Meeting the needs of pregnant and parenting teens*. Report: Local Health Department Programs and Services.
- Ohio Department of Health. (2011). *Pregnancy*. Retrieved February 22, 2011 from <http://www.odh.ohio.gov/healthStats/disparities/pregnancy.aspx>
- Rothenberg, A., & Weissman, A. (2002). The development of programs for pregnant and parenting teens. *Social Work in Health Care, 35*(3), 65-83.
- Roundtree, L. (2010). Life skills programming for pregnant and parenting adolescent girls. In S. Meyers (Ed.), *Community practice in occupational therapy: A guide to serving the community* (pp. 243-261). Sudbury, MA: Jones and Bartlett.

- Scaffa, M. E., Van Slyke, N., & Brownson, C. A. (2008). Occupational therapy in the promotion of health and the prevention of disease and disability. *American Journal of Occupational Therapy, 62*, 417-426.
- Schultz-Krohn, W., Drnek, S., & Powell, K. (2006). Occupational therapy intervention to foster goal setting skills for homeless mothers. *Homeless in America, 20*, 149-166. doi: 10.1300/J003v20n03\_10
- Taylor, R. R., & Kielhofner, G. (2006). Collecting data. In G. Kielhofner (Ed.), *Research in occupational therapy* (pp. 530-547). Philadelphia: F.A. Davis.
- Teen Pregnancy Statistics. (2009). *Teen pregnancy help*. Retrieved from <http://www.teenpregnancystatistics.org>
- The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). *About the national campaign*. Retrieved from <http://www.thenationalcampaign.org/about-us/default.aspx>
- Thompson, S. D., & Walker, A. C. (2004). Satisfaction with parenting: A comparison between adolescent mothers and fathers. *Sex Roles, 50*, 677-687.
- United States Department of Health and Human Services. (2010). *Healthy people 2010: The vision, mission and goals*. Washington, D.C.: Author.

Appendix A

Guiding Light Ministries Organizational Chart



## Appendix B

## Semi-Structured Interview Outline

- I. Introduction
  - a. Explanation of who I am
    - i. University of Toledo Student
    - ii. Capstone project
  - b. Explain about the goals, vision, and mission of Guiding Light Ministries.
- II. Structured Questions:
  - a. What is your position at your facility?
  - b. What is the best way to educate the pregnant teenage population?
  - c. What are some skills that this population needs to learn?
  - d. Do you know of any current programs offered for pregnant teenagers?
  - e. What programs do you think are needed for this population?
  - f. Do you know of any other resources available for this population in the community?
  - g. Do you believe there is a need to provide a life skills program for this population?
  - h. If so, are there any additional skills these pregnant teenagers need to learn?
- III. Conclusion
  - a. Thank you!

## Appendix C

## Survey

Hello,

My name is Stacey Niemeyer. I am a graduate student in the Occupational Therapy program at The University of Toledo. I am developing a program for pregnant teenagers who will be housed at the Guiding Light Teen Maternity Home in Lima, Ohio. This home is expected to open toward the end of 2011. The goal of the facility is to provide a safe environment while educating teenage mothers on how to successfully and effectively care for themselves and for their child. Guiding Light Teen Maternity Home hopes to decrease repeat pregnancy rates and decrease the need for long-term government assistance.

My hope is to develop a program for this population that will help develop the life skills pregnant teenagers need to be successful in the community. Life skills can include parenting skills, budgeting, time management, interview skills, job skills, home maintenance, self-care, etc. With your help, I would like to better understand the needs of the pregnant teenager population. Please complete the following survey and return to me by **February 1, 2011** at [stacey.niemeyer@rockets.utoledo.edu](mailto:stacey.niemeyer@rockets.utoledo.edu). This survey should only take a few minutes to complete. Your answers will help me gather information documenting the needs of this population and to develop a program targeted toward the pregnant teenage population. Thanks for your assistance!!

**Please place an 'x' next to your answer.**

1. The number of teenagers getting pregnant is a concern for Allen County
  - a. True -
  - b. False -
  
2. There are an adequate amount of programs available for pregnant teenagers
  - a. True -
  - b. False -
  
3. Support groups targeted toward the pregnant teenage population is a need for the community
  - a. True -
  - b. False -
  
4. Pregnant teenagers would benefit from education on healthy lifestyles and diet
  - a. True -
  - b. False -
  
5. It is important for teenagers to learn budgeting and money management skills
  - a. True -
  - b. False -
  
6. Teenagers who become pregnant need assistance with learning time management
  - a. True -
  - b. False -

7. Pregnant teenagers need assistance with learning interviewing skills and building job skills
  - a. True -
  - b. False -
  
8. There is a need for a program to teach pregnant teenagers life skills in order to be successful adults
  - a. True -
  - b. False -
  
9. Please list life skills that you believe are most important for pregnant teenagers to learn. List them in order from most important to least important
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  
10. Are you aware of any programs for pregnant teenagers? If so, please list below.
  
  
  
  
  
  
  
  
  
  
11. Please provide any suggestions or further comments

Thank you for your time and cooperation! Please email your answers to [stacey.niemeyer@rockets.utoledo.edu](mailto:stacey.niemeyer@rockets.utoledo.edu) by **February 1, 2011**.

Thanks,

Stacey Niemeyer  
The University of Toledo  
Occupational Therapy Clinical Doctorate Student  
[stacey.niemeyer@rockets.utoledo.edu](mailto:stacey.niemeyer@rockets.utoledo.edu)

## Appendix D

## Focus Group Topic Guide for Teenage Mother Population

## I. Introduction:

- a. Introduction of self
- b. Explain the idea of developing a life skills program
- c. Members in attendance will introduce themselves
- d. State that all items mentioned in the focus group will be kept confidential

## II. Purpose:

- a. We will be discussing issues that pregnant teenagers may face
- b. All ideas, comments, concerns, and suggestions will be accepted
- c. There are no right or wrong answers
- d. It is ok to disagree with the other members. Just remember to be respectful of all people and their answers. Don't feel like I need to call on you. Provide any answers you want, but please speak one at a time.

## III. Teenagers in the Community

- a. What influences teenagers to engage in sex?
- b. Do you think teenagers have someone to talk with when questions arise about sex?
- c. How many teenagers do you think are getting pregnant in Allen County?

## IV. Parenting

- a. As new parents, what are the skills needed to be learned?
- b. Is there anything that scares you about becoming a parent?

V. Life Skills are skills such as: money/time management, house maintenance, child care, transportation, meal preparation, and job skills

- a. What skills do teenagers need to learn?
- b. After having a baby, how will teenagers learn these life skills?
- c. Would teenagers accept help in learning life skills
- d. Are these life skills viewed as important and which ones are most important to learn?
- e. Do you think these skills are needed to be independent?
- f. What other skills are needed to get a job and raise a child?

#### VI. Summary and Conclusion

- a. Summary of questions and answers
- b. Is there anything that was missed?
- c. What advice do you have for me for starting a life skills program for pregnant teenagers?
- d. Thank everyone for coming. Your answers are very appreciative and will be extremely helpful in creating a program for pregnant teenagers.

## Appendix E

## Focus Group Topic Guide for Community Members

## I. Introduction:

- a. Introduction of self
- b. Explain the idea of developing a life skills program
- c. Members in attendance will introduce themselves
- d. State that all items mentioned in the focus group will be kept confidential

## II. Purpose:

- a. We will be discussing issues that pregnant teenagers may face
- b. All ideas, comments, concerns, and suggestions will be accepted
- c. There are no right or wrong answers
- d. It is ok to disagree with the other members. Just remember to be respectful of all people and their answers. Don't feel like I need to call on you. Provide any answers you want, but please speak one at a time.

## III. Teenagers in the Community

- a. What influences teenagers to engage in sex?
- b. Do you think teenagers have someone to talk with when questions arise about sex?
- c. Is the amount of teenagers getting pregnant a problem in Allen County and if so, why?

## IV. Parenting

- a. What are the skills these teenagers need to learn as new parents?

- b. How will the teenagers go about learning these skills? Are there resources available for them?
- V. Life Skills are skills such as: money/time management, house maintenance, child care, transportation, meal preparation, and job skills
- a. What skills do teenagers need to learn?
  - b. After having a baby, how will teenagers learn these life skills?
  - c. Would teenagers accept help in learning life skills
  - d. Are these life skills viewed as important and which ones are most important to learn?
  - e. Do you think these skills are needed to be independent?
  - f. What other skills are needed to get a job and raise a child?

#### VI. Summary and Conclusion

- a. Summary of questions and answers
- b. Is there anything that was missed?
- c. What advice do you have for me for starting a life skills program for pregnant teenagers?
- d. Thank everyone for coming. Your answers are very appreciative and will be extremely helpful in creating a program for pregnant teenagers.

## Appendix F

## Marketing Flyer

***Mission Statement***

We are dedicated to providing a safe environment that strives to educate teen mothers on how to possess qualities needed to be successful, but most importantly learn how to effectively care for themselves and their child. We will work to decrease repeat pregnancy rates and long term government assistance.

***Life Skills for Teens***

Education on life skills is very important for pregnant teenagers. This program will be offered by an occupational therapist to all girls living at Guiding Light Ministries. The life skills will include money management, home maintenance, job skills, time management, meal preparation, community and home safety, etc. These skills will help pregnant teenagers learn skills for success.

Striving to develop pregnant teenagers into leaders in the community



**Guiding Light  
Ministries, Truth for  
Youth**

592 S. Main Street  
Lima, OH 45804  
Phone: 419-236-7935  
E-mail Address:  
1guidinglight@gmail.com



Appendix G

Occupational Therapist Job Description

Appendix H

<b>Job Title:</b>	<b>Part-time Occupational Therapist</b>
<b>Program Title:</b>	Life Skills for Teens
<b>Facility Name:</b>	Guiding Light Ministries, Truth for Youth
<b>Location:</b>	592 S. Main St. Lima, OH 45804
<b>Job Description</b>	
<p><b>ROLE AND RESPONSIBILITIES</b></p> <p>The Life Skills for Teens program will require employment of a part-time, 17 hours a week, occupational therapist to implement a community-based life skills program for pregnant teenagers living at Guiding Light Ministries. A maximum of 5 clients will be on the therapist’s case load. The occupational therapist will also be in charge of implementing and co-running a bi-monthly support group for this population. This job will require autonomous decision making as there will be only one occupational therapist hired through Guiding Light Ministries. The therapist will be highly independent in creating and implementing the individualized sessions. Responsibilities of the occupational therapist will include:</p> <ul style="list-style-type: none"> <li>• Creating marketing materials</li> <li>• Recruitment of participants through in-services at community in-services</li> <li>• Perform Occupational Self Assessment and Occupational Performance History Interview II</li> <li>• Setting individualized goals for each client</li> <li>• Developing and implementing individualized intervention plans</li> <li>• Weekly notes, monthly progress notes, and discharge notes</li> <li>• Conduct weekly meetings with House Mothers</li> <li>• Conduct monthly meetings with holistic counselor and nurse</li> <li>• Conduct bi-monthly meetings with Executive Director</li> <li>• Creating materials for bi-monthly support group</li> <li>• Co-run support group with Executive Director</li> </ul> <p><b>QUALIFICATIONS AND EDUCATION REQUIREMENTS</b></p> <p>A qualified occupational therapist must be licensed in the state of Ohio. It is preferred that the occupational therapist have three years of clinical experience or skills in a community-based setting. Applications from new graduates will be accepted. The therapist must be familiar with the Model of Human Occupation model of practice. The therapist must be familiar in administering and rating the Occupational Self-Assessment and the Occupational Performance History Interview II.</p> <p><b>ADDITIONAL NOTES</b></p> <p>Moderate traveling will be expected to carry out weekly interventions. Mileage will be reimbursed. The therapist will be an employee of Guiding Light Ministries, a teen maternity home, and will report to Julianne Frankhouser, Executive Director.</p>	

## Appendix H

## Sample Job Advertisement for Occupational Therapist



Guiding Light Ministries, Truth for Youth is currently seeking applications for an **Occupational Therapist** to run a community-based life skills program for pregnant teenagers living at Guiding Light Ministries.



Interested candidates must have a passion for creating positive life experiences for pregnant teenagers. Candidates must be competently aware of the needs of a pregnant woman. Applicants must be a licensed occupational therapist in Ohio. A therapist with at least three years of clinical and/or community-based experience is preferred. The therapist will be expected to educate the pregnant teenagers on life skills and to co-run a bi-monthly support group. The program will help the pregnant teenagers learn the life skills needed to be successful. The position is part-time, 17 hours a week, requiring community-based interventions.

Interested applicants should send a resume to:

Julianne Frankhouser, BSN  
592 S. Main St.  
Lima, OH 45804

For questions or concerns please contact Julianne through:

Email: [1guidinglight@gmail.com](mailto:1guidinglight@gmail.com)  
Phone: 419-236-7935

## Appendix I

## Program Evaluation for Completion of Life Skills for Teens Program

**Life Skills for Teens program**

1. Did the program help you learn life skills needed for becoming a parent?

Strongly Disagree		Neutral		Strongly agree
1	2	3	4	5
6	7	8	9	10

2. Did this program help you feel more comfortable in three areas of life skills? Example: money and time management, home safety, community safety, home making skills?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

3. Did the program help you learn skills you may not have learned other places at this time in your life?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

4. Did you enjoy your experience throughout the participation of the program?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

5. Would you recommend this program to other pregnant teenagers?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

**Life Skills for Teens Therapist**

1. Did you have a good experience with the therapist throughout the program?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

2. Was the therapist knowledgeable in the area of life skills?

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5
6	7	8	9	10

3. Was the therapist helpful throughout the weekly sessions?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

4. Did the therapist concentrate on the problems you identified during the first session?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

5. Was the therapist organized and on time for sessions?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

6. Was the therapist a person you felt comfortable talking to about any problems or issues you were facing?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

7. Was the occupational therapist available outside of therapy sessions for questions or concerns?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

**Guiding Light Ministries**

1. Did you feel comfortable during your stay at the maternity home?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

2. Did you utilize the maternity home during your occupational therapy sessions?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

3. Did your stay at the maternity home help you feel more comfortable for living on your own after birth of your child?

Strongly Disagree                      Neutral                      Strongly Agree  
 1    2    3    4    5    6    7    8    9    10

**Additional Comments**

1. What did you enjoy most about the Life Skills for Teens program?

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2. What did you enjoy least about the Life Skills for Teens program?

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3. What suggestions do you have to make the program better in the future?

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4. What is the most important thing you learned from the Life Skills for Teens program?

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## Appendix J

## Life Skills for Teens Time Line (Months)

Tasks to complete	1	2	3	4	5	6	7	8	9	10	11	12
Hire Therapist and Orient to Guiding Light	X											
Develop Marketing Materials	X	X										
Recruitment of Participants		X	X	X	X	X	X	X	X	X	X	
Interventions with participants		X	X	X	X	X	X	X	X	X	X	X
Meetings with Guiding Light Personnel				X		X		X		X		X
Formative Evaluations			X	X	X	X	X	X	X	X	X	X
Summative Evaluation of Life Skills for Teens						X			X			X
Summative Evaluation of Support Group				X				X				X
Analysis of Evaluation Outcomes												X

X = Months spent on task
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## Appendix K

## Letter of Support



April 12, 2011

Dear Stacey Niemeyer,

The intent of this letter is to pledge my support for the Life Skills for Teens program sponsored by Guiding Light Ministries, a teen maternity home. This program will service pregnant teenagers in the Allen County, Ohio area by providing knowledge and increasing the life skills of those pregnant teenagers living at Guiding Light Ministries.

Life skills are an important part of living at Guiding Light Ministries. The first objective of Guiding Light Ministries is 'to educate them on life skills such as budgeting, laundry, housekeeping, etc.' The Life Skills for Teens program will fill a current void in programming by providing services that will assist the pregnant teenagers in their safety and well being. As the Executive Director of Guiding Light Ministries, I support the development of the Life Skills for Teens program.

Thanks you for your time and consideration.

Sincerely,

Julianne Frankhouser, BSN  
Executive Director  
Guiding Light Ministries  
Truth for Youth

Appendix L

Additional Sources for Letters of Support

**Executive Director of Guiding Light Ministries, Truth for Youth**

Julianne Frankhouser, BSN  
592 S. Main St.  
Lima, OH 45804  
419-236-7935

**Mayor of Lima**

David Berger  
50 Town Square  
Lima, OH 45801  
419-228-5462

**American Occupational Therapy Association President**

Penelope A. Moyers, EdD, OTR/L, BCMH, FAOTA  
Department of Occupational Therapy  
University of Alabama at Birmingham  
1530 3<sup>rd</sup> Avenue S.  
Birmingham, AL 35294-1212  
205-934-9229

**St. Rita's Medical Center OB/GYN Specialist**

Dr. William Scherger, M.D.  
830 West High Street, Suite 101  
Lima, OH 45801  
419-224-0610

**Opportunities for Parenting Teens**

Angie Joiff  
451 N. Cable Road  
Lima, OH 45805  
419-224-2678

**Allen County Health Department**

Teen Pregnancy Prevention Task Force  
Cory Maag  
649 W. Market St 45801  
419-228-8664

### Annotated Bibliography

Adoption Network Law Center. (2010). *Get help with an unplanned pregnancy or adopt a beautiful newborn baby*. Retrieved April 6, 2011 from <http://adoptionnetwork.com/>

#### **Summary and Significance:**

Adoption may be an option that some pregnant teenagers may consider throughout their pregnancy. Having a baby may not be in the plans for some pregnant teenagers, so becoming educated on adoption may help with the adoption decision making. Adoption is also another option for pregnant teenagers to consider rather than having an abortion.

The Adoption Network Law Center offers assistance for pregnant women throughout the pregnancy. An advisor assists in creating an adoption plan, helps with transportation, provides 24-hour emergency access, safe and secures housing, and financial assistance for medical and living expenses as allowed by state laws. This website also provides links and information for frequently asked questions. This network allows the teenager to pick the adoptive family, medical bill expenses, and the rights of the father of the baby. Receiving an education on the process of adoption, the pros and cons of adoption, and having support in the decision can help with the decision making process of adoption.

Allen County Department of Job and Family Services. (n.d.). *Job and family services*. Retrieved February 17, 2011 from <http://www.co.allen.oh.us/job.php>

#### **Summary and Significance:**

The Allen County Department of Job and Family Services website describes various programs that are offered. This department administers welfare programs including Medicaid, Food Stamps, Title XX Social Services, Child Day Care, Fraud Investigation and Overpayment

Recovery. The food stamps and Medicaid programs are part of the income maintenance programs offered by the Job and Family Services Department. This department is an important resource for pregnant teenagers to get familiar with. These programs that are offered may be beneficial to the young mothers as they begin their new lives.

One program, Steps Toward Employment and Permanent Self-sufficiency, provides training, education, and supportive services to help clients become employed and self-sufficient. Assessments are given to evaluate the person's skills, schooling, aptitude, abilities, and barriers that block one's access to those opportunities. Motivation is given to individuals to seek employment and attain self-sufficiency. Another section of the department is Social Services. This provides services such as Day Care for children. This option is important for teenage mothers to consider. It will be important for the mothers to get jobs and finish school, but this leaves the child without care. Day Cares can be very expensive, so having an option for free day care is important for teen mothers. Knowing and understanding the services that are available for this population will help these young girls find the supportive help that will be needed in those first few years.

Allen County Health Department. (2011). *Welcome to the Allen County Health Department*.

Retrieved February 19, 2011 from <http://www.allencountyhealthdepartment.org/index.htm>

### **Summary and Significance:**

The Allen County Health Department website provides a variety of different programs and resources. One resource that is important for the pregnant teenage population to consider is the WIC (Women, Infant and Children) program. The WIC program is a nutrition education

program. It provides healthy food and health information to pregnant women or women with children up to age five. WIC supports and encourages breastfeeding for newborns. Counselors are available to help with breastfeeding. Another program available for Caring for Two. In-home visits are provided to African American women who have had two babies residing in certain zip codes.

Family Planning is another program available through the Allen County Health Department. It provides contraceptive services, physical screening exams, pregnancy tests, and counseling. There is also a teen pregnancy task force that works to increase public awareness and educate the community about the problem of teen pregnancy. The Allen County Health Department also provides access to the 2009 Community Needs Assessment. One section of the needs assessment is about teen sexual activity. In the 2009 assessment, Allen County had 31.6 teens ages 15-17 getting pregnant for every 1,000 teens compared to the Ohio average of 19.7. There is other information provided about parenting, youth violence, and health care that is provided. Knowing services available and statistics about the community helps to create and provide a program that is needed for the pregnant teenage population.

Allen Economic Development Group. (2010). *Data Center*. Retrieved February 21, 2011 from

<http://www.aedg.org/DataCenter.aspx>

### **Summary and Significance:**

This website provides vital statistics about Allen County. One of the most important statistics provided are the demographics of Allen County. The demographics helps to demonstrate what population can be expected to be seen at Guiding Light. Non-Hispanics make up 84.7% and African Americans make up 12.1% of the population. Hispanics make up only

1.4% and the rest of the population are of two or more races. There are also approximately 17,000 people ages 10-19 in Allen County. Looking at the entire population there are about 40% of households that make less than \$35,000 per year. By understanding and knowing the population of Allen County, it will be easier who to expect as program participants.

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain & process (2<sup>nd</sup> ed.). *American Journal of Occupational Therapy*, 62, 625-683.

### **Summary and Significance:**

The Occupational Therapy Practice Framework is an official document that defines and guides occupational therapy practice. It was developed to articulate occupational therapy's contribution to promoting the health and participation of people, organizations, and populations through engagement in occupation. The different areas of occupation that are covered are ADLs, IADLs, Rest and Sleep, Education, Work, Play, Leisure, and Social Participation. The OTPF also takes into account client factors, performance skills, performance patterns, context and environment, and activity demands. One important section that I think the teenagers will need to practice and work toward improving are the IADLs. This can include caring for others by arranging, supervising, or providing care for others, child rearing by providing care and supervision to support the developmental needs of a child, and communication management. It also includes being able to move around the community, financial management, health management, meal preparation, religious observance, safety, and shopping. Other areas of occupations that are included in the OTPF that may affect the teenagers is participating in classes to obtain an education, finding employment interests, and leisure interests. Social participation is also important in order for the girls to engage in appropriate occupations regarding the

community, family, and friendships. Through the OTPF, occupational therapists focus on outcomes as they relate to supporting health and participation in life through engagement in occupation.

There are different approaches that can be taken to direct the process of interventions. One approach that is important to consider with this population is the create/promote approach. This approach does not assume a disability is present. One example is to create a parenting class to help first-time parents to engage their children in developmentally appropriate play. Another example includes promoting effective strategies to handle stress. Other approaches include restoration, maintaining, modifying, and prevention. Occupational therapists can definitely play a role in health promotion for pregnant teenagers. However, it will be important for the occupational therapist to understand the role one can play in this setting. It will be important to advocate for the role for occupational therapists within the seven areas of occupations. Knowing the areas of occupations will also help to guide the interventions the occupational therapists holds with the pregnant teenagers.

Antoon, A. Y., & Tompkins, D. M. (2000). *The quick reference guide to your child's health*. Los Angeles, CA: Lowell House.

### **Summary and Significance:**

A wealth of knowledge was provided throughout this entire book. The information that was provided would be helpful in providing knowledge to the pregnant teens on common symptoms infants may experience. It is stated that a well-balanced nutritious diet forms the basis of good health. The diet of the mothers will influence their baby's nutrition regardless if the baby is breast fed, formula fed, or a combination is used. Information was provided on how long

to bottle feed a baby, when to introduce solid foods, finger foods, and cow's milk. The author stated that it is only safe to feed solid food to a baby when he or she is able to hold his or her head up independently, opens mouth for spoon, and doubles the birth weight. All babies should continue on breast milk or formula until 1 year old.

One reason this book was extremely helpful was because it provided information on common symptoms, illnesses, diagnoses, and injuries. For example this book provides information about symptoms of allergies, dehydration, fever, rashes, teething, etc. Each symptom, illness, diagnosis, and illness is provided with a definition, what to do, when to call the doctor, home care tips, and additional information. One example is dehydration. Common symptoms of dehydration are dry mouth, cracked lips, drowsiness, dry diapers, crying without tears, and/or a rapid heartbeat. If this occurs the authors suggest increasing the amount of fluids that are drunk and increase the amount of feedings with a diluted formula. The doctor should be called if there is a worsening in the condition, the child is hard to wake up, or there is no urine for eight hours. All of the conditions provided in the book are important for new moms to be familiar with. Knowing or having a book to reference these conditions when they occur may help the new mother find the right course of action to take to protect their baby.

Another section of this book included different emergency situations that a person should be aware of. This included bleeding, carbon monoxide poisoning, drowning, falls, unconsciousness, etc. Other sections included newborn care and concerns, bowel movements, burping, care safety and jaundice. One fact that I learned from this book was that all newborns lose weight during the 1<sup>st</sup> three-four days. Developmental issues and a chart to keep track of immunizations were also provided. Overall this book is essential in helping to learn about what illnesses a child may experience and what can be done to protect the baby.

Aviles, A., & Helfrich, C. (2004). Life skill service needs: Perspectives of homeless youth.

*Journal of Youth and Adolescence*, 33, 331-338

**Abstract:**

The present study describes the service needs related to life skill development from the perspective of sheltered homeless youth. Qualitative semi-structured life narrative interviews addressing the use of services at an emergency shelter were administered to 30 youth. All youth were residing in an emergency shelter located in a large metropolitan area at the time of interview. Youth identified factors that influence their ability to access and utilize services, categorized as service availability, factors serving as access and/or barriers to services and lack of available services. Youth identify service delivery approaches and staff characteristics as impacting service delivery. Services such as counseling and childcare were identified as facilitating development and acquisition of life skills.

**Summary:**

This article helps explain the aspects of homeless youth and the unmet life skills of the population. Life skills are important for youth to acquire to become functional and self-sufficient adults. Life skills can include occupations of daily living, instrumental occupations of living, and community skills. The Occupational Performance History Interview was conducted with 30 participants. From the interviews conducted, it was found that the services adolescents require vary according to each individual's past experiences and circumstances. The youth expressed a lack of available services to help meet their needs in achieving their goals. Promoting services is a critical step for this population. Homeless youth, including the homeless parenting youth, would benefit from hands on opportunities to practice their problem solving skills. The authors state that by including these types of services it will help the homeless youth

learn how to handle responsibility. This will assist with basic skill attainment and promote a teenagers ability to become self-sufficient. Gaining insight on the homeless youth's experiences will help occupational therapists to understand the need of the population and to provide individualized services.

Baron, K., Kielhofner, G., Ivenger, A., Goldhammer, V., & Wolenski, J. (2006). *Occupational self assessment: Version 2.2*. Chicago, IL: University of Illinois.

### **Summary and Significance:**

The Model of Human Occupation offers many different assessments to be used with clients. One assessment that facilitates client-centered practice is the Occupational Self Assessment. There is a self-report and planning forms that help clients in establishing their priorities for change and to identify goals for occupational therapy. The wide range of everyday activities, including handling responsibilities, managing finances, and relaxing, provides a client with the opportunity to identify and address their participation in important and meaningful occupations.

The Occupational Self Assessment is designed to capture clients' perceptions of their own occupational competence on their occupational adaptation. Clients are provided with a list of everyday occupations, and assess their level of ability when participating in the occupation and their value for that occupation. This assessment has a client rate themselves on how they do on: concentrating on tasks, physically doing what is needed, taking care of myself, taking care of others, managing my finances, expressing myself to others, and identifying and solving problems. It allows the occupational therapist to rate and follow the progress of the client's

competence and how the problem is valued by the client. This is an assessment that may help pregnant teenagers identify current problem and goal areas that should be improved upon.

Brown, S., & Struck, M. D. (2002). *The post-pregnancy handbook*. New York City, NY: St. Martin's Press.

### **Summary and Significance:**

The information provided in this book described some of the pain new mothers may be experiencing after giving birth. The most helpful information was given on the subject of breastfeeding. Women need to know that pain with breastfeeding is not common. It may be uncomfortable to start off with, but pain should not be an issue. Pain is often associated with incorrect positioning. When positioning for breastfeeding a baby the belly should be parallel with the mom's belly. Common problems that are associated with breastfeeding include mastitis, chapping, and a breast abscess.

It is important to educate new mothers on proper positioning when breastfeeding to decrease the injuries that may occur. Improper positioning may cause back pain or shoulder injuries. A mother should also be educated on establishing a routine during the day for breastfeeding. A teenage mother may have difficulty planning out their day and incorporating their baby's needs within their schedule. Time management and scheduling will be an important area to educate pregnant teens on.

Information on the father of the baby was also provided. Most young girls believe having a baby may keep the baby's father around. However, this book stated that most dads of all ages have a lack of interest in the baby at the beginning because a bond has not been formed. The father should also provide a source of affection, support, and recognition for the mother. If this

is not found in the father of the baby, it will be important for the mother to find a support system in other people. Finally, the book provided information on exercises for incontinence. This is definitely an area that occupational therapist can educate mothers on.

Centers for Disease Control and Prevention. (2011). *About teenage pregnancy*. Retrieved March 11, 2011 from <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>

**Summary:**

The Centers for Disease Control is partnering with the Office of Public Health and Science to reduce teenage pregnancy rates and to address disparities in teen pregnancy and birth rates. The goal of this program is to reduce the rates of pregnancies and births to youth. Teen pregnancy prevention is one of the CDC's top six priorities. It is an important factor for the health and quality of life for our youth. The evidence-based teen pregnancy prevention programs address sexual issues, HIV risk, personal values, birth control, peer norms, abstinence, and communication.

In 2009, a total of 409,840 infants were born to 15-19 year olds. The teen pregnancy rate increased five percent in the years 2006-2007. That trend has decreased, but the United States still has higher rates than those of other industrialized nations. Teen pregnancy accounts for more than \$9 billion per year to U.S. taxpayers for the increased health care, foster care, incarceration rates, and lost tax revenue due to the lower income among teen mothers. Only about 50% of teen mothers receive a high school diploma by age 22. Socioeconomically disadvantaged youth are among the highest population to give birth as a teenager.

The CDC has conducted a lot of research and back a lot of programs that focus on preventing pregnancy. Preventing pregnancy is of course important in helping to increase the

quality of life of the teenage population. However, these programs have been around for a long and there are still teenagers getting pregnant. Research and funding need to be provided to help teenagers that do become pregnant and need help succeeding in life.

Centers of Medicare and Medicaid Services. (2011). *Medicaid program – General information*.

U.S. Department of Health and Human Services. Retrieved February 24, 2011 from <http://www.cms.gov/MedicaidGenInfo/>

### **Summary and Significance:**

Healthcare is not affordable by everyone and Medicaid is one option that can help get low income families the medical care that is needed. Medicaid is available only to those people that fall below a certain poverty level. Instead of sending money directly to the person, Medicaid sends money to the health care providers. Each state has its own requirements regarding eligibility and services available. Some states require a co-payment for some medical services. Groups that may be eligible include pregnant, disabled, blind, and the aged populations; however they must reach a certain federal income level. Children born to pregnant women may be able to stay on Medicaid for a long period of time than the mother. Eligibility for children is based on the child's status, not the parents. Coverage may start retroactive to any or all of the three months prior to application.

Pregnant teenagers often give birth to premature babies or to unhealthy babies. This is due in large part to the poor prenatal care the pregnant teenagers receive. Many pregnant teenagers do not get the care that is required, skip appointments, and don't take prenatal vitamins. This may be because the teenagers cannot afford these medical services. Educating

and helping the pregnant teenagers apply and receive Medicaid will help these girls have healthier babies and decrease medical costs down the road.

Cherniss, C., & Herzog, E. (2001). Impact of home-based family therapy on maternal and child outcomes in disadvantaged adolescent mothers. *Family Relations, 15*, 72-79.

**Abstract:**

The authors looked at the effects home therapy can have on pregnant teenagers. There were 116 high-risk, urban, disadvantaged teenage mothers and their children that received case management and supportive counseling. Some groups also received family therapy. It was found that after 12 months the adolescents that received family therapy were less dependent on welfare. However, at the 24 month follow-up there were no significant differences between the two groups. The home therapy was focused on increasing family responsibility and support for the teenage mothers. The therapists helped to resolve conflicts constructively and to work on concrete problems of child placement. These teenagers were also measured on three parenting dimensions. These dimensions include communication, roles, and intergenerational family patterns. Communication consisted of how family members talked with one another. The role of who would be the primary care giver was another area, and the intergenerational patterns included looking at the interaction between different generations of the family.

**Summary:**

Teen pregnancy and parenting is generally associated with poor outcomes for both the mother and child. The teen parents that have a good support system are more likely to finish school, delay future pregnancies, and become financially independent. The authors suggested developing a wide-range of services to meet the various needs of the teenagers. Another

suggestion was to provide a lot of intense intervention. Without this direct and intense support and intervention, the girls will likely not gain the skills needed to become independent.

Cohn, E. S., & Lew, C. (2010). Occupational therapy's perspective on the use of environments and contexts to support health and participation in occupations. *Journal of Occupational Therapy, 64*. Advance online publication. Retrieved from <http://www.aota.org/default.aspx>

### **Summary and Significance:**

This paper articulates the position of AOTA regarding how occupational therapists select, create, and use environments and contexts to support the client's health and participation in desired occupations. Occupational therapy is to support the health and participation of clients by helping them engage in desired occupations. Occupations are defined as those things that reflect cultural values, provide structure to living, provide meaning to individuals, and are things that meet the human need for self-care, enjoyment, and participation in society. The environment is the external physical and social aspects that surround clients while engaging in an occupation. The contexts are the cultural, personal, temporal, and virtual aspects of engagement.

Occupational therapists are able to understand these ideas and make recommendations to structure, modify, or adapt the environment and context to enhance and support performance. It is important for occupational therapists to support clients in all types of environments and help the clients meet their needs and desires. One example the AOTA position paper gives is that occupational therapists can provide services to clients living in a shelter for homeless people to help meet the basic needs, remain safe, and reduce the potential for harm. This is an important point because homeless, pregnant will be facing the same issues as those living in a shelter. It

will be beneficial to these girls if they are learning life skills so they do not have to live in a shelter for long periods of time.

Conaboy, K. S., Davis, N. M., Myers, C., Nochajski, S., Sage, J., Scheffkind, S., & Schoonover, J. (2008). *FAQ: Occupational therapy's role in transition services and planning*.

Retrieved from American Occupational Therapy Association website:

<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/Transitions/41879.aspx>

### **Summary and Significance:**

Transitions occur during several stages in one's life. There are transitions from early intervention to preschool, kindergarten, middle school, and high school ultimately prepare a child for adult life. Transition planning are critical points to assure that a person will move effectively and appropriately from one stage of life to another. The transition from high school to adulthood is where teenagers learn the skills needed for adult life. Without development of these life skills or identification of career interests, teenagers have a difficult time successfully transitioning into adulthood.

Occupational therapists can help adolescents with high school to adult life transitions by preparing the student, family, and community agencies for changes in the roles and routines. An occupational therapist can help with educating the family and community on the needs of the adolescent. Evaluating supports for employment and/or further education through role assessment and activity analysis is another area that occupational therapists can fill. Other skills that occur during this transition include learning self-determination skills for successful community integration, social integration into the community, and promoting self-advocacy

skills. Occupational therapy can support transition for families and children with and without disabilities to help children grown and learn to be as independent as possible. These skills are important to know and develop when working with adolescents transitioning to adulthood.

Danger, K. (2005). *1000 best baby bargains: Proven money-saving secrets*. Naperville, IL: Sourcebooks.

### **Summary and Significance:**

I found this book at the library and it proved to be very helpful. The author of this book is a stay at home mom who made it her job to find money saving techniques. This book provided me with 1,000 money saving tips. These tips ranged from saving money on baby clothes, toys, food, furniture, etc. The book provides tips that start before the baby arrive and ends with the baby's first year, including holiday tips. It also provided websites and phone numbers to call that also provide further saving money tips. For example, [mommysavers.com](http://mommysavers.com) provides multiple coupons that can be used prior to purchasing baby items. It also provided phone numbers to call and emails to organizations that provide free books, brochures, or clothes.

This book is very helpful for me while developing a life skills program for pregnant teenagers. These teenagers that I will be providing services to are young and don't have much money, if any at all. When creating a section in the program about money management, the information in this book will be extremely helpful. I will be able to provide tips to the pregnant teenagers on ways they will be able to save money. Money saving tips will be extremely important to this population as the majority of pregnant teenagers struggle to provide for a newborn baby.

Decisions, Choices, & Options. (n.d.). *Do you really know your options?* Retrieved February 24, 2011 from <http://decisionschoicesandoptions.org/index.html>.

**Summary and Significance:**

There are 750,000 teenagers who become pregnant in the United States. Of this amount, 50-55% will choose to parent the child, 30-35% will choose to have an abortion, and less than 1% will put the child up for adoption. There are a total of 764,160 teen births a year. 65% of these births come from 18-19-year-olds. 15-17-year-olds consist of 33% and younger than 15-year-olds account for less than 2%.

This website provides information about abortion, adoption, abstinence, parenting, and fathers. Another fast fact provided was that 80 teenage girls get pregnant every hour. 80% of those teenagers will end up on welfare within five years of their births. Only 40% of teen mothers will finish and graduate from high school. Over 50% of the children born to teenage mothers will be referred to children services. Teenage pregnancy provides a significant risk to the child. This includes a low birth rate, school failure, poverty, abuse, neglect, life without a father, incarceration, and the increased chance of the children becoming a teenage parent themselves.

Teenage parents are also more likely to question how they will support their child, live, what their social life will be like, resources available, father's role, getting support, and what the best decisions are for themselves. Having an understanding of these statistics and the common views of teenagers helps program developers format new programs that are specifically targeted toward that population. By providing programs to pregnant teenagers will help to decrease these statistics and to increase their knowledge, skills, and confidence when parenting.

DeMars, P. A. (1992). An occupational therapy life skills curriculum model for a Native American tribe: A health promotion program based on ethnographic field research. *American Journal of Occupational Therapy, 46*, 727-736.

**Abstract:**

A unique, nontraditional occupational therapy role focusing on primary prevention, community health promotion, and enhancement for a non-patient population is examined. The purpose of this ongoing project was to develop a series of life skills and prevocational programs for an ethnic population of Native Americans from elementary school through high school and post-secondary adulthood levels in British Columbia, Canada. Knowledge about sociocultural systems theory, anthropology, and developmental cognitive behavioral learning theories are combined with ongoing clinical experience in psychosocial occupational therapy practice and consultancy principles to develop life skills and an educational, community-based prevention/wellness educational program model. The replicability of this primary prevention and wellness life skills program model offers numerous possibilities for occupational therapists to develop similar programs within the cultural contexts and perceived needs of specific ethnic groups in other nontraditional community-based settings.

**Summary and Significance:**

There are very few research studies conducted on life skills program that occur in a community-based setting focused on adolescents. The occupational therapist used prevocational activities, such as baking cooking, working in the school store, working in the library, participating in leather crafts, learning daily survival skills, and developing recreational leisure skills for kids ages 4-10. For students 11-13 years, the occupational therapy program included prevocational in-house job simulations, food service aide, clerical office assistance, babysitting,

horticulture, and business skills. Early adolescents, ages 14-16, therapy sessions included money management skills, business and typing skills, library assistance, carpentry, job workshops, and home management. For students ages 16-18 the therapist focused on life skills of vocational training, job training, behavioral and assertiveness skills, interpersonal communication skills, decision making strategies, time and stress management programs, and leisure skill programs. There are very few occupational therapy programs available for adolescents and young adults that focus on life skills. This article helps to prioritize the life skills this population may need to learn.

Disney Family. (n.d.). *Pregnancy today*. Retrieved February 21, 2011 from

<http://www.pregnancytoday.com/>

### **Summary and Significance:**

This website has a multitude of information for newly pregnant women. One of the first links explains symptoms and signs to first look for to discover if one is pregnant. These symptoms can include itchiness, acne, and/or frequent urination. There is also a tab for preconception, which provides information on adoption, family planning, and getting pregnant. Information is also provided on fetal development and week by week pregnancy updates.

Information can also be found after you have had a baby. One link provides a checklist for an easy way for a mom to keep track of her baby's milestones. The milestones include information on motor development, visual development, language development, social and emotional development, and cognitive development for the first year of the baby's life. This website provides articles, questions and answers from experts, slideshows, quizzes, and polls.

There are a variety of tools available so a person can decide the best way to get the information needed.

Another article I found was a woman's pregnancy week by week. It describes what is happening to the woman's body, but also provides a to-do-list for the mother to complete. For example, starting the first couple weeks the mother should make sure to start taking prenatal vitamins. Pictures are also provided to show the visual of how the baby grows in the uterus.

There is also a section dedicated specifically for young moms. It gives success stories of mothers having young children and still completing college. This website provides a good starting point for newly pregnant women.

Docksai, R. (2010). The truth about teenaged parents. *The Futurist*, 44, 14.

**Abstract:**

Recent trends in the rising rates of teenage pregnancies have been a source of a concern for several years now. Though rates were at a steady decline for 15 years, that all changed in 2005. Jamestown high school, like many others in the United States, saw an increase in the number of pregnant girls walking around their halls. The proposed study examines the prevalence of teenage promiscuity at Jamestown High School, a fairly small town in eastern North Dakota, and the attitudes regarding the potential for pregnancy. Background information is included to incorporate what is already known about this topic. The study's method, parameters, and time frame are meticulously outlined in the following paragraphs, allowing for thorough analysis of the results.

**Importance:**

One in every three teenagers will become pregnant before the age of 20. This study wanted to find out the reasons for pregnancy and reasons why the rate of teenage pregnancies has increased. This study is important because it is one of the few studies that are looking at teenage pregnancy issues. The disadvantage of teenage pregnancy in regards to society is huge. The country pays approximately 9.1 billion a year for teenage pregnancies. This is in part for child care, health costs, and incarcerated bills. The babies born to teenage parents are more likely to be sick more often, which increases the health care costs. The children born to teenage parents are also more likely to have run-ins with the law. Understanding the issues related to teenage pregnancies can help to decrease the cost that society has to pay.

Doll, J. (2010). *Program development and grant writing in occupational therapy: Making the connection*. Sudbury, MA: Jones and Bartlett Publishers.

**Summary:**

Community practice provides a clear picture of the dynamics that affects a person's ability to practice healthy occupations. Being in the community allows occupational therapists to perceive the barriers and challenges to healthy living. Skills that occupational therapists needs to work in community-based settings are consultancy, education, autonomy, client-centered practice, clinical reasoning, health promotion, networking, management skills, program evaluation skills, cultural awareness, and team skills. The OTPF states that the goal of community interventions is to enhance the health of all people by addressing services and supports within the community.

Program development incorporates many skills that many occupational therapists have, including assessing needs, developing goals, facilitating interventions, and discharge planning.

There are four basic steps when developing a program. These steps include a needs assessment, program planning, implementation, and program evaluation. Program development and grant writing include some of the same components.

There are different types of grants available. There are research, educational, training, planning, and demonstration grants available. Demonstration grants are provided to fund programming directly. However, grants do not last forever. A person implementing the program should come up with ideas for sustainability.

**Significance:**

This book provides an occupational therapist with an overview of creating programs for community-based settings and how to fund the program. An overview of the steps of the program development process is defined and described. Examples of how to write goals and objectives, grant samples, budget examples, and the process of how to write a program development are included in this book. Before applying for a grant, it is important for occupational therapists to develop a program based on the needs of a community. This book gives a very informative starting point for new occupational therapists trying to get started in community based practice.

Duncombe, L. W. (2004). Comparing learning of cooking in home and clinic for people with schizophrenia. *American Journal of Occupational Therapy*, 58, 272–278.

**Abstract:**

The purpose of this study was to compare learning of a functional living skill in two contexts for individuals with long-term schizophrenia. The participants were either assigned to a clinic or a home cooking group. The participants ended up scoring significantly higher after the

cooking lessons, but no difference on where the learning took place. Learning new skills in the home was not better than learning in the clinic for people with schizophrenia in this study.

**Summary and Significance:**

Occupational therapists teach life skills such as communication, money management, and meal preparation in various institutional, community and home settings. It is usually stressed that therapy sessions be conducted in a natural environment. However, this study showed no better improvement in the home environment compared to a clinic setting. These results may be different because the participant's had schizophrenia. It is important to remember that all participants did make improvements in cooking skills. I believe the pregnant teenagers will make significant gains in their skills and will make these gains because the practice will be completed in a more natural environment.

Eklund, M. (2007). Perceived control: How is it related to daily occupation in patients with mental illness living in the community? *American Journal of Occupational Therapy*, 61, 535–542.

**Abstract:**

Perceived control is of significance in occupational therapy, as revealed in empirical research and suggested in practice models. This study investigated the relationship between perceived control and occupational performance in persons with long-term mental illness. The 177 participants were assessed regarding perceived control (locus of control and self-mastery) and occupational performance (activity level and satisfaction with daily occupations). Subgroups with respect to diagnosis and having gainful employment or not were also explored concerning the targeted association. The results indicated relationships between perceived

control and occupational performance in the sample as a whole and in all subgroups except that representing people engaged in gainful employment or education. The latter was a surprising result, considering that the importance of perceived control was originally identified in the work science area. The results strongly supported that perceived control should be included in the clinical reasoning of occupational therapists working in mental health care.

**Summary and Significance:**

Although this study focuses on people with long-term mental illness, it still applies to pregnant teenagers. It is likely that a lot of the pregnant teenagers that will be seen will have kind of mental illness. This may be depression, bi-polar, etc. It will important for the occupational therapist to understand how to deal with persons that have a mental illness. This population may also be feeling a loss of control over their own life. The study showed that people not working or studying were more likely to have an external locus of control, or feel that they do not control their own fate. It will be important to keep the girls in school or to find a job in order to increase their internal locus of control. An increase in perceived control will help the pregnant teenagers to participate in meaningful occupations.

Esdaille, S. A., and Olson, J. A. (Eds.). (2004). *Mothering occupations: Challenge, agency, and participation*. Philadelphia, PA: F. A. Davis.

**Summary:**

This book provides a scholarly and interdisciplinary approach to exploring the influences of mothering. The authors provide information on health, disability, society, culture, and gender orientation. The mother's stories included in this book discuss the challenges of mothering from illness, disability, and social and environmental disadvantages. The contents of the book include

information on everyday challenges of mothering occupations, mothering occupations in the context of special challenges, and mothering occupations in the context of children with special needs. The new roles of parenting are discussed from an occupational viewpoint. An entire chapter is devoted to teenage mothers and the roles, occupations, and societal challenges that might be faced. A phenomenological study was conducted to capture the lived experiences of the teenage mothers. A semi-structured interview format was conducted with the teenage mothers. During the interview the researchers administered the Adolescent Roles Assessment. The study found that a majority of the teenage mothers interviewed had goals of continuing education and having a better life, but did not have the skills or know how to reach those goals. The teenage mothers also had difficulty identifying social interactions and engaging in school activities. This book stresses the point that mothering is an occupation and involves life-altering choices. Both editors of the book are occupational therapist, making the information very occupation based. This book is important and informative on the new roles and expectations a mother will experience.

Fasoli, S. E. (2008). Restoring Competence for homemaker and parent roles. In M. V. Radomski & C. A. Trombly Latham (Eds., 6<sup>th</sup> ed.), pp. 854-874.

**Summary and Significance:**

Restoring competence in homemaker and parenting roles can greatly enhance one's sense of efficacy and feelings of self-esteem. There are many items to consider within these roles when planning interventions. Some activities to consider include food preparation, cooking, dishwashing, grocery shopping, clothing care, household maintenance, and outdoor household maintenance. When thinking about parenting roles, the occupational therapist must consider the

child's age, activity level, and the home environment. Caring for children under the age of 4 is physically demanding and can contribute to musculoskeletal pain. Safety is very important to consider when dealing with parenting roles. When bathing a child, it is important to educate teenagers on gathering the needed essentials prior to starting the bath. It is also very important to educate the young girls on never leaving an infant alone in the bath. While much of this chapter dealt with parenting roles for persons with disabilities, it is still applicable to adolescents without disabilities. These girls will most importantly need to learn the safety skills that go into the daily routines of becoming a parent.

Finer, L. B., & Henshaw, S. K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38 (2), 90-96.

**Summary:**

Many pregnancies are unintended, especially in certain population groups. These authors wanted to help with determining whether unintended pregnancy rates and disparities in rates between subgroups are changing which may help policymakers target reproductive health services to those women in need. In 2001, 49% of pregnancies in the United States were unintended. The unintended pregnancy rate was 5 per 1,000 women ages 15-44. Living in poverty is very common with early parenthood. Low-income women have high rates of unintended pregnancies. This population is more likely to not use any form of birth control and if contraceptives are used, these women experience higher rates of method failure.

Of the 6.4 million pregnancies in the United States in 2001, 4.0 million resulted in births, 1.3 million in abortions, and 1.1 million in fetal losses. Almost half of these pregnancies were unintended. With the unintended pregnancies, 44% ended in birth, 42% ended in abortion, and

14% in fetal losses. The unintended pregnancy rate was highest among women 18-19 years of age during the year 2001. Unintended pregnancy was also twice as high in cohabiting women as that of married or unmarried women.

Knowing the population of unintended pregnancies is important when targeting a life skill program for pregnant women. Teenagers are more likely to experience an unintended pregnancy. If they are also from a low income family then their chances are even higher. The propose Life Skill program will be targeted specifically towards those teenagers that come from a low-income family.

Finlayson, M., Baker, M., Rodman, L., & Herzberg, G. (2002). The process and outcomes of a multimethod needs assessment at a homeless shelter. *American Journal of Occupational Therapy, 56*, 313–321.

**Abstract:**

Many factors contribute to homelessness, including extreme poverty, extended periods of unemployment, shortages of low-income housing, deinstitutionalization, and substance abuse. As a result, the needs of people who are homeless are broad and complex. This needs assessment used literature reviews, review of local documents and reports, participant observation, focus groups, and reflective journals to guide the development of an occupational performance skills program at one homeless shelter in south Florida. Through these methods, the role of occupational therapy was extended beyond direct service to include program and resource development, staff education, advocacy, and staff-resident mediation. The findings of the needs assessment and the actions taken as a result of this work point to the huge potential for

occupational therapists and students to work together with staff and residents of homeless shelters.

**Summary and Significance:**

The needs assessment that was conducted identified that occupational therapists don't only provide direct services to the homeless participants. It was also found important for the occupational therapists to be consultants, educators, mediators, and advocates. A lot of educating was for the staff at the homeless shelter. The clients that participated in this needs assessment focused on communication skills, job finding, interviewing skills, developing computer skills, finding inexpensive leisure activities, and finding and maintaining a home. The needs assessment increased the awareness of the complexities of developing services in a shelter. Conducting a needs assessment is important when developing any new programs in order to better understand the needs of the staff, community, and residents. The homeless population was shown to have a unique set of needs and this is important to remember when dealing with pregnant teenagers. It is expected that many from this population may be homeless or come from extreme poverty.

Fowler, F. J. (1993). *Survey research methods* (2<sup>nd</sup> ed.). Newbury Park, CA: Sage Publications.

**Summary & Significance:**

There are many different methods to collect data. One method that is commonly used is the use of surveys. The purpose of surveys is to produce statistics that provide numerical descriptions about some aspects of the population being studied. If interviews are incorporated, Fowler states that it is important to provide standardized questions. This will help to decrease the biases in the answers that are provided. It also helps to increase interviewer consistency

when standardized questions are provided. When conducting a survey some critical issues to consider is who will actually be sampled, the size of the sample, and what rate of response is expected.

It is also important to remember what the process of selecting is. Depending on whether the surveys are randomly sent or the persons are selected, can vary the results. However, surveys are an excellent way to obtain statistics about a population, problem, or need. Increasing the sample size will also help to increase the reliability of surveys.

Having an understanding of how surveys should be developed and the biases to look for is important when developing a survey for a needs assessment. Having a better understanding of the expectations of surveys helped when developing a survey to collect the needs of life skills. Surveys were one of the three methods that I used to better understand if the community saw teenage pregnancy as a need.

Gaskin, I. M. (2003). *Ina May's guide to childbirth*. New York City, NY: Bantam Books.

### **Summary and Significance:**

This book was not as helpful as I had hoped it would be. This book mainly consisted of woman's personal birthing stories. These stories only provided the happy experiences these women had. Many women do not have a pleasurable experience when giving birth. In order to prep first time mothers it will be important to know all aspects of childbirth and all possibilities of what may or may not happen.

One aspect of this book that was helpful was the pictures that were provided. It allowed me to become educated visually on what happens to a woman's body during labor. Pictures of different birthing positions were also given and explained. There was a lot of explanation given

on letting gravity help with the process of giving birth. Another advantage to this book was that it really expressed the importance of finding a doctor, midwife, etc., that works for each individual woman. Finding the right doctor will be important in order to trust the doctor with the newborn baby.

Overall, I would not recommend this book to young pregnant women. This book is too long for the few good details that are given. A more well-balanced look into childbirth is needed. These young girls need to be fully educated and prepared for the positives and problems that might arise during pregnancy, labor, delivery, and months following birth.

Giroux Bruce, M. A., & Borg, B. (Eds.). (2002). Bases for best occupational therapy practice. In *Psychosocial frames of reference: Core for occupation-based practice*, 53-66.

### **Summary and Significance:**

There are many areas an occupational therapist must consider when conducting interventions with clients. The first is the adherence to standards of practice. The standards of practice provide recommended guidelines to assist the occupational therapy practitioner in the provision of occupational therapy services. It articulates clear expectations for the therapist to be certified and to behave in an ethical manner. The standards also recommend screening to determine the need for the service, assessment, identification of strengths and limitations, intervention planning, intervention, and discharge.

It is also important to establish and maintain a therapeutic relationship with clients. A client-centered relationship is one in which the therapist tries to determine what is important to the client and tries to involve the client in the decision-making process. This will be important to consider when working with adolescent females. The therapist must also respect the client and

what that client brings to the table. In community-based rehabilitation, the relationship focuses on the community and educating the community. The therapist is mostly an advocator and consultant. Trust, choice, knowledge, consistency, and congruency are all important attributes to have in a therapeutic relationship. Other areas include being caring, valuing the person, open communication, setting boundaries, and valuing change. All of these characteristics are important for a therapist to develop, especially in a community-based setting. Not many people understand the role of a therapist in a community-based setting, so it will be important for advocating for the clients and for the profession. It will be important to get the agency, clients, and community to trust and respect the occupational therapist.

Goldberg, R. (2003). *Ever since I had my baby*. New York City, New York: Three Rivers.

### **Summary and Significance:**

Understanding the changes a body goes through after a birth is important to learn in order to better educate the pregnant teenage population. This book was very in-depth with explaining different types of incontinence a woman may experience during pregnancy. Along with providing explanations of incontinence, it gave remedies to try to prevent the incontinence. An explanation of how to complete Kegel exercises to help strengthen the pelvic floor muscles. These muscles are weakened throughout the pregnancy process.

Another subject this author covered was the use of epidurals, forceps, and cesarean sections. He went through and explained exactly what a doctor does and how this might affect the body in the long run. Fully understanding the procedures and knowing the pros and cons of each procedure helped me to comprehend the process. The author gives ways to prep the vaginal area prior to giving birth to help decrease the side effects a person may have.

With a focus of this book being on sexual dysfunction and urinary incontinence, I wouldn't recommend it for a pregnant teenager to read. It was helpful to me in order to better understand the different choices a pregnant woman may have. I will also be able to help educate the young women on different exercises to complete to help with urinary incontinence and to help strengthen the ligaments that were weakened throughout the pregnancy. However, in order for the book to be helpful for pregnant teenagers, more information on the psychological aspect of childbirth would be needed.

Greene, R. (2000). *Real birth: Women share their stories*. Durham, NC: Generation Books.

**Summary and Significance:**

Reading this book educated me on the different options to birthing. I have always been exposed to hospital births, so this book allowed me to read about other options. Women were interviewed and gave real life experiences of giving birth in hospitals, birthing centers, at home, and in unexpected places. Women gave real life experiences about giving birth in their cars, at home, and complications that arose during the pregnancy.

Hospital births are the most common option for women to choose. Most of the women interviewed were overjoyed with the birth of their child, but were not necessarily happy with the experience. Some common complaints were that they were not expected to be on the doctor's schedule and that the doctor did not always follow the specified birth plan. This book also helped give me further information on the roles of midwives and doula's. A doula does not provide any medical treatment, but can help provide answers to pregnant women on what to expect. Massages can be given and keeping the women calm during the birthing experience is a big part of their job.

This book gave me information about different options that are available for pregnant teenagers. One of the women interviewed was a teenager. She became pregnant during her senior year of high school. She decided to give up her baby for adoption in order to give her baby and herself more options in the future. An important theme in all the stories read was that the women all had a good support system. It is important to surround the pregnant teenagers with a support system to help them through their pregnancy.

Griffin, S. D. (2004). The physical day-to-day care of young children: Methods and meanings.

In S. A. Esdaile & J. A. Olson (Eds.), *Mothering occupations: Challenge, agency, and participation* (pp. 52-72). Philadelphia, PA: F.A. Davis.

### **Summary and Significance:**

Mothers organize day-to-day care of young children into routines that are meaningful to them in a variety of ways. Research has been conducted to better understand the daily routines of new mothers and the reasons for their choices. Having an understanding for the choices mothers make can help occupational therapists to make safe and ergonomic suggestions to accomplish a variety of tasks. The research that was conducted by Griffin looked at 50 mothers and the mothers varied from having a very structured and organized day to a more flexible routine during the day. It was found that some children had a more difficult time following a schedule when starting school when there was not a schedule followed at home.

Teaching mothers proper ergonomics while lifting a newborn baby and completing the new occupations associated with having a baby may help to decrease the pain or injuries a new mom may have. Most mothers that participated in the aforementioned study stated that they used the stoop lifting method. This method is much more likely to cause a back injury. Proper

education is needed to teach these mothers how to use a squat lifting method. An important finding from the study was that there are many different routines that are conducted daily. It is important to educate these women about safety techniques that are based on the unique daily schedule. Teaching a way to conduct safe lifting of items that fits into the mother's daily routines will make it more likely for the mother to carry out new techniques.

Guttmacher Institute. (2010). *U.S. teen pregnancies, births, and abortions: National and state trends and trends by race and ethnicity*. Author. Retrieved February 25, 2011 from <http://www.guttmacher.org/pubs/USTPtrends.pdf>

### **Summary and Significance:**

This report contains data regarding teenage pregnancy, birth, and abortion statistics with national estimates through the year 2006. Nationally, in 2006 over 750,000 girls under the age of 20 became pregnant. Births to non-Hispanic women rose 44% from the year 2005 to the year 2006. Births to African Americans grew 126.3% in that same year. Hispanic women birth rate also rose 126.6 percent in 2006. The five states with the most teen pregnancies included California, Texas, New York, Florida, and Illinois. All of these states reported between 30,000-70,000 teen births per year. The states with the smallest number of teenage pregnancies still reported up to 1,600 pregnancies.

Birth rates in America rose steadily from the 1970's to 1991. After the year 1991, the nation underwent a steady decline in the pregnancy rate among teenagers. This decline lasted until 2005. Between the year 2005 and 2006, the nation experienced the first rise in teen pregnancies by 3%. Preliminary data also shows an increase in pregnancies in 2007.

Understanding and knowing the trends of teenage pregnancies can help to show the importance

of teenage pregnancies. This will also help to support the need of a life skills program for the teen pregnancy population.

Hannah's Home. (n.d.). *Hannah's home at the heart of life*. Retrieved February 25, 2011 from <http://www.hannahshome.org/>

**Summary and Significance:**

Hannah's Home is a maternity home located in Northeastern Ohio that has been open since 2003. It is for single, pregnant, young women under the age of 25. During the pregnant women's stay they will complete a program that helps them finish school, parenting basics, and dating boundaries. Doctor appointments must be attended, sewing classes are offered, cooking classes are available, and part-time jobs are attained if possible. Regular bible study, devotions, and weekly mass attendance are requirements for this home. All persons that stay at the home are free of charge.

This home is a licensed home by the state of Ohio and only is allowed to have residents during their pregnancy. The birthmother is assisted in finding a place to live and care for the child during their stay at the home. Their discharge planning is started during the admission process, which is similar to how Guiding Light will be run. Having an understanding of various aspects of maternity homes is important to know when developing programs for teenagers.

Hansen, R. H., & Hinojosa, J. (2009). Occupational therapy's commitment to nondiscrimination and inclusion. *American Journal of Occupational Therapy*, 63, 341-342.

**Summary and Significance:**

Every person has the right to access and participate in society. Nondiscrimination exists when we accept and treat all people equally. This means that therapists avoid differentiating between people because of biases or prejudices. Therapists should value individuals and respect their culture, ethnicity, race, age, religion, gender, sexual orientation, and capacities. This should be consistent with the Occupational Therapy's Code of Ethics. Inclusion is another important aspect. All individuals must have the same opportunities to participate in the naturally occurring activities of society, such as attending social events and having access to public transportation.

This is important for occupational therapists to remember when working in a community-based setting. Pregnant teenagers may be discriminated against in the school, community, and society. There is a negative connotation associated with pregnant teenagers. Occupational therapists can help these teenagers overcome difficulties so that they can still participate in societal activities. When dealing with this population it will be likely that one will come in contact with a variety of people from different backgrounds.

Harbor House Maternity Home. (2009). *A Christian maternity home for teens*. Retrieved

February 25, 2011 from <http://harborhouse.org/index.htm>.

### **Summary and Significance:**

Harbor House is one of the few Christian based maternity homes in the United States and is only one of three homes in Ohio. Two of the three homes are Harbor House Maternity Home while the third is called Hannah's Home. Harbor House is designed specifically for teenage mothers under the age of 18. One home is located in Celina, OH and the other is located in Norwalk, OH. This program helps to teach the young women on parenting options, adoption options, and behavior issues.

Characteristics of the home include family-style environment, daily mentoring, counseling, family involvement, private on-site classroom, medical care, and adoption services. This home has had over 100 girls stay at the home since 1994. Each girl learns biblical scriptures and the principles of love, discipline, and counsel. Programs that are offered in this home include learning cooking and food management, housekeeping, clothing care, and budgeting. They also provide “Bootie Camp” which allows the girls to take care of a computerized doll that simulates parenting. A parenting and Lamaze class is offered. “Mommy Mini-Courses” are also offered which include child seat safety, breastfeeding, infant CPR, and reading to your child.

Knowing and understanding how other successful maternity homes are ran on a daily process is helpful in considering how a life skills program will fit into the daily routines of these young girls. With any new program, if it is not easily accessible and completed during regular routines, then the program will not be successful.

Head, D. Y., & Esdaile, S. A. (2004). Teenage mothers: Roles, occupations, and societal challenges. In S. A. Esdaile & J. A. Olson (Eds.), *Mothering occupations: Challenges, agency, and participation* (pp. 134-152). Philadelphia, PA: F.A. Davis.

### **Summary and Significance:**

An overview of social, educational, and health issues that affect teenage mothers was discussed in this chapter. Research data related to adolescent development suggests that there are role conflicts associated with teenage mothering. The United States has the highest teenage pregnancy rates in the western world. The presence of poverty, joblessness, and a lack of home are the contributing factors to teenage pregnancy. There are many long-term risk factors for the

teenage mother, including the cycle of poverty and having an educational disadvantage. Giving birth as a teenager is strongly associated with disadvantage in later life because the teenager is more likely to drop out of school. Another argument is that welfare given to unmarried teenage mothers encourages teenage pregnancies.

The teenage mothers described many positives and negatives of family life. No matter their age, the teenagers were expected to take care of their baby. One teenager stated that motherhood is emotionally, physically, and mentally straining. Very few teenagers understood the developmental needs of the child or the stages of development. The teenagers interviewed did not describe themselves as having a low self-esteem. High ambitions and aspirations were a common theme with these young mothers, however they were unclear on how to achieve their goals. Understanding the needs of these young mothers will be important when developing a program for this population.

Higgs, R. (January 2009). Ohio ranks 25<sup>th</sup> for teen pregnancies; Mississippi has highest rate.

*Cleveland Live*. Retrieved February 25, 2011 from

[http://blog.cleveland.com/health/2009/01/mississippi\\_ranks\\_highest\\_for.html](http://blog.cleveland.com/health/2009/01/mississippi_ranks_highest_for.html)

### **Summary and Significance:**

From the data collected in 2006, Mississippi is the state with the highest rate of teenage pregnancies. Rises in teen birth rates were seen in 26 states. Ohio had a rate of 40 births per 1,000 teens in 2006, which was a 3% increase from 2005. Mississippi's teen pregnancy rate was 60% higher than the national average. Texas and New Mexico had a 50% higher rate than the national average.

This article also discusses the federally funded abstinence only programs. Critics to these programs state that teenagers should also be educated on how to use condoms and other contraceptives. There are a variety of factors that influence teen pregnancies. This includes a person's culture, race, and poverty level. This may be why southern states have the highest rates of teen pregnancies. More African Americans live in the southern states and have a poorer economic status. These statistics, even if a few years old, helps to paint a picture of the characteristics of teenagers that are most likely to become pregnant. This helps to predict the types of persons that might be seen in a maternity home and that might participate in a life skills program.

Hildenbrand, W. C., & Froehlick, K. (2002). Promoting health: Historical roots, renewed vision.

*OT Practice*, 7, 10-15.

### **Summary:**

The health care reform is rapidly changing and is constantly challenging the occupational therapy community. Through these shifts in medical care, occupational therapists are urged to return and revisit professional foundational roots and refine the vision of future practice. Previous shifts include moving from a clinical emphasis, to a medical model, to a client-centered practice model. Occupational therapists are now able to respond to the health needs of populations, communities, and societies. The American Occupational Therapy Association revised the promotion of health statement and focuses on the health effect of purposeful, productive, and meaningful occupation.

Health isn't a new focus of occupational therapy. It has been around since the professional birth of occupational therapy and focused on work, time use, leisure pursuit, and

performance through opportunity. It is important in today's world for occupational therapists to advocate for the involvement of professional in preventative community health care. This is a health continuum that starts with promoting health and wellness. The academic world has embraced the ideals of health promotion and the understanding that health is fundamental to quality of life and satisfaction in daily participation. However, the application of occupational therapy practice still needs to actively engage in preventative health practices. Occupational therapists have long focused on disrupting the impairment and disablement process. There is a role for occupational therapists in supporting health and wellness for those at risk or already affected by disability. Health promotion can be directed at persons both with and without disabilities.

**Significance:**

Health promotion is an important and new area of practice that occupational therapists need to embrace. There is a huge role for occupational therapists to help prevent disabilities down the road. It will be important for occupational therapists to advocate for the need for services to those that do not have disabilities, as this is not a common area for occupational therapists to practice in. Understanding the need for health promotion and health prevention will be important when providing services to pregnant teenagers. While the teenagers may not have disabilities, it will be important for the teenagers to learn skills important for becoming parents. This will help to prevent homelessness and to decrease the risk factors that come from living in poverty.

Hobcraft, J., & Kiernan, K. (2001). Childhood poverty, early motherhood and adult social exclusion. *British Journal of Sociology*, 52, 495-517. doi: 10.1080/00071310120071151

**Abstract:**

A new issue that is of concern for the government is how childhood poverty and early motherhood correlate and the outcomes that occur later in life. Several outcomes were examined in this study, including welfare, socio-economic, physical health, emotional well-being, and demographic behavior. It was found that the population that struggled the most were those that entered motherhood before the age of 23. Early parenthood is directly related to adverse outcomes in life by limiting opportunities and choices. Young mothers are more likely to have low household income at age 33 and to be socially excluded.

**Importance:**

This article looks at the impacts early parenthood can have on a woman. One common factor that has been found is childhood poverty. With the poor economy there will be more and more children that are facing poverty. People living in poverty are more likely to have unintended pregnancies and to get pregnant at a younger age. This may lead to an increase in childhood pregnancy. As these young women become pregnant it will be vital to teach life skills that allow these girls to make positive changes in their lives. Teaching life skills will help to decrease the cycle of childhood poverty.

Hoffman, S. (2006). *By the numbers: The public costs of teen childbearing*. Washington, D.C.:

National Campaign to Prevent Teen Pregnancy.

**Summary:**

The rates of teen pregnancy in the United States are two to six times higher than those in most of Western Europe including France, Holland, Denmark, and Sweden. Teen childbearing is associated with adverse consequences for teen mothers, fathers, and their children. Teen

childbearing is also costly to the public sector—that is, to federal, state, and local governments and the taxpayers who support them. While the consequences of teen childbearing are many, this report focuses exclusively on the public sector costs of teen childbearing. Teen childbearing in the United States cost taxpayers (federal, state, and local) at least \$9.1 billion in 2004. Put another way, the average annual cost associated with a child born to a teen mother is \$1,430. Children of teenage mothers are more likely to have a poorer health outcome and to have issues with the law.

**Significance:**

Understanding the impact of society, teenage mothers, and the children is helpful when creating a program targeted toward pregnant teenagers. Gaining an understanding on different cultures will be important in order to better understand the mindset of teenagers. It will help with knowing what to focus on with teenagers and how to advocate for the program to society. Gaining support from the community will help to make the program successful. Having an understanding of issues the teenage mothers have and what the children may face will help new programmers change those issues.

Huggins, K. (2006). *The expectant parents' companion*. Boston, Massachusetts: The Harvard Common Press.

**Summary and Significance:**

This is one of the best books I have read to date. *The Expectant Parents' Companion* explains so many different items that the new mother will encounter. It is an excellent resource for a pregnant woman starting during mid pregnancy and ending at the child's 1<sup>st</sup> birthday. One extremely helpful item was the 'To Do and To Get' checklist. A list of items was provided from

when to sign up and attend prenatal classes to getting the baby's birth certificate. This list provided items that were necessary to get and items that were optional.

Another section this book covered was well baby exams. It gave information on how often the baby should have the check-ups and when vaccinations should be received. The WIC Supplemental Food Program is a resource that was given in this book and is one that pregnant teenagers should look into. The financial perk of breastfeeding was also given. This would be beneficial to know in order to help the pregnant teens set up a budgeting workbook. Women that breastfeed can save \$1,200 - \$4,000 a year. Babies that are breastfeed are less likely to get sick, become obese, and to experience learning disorders. Babies should be feed 3-6 oz of breast milk or formula 6-8 times a day or 24-32 oz per day. A mother should also plan on changing 2,800 diapers a year.

The types of nipples for bottles were described. The author also discusses what should be carried in a diaper bag and daycare options. The pros and cons of having a bedside sleeper, crib, or bassinet were described. Contact information was also given for a variety of resources for new moms, including a breast pump rental. Providing this information to new teen moms will help to decrease the financial burden they may go through.

Humphry, R., & Case-Smith, J. (2005). Working with families. In J. Case-Smith, *Occupational therapy for children* (5<sup>th</sup> ed.), 117-159. St. Louis, MO: Elsevier.

### **Summary and Significance:**

The development of children's occupations can't be understood without insight into what shapes their daily activities. Children first learn about activities, how to perform them, what activities mean, and what to expect by watching their parents. Families play a major role in

guiding children in how to spend their time, what to do, and why the things they do are important. Occupational therapists should understand the influences on the way families operate their daily routines and their goals for the ways children spend their time. This will help the occupational therapist to be better prepared to support each family engage in family values and to realize that many different types of families are successful in raising children. Therapists also need to recognize the power of daily routines and family traditions. Disruptions to these routines and traditions can throw off the family dynamic. Occupational therapist may need to help with reestablishing new family routines and traditions.

Adolescence is a challenging and potentially stressful time for all families, especially if the family experiences a teen pregnancy. Parents may need to prepare an adolescent to handle her growing sexual needs, birth control, and protection from sexually transmitted diseases. Helping families to communicate while taking into consideration their roles, religion, and language is important to consider. Occupational Therapists can help pregnant teenagers develop new roles as parents and to develop healthier relationships with their own families and their baby's family.

Institute for Educational Leadership. (1997). *School-based and school-linked programs for pregnant and parenting teens and their children*. Washington, D.C.: Office of Educational Research and Improvement.

**Abstract:**

Childbearing by teenagers produce a host of negative outcomes for the teenagers, their children, their families, and society. Children of teen mothers have poorer outcomes including: dropping out of school, receiving welfare, and becoming teen parents themselves. Research that

has been conducted has shown that education is a mean of improving outcomes for teen parents and their children. The teenagers that continue on with school are more likely to be self-supporting in life. This in turn helps to improve the lives as their children and economic circumstances where the parents who dropped out o school remained on welfare and had additional children during their adolescent years. Participants of this research identified a need for flexible and responsive learning environments that can help keep students from failing school. Another need that was noted was daycares that are located at or near the high schools. This gives the teen parents the ability to attend school and also helps with the developmental outcomes of their children.

**Significance:**

Teen parents often miss out on services available for them. This article stresses the importance of providing classes to encourage the parents to become self-supporting as early as possible. The earlier they receive these classes and the earlier they return to school help to improve their educational and economic outcomes. This helps to encourage the development of a life skills program to teenagers that pregnant.

Jones, C., & Hudson, R. A. (2003). *Eating for pregnancy: An essential guide to nutrition with recipes for the whole family*. New York, NY: Marlowe & Company.

**Summary and Significance:**

This book discusses the importance of healthy eating and getting the appropriate nutrients throughout the pregnancy. It is important for women to take a folic acid supplement, quit smoking, and to stop drinking. Along with that a pregnant woman should increase their caloric intake by 300. An aspect to this book was that it described how much an underweight,

overweight, or average weight woman should gain. The authors broke down where all the weight comes from. The weight gained is divided upon weight for the baby, placenta, amniotic fluid, the uterus, breast enlargement, increased blood volume, increased fluid volume, and storage for fat, protein, and other nutrients.

The authors also broke down what nutrients are needed throughout pregnancy and how much a pregnant woman should be getting. For example, a pregnant woman will need 1200 mg of calcium, 800 mcg of folic acid, and 30 mg of iron. Calcium is important to help maintain a proper heartbeat, muscle contractions, nerve transmission, connective tissue, and blood clotting. Iron is essential for hemoglobin and folic acid helps to prevent neural tube defects such as spina bifida.

Pregnant teenagers are already in danger for a high risk pregnancy. Pregnant teenagers have more nutritional needs than an adult woman. They have to meet their own needs and the needs of the fetus. In addition to all the requirements for extra vitamins and nutrients, these teenagers need to eat more protein, calcium, and phosphorus. An additional 400 calories are also needed. Knowing the nutritional needs of the teenagers will be important in helping this population have healthy babies.

Kielhofner, G. (2008). *A model of human occupation: Theory and application*. Baltimore:

Lippincott, Williams, and Wilkins.

### **Summary and Significance:**

The Model of Human Occupation seeks to explain how occupations are motivated, patterned, and performed. Persons are conceptualized as being made up of three components: volition, habituation, and performance capacity. Volition is the motivation of the person to

perform daily occupations. Habituation is that process by which occupations are organized into patterns or routines. The physical and mental abilities that underlie skilled occupational performance make up the performance capacity component. In order to emphasize human occupation, occupational therapists need to understand the physical and social environments in which it takes place

These subsystems will be evident in this program as the occupational therapist works towards developing new roles and habits for the pregnant teenager and developing skills and abilities in the area of life skills. The client-centered assessments available through using this model of practice helps the pregnant teenagers express personal values and interests and will help in the development of individualized goals. The program will be focused on individual achievements and strengths. MOHO can be used for any person facing problems in occupational life. The pregnancy has disrupted the teenager's daily occupations and occupational therapy will help guide the teenage girls in enhancing the three subsystems in order to be successful in the new role of a mother while engaging in life skill occupations.

Kielhofner, G., Mallinson, T., Crawford, C., Nowak, Meika, Rigby, M., Henry, A., & Walens, D.

(2004). *Occupational performance history interview-II: Version 2.1*. Chicago, IL:

University of Illinois.

### **Summary and Significance:**

The Occupational Performance History Interview is just one assessment that can be conducted when a clinician is following the Model of Human Occupation. It is an interview intended to give a broad and detailed appreciation of a person's life history, the impact of disability, and the direction in which the person would like to take his or her life. Occupational

identity, occupational competence, and occupational settings, or environment, are explored to give a full and rich picture of each individual client. A sample of questions is provided with this assessment to help the clinician conduct the interview.

With the assessment comes an identity scale. It helps the interviewer rate the responses of the client. Responses are rated on a 1-4 scale depending on if a person has personal goals and projects, identifies a desired occupational lifestyle, expects success, accepts responsibility, appraises abilities and limitations, has commitments and values, and recognizes identity and obligations. Other areas include if a client has interests, has felt effective, found meaning and satisfaction in lifestyle, and made occupational choices. The forms of this assessment are able to be reproduced so it is cost-effective. This assessment helps to guide the clinician to gain pertinent information about their client. It will be helpful to better understand where the pregnant teenagers come from so that interventions can be implemented that incorporate the client's history and culture.

Kirkman, M., Harrison, L., Hillier, L., & Pyett, P. (2001). 'I know I'm doing a good job':

Canonical and autobiographical narratives of teenage mothers. *Culture, Health & Sexuality*, 3, 279-294.

**Abstract:**

Teenage pregnancy is typically presented as a problem to be solved, if not as an epidemic in need of urgent intervention. This paper reports on Australian research that examined teenage motherhood from the perspective of the young women themselves. The theoretical frame of narrative was adopted in order to understand both the way in which the young mothers were making sense of their own lives, and the way in which they interpreted the canonical narrative of

teenage motherhood. Interviews with 20 young mothers demonstrated both their awareness of the canonical narrative, in which they are judged and condemned, and their contrasting autobiographical narratives, in which they are represented as good mothers who are capable of learning the skills of motherhood. Although the women refused to emphasize the disadvantages of teenage motherhood, they acknowledged difficulties. Throughout their autobiographical accounts, a 'consoling plot' was evident. Young women may be supported in their endeavor to employ their lives to their own benefit by family narratives of teenage motherhood.

**Summary:**

This article is important in understanding the lived experience of pregnant and parenting teenagers. Many of the women stated that motherhood enriched their lives and that there are benefits to having a child at a young age. Direct quotes from the teenage parents help to be understand the viewpoint of this population, the culture, and experiences young women may have. It is important to gain knowledge in how young women view parenthood in order to find effective approaches for educating the pregnant teenagers.

Krueger, R. A. (1994). *Focus groups: A practical guide for applied research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

**Summary and Significance:**

Focus groups are a special type of group in terms of the purpose, size, composition, and procedures. The purpose of conducting a focus group is to listen and gather information. It is a way to better understand how people feel or think about an issue. It is a good method to collect people's opinions on a subject. The participants selected for a focus group should have characteristics in common that relate to the topic of the focus group. Focus groups should be

composed of 5-10 participants and there should be numerous groups conducted. It should be led by a skilled interviewer that promotes a relaxed and open discussion. By following these guidelines, it will help the researcher gather pertinent information from a large group of people.

The questions in a focus group are predetermined and sequenced. Open-ended questions should be used and should be easily understood. Focus groups can help with making decisions and guide program development. The researcher will want to gain understanding of an issue through the target population. It provides the opportunity to better understand how people feel, think, and talk about an issue.

Having an understanding of how to word questions, making the questions open-ended, and the group to gather is helpful before conducting a focus group. An interviewer has to be comfortable with how to lead a group prior to running the first focus group. This text helped me when designing a focus group guide to follow when conducting my needs assessment for the life skills program for Guiding Light Ministries.

Lederman, R. P., Chan, W., & Roberts-Gray, C. (October 2008). Parent-Adolescent relationship education (PARE): Program delivery to reduce risks for adolescent pregnancy and STDs. *National Institute of Health*. doi: 10.3200/BMED.33.4.137-144. Retrieved February 24, 2011 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566304/>

**Abstract:**

Parents and adolescents were recruited for after-school prevention educational groups in Texas. The participants were placed in one of two groups. The first group was called Interactive Program. This program allowed the participants to role play, practice resistance skills, and held parent-child discussions. The second group was an Attention Control Program. In this group

the instructors used the same curriculum, but delivered it in a didactic format. The questionnaire that was administered looked at social controls such as communication and at self control on sexual behavior. The authors found that the Interactive Program achieved significant gains in social control by increasing parental rules about having sex and other risky behaviors. It also enhanced student's self-control by increasing their knowledge about prevention and enhancing resistance responses when pressured to have sex.

**Significance:**

The participants in the group that included interactive methods to learning was the group that showed significant gains. This is important to consider when developing a program. It will be important to provide interactive opportunities in the program as this will help students to get the full experience. When providing a life skills program, the pregnant teenagers will learn and by more likely to implement the new information if they get hands on practice.

Lindsay, J. W. (1998). *Your baby's first year: A guide for teenage parents*. Buena Park, CA: Morning Glory Press.

**Abstract and Summary:**

Jeanne Lindsay has published multiple books in regards to teenage pregnancy. She is one of the few authors that specifically target the pregnant teenage population. This book in particular looked at items that mothers should be prepared for during the first year of a baby's life. A unique feature of this book is that it provided antidotes from teenage parents. It allows new teenage mothers to hear experiences from other teenagers and to give them the sense that they are not in their situation alone. Another reason I wanted to read this book is because many

schools, Lima Senior and Poly Fox in particular, use Lindsay's books as a resource to guide their classes.

The first topic that is discussed is the 'blur of tiredness' that new mothers experience in those first few months. Many mothers wrote that they did not expect to be so tired. One teenage mother stated she could not take feeling tired anymore so she ended up letting her mother take care of the baby. The book also had a chapter that discussed teenage fathers and relationships. When this book was written, 4 out of 5 relationships ended up with the baby's father out of the family picture. Other topics that were discussed included a peaceful home, bathing, diapering questions, and shaken baby syndrome. One young mother stated that she and her boyfriend were fighting constantly. After leaving her boyfriend and the fighting environment, she noticed her baby was not crying as often and was smiling often. The type of environment the baby is raised in is very important. This book also discussed feeding the newborn, breastfeeding, formula feeding, and resources for food. These resources included WIC and food stamps. This book is a very good resource for newly pregnant teenagers.

Lindsay, J. W. (1995). *Teenage couples coping with reality: Dealing with money, in-laws, babies, and other details of daily life*. Buena Park, CA: Morning Glory Press.

**Abstract and Summary:**

This is another book that is commonly used by teachers that are teaching classes for pregnant teenagers. A lot of changes are occurring in the lives of these young teenagers and it is important to teach this population how to appropriately cope with problems and concerns. This book is targeted toward both the teenage moms and dads. Once again, this author uses real life stories from actual teenaged parents to help explain the importance of a topic.

There are several topics that are discussed that are still important for these teenagers to learn today. A lot of these topics apply to the life skills of the teenagers that will be included in my life skills program. It still proves to be important to this day to teach these young parents life skills that will help them lead productive lives. Some of these topics included how to make a budget, planning before shopping, cooking, checking accounts, transportation, and finding a job.

Another important topic of this book was how to communicate with your partner. Many relationships do not work at this young age because there is not healthy communication between the two parents. The teenagers need to learn how to maturely discuss how to pay the bills, who is going to cook, who will have the responsibility of cleaning, and how to take care of the baby's needs. It will be important for these teenagers to set some ground rules to follow in the home prior to moving in together. It is also important for these young parents to learn self-confidence. This helps with the coping process and allows the population to not be dependent on their partner. It is also important to discuss with these young parents the importance of birth control so that a second pregnancy does not occur until one is ready. The author also states the importance of teenagers to set goals. This will be important when developing a program for this population. It will help these young girls to have something to work for and accomplish.

Lysack, C. (2009). Socioeconomic factors and their influence on occupational performance. In.

E. B. Crepeau, E. S. Cohn, & B. A. Boyt Schell (Eds., 11<sup>th</sup> ed.), pp. 68-79.

### **Summary and Significance:**

Socioeconomic factors can influence the persons that are seeking and receiving occupational therapy services. A socioeconomic status refers to occupational, educational, and income achievements of individuals and groups. Inequalities of health care can be because of

age, gender, ethnicity, and disability. This chapter discusses how growing older may negatively affect a person's health coverage. However, I think this chapter forgot to include the younger population. There is a certain stigma regarding young pregnant moms. The community looks negatively upon this population and may not provide the type of services that are needed. Many pregnant teenagers come from a low socioeconomic class and may not receive the services needed throughout pregnancy. This population will need help advocating for themselves to receive the care needed without receiving the negative stigma that goes along with it.

Mahaffey, L. M. (2008). Mental health in children and youth: The benefit and role of occupational therapy. *American Occupational Therapy Association Fact Sheet*.

**Summary:**

Between six and nine million children experience mental health issues severe enough to interfere with daily function. As a child grows, occupational therapists are well positioned to identify the factors in the child's functional performance that result in poor ability to adapt to changing expectations in his or her home, school, or community. The expertise in analyzing and breaking down tasks also positions occupational therapists to help teachers and care providers problem solve and adapt the home and environment to provide a child with mental illness with a sense of mastery and the ability to develop a healthy identity. Recent studies indicate that behavior and social interaction skills are strong predictors of academic and lifelong success. Participation in meaningful roles and activities provide satisfaction and a sense of purpose and success as well as developing self-control and a positive self-image. Active and meaningful engagement in life roles leads to enhancement of emotional well-being and promotion of social competence. A lack of social competence leads to emotional difficulty and may be characterized

by feelings of loneliness, rejection, and a lack of quality relationships. Interventions can focus on fostering success in roles and occupations throughout the lifespan. These services can be provided in community mental health settings, private clinics, homeless shelters, and other education programs.

**Significance:**

Understanding the role of occupational therapists in a mental health setting is important to know and develop. A majority of the pregnant teenagers may have some sort of mental health issues and may be dealing with a lot of pain from the past. The occupational therapist working with these adolescents will need to help these girls develop and enhance their well-being in order to feel successful in life. Occupational therapists can definitely play a huge role in mental health and in community settings. Adolescents may be suffering from depression or other mental illnesses and may have difficulty adjusting to their new roles. Occupational therapists can help these girls learn the skills necessary to feel success and enjoyment in daily occupations.

MacDorman, M. F., & Mathews, T. J. (2008, October). *Recent trends in infant mortality in the United States* (NCHS Data Brief) No. 9. U.S. Department of Health and Human Services.

**Abstract and Summary:**

Infant mortality is one of the most important indicators of the health of a nation. It is associated with maternal health, quality of life, access to medical care, socioeconomic conditions, and public health practices. The United States ranks 29<sup>th</sup> in the world for the amount of infant mortalities. In 2005 the rate of infant mortality was 6.89 infants per 1,000. The groups of people that had higher than average infant mortality rates included African Americans, Puerto Ricans, and American Indians.

Preterm births are a key risk factor for infant death. African Americans and Puerto Rican Americans are more likely to have preterm births. A birth is considered preterm when the baby is born before the 37<sup>th</sup> week of pregnancy. Teenagers are a population that is at risk for preterm births. Teenagers that are pregnant often do not follow a healthy diet, take prenatal vitamins, or get regular healthcare. These risks often cause this population to have unhealthy infants.

Understanding what causes preterm births and then educating this population will be important in helping teenagers carry their baby to full term. Educating teenagers on healthy diet and exercise will also help with decreasing the number of preterm births this population has.

McLaughlin, L. (January 13, 2011). Lawmakers tackle teen pregnancy. *Jackson Free Press*.

Retrieved February 24, 2011 from [http://www.jacksonfreepress.com/index.php/site/comments/lawmakers\\_tackle\\_teen\\_pregnancy\\_011311/](http://www.jacksonfreepress.com/index.php/site/comments/lawmakers_tackle_teen_pregnancy_011311/)

**Summary and Significance:**

McLaughlin discusses the views many teenagers have when it comes to pregnancy within this article. One 13-year-old in the Jackson Public Schools in Mississippi dates a 30-year-old and her mother sees no problem with it. I personally see this age gap as very disturbing, but the opinions in this county do not see this as an issue. Instead, a 30-year-old boyfriend is seen as taking care of the young girl. Another girl, a 12-year-old, feels her baby kicking inside of her and states, “What am I feeling? I didn’t think it would be alive until the doctor spanked it.” Another example that was given was from an 11-year-old. She stated, “I know my 21-year-old boyfriend loves me because he told me I looked good and bought me Popeye’s.” These statements show how unprepared some teenagers are for having a baby.

The views of all community members are distorted. Changes in teen pregnancy won't be made unless the views of the entire community are changed. In order for sexual education and abstinence classes to be effective the classes need to address the social, emotional, and mental-health issues of the entire family. Occupational therapy programs are able to incorporate the entire person while giving holistic care. While abstinence only programs may be beneficial, it will still be important to start changing the views and morals of a person. A life skills program will be beneficial in helping these young girls gain the skills needed to be independent and to stop the cycle of teenage pregnancies.

Mendes, P. (2009). Improving outcomes for teenage pregnancy and early parenthood for young people in out-of-home care. *Youth Studies Australia*, 28(4), 11-18.

**Abstract:**

Young people leaving out-of-home care are one of the most vulnerable and disadvantaged groups in society. This Australian study reviewed previous literature that looks at the proportion of care leavers who become teenage parents. A previous study that was conducted showed that nearly one in three women became pregnant or gave birth shortly after leaving care. Another study conducted in 2002 found that one in ten care leavers became parents within six months of leaving care. Many care leavers experienced physical, sexual, or emotional abuse or neglect prior to entering care. Previous research has also suggested that teenage parents experience a range of mental health problems including depression, self-harm, and poor self-esteem. Multiple authors stated that teenage pregnancy can limit young women's life chances and opportunities. Many of these young women are reliant on income support payments. On a

positive note, teenage parents do describe parenting as a life-changing event that turned them toward a more positive and settle lifestyle.

**Importance:**

Understanding the lives and struggles homeless women may experience is vital to making a strong program. This research article reviewed several different studies and highlighted the important facts that deal with young homeless persons. As the program being developed is for homeless pregnant teenagers, it has helped to learn about the experiences that these women may have gone through.

Meriano, C., & Latella, D. (Eds.) (2008). Activities of daily living. *Occupational therapy interventions: functions and occupations*, 131-236.

**Summary and Significance:**

ADL's or activities of daily living are activities which are oriented toward caring for one's own body. A variety of frames of reference can be utilized when working on ADL's. This can include the Person-Environment Occupation Model, Model of Human Occupation, Ecology of Human Performance, and the Person-Environment Occupational Performance Model. ADL's can help with the functional aspect of recovery, but also the psychological aspects. For example, if a client is showing signs of depression, this may impact his or her motivational level to complete the ADL's. There are several areas included in ADL's. This includes bathing, showering, personal hygiene, grooming, feeding, toilet hygiene, sleep and rest, bladder management, and dressing. Although adolescents may not need much education on successfully performing ADL's, an occupational therapist may have to make some environmental changes. Teaching the girls on energy conservation and performing ADL's safely will be important for the

teenagers to learn. One example the occupational therapist may need to make regarding environmental modifications is adding a shower seat to promote energy conservation. Other areas may include items for balance during ADL's and promotion of rest and sleep. Many girls may already possess these skills, but coming from a homeless situation may require the girls to gain these skills through practice in interventions. Occupational therapists can also help the girls learn proper positioning when walking, sitting, lifting, and laying down.

Model of Human Occupation. (n.d.) *MOHO clearinghouse*. Retrieved from

<http://www.moho.uic.edu/>

**Summary and Significance:**

This website deals with information specifically related to the Model of Human Occupation. MOHO seeks to explain how occupation is motivated, patterned, and performed. Humans are conceptualized as being made up of three interrelated components: volition, habituation, and performance capacity. Volition refers to the motivation for occupation, habituation refers to the process by which occupation is organized into patterns or routines, and performance capacity refers to the physical and mental abilities that underlie skilled occupational performance. MOHO also emphasizes that to understand human occupation, we must understand the physical and social environments in which it takes place. Therefore, this model aims to understand occupation and problems of occupation that occur in terms of its primary concepts of volition, habituation, performance capacity, and environmental context.

MOHO is intended for use with any person experiencing problems in their occupational life and is designed to be applicable across the life span. For example, MOHO has been applied with such diverse groups as adults with chronic pain, children with attention deficit hyperactivity

disorder, persons with traumatic brain injury, older persons with dementia, persons living with AIDS, and adolescents with mental illness. There has been research completed that specifically applies MOHO with situations that deal with children and adults who are homeless. It has also been applied in hospitals, outpatient clinics, residential facilities, nursing homes, rehabilitation programs, work programs, prisons and correctional settings, and community based organizations.

Moore, K. A. (2009, March). *Teen births: Examining the recent increase* (Research Brief) No. 2009-080. Washington, D.C.: Child Trends.

**Summary:**

The teen birth rate increased in 2006 after a 14-year decline. Although there was an increase, it does not erase the decrease in percentage of pregnant teenagers since 1990. The increase in teen birth rates was not concentrated in any single sub-population although it was larger for older teens and for African Americans. One component that may have influenced this increase was the increase in the amount of immigrants living in the United States. There has also been an increase in the amount of teenagers becoming sexually active at a younger age.

Social and economic changes can also influence teen birth rates. This can lead to increased abortion rates, decreased use of contraception, and an increase in sexual activity. Teens coming from lower socioeconomic classes may not get the education on contraception and may not use it during intercourse. Other factors that may contribute to the increase in teen pregnancy may be the media, public policies on abstinence only programs, or a decrease in national prevention forces. It is important to understand the current trends of teenage pregnancy in order to know how to educate the teenagers.

Teenagers also state that their parents are very influential on life decisions. With more teenagers coming from broken or mixed homes, they may not be having a solid support system. Teaching these young girls morals, values, and self-respect will be important in order to help this population succeed in society. It will be important to give these young girls a strong support system when developing a program to teach life skills.

Morgan, D. L. (1998). *The focus group guidebook*. Thousand Oaks, CA: Sage Publications.

**Summary and Significance:**

Focus groups were one of the three methods that I used to collect data about the needs of pregnant teenagers from community methods as a needs assessment. I chose this method because focus groups create a conversation among participants around a chosen topic. Focus groups are fundamentally a way of listening to people and learning from them. It helps to create lines of communication. The researcher essential motivation should be a desire to listen to and learn from the participants of the focus group. Focus groups work best when what interests the researcher also interests the participants.

When conducting a focus group it is important to remember that communication is a two-way street. The attitude of a researcher can have a big impact on the input the participants of the focus group will give. Focus groups are a qualitative research method. Based on what is communicated at the focus groups the researcher needs to organize the material in order to identify the themes that are present. It is important to use a variety of methods to collect a needs assessment. Focus groups and surveys are very different approaches in collecting information. Focus groups are much more open ended and not as standardized as surveys.

Having an understanding that focus groups are more open-ended helped me in determining what method for the needs assessment to collect first. I conducted the surveys before the focus groups so that I would have a better understanding of the basic ideas of the community. After gathering the results from the surveys, more open-ended questions were able to be asked regarding the answers provided. The participants in the focus groups were able to expand on those ideas from the surveys.

National Alliance to End Homelessness. (2010). *Changes in HUD definition of 'homeless'*.

Federal Policy Brief, May 10, 2010. Retrieved April 6, 2011 from

<http://www.endhomelessness.org/content/article/detail/3006>

### **Summary and Significance:**

HUD stands for The Department of Housing and Urban Development. This department has implemented new changes to what defines homelessness. This new definition is important because it affects who is eligible for various HUD-funded homeless assistance programs. The new definition of homelessness includes people who are living on the street, people coming from living on the street and moving into a place not meant for human habitation. It also includes persons coming from an emergency shelter for homeless persons, persons coming from transitional housing for homeless persons, and persons evicted from a private dwelling with no place scheduled to go to. Other homeless people include persons coming from a short-term stay or long-term stay in an institution who previously resided on the street or shelter and persons feeling domestic violence. This new definition includes more people for a longer period of time.

Homelessness is a complex problem with many associated challenges and variables. Homelessness occurs when people are unable to acquire or maintain housing that they can

afford. Young people often become homeless due to some kind of family disruption. This may be divorce, neglect, or abuse. A large majority of young people experience short-term homelessness who end up returning back home to live with family or friends. However, an estimated 50,000 of the youth will experience long-term homelessness. There are approximately 671,859 people that experience homelessness on any given night. The cost of homelessness is quite high. This is in part due to hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses. People who are homeless spend more time in jail or prison. Emergency shelters are also a costly alternative to permanent housing. In 2007, Ohio had between 10,000-25,000 homeless persons. Understanding the needs and feelings of homeless persons will be important. Many pregnant teenagers will be experiencing temporary homelessness. A main focus of Guiding Light will be to find these teenagers with a safe place to live, whether it is with family or independently. An occupational therapist will be able to work on the psychological issues a person experiencing homeless may face.

National Association of County and City Health Officials. (2009). *Meeting the needs of pregnant and parenting teens*. Report: Local Health Department Programs and Services.

**Summary:**

Pregnant and parenting teens have needs that are unique to the developmental stages of adolescence. Teenage childbearing carries large costs for the public. This is due to medical and social complications. It has been shown to cost the taxpayers over 9 billion dollars a year. This amount of money includes healthcare, child welfare, incarceration, and lost revenue. Another issue with teenage pregnancy is the medical-related issues for the teen mother and infant. The mothers are more likely to have pre-term births, anemia, low-birth rate, and infant mortality.

Poor health during pregnancy may be due in part to delayed confirmation of pregnancy, inadequate prenatal care, and lower compliance with medical advice. Another important issue is the amount of teenagers having a second birth. Between 22-30% of teenagers will give birth for a second time within 24 months of their first birth.

This report discusses several different programs that are offered to pregnant teenagers. The *Adolescent Family Life Program* is offered in the San Mateo County Health System. With this program, community health-care workers conduct home visits, school and clinic visits. These workers help with mental health services, social support, youth development groups, and housing issues. The services look at the entire person. All of the different programs showed positive impacts on the pregnant teenager's lives. More teenagers are staying in school and giving their newborns the appropriate medical care needed. Looking at these programs and seeing positive outcomes helps to show how important programs are for the pregnant teenage population.

Nemours Foundation. (2011). *When your teen is having a baby*. Retrieved April 6, 2011 from [http://kidshealth.org/parent/positive/talk/teen\\_pregnancy.html](http://kidshealth.org/parent/positive/talk/teen_pregnancy.html)

**Summary and Significance:**

This website describes feelings that the teenager may be having after discovering she is pregnant, and what feelings the family members may be having. Some feelings the mother of these teenagers may be feeling include shock, disappointment, grief, and worry. Guilt is another emotion that may be felt. The parents may be feeling it is their fault their daughter became pregnant.

Pregnant teenagers have special concerns throughout the pregnancy. Teenagers are less likely to receive proper medical care. Those teenagers that don't receive medical care are more likely to experience fetal death, high blood pressure, anemia, labor and delivery complications, and low birth-weight infant. It will be important for parents to help their daughters receive the proper medical care. It will also be important for parents to help their teenagers to learn ways to manage their stress, take prenatal classes, receive proper nutrition, and to exercise. Having a parent's support will be important for pregnant teenagers. Understanding the feelings of parents will be important when working with pregnant teenagers. While working with teenagers at Guiding Light, it will be important in establishing healthy relationships with their family members.

There is also information just for the teenagers and for the kids. Information covers items such as a woman's changing body, menstruation, sexual health, and drugs and alcohol. The most important thing a young woman can do is to receive prenatal care as soon as possible. Information is given on the three trimesters, exams that are performed, changes that happen to one's body, and things to avoid during pregnancy. This website provides information that is easy to read for teenagers.

Nevit, A. (1996). *Fetal alcohol syndrome*. New York, NY: The Rosen Publishing Group.

### **Summary and Significance:**

Fetal Alcohol Syndrome (FAS) is the leading cause of mental retardation. When this book was written, there were more than 8,000 babies born with FAS a year. The effects of alcohol on fetuses are more powerful than most other drugs. The alcohol that is drunk by the mother almost immediately enters the baby's system. The most important statistic to remember is that there is no cure for FAS, but it is 100% preventable.

Babies that are born with FAS may have a low birth rate, a short and small frame, small head, thin upper lip, and small eyes. These babies exposed to alcohol may also experience hearing defects or defects to the other organs of the body. There is always permanent damage to the brain and central nervous system. These babies are also likely to be irritable and fussy the majority of the time. They are slow to talk and learning new items is a lifelong problem. The average IQ of a baby with FAS is 65.

Teenagers who are pregnant are likely to be engaging in other risky behaviors, such as drinking alcohol. It will be important to educate the teenagers on the effects of alcohol on the baby and the problems that will be experienced throughout the baby's entire life. Teenagers are already at a higher risk for having a premature baby. By educating this population on healthy behaviors it may help with having a regular-term pregnancy.

Ohio Department of Education. (2010). Graduation, reality, and dual-role skills (GRADS).

Author. Retrieved from

<http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1754&ContentID=84970&Content=88013>

**Summary:**

Graduation, Reality, and Dual-Role skills (GRADS) content standards define the knowledge and skills students need in order to be successful in this program. The GRADS program is an in-school instructional program for students in seventh grade through twelfth grade who are pregnant or parenting. The mission of the program is to promote personal growth, educational competence, and economic self-sufficiency. The objectives are for the students to remain in school, have healthy pregnancies, have healthy babies, learn practical parenting and

child-development skills, gain orientation to work, set goals toward balancing work and family, and delay subsequent pregnancies.

The GRADS competencies focus on relationships, college and career ready knowledge and skills, economic independence, healthy prenatal and neonatal care, and nurturing healthy children and establishing healthy families. One essential competency factor is for the students to explore time management strategies that are related to education, work, and family goals. Another competency goal is for the students to develop coping and personal resilience skills for the lack of or loss of relationships. It is also important for the students to develop financial goals and to formulate techniques to prevent the loss of assets.

**Significance:**

The above competency goals are just a few examples of what the GRADS courses cover over the year. These goals are all very important for the teenagers to learn about and work towards achieving. It is important for these teenagers to have a support system in the schools and class to help overcome anxieties related to pregnancy or parenting. However, the carryover of these classes is unknown. I think it is important to also teach these teenagers the aforementioned skills in a natural environment. As an occupational therapist student I think it a teenager will be more likely to carryover learned skills when it is taught and applied in their natural environment. Teaching these skills at Guiding Light Ministries will hopefully make these girls more successful and able to carry over their learned roles, routines, and habits. Guiding Light's environment will be very similar to the home environment of many girls, which will likely to promote carryover. The ultimate goal is to get these girls to be successful and independent and teaching important skills in a variety of environments and methods will be key.

Ohio Department of Health. (2011). *Pregnancy*. Retrieved February 22, 2011 from

<http://www.odh.ohio.gov/healthStats/disparities/pregnancy.aspx>

**Summary and Significance:**

The Ohio Department of Health records statistics on pregnancy rates for each county. The state records all pregnancies which include live births, induced abortions, and fetal loss. It is hard to find accurate percentages and numbers of teen births. It takes the state a few years to gather all the information and output the information to community members.

Ohio had a total of 26,554 girls get pregnant between the ages 10 and 19. The state has a rate of 34.6 pregnant girls per 1,000. The majority of these births came from the age range of 18-19-year-olds. Young girls between the ages of 10 and 14 accounted for 491 of the total births. Statistics were also broken down for each of the 88 counties in Ohio. Allen County was the 17<sup>th</sup> county with the highest teenage pregnancies. It has a rate of 37.6 per 1,000 girls, which is higher than the state average. Allen County had a total of 264 pregnant teenagers in 2008. This number has decreased since 2007 where there were 287 total pregnant teenagers. Knowing the average number of pregnant teenagers and where Allen County ranks among the different counties is important when determining the need for the program. Allen County has a higher rate of teenage pregnancies than a lot of the other counties and the teenagers may benefit from a life skills program. It is important for any successful program to understand the current statistics, keep track of individual statistics of persons participating at the home, and to stay updated on future statistics. This will help determine whether the program has made a positive influence.

Olson, J. A. (2004). Mothering co-occupations in caring for infants and young children. In S. A. Esdaile & J. A. Olson (Eds.), *Mothering occupations: Challenge, agency, and participation* (pp. 28-51). Philadelphia, PA: F.A. Davis.

**Summary and Significance:**

Mothering is an important occupation that a woman goes through when she decides to have children. Three important co-occupations that occur between a mother and child are feeding/eating, sleep cycles, and crying and consoling. The author gives detailed experiences of a variety of mothers on these different co-occupations. One mother had planned on breastfeeding her son, but after he was born the mother found out he had congenital heart disease. He continued to have difficulty feeding and was unable to gain weight. Through the help of an occupational therapist, she was able to find ways to help increase the tolerance her son had for food. After having a newborn, regular feedings become a new routine for the new mother.

Getting the newborn ready for sleep is another occupation for the mother. Most newborns sleep 16-17 hours a day, but only for about 90 minutes at a time. Comforting the newborn is another occupation for the mother. Knowing the different cries and how to respond to the crying is important in satisfying the baby's needs. Developing these new routines and occupations in young teenagers is important for the healthy development of their child. If children are raised in a stressful or abusive environment the brain does not develop as it should. In these situations the environment are overwhelming and the newborns are unable to manage their emotions. All three of these co-occupations between the mother and newborn are important in helping the infant develop emotionally and help to self-regulate.

Onderko, P. (2010, Fall/Winter). Bonding before birth: Research shows it's never too early to start connecting with your baby. Here's how. *Baby Talk: Pregnancy Planner*, 49-52.

**Summary:**

While a new mother was singing a song, her baby stopped crying, looked around, and then fell asleep. The song that was being sung, was one the mother sang often during pregnancy. She believes the song is one her infant remembers hearing in the uterus. A study published in *Child Development* in 2009 demonstrated that fetuses have long-term memory. The researchers played a noise accompanied by a physical vibration for 100 pregnant women and then used ultrasounds to measure the fetal activity. The fetuses stopped reacting to the stimulus after several times of hearing it. It was found that the fetuses could remember the sound for 10 minutes when the fetus was 30 weeks old. At 34 weeks, the fetus could remember the sound for up to four weeks. Other studies have shown that music can elicit emotional responses in fetuses. This shows that a baby develops emotional intelligence before he or she is even born.

Since a baby develops emotional intelligence early on, a mother can start to bond with her baby early in the pregnancy. A close attachment between mother and baby affects the child's emotional and physical well-being and minimizes antisocial behavior. This bonding may help the mother feel a greater connection to her child. If a mother is more aware of her baby, it may help her eat right, take vitamins, and avoid unhealthy habits. A couple of bonding suggestions include playing relaxing musical tunes, talking with your baby, reading to your baby, and meditation.

**Significance:**

Helping pregnant teenagers develop a relationship with their baby at an early stage may help the pregnant teenagers take better care of their body. Bonding with the baby may also help

to decrease stress levels of the pregnant teenagers. It will be important for the teenagers to develop healthy habits in order to increase the likelihood of having a healthy pregnancy. It will also be important to educate the teenagers on the development of the baby from fertilization. A baby's brain begins growing at a very early age and will need continual support and encouragement to continue growing after birth.

Pastor living in van aims to aid the homeless. (2011, January 23). [Clipping from The Lima News, Lima, OH newspaper]. Copy in possession of author.

**Summary:**

Pastor Ryan Riddell hopes to bring awareness to the issue of homelessness this month by sleeping and living in his van on the streets of Dayton for 30 days instead of in his comfortable bed. He stayed at the downtown library or bus hub on days to seek shelter from the bitter cold. In the Dayton, OH area there are about 4,000 people that are homeless. There was also an 11 percent increase in people at local shelters in 2010. Pastor Ryan Riddell updates his media websites in order to keep people informed of his experience. He also lets people know when he encounters people who are in need of long johns, housing, or shoes. Three reasons that the Pastor decided to embark on this journey is to renew his spiritual journey, he will be more accepted by the homeless population and will be able to provide more help, and to create an awareness of homelessness.

**Significance:**

Homelessness is a big issue in Ohio and in the Lima area. This will be a big issue that pregnant teenagers will face. In order to provide the help that these teenagers need it will be important to gain their trust. One of the few ways to gain their trust is to submerge oneself in the

homeless culture. By doing this an occupational therapist will better understand the issues that homeless, pregnant teenagers face. Understanding the culture will better help an occupational therapist to create a program that targets the needs of teenagers. It will be important to raise awareness of the homelessness issue in order to find safe places for this population to live after they have their baby.

Pizur-Barnekow, K. (2006). Maternal attitudes and self-definition as related to perceptions of infant temperament. *American Journal of Occupational Therapy*, 60, 494–499.

**Abstract:**

Maternal childbearing attitudes and self-definition as related to maternal perceptions of infant temperament were investigated in a pilot study. Maternal attitudes, self-definition, and perceptions of infant temperature were determined through mothers' self-report. Results indicated that maternal attitudes – including self-confidence and feelings toward infants and children – were positively related to maternal perceptions of infant temperament. That is, mothers who reported low self-confidence and negative feelings towards infants and children in general also rated their infant's temperament as more negative. In addition, maternal work experience involving children was inversely related to maternal perceptions of infant temperament, in that those mothers who had more work experience with children rated their infants as being more difficult. The findings are consistent with Sameroff's transactional model of development wherein both the psychological and behavioral aspects of mother and infant create the milieu for further development.

**Summary and Significance:**

Research on mothering show that ecological and cultural aspects have an impact on the routines of mothers with children who have disabilities, mothers have to use planning, organizing, balancing, anticipating, interpreting, and forecasting to orchestrate their role, mothers use environmental space to foster growth and development in their children, and mothers view mothering as a lifetime occupation. In this study, mothers who rated their infant's temperament as more difficult also had more negative feelings in general toward their baby. These mothers also rated their own self-confidence as lower than other mothers. I foresee pregnant teenagers as having a lower self-confidence and having a greater difficulty with raising a child. These teenagers won't have the experience of the support system to help when learning how to care for the newborn. It will be important to try to increase the self-confidence of teenagers and to educate them on parenting skills. Having an increase in self-confidence and self-esteem will ultimately help the teenager feel more confident in their parenting skills. This is viewed as important so that ill-controlled emotions do not end up harming an inconsolable baby. Parents that do not understand the need of the baby will be more likely to become frustrated when the baby starts to cry and to use unsafe methods to console the baby. It will be important to educate the parents on Shaken Baby Syndrome and positive ways to console a baby.

Poliankin, R. I. (2007). *What you didn't think to ask your obstetrician* (3<sup>rd</sup> ed.). New York:

McGraw Hill.

### **Summary and Significance:**

This textbook was read in order to better understand the symptoms and experiences a pregnant woman may have throughout the 40 weeks of pregnancy and during labor and delivery.

The author of this book has been a practicing OB/GYN for more than 20 years. He answers

1,000 questions from expectant mothers from a variety of content areas. Dr. Poliankin provided information from topics areas including office visits, growth and development of the fetus, common complaints, diet and nutrition, and health and fitness. Other areas included drugs, tests that are completed, complications, delivery, cesarean section, and post-partum. After reading this book, I was able to gain information on how often a pregnant woman should attend doctor visits and what will occur at those doctor visits. It also provided a brief overview of the development of the fetus. Information was given on foods to eat and what foods should be avoided. Emotional and physical symptoms that a woman may experience were explained throughout the book.

This book provided me with some basic background information on what occurs during a pregnancy. As I have no previous experience with pregnancies, I need to better understand the symptoms that the pregnant teenage population may be going through. Only through educating myself will I be able to educate the pregnant teenage population. This book provided a good starting point of different areas to gather further information to better understand the needs of pregnant women.

Potter, M. M., & Milam, E. E. (1999). *Health baby, toxic world: Practical ways to protect your baby during pregnancy and infancy*. Oakland, CA: New Harbinger Publications.

### **Summary and Significance:**

This book had certain chapters that were very helpful. This is not a book that I would recommend for new, young mothers. There is a lot of technical information that might not be understood by young teenagers. I found this book to be very helpful. One of the sections that was extremely helpful was the section describing the critical periods for brain development. It

discussed each section of the brain and when it is undergoing development. For example it is important for the hippocampus to grow during weeks 5-8 of pregnancy.

Smoking was also discussed in this book. It is extremely important for mothers to stop smoking during pregnancy. Women who smoke during pregnancy are more likely to give birth to boys that will engage in violent criminal behavior. Children born to women smokers are also more likely to grow more slowly and score lower in reading and math. Every day that a woman drinks increases her chance of a miscarriage by 3%. It is also important for a woman to decrease her stress throughout the pregnancy and to watch the medications taken during pregnancy.

Another plus to this book is that it gives simple solutions to help assist with a child's sensory, perceptual, motor, and tactile development. It also gives suggestions to help increase an infant's bonding and social development.

This book helps explain the important of healthy eating and a healthy lifestyle throughout the entire pregnancy. The simple solutions provided would be a good section to summarize for pregnant teenagers. It would help to give suggestions on things that the new mothers should be working on with their newborn baby.

Rothenberg, A., & Weissman, A. (2002). The development of programs for pregnant and parenting teens. *Social Work in Health Care*, 35(3), 65-83.

**Abstract:**

The impact of early pregnancy and parenting on adolescents is well documented, with its negative effects on achieving adequate education, job skills training, gainful employment and economic independence duly recognized. While current interest and resources focus on abstinence only programs as major pregnancy prevention initiatives, we are increasingly failing

those young women who have chosen early parenthood as a life option. This article will describe the efforts of a large urban hospital to provide hospital-based comprehensive services to pregnant and parenting teens to reduce the negative consequences to them and their children, and to help them to become effective parents and lead healthy, productive lives.

**Summary:**

This article is important because it is a program that is conducted for teenagers that have decided to start and have a family. Currently, there are many programs for abstinence and protected sex, but few for the pregnant teenage population. This journal article discusses a program for girls 17 and younger. The program offers a weekly education and support group. It helps to reduce the negative consequences that may arise for pregnant teens. The teenagers are assisted in learning parenting skills and are encouraged to delay a second pregnancy. The authors stress that a multidisciplinary team approach works best with this population. Occupational therapists will be a great addition to the team and can help with educating this population on life skills. The purpose of the program was to help the teenagers lead healthy and productive lives while becoming effective parents. This article demonstrates the importance of programs for pregnant teenage girls.

Sadgrove, J. (1998). *Your health after birth*. Alexandria, Virginia: Time Life Books.

**Summary and Significance:**

Exercise and diet are common problems that a woman may face after giving birth were all topics that were discussed in this book. There are many books and resources available for prenatal care, but limited information for what happens after delivery. When dealing with pregnant teenagers, it will be important to educate these girls on what to expect during and after

delivery. Without educating these girls on what to expect after the baby comes, then they are missing out on a lot of valuable information.

More specifically, this book discusses the importance of exercising. There are illustrations and descriptions of exercises that can be completed during the first few days of giving birth. These exercises are explained for beginners are also adapted to make the exercises more difficult. A chart that explains the vitamins and minerals a new mom should be eating is also provided. This chart gives examples of different foods to eat where these vitamins and minerals can be found.

Finally, there is a section that discusses a new mom's internal problems and emotional fitness. There are many complications that a new mom might face and it is important to provide education about these symptoms. Examples include incontinence and mastitis. Understanding common symptoms will help decrease the stress and concern a new mom may have. All of these aspects are important to teach to a teen mom. If a teen mother does experience these problems, and doesn't understand the reason behind the problems then this will increase their stress level and insecurities of being a mother. The more knowledge this population has, the better equipped they will be to face daily challenges.

Santucci, M. E. (2008). Instrumental activities of daily living. In C. Meriano & D. Latella (Eds.), *Occupational therapy interventions: Function and occupations*, 237-283.

**Summary and Significance:**

Instrumental Activities of Daily Living (IADLs) are activities that are oriented toward interacting with the environment and are often complex. IADLs include areas of home establishment and management, meal preparation, shopping, financial management, community

mobility, care of others, child rearing, health management and maintenance, and safety procedures and emergency responses. The role of an occupational therapist is to facilitate functional independence in all daily activities and to participate in life roles to the greatest level of skill. The Model of Human Occupational is often the model of practice used by practitioners when working on IADLs with patients. Occupational therapists have to assess a client's volition, habituation, and performance capacities. Components of IADLs include laundry, light cleaning, outdoor home maintenance, shopping, preparing a meal, setting a table, and washing/drying dishes. It also can include check writing, cash payments, and use of credit cards. Driving, public transportation, and using bus stops are other areas included in IADL's. Caring for children, feeding, exercise, health maintenance, fitness, nutrition, hygiene, and medical management are other areas that teenagers will need to learn. Many teenagers may not have experience in these skills and will need occupational therapy intervention in order to enhance these skills. Learning these skills will be important in order to become successful as an adult in the community and as a parent.

Scaffa, M. E., Van Slyke, N., & Brownson, C. A. (2008). Occupational therapy in the promotion of health and the prevention of disease and disability. *American Journal of Occupational Therapy, 62*, 417-426.

**Summary and Significance:**

This paper describes occupational therapy's position in health promotion and prevention. The World Health Organization states that health promotion is a process of enabling people to increase control over and to improve their health. To reach a state of complete mental, physical, and social well-being, a person must be able to satisfy their basic needs and to cope with their

environment. There is also a Healthy People 2020 which strives to improve the health of all Americans. From an individual perspective, healthy life means a full range of functional capacities across the life span, allowing one to enter into satisfying relationships with others, to work, and to play. From a national perspective, healthy life means a vital, creative, and productive citizenry contributing to thriving communities and a thriving nation.

According to occupational therapists, health is supported when individuals are able to engage in occupations and activities that allow them to achieve the desired outcome of participation in their chosen environments. Occupations are purposeful and meaningful daily activities that fill a person's time and are typically categorized as self-care, work, play or leisure, and rest. Occupational health and wellness includes the elements of choice, meaning, balance, satisfaction, opportunity, and self-actualization. A natural, balanced pattern of occupations is believed to be health enhancing and fulfills both the needs of the individual and the demands of the environment.

There are three critical roles for occupational therapy practitioners in health promotion and disease or disability prevention: to promote healthy lifestyles; to emphasize occupation as an essential element of health promotion strategies; and to provide interventions, not only with individuals but also with populations. It is important that occupational therapy practitioners promote a healthy lifestyle for all individuals and their families, including people with physical, mental, or cognitive impairments. Understanding and knowing AOTA's stand on health promotion will help occupational therapists advocate for new programs in the community. This helps give occupational therapists a role in the community.

Schultz-Krohn, W. (2004). The meaning of family routines in a homeless shelter. *American Journal of Occupational Therapy*, 58, 531–542.

**Abstract:**

This exploratory investigation sought to understand what meaning parents, living in a homeless shelter, attribute to family routines, and the nature of those routines. In-depth interviews were conducted with 12 parents living in a homeless shelter. Parents described family routines focused on three features: promoting intimacy, maintaining or developing a legacy, and connections with the community. These routines seemed to preserve family integrity while homeless and to provide hope for the family to continue into the future. Homeless parents, in this investigation, seemed to expend a substantial amount of energy to create or maintain family routines while living in a homeless shelter. Findings suggest that the occupational therapy services may help support homeless parents as they exercise their role as the organizer of family routines.

**Summary and Significance:**

The parents stated that living in the shelter had an effect on their routines. It regulated the person's time where they had to be out of the shelter and working. However this schedule did not always fit into everyone's schedule as some were in school and some worked different shifts. The shelter also diminished parental authority by regulating how parents discipline their children. Occupational therapists can help these homeless families with managing stress levels and with establishing family routines. Having meaningful routines can help represent the persistence of normalcy when a crisis exists. Occupational therapists helped educate the families on calming touches to help bond with children, education on community connections, and establishing parental authority in family routines. Occupational therapists were found helpful in

this environment and more therapists are needed when working with the homeless population. Understanding how people in the homeless shelters think will help therapists with providing quality care. A lot of these methods will also help when providing services to pregnant teenagers. These teenagers will be facing a crisis of pregnancy and will need help establishing family routines and with developing parental skills.

Schultz-Krohn, W., Drnek, S., & Powell, K. (2006). Occupational therapy intervention to foster goal setting skills for homeless mothers. *Homeless in America*, 20, 149-166. doi: 10.1300/J003v20n03\_10

**Abstract:**

Occupational therapists provided interventions to two mothers that were living in a homeless shelter. The Model of Human Occupational was used to help the mothers set goals and to guide intervention. The Occupational Self Assessment was administered during the initial occupational therapy session to help establish the goals. One of the women that participated was 36-years-old, while the other lady was a 23-year-old. The women were referred for job readiness skills, financial management skills, and pain management. They had a difficult time balancing a checkbook and establishing a monthly budget. The differences in volition, habituation, and performance capacity played a role in each of the woman's ability to achieve their goals.

**Summary:**

This article helps to describe how the Model of Human Occupation is used with the homeless population. Understanding the three different aspects of this theory helps to analyze how this model can be used for guiding interventions for each individual. These mothers reported a decreased ability to achieve their desired goals. I believe that the majority of pregnant

teenagers will report the same feeling. Establishing goals and establishing problem-solving abilities in order to achieve the goals will be important for the homeless population.

Habituation, or the ability to follow positive habits, will also be important to learn to help cope with stressors in life as they occur. Enhancing the physical and cognitive skills a client has will also help her to meet the established goals. Each person's history is different, so it will be important to make goals that are targeted toward each client.

Steinberg, L. (2004). *The 10 basic principles of good parenting*. New York City, NY: Simon & Schuster.

### **Summary and Significance:**

Learning effective and good parenting skills is a must for teen mothers. Most of the homeless pregnant teens that will be in the occupational therapy programming at Guiding Light will be from a poor socioeconomic class. These teens may not have had a good home life or good parents to model behavior from. Learning good parenting skills is a must for these young moms in order to stop the cycle of teen pregnancy.

Some strategies that this book entails involve what the child's needs are at each stage of his or her life. During infancy it is important for the parents to make their child feel safe. A parent should be calm, soothing, predictable, and affectionate toward their child. Toddlerhood is one stage where the child is developing their independence, early childhood is when the child is starting to feel like a grown-up. During the elementary stage the child needs to feel competent and during adolescence the child again needs to have a sense of independence.

Good parents should be involved in their child's life. There isn't a more important influence on a child's development than the parent. How the parent behaves and acts is important. The child learns through watching and imitating the parent. Another aspect to good

parenting is having good role models. It is important to keep this in mind when bringing friends home when the child is around. This book also talks about how to be consistent with rule making and treating the child with respect. Another important aspect is to avoid harsh punishment. A parent should never use physical punishment or be verbally abusive. It is important to control one's anger in front of the child. All of these aspects about parenting will be important to teach a new and young mom who is still growing up themselves.

Sullivan, D. L. (2001). *The expectant mother's guide to prescription and nonprescription drugs, vitamins, home remedies, and herbal products*. New York: St. Martin's Griffin.

### **Summary and Significance:**

This book provides information on various drugs and the effects the drugs may have on a mother during pregnancy and when breastfeeding. The author covered how the baby develops and how the effects of these drugs may affect the baby. It also discussed the advantages of breastfeeding as breast milk provides numerous antibodies that help ward off disease. Numerous prescription drugs can have a negative effect on the development of a baby. Prescription drugs can also be present in breast milk, which is then transferred to the newborn baby. Advil, acne medication, cold medicine, herbal products, alcohol, and smoking were all discussed in how these drugs can cause birth defects in babies. Even the basic pain relief medicine can have a harmful effect on a baby and should be avoided at all costs.

Educating pregnant teenagers and new mothers on the side effects of the medications on not just the mother, but also the baby will be important. Pregnant teenagers are already at an increased risk of having a premature baby. Education on a healthy diet and consuming the

proper dosage of vitamins will be important in the teenagers having healthy babies. Healthy eating and healthy lifestyles will be a vital aspect to teach this young population.

Taylor, R. R., & Kielhofner, G. (2006). Collecting data. In G. Kielhofner (Ed.), *Research in occupational therapy* (pp. 530-547). Philadelphia: F.A. Davis.

### **Summary and Significance:**

All research that is conducted depends on data. Data can be quantitative or qualitative. Quantitative data are concerned with category or amount. Certain values are given for the data. This data can be nominal, ordinal, interval, or ratio in nature. Data collection can be done in a variety of ways. The most common forms of data collection are observation, interviews, self-report measures, standardized tests, focus groups, and records review.

Interviews typically allow a researcher to collect information that leads to a broader more integrative view of a life situation. One area that interviews can focus on is the psychosocial aspect of a person's life. This is an area that I think will be important to focus on to gather information about the views of pregnant teenagers. Performing semi-structured interviews was chosen as the first method in the needs assessment in order to better understand the expectations of community members. Semi-structured interviews are valuable in attaining information and for building rapport with people chosen for the interview

Focus groups are group discussions conducted by an investigator who serves as a moderator. Data can be recorded in the form of audiotapes or notes that are taken. Focus groups usually include between 5-15 participants. These types of groups are used to explore people's perceptions and attitudes regarding topics in which the participants have some investment or stake. Advantages include that data can be collected from a variety of people in a short span of

time. A disadvantage is that some persons might feel discouraged from sharing their views.

Focus groups were also chosen as a method for data collection to gather opinions from multiple people about their views on teenage pregnancies.

Teen Pregnancy Statistics. (2009). *Welcome to teen pregnancy statistics*. Retrieved February 24, 2011 from <http://www.teenpregnancystatistics.org/>.

**Summary and Significance:**

This site helps a variety of people. It targets the pregnant teenager, parents of pregnant teenagers, and those thinking about becoming sexually active. It provided education on abortion, adoption, pregnancy, and options available for the pregnant teen. One article provided information on pregnant teen health. It provides tips about seeing a doctor as soon as possible, healthy eating, exercising, and sexually transmitted diseases. The website also provided information on receiving an education and decision making skills. One fact stated, "Getting education and training in parenting skills, job skills, and life skills such as managing money are important to the well being of a pregnant teen and her baby." Getting an education greatly improves a teen's chances of getting a good job, and opens up opportunities for the teen and her baby to have a better life.

Another important statement from this website was training that will be beneficial for pregnant teens. These classes included parenting classes, managing stress, managing money, and job training classes. When a teen does get pregnant some feelings that might be felt include denial, shock, fear, guilt, worry, anger, disappointment, embarrassment, sadness, depression, excitement, and nervousness. Teen mothers are more likely get pregnant more often in life, are more likely to be single parents, less likely to get support from the father, less likely to complete

their education, and are more likely to live in poverty. These facts show that it will be important for an occupational therapist to develop programs prior to the teen giving birth in order to educate the teenagers on a variety of skills.

The National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). *About us*. Retrieved

March 7, 2011 from <http://www.thenationalcampaign.org>

**Summary:**

This article explains why early pregnancy and childbearing is a pressing concern for the United States. The United States has the highest teen pregnancy and birth rates in the industrialized world. The article states that teen childbearing is associated with adverse consequences for the teen mothers, fathers, and children. This report's findings show that taxpayers pay \$9.1 billion annually for teen childbearing. These costs come from health care, welfare, state prison systems, and lost revenue. Teenagers that become pregnant are more likely to receive food stamps, TANF, and housing assistance. This report demonstrates the need for programs for this population. By educating these young mothers on parenting, job skills, and life skills they will be more likely to become successful and contributing members of society.

The National Campaign website also provides several needed statistics. Three in ten teenage girls will become pregnant by the age of 20. This website provides information on national trends and state trends. However, the most recent information that was provided was from the year of 2005. This information is a little outdated compared to other sites. The latest information provided for teenage pregnancies was in 2005. The number of teenage births for Ohio in 2008 for girls under the age of 15 was 201, for girls ages 15-17 was 4,720, and for girls ages 18-19 was 11,484 births. Non-Hispanic white girls accounted for 10, 149 of the births. The

birth rate for girls 18-19 was higher than the national average. Ohio had 73.8 births per 1,000 compared to the national average of 70.6.

The mission of this website is to improve the well-being of children, youth, families, and the nation by preventing unplanned and teen pregnancies. This is important because teen pregnancies are the root of many public health and social challenges. Information and links to other website are provided. More information is provided for teenagers, parents, policymakers, and states and communities. Although this site provides detailed information about teenage pregnancies, it was a little outdated. New information is needed since the data from 2005 is not very accurate anymore.

The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). *Stay teen: Stay informed*. Retrieved March 7, 2011 from <http://www.stayteen.org/>

**Summary:**

The National Campaign created a website, Stay Teen, to specifically target pregnant teenagers. More than 2,000 teens get pregnant every day. This is approximately 750,000 teenagers every year. Information is provided on birth control and describing how to effectively use it. Another link provides information on healthy communication in relationships. Relationships will only work if both partners know how to communicate in a positive and healthy way. Most relationships with teenagers are built on lies and dependence rather than trust and support. Specific points include communication, trust, and respect. All three of these points are very important. Partners need to be able to tell each what they need, desire, or want in life. It is also important to trust your partner when they are they are with other people. Finally, respect is important because it means that you value your partner's opinions, beliefs, and

differences. Understanding how to have a healthy relationship and communication with one's partner will ultimately help the child feel safer in the home environment. Further information is provided for when the relationship breaks up or when it turns abusive.

There is also a link that provides information regarding myths versus the facts of pregnancy. The first myth is that homemade condoms work. The only 100% way to prevent pregnancy is abstinence. There is also a link that provides games to educate teenagers. This provides a unique way and a more interesting method of educating teenagers.

This website provides information about how to prevent teenage pregnancies. More information should be provided on the realities of teenage parenting. Realizing the hardships of parenting may help to deter some teenagers from intercourse. This website was lacking on information and statistics on teenage pregnancies.

Thompson, S. D., & Walker, A. C. (2004). Satisfaction with parenting: A comparison between adolescent mothers and fathers. *Sex Roles, 50*, 677-687.

**Abstract:**

This study compared adolescent mothers and the fathers of the infants in order to examine the levels of and predictors of parenting satisfaction. Parenting satisfaction is defined as perceived gratification from the parenting role. The idea of parenting satisfaction has been found to be affected by marital happiness, family structure, and parents' gender. A total of 41 adolescent mothers and fathers were contacted through an alternative school program. The United States has one of the highest adolescent birth rates of any industrialized nation. Some of the variables that can contribute to parenting satisfaction include educational attainment, parent

gender, family structure, and income. The results of this study showed that parenting satisfaction was negatively correlated with depression and positively correlated with self-esteem.

**Importance:**

This study had results that indicated that the adolescent mothers and fathers were fairly similar. Satisfaction with parenting is very closely related to self-esteem, depression, and social support. Understanding the mentality of the adolescent girls will be important in helping the mothers have satisfaction with parenting. Teaching and educating these young girls on how to positively develop positive parenting roles and habits may help with this satisfaction. Having an understanding of what characteristics relate to feelings of poor mothering will allow the therapist and teenager to work on positively developing those characteristics. Occupational therapist will also have to work on the underlying mentality issues before teenagers are able to feel satisfaction.

United States Department of Health and Human Services. (2010). *Healthy people 2010: The vision, mission and goals*. Washington, D.C.: Author.

**Summary:**

Healthy People 2020 provide 10-year national objectives for improving the health of all Americans. One of the sections looks at health-related quality of life that relates to physical, mental, emotional, and social functioning. It measures the population health, life expectancy, and the impact health status has on a person's quality of life. One goal of the Healthy People 2020 is to improve the healthy development, health, safety, and well-being of adolescents and young adults. One specific aspect is teen and unplanned pregnancies.

The Adolescent Health Objective 2 is working toward increasing the proportion of adolescents who partake in extracurricular or out of school activities. The Life Skills for Teens program will take place after school and will help the girls find activities of interest. The 3<sup>rd</sup> objective is working toward increasing the proportion of adolescents who have or are connected with a parent or caregiver. The Guiding Light Ministries home will provide girls with the support needed and help to find these girls the support system that is needed.

Another section of the Healthy People 2020 deals with improving the health and well-being of women, infants, and children. Many factors can affect pregnancy and childbirth including age, poverty, and access to health care. One objective is to decrease the amount of deaths from sudden infant death syndrome. Other objectives are to reduce low birth weight and to increase abstinence from alcohol and drugs.

Educational and Community-Based Programs is another section in Healthy People 2020. The goal is to increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life. Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as violence prevention, behavioral health, and unintended pregnancy. Objective ECBP-10 is to increase the number of community-based organizations providing population-based primary prevention services. Unintended pregnancy is included under this objective.

**Significance:**

Starting a new community-based program that targets Healthy People 2020 objectives will be important. Life Skills for Teens works towards many of these objectives. Through education on healthy eating, positive communication, and parenting skills it will help to decrease

the health disparities of the newborns. Understanding how to help teenagers learn how to discipline and to control anger will help to decrease shaken baby syndrome. Providing a support system to these young girls and providing education will help to decrease the second pregnancy that is common with this age group.

University of Michigan Health System. (January 7, 2011). Innovative teen pregnancy prevention programs get strong public support. *Medical News Today*. Retrieved February 23, 2011 from <http://www.medicalnewstoday.com/articles/212989.php>

**Summary and Significance:**

This article provides some really good statistics. Every hour in the United States, about 40 children are born to teenage mothers. The United States consistently has the highest teen birth rate among all industrialized countries and it is rated as one of the top 10 biggest health problems in the United States. The authors also discuss the health risks for teenage mothers. It is a health risk for the mother and their baby.

A recent poll states that a majority of adults think teen mothers and fathers should perform community service related to child care. There are still educational and abstinence programs out there, but more programs are needed. The community service ideas allows teens to realize the demands of caring for young children, learning aspects of child development, and enabling teens to be more successful parents. This would also provide on-the-job child care training in supportive environments. However, most adults still believe teenage parents should be put on a welfare program.

This article helps to outline the views of adults in the United States. Developing unique programs, like a life skills program, is becoming more acceptable in communities. These

programs will be more likely to help those teens that get pregnant learn appropriate parenting skills. Understanding the views of the community will be important when marketing and developing a program.

Walker, W. A. (2006). *The Harvard Medical school guide to healthy eating during pregnancy*.

New York City, NY: McGraw-Hill.

### **Summary and Significance:**

Multiple tips were given throughout this book on healthy eating during and after pregnancy, what to avoid during pregnancy, and how to safely stay active during and after the pregnancy. One of the most important subjects stated in this book was what to avoid while breastfeeding. Alcohol, drugs, caffeine, smoking, and medications should be avoided throughout the pregnancy and while breastfeeding. Breastfeeding is a less expensive option for teen moms. However, it will be important to educate the pregnant teenagers how important it is to make healthy life choices in order to keep their baby safe. Formula may be a healthier option for the newborns if the teen moms have issues with alcohol or drugs. If formula is the route teen moms are going to take, then it will be important to educate the teens on how to get the formula at a cheaper cost.

A unique aspect to this book was that it provided healthy recipes for mothers to eat. Having different recipes will help the young moms get the nutrition that is needed. It will also give young moms ideas of what they can make and eat. These recipes provided good sources for fiber, protein, and various vitamins. It will be important to educate young moms on nutrition and safety while cooking as this may not be a skill they have had a lot of practice with.

Exercise is another area these young moms will need to be educated on. Many people do not know how much exercise to get or what type of exercise to be engaging in. Learning healthy exercise habits can help to maintain muscle tone, help with delivery of oxygen to the unborn baby, and can help with blood flow. Healthy exercising can increase the percentage of healthy babies that this young population has.

100-plus march against abortion. (2011, January 23). [Clipping from The Lima News, Lima, OH newspaper]. Copy in possession of author.

**Summary:**

Many anti-abortion marchers are working to save the lives of the unborn. More than 100 people showed up to march against abortion. There were more than 28,000 abortions performed in Ohio in the year 2009. Of that number, 173 occurred from women living in Allen County and another 143 from the immediate surrounding counties. There are 20 locations in Ohio that are allowed to perform abortions on pregnant women. In January a new abortion clinic opened up in Lima, OH.

**Significance:**

When a pregnant teenager becomes pregnant, there are many issues that may arise. A teenager may decide to have an abortion because she is unaware of her options. With an abortion clinic opening in Lima, OH being able to have an abortion performed will become much easier. Although many people have different views regarding abortion, it is important for every woman to have the education to make an informed decision. Every child has the right to live. Girls living at Guiding Light will undergo education on adoption as a healthier and morally more

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correct decision than abortion. Having the opening of a new abortion clinic in Lima, OH will help to encourage more community support for a new program.