Group I Proposal: Head Start: A support group for parenting teens

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I. <u>Title of Group</u>

Head Start: A support group for teen parents

II. Type of Group

This is a support group with social skills and educational components. This group will be held at a local high school. There will be two groups per year, and each one will run for sixteen weeks (one from September to December and one from January to May). This group is voluntary and the girls learn about our group through their guidance counselors and teachers. This is a homogenous group since it is only for teenage mom age 14 to 19 at our high school.

III. Rationale

Teenage pregnancy is a problem with disturbing statistics. United States has the highest teen pregnancy and birthrates in the Western industrialized world. Nearly 4 to 10 young women become pregnant at least once before they turn 20. Eighty percent of these pregnancies are unintended and 79 percent are to unmarried teens (Davies, McKinnon, & Rains, 2001). Only a third of teen mothers graduate from high school. Eight out of 10 unmarried teen moms wind up on welfare. The children of teen moms do less well in school and are at a higher risk of neglect and abuse than children born to women age 20 and older (Bissell, 2000).

This "Head Start" group will be focusing on teenage mothers, ages 14 to 19.

Opportunities to master normative developmental tasks specifically for this stage:

physical maturation, emotional development, membership in peer groups and sexual relationships (Newman & Newman, 1991). According to Erikson's Theory of

Psychosocial Development, adolescents of this age group are at the Group Identity v. Alienation Stage (Newman & Newman, 1991). At this point, young adolescence gain an increased understanding of reality as they recognize their own way of dealing with life. People at this developmental stage search for their identity, increase importance of social and intimate relationships, and seek autonomy from family (CITE) If this development of sense of who they are is interrupted (for example, by a pregnancy), it results in a sense of confusion and lack of identity development (Newman & Newman, 1991).

Teenage pregnancy is an issue that has a huge impact on social, emotional, economic, physical, and psychological issues. A pregnancy for a woman should be an exciting time with lots of support and joy from those around you. For a teen this experience is quite different. There is often a lack of approval from outsides, and a sense of shame felt by the teenage moms (Davies, McKinnon, & Rains, 2001).

This stigma results in having less of a chance of these girls establishing positive self-images as mothering figures and the children suffer the consequences. Society encourages dating and sexual expression and freedom from an early age, yet when a teen gives birth, we shun them. Society wrongly assumes that these girls have been promiscuous and careless (Szigethy M.D., PhD & Ruiz, 2001).

A pregnant teen must adapt to biological changes in her body due to pregnancy often before she has become comfortable with the biological changes that were brought on by puberty (Lucio & Dixon, 2008).

A teenage mother must adjust to parenthood while still enmeshed in problems of adolescence. A teenage mother faces many different emotions including: fear,

resentment, confusion, depression, and frustration (Szigethy M.D., PhD & Ruiz, 2001). These girls are often ostracized by peers and lack familial support (Davies, McKinnon, & Rains, 2001).

Teenage mothers often live in poverty and depend on federal assistance. They need support in accessing affordable health insurance and daycare. These girls need subsidized housing and access to education and training ("CDC Data & Statistics | Feature: Teen Birth Rates Rose Again in 2007, Declined in 2008," 2010).

There are numerous ways in which our support group can benefit this population. We will aim to increase self-esteem and self-respect and provide these girls with many valuable community resources and guidance. This group will serve as a tool to empower these girls as they continue with their normative identity development.

IV. Goals and Objectives

This group will touch upon many aspects that a teenage mother may deal including empowering them with life choices about their futures and careers, enlarging their support network, helping them accomplish mastery in normal development techniques, and incorporate coping skills and relaxation into their lives. These are the primary issues that will be addressed in order to help reduce the list of risk factors that often target teenage mothers.

V. Basic Information

The screening process for this group will require an interview and that participants be teenage mother's that attend the high school. They would be between the ages of 14-19 and have no other diagnosis going on. A maximum of 12 girls at a time is preferred. If more members want to join a second group may be added to

accommodate the demand. The group will meet once a week after school for a half hour at a time. The group will run for the entire length of one school semester, or 16 weeks, with no meetings during the summer

VI. <u>Basic Ground Rules</u>

These ground rules are in place to create a safe, supportive environment:

- Information shared in this group is confidential. Members are asked to refrain from discussing group material outside of the group either with fellow group members or people outside of the group
- Every meeting is important. Please plan to be on time and to attend every meeting. Please notify the facilitator as soon as anticipate being late or absent.
- It is expected that you talk about experiences and share your reactions to other members
 experiences. Members are also encouraged to assert boundaries if it ever feels unsafe to
 go further in a discussion.
- Be respectful and courteous of other members and facilitators.
- We ask that all cellular phones be turned off during session. If you must leave your phone on, please make it known to the group that you are anticipating a phone call.

VII. Possible Topics and Therapeutic Techniques

This group will use ice breaker activities as the initial way for the members to introduce themselves and get comfortable with one another. We will utilize trust and relationship-building activities to help people develop trust of themselves and each other. These activities will empower these girls and enlarge their social support group. We will use self-reflection exercises to increase insight. Relaxation techniques and meditation will be taught to aid in stress reduction. The co-facilitators will use art, music, and

bibliotherapy as creative techniques to do some self-esteem boosting activities. We will also have a variety of guest speakers from community agencies that can offer services to expand members' social network.

VIII. Best Practices

This group was designed by following the *Association for Specialists in Group Work*Best Practice Guidelines. A professional disclosure statement was sent to all group

members. All members have signed consent forms on file. Members were given a list of
the group ground rules and these rules will be reviewed doing the first meeting. In
addition to ASGW's Best Practice Guidelines, this group was developed following the
ACA's Code of Ethics.

IX. Special Considerations

Individual counseling is always made available to anyone in the school who feels that they need it, regardless of if they are in a group or not. The school is made to be a safe environment where everyone has the right to see a counselor if they see fit. If a student comes in with other issues or psychological diagnosis and it appears they need further help they may be referred to the school psychologist to meet with and make sure they are getting all of the help they need since that area may be out of the expertise of the group facilitators. The clients are still very young, but if an issue from their childhood arises and it seems like one that can be worked out in group it will, if it seems like a bigger issue that needs to be addressed more, then a suggestion of individual counseling will be made.

The members of the group will be informed that the facilitators are mandative reporters (such as, but not limited to harm to themselves, someone else, threat to their child. If any other issues arose, such as substance abuse, or someone coming to the group while using a substance, as per school policy, they would have to be reported and also referred to the school psychologist.

As far as any medical issues that arise the school nurse is available should a medical issue arise.

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