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An Analysis of Resources Available for Pregnant and Parenting Teens: Comparing Helena, MT and Seattle, WA

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An Analysis of Resources Available for Pregnant and Parenting Teens:

Comparing Helena, MT and Seattle, WA

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SIGNATURE PAGE

This thesis for honors recognition has been approved for the Department of Psychology.

Director

Date

Reader

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Abstract
The purpose of this research was to examine the resources for pregnant and parenting teens. The research compared two communities, Helena, MT, a state capital and small community, with Seattle, WA, a metropolitan port city, and the services that are available at homes for pregnant and parenting teens in each community. It was found that the homes are very similar in the services provided to the young mothers, such as teaching life skills and parenting classes. The two homes offer slightly different services based on funding and geographic location. Florence Crittenton Home’s Legacy of Love program is an example of a service linked with a specific foundation.
There’s still a great need in both communities for more programming and better funding. There are services that each home wishes to offer and a desire to help more young women, but they are not able to at this point in time.
Introduction

Teen pregnancy is an important issue in today’s society. Many young men and women become parents before they reach their 20’s. The purpose of this research was to explore the resources available for these young people. Specifically this research examined the resources that are available to pregnant and parenting teens in two different communities: Seattle, WA and Helena, MT. Interviews with homes in each community were conducted in order to gather information about the programs.

Literature Review

American teens are more sexually active now than ever before (Byers, 2000). By the age of 15, more than 1/3 of all adolescents have engaged in sexual intercourse and about 3 million teens contract a sexually transmitted disease (STD) each year (Byers, 2000; Heller, 2002). Research shows that peer relations and school behavior have an influence on the timing of a teen’s first sexual encounter (Scramella, Conger, Simons, & Whitbeck, 1998). For teens with low self esteem, it is harder to resist peer pressure (Byers, 2000). Girls whose peer status is not established are more likely to become teen mothers (Fagot, Pears, Capaldi, Crosby, & Leve, 1998). Due to social insecurity, they are more likely to give in to pressures to have sex than their peers who have higher levels of self esteem. In addition, teens who have lower academic performance tend to date earlier than their peers and have more friends who are sexually permissive and active themselves (Scramella et al, 1998). Often these teens do not feel good about themselves and turn towards sex to feel love and care (Byers, 2000). This does not mean that all teens who do poorly academically or who have low self esteem will engage in sexual intercourse. It does mean these teens are more
likely to engage in sexual activities than those who have high academic achievement and self-esteem.

Factors and Predictors

Every day around 8000 teens become sexually active (Colberg, 1997). The number one predictor of teen pregnancy is poverty (Byers, 2000). Other research has shown that antisocial behavior in early childhood is a leading indicator of teens becoming parents (Fagot et al, 1998). Teens who come from a single mother, head of household are more likely to become teen parents than those who come from two parent households (Byers, 2000). Those who receive poor parenting during their childhood may become teen parents and often lack the skills necessary to be successful (Fagot et al, 1998). There also is evidence that the greater the number of changes within a teens life, such as divorce or separation, the death of a loved one, or a sudden drastic move, the greater the probability that they will have a child early in life (Lillie-Blanton, 1998). In fact the more changes that occur in a young person’s life, the lower the age of first intercourse becomes (Scramella et al, 1998). It is important to note that these are only predictors of teen pregnancy. Some people who become pregnant have none of these characteristics and some teens do who experience these risk factors do not become pregnant.

Teen pregnancy occurs worldwide though the perceptions of it differ from culture to culture. Teen pregnancy rates currently are higher in the United States than in any other industrialized nation (Heller, 2002). American teens’ sexual behavior is actually not very different from teens in other industrialized nation, however American teens’ use of contraception is much lower leading to higher birthrates
(Coley & Chase-Lansdale, 1998). In the U.S. about 3000 teens each day become pregnant, leading to approximately 1 million pregnancies each year (Colberg, 1997: Heller, 2002). While this number may seem astounding the rates are dropping (Byers, 2000). Since the 1950’s teen pregnancy rates have dropped, however, the rate of unmarried teens giving birth has increased from 14% to 78% of all teen births due to social changes (Lillie-Blanton, 1998; Coley & Chase-Lansdale, 1998). A reason for the increase in the rate of teens who are unmarried giving birth to about 3/4 of all teen births is because there are fewer stigmas today towards teen parents than in previous decades (Heller, 2002). Today, close to 1/2 of all teens who become pregnant give birth and keep their children (Colberg, 1997: Alpern, 2002). In one survey it was found that 70% of white, and 90% of African American teens who give birth decide to keep their babies (Byers, 2002). Other options include abortion and adoption which will be discussed later.

While the rates of teen pregnancy can be daunting, it is important to understand how those numbers are distributed. In 1995, 1/8 of the babies within the United States were born to mothers under the age of 19, 3/4 of whom were unmarried (Lillie-Blanton, 1998). Only about 12,000, or about 2.3%, of all teen parents are under the age of 15 (Lillie-Blanton, 1998; Byers, 2000). The majority of teen parents are within the 18-19 year-old range (62.3%) (Byers, 2000). This means that births to teens in the 18-19 year range are two times as frequent as births to teens who are 15-17 years old (Coley & Chase-Lansdale, 1998: Lillie-Blanton, 1998). Out of all teen pregnancies, 2/3 were unintentional and about 1/5 were not the first child born to the mother (Lillie-Blanton, 1998).
*Pregnancy for Teens*

Having a baby for anyone is a life changing event, but it can have especially dramatic effects for a teenager. Some young women think that having a baby will give them a feeling of importance that they don’t otherwise have (Byers, 2000). This is not a realistic reason for a teen to choose to have a baby. A lot of work goes into raising a child and children make many demands on the mother who may not be ready to deal with them all. Many adolescent parents have unrealistic expectations for their children (Fagot et al, 1998). Also additionally, teenagers have far fewer resources available financially, emotionally, educationally, etc. and less life experience than adults (Alpern, 2002). Teens are often surprised by a pregnancy and may become so overwhelmed that they avoid thinking about it or wish it would just go away (Alpern, 2002). This unrealistic perspective can be detrimental to the pregnant teen’s health as well as the health of their child.

In most cases, it’s important for a teenager to tell their parents about the pregnancy. Although in some circumstances such as an abusive home it may be more detrimental than beneficial for the young woman to tell her parents. Most teens are fearful about telling their parents about their pregnancy and many feel better telling friends or professionals than their parents (Alpern, 2002). As long as the teen does seek medical assistance and has a solid support system around them they can tell people other than their parents. In most cases the teens’ parents are upset initially about the pregnancy but once they have come to accept it they can be sympathetic and understanding (Alpern, 2002). In some cases, the pregnant teen’s parents actually become excited about having a grandchild.
Like any parent-to-be, teenagers experience a range of emotions, sometimes all at once. It’s common for teens to feel shock, anger, fear, dismay and excitement about their pregnancy (Alpem, 2002). Reactions to the pregnancy vary and may include: denial, which can be a way for a teen to deal with the situation until she is ready to deal with it; sadness and depression, which can be detrimental if she neglects herself and eats poorly; guilt, where she has strong feelings about having done something wrong; or shame about the situation (Heller, 2002). There are some things that a woman of any age should not do regarding her pregnancy. According to Heller (2002), a teen should not despair over the situation, do it alone (have someone go to the appointments and to talk with), run away, rely on individuals who are not helpful, or let anyone abuse them.

*Risks and Consequences*

There are consequences for becoming a mother at a young age. These consequences may include, but are not limited to: poverty and incomplete or limited education that can lead to low paying jobs (Byers, 2000). Girls who have a child before they are 18 years old are less likely to obtain a high school diploma (Coley & Chase-Lansdale, 1998). Only 64% of teen mothers receive their diploma or complete the work necessary for a GED (high school equivalency) in comparison to 94% of non-parenting teens (Lillie-Blanton, 1998). It’s easier to finish school in the present than to go back to it (Heller, 2002). Some schools offer on-site day care others have evening classes (Heller, 2002). Other things that are important when raising a child include: establishing paternity in order to collect child support when the father is not involved. Being aware of scholarships for college and programs available to assist
parents with the costs of having children (such as Women, Infants, Children, WIC, which provides food for pregnant, breast feeding and post-partum women, and infants through children aged 5), as well as finding other parents who may be willing to co-op for childcare can be helpful for young mothers (Heller, 2002). It is very important that teens have a source of income for such things as school, clothes, diapers, medical expenses, toys, babysitters as well as any other expense that may arise (Heller, 2002). When dealing with money it is important to prioritize spending, set up a budget, save when possible even if it’s just a few dollars and keep a record to see if there is some spending that can be better managed (Heller, 2002).

Prenatal care is imperative to the health and safety of both the mother and the child regardless of the mother’s age. Many teens don’t get necessary prenatal care because they are afraid to tell their parents or wait until late into the pregnancy to tell them (Byers, 2000). For young women, prenatal care is very important because the younger the pregnant mother is the greater the chance of anemia, high blood pressure, and preterm and/or extra long labor (Byers, 2000). Babies born to teen mothers have a higher chance of having a low birth weight which can lead to complications with the lungs, heart, and brain; in fact those babies who are born weighing less than 5.5 lbs have a very significant chance of dying within the first month of life (Byers, 2000). Prenatal appointments often include a variety of testing including tests for: blood type, anemia, blood glucose, infections, urine tests, diabetes, kidney problems, pap smears, vaginal/cervical cultures, and ultrasounds (Heller, 2002).

There are additional social concerns when dealing with teen pregnancy. Teenagers often have limited or no independent health care coverage for themselves
or their children (Heller, 2002). There is also evidence that teen parents are more likely to have elevated rates of depression (Moore & Floresheim, 2001). Teen pregnancy often goes hand in hand with other delinquent behaviors such as drinking and smoking which can cause serious problems such as premature births, low birth weight babies, and damage to the respiratory system (Heller, 2002). Alcohol can cause Fetal Alcohol Syndrome, birth defects, and mental retardation. Illegal drugs can cause problems with brain damage, addiction in infants, and death. There are also side effects from some prescription medicines (Heller, 2002).

The Problem of Teen Sexuality

A major concern about adolescent sexuality is that many teens don’t use contraception, or they don’t use it effectively. It doesn’t help that pop-culture inaccurately portrays sexual activity in that it does not acknowledge casual sex can lead to pregnancy and STD’s without proper protection (Alpern, 2002). Many teens have feelings of invincibility and think “it won’t happen to me” (Byers, 2000). Since families don’t talk about it, many teens don’t know either the basic facts nor the physical mechanics of sexuality or contraception and use contraceptives incorrectly which diminishes their effectiveness (Alpern, 2002: Coley & Chase-Lansdale, 1998). Another problem with teenage birth control use is that teens typically don’t think ahead for sex so they don’t have any form of birth control available when sex occurs (Alpern, 2002). About 1/4 of all sexually active teens use no protection at all (Byers, 2000). Of those who don’t use birth control, 4/5 will become pregnant within the first year of being sexually active (Alpern, 2002) and 3/4 of all teen pregnancies occur when no birth control was used (Byers, 2000). Many teens who engage in sex tend to
behave in other delinquent manners by using substances such as drugs and alcohol (Scramella et al, 1998). This can lead to impaired reasoning making it more difficult to make good decisions about engaging in sexual activities (Byers, 2000).

Young women engage in sexual activities for a variety of reasons that go beyond succumbing to peer pressure. Girls who have been abused, molested, or raped early in life may have learned that sex is a sign of affection; by saying no they are rejecting love and happiness (Byers, 2000). In some cases they are unaware of their ability or right to say “no” (Hurley, 2000). Also, teens who have a history of abuse, if sexually active, are more likely to be trying to conceive (Scramella et al, 1998). This can lead to problems with healthy relationships later in life (Hurley, 2000). Many times the male is older than the girl in relationships, and with some young women, this age difference can be significant. Statutory rape occurs when someone (man or woman) is 16 years old or older and has sex, consensually or not, with someone under a certain age, which varies by state (Byers, 2000). Montana’s age of consent is 16; 18 for homosexual encounters, Washington’s age of consent is 18, and their laws states that “a person 16-17 may consent to sexual activities with someone who is no more than 5 years older”. We will discuss more on the fathers of babies born to teen mothers later in this paper.

*Teen Parenting*

Parenting is a difficult thing, mistakes regularly are made and, as we mentioned before, teen mothers have fewer resources and experience than older mothers. The children of teen mothers are more likely to be abused and neglected more than those born to older mothers (Byers, 2000). Regardless of age, it is
important to note that most abusing parents don’t have criminal personalities, instead, they are typically lonely, unhappy, angry, stressed, or were abused themselves (Heller, 2002). Another major concern for the children of teen parents is the fact that children of teenaged mothers are ill more often and more seriously than those born to older mothers (Hurley, 1997). This may be due in part to the teen parents’ lack of attention to and monitoring of their children (Fagot et al, 1998). These children also tend to have more difficulties in school than peers born to and raised by older mothers (Byers, 2000). Perhaps of most concern to society is that the daughters of teenage mothers have a tendency to repeat the pattern of early parenthood (Byers, 2000).

One way to try and break the cycle is to share with the child that the parents made a mistake and learned from it, but that the child is not a mistake (Heller, 2002). It is important to reassure the child that they are loved to assist in the formation of his or her emotional well being and self-esteem (Heller, 2002). All parents, especially teen parents, need to be reminded to treat their child with dignity and respect; ways to do this include making them feel important, listening to and respecting their opinions, encouraging them to help others, spending time with them, praising them for their accomplishments (as big or small as they are), and making them feel safe and secure (Heller, 2002).

Financially there are programs available to assist families to make ends meet; in fact 84% of teen mothers receive some form of assistance (Byers, 2000). Those families started by teens cost society billions of dollars each year through Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, and other programs (Lillie-Blanton, 1998). Temporary Assistance for Needy Families (TANF)
doesn’t cover everything and has strict limitations regarding eligibility and the time span it is available to assist needy families (Alpern, 2002). Within 3 years of the birth of her child, 3 in 10 teen mothers go on TANF (Byers, 2000). Within 5 years of the birth of their child, about 1/2 of all teen mothers (3/4 of unmarried teens, and 1/4 of married teens) go on AFDC (Lillie-Blanton, 1998). Low income families may be eligible for the use of Head Start programs in their area which offer education and enrichment to at-risk children and to give them a head start in school (Alpern, 2002).

Adoption

Adoption is a difficult but important option for teens who become pregnant. Currently about 2-3% of pregnant teens in the United States put their babies up for adoption (Alpern, 2002). One of the most commonly stated reasons for choosing an adoption is because the teenager does not feel emotionally ready to be a parent (Heller, 2002). In the U.S. a teenager can give up her child in an adoption without notifying her parents; however, the father of the child must consent to the adoption (Alpern, 2002). When choosing an adoption, it’s imperative to seek support (Heller, 2002). An adoption counselor should discuss the various forms of adoption (There are two main types of adoptions, open-where the birth mother can be in contact with their child-, and closed-no contact), information about the rights and responsibilities as a birth parent, development of a support system, discussion of future plans and goals and how to accomplish them, and help with grief and loss after the adoption has taken place (Heller, 2002). The American Academy of Adoption Attorneys can give referrals and legal aid for those who cannot afford an attorney on their own (Heller, 2002).
Most people go through an agency in order to conduct an adoption. The adoption agency matches the baby with parents and should provide counseling, handle the legal matters, make arrangements for the birth and refer to agencies that can assist with money for the birth mother (Heller, 2002). When evaluating an agency, it’s there are several important questions to ask, these include, how long has the agency been in service, what are the qualifications of those who are arranging the adoptions, what happens if the adoption is not completed, what type of services the agency offers, and does the continue their services after the adoption is finalized (Heller, 2002). With independent or private adoptions, the birth mother is given the right to pick her child’s adoptive parents and give the child and parental rights directly to those people instead of to the agency (Heller, 2002).

**Abortion**

Another option for pregnant teens is abortion. This is a common decision for teens; about 40% of teens who become pregnant chose abortion (Alpern, 2002). Abortion has been legal since 1973 when the Supreme Court decision in Roe vs. Wade was made; however there are some restrictions if the individual is a minor (under age 18), such as parental notification or consent (Heller, 2002). The major reason teens choose abortion is because they are not comfortable with the other options (Alpern, 2002). Abortion is a more common choice for the upper class, affluent, and high achieving/goal oriented women; about 75% of these girls abort (Byers, 2000). This is contrary to what is typically thought of abortions, but it is due in part to the fact that Medicaid no longer pays for abortions (Alpern, 2002). There
are some states that provide funding for abortions to low income women and some clinics provide the services at low cost or on a sliding scale (Alpern, 2002).

Fathers

Obviously, teen pregnancy cannot occur without at least some involvement by a father, at least for the act of conception, but little information is available on the topic of teen fathers. At this point in time, there has been little research on teen fathers (Moore & Florsheim, 2001). One of the known predictors for teen fatherhood, like motherhood, is poor academic performance (Fagot et al, 1998). For men, fathering a child can lead to a feeling of being a "real man" in part because the fathers of the children of teenage mothers tend to be poor, fail to achieve in school, and have low goals and expectations for themselves (Byers, 2000).

Because many fathers are not involved in their child's life, laws and regulations have been passed to assist in child support. In 1998 the Family Support Act was passed by Congress stating that paternity must be established in order for money to be collected (Byers, 2000). The amount that the fathers pay in child support is based on their income and employers can take the monthly amount out of their pay check. Child support needs to be paid until the child reaches the age of 18 (Byers, 2000). Sadly, the majority of fathers don't stay involved physically or financially and 1/3 of the children of unwed partners never see their father (Byers, 2000). In one study, by the age of 2 years old, 40% of children born to teen parents had no contact with their father (Fagot et al, 1998). Single fathers have a harder time parenting children than single mothers because it is not as common and there is little support for these men (Heller, 2002), however they are often able to get better paying
jobs than women in the same position. For those who do stick together, 80% of teen marriages end in divorce (Alpern, 2002).

Often men who impregnate teenagers are not teens themselves. Approximately 2/3 of fathers of babies born to teen mothers are not teens, and 1/2 of these fathers are 5 or more years older than the teenaged girl (Byers, 2000). Fewer than 8% of fathers of teen pregnancies are 16, 27% are between 16 and 17, and 65% are 18 or older, usually beyond the age of 20 (Byers, 2002). In one study of teen mothers, 31% of pregnant teens had partners who were 20 years old or older. Sadly, the younger the girl, the greater the age difference between the partners tends to be (Byers, 2002). This means that in many cases statutory rape occurred.

Through the evaluation of this research, it is apparent that there are many teenage mothers and at risk women. There is a need for programs and services for these young women and their children. In order to better understand the needs and services of this population it is important to look at what programs are currently available. With additional knowledge and understanding we can begin to determine what works, what needs are being addressed, and what needs are being unmet.

Methods

Participants

The participants of this study were the employees of homes for pregnant and parenting teens in each of two cities, Helena, MT and Seattle, WA. At the Florence Crittenton home in Helena interviews were conducted with the Clinical director/Director of Operations/Co-Interim Executive Director. At the Elizabeth House in Seattle interviews were conducted with a case manager. Participants were
interviewed for information about how the homes are run, what resources are available, and where there are still needs for assistance with teen mothers. Lastly, legislatures from both states were contacted for information regarding laws pertaining to teen pregnancy/parents and available resources.

Materials

Interviews were conducted with staff at both homes. The interviews were open ended and guided by a structured questionnaire developed by the researcher. Topics addressed included: the annual budget, schedules for the young women, services offered, success rates and measurements, the needs being met, and what they wish to offer but cannot. (See appendix for full questionnaire.)

Procedures

E-mails and letters were sent to legislatures from each state inquiring about the laws and regulations for teens regarding sexuality, pregnancy and parenthood. Follow up thank-you’s were sent to those who responded. Interviews with the homes occurred over the phone with staff from both homes.

Results

Elizabeth House

Elizabeth House’s goals are to help teach parenting and life skills to the young women who are admitted into the program. They seek to ensure that the young mothers will be successful when they move out of the home at 18 or when they are ready. In some cases they work toward family reunification with the young woman’s family or her children. The staff works to teach life skills for successful independent living for clients.
The services that are offered by Elizabeth House are numerous. Because they are run through, and supported by, Catholic Community Services of Western Washington (CCSWW), they offer counseling by a CCSWW counselor. They have a public health nurse come in once a week to see the young women and for education. Each mother meets with their case manager weekly to work on personal goals that were established upon entering the home. The home offers life skills classes and parenting classes. They also provide the basics such as food and shelter for these young mothers and their children.

There is no set schedule for those who live in the home, but there are expectations for these young women. The young mothers are expected to attend school of some form (be it GED classes, high school, or even college classes). They attend doctors’ appointments for themselves and their children as necessary. They are also expected to spend time with their children, work on their personal goals, and meet with their case managers. They all have weekly chores such as cooking and cleaning that they are required to do. In the evenings they usually sit and “chill out” with one another, watch T.V., crochet, talk, etc. There are weekly group meetings, life skills classes, house meetings, and for many of the residents, there is counseling of some form.

There are many needs that are met by the services offered by Elizabeth House. There are the obvious needs such as housing and food. They also promote religion and spirituality for those who are interested. They provide medical care, education and parenting. The staff of the home work to give the residents a normal healthy life in the home and the skills necessary to help them become independent.
Florence Crittenton Home

The Florence Crittenton Home is a licensed maternity home in Helena, MT. Their vision is to “provide education and outreach for pregnant and parenting young women.” Their mission statement is “building healthy and productive lives for pregnant and parenting young women and children.” They aim to be the number one provider of progressive outreach services to young women in the Montana community.

The home offers three different programs: the mother/baby maternity home, Pathways to Success, and Legacy of Love. The mother/baby maternity home is a therapeutic group home for up to 8 moms and includes intensive case management, prenatal care, life skills courses, and recreational therapy/activities. The home is staffed 24 hours per day. The Pathways to Success program is a transitional housing program for homeless pregnant and parenting women. It provides the same care that the mother baby maternity home offers but in a more independent setting with a goal of permanent independent housing. Lastly, the Legacy of Love program is for young women who are seriously considering adoption. Here they gain prenatal support, resources for adoption planning and are put in touch with adoption agencies.

Florence Crittenton Home’s annual budget is between $1.1 and $1.2 million. For the maternity home 65% of their budget comes from state funding and programs like Medicaid, state mental health dollars, the Department of Health and Human Services, the Department of Corrections, or foster care services for specific individuals who are placed in their home by these agencies. The Pathway to Success program receives about 70% of its funding through a grant from HUD, which needs
to be matched through fundraising 70/30. The Legacy of Love program is currently funded through a benefactor, who was a Florence Crittenton baby adopted 70 years ago. The remainder of the budget comes from fundraising, churches, private organizations and individual donations. The organization is seeking to build a large enough endowment to function without outside sources of funding.

The young mothers who come to the Florence Crittenton home have flexible but busy schedules based on each young mother’s needs and age. Each resident is required to attend school of some sort (middle school, high school, college, or vocational training). Some of the residents work, are seeking employment, or preparing for it through career training. The home has structured rules and chores for the residents and the residents work off a point system where they gain points for completing their tasks. The mothers are expected to be actively parenting and working to bond with their children. Each resident has their own case manager with whom they meet once or twice a week. The residents also attend group sessions at least twice a week where they work on social skills. They take parenting classes which include information on adoption and parenting for everyone. Many of the young mothers have drug and/or alcohol problems and attend A.A. or N.A. meetings. In addition, many see counselors and therapists in the community to address mental health issues.

What works well for the Florence Crittenton Home is their relationship based treatment. They create and participate in healthy relationships with the mothers and the children. The staff work to model healthy relationships which many of the mothers have not experienced previously in their own homes. The Florence
Crittenton Home believes that the residents need more than information, they need to feel, bond, and attach to the staff. The staff work to be parental figures for these young mothers, and much like re-parenting, prepare a safe place for the residents to check in with and to explore from. The program model creates a sense of safety, stability, security, and predictability for the residents. Until the residents are emotionally settled they can’t take care of other needs. The Florence Crittenton Home provides a safe place for personal growth for these young mothers so they can settle and begin to care for themselves and their children. The residents need to learn how to parent, and develop life skills. The mothers can then focus on living independently, money and budgeting, time management, and going to school.

Residents also get support for chemical addictions. Although the Florence Crittenton home is not a chemical dependency program, they do assist residents to utilize outpatient programs.

The Florence Crittenton Home measures success with their cases in many different ways. While the client is in the home they measure success by assessment and completion of individual goals and plans. Goals may include following through with an adoption or a residents learning to parent and bond with their child. Goals may also include learning and developing independent living skills. When residents leave, they are considered successful when Family Services is no longer involved. The programs also assess success by considering if the girls are in school and/or working and have not used any drugs or alcohol. The Florence Crittenton Home reports its overall success rate as 85-90%.
There are additional services that the Florence Crittenton Home would love to be able to offer. Namely, they wish to be able to provide any girl the chance to come in and receive services. Currently they have to turn young mothers and pregnant girls away. Due to limited funding the staff at the Florence Crittenton Home have found that teen mothers who are in the middle class are not served, the lower class girls have better access to assistance. They would like to have more outreach to other communities in the state because they believe that it would be best to serve the girls in their own community instead of removing them from their environment to bring them to the home in Helena. It would take money to be able to achieve these goals and while the home is working to secure more funding there continue to be financial needs. Program staff wish for the State to become more involved. President Bush pushed for Second Chance Homes for single mothers and maternity homes. This is public money that should be available but isn’t at this time in the state. Many states have developed programs, but Montana has not yet.

There are several Florence Crittenton Homes in the country which serve pregnant women. Shortly after they started there were 85, today there are 32. Part of the reason for this is the change in society. They were started primarily for prostitutes and were then utilized by upper-class families for their daughters to go to if they became pregnant.

There are many risk factors for young pregnant women today, especially with the Methamphetamine epidemic. There is a pressing need for more homes like the Florence Crittenton home. The needs are now different than when the homes were originally founded, but there is still a need that these homes work to fill.
Both Homes

In both homes there is a strong desire to provide outreach services though both homes wish to provide more. In both cases service availability is financially dictated. Both homes work on a case by case basis for the young mothers in order to provide them with the best services, fullest experience through scheduling and services given to the individual to set them up for success. Both homes have similar goals in providing life skills and independent living for the young women when they are ready to leave.

Discussion

When examining the two homes, the dedication of the staff and the desire to aid these young women is apparent. There is such a great need that both homes wish to be able to provide more services to more young women than they can at this point in time. Finances limit the amount of services that are offered and it will take generous individuals and government attention to change that.

There needs to be better record keeping with success rates for the young mothers upon departure from the program. There seemed to be little follow up with the young mothers, at least with Florence Crittenton Home, unless there was a serious problem. This may have lead to inflated rates of success reported by the homes. The Florence Crittenton Home gave me their statistic (85-90% success rate) off the cuff and provided no answers to what exactly it was based on or where it came from. It would have been beneficial for Elizabeth house to answer the questions related to success to compare and contrast the two homes.
The two homes differ in many ways. The first of which is the state laws and regulations. Secondly, the programs have different financial resources. Elizabeth House is run through Catholic Community Services of Western Washington whereas the Florence Crittenton Home is a private, independently operated organization. There are also differences in funding sources that can influence programs, for example the Florence Crittenton Home has a benefactor who contributed specifically for the Legacy of Love program, which is for young women who wish to give their babies up for adoption.

In the future, if this research is to be repeated there are some changes that should be made. Primarily, more homes need to be contacted. In order to see if there are differences in homes based on location, funding, budgeting, or in the services offered. It would also be beneficial to see what specific programs look like and how successful they are in order to create a new home in another community. This would have made the impact of a home declining the request for information less profound.

There are some biases that may influence this research which should be noted. First, the researcher is a resident of Seattle, WA and attends college in Helena, MT. The researchers’ career goal is to have a resource center for pregnant and parenting teens, though at this time a location has not been decided upon. Also the researcher became pregnant during the project and had to deal with many of the issues that teens would have to face, such as deciding a course of action and societal views towards an unmarried mother-to-be.
References


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Appendix A

Home/center: __________________________ Location: __________________________
Contact Person: ______________________ Phone: __________________________
Address: ________________________________________________________________

Annual Budget: __________________________________________________________

Where does the money come from: __________________________________________

Daily/Weekly Schedule: _____________________________________________________

Mission Statement: _______________________________________________________

Goals: ___________________________________________________________________

How measure success: ______________________________________________________

How often successful: ______________________________________________________

What services are offered: _________________________________________________

Most effective parts/what works and why: ____________________________________

What needs are being met by services: ______________________________________

What do you want to offer but can’t: _________________________________________

What would it take to be able to offer it: _____________________________________

Any other comments/things you wish for me to know for my research: _____________