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The Perceptions and Experiences of Clinical Caseworkers in Promoting Pregnancy Prevention in Foster Youth

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Walden University
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Abstract

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Ruby Stroman

MS, Walden University, 2014

MS, Cameron University, 1995

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Teen pregnancy prevention has been a focus for clinical and medical professionals for many years now, and it is an extensively documented social issue, especially in the foster care system. In an effort to promote pregnancy prevention, clinical caseworkers who work with foster youth educate at-risk youth in regards to the difficulties that can be experienced as a result of teen pregnancy. The purpose of this generic qualitative study was to explore the perceptions and experiences of clinical caseworkers as they promoted pregnancy prevention in foster care youth. The 6 purposefully selected respondents were all clinical caseworkers. The study used a code-to-theory model that allowed for the process to transition from codes to themes. Key themes that emerged from this study were that caseworkers should maintain professional boundaries and avoid promoting personal beliefs; promoting condom use proves ineffective; and male caseworkers must be cautious when communicating with female clients. The results of this study can help clinical caseworkers to better assist and support at-risk teens as they face life challenges, peer pressure, and the overall realization of just being in the foster care system, which can ultimately impact the teen pregnancy issue within the foster care system. The efforts and methods used by the study participants were consistent with the system theory framework. The conceptual framework and theoretical construct revolved around the systems theory and narrative therapy of social work, and incorporated the principles of the latter to help better understand the teens through a holistic approach. The principles of decision making, therapist influence, impact of relationships, and deconstruction of societal norms were foundation for at-risk teen intervention initiatives.

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Dedication

I dedicate this doctoral research study in memory of my late parents, Ruby Nell and James Clark, Jr., who taught me patience and perseverance, and also in memory of my late uncle, Dr. H.D. Flower, II, who provided me with words of encouragement to seek this doctoral degree. I must recognize my Aunt, Leona Mills-Taylor, who gave me encouragement and support through-out this project and gave me strength when I was tired. To my wonderful grandmother, Nancy Mills, who did not complete elementary school, but instilled in her children and grandchildren the importance of a formal education, and who made many sacrifices to ensure her seven children obtained formal degrees. Her words of wisdom will always be a reminder for me with each success I achieve. Lastly, I dedicate this study to my siblings, Nancy Ruth Clark and John Miller Stinson, Jr., who provided me with words of encouragement and support, and to all foster children with hope that they will find their voice in this world of uncertainty as they move to a brighter and successful future.

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I would like to acknowledge my dissertation chair, Dr. Tracey Phillips, whose encouragement enabled me to complete my dissertation and achieve my goal. I would like to thank Dr. Tina F. Jaeckle, dissertation committee member, and Dr. Veronica Carey for serving as my URR. I would also like to acknowledge the support of my sons, Calvin Clark and Timothy Stroman II, through this journey. I would like to extend my appreciation and admiration to Dr. Vince Bridges, who provided invaluable support and encouragement. Thank you, Dr. Bridges, for your unwavering support. Most importantly, I must thank God for his mercy and grace that gave me the strength to see this study to completion.

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Chapter 1: Introduction to the Study

Teen pregnancy is a social problem that is especially prevalent in the foster care system (Boustani, Frazier, Hartley, Meinzer, & Hedemann, 2015; Farber, 2014). Earlier sexual encounters and various risk-taking behaviors among foster care teens contribute to higher rates of pregnancy (Boustani et al., 2015; Wilson et al., 2014). While working with teenagers in the foster care system, clinical caseworkers are responsible for the care of children placed foster care. The contextual understanding of the workers' experiences in utilizing pregnancy prevention resources is significant as it relates to the continued adolescent pregnancy problem. In this study, I explored the lived experiences of clinical caseworkers as they work and promote pregnancy prevention with their clients who are in the foster care system. Research has found that girls in the foster care system are more likely to become pregnant than those girls who are not in the system (Boonstra, 2011; Boustani et al., 2015; Connolly, Heifetz, & Bohr, 2012).

In this chapter background, I provide information regarding teen pregnancy within the foster care system and discuss the importance of researching the lived experiences of clinical caseworkers as a lens to examine this documented social problem. The research problem, research question, conceptual framework, and the nature of the study are introduced in this chapter.

Background

There is a vast amount of research that is currently available that provides information about teenage pregnancy. The existing literature addresses the situation leading to teenage pregnancy and the additional expenses foster care pregnancy add to the taxpayers. However, a close examination of the literature indicates the need of

preventive and intervention strategies for children entering into the foster care system. Thus, I interviewed clinical caseworkers who work directly with foster care female adolescents. They provided insight and understanding of their lived experiences when working with female adolescents in the system to help them avoid teenage pregnancy. Early motherhood is a concern among those who are working in foster care and others involved with the welfare of the newborn.

Boonstra (2011) discussed the difficulty in childhood pregnancy. The experience is more difficult for young women in foster care than those who are not in foster care. They are more likely to become pregnant much earlier than their peers. Young women who have experienced early pregnancy, often become pregnant again before reaching 19 years of age (Boonstra, 2011). This study explored what tools are used by clinical caseworkers to help reduce this occurrence of pregnancy of females being placed in this environment.

Boustani et al. (2015) conducted qualitative interviews with 10 youth care workers. The semistructured interviews focused on their perceptions of sexual health needs of the youth at risk in foster care. The three themes that emerged were youth wanting to make adult decisions for themselves, desiring a relationship, and creating a baby (Boustani et al., 2015). The shelters that housed at-risk teens employed youth workers that had experience from 3 to 30 years working with foster care youths. The lack of knowledge and the addition of risk factors (teen parenting, social, economic, school, emotional problems) were most problematic (Boustani et al., 2015). Boustani et al. (2015) stated that there is a need for new and improved outreach techniques for at-risk youth in the foster care system.

The study by Boustani et al. (2015) addressed risk for teen pregnancy and parenting, perceived benefit of teen pregnancy, perceived cost and consequences of teen pregnancy, and potential solutions and interviewed 10 caseworkers in Florida. This study consisted of interviews with clinical caseworkers to obtain their lived experiences using various teenage pregnancy prevention resources in the foster care settings.

Chaney and Spell (2015) conducted a qualitative study of six African American women who had aged out the foster care system. The participants ranged from ages 18 to 57-years-old. A narrative approach was used to examine their experiences in the foster care system and their adjustment in exiting the system. The themes from their study consisted of the entry into the foster care system, experience in the system, life after foster care and suggestions for improving the system. The research noted there is less information from qualitative experiences of individuals who left the system (Chaney & Spell, 2015). My study did not interview any specific race or individuals currently out of the foster care system. Instead, I interviewed the foster care clinical caseworkers experience in promoting pregnancy prevention with youth currently in the foster care setting.

Dudley (2013) focused on the obligations of the state's healthcare system for foster children. Pregnancy prevention is unique, but there is a need for long-term well-being in a child's life. The research focused on the responsibilities of the states to ensure adequate medical needs and attention of the children in the foster care system. One of those needs is the early prevention of childhood pregnancy. There are rich data surrounding the rights of youth in foster care who are teenage parents, however, little attention is paid to their rights to medical care and sex education for preventing

pregnancy (Dudley, 2013). The state has a responsibility to children, youth, and those emancipating from foster care (Dudley, 2013). Failure to address pregnancy prevention is unconstitutional under the 14th Amendment of the United States (Dudley, 2013). My study does not include any aspect of state responsibility or interventions as it relates to the healthcare system itself. Rather, I examined how foster care clinical caseworkers execute sex education and pregnancy prevention resources within the foster care environment.

Farber (2014) explored teenage pregnancy as a social problem in the United States. Although there has been a reduction in birth rates overall within the United States, rates in rural counties are approximately 30% higher than in urban or suburban communities (Farber, 2014). Girls in foster care are twice as likely to give birth as those who are not in foster care (Farber, 2014). A CDC study expanded on the latest findings from the Farber (2014) study, and will examine what steps foster care clinical caseworkers are taking to help address the statistics that, "females in foster care are twice as likely to give birth than those that are not in that setting" (Centers for Disease Control & Prevention, 2019, p. 1). The CDC study focus was explored through the eyes of the foster care worker and focused mainly on the tools and interventions utilized.

Finley (2013) found that approximately 48% of adolescent girls become pregnant by age 19. This study included a discussion on the challenges that adolescent girls face and the impact that these various struggles by giving birth in foster care. It is noted that the children born to foster care adolescents are also more likely to enter into the child welfare system (Finley, 2013).

Geiger and Schelbe (2014) focused on the association between adolescent parenting and poor outcomes such as child maltreatment. Youth who are aging out of the system appear to be at a greater risk of mistreating their children because of their own experiences of child maltreatment, have poor social support, a lack of parenting skills, a lack of access to parent training, and little to no preparation for the future (Geiger & Schelbe, 2014). As of 2014, there were an estimated 460,000 children in the foster care system due to child maltreatment and the inability of the parents to control the child's behavior (Geiger & Schelbe, 2014). Geiger and Schelbe research further examined programs and policies supporting pregnant youth in and aging out of the foster care system to examine a cause and effect of maltreatment of a foster child who then gives birth only for that child to become of age and also mistreat their children. Further, they examined some programs and policies that support youth pregnancy. I did not examine a cause and effect related to maltreatment, but explored youth pregnancy in foster care through the eyes of foster care workers using intervention programs to help reduce the percentage of occurrence.

Leonard and Suellentrop (2013) concluded that adolescents in foster care have higher rates of teen pregnancies than their peers. Until recently, youth groups did little to address this problem. The integration of teen pregnancy prevention into state and local child welfare systems worked to reduce the rate of adolescent pregnancies in the foster care system (Leonard & Suellentrop, 2013). In dealing with cross-system collaborations, there appeared to be a small number of educational programs designed to educate the youth at risk of teen pregnancy (Leonard & Suellentrop, 2013). In using a program and practice approach, Leonard and Suellentrop proposed that the problem would be

addressed successfully in identifying strategies that the public welfare would support to prevent teen pregnancies. In my study, I examined one of those strategies, pregnancy prevention resources and how well are these prevention initiatives working as captured through the eyes of the foster care caseworker.

Leve, Kerr, and Harold (2013) studied the effects of teen pregnancies on young adulthood. The study consisted of 166 girls that participated in two consecutive cohorts ranging from 13 to 17 years old, had at least one criminal referral, were not pregnant, and lived outside the home within 1 year of the referral. The study was a random controlled trial of a multidimensional treatment foster care setting. The researchers found that reducing the teen pregnancy rates could result in improved long-term developmental outcomes. Leve et al. (2013) examined the adolescents as the subjects of the study while my study examined the caseworkers and pregnancy intervention.

Lieberman, Bryant, Boyce, and Beresford (2014) study was conducted at the Inwood House, a residential foster care agency. They found that teens in foster care experienced twice the birth rate of other teens that are not in foster care, and were more likely to experience socioeconomic challenges, be undereducated, and lack access to resources. The researchers concluded that medical and emotional needs must be addressed for teens who are pregnant in the foster care system. The results further indicated that there may be a need for intergenerational placement of foster care youth. The researcher's preliminary efforts began with nonexperimental data that included a qualitative and quantitative assessment of the characteristics and experiences of the individuals in the system. By documenting the needs of the girls, valuable insight was provided that can be used to improve agency performance and inform research

(Lieberman et al., 2014). My study was an expansion of the Liberman et al. (2014) study because I too was looking at intervention and prevention tools utilized by foster care caseworkers to help address educational and emotional needs.

Moore (2012) research consisted of collaboration between federal and state agencies to reform laws and advocate for more flexibility for the needs of children in foster care. The researcher found that the directives need to be clear and concise on both levels of the state and federal agencies providing access to services for girls in foster care who become pregnant. There were recommendations made for foster care agencies and state legislature. It was found that foster care agencies need to do more to provide planning and services around the issue of foster girl pregnancy, and the state legislature should incorporate considerations about foster care and other alternative family structures into parental consent and notification statues. Moore discussed the comprehensive needs of girls in foster care to obtain continued health education, due to their frequent school changes and their uncertainty as to whom to ask questions about birth control. My study expanded on one of the findings of the Moore (2012) study. I examined what services, if any, are being utilized to help address teenage foster care pregnancy, and how the foster care worker utilizes prevention resources to enhance education to and address the needs of female teens in this setting.

Patterson, Moniruzzaman, and Somers (2015) researched the history of foster care placement of now homeless adults dealing with mental illness in Vancouver, British Columbia. The study used baseline data from two random controlled trials. The 442 participants responded to questions about out-of-home care. The results revealed that a history of foster care placement predicted incomplete high school, continued

homelessness, inaccurate work history, mental health disorders, and drug use. It was the first study in Canada that investigated the relationship between histories of foster care and substance abuse among homeless adults who were diagnosed with mental health illness. Patterson et al. (2015) concluded that it is necessary to screen for substance use and provide treatment for disorders to homeless youth and adults that are experiencing psychiatric and substance abuse. My study did not explore any mental health or substance abuse implications as a result of foster care placement.

Ruff and Baron (2012) discussed the challenges of adolescent-aged foster youth. It is a difficult time for them compared to children who are not in foster care, because many of these children are without social support and lack resources (Ruff & Baron, 2012). The researchers found that when children are having children in foster care, it creates an intergenerational trauma cycle. Ruff and Baron stressed that without interventions of psychological and emotional assistance, the cycle will continue. The researchers' study focused on several instances of children's behavior were too much for the parent to handle. In my study, I did not examine a cause and effect relationship known as intergenerational trauma, what the parent experiences, the child will also experience over time based on the parent's response or action and that this is true of kids born to foster care teenagers. Also, I did not examine this aspect, but did look at how to help prevent pregnancy during foster care placement.

Wilson et al. (2014) investigated the high rate of sexual risk behaviors and outcomes of adolescents in the welfare system using data from the National Survey on Child and Adolescent Well-being (NSCAW I and II) comprised of 5,872 children. The risky behaviors they found were forced sex, early first sexual encounter, poor

contraceptive use, and pregnancy. The findings indicated that the pregnancy rate of this population has doubled compared to the general population of adolescents. They concluded that it is important for clinical caseworkers, care providers and other members of the case management team to discuss and address sexual and reproductive health concerns with this vulnerable population. My study extended the findings from the Wilson et al. (2014) study because I explored what types of pregnancy prevention resources are being utilized by foster care caseworkers to help provide pregnancy prevention education to foster care teens.

Problem Statement

Although the pregnancy rate has declined in the United States, adolescent pregnancies continue to be a societal issue and concern (Farber, 2014). According to the U.S. Department of Health and Human Services' Adoption and Foster Care Analysis and Reporting System (AFCARS), for fiscal year 2016, there are approximately 437,465 children in foster care ranging in age from birth to 17 years of age. This number increased by 10,021 from 2015 (Department of Health and Human Services, 2017). The AFCARS data further identifies that of the total number of foster care children, 52% are male and 48% are female, and there are 170,978 adolescents (Department of Health and Human Services, 2017). Many girls who become pregnant will experience a second pregnancy before reaching the age of 19 (Boonstra, 2011; Connolly et al., 2012; Finigan-Carr et al., 2015). Foster care teen pregnancies are associated with high-risk factors such as sexually risky behaviors, drug use, forced sex, low contraceptive use, and unskilled parenting (Boonstra, 2011; Connolly et al., 2012; Wilson et al., 2014). Teen pregnancy is a difficult experience especially in the foster care system (Farber, 2014). The adolescent

may seek welfare assistance for health care needs along with possible cash assistance when the baby arrives. Thus, adding more recipients to an already exhausted welfare system.

Teens who become pregnant while in foster care require assistance from local, state or federal government agencies in the form of public assistance (Boustani et al., 2015). This public assistance may include services that improve the health of families and communities by promoting healthy lifestyles, preventing disease, and removing environmental dangers (California Department of Public Health, 2017). Giving birth while in the foster care system increases the amount of the county and state expenses allotted for the teen and her child (Boustani et al., 2015; Wilson et al., 2014). It becomes more of a challenge when attempting to place the teen and her child within the system (Boustani et al., 2015). Sexual health and pregnancy prevention are a means of communicating information to teens about sexual health and the consequences of risky sexual behaviors. Boustani et al. (2015) interviewed youth care workers about their perceptions of sexual healthcare needs of foster care youths and solutions for teen pregnancies. The youth workers felt this population were in need of health and preventive programs because of their risky behaviors (Boustani et al., 2015; Landsverk & Reid, 2013). This study addressed risk for teen pregnancy and parenting, the perceived benefits of teen pregnancy, the perceived cost and consequences of teen pregnancy, and potential solutions. The research study examined the actions of clinical caseworkers as they use various tools, particularly pregnancy prevention resources, to address consequences of teen pregnancy and solutions. Boustani et al. (2015) study interviewed 10 caseworkers in Florida and the results are applicable to that state and region. The

study assessed clinical caseworkers experience promoting pregnancy prevention and the complications, problems or issues encountered to address pregnancy prevention of teens in the foster care setting. The researchers examined what the needs were of teens through the eyes of youth care workers who were not dealing with teens in the foster care setting where there is a growing problem of teen pregnancy.

Although the aforementioned research regarding the need for utilization of pregnancy prevention programs for youth is an important finding, the results of these various research studies do not take into consideration if they are being used, or what is being used by the clinical caseworkers, or what is their experience if they are utilizing pregnancy prevention resources. This phenomenological study directly examined feedback from caseworkers related to their experience working with pregnancy prevention resources, and not for youth in general, but for female youth in the foster care setting.

Purpose Statement

The purpose of this qualitative study was to understand the lived experiences of clinical care workers promoting pregnancy prevention in efforts to prevent or delay pregnancies among youth in the foster care system. A teen that is in foster care and becomes pregnant is defined as a young female adolescent who has become pregnant while in the care of the state's welfare system (Boustani et al., 2015). The documented information received from the clinical care workers provided a contextual understanding of the lived experiences of working with pregnancy prevention resources assisting youths in the foster care system.

Research Questions

Research Question: What are the perceptions and experiences of clinical caseworkers in promoting pregnancy prevention in foster youth?

Conceptual Framework

The systems theory in social work enables workers to make an informative decision based on clients' needs (Michalilakis & Schirmer, 2014). It is descriptive in terms of human behaviors. The focus is directed towards the causes, negative outcomes and solutions of the experience or problem being addressed to better understand the issue at hand (Michalilakis & Schirmer, 2014). By gaining knowledge of the problem or situation, the workers gain useful information that could affect adolescents' lives. The social problem is looked upon as an undesirable or unacceptable circumstance that needs to be addressed. Clinical caseworkers are supportive and provide guidance to adolescents. Narrative therapy is an approach that can be used by counselors and caseworkers that may help in examining the story of the adolescent's life. In this study, I investigated the various approach used by the clinical caseworkers as they work with high risk teens. Narrative therapy assists the clinical caseworkers through opportunity to encourage adolescents to take advantage of the health care information that may help to prevent or delay pregnancy while in the foster care system. It also promotes the well-being of this vulnerable population while in the state's care.

Nature of the Study

A transcendental phenomenological approach is appropriate for the research question. The research presented an in-depth understanding of the problem, context, issues and lessons learned from the lived experience of clinical caseworkers' who work

to promote pregnancy prevention with youth in foster care. Clinical caseworkers offered information and understanding of their lived experiences working with adolescents in the foster care system.

Definition of Terms

Clinical caseworkers: Clinical caseworkers who are responsible for the children's safety and well-being while in the state's custody.

Foster care: A State agency governed by the Department of Child Protective Services or in some cases, the Department of Human Services.

Foster care teen: A minor who is a ward of the state and is placed in a temporary placement seeking reunification or permanent residency. The family court and Child Protection Services act as *loco parents* to the minor.

Foster care teen pregnancy: The pregnancy of a female between the ages of 13-19 who is in the foster care system.

Teen pregnancy: The pregnancy of a female between the ages of 13 and 19.

Assumptions

I expected that each participant would provide honest, rich and quality information regarding their personal experiences that directly relate to their interactions with foster care youth on a regular basis. I further assumed that the study participants would be free and open to communicate aspects related to this study without hesitation or trepidation and have the understanding that their input is valuable. Participants were asked to share their experiences related to their promotion of pregnancy prevention with foster care youth, and they were told to use generalities and not to use specific client names in their communication. This effort helped ensure that communication during this

study was congruent with HIPAA guidelines. I also assumed that the participants understood that any outcome or recommendations identified from the study may be used to contribute to the existing body of literature that, together, may be used to implement various interventions or preventions related to teen pregnancy.

Delimitations

This study excluded discussions of teen pregnancy outside of foster care because my interest is within the foster care environment. The problem has not decreased within the foster care system and this study needs to explore this aspect even though the teen pregnancy rate overall has had a small decrease. The clinical caseworker may want to discuss issues related to program funding, leadership buy-in, and other possible institutional concerns that may be conceived as problematic; however, I did not address those issues in this study even though they may have an impact on program execution. Instead, I focused on what intervention program was being used, and assessed the professional experience of the clinical case social worker when executing intervention programs.

Limitations

The research quality of this study was dependent on the researcher's skill and can be influenced by personal biases. The researcher does have experience with foster care children and must be cognizant of this at all times. This is why epoching plays a very important role in this study because it assisted me in better understanding the experience. Epoching is grounded in the concept that the researcher is always cognizant of all preconceived ideas, and sets them aside to make way for the essence of the experience (Sheehan, 2014). The rigor of qualitative research is more difficult to maintain, assess,

and demonstrate as a measurement precision or quantification method will not be used. The qualitative method was the best approach to allow for freedom of expression of the participants to explore their experience. I decided that the use of member checking would help with accuracy and validity of the participant data. The number of participants and the volume of data can make analysis and interpretation time consuming, and the presence of the researcher can affect the participant responses. I interviewed 6 participants to allow for the timely interpretation of the data. In addition, because I conducted the interviews, my presence may have affected participants' responses. I worked diligently to develop a rapport with the participants so they feel comfortable within the interview environment and setting. I further worked to ensure that the participant did not experience any hesitation or trepidation in answering the questions of the study.

Significance

It is important that we are aware of the life experiences, as told in their voices, of clinical caseworkers within the state's welfare systems. The challenges they face are more unique in working with adolescents in foster care than working with those who are not in foster care. For example, foster care adolescents are moved from foster home to foster home, change schools frequently, experience short-lived relationships and experience lower graduation rates (Boustani et el., 2015; Leve et al., 2013; Lieberman et al., 2014). All of the aforementioned issues can make the clinical caseworker's job more difficult because these factors affect continuity of education, instruction, as well as growth and development of youth in foster care. The results of this study may provide new information or add additional support to existing research that can promote best

practices for agencies responsible for the management and oversight of foster care children, as well as possibly lead to positive social change. I aim to contribute to the advancement of knowledge regarding the effectiveness and impact of promoting pregnancy prevention and provide quality data for foster care agencies to utilize when developing programs to assist and aid in pregnancy prevention education for teens in the foster care setting. The results of this study may assist in driving social change as it relates to the conduct of female teens in foster care by educating them to the effects of pregnancy at an early age and the responsibilities and impact it can and will have on their current life and way of living.

Summary

In Chapter 1, I provided the background information and the rationale of conducting research of the lived experiences of clinical caseworkers who use pregnancy prevention resources, as well as outlined the purpose and conceptual framework for this lived experience study. The study assumptions, limitations and delimitations were also addressed. In Chapter 2, I will provide findings in literature of risk factors to becoming pregnant in foster care and focusing on the lived experiences of clinical caseworkers' promotion of pregnancy prevention. The literature reviewed will provide basis and support for this qualitative study and justification for the selected research design.

Chapter 2: Literature Review

Introduction

Although the teen pregnancy rates in the US has declined for young women between ages 15 and 19, it continues to be a public health concern (Ahern & Bramlett, 2016; Centers for Disease Control and Prevention [CDC], n.d.; Mueller et al., 2017; Romero, Middleton, Mueller, Avellino, & Hallum-Montes, 2015; Solivan, Wallace, Kaplan, & Harville, 2015). Despite overall declines across the country, pregnancy rates among teen girls in the foster care system have not declined, and, in fact, continue to rise (Boustani et al., 2015; Boustani, Frazier, & Lesperance, 2017; Bruce, 2016; Kerns et al., 2016; King, Putnam-Hornstein, Cederbaum, & Needell, 2014). There is a significant difference between the rate of pregnancies among young women ages 15 to 19 years of age in the general population and the same age group women in the foster care system (Boustani et al., 2015; Green, Oman, Lu, & Clements-Nolle, 2017). Approximately 50% of females in foster care become pregnant at least once before reaching the age of 19, compared to only 27% of the general female population (Ahrens, Spencer, Bonnar, Coatney, & Hall, 2016; Boustani et al., 2015; Boustani et al., 2017; Green et al., 2017; Lieberman et al., 2014; Oman, Vesely, Green, Fluhr, & Williams, 2016). Teenage pregnancy can affect the educational, emotional, and economic well-being of the adolescent (Ahrens et al., 2016; Barbee, Cunningham, van Zyl, Antle, & Langley, 2016; Boustani et al., 2015). Research has provided significant data on the impact of teenage pregnancy and its long-term effects on society, such as health issues, education disparity, and an increased dependency on public assistance (Ahrens et al., 2016; Akella & Jordan, 2015; Aparicio, Pecukonis, & O'Neale, 2015; Barrett, Katsiyannis, Zhang, & Kingree,

2015; Boustani et al., 2017; Bruce, 2016; Finigan-Carr et al., 2015; Green et al., 2017; Olivari, Ionio, Bonanomi, & Confalonieri, 2015). Different approaches such as pregnancy prevention programs are currently utilized to decrease the rates of teenage pregnancies (Barbee et al., 2016; Chinman, Acosta, Ebener, Malone, & Slaughter, 2016; Oman et al., 2016). The purpose of this study was to understand the lived experiences of clinical caseworkers utilizing community-based pregnancy prevention programs to prevent or delay pregnancies of teens within the foster care system.

The purpose of the literature review was to engage in theoretical perspectives while increasing the awareness and the understanding of a problem (Wisker, 2015). For this research to be effective, the focus was on the overall pregnancy rate of the general population of female adolescents between the ages of 13 and 19 years old. Next, I narrowed the focus to female adolescents within the foster care system. Then, to further narrow the research, I focused on existing pregnancy prevention resources, and the usage of these resources by the care providers. In Chapter 2, I present research strategies and current peer-reviewed articles describing related studies. The purpose of this chapter was to provide an understanding of the problem through a detailed and thorough examination of the literature.

Literature Research Strategies

I used several databases to locate peer-reviewed articles and other professional resources. Several search criteria overlapped, such as counseling, health sciences, human services, psychology, and social work. I utilized the following Walden University Library Database and other search engines to obtain literature related to the research study: EBSCO, ERIC, Google, Guttmacher Institute, National Data Achieve on Child

Abuse and Neglect, Pro Quest Central, Psyc ARTICLES, Psyc INFO, SAGE, SocINDEX, Thoreau Multi-Database, and the U.S. Department of Health and Human Services. Several combinations of words and terms were used to locate and identify scholarly and peer-reviewed articles in the data bases, including *case managers, caseworkers, clinical caseworkers, care workers, youth care workers, community health workers, community-based pregnancy prevention program, social workers, care providers, adolescents, youth groups, teenagers, community providers, teen pregnancy, adolescent pregnancy, youth, community-based pregnancy preventive programs for teen pregnancy, site coordinators, adolescent childbearing, foster care, teen pregnancies in foster care, prevention programs for teen pregnancy, birth rates among teenagers,* and *impact of pregnancy prevention programs*.

Conceptual Framework

Systems theory is the breakdown of different fields in science and the theories of organization (Terra & Passador, 2015). During the 20th century, it was believed that an individual had to take something apart in order to understand it and investigate what it contains (Terra & Passador, 2015). Systems theory provided a different way of viewing the complex world by seeing the different patterns interacting instead of studying something in isolation (Terra & Passador, 2015). After World War II, systems thinking increased interest, thus creating systems science (Terra & Passador, 2015). In 1945, Ludwig von Bertalanffy introduced the general systems theory (GST) (Schirmer & Michailakis, 2015; Terra & Passador, 2015). The hierarchy of the GST contained interconnected systems of lower and higher orders. Theorists noted that all of the systems had a commonality of being organized in having common characteristics even

though they look different which the rules were the same, while sharing common structures and functions (Michailakis & Schirmer, 2014). In viewing the structure, it shows the interrelationship and the interaction that meant there are systems that focuses on goals and self-regulation (Michailakis & Schirmer, 2014). Michailakis and Schirmer explained this is achieved through feeding off of other parts through communicating to each other. In 1948, Norbert Weiner introduced this type of system named cybernetics that feedback is maintained through a series of continuous communication. In social work, the systems theory is a study of organizing the phenomena and its existence (Michailakis & Schirmer, 2014).

System theory enables one to understand the complex entities of the existing problems. The theory in social work describes how each part interacts with the entire system and explains how individuals respond to one another in social settings (Michailakis & Schirmer, 2014). Rousseau (2015) explained that it is a science that deals with the study of systems that focus on interrelated and interdependent parts. If one part of the system is changed, it will affect the other parts (Rousseau, 2015). According to Rousseau, social work identity is built on social issues. From these issues come the reasons, consequences and solutions for the problem. The knowledge gained assists the clinical caseworkers with understanding social problems (Rosseau, 2015). It was believed that the GST could be used to support communications, disciplines that did not have exact theory and the knowledge to bring division among the various disciplines (Rosseau, 2015). The strategy was to increase the effectiveness and efficiency of the research.

Social work is a field that strives to improve the quality of life of people (Michailakis & Schirmer, 2014). According to Schirmer and Michailakis (2015), using the systems theory enables the worker to focus on the complex issues while placing the emphasis on how it affects everyone as a whole. The clinical caseworker can understand how the individuals relate to one another and how the problem affects the individual (Michailakis & Schirmer, 2014). By applying systems theory to relationships, the roles of each family member are defined within the family dynamics (Michailakis & Schirmer, 2014). Teen pregnancy is the results of engaging in risk-taking factors (Akella & Jordan, 2015; Barbee et al., 2016; Boustani et al., 2015). Youth that do not use any form of birth control and engage in sexual intercourse with multiple partners are running the risk of becoming pregnant at an early age. The system theory will identify how the youth function in their environment and what aspects of society have a negative effect on the youth. The information obtained can justify how positive change can occur in preventing early teen pregnancy and reduce the rates in the foster care system.

Teen Pregnancy Statistics

Gomez-Scott and Conney (2014) reported that 82% of unplanned pregnancies were among young teens and women in their 20s. Seventy-five percent of abortions are performed among this same age group (Gomez-Scott & Conney, 2014). Drwal et al. (2016) study reported the same age group, ages 15 to 19, had the most unintended pregnancies and that one in three pregnancies resulted in an abortion. In the US, there are approximately 750,000 youth age 15 to 19 that become pregnant yearly (Geiger & Schelbe, 2014). In 2013, Chinman et al. (2016) reported that teen mothers ages 15 to 19

gave birth to 274,641 babies. In the year 2014, the same age group gave birth to 249,078 babies (CDC, 2016). This is an increase of 25,563 births within a 2-year period.

Clayton (2016) cited that 27% of teen mothers' (age 15-17) partners are about 5 years older. The age ranges between teenage mothers and fathers can vary. Statutory rape is a sexual misconduct if the male is an adult having sexual intercourse with a minor (under the age of 18 years old) and it is considered a criminal offense (Hamby, Finkelhor, & Turner, 2013). Ernewein and Nieves (2015) cited the United Nations Children's Fund statistics revealed 1.2 million children are sexual exploited yearly throughout the world. Those at-risk included the most vulnerable population such as homeless teens, runaways, and children in foster care. There is no clear age range of this population who come pregnant.

Risky Behaviors

A major contributing factor to teen pregnancy is engagement in risky sexual behaviors such as not using any form of a conceptive, alcohol and drug use and having multiple sexual partners (Akella & Jordan, 2015; Barbee et al., 2016; Boustani et al., 2015). Barbee et al. (2016) noted that some adolescents engage with multiple sexual partners and seldom use any form of birth control. Some teens have reported issues with using condoms such as being too embarrassed to discuss the issue with their partner, feeling that using the condom will interfere with sexual pleasure, and not understanding how to correctly use a condom to avoid pregnancy and sexually transmitted infections (Ahrens et al., 2016; Boustani et al., 2015). Data have shown that a large number of adolescents have engaged in sexual intercourse before the age of 18 (Barbee et al., 2016; Bull et al., 2016; Drwal et al., 2016; Shaw et al., 2016). According to the CDC (2016)

2015 National Youth Risk Behavior Survey, 41% of youth have not experienced a sexual intercourse, four percent experienced their first sexual intercourse before age 13, 43% reported no condom use during their last sexual intercourse, 14% avoided using any form of method to prevent pregnancy during their last sexual intercourse, and 73% reported they did not use birth control, IUD/implant, patch or a birth control ring during their last sexual intercourse to prevent pregnancy.

Consequences of Teen Pregnancy

The teen pregnancy rate has experienced a decline in the past 20 years however, the rate remains significantly high in the US (Akella & Jordan, 2015; CDC, 2016; Guttmacher Institute, 2014; Mueller et al., 2017; Solivan et al., 2015). From 1991 through 2015, the birth rate declined 64% for teens between the ages of 15 and 19 years old. Akella and Jordan (2015) defined teenage pregnancy as a pregnancy that occurs in a female between the ages of 13 and 19. By societal standards, these adolescents have not reached legal adulthood (Akella & Jordan, 2015). An adolescent female having a baby creates an undesirable situation which can affects her social life, education, health, and the life of her unborn child (Akella & Jordan, 2015; Bousanti et al., 2017; Bousanti et al., 2015). Many of these pregnancies are out-of-wedlock, which creates an additional hardship for the mother and her child (Akella & Jordan, 2015; Bousanti et al., 2017; Bousanti et al., 2015). If the teen mom is not married or has little to no income, it creates a dependency for support from family and society (Akella & Jordan, 2015).

Becoming a parent at an early age can lead to poverty, education disparity, poor health, social, and welfare concerns (Akella & Jordan, 2015; Barbee et al., 2015; Boustani et al., 2017; Shaw et al., 2016). With minimum income, approximately 80% of

teen mothers will seek public assistance, which may include Medicaid, Aid to Families with Dependent Children, Child Care, and food nutrition services (Boustani et al., 2017; Boustani et al., 2015). Often the education obtained equates to 1.9 to 2.2 fewer school years, which can result in delinquency, dropping out, or obtaining a GED instead of a high school diploma (Boustani et al., 2017; Boustani et al., 2015). The CDC (2016) reported that pregnant teens normally miss school days due to medical appointments or mandatory bed rest. More school days are also missed due to giving birth (CDC, 2016). Because of the additional missed days, an adolescent is more apt to drop out of school (CDC, 2016). For both males and females having a child lessens the chances of graduating high school (Boustani et al., 2015). According to Boustani et al. (2015), approximately 30% of teen mothers do not earn a high school diploma compared to 16% of teen mothers in foster care. While a youth is in foster care and becomes pregnant, not being able to earn a high school diploma is even more of a concern. These consequences become stressful for the youth.

Most adolescents do not possess the maturity to deal with the consequences of teen pregnancy (Olivari et al., 2015). The stress of being a teen mother is high than that of being an adult mother (Gomez-Scott & Cooney, 2014). The unplanned pregnancy is a stressful situation in which a decision has to be made, such as having the baby, terminating the pregnancy, using adoption services, having a relative raise the child or keeping the child (Olivari et al., 2015). Early motherhood can create risk factors affecting the fetus and pose a long-term hardship for the mother and child (Ahrens et al., 2016; Akella & Jordan, 2015; Boustani et al., 2017; Olivari et al., 2015). The risks of premature birth and/or low birth weight are also consequences of teen pregnancy

(Boustani et al., 2017; Olivari et al., 2015). Teen pregnancies are high risk, and many teens are unlikely to seek prenatal care (Boustani et al., 2017; Olivari et al., 2015).

For a teenager, being pregnant can place a financial strain on her family as well (Boustani et al., 2015). It may mean finding employment to assist with expenses. The expense of prenatal care can be costly, especially if the baby is born premature or develops health problems (Boustani et al., 2015). Teens need support throughout the pregnancy process (Ahern & Bramlett, 2016). The Guttmacher Institute (2014) reported that some pregnant teenagers often find themselves homeless, living between relatives, or living with their baby's father. The cost on society reached into the billions of dollars to provide health care, financial assistance, and educational/training needs (Boustani et al., 2015).

Impact of Teen Pregnancy on Society

Teen parenting costs the country approximately $9.4 billion yearly (Boustani et al., 2015; Chinman et al., 2016). These costs are due to health care, public assistance (child care, food & nutrition, housing, and employment training), and child welfare (Aparicio et al., 2015; Boustani et al., 2015; Putnam-Hornstein & King, 2014). Teens in foster care are twice as likely than the regular population to experience anxiety, mental health issues, and delinquent behaviors that adds to the financial expenses (Boustani et al., 2015).

Teenager pregnancy creates a financial burden because it can affect the future earnings of the mother (Ahrens et al., 2016; Akella & Jordan, 2015; Boustani et al., 2017). Problems occur when the teenager cannot maintain substantial income without the appropriate education or training. When there is insufficient income to assist with

food and/or housing, the family may turn to public assistance (Boustani et al., 2015). A repeat pregnancy adds to the financial expense of the family or for the foster care system. Putnam-Hornstein and King (2014) reported youth who gave birth before age 20 are more likely to experience a second pregnancy (41.2%). Boustani et al. (2015) study found there was a repeat pregnancy (23%) among foster youth age 17 and among foster youth (46%) by age 20 compared to youth age 17 (17%) and youth age 20 (34%) who are in the general population. Oman et al. (2016) study reported 46.4% of repeat pregnancies for foster care youth. According to Boustani et al. (2015), when a second child is born to a foster teen, it further decreases opportunities to become self-sufficient.

Hoskins and Simons (2015) research found that the pregnancy rate is a concern of the public and of politicians. It was noted that one out of six teens will become pregnant (Hoskins & Simons, 2015). The researchers found that teen pregnancy affects the economy as a whole as well as individual expenses. Most young mothers have low education levels, lives in poverty and possess higher levels of depression (Hoskins & Simons, 2015). The children of these teen mothers often experience higher rates of risky behaviors than the children of adult mothers. Hoskins and Simons study revealed that children of teen mothers are likely to participate in risky activities such as drug use and gang affiliation as well as becoming a parent at an early age. The researchers examined the social-contextual predictors of teenage pregnancy (Hoskins & Simons, 2015). It was noted that the quality of parenting plays an important role in predicting the likelihood of early pregnancy, even though more testing was needed on the social-contextual model due to the diverse sample. Hoskins and Simons (2015) noted that the pregnancy rate was

either too large or too small among minority populations of their study and more research was needed to address the predicators of pregnancy.

Family Dysfunction of Foster Care Children

It is a traumatic event for a child to be removed from his home and placed in a strange environment (Boustani et al., 2015; English, Thompson, & White, 2015). Children in foster care due to displacement or abandonment, often have a history of abuse or neglect (Boustani et al., 2015; English et al., 2015). Most of these children have experienced family dysfunction in the home related to parental drug use, domestic violence, and parental mental health issues (Cohen et al., 2016; Deutsch & Fortin, 2015; Raman & Sahu, 2014). Youth who have poor parental attachment or experience hardships (poverty, mental health issues, sexual abuse, homeless) are more likely to engage in risky behaviors than those youth who have a good relationship with their parents or guardians (Boustani et al., 2017; Lloyd, Akin, & Brook, 2017).

Parental drug and alcohol use are a reason for children entering into the foster care system (Ahrens et al., 2016; Lloyd et al., 2017). It is one of many misfortunes that leads children to risky behaviors such as early sexual intercourse, abuse, and a disruptive relationship with their parent(s). Research suggests that parental drug use is involved with 50-79% of foster care cases (Lloyd et al., 2017). Risky behaviors lead to an increased in the number of drug-addicted babies as well as some of those entering into the system (Lloyd et al., 2017). Lloyd et al. suggested that these results are serious because it leads to an increase of child abuse and neglect cases.

According to Boustani et al. (2015), many youths who are in foster care come from single-parent, low-performing families. They also experience higher rates of

suicide and drug use as compared to the general population. The desire to have a baby is often associated with family dysfunction and emotional distance within their family (Boustani et al., 2015). Boustani et al. (2017) and Boustani et al. (2015) research indicated that some teens sought to have a child to fill a need for emotional attachment or a desire to exit the foster care system and become independent. Most of these youth received information after they become pregnant about the use of contraception and condoms to prevent pregnancy or STIs (Boustani et al., 2015).

To the teen in foster care, becoming pregnant and having a child means having someone to love, or a way to gain the freedom to choose independence from the system and/or from their family or care providers (Boustani et al., 2017; Boustani et al., 2015). To the youth, it often means cleansing the emotional bond of what happened during childhood and seeking a helpful and useful attachment (Boustani et al., 2015). The clinical caseworkers interviewed in Boustani et al. (2015) study, felt that these youth were susceptible and defenseless because of their needs and lack of information about sexual awareness.

Vulnerability of Foster Care Youth

Foster care children are vulnerable in part due to their living situation and in part due to unmet emotional and physical needs (Bruce, 2016; Cohen et al., 2016). Rates of mental health problems are higher than the general population, and often the adolescent has been exposed to the juvenile or criminal justice system (Boustani et al., 2015; Bruce, 2016; Deutsch & Fortin, 2015). According to Deutsch and Fortin (2015), it is common for a foster child to have experienced several placements and to be attending a special education program in the school system. Research has found an increased need for

healthcare as the adolescent experiences a longer stay in foster care, as well as multiple placements (Boustani et al., 2015; Bruce, 2016; Deutsch & Fortin, 2015; Raman & Sahu, 2014).

Children in foster care require more health services than children who are not in foster care (Deutsch & Fortin, 2015). These health care needs are linked to the removal from the home, abuse, neglect, mental, physical, and developmental needs (Boustani et al., 2017; Deutsch & Fortin, 2015). When the child is separated from her home and friends, she can experience separation anxiety from family, peers, and neighbors (Boustani et al., 2017; English et al., 2015). During this unstable period, an adolescent is vulnerable to learning new behaviors (Akella & Jordan, 2015). According to Akella and Jordan (2015), the adolescent will absorb behaviors – accepted or unaccepted. Lieberman et al. (2014) reported parental substance use as well as past victimization increase risks for youth pregnancies in foster care. According to O'Brien, White, Wu, and Killian-Farrell (2016), the sexual abuse of a child (under 18 years of age) is a concern that involves a significant number of children every year in the general population. The impact of this abuse affects one in four females (26.1%) under the age of 18 years old. Fratto (2016) researched the long-term physical and psychological effects of abuse of youth in foster care. According to the National Child Traumatic Stress Network (2014), traumatic events, including sexual abuse, affects between two and three million children yearly (Fratto, 2016). Youth in foster care are more likely than the general population to have experienced maltreatment such as violence, abuse or neglect (Fratto, 2016). In 2015, there were approximately 3.4 million Child Protect Services investigations which 683,000 were identified as victims (Lloyd et al., 2017). According

to the National Child Traumatic Stress Network (2015), sexual abuse includes using a child as a sexual stimulation by a perpetrator or known person. The Network (2015) reported one in four youth have been forced to have sex and more than 1/3 of the youth were raped victims between ages 14-17.

Foster Care Teen Pregnancies

The federal government authorizes funds to child welfare programs; whereas, state grants are responsible for their own matches and allocations. A majority of the states provide Medicaid entitlements to their foster care children that cover medical and dental needs. The funding is the same as the Aid to Families with Dependent Children (AFDC) program. These benefits are provided through Title XIX of the Social Security Act. The state and federal expenses for this program go beyond $26 billion, to include administrative costs (Goldhaber-Fiebert et al., 2014). Out-of-home care is expensive and the rates vary from state to state (Goldhaber-Fiebert et al., 2014). The funding supports the cost of housing and care of the child. Some of the reasons for the various rates, are the state of the economy and the planning of evidence-based programs (Goldhaber-Fiebert et al., 2014).

Boustani et al. (2017) recent study estimated that almost 500,000 youth are in the foster care system and approximately half of them are adolescents. Many of these children are likely to have experienced dysfunctional situations in the home than children who are not in foster care (Boustani et al., 2017). The Adoption and Foster Care Analysis and Report System (AFCARS, 2014) reported that there were 402,378 youth in foster care in 2013 and 396,892 youth in the system in 2012. Approximately one-third of foster care children are in their reproductive ages of 14 to 20 (Bruce, 2016). In foster

care, approximately 23% of females have not used any form of contraceptive method (Oman et al., 2016).

There is limited data on teen fathers in foster care, however 50% of those aging out at 21 have reported being responsible for a pregnancy (Boustani et al., 2015). Ahrens et al. (2016) study reported that male youth in foster care had a much higher rate of getting a girl pregnant than those who are not in foster care. Some teens in foster care expressed their desire to have a baby, so they avoid the use of protection (Boustani et al., 2015). Although sexual intervention programs are necessary, most are not enough for the most vulnerable population, because of the lack of problem-solving information about youth pregnancy (Boustani et al., 2017). The lack of knowledge of sexual health information can prove to be unhealthy for the youth and costly for the economy. The role of the clinical caseworker can possibly influence a teen's judgment regarding life decisions (Fluke, Corwin, Hollinshead, & Maher, 2016).

Agency and Programs

The purpose of Department of Social Services is to provide services for families and to communities through various services and collaborations (Cabarrus County Department of Social Services, n.d.). The department is delegated to serve with compassion and understanding. The Director, Karen Calhoun, manages services such as Child Welfare Services, Child Welfare Quality Assurance, Adult & Aging Services, Economic Services, Food & Nutrition, Economic Family Support, Family & Children's Medicaid, Economic Services Quality Assurance, Child Support, Transportation Services, and Crisis/Work First. Youth and Family Services provide services to protect

children and adults while strengthening self-sufficiency of the families who are at-risk for their health, welfare, and safety.

Youth and Family Services receive and screen referrals for possible abuse or neglect for children and/or their families. Permanency planning and adoptions are interventions for children that are in legal custody or for children who are eligible to be adopted. While the teens are in the state's custody, most of them are referred to private health providers to follow-up on health assessments and to track health concerns including sexual awareness. All clinical caseworkers have the opportunity to utilize the LINKS (independence living service) program. It is highly encouraged that foster care teens ages, 13 to 21 years old, attend the independent living activities to enhance their social and life skills. The clinical caseworkers are in charge of these activities promoting healthy relationships, goal setting, leadership, and sexuality. At present, there is no statistical data for participation or the effectiveness (LINKS, n.d.).

Role of Clinical Caseworkers

The clinical caseworkers' role is to work with youth who have been removed from their homes because they have endured abuse or neglect (Ankersmit, 2016; Boustani et al., 2015; Fluke et al., 2016). The clinical caseworker's role in reducing less than favorable outcomes lies in the effectiveness of using and promoting county and community services (McCollum, Gomez, Theobald, & Taegtmeyer, 2016). Kerns et al. (2016) explained that their treatment plans focus on specific interventions catered to the child's needs. Working with an effective and informed host of services could prove beneficial for the child's well-being (Kerns et al., 2016). The research concluded that clinical caseworkers need to be able to engage in sensitive and difficult conversations

(Boustani et al., 2015; Bruce, 2016; Fluke et al., 2016). The clinical caseworkers need to possess a sufficient general knowledge of resources to refer youth, and if necessary, be willing to discuss and answer sensitive issues (Bruce, 2016; Fluke et al., 2016).

Boustani et al. (2017) cited that the relationship that exists between the worker and the youth is important because of the need to discuss short and long-term goals upon their exit from the foster care system. Clinical caseworkers have a unique role in working closely with youth and providing daily support throughout the process (Boustani et al., 2015; McCollum et al., 2016). The collaboration between youth, clinical caseworkers and other administrative staff is important in maintaining a success plan that may link to community-based services (Chinman et al., 2016; McCollum et al., 2016). Another role of the clinical caseworker is to advocate for the youth (Chinman et al., 2016; McCollum et al., 2016). The clinical caseworker provides support and, if necessary, speaks on behalf of the youth.

Boustani et al. (2015) and Schober, Goldsworthy, Baldwin, Fortenberry, and Fisher (2015) agreed that clinical caseworkers are in a good position to share information, react timely to needs, and remain objective. Most clinical caseworkers are neither the parents nor the guardians, so this unique position provides the way to explore and discuss sexual health issues (Schober et al., 2015). They support and implement life skills (Chinman et al., 2016). Boustani et al. (2015) cited clinical caseworkers' ability to recognize various factors that influence risky sexual behaviors. Intervention measures were implemented to try to decrease the risk of unwanted pregnancies and STIs. In the study, clinical caseworkers provided information on sexual health, abstinence, risk-taking, methods of contraception, and described what it meant to have a healthy

relationship. The clinical caseworkers did some role playing and skill building techniques to show how to use condoms and how to say "no" to sex (Boustani et al., 2015).

Boustani et al. (2015) study concluded there was no current evidence-based sexual health interventions programs designed for the youth in the foster care system. Although the National Campaign to Prevent Teen Pregnancy was collaborating with techniques from Making Proud Choices, the curriculum needed to respond to the unique needs of the displaced youth (Boustani et al., 2015). The researchers wanted to continue to collaborate with teen shelters formulating evidence-based sexual health programs addressing the cost of becoming a parent and caring for a baby, as well as, using the recommendations retrieved from interviews, and including peer leaders for examples (Boustani et al., 2015). The literature has provided data of decreasing rates among the general population of teen pregnancy but Boustani et al. (2015) study concluded that the most vulnerable youth population remains at a high and steady pace. A life trajectory among this population leads to less opportunities for educational gains and successful careers (Boustani et al., 2015). Boustani et al. felt the youth will continue to experience life stressors and high risk for poverty because the strategies for pregnancy prevention have been unsuccessful for this population. It is a vital concern to understand and address the desires for teenage pregnancy and parenting of this vulnerable population (Boustani et al., 2015).

According to Drwal et al. (2016) and Geiger and Schelbe (2014), each teen should be educated on the prevention of teenage pregnancy and its unfavorable outcomes such as dropping out of school, poor finances, and health issues. Sex education has long been a

controversial and private topic (Drwal et al., 2016). However, effective communication between the adolescent and clinical caseworkers is critical when discussing sex education (Drwal et al., 2016; Geiger & Schelbe, 2014; Oman et al., 2016). In the study of Boustani et al. (2015), youth clinical caseworkers accessed and used various services for pregnant teens as well as teens who are not pregnant. They felt comfortable in their supportive roles of involving community services such as preventive programs and speaking on behalf of the youth (Boustani et al., 2015). According to Boustani et al., the youth clinical caseworkers' interaction was daily and they felt less intimidated when asking personal questions about the youth' sexual activities. The clinical caseworkers felt assured that they understood the youth' desires of bonding with their babies as well as the feelings for the father (Boustani et al., 2015). These perspectives of the youth clinical caseworkers offered valuable insights regarding needed education, expenses, risks, and possible solutions (Boustani et al., 2015). Throughout their experience with dealing with youth and being receptive of information, youth clinical caseworkers felt most of the foster care youth had been exposed to sexual encounters earlier than non-foster care youth and that information had been shared too late for most foster care youth (Boustani et al., 2015). Schober et al. (2015) explored the sexual health needs of youth and the involvement of care professionals working within the community-based program.

These professionals recognized the need to develop a relationship with the youth in order for them to express feelings openly (Schober et al., 2015). In most cases, the youth do not like to be open about their sexual issues at school because of embarrassment or the need for privacy (Schober et al., 2015). Schober et al. stated that sex education was a useful resource to providing knowledge to young adolescents about prevention and

STDs. The professionals were trained to discuss explicit information that would be challenging for non-professionals (Schober et al., 2015). The discussions centered on healthy sexual behaviors and delaying sexual intercourse. Geiger and Schelbe (2014) study indicated pregnancy prevention and parenting skills were needed for those in and aging out of foster care. Sex education is an important curriculum for both female and male (Drwal et al., 2016; Geiger & Schelbe, 2014). Geiger and Schelbe stated it is necessary to follow-up on youth experiences because it would assist with improving policies and intervention programs by examining their effectiveness and efficiency. Drwal et al. (2016) concluded preventive programs were necessary to communicate the awareness of STIs, provide current information of medical advancements, explain contraceptive methods to lower the rate of teen pregnancies, and provide another support system for teens. Oman et al. (2016) studied the short-term (6-weeks) implementation of teen pregnancy prevention intervention in a foster care group home setting. The results were significant in improving youth's knowledge of sexual health education and that preventive programs can be effective in various types of settings such as in the communities, schools, or health clinics (Oman et al., 2016). In the group home, the Power Through Choices program was used to provide up-to-date sexual health education intervention about delaying sex, unprotected sex, and STIs to foster care youth (Oman et al., 2016). According to the pre-and post-information, Oman et al. research indicated youth's knowledge of pregnancy prevention increased for that short-term but their attitudes about methods of protection and not engaging in sexual intercourse over the next year remain unchanged.

Effectiveness of Teen Pregnancy Prevention Programs

According to Boustani et al. (2015) study, clinical caseworkers felt it was too late for most foster care youth to receive information about contraception because most of them had already experienced sexual intercourse. It is a challenge to get adolescents to use condoms because of the myths of lack of sexual arousal or pleasure (Boustani et al., 2015). The three most critical concerns of clinical caseworkers who work with youth were educating them about risky behaviors that can lead to early parenting, obtaining knowledge of STIs, and focusing on a healthy relationship (Boustani et al., 2015; Francis et al., 2016).

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) was a framework designed and adopted to evaluate intervention programs' evidence in preventing repeated pregnancies and improving parental skills (Finigan-Carr et al., 2015). California Evidence-Based Clearinghouse for Child Welfare's design was highly rated for its effectiveness among adolescent parents. The intervention was designed to promote the use of contraception, thorough healthcare, the importance of education, and broadening their nurturing-parental skills (Finigan-Carr et al., 2015). The California Evidence-Based Clearinghouse was used in evaluating The Families and Schools Together intervention community-based program that promoted positive outcomes for the children of teenagers in foster care. According to Finigan-Carr et al., the teenage mothers would attend at least six sessions within an eight-week period to increase self-sufficiency. Evidence has shown improvement in self-sufficiency in the mothers, improved mother-child bonding, decreased family stress, and increased support (Finigan-Carr et al., 2015).

Utilization of Community-Based Pregnancy Prevention Programs

In working with a vulnerable population, it is important to understand the cultural practices of the population and to have specific programs based on individual circumstances such as pregnancy prevention or sex education (Drwal et al., 2016; McMahon, Hanson, Griese, & Kenyon, 2015; Muñoz, Griesse, & Basso, 2016). Drwal et al. (2016) stated that the communicated information needs to be age-appropriate and current and the delivery should be non-judgmental. Research has shown that there should be open communication, an honest exchange of information, and reasonable thinking skills to make better decisions (Boustani et al., 2015; Drwal et al., 2016; McMahon et al., 2015). If adolescents are sexually active, preventive programs are needed to address sexual health issues, contraceptive services, and risky behaviors (Barbee et al., 2016; Boustani et al., 2015).

In Cabarrus county, clinical caseworkers utilize the LINKS program in order to provide information on teen pregnancy prevention and birth control methods. This is a practice that provides services to males and females ages 13 to 21. For healthcare services, youth use private providers to evaluate medical and mental health screenings in a family-type setting. Their mission is to advocate to improve the health of adolescents, including areas of sexual health, dating, pregnancy prevention, and teenage dating violence. LINKS provides life skill techniques which includes information on teen dating, relationships, and survival skills. Some youths access sex education information while attending independent living classes. According to Dudley (2013), under the 14th Amendment, foster care youth have the right to access services to assist them in

preventing pregnancy. By law, caseworkers are responsible for ensuring these youths have access to such services (Dudley, 2013).

Community-Based Prevention Programs

One of the first published short-term prevention program studies was conducted in California, Maryland, and Oklahoma (Oman et al., 2016). The outcomes were positive for foster care adolescents living in a group home setting and in out-of-home placements (Oman et al., 2016). Oman et al. stated that these adolescents were at a greater risk of participating in risky sexual behaviors. Many of the adolescents studied were currently having sexual intercourse which began at an early age (Oman et al., 2016). For this population, Oman et al. noted that the problem appeared to be the lack of specific evidence-based pregnancy prevention programs. There have been several randomized controlled trials focusing on the prevention of STIs and they were found to have made a positive impact (Oman et al., 2016). Sex education programs enabled youth to learn more about sexual behaviors (Boustani et al., 2017; Oman et al., 2016). Oman et al. study consisted of a 10-session intervention sex health program designated to be aged appropriately.

Although this intervention program was designed for adolescents living in an out-of-home setting, Oman et al. (2016) used group homes under the direction of foster care and the juvenile justice systems. The program goal was to delay sexual intercourse, as well as to reduce the incidents of unprotected sex, and STIs among adolescents aged 13 to 18 (Oman et al., 2016). The short-term intervention program was a success, yielding 100% program implementation and 87% attendance. There were two areas that did not see improvement: feelings about using protection and delaying sex in the upcoming year.

Researchers were unsure if the effects from the program would motivate change longer than short-term, because this was a short-term study (Oman et al., 2016). The attendance and implementation did not indicate a change in behavior.

Scannapieco and Painter (2014) mentoring pilot program was administered to adolescents in foster care in Texas. The participants, aged 14 years and older, volunteered and were screened by the Texas Department of Family and Protective Services. In this program, the adolescents received eight hours of time with a mentor, one hour of phone time, and e-mail or texted contact by a mentor. Data from the surveys showed that mentoring does work and those adolescents aging out of the program should be encouraged to continue to thrive and be successful (Scannapieco & Painter, 2014).

In Louisville, KY from September 2011 to March 2014, Barbee et al. (2016) investigated the impact of two pregnancy intervention programs on the youth' sexual behaviors. The youth, ages 14 to 19 years old, came from low-income families with incomes at or below 200% of the federal poverty level. Both intervention programs focused on educating youth on condom and birth control use as well as limiting sexual partners (Barbee et al., 2016). Barbee et al. cited that after a three and 6-month follow-up, both programs showed a decline in risky behaviors and there was an increase in condom and birth control use. The programs expanded their curriculum to include programs such as forming good relationships and domestic violence prevention (Barbee et al., 2016).

Community-based preventive programs serve a purpose of improving self-awareness and promoting healthy decision-making techniques while improving the quality of life. The program is empowered through education and community input. The

CDC believes that teen pregnancy prevention programs are needed to implement effective approaches and activities within the communities to assist with this social problem (Mueller et al., 2017). Funding provides training and support assistance to the programs (Chinman et al., 2016; Mueller et al., 2017). The programs have to be specific to the needs and population (Chinman et al., 2016; McMahon et al., 2015; Mueller et al., 2017).

Teen pregnancy prevention programs are costing the United States billions of dollars yearly to support public assistance, tax revenue, and public health, because of the poor outcomes that the youth are experiencing (Chinman et al., 2016). Due to these factors, it is necessary to implement support within the community settings to try to achieve positive results by decreasing poor outcomes (Chinman et al., 2016). Chinman et al. concluded some communities experience difficulties in implementing their programs because of desired quality to accomplish positive outcomes. According to the researchers, this brings about an identifiable gap between research and community practice. Chinman et al. (2016) stated the gap seems to exist when there are limited resources in the areas of program knowledge, performance and the way of thinking. The researchers explained that when this occurs, it is important to strengthen and build skilled programs to support the intervention process (Chinman et al., 2016). Chinman et al. cited that setting realistic goals, planning, conducting evaluations, and ongoing trainings are necessary for a program to survive. There are various prevention programs within the communities that address teen pregnancy.

The Gap in the Literature

A gap in the literature exists in the clinical caseworkers' perception of when and how they use community-based pregnancy prevention programs in the foster care system. The literature surrounding the effectiveness of these prevention programs provide a clear picture as to why adolescents in foster care are twice as likely to become pregnant than those adolescents who are not in foster care. There is a rich amount of literature surrounding foster care adolescents' risky behaviors, consequences of these behaviors, their family dynamics, and the impact it has on society. The research is also abundant in describing numerous prevention community programs. The question remains, however, what are the experiences of clinical caseworker's utilization of existing program? Many of the Department of Youth and Family Services' youth attend the LINKS program and are seen by private providers for health and birth control needs. It is unclear of the clinical caseworkers' experiences utilizing this program. Even though the general population has experienced a decrease in the rate of teenage pregnancy, the fact remains that the rate for the vulnerable youth in foster care has remain steady (Boustani et al., 2017). Community-based pregnancy prevention programs increases knowledge about sexual encounters and contraceptives but it does not provide strategies for youth in foster care to avoid early pregnancies (Boustani et al., 2015).

The researcher focused on the experiences of the clinical caseworkers' utilization of community-based pregnancy prevention programs, as well as other outside resources they may be using. Literature has shown several evidence-based programs increased youth knowledge of sexual health and improved attitudes toward using condoms. A gap in literature suggest how to employ problem-solving and communication techniques to

improve strategies to avoid teen pregnancy. Child welfare agencies need to develop an internal evidence-based intervention to collect and maintain its own data to evaluate and communicate improvements.

Summary

There are approximately 500,000 children currently in foster care (Boustani et al., 2017). Foster care children's' health concerns are a major issue that draws attention to social, economic, and mental health needs (Ahern & Bramlett, 2016; Bousanti et al., 2017; Bousanti et al., 2015; Centers for Disease Control and Prevention, n.d.; Mueller et al., 2017; Solivan et al., 2015). The risk factors to becoming pregnant in the foster care system are twice as high than the general population of adolescents who are not in foster care (Aparicio et al., 2015; Barrett et al., 2015; Boustani et al., 2017; Boustani et al., 2015; King et al., 2014). Early pregnancy is linked to unfavorable outcomes such as early drop-out rates, poor financial stability, and health concerns (Drwal et al., 2016; Geiger & Schelbe, 2014). Clinical caseworkers have indicated the need for more preventive programs for this population (Boustani et al., 2015). Early intervention is needed to assist with decreasing the rate of teenage pregnancies within the foster care system as well as delaying risky sexual behaviors. Research has indicated the desired need for community-based preventive programs, but they must be designed to meet the unique needs of that population (Muñoz et al., 2016; Oman et al., 2016).

The focus of this study was to understand the experiences of clinical caseworkers' who utilize the LINK program or other programs to prevent or delay adolescent pregnancies in the foster care system. Literature shows the need for prevention programs. The researcher focused attention on the clinical caseworkers' experiences

whether or not they are utilizing community-based preventive programs. Since the clinical caseworkers maintain close contact with the youth in their caseloads, their insight about this social problem may illuminate why the pregnancy rate is still high within the foster care system.

This literature review has discussed the importance of community-based pregnancy prevention programs within the foster care system. This qualitative research study attempted to fill a gap in the literature by providing information from the lived experiences of clinical caseworkers in the foster care system. A transcendental phenomenological approach was the chosen research method to capture the lived experiences of clinical caseworker's utilization of community-based prevention programs to assist with preventive measures to reduce the pregnancy rate in the foster care system. Chapter 3 describes a detailed plan for this study.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore what are the perceptions and experiences of clinical caseworkers in promoting pregnancy prevention in foster youth. The outcomes from this research may provide insight into how the various pregnancy prevention initiatives are utilized by the caseworkers. In the United States, "teenage childbearing still remains far higher than in other comparable counties in the world" (Akella & Jordan, 2015, p. 41), and the financial cost of teenagers having babies is devastating – "having a direct impact on educational endeavors, economic opportunities, and potential earnings over their lifetime" (p. 41). In the year 2016, in the state of North Carolina, there were 9,255 pregnancies among 15-19-year-old girls, which was a rate of 28.1 per 1,000 girls. There were 2,510 pregnancies among 15-17-year-old girls, and 6,745 amongst 18-19-year-old girls (North Carolina Sexual Health Initiatives for Teens, 2016).

Research Design and Rationale

Nassaji (2015) stated that qualitative research is more holistic and often involves a rich collection of data from various sources to gain a deeper understanding of individual participants, including their opinions, perspectives, and attitudes. According to Polit and Hungler (2013), quantitative research is an approach for testing objective theories by examining the relationship among variables. This study design was qualitative using a transcendental phenomenological (TPh) approach. The TPh approach brings added dimensions to the study of the human experience. This approach helped me to better understand an experience. It is grounded in the concept of the researcher setting aside all

preconceived ideas, known as “epoche” allowing for a view of the experience through a clear lens which will allow the true meaning of the experience to naturally reveal itself (Sheehan, 2014). The goal of this study was to explore the lived experiences of clinical caseworkers’ as they promote pregnancy prevention within the foster care system, explore challenges they face, and further explore recommendations or observations they may have related to the use of the preventative interventions.

A qualitative design was chosen as the appropriate method to help provide an understanding of the social phenomenon in real life context. This study was designed to explore events or individuals that are bounded by time and activity. A gap exists within literature as to the experiences of clinical caseworkers who promote pregnancy prevention with youth in the foster care system. A phenomenological study approach provides an opportunity for data to emerge regarding the experience and the significance of the experience (Elman, Gerring, & Mahoney, 2016). The other qualitative approaches considered were the narrative research approach – which studies an individual and the stories of their life (Guetterman, 2015); the grounded theory approach - which explores the views of participants utilizing several stages of data collection and involves the abstract theory or the action grounded in the participants’ view (Guetterman, 2015); and the case study approach which is a general term for the exploration of an individual, group or phenomenon and is a comprehensive description of an individual case and its analysis (Starman, 2013). The ethnographic approach is one for which the researcher studies a cultural group in its natural setting during a lengthy period of time (Guetterman, 2015). The phenomenological approach allows for the essence of the human experience as viewed by the study participant through the lens of a particular phenomenon or event

(Guetterman, 2015). The intent of this study was to gain a better understanding of the phenomenon, explore common experiences, and convey the essence of the experience, and the aspect or action of "epoching" is critical to this study.

This qualitative research approach offered a structured method to study the experiences of clinical caseworker's promoting pregnancy prevention and allowed for a description of the individual's view of the experience to be obtained. The data was analyzed to arrive at common themes using of the Johnny Saldana Code-to-Theory Model (Saldana, 2016). It also offered the participant insight into his or her own thoughts, experiences, or emotions of the social problem.

Role of the Researcher

In qualitative research**,** the researcher is the instrument used to collect data, analyze inductively, focus on the meanings, interpret and describe the process (Phillippi & Lauderdale, 2018). Knapp, Gottlieb, and Handelsman (2017) discussed self-reflection and acknowledging one's thoughts, feelings, attitudes and behaviors. The aim is to remain as objective as possible setting aside those beliefs to engage in the study (Knapp et al., 2017). By documenting these reflections, it allows the researcher to become self-aware of predetermined biases and assumptions. , I had no relationship with the agency that was the setting for recruitment of participants.

An interview guide was used that contains specific script language and was designed to provide structure and uniformity to the interview process for each study participant (see Appendix A). All participants understood the aspects, importance, and benefit of the study as it was explained in two documents: the study invitation and informed consent. I informed the participants of how confidentiality would be

maintained throughout the study (Phillippi & Lauderdale, 2018), and it was also outlined in the signed consent form which was required of all participants. Upon signing the informed consent form, study participants gave their permission to be recorded during the interview.

During the interview process, I asked additional probing questions to gain a better understanding of the participant's experience in promoting pregnancy prevention. Johnny Saldana (2016) model was used as a guide for the collection, documentation, analysis, and interpretation of the findings for codes, themes, and assertions.

Methodology

Teenage girls in the foster care system are twice as likely to become pregnant before they reach the age of 19, and they are more likely to suffer from child abuse, which can lead to physical and emotional health problems. Nearly 20% of youth in foster care reported having consensual sex before the age of 13, which is 5% higher than the general population (Brooks, 2015). The Department of Health and Human Services dedicated millions of dollars in grants to states, non-profit organizations, schools, and universities to aid and support the implementation of evidence-based teen pregnancy program interventions through a congressional mandate in 2010 which continues today (Health & Human Services - Office of Adolescent Health, n.d.).

Participants

This study sought to sample six to 10 participants regarding their lived experience promoting pregnancy prevention with youth within the foster care system. The participants had to meet the following criterion to participate in the study: (a) hold the position of clinical caseworker, (b) work within the Department of Human Services Child

Welfare Division in Cabarrus County, (c) possess at least 2 years of child welfare experience, and (d) possess a caseload that consists of female youth who are currently in the foster care system.

The data was obtained through interviews in that were held on locations with quiet environment to ensure participants confidentiality and privacy. There were 12 participant study invitations distributed to potential participants. I did not work at the agency where participants were recruited, and obtained a letter of agreement from the study site. The agency director disseminated the participant study invitation to all 12 clinical case social workers. The invitation provided my contact information so participants could schedule a date and time for the interview.

Sampling Strategy

This study employed a purposive sampling method. Etikan, Musa, and Alkassim (2015) defined purposive sampling as "a choice of a participant due to the qualities the participant possesses. It is a nonrandom technique and I decided those who could provide the information by virtue of knowledge or experience" (p. 2).

In addition, qualitative and quantitative methods differ in sampling approaches. Qualitative inquiry focuses on small samples selected purposefully, whereas a quantitative inquiry focuses on larger samples selected randomly (Park, Cafarella, & Mozafari, 2016). Homogeneous sample strategy research focuses on a phenomenon or subgroup whereas snowball sampling focuses on participants who are recommended (Griffith, Morris, & Thakar, 2016). The clinical caseworkers were chosen because they can best provide answers to the study's research question.

Consent was obtained from Department of Human Services Child Welfare Division in Cabarrus County to distribute the participant study invitation to all potential participants. There were 12 clinical case social workers employed at the agency, and the agency director disseminated the participant study invitation to all 12 clinical case social workers. The participants were recruited on a first come, first serve basis until the ideal sample size for this study was reached. Sample sizes must be ascertained in qualitative studies like in quantitative studies but not by the same means (Malterud, Siersma, & Guassora, 2015). The important concept for sample size in qualitative studies is "saturation," and it is tied to a specific methodology. The concept "information power" is used to guide adequate sample size for qualitative studies and is determined by the facts of the more information the sample holds that is pertinent and relevant to the study, the fewer number of study participants will be needed (Malterud, Siersma, & Guassora, 2015). Saturated data ensure replication in categories, which in turn verifies and ensures comprehension and completeness (Elo, Kaariainen, Polkki, Utriainen, & Kyngas, 2014). Some qualitative research methodologists present general guidelines for sample size of interviews, and these guidelines vary, however for phenomenological studies the sample size should range between six and 10 (Marshall, Cardon, Poddar, & Fontenot, 2013). This study was conducted in a small county with only 12 clinical caseworkers. Due to this fact, saturation was met since this study aimed to interview five to ten participants.

Instrumentation

A participant study invitation was provided to announce the study to potential participants along with its rationale and the participation requirements. The interview was comprised of 14 questions which included four demographic questions. The four

demographic questions pertained to data related to gender, educational level, age, and years of experience. Each interview lasted approximately 60-90 minutes and followed an interview guide, which was designed to help provide structure and consistency to each study participant interaction. The- researcher will utilize standardized probes such as the following to encourage more detailed responses from the interviewee: (a) please explain further, (b) tell me more about that please, (c) please give me an example, and (d) how did you feel about that? (Benitez & Padilla, 2014). There were no interventions implemented during the study duration. Any recommendations for further research were identified ex-post facto once the study had been concluded and the data analyzed. The study participants had little to no risk involved in their participation in this study. The participants gave permission to record the interview. They were also advised that they could terminate the interview at any time.

Informed Consent

All participants in the study were required to read and sign an informed consent form. This consent provided prospective participants with information regarding the purpose, procedure, interview duration, study risk and benefits as well as methods that will be employed to ensure confidentiality and privacy. Even though the risks associated with this study were minimal, it is a sensitive subject and the participant were provided with contact information for the National Crisis Call Center, and the Emotional Listening Support Call Center. In addition, each participant was given a copy of the study consent form that included contact information for the researcher, as well as the Walden Research Participant Advocate.

Data Collection and Analysis

The data for this study were collected through recorded semi structured interviews using a systematic process and followed an interview guide. The data analysis also followed a systematic procedure to review collected data, moving from narrow units of analysis to broader meaningful units including two elements that describes the experience. The questions for this study examined what the participant experienced and how they experienced it, which is the purpose of a phenomenological research study.

A member checking process was used during and after the semi-structured interview. This is sometimes referred to as informant feedback or respondent validation and is designed to enhance trustworthiness (Harper & Cole, 2012). During the interview, the researcher I restated or summarized information then, questioned the participant to determine accuracy. The participant will either agree or disagree that the summary reflects their feelings or experience, and if they agree, then the study is said to have credibility (Harper & Cole, 2012). A second type of member-checking also happens at the end of the research study and involves sharing the summary of data with the participant and allowing them to then comment as to the accuracy of the data (Harper & Cole, 2012). Both of these aspects were used for this study.

As outlined below the process requires the researcher to look at data and feedback openly, undisturbed by the habits of the natural world, describing things as they are, to understand meanings and essences considering intuition, and self-reflection. The procedures consist of "bracketing out" one's experiences and collecting data from several people who have experienced the phenomenon and removing any harmful effects of preconceptions that may affect the research process (Tufford & Newman, 2012). The

data are then analyzed by reducing the information to significant statements or quotes, which are then combined into themes whereby assertions can be made. The researcher can then develop a textural description of the experience as to what the participants experienced, and a structural description of how they experienced it in terms of conditions, situations, or context, and a combination of the textural and structural descriptions to convey the overall essence of the experience.

To arrive at themes and assertions from the transcribed interview data, the Johnny Saldana Code-to-Theory model was utilized. There were two coding cycles used to analyze the data to help give way to the structural and textural descriptions of the experience. A code is, "more often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute based on visual data" (Saldana, 2009, p. 3). The data that are first coded can range from single words or even full sentences; some can be an entire page of text to a stream of images. It is this openness of the coding process, coupled with bracketing, which allows for a fresh and unbiased review of the data from the eyes and mind of the participant (Saldana, 2009)

There were two coding cycles. In the first coding cycle, "values" coding was utilized, and in the second coding cycle, "focused," "in-vivo," and "pattern" coding were used. Value coding is the application of codes that reflect a participant's values, attitudes, and beliefs that represent his or her intra and interpersonal experience (Saldana, 2009, p. 89). Focused coding allows for the development of categories without distracted attention to their properties or dimensions; in-vivo coding pulls codes from the specific words of the participant, and pattern coding pulls together a lot of material into more meaningful units of analysis through similarity - and assists with development of major

themes from the data (Saldana, 2009). The Saldana model assisted the researcher in the review and development of themes and concepts from the participant data, and provide support for the development of an overall textural and structural description of the experience.

Ethical Procedures

Haahr, Norlyk, and Hall (2014) found that researchers are self-directed by principles of justice, beneficence, respect for others' rights and respect for autonomy throughout the research, and there will be ethical and difficult challenges that a researcher may face. Haahr et al. argued that researchers may find themselves in the role of therapist, fellow human being or a friend during qualitative interviews and there is a need to focus on enhancing researchers' ethical preparation. The researcher's focus is to gain knowledge of the phenomenon with compassion and respect while questioning the participant. The relationship between the researcher and participant is a challenge because of the risk of either being too close or too distant in the relationship (Haahr et al., 2014). It is important to recognize and acknowledge prejudices or assumptions as a professional that you may have experienced. The researcher is ethically bound to adhere to the codes that guide research principles and should not in any way use coercion. Each participant should be treated with respect. The researcher has no identified role or prior association with any of the participants that will be sought for this study. Each participant will receive a "Thank You" card for their time, consideration, and participation in the study. The participant will also receive a $10 Wal-Mart gift card as a thank you for their participation.

The interviews were conducted on a volunteer basis only. A consent form was provided to each participate which required a signature. The consent form provided the purpose of the study, as well as the study guidelines and reassurance of confidentiality. To maintain confidentiality, identifying information was protected and their names remained anonymous by assigning each participant a pseudonym. Each participant had the right to terminate the interview at any time without fear of retaliation. In addition, even though the risk associated with this study were minimal, it was of sensitive subject matter, and the participant were provided with contact information for the National Crisis Call Center, and the Emotional Listening Support Call Center if the participant felt there was a need for additional support. Participant data was stored on a password-secured laptop and sensitive written documents obtained from the interviews were locked in a filing cabinet only accessible to the researcher. The documents will subsequently be destroyed after following the Walden University policy regarding retention of research data after 5 years from the date of collection.

Assumptions

It was expected that each participant would provide rich and quality information regarding their personal experiences that directly relate to their interactions with youth on a regular basis. It was assumed that the study participants would be free and open to communicate aspects related to this study without hesitation or trepidation and have the understanding that their input is valuable. Participants were asked to share their experiences related to promoting pregnancy prevention programs and were told to use generalities and not to use specific client names in their communication. This effort helped ensure that communication during this study was congruent with HIPAA

guidelines. It was also assumed that the participant understands that any outcome or recommendations identified from the study may be used to contribute to the existing body of literature that, together, may be used to implement various interventions or preventions related to teen pregnancy.

Summary

This study was designed to gather pertinent information from the lived experiences of clinical caseworkers as they work with youth in foster care and promote pregnancy prevention. The sample size for this study was solicited via a study participant invitation that was distributed to clinical case social workers from the Department of Human Services Child Welfare Division – Cabarrus County. The population is 12 clinical caseworkers from this division from which the sample size was obtained. This study sought to interview six to 10 study participants. The interviews followed a systematic process with the use of an interview guide to help promote consistency and structure. The Johnny Saldana "*Code-to-Theory*" model was used to analyze data and arrive at themes and assertions. This process paved the way for the overall conveyance of the essence and structural experience through the eyes of the clinical caseworker. The results from this study are intended to add to the overall body of knowledge and existing research as it relates to promoting pregnancy prevention within the foster care system.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to understand the clinical caseworkers' perceptions and experiences in promoting pregnancy prevention with youth in foster care. For this study, a youth was defined as a young female adolescent who could become pregnant while under the responsibility of the state's welfare system (Boustani et al., 2015). The feedback and data obtained from six interviews with clinical caseworkers provided a contextual understanding of their perceptions and experiences. To gather information for this study, I conducted semistructured interviews with six clinical caseworkers. The interview questions focused on the following research question:

Research Question: What are the perceptions and experiences of clinical caseworkers in promoting pregnancy prevention in foster youth?

In this chapter, I have presented the findings from this generic qualitative study. The questions outlined for this study were semistructured and consisted of two parts. The demographic questionnaire gathered demographic information from the participants, and the interview questions were designed to answer the research question for this study.

Research Setting

Each study interview was conducted in a location that allowed the participants to openly communicate aspects related to this study without hesitation or trepidation and have the understanding that their input is valuable. The interviews were conducted in a private setting, with a closed door, to ensure privacy protection. The only individuals present in the room were the participant and me. Also, the participants received pseudonyms when reporting the results to ensure further confidentiality.

Participants

I interviewed six participants regarding their perceptions and experiences in promoting pregnancy prevention with youth in the foster care system. The participants all met the following inclusion criterion to participate in the study: (a) held the position of clinical caseworker, (b) worked within the Department of Human Services Child Welfare Division in Cabarrus County, (c) possessed at least 2 years of child welfare experience, and (d) possessed a caseload that consists of female youth who are currently in the foster care system.

The following is a brief summary and description of each participant's background that participated in the study.

Tom

Tom, age 35, holds a Masters' degree in Community Counseling and has 9 years of experience as a clinical caseworker working with girls in the foster care system. Tom started working in psychological practice and then started working with high-risk females.

Janet

Janet, age 57, holds a Masters' degree in Social Work and has 20 years of experience working with females in the foster care system. She has been working with at-risk teens for over 2 years.

Mia

Mia, age 60, holds a Masters' degree in Counseling and has 10 years of experience working with females in the foster care system. She started in the early

2000s' with a local mental health agency as a clinical case manager and worked with high-risk and special needs children.

Tina

Tina, age 36, holds a Bachelor's degree in Psychology and has 10 years of experience working with females in the foster care system. Tina started her child welfare career as a program director for a restitution program and has also worked with at-risk female teens for over 10 years.

Angie

Angie, age 37, holds a Masters' degree in Science and has 8 years of experience in child welfare. Angie has worked with high-risk teens to provide essential services and help them become self-sufficient upon leaving foster care. She also works to help at-risk teens identify a support system to help guide them through adulthood.

Mike

Mike, age 50, holds a Bachelor's degree in Psychology and has 20 years of experience working with females in the foster care system. Mike works with teens that have issues with criminal behavior, mental health, and family members.

Demographics

The recruitment of participants for the study included a developed participant flyer. As a result of this effort, six participants qualified to participate in the study. Table 1 identifies the demographics and experiences of all the participants.

Table 1

Participant Demographics & Experience

Pseudo Name	Age	Years of Experience	Education
Tom	35	9	Masters' degree
Janet	57	20	Masters' degree
Mia	60	10	Masters' degree
Tina	36	10	Bachelors' degree
Angie	37	8	Masters' degree
Mike	50	20	Bachelors' degree

Data Collection Procedures

I have extensive experience working with at-risk teens and have also served as a foster parent for many years. As an integral part of the data collection process, I had to ensure that I was fully aware of my bias as it related to the subject matter. I was careful to follow the approved interview guide (see Appendix A). The interviewees gave prior consent to record the interview. I was careful not to lead or guide the interviewee in any manner, as I sought to understand their perceptions and experiences. Each participant that contacted me from the distributed study invitation was screened to ensure they met the inclusion criteria. The invitation was a printed flyer that outlined pertinent study information and distributed it to child welfare division workers in North Carolina. Before the interview, the interviewee was required to sign an informed consent before participation in the study. The consent information provided the overall scope of how the interview process would work and met the associated guidelines set forth by Walden

University. Participants understood that at any time, if they wished to stop the interview, it would not impact them in any way.

The participant interaction consisted of two parts. I began by collecting demographic information such as gender, age, and educational background. I then started the interview by asking 10 questions related to the interviewees' perceptions and experiences in promoting pregnancy prevention with at-risk teens in the foster care system (see Appendix A). During the interview, if the participant asked for clarification, I listened, and rephrased any items that may have been confusing. All the interviews went well with no identified problems or issues, with each interview lasting approximately fifty minutes. Each participant received a $10 Wal-Mart gift card and a thank you note in appreciation of their time and participation in the study.

The open-ended, semistructured interviews allowed the participant to elaborate on each question as needed. I conducted a field test of the interview protocol with a participant that was not included in my sample. The dissertation chair reviewed the interview, and some changes were recommended. After obtaining permission and written consent, digital recorder, as well as a regular cassette recorder, were used to record each interview. The recordings were transcribed and securely saved in a password-protected file on my computer. The transcripts of the interviews were reviewed multiple times during the transcription and analysis process. In qualitative research, a key concept related to it is saturation. Saturation refers to the decisions about sample size in qualitative methods (Hammarbert, Kirkman, & Lacey, 2016). The word "saturation" further describes a situation where the data moves towards repetition, or when the data ceases to offer another direction or raise new questions (Hammarbert et al., 2016). The

responses from the study participants began to replicate after the 4th interview, I continued on to complete all six interviews to ensure saturation had been met.

Data Analysis

Step 1: Transcription

The taped recordings were reviewed multiple times and transcribed using Microsoft Word. A completed transcript for each interview was reserved later for analysis.

Step 2: Key Terms and Phrases

During this process, I was able to derive from the transcribed data key terms, words or phrases, which spoke to the perceptions and experiences of the participants and established interventions to address the teen pregnancy issue. In some cases, it may have been two words, or it could have been a phrase illustrating a concept or concern. For instance, one participant, Tina, explained how she had to communicate on the teens level to gain trust in order to be effective and make a difference. She further described how important it was to not use certain words, and to be real to gain trust and respect." Other participants, Tim, Mia, and Angie, talked about how important it was to really listen and not jump to conclusions or decisions so quickly without hearing the individual and allowing them to fully express themselves.

Step 3: Coding and Theme Development Process

A code is a qualitative inquiry and can be a word or short phrase that assigns a summative, salient, essence-capturing, and evocative attribute for a portion of language-based or visual data (Saldana, 2016). The process consisted of analyzing the data from the digital recordings of each interviewee. It followed the coding process outlined by

Saldana (2016), code-to-theory model. This process, which required the data to be analyzed, coded, and placed into categories, was completed numerous times. According to Saldana (2016), some categories may include clusters of coded data that must be analyzed to determine their relationship to each other and the experience. When comparing significant categories with each other, one can transcend the reality of your data and progress toward the thematic, conceptual, and theoretical, allowing the researcher to then arrive at themes or assertions from experience. For this study, excerpts were taken from each interview and then provided with a code(s) to represent the excerpt.

In some cases, in-vivo codes were used, which were words or statements taken directly from the participants' communication and notated by quotation marks. Descriptive coding was utilized because it summarizes in a word or short phrase the primary topic of the passage of qualitative data. Also, value coding was used to capture the participants' attitudes and beliefs, representing his/her perspective regarding the topic. The excerpts and codes were then reviewed for patterns. According to Saldana (2016), a pattern is a repetitive, regular, or consistent occurrence of action or data that appears more than twice. These patterns become more trustworthy evidence of the findings since they demonstrate habits, salience, and importance in the lives of the interviewee. The patterns identified paved the way of the overall experience, or essence of the experience of the participants.

To develop the themes, I looked at how often statements appeared to define the overarching concern from all the participants. Some of the themes came directly from statements made by the study participants. The process of coding the data is laborious

and must be reviewed multiple times to ensure that phrases, words, or short statements made the study participants are categorized correctly.

Themes

The analysis of the data resulted in several themes related to the experience of these individuals working with high-risk teens. The themes are outlined in Table 2 with supporting coding to arrive at the theme.

Table 2

Summary of Themes

	Theme(s)	Interview Question	Codes Code Supporting Phrases
1	Teaching abstinence is the best approach to teen pregnancy prevention	Question 2	"Making sure that teens are educated on the outcomes of engaging in sex,", "It is important to encourage the teen to wait as it is harder to be a teen mother and be in foster care", "Giving the teens support and guidance will help them make good decision and have a positive outcome."
2	Keeping personal beliefs out of the discussions with at-risk teens is best	Question 3	"Whether I believe in a particular approach, such as the new HPV vaccine, it cannot impact my guidance to the youth,", "I try to keep my personal beliefs out of my work experience,", "There are policy and procedures that must be followed, and even if I don't agree with them - I follow them as best I can"

(continued on next page)

	Theme(s)	Interview Question	Codes Code Supporting Phrases
3	Sometimes even doing all you can do; you still feel as if you failed.	Question 4	"Working with a lot of these teens is difficult, because they are resistant, and did not want to be compliant,", "Each teen is unique in their own way, and many of the designed approaches to teen pregnancy does not allow for success,", "It is important to understand the environment and culture of the youth to be successful, and sometimes this is difficult."
4	Self-Disclosure of the clinical caseworker are essential when working with at-risk teens	Question 5	"Being able to talk to the teens about how you as a clinical caseworker dealt with peer pressure and the same problems they face is important,", "Experience makes a lot of difference, especially when you have had a family member go through what these at-risk teens are experiencing,", "My life experiences help me relate to the teens and their specific problems."

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	Theme(s)	Interview Question	Codes Code Supporting Phrases
5	Even though having to work with difficult teens, it has not deterred the participants from their chosen field.	Question 6	"I like at-risk teens, as they don't usually have anyone like an authority figure or voice of reason to help them", "This type of work is my love, and I love helping others, I even volunteer in a domestic violence shelter,", "Even being assault multiple times at a girls facility made it difficult to want to help them, but I knew I was doing the right thing."
6	Sometimes when you give all that you can give, you still feel you have failed because you can't reach through to the youth.	Question 7	"I feel frustrated and disappointed when I can't get through to the teen, but I continue to work, I never give up on them,", "I try to think outside the box and understand the uniqueness of the youth and try to develop the specific need for them, even then they are not receptive" "I take it very personally when I fail a youth, even when it is not me directly, but they have failed to hear my message,", "At the end of the day, you have to be resilient and remember that you can only provide support and cannot make anyone make choices."

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	Theme(s)	Interview Question	Codes Code Supporting Phrases
7	Being "real" and "down to earth" is essential when working with at-risk teens to gain trust.	Question 8	"Allow space and don't come with the "I know it all" attitude,", "Learning from experience – my personal experience to reach the teen,", "Get on their level and do not use big words, you may have to even use slang to reach them,", "Most teens do want their lives to go straight, but they do not trust a lot of people – it is not just a job, but it is about caring and listening."
8	Condom Use Message Is Ineffective	Question 9	"Constantly asked to push condom use as the first method of prevention,", "Rarely used other interventions outside of condom discussion,", "Condoms are always used as our first discussion."
9	Males must be cautious when communicating with female clients.	Male Only Question	"Males must be overly cautious when providing information to females,", "Females appear to be want to be grown too fast,", "They also seem to feel they know everything, so it makes it make difficult to communicate to them at times" "It is difficult for me to help females because I have not experienced what they have experienced because I am a male".

Discussion of Results

This research study was conducted to answer the following question: What are the Perceptions and Experiences of Clinical Caseworkers in Promoting Pregnancy Prevention? The following is a detailed discussion of the results.

Theme 1: Teaching Abstinence is Best for Teen Pregnancy Prevention

All of the participants stated that the teens should be educated on the outcomes of engaging in sex. Mia and Tina discussed the importance of encouraging the teens to wait, because it is harder being a teen mother, and being in the foster care system at the same time. Tom, Mia, Tina, and Angie all stated that it is important to be supportive and provide guidance to the teens to help them make better choices and life decisions. It was expressed that if "we" used this approach – we would have a better impact on this increasing problem.

Theme 2: Keeping Personal Beliefs out of the Talks with At-Risk Teens

Janet stated that whether she believes in an approach, such as certain vaccinations or preventive measures, this should not impact her ability to guide the youth appropriately. All of the study participants stated in some aspect that they try to keep their personal beliefs out of their work and work decisions. Mike noted that, "there are policies and procedures that must be followed, and even if I don't agree with them, I follow them as best I can." However, Mia stated that she does rely on her beliefs and life experience to guide her, but whatever she recommends, she believes that it is in the best interest of the youth.

Theme 3: Doing all You can Do; You Still Feel as if You Failed

Angie stated that working with teens is difficult because they are so resistant to being told what to do, even if you give them recommendations you know will help them make better decisions. Mia stated that teens are unique in their own way, and sometimes a standard approach may not allow for success. Three of the participants indicated that it is crucial to understand the environment or culture of the youth, as their troubles are usually a result of one of these aspects.

Theme 4: Real Life Experiences of the Clinical Caseworker is Important

All of the participants answered a question relate to using life experience to help them guide troubled youth, but only four of the participants spoke of the importance of using it regularly to guide youth. They felt this was very important to be able to convey that they, in some aspect, understand the struggle the youth is experiencing. Tom and Mia stated that experience makes a lot of difference, mainly if you have dealt with a family member that has experienced the same situation as the at-risk youth. Also, Janet and Angie covered how important it is to talk to teens about peer pressure from experience. They further stated that the ability to have a real talk with the teen helps drive the point and or message home.

Theme 5: Challenging Experiences Working with Difficult Teens

Two of the participants, Janet and Tina, stated that they enjoyed working with at-risk teens as usually, these individuals do not have an authority figure or voice of reason to help them as they face life events. Angie spoke about being attacked, many times, as she worked in a domestic violence shelter. She further communicated that even with these very unpleasant encounters and admitting that it did at times make it challenging to

work to help them, she knew she was doing the right thing, and refused to abandon her internal drive and desire to help.

Theme 6: Failing to Reach through to the Youth

Several of the study participants stated they feel frustrated and sometimes disappointed when they can't get through to the teen or the teen does not listen to them with what they consider sound advice. Tina stated that she tries to think outside the box and understand the unique situation of every youth she encounters. Mike said he takes it very personally when he fails, even when it is not him directly, especially when they have been unable to hear the message. Angie noted that clinical caseworkers must be resilient and recognize that you can only provide support, but you cannot make anyone make choices.

Theme 7: Being "Real" and "Down to Earth" to Gain Trust

Tina stated that it is important to get on the level of the youth and not to use words that they may not understand. She further noted that the caseworkers might need to use slang to get through to the teen. Mike noted that you must allow space and not come with the "I know it all" attitude. The group that it is important to use personal experience to reach the teens, as most of them want their lives to go straight, but they have an issue with trust. Mia stated that it is not just a job; you must care and be an excellent listener.

Theme 8: Condom Use Message is Ineffective

Every study participant discussed a concern regarding this first approach to pregnancy prevention. Tina, Angie, Tom, and Mike all stated that they are asked constantly to push condom use as the first method of prevention. The participants

indicated that they were frustrated with this approach as it was not useful, and they also felt that it was just permitting them to have sex if they used a condom. It was conveyed that it felt like they were sending the wrong message to those that they were trying to help.

Theme 9: Males must be Cautious when Talking with Female Clients

There was one question in the interview geared at male participants. Mike stated that males must be overly careful because they have not been in that situation that the females are experiencing. It sometimes is difficult to discuss or give direction. Tom stated that females want to be grown too fast, and they seem to feel that they know everything. He further noted that it is this attitude that makes it difficult to communicate with them at times.

Summary

The participants shared their experiences and perceptions about promoting pregnancy prevention among at-risk teens. A majority of the participants voiced frustrations and difficulty at the various standard approaches, as well as not being able to reach some of the teens to help them make better life choices and decisions. Nine themes were generated from the interviews, and they were identified based on the participants' experiences. They were (1) teaching abstinence is the best approach, (2) keep personal beliefs out of discussions with at-risk teens is best, (3) sometimes when you do all that you can do, you still feel you failed, (4) real-life experiences are important when working with at-risk teens, (5) even working with difficult teens has not deterred those from their chosen field, (6) sometimes when you give all that you can provide, it still seems as though you failed (7) being real and down to earth is very important, (8) condom use

message is ineffective, and (9 males must be cautious when communicating with female clients. Chapter 5 will provide an interpretation of the study given the existing literature.

Chapter 5: Discussion

Introduction

This generic qualitative study aimed to illuminate and understand the experiences of clinical caseworkers in promoting pregnancy prevention with foster care youth and contribute to the existing literature. A teen in foster care is defined as an adolescent in full-time custody of the state's welfare system (Boustani et al., 2015). This study's primary goal was to gather information from clinical caseworkers regarding their perceptions and experiences in promoting pregnancy prevention with at-risk teens. The six participants interviewed for this study discussed their opinions and expertise working with at-risk youth

The use of a semistructured interview protocol allowed the interviews to be conducted with some flexibility for follow-up questions and allow for greater elaboration by the participant. I was able to identify common phrases, statements, words, or concepts that gave way to common themes associated with their perceptions and experience. Within this chapter, I discuss my interpretations of the findings based on the previously reported literature. In addition, this chapter includes a detailed discussion about the limitations of the study, social change implications, and make recommendations for future research.

Interpretation of Findings

Upon reviewing the results, the following overarching themes emerged: (a) teaching abstinence, (b) using real-life experiences to counsel at-risk teens, and (c) using contraception as a first line of defense is not practical. The research question that guided

this study was as follows: What are the perceptions and experiences of clinical caseworkers in promoting pregnancy prevention in foster youth?

Teaching Abstinence

Five of the six study participants felt that teaching abstinence would greatly benefit the at-risk youth they work with daily. The discussion focused on the premise that it would be more proactive than just offering contraceptives as an intervention method. They felt that if the teen were shown the repercussions of promiscuity and how it could impact their lives, it would have a more significant impact on their decisions, and some use this approach. However, research has shown that teaching abstinence indeed does not have a significant effect on teen pregnancy prevention. Literature has shown that pregnancy rates among teen girls in the foster care system have not declined, but have risen (Boustani, Frazier, & Lesperance, 2017; Boustani et al., 2015; Bruce, 2016; Kerns et al., 2016; King et al., 2014). Many pregnancy prevention programs in the United States promote abstinence until marriage. However, research has shown that policies and programs that offer abstinence as a single option for unmarried adolescents are scientifically and ethically flawed (Santelli, Kantor, Grilo, Speizer, & Lindberg, 2017). The literature suggests that the use of this approach by clinical caseworkers should be reconsidered. The analysis conducted by Santelli et al. (2017) helps confirm previous findings that abstinence-only education programs or intervention initiatives fail in reducing rates of teen pregnancies or sexually transmitted diseases. In a correlational study to assess whether abstinence-only education is effective in lowering U.S. teen pregnancy rates, 21 states that stress abstinence-only education were significantly less successful in preventing teen pregnancies (Hall, Kathrin & Hall, 2011).

Using Self-Disclosure Experiences

This theme, identified from the study participants' communication, allows for personalization. It comes from a less critical standpoint to a more supportive and guidance aspect, and it also helps build rapport. The participants stated that they use many of their personal experiences, which is formally known as self-disclosure and called "use of self," with friends and family as an intervention tool to help at-risk teens. The "use of self" in working with at-risk teens is the consciously utilizing knowledge, skills, and intervention (Kaushik, 2017). The licensed Independent Clinical Social Worker defines "use of self" as sharing oneself with clients through skillful self-disclosure and empathy, while authentically using this aspect as a therapeutic tool. It may also be referenced as the social penetration theory, which states that as we get to know someone, we engage in a reciprocal process of self-disclosure that changes in breadth and depth, affecting how a relationship develops (Carpenter & Greene, 2016). This approach used by the study participants is well known within social work and as a tool of intervention. Other aspects that can be used, such as group counseling, replacing negative self-talk, and repeating information that sounds irrational and unreasonable back to the teen in the form of a question. Participants noted that using self-disclosure may not be for every teen; it may need to be selected when appropriate and based on how the teen presents. Study participant Mia stated, "teens are unique in their own way, and sometimes the standard approach may not allow for success." It was said by three of the study participants that it is critical to understand the environment or culture of the youth, as their troubles are usually a result of one of these aspects.

Condom Use Message is Ineffective

All the study participants voiced concerns regarding condom intervention as the first defense to reducing unintended youth pregnancy. The participants felt that offering condoms to at-risk youth sends a message of acceptance for poor decision making and sexual promiscuity. Adolescents require increased autonomy and independence, and this need is coupled with poor decision-making, risky behavior, and unintended pregnancies (Wright, Duffy, Kershner, Flynn, & Lamont, 2015). In the Wright et al. study conducted in two South Carolina counties (n=744), it was found that there was no avenue or protocol to be followed to reduce adolescent pregnancy. Youth, who were equal to or greater than 17 years of age, tended to think it is now acceptable for them to become pregnant, which may not have been their manner of thinking just several years earlier (Wright et al., 2015).

The Youth Risk Behavior Surveillance System (YRBSS), managed by the CDC, monitors six categories of priority health-risk behaviors among youth and youth adults. One of those areas tracked is sexual behavior that can contribute to unintended pregnancy and sexually transmitted diseases, including the human immunodeficiency virus (HIV). According to the 2018 YRBSS, nationwide, 3.4% of youth had sexual intercourse for the first time before the age of 13, which was higher among males than females. Among the 28.7% of currently sexually active youth, 20.7% report that either they or their partner had used birth control pills to prevent pregnancy, and 53.8% said that they or their partner had used a condom during their last sexual intercourse. The results of the YRBSS further showed that pregnancy prevention methods were higher among males than females. The final report also found that of the 28.7% of currently sexually active youth,

13.8% reported that neither they nor their partner had used any method to prevent pregnancy during their last sexual intercourse. This action was higher among females than males (CDC, 2018, p. 67). Based on the YRBSS findings, it appears that condom use does play an essential role in preventing unintended pregnancies; however, the findings are not as strong as one may have initially expected.

Feelings of Failure/Collaboration

These clinical caseworkers 'experiences shed light on the daily challenges they face to make a difference in a struggling teen. It is also not easy to determine if you failed or succeeded when there are so many external factors that can impact the various intervention efforts. Those feelings of failure voiced by the study participants may not be warranted, as the burden of success is not solely on their shoulders. Another participant was having healthcare professionals come together as a collective group to impact teen pregnancy. The participant felt this group would be better to address this problem. It sounds like a quality suggestion into what needs to happen to affect the problem from one trajectory, but it appears that more work may need to occur on other fronts to address this growing social problem.

Conceptual Framework

Systems Theory is the breakdown of different fields in science and organization theories (Terra & Passador, 2015). It was believed that during the twentieth century, you had to take something apart to understand and investigate what it contains (Terra & Passador, 2015). The systems theory approach provided a different way of viewing the complex world by seeing the different patterns interacting instead of studying something in isolation (Terra & Passador, 2015). In social work, the systems theory is a study of

organizing the phenomena and its existence (Michailakis & Schirmer, 2014). Michailakis and Schirmer, using the systems theory, enables the worker to focus on the complex issues while emphasizing how it affects everyone. The participants in this study used the systems theory to assist them in their intervention initiatives. There was discussion related to visiting with at-risk teens about their family and home life, to help identify how the youth functioned within their environment; what the youth saw as a driving force, and what may have harmed them. We know that teen pregnancy is the result of engaging in risk-taking factors (Akella & Jordan, 2015; Barbee et al., 2016; Boustani et al., 2015), and it was conveyed by many of the participants that understanding the youths home life was crucial in determining how to address the problem. This approach further allowed the study participants to understand better how the youth related to their surroundings, and how issues encountered were affecting them in their everyday lives and decision-making.

Limitations to Study

This study included a sample of six clinical caseworkers from North Carolina in Cabarrus County. The sample size results are a limitation for this study and may not be generalized to a larger population as there are many counties within North Carolina. However, the results may be transferrable to other similar demographics who experience the same phenomenon. Due to the small sample, the results cannot speak for those who are professional counselors who did not participate. The sample size is not representative of the population of professional counselors working with at-risk teens. Even though saturation was reached within this study with six participants, data suggest that saturation is observed with at least 10 participants (Francis et al., 2010). For future studies, the number of participants should equal or exceed the recommendation for saturation. In

addition, the participants come from one geographical location, and the results and experiences may differ for those in other places. The results of this study are genuinely those of the participants and no other.

Recommendations for Future Research

The study can incorporate providers and other key personnel that play an integral role in prevention efforts. It is recommended that the study focus continue to be qualitative, as this is the method that will provide the most detailed information from a personal experience point of view. Future studies can also include a larger population of clinical caseworkers covering a greater geographical area.

Implications to Social/Professional Change

The study participants were eager to provide insight into the problems of at-risk teens related to preventative efforts. The simple request to increase efforts of collaboration between professionals aimed at intervention does not seem to be challenging to accomplish. It could result in great efforts to minimize the cause of at-risk teen pregnancy. Besides, the efforts and methods used by the study participants were consistent with the system theory framework. Many of their experiences supported the existing literature in aspects related to assessing family and home, social-environmental impact, peer pressure, and teen autonomy need. There must continue to be ongoing assessment of at-risk teens issues and the underlying events or ideologies that may drive poor-decision making for these groups of individuals.

Summary and Conclusion

Teenage pregnancy has been a focus for a reduction in almost every state within the US. The effort and attempts of counseling professionals to impact this societal

problem or at least try to reduce its adverse effects, have presented itself with unique challenges for the various professionals who practice intervention. In this study, just by examining the problem of teenage pregnancy intervention with a small number of participants, shows that there are still concerns within the professional world as to what could be the real impact outside of their solitude. Most participants had their ideas as to how to address at-risk teens they work with daily. There was no structured process for working and communicating with at-risk youth, and there appears to be no real measurement of success for the worker outside of the conveyance of the overall feeling of their impact as they see it. There is a strong need for a collaborative approach with a system-wide preventative initiative. The issue of unintended pregnancy will continue to be a social issue. Still, we can continue to guide and educate those that may tend to make poor decisions through peer-pressure and association with the hope that the message is heard. Even though the numbers are large, changing one teen's life trajectory down the wrong path is a success.

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Appendix A: Interview Guide

Interview Guide

Date: _____ Time: _____
Place: _____
Description of Setting:
_____
_____
_____
_____

Participant #_____

Interviewer Introduction Script:

I want to thank you for agreeing to participate in my research study to explore the lived experiences of foster care clinical caseworkers in promoting pregnancy prevention. Please feel free to express your opinions, feelings, and concerns at any time. You will not be required to answer any questions you do not feel comfortable answering. As you will recall from the consent for this study, all interactions during this interview will be recorded and transcribed. You were given a copy of this consent with specific information as to how the data will be stored, protected, analyzed and discarded within University guidelines to ensure protection of participant privacy.
The interview will contain two parts. The first part will ask you about personal demographic information which will help me to know a little bit more about you and further help me understand your perspective and experiences. The second part will ask you six (6) open-ended questions that are essential to this study. While these questions have been reviewed for conciseness and are designed to capture relevant information concerning this study - I encourage you to share any other information that may not have been asked that you feel could be relevant in understanding you and/or your experience.
Do you have any questions that I may answer before we begin?
If no questions, begin study interview!

Part I – Personal Information

1] Hello, "Participant Name" Can you please identify your gender for me?
Gender: ( ) Male ( ) Female ( ) Other

2] Can you please tell me the highest level of education you have completed?
Educational Level: _____

3] Can you please tell me how many years have you worked directly with teenage girls in the foster care system? Years of Child Welfare Worker Experience:
_____

4] Can you please provide me with your age, which will be identified by age brackets in the study results?

Age Range: ( ) 18-25 ( ) 26-30 ( ) 31-35 ( ) 36-40 ( ) 41-45
( ) 46-50 ( ) 51-55 ( ) 56-60 ( ) 60 and above

Part II – Interview Questions

1. In your experience, what are some of your observations and perceptions of the community-based pregnancy prevention programs for teens?
2. In what way do you feel your personal experiences of and perceptions with teenage pregnancy influence your work?
3. Can you share an experience where you addressed a balance between your personal beliefs and what you are required to do for your teen clients.?
4. Can you share an experience where you felt you were doing all that you could do for your client, as it relates to pregnancy intervention and the outcome was not as you expected.?
5. Can you share with me how your life experiences may have helped you in your job responsibilities.?
6. Can you share an experience where it may have impacted your decision to work with high-risk teens?
7. How do you feel when all the interventions and efforts we have initiated to help at-risk teens fails?
8. (***Male Participants***) Do you find it difficult to address teen pregnancy issues with your female clients? If so, how and why?
9. Based on your experience, what are some of the traits, qualities or characteristics and morals that you have identified or learned that help you better serve at-risk teens.?
10. In your experience, what are some of the observations and perceptions of community-based pregnancy prevention programs for teens?
11. In what ways does you feel pregnancy intervention programs can be utilized or executed to address the overall concerns of the increased teenage pregnancy, especially in foster care?