

After the Adolescent Pregnancy: Parents, Teens, and Families

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ABSTRACT: This article introduces a framework for understanding adolescent conditions and decisions during and after pregnancy. The framework provides a structure for a systematic examination of literatures within five dimensions: pregnancy, abortion, childbearing, adoption, and teen parenthood. The article presents a review of these five conditions or decisions organized around 22 empirically based practice guidelines. Themes across the practices emphasize individualized approaches, future orientation, and family system support.

KEY WORDS: Abortion; Adoption; Childbearing; Teen Parenthood; Teen Pregnancy; Adolescent Sexuality.

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Most social workers will work with a pregnant or parenting adolescent at some point in their careers. For individuals, pregnancy initiates marked physical, emotional, and socialization shifts. At a social level, too, pregnancy and parenthood have fundamental implications for families, communities, and society. These life-changing events have far reaching implications, particularly for adolescents. Relative to adults, the implications for adolescents magnify due to limitations in economic resources, life experiences, educational background, employment opportunities, and interpersonal skills. For individuals, families, and

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society, adolescent pregnancy and parenthood have important consequences. Social workers can provide valuable consultation to adolescents and families as they navigate these fundamentally salient issues.

When social work professionals seek guidance from the research literature, however, they confront an overwhelming array of disciplinary outlets and fragmented topics. The isolated research studies and narrow literature reviews provide incomplete guidance. This fragmented literature is problematic for practicing professionals who work with families in more interrelated ways. In practice, social workers need to be aware of multiple issues including abortion, childbearing, adoption, and teen parenthood.

The current article addresses this fragmentation by presenting a literature review with several distinctive features. First, the article encompasses the interrelated topics of pregnancy, abortion, childbearing, adoption, and teen parenthood. The comprehensive scope reflects the broad issues that confront social workers in many settings. Second, the article introduces a framework that provides a useful structure for considering decisions after pregnancy. These decisions and conditions provide a template for case assessment and this current literature review.

Third, the current review is organized around social work *practices*. The practice-based approach contrasts with traditional critical reviews that focus on theory and measurement problems, construct definitions, and future research.

The organization by research-based practices in this article can guide professional interactions, communication, and decision making. Researchers have previously referred to empirically based standards as “best practices.” The current article, however, avoids the connotation of a single, superior standard implied by this term. Instead, the summary is rooted in an approach that emphasizes flexibility in adopting practices and the potential for changing practices. Consequently, the current article uses “*empirically based*” or “*promising practices*” in referring to inferences drawn from the research literature. The present review unfolds this area and presents research findings relevant to practice.

Approach Used in Developing Promising Practices

The approach to developing practices relied on careful attention to the literature in three phases. In the first phase, the literature was

read in an attempt to foster a comprehensive, state-of-the-art review. During this phase, different levels of adolescent sexual involvement and interconnections across the literature on teen sexuality became apparent. Recognition of these different levels led to developing a framework that guided subsequent reviews. The framework, then, provided a blueprint for reviews focused on promising practices.

As shown in Figure 1, the full framework of 11 dimensions depict increasing levels of involvement related to sexuality. Each dimension reflects a condition, decision, or level of sexual involvement. The right-side column contains decisions that preempt, or postpone succession to other levels. Although the figure presents a broader framework, the current article focuses only on dimensions after pregnancy.

During the second phase, in-depth literature reviews were conducted for the shaded dimensions in Figure 1. The search process yielded contemporary empirical studies across a broad range of journal outlets. Multiple keywords and subject headings generated sources. Next various databases were sampled and supplemented with manual searches of selected journals. Throughout this search and selection process, the aim was to identify research with potential bearing on promising practices.

The third phase involved an inference-making process. During this phase, there were some minor changes in the initial framework. Next, with the help of a small team of professionals, we began an inference-making process in which practices were constructed from prior study findings. In some cases, parallel findings from multiple studies supported a single practice. In other cases, the juxtaposition of several findings across different studies implied a practice. The discussion process led to generation of practices through a process that tended to foster neutrality. This process served to enhance confirmability (Lincoln & Guba, 1985).

Nature and Intent of Practices

This article presents a novel organization in reviewing the literature. Instead of the traditional academic review covering operational definitions, measurement problems, and theoretical dilemmas (e.g., Benson, Sparakowski, & Stremmel, 1992), this review is organized around promising practices for professionals. The next five sections present 22 promising practices. In each section, there are two to five

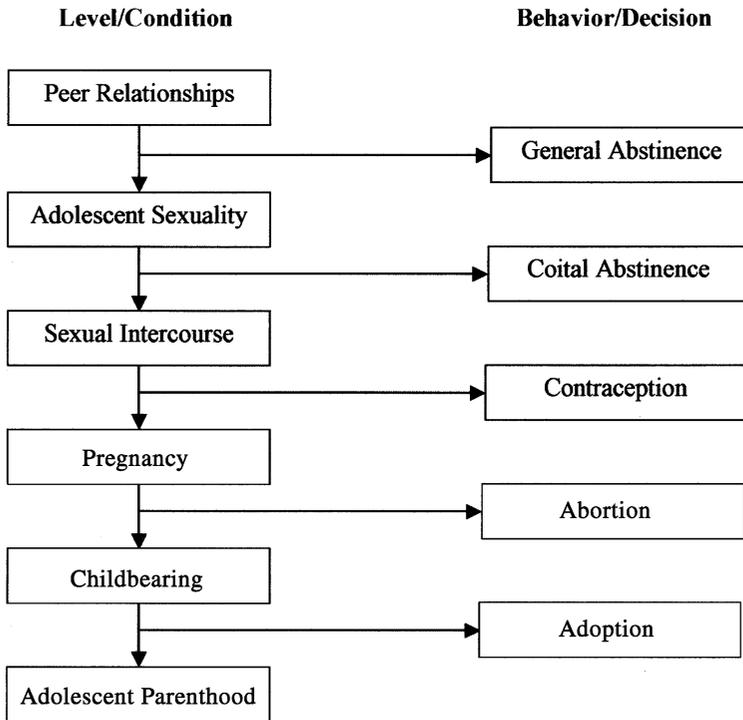


FIGURE 1. Dimensions of Adolescent Sexuality, Pregnancy, and Parenthood

Note. The left column reflects increasing level of involvement. The right column shows behaviors or decisions that preempt the next successive level. This article focuses on the shaded dimensions.

recommended practices. The sections follow the sequence in Figure 1: teen pregnancy, abortion, childbearing, adoption, and teen parenthood.

Use of “promising” implies the need for professional judgment in decisions about practices. In addition, “promising” conveys the need for research testing practices in various settings, with particular attention to context variations that may modify practice. The practices in this article represent inferences that emerged from current research. Though they are not revolutionary, the practices provide a summary of “normal science.” Summaries of normal science have been distinguished as providing an important contribution to the scientific enterprise (Kuhn, 1970). Such summaries provide a road map for new professionals and touch points for seasoned professionals.

For the student and new professional, the practices serve as a guide to the literature and practice. For the experienced social worker, the review summarizes current research and provides a template for mentoring students in practicum and internship settings.

Practices within Levels of Adolescent Sexuality

Pregnancy

Most teens do not consciously plan to become pregnant. A small minority of teens do want to become pregnant, particularly those who are married to the baby's father (Rubin & East, 1999). For most adolescents and families, however, pregnancy is often a surprise. Social workers play an important intervention role with families concerning common problems and health issues to promote positive outcomes for the individuals and the family.

Encourage Parental Support and Communication. Pregnancy can be a stressful time in any family. Prior research indicates that pregnant teens have been found to perceive high levels of family dysfunction (Corcoran, 2001). Compared, to non-pregnant teens, pregnant teens have reported poorer communication with both their mothers and fathers (Guijarro et al., 1999). Nevertheless, adolescent pregnancy places distinctive strains on adolescents and families (Corcoran, 2001).

These communication difficulties have important consequences. Among pregnant women, lower social support is associated with depression (O'Connor, Hawkins, Dunn, Thorpe, & Golding, 1998). Several prior studies document the link between lower levels of family support and depression in teens (Davis, Rhodes, & Hamilton-Leaks, 1997; Stevenson, Maton, & Teti, 1999; Turner, Grindstaff, & Phillips, 1990). In contrast, more supportive parental relationships with their pregnant daughters links to greater self-esteem (Klein, 1998) and life satisfaction (Stevenson et al., 1999). The family has been found to be a primary support for the pregnant teen, much more so than all community supports combined (Chen, Telleen & Chen, 1995).

Encourage Communication About Fantasies, Goals, Baby's Father. Prior research provides some indicators for the common

issues or topics that might emerge in communication with a pregnant adolescent. As has been shown with mentors (Blinn-Pike, Kuschel, McDaniel, Mingus, & Mutti, 1998), pregnancy and infant development are important topics for pregnant teens. Listening to teens' imaginings about their baby and the future "including fears" can help prepare the teen for positive relationships. In addition, social workers can help prepare the teen for educational, work, and family goals. Pregnant teens have been found to have fewer life goals than non-pregnant teens (Hudspeth, Canada, Lim, & Jennings, 1998) and fewer opportunities for planning their future (Ivey, 1999). The way that pregnancy influences the adolescent's future is complex. Yet, even after controlling for other child and family factors, pregnancy has been found to relate to lower achievement in high school (Fergusson & Woodward, 2000).

In addition, the baby's father can play an important role. In many teen pregnancies, the baby's father has a significant role in social, financial, and confidante areas (Chen et al., 1995). There is substantial variation across families in the role of the baby's father. In addition, there is substantial individual variation in the role of the father within the pregnancy phase (Cervera, 1991).

Ask Pregnant Teen About Threats or Intimidation Experiences. Compared to their peers, pregnant teens are at increased risk for experiencing violence. Prior research documents a high incidence of violence experiences by pregnant teens (Martin, Clark, Lynch, Kupper, & Clienti, 1999). Such violence toward teen mothers has been shown to be a significant risk factor for pre-term birth of their babies (Covington, Justason, & Wright, 2001). This problem implies the need for violence assessment in the lives of teen mothers. Social workers can inquire about specific experiences of feeling controlled or intimidated by the baby's father, the family of origin, or others. In addition, symbolic violence has been found to be associated with physical violence among pregnant adolescents (McFarlane, Wiist, & Watson, 1998). Consequently, professionals need to assess both overt and symbolic violence.

Encourage Focus on Health of Pregnant Teen. Besides relationship experiences, teen health is an important focus. Regular medical exams, diet, and exercise are necessary considerations. Improving the teen mother's health can have positive results. Mother's poor health during pregnancy is associated with later child behavior prob-

lems (Uljas, Rautava, Helenius, & Sillanpaae, 1999). Compared to the full teen range, pregnant younger-aged teens carry even greater risk. Younger age is linked to lower infant birth-weight (Lee, Suhng, Lu, & Chou, 1998). Helping young teens obtain early and regular prenatal care is a critically important intervention area.

Encourage Avoiding Cigarette Smoking and Alcohol Consumption. There is substantial evidence that teen mothers should avoid cigarette smoking and alcohol consumption throughout the pregnancy. After controlling for numerous factors, smoking during pregnancy has been found to be associated with lower IQ and attention problems (Millberger, Biederman, Faraone, & Jones, 1998). If their mothers smoked when pregnant, sons were more likely to have conduct disorder (Weissman, Warner, Wickramaratne, & Kandel, 1999) and daughters were more likely dependent on drugs and cigarettes (Griesler, Kandel, & Davies, 1998; Weissman et al., 1999). Clearly, smoking by teen mothers should be strongly discouraged.

There is evidence that efforts to educate pregnant adolescents have been found to reduce smoking during pregnancy (Woodby, Windsor, Snyder, Kohler, & Diclemente, 1999). But the documented difficulty of nicotine dependence among pregnant teens (Albrecht et al., 1999) suggests substantial challenge in quitting smoking, even among those who have recently acquired nicotine dependence.

The evidence against drinking alcohol during pregnancy is also clear. Alcohol exposure during pregnancy links to cognitive problems in offspring (Aronson & Hagberg, 1998). If mothers drank while pregnant, their daughters tended to have higher drinking levels (Griesler & Kandel, 1998). The efforts that social workers make to discourage cigarette smoking and alcohol and drug consumption can promote greater health for the teen mother and her baby.

Abortion

For some teens and their families, an unwanted pregnancy leads to consideration of abortion. For professionals working with families, most will know a teen who has considered, or has undergone, an abortion.

Follow Mandatory Parental Reporting or Consent In The State. In addressing teen needs, a social worker typically becomes involved *after* the adolescent has made a decision to seek an abortion. Prior

research indicates that most teenagers initially arrive at the decision to seek an abortion even before confiding in a single other person (Leshabari, Mpangile, Kaaya, & Kihwele, 1994). Most adolescents also confide in someone, usually an adult, prior to seeking an abortion. In a study of teens seeking abortion in US states without mandatory parental notification, 75% had consulted an adult before seeking the abortion (Resnick, Bearinger, Stark, & Blum, 1994).

In the US, states determine specific laws concerning mandatory parental notification or parental consent for an abortion for daughters under the age of 18. Many states have mandatory parental consent or reporting laws, with provisions for judicial override in selected cases. Social work ethical standards require following state and federal laws. Consequently, the professional who is well aware of the notification or consent laws can assist the teen in a way that coincides with professional ethics and state laws. The research on parental involvement is limited and conflicting. Some research indicates that parental involvement laws appear to be effective in curbing both pregnancy and abortion (Altman-Palm & Tremblay, 1998). Other research indicates that parental consent and notification laws are not significantly related to abortion or birth rates of teens (Tomal, 1999). The variation in specific consent laws across states such as age demarcations, stage of pregnancy, and indicators for judicial override make comparisons across states difficult.

Foster Confiding with Parent Whenever Reasonable. In locales not requiring mandatory notification, social workers may still consider the merits of encouraging the teen to confide in her parent. Professionals can help adolescents to realistically appraise the parents reaction, as teens may underestimate parental support. A review of empirical research indicated that in most cases, parents adjust to the news of a pregnancy and become supportive of the teen, 65–80% (Worthington, Larson, Lyons, & Brubaker, 1991).

One indicator for encouraging confiding may be the quality of the pre-existing family communication and adaptability. Prior research indicates that adolescents are more likely to confide about pregnancy when there is good communication (Griffin-Carlson & Macklin, 1993). In addition, families that are adaptable are more likely to adjust and support the pregnancy. The subsequent experience of parental notification was more positive in families that were more adaptable (Griffin-Carlson & Schwanenflugel, 1998).

The importance of confiding in others also may be a valuable aid to the mental health of the adolescent seeking an abortion. Social workers can encourage confiding and openness to reduce stress due to suppressing the issue. In research on women after their abortion, suppression and denial were related to greater psychological distress (Major & Gramzow, 1999). For most teens contemplating abortion, the mother or boyfriend are the most common confidants (Ambuel, 1995; Finken & Jacobs, 1996, Resnick et al., 1994). Teens can also be encouraged to disclose to family professionals or other trustworthy confidants.

Respect Different Views and Changing Opinions. In considering confidants, teens are exposed to different opinions about abortion. Demographic or religious data may not be a good indicator of who would be supportive toward the teen. In a study of teens informing parents about a pregnancy and abortion decisions, religious factors were unrelated to the perceived support (Griffin-Carlson & Schwannenflugel, 1998). Teens may discover shifts in their views when confronted with a pregnancy. Never-pregnant and first-time pregnant young women were found to have different moral approaches to abortion. Using hypothetical decisions versus actual abortion decisions, the data show that pregnant young women focused their decisions on actual circumstances (Smetana, 1994). The professional who remains respectful of differing views on the divided and controversial issue of abortion can maintain a stance that allows for changes in opinions by teens and families.

Prepare Adolescent for Coping with the Decision. When a young woman has clearly decided upon the need for an abortion, teens in particular warrant assistance. Compared to adults, adolescents feel more misinformed about abortions and more dissatisfied with abortion services (Franz & Reardon, 1992). Helping teens to understand information and providing support in brokering services can reduce potential problems. When pre- and post-abortion counseling are sufficiently provided, findings indicate that most adolescents fare well emotionally (Trad, 1993).

Encourage Positive Appraisal After Abortion. An important mental health issue is understanding coping and adjustment after an abortion. Having an abortion, or not, has been found to be unrelated to well being or self-image (Felton, Parsons, & Hassell, 1998; Russo

& Dabul, 1997). Instead, the best predictor of post-abortion mental health is the mental health level *before* the abortion (Major et al., 2000). Despite the lack of main effects for abortion at an overall group level, some women appear to have better adjustment than others. In particular, researchers identify the role of *positive appraisal* as an important factor in healthy adjustment. Positive appraisal was associated with greater acceptance and less denial, which in turn were related to better adjustment on all measures (Major, Richards, Cooper, Cozzarelli, & Zubek, 1998).

Childbearing

Except for miscarriage or abortion, a pregnant teenager will become a childbearing teen. The needs of the childbearing teen relate to the pregnancy, the birth, and the initial months postpartum.

Adopt a family systems approach. Adolescent childbearing has consequences for the teen. Among adolescent mothers, childbearing is associated with lower likelihood to complete high school (Jones, Astone, Keyl, Kim, & Alexander, 1999). Family system factors appear compromised too. A childbearing teen is likely to experience reduced quality of parenting from her parents (East, 1998) and substantial conflict with her younger sister (East, 1996). Although families become, on average, more cohesive during the course of pregnancy (Cervera, 1994), there remains substantial stress for the adolescent and her family. The boyfriend, husband, or other family relatives may play an important role in the family system.

Advocate to Reduce Conditions Linked to Teen Childbearing. Some conditions that contribute to early childbearing include poverty and limited access to educational opportunities. Conditions of economic poverty are related to higher rates for pregnancy, abortion, and childbearing (McCulloch, 2001; Sullivan, 1993; Trent, 1994). Besides poverty at an individual level, community level disadvantage contributes to conditions linked to teen childbearing. Even after controlling for SES, neighborhood segregation and disadvantaged communities showed higher risks for childbearing (South & Baumer, 2000; Sucoff & Upchurch, 1998). Advocacy and intervention for poor communities holds promise for reducing poverty and enhancing social network resources.

Eschew Stereotyping and Broaden Analysis of Context and Resiliency. The literature points to broadening beyond stereotyped formulations about teen childbearing. Instead of solely identifying *problem* conditions, a careful review of the literature suggests the need to focus on the *resiliency* shown by childbearing adolescents (Henly, 1993). In addition, broader indices of resources need to be included in examining factors related to teen childbearing. Henly (1993) argues for broader assessment of the rich social contexts. A single, multiple-choice item asking about race or class provides insufficient assessment of these complex contexts.

Social workers who question assumptions can contribute to undermining stereotyped views of teen childbearing. One study, for example, refutes the popular view that African-American families condone teen motherhood. In interviews with maternal grandmothers in teen-mother families, Kaplan (1996) found that African-American grandmothers opposed their teen's motherhood for both moral and social reasons. Examining assumptions can enhance professional sensitivity to the needs and goals of the teen mother and her family.

Adoption

Some adolescents who give birth choose to place the infant for adoption. The research on adoption is limited by the low ratio of teens choosing adoption (1–2%) (Resnick, Blum, Bose, & Smith, 1990). There is some research, however, about adoption and providing this information to families can equip them to make informed choices.

Provide Information About Adoption. Adolescents have limited knowledge about adoption. In a sample of non-pregnant adolescents, adoption was the least discussed alternative to pregnancy resolution (Daly, 1994). Adolescents in the sample had favorable attitudes toward adoption, but perceived it as complicated and legally questionable. Interventions with adolescents concerning adoption are beneficial. For example, live dramatic presentations to students increased the perception that adoption is a viable option (Portes, Howell, Kirby, Kidwell, & Dunham 1993).

Evaluate with Teen and Parents the Reasons for the Adoption Decision. Significant people in the teen's life can play an important role in the decision to place the newborn for adoption. These people are most often parents, partners, or other family members. Opinions

of other people influence the likelihood of a teen choosing adoption (Chippindale-Bakker & Foster, 1996). Perhaps because of the strong influence of opinions on adoption, teens feel uneasy in considering it. On average, teens report uncertainty about parent and peer opinions about adoption (Daly, 1994). Social workers can reduce this uncertainty by helping to elicit open discussion and evaluation.

In general, teens who place a newborn for adoption feel unprepared for parenting (Resnick et al., 1990). Compared to non-placers, they are more likely from families that are stable (Weir, 2000), have higher SES (Donnelly & Voydanoff, 1996), and higher educational aspirations (Resnick et al., 1990). These teens often foresee future educational alternatives (Donnelly & Voydanoff, 1996) and social sanctions for teen parenting without being married (Custer, 1993). Social workers who recognize these social and cultural factors can assist in ways that advance health and mental health of the family.

Broker Services in Ways that Facilitate Effective Adoption. Besides the general influences, specific aspects of the adoption process appear to play an important role in the adoption decision. Rather than choosing to parent, individuals are more likely to place for adoption when the contact with the adoption agency occurs *after* the birth. Besides limited contact with the agency during pregnancy, minimal contact with the infant following delivery eases the adoption decision (Chippindale-Bakker & Foster, 1996).

Prepare the Adolescent for Regret Emotions and the Need to Look Ahead. Prior research indicates that compared to teen parents, teens who chose to place their child for adoption were more likely to express regret with their decision (Donnelly & Voydanoff, 1996). Placers were also more likely to have negative feelings about the decision (Namerow, Kushman, & Cushman, 1997). Adolescents can have confidence in the adoption decision, however. Long-term outcomes are good for adopted children. In general, adopted and non-adopted children are similar with some studies failing to detect any differences. A review of adoption research indicates minimal or non-existent differences in non-clinical families (Haugaard, 1998). Some research has detected small differences with adopted children at slightly higher risk for substance use (Wadsworth et al., 1997) or problem behaviors (Fergusson, Lynskey, & Horwood, 1995; Verhulst, 2000). The majority of adopted children, however, function quite well

as adolescents (Verhulst, 2000). Similar to other research comparing family structure and family process (Benson, Curter-Smith, Collins, & Keith, 1995), family processes have a much greater impact than adoptive status (Lansford, Ceballo, Abbey, & Stewart, 2001).

Adolescent Parenthood

Promote Supportive Family of Origin Relationships. There is ample evidence for the value of family-of-origin support for the teen mother and her child. Longitudinal research provides evidence that supportive family styles lead to favorable outcomes for young mothers (Birch, 1998). Specifically, support for emotional, instrumental, and economic needs of the teen mother are linked to positive maternal well-being (Henly, 1997). For the teen mother, cohesive family relations were associated with less depression (Prodromidis, Abrams, Field, & Scafidi, 1994) and less risk for child abuse (McCullough & Scherman, 1998). Besides the mother herself, support in her family of origin is also linked to favorable outcomes for her child (Birch, 1998).

Promote Healthy Adolescent Autonomy and Individuation. Along with supportive family relations, social workers can promote healthy individuation for the teen mother. The research literature implies that professionals can promote autonomy by encouraging aspirations and education. Teen mothers who were encouraged to pursue their aspirations had resilient reports about their adjustment (Camarena, Minor, Melmer, & Ferrie, 1998). Similarly, teens are less likely to have a second birth if they earn a diploma or become employed (Manlove, Mariner, & Papillo, 2000).

Besides education, social workers can also promote individuation by encouraging reflection or analysis about the family of origin. Teen mothers who reflected on their own family-of-origin experiences were found to have greater sensitivity and responsiveness to the infant (Brophy-Herb & Honig, 1999).

Evaluate the System Effects of Grandmother Involvement. Teen mothers who continue to live with their parents are part of a three-generation family system. Because co-residence is required for teen mothers to receive public assistance in some US states, the issue of mandatory co-residence is important. Research on grandmother co-residence (Kalil, Spencer, Spieker, & Gilchrist, 1998)

shows no differences between teens who reside with the grandmother and those who live independently. For the child, the findings are mixed. On the positive side, grandmother co-residence was associated with higher motor skills among infants (Black & Nitz, 1996) and higher evaluations of the home environment (Spieker & Bensley, 1994). On the negative side, adolescents who lived apart from their mothers had better teaching interactions (Spieker & Bensley, 1994) and greater warmth toward their infants (Black & Nitz, 1996).

Awareness of teen mothers living in non-supportive families is an important goal in social work practice. These adolescent mothers are more likely to be at risk for depression. Across several types of groups, adolescent mothers with the greatest depression symptoms were those who co-resided with their mothers in low-cohesion families (Black & Nitz, 1996).

The research suggests four key issues that social workers can address in three-generation family systems with an adolescent mother. These issues include communication, role change, conflict, and social isolation (Paskiewicz, 2001). Examining these themes helps promote better outcomes for family members.

Case Manage with the Teen Father. Next to the maternal grandmother, the father of the newborn is frequently mentioned as a source of support (Chen et al., 1995), but also as a source of conflict (Nitz, Ketterlinus, & Brandt, 1995). On average, teen fathers have multiple risk factors. Teen fathers are at increased risk for educational problems, truancy, drug use, aggression, and delinquency (Dearden, Hale, & Woolley, 1995; Thornberry, Smith, Howard, 1977). Teen fathers who lack interest in child rearing tend to have less money and less knowledge of childcare (Rhein et al., 1997). Case management with teen fathers can provide opportunities for fathers and further their knowledge of childcare.

Evaluate Contributions of Members of the Family System. Besides the parents and the baby's father, several other roles are important in the family systems of some adolescent mothers. Specifically, research has identified that grandfathers and younger sisters can play important roles. In working class families, grandfathers had direct effects on children when other adult males were absent (Oyserman, Radin, & Benn, 1993). Younger sisters, too, have been found to play important caregiving roles (East & Jacobson, 2001). Nevertheless, social workers should be attuned to preventing potential nega-

tive consequences for the younger sister. Compared to their age peers, younger sisters of teen mothers are more likely to engage in earlier sexual involvement and substance abuse (East & Jacobson, 2001). They are also more likely to become pregnant themselves (East & Jacobson, 2001). The professional working with families is in a vital position to make contributions that will promote positive outcomes for adolescents and the family system.

Discussion

The practices developed in this investigation emphasize individualized approaches and effective timing for interventions with pregnant adolescents. The different practices within each dimension illustrate the branching pathways that social workers navigate in working with adolescents. During pregnancy, critical decisions affect adolescent futures and determine professional roles. Issues such as abortion versus childbearing and adoption versus teen parenting have crucial impacts. Decisions about care for an infant, the relationship with the baby's father, or continuing in school become vital issues with real consequences. Effective individualizing and timing to match the decisions and conditions of the adolescent can lead to better outcomes.

In addition to individualizing, a recurrent theme in the practices is the importance of future orientation. Future orientation emerges differently, however, depending on the level as noted in Figure 1. There are differences in emphasis on the specific, relevant aspect of the future across the levels, including health, coping, regret, or autonomy. Some adolescents may have difficulty imagining alternative futures due to limited life experiences or incomplete formal operational thinking (Piaget & Inhelder, 1969). Social workers can be particularly helpful to families in scaffolding adolescents' ability to plan in ways that advance decision making and foster responsibility.

Another recurrent theme across the levels is the family-system support. Again, this theme emerges with different expressions across levels. Under the umbrella of family system support social workers assist adolescents with confiding, deciding, or negotiating different levels. The poignancy of the family system is prominent after pregnancy. The shifts in views on abortion or adoption, complexities in three generation family systems, and the impact on siblings all reflect powerful system-wide processes after pregnancy.

The emphasis of the themes, practices, and levels should not obscure more general issues of sexuality for adolescents that persist after pregnancy. Peer relationships, issues of abstinence or celibacy, and contraception remain important dimensions for adolescents. For a review of practices relevant to these dimensions, see Benson, Parker, Habben, & Huebner (2003).

Although the stated practices apply mostly to adolescents and families, an insightful social worker will recognize that adaptations and variations are necessary depending on the particular adolescent or family circumstance. Professionals can more sensitively apply practices by recognizing not only social location contexts (e.g., race and class), but also other dimensions of difference. Some additional dimensions include individual personality traits, parental relationship process, family-system processes, and neighborhood community characteristics. This article supports this context sensitivity by including practices that “assess” or “evaluate” contexts of the adolescent’s life.

The practices in this examination also imply hypotheses for future research. Using positive adolescent and family outcomes as the dependent variable, each practice parallels a potential intervention hypothesis. Moreover, testing whether the practice holds across varying individual, family, or cultural dimensions would be a valuable assessment. Although mean differences have been identified across groups (e.g., Coley & Chase-Lansdale, 1998; Jorgensen, 1993) process differences remains an important area for future research. Future research addressing the practices in this investigation and testing for interaction could decipher whether process differences exist. While awaiting clarification from such research, the professional must rely on inferences and judgements in specific situations with particular adolescents and families.

Pregnancy and parenthood have fundamental importance at sociological and personal levels. So foundational are these issues that individuals can align a sense of personal identity with attitudes and beliefs about pregnancy and parenthood. Pregnancy and parenthood attitudes can link to the personal identities of teens, their parents, and professionals who work with families. If families or professionals invest time, devote energy, or forgo opportunities due to pregnancy or parenthood, the links between values and identity intensify. Recognizing the ways that values originate in experiences and coalesce in one’s personal identity can provide the professional with a perspective that enables positive contributions to families.

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