

4-2003

Mentoring Youth: A Service-Learning Course Within a College of Nursing

Janis C. Childs
University of Southern Maine

Susan B. Sepples
University of Southern Maine

Kimberly A. Moody
University of Southern Maine

Follow this and additional works at: <https://digitalcommons.unomaha.edu/slcehighered>

 Part of the [Service Learning Commons](#)

Please take our feedback survey at: https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE

Recommended Citation

Childs, Janis C.; Sepples, Susan B.; and Moody, Kimberly A., "Mentoring Youth: A Service-Learning Course Within a College of Nursing" (2003). *Higher Education*. 31.
<https://digitalcommons.unomaha.edu/slcehighered/31>

This Article is brought to you for free and open access by the Service Learning at DigitalCommons@UNO. It has been accepted for inclusion in Higher Education by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

Mentoring Youth: A Service-Learning Course Within a College of Nursing

Janis C. Childs, PhD, RN, PNP; Susan B. Sepples, PhD, RN, CCRN; and Kimberly A. Moody, PhD, RN-CS, ANP

ABSTRACT

Faculty at the University of Southern Maine College of Nursing and Health Care Professions developed a service-learning course that connected students and faculty with at-risk children in a local community. Nursing students, with faculty supervision and support, developed, implemented, and evaluated interventions to reduce risk factors and increase protective factors to build and strengthen the participants' resiliency.

Students enrolled in the service-learning course worked in the community where they gained an understanding of what it was like for children and adolescents to live in an impoverished community setting with disorganized family units and weak community support. The students learned to collaborate with police, schools, public health nurses, and churches, as well as students in other major programs. The benefits of this course for students and the community were far reaching and even life changing.

Currently, institutions of higher education are challenged to address the needs of the communities in which they are located, and students must ensure that classroom experiences are rel-

evant to their career goals. Service-learning courses have proven to be a successful bridge between these two needs (Driscoll, Holland, Gelmon, & Kerrigan, 1996; Erlich, 1994; Giles & Eyler, 1994; Hirsch & Lynton, 1995). Service-learning courses are particularly relevant for nursing because they reflect nurses' historical involvement with the health care of individuals, families, and communities (Conger, Baldwin, Abegglen, & Callister, 1999; Matteson, 1995; Meservey & Zungolo, 1995). Working with communities is one way of teaching community nursing to students, while promoting an understanding of client needs beyond the acute care setting (National League for Nursing, 1996; Yoder, Cohen, & Gorenberg, 1998; Zungolo, 2000). Community connections teach students about community life and are relevant to the curriculum and students' future professional careers (Hales, 1997; Logsdon & Ford, 1998; Mahoney, 2000).

In this service-learning course, faculty and students joined residents to address a problem identified as a top priority in their neighborhood. At the time this course was initiated, Portland, Maine, was ranked second among 15 cities in the United States with the "worst White underclass neighborhoods" (Whitman, Friedman, Linn, Doremus, & Hetter, 1994, p. 41). One such neighborhood was Parkside, the most densely populated crime area in the state, housing 7% of Portland's population and claiming 20% of all robberies, burglaries, and assaults in the city. The adolescents of this neighborhood were at risk for substance abuse, domestic and community violence, HIV and other sexually transmitted diseases, early pregnancy, poor hygiene and nutrition, and crime. They were

becoming excluded from protective institutions such as schools, churches, and families because of poverty, poor anger management, inadequate or absent parental supervision and support, and irregular school attendance (Hawkins, Catalano, & Miller, 1992; Kaplan, Turner, Norman, & Stillson, 1996; O'Keefe, 1997; Richman, Rosenfeld, & Bowen, 1998).

Mentorship, resilience strengthening, esteem and empowerment building, and interventions that reduce risk taking and increase protective factors have been documented as methods to help at-risk children as they strive for a healthy and safe adolescence (Emery, McDermott, Holcomb, & Marty, 1993; Hawkins et al., 1992; Kaplan et al., 1996; Keller, Duerst, & Zimmerman, 1996; Rodwell, 1996). For example, mentoring programs have been shown to be effective in helping children make decisions about safe behavior (Johnson, 1990; Richman et al., 1998; Schinke, Jansen, Kennedy, & Shi, 1994).

Evolution of the Course

This course evolved over 5 years from a community summer project to a course offered to all students in the university. It began as a pilot project in the summer of 1994. A nursing faculty member and the Portland Police Department created a community-based drug prevention program for children ages 10 to 16. Children targeted for intervention were those viewed as problem children by community police and those who lacked social skills, did not "fit in," had a history of social problems, and were labeled troublemakers. These children were consistently in trouble, largely due to lack of structure after school and during the summer months.

Received: January 29, 2001

Accepted: December 4, 2001

Dr. Childs is Assistant Professor of Nursing, and Dr. Sepples and Dr. Moody are Associate Professors, University of Southern Maine, College of Nursing and Health Professions, Portland, Maine.

Address correspondence to Janis C. Childs, PhD, RN, PNP, Assistant Professor of Nursing, University of Southern Maine, College of Nursing and Health Professions, 96 Falmouth Street, PO Box 9300, Portland, ME 04104-9300; e-mail: jchilds@usm.maine.edu.

The community-based program initially was funded by stakeholders in the Parkside community (i.e., churches, schools, community agencies), the university, and small grants from the business community. An award from the Addictions Training Center of New England provided additional support in the second year. In 1995, the program was awarded a grant from the Maine State Office of Substance Abuse.

In response to community need and because of the program's initial success, an ongoing course was created. This course currently is offered every semester and is open to all graduate and undergraduate students. Nursing students may take the course as their community health clinical course or as an elective. Students who become involved with the children and the community often enroll in subsequent semesters for elective credit or volunteer as mentors after they have met their course requirements.

The Course

This course delivers a multilevel, multidisciplinary, community-based substance abuse prevention program to children ages 10 to 16, based on developmental prevention models (e.g., resiliency, reconnecting children, and asset models). The community coordinator initially selected children for the program with help from the police, schools, university faculty, and the families of the children. Many of these children were identified as being at high risk for problems based on factors such as having a diagnosis of attention-deficit/hyperactivity disorder, being in trouble with the legal or school system, or being survivors of abuse. Other children heard about the program and approached the community coordinator to enroll.

Students are matched with one or two children to provide a mentoring relationship during the semester. With direct guidance and support from faculty, students develop, implement, and evaluate the program. Students develop appropriate, fun group excursions within which prevention or curriculum content can be delivered. In this atmosphere, students have the opportunity to model acceptable behavior, display problem-solving skills, and create a relationship with the children.

Students also meet individually with the children they are mentoring. One-on-one activity and individually focused assessments and interventions encourage the bond between the children and their mentor. In this setting, the children have the opportunity to discuss issues regarding home, school, and relationships without the intrusion of other children or mentors. The children have the opportunity to talk without being concerned about peer expectations or responses.

The student-designed curriculum is founded on research from Reconnecting Youth (Hawkins, Catalano, & Miller, 1992; Moody, Childs, & Sepples, in press) and is implemented by the group with explicit criteria for evaluation. Students design activities for each day based on the overall program targets, which consider learning, developmental, and psychosocial needs of vulnerable children. The eight targets for the children include:

- High levels of program participation and satisfaction.
- Application of healthy behaviors in their daily lives.
- Reduced alcohol and tobacco abuse.
- Deterrence from unsafe sex.
- Management of moods.
- Prevention of early pregnancy, drug use, and HIV infection.
- Promotion of good hygiene, nutrition, and exercise.
- Strengthened self-esteem and body image; social and interpersonal skills; relationships with peers and adult mentors; and ties among children, parents, and school.

Using the tenets of activity-based therapeutics, students address the program targets for children. Activity-based therapeutics involve individuals in a variety of activities that build trust, improve self-concept and problem-solving skills, challenge, encourage goal setting, and introduce fun and humor. Students are encouraged to be as innovative and creative as possible. They use a standard form to develop a plan for the interventions, which then are peer evaluated. The students design games, role-playing activities, and challenges that stimulate the children to discuss and actively engage in the topic of the day.

Students have been inventive in capturing the children's attention and communicating the messages about the effects

of smoking, drinking, unsafe sex, and drug use. Conversations and the children's responses are insightful, thought provoking, and often humorous.

Students also are responsible for organizing activities for each day. Activities have included apple picking, hiking, bowling, roller skating, and visiting local sites such as the children's museum, the rock climbing gym, or the beach. The activities are based on developmental appropriateness and often involve challenges and sometimes risk taking. These group activities also improve the children's socialization skills.

Course Objectives

Students are graded on their ability to meet the following objectives:

- Develop therapeutic mentoring relationships with community children.
- Use social skills training methods with at-risk children to enhance their self-esteem, communication, and decision making.
- Facilitate discussions about growing up in relation to sexual and reproductive health of community children and their families.
- Participate in self-reflective clinical practice.
- Apply empowerment research evaluation concepts.

Successful completion of the course requires writing a weekly reflective journal; evidence of competence in implementing activity-based therapeutics; evidence of the quality of students' relationship with the children and their families; development of a target-based curriculum in the form of activities with children; evaluation of the activity and a written description of the curriculum designed and delivered; and a final program evaluation report.

Faculty Role

Due to the number of students interested in taking this course and the intensity, involvement, and work required, this course is best taught by two faculty members. Faculty work includes coordinating course activities; grading papers, projects, and journals; and mentoring students. The course faculty help the students understand and apply knowledge from the

literature concerning at-risk children and theories of resilience. Activity-based learning and team building are modeled by faculty, who serve as group facilitators and consultants, and often help coordinate the logistical issues of transportation and refreshments.

Faculty also have established and maintained the ongoing partnership with the Parkside community. Over the years, the faculty have become trusted members of the community and often are approached by families for advice and consultation about their children.

Course Outcomes

Students learn to plan, implement, and evaluate a prevention project with an at-risk population and to collaborate with police, schools, public health nurses, churches, and students from other academic disciplines. They learn to address issues as they arise. An example of an ongoing issue is the overall management of group behavior. At times, this is a major issue, consuming much of the weekly clinical conference. At the beginning of every semester, all children in the program together generate rules for behavior and sign a contract agreeing to certain expectations. For example, the children agree to not smoke or use substances, refrain from being violent, keep their hands to themselves, not leave the group unless they have permission, refrain from swearing, and treat all members with respect while in the program.

The children frequently challenge the rules and guidelines established for acceptable behavior. During the course, behavior management and discipline are a frequently revisited problem, and consistency is paramount in working with the children. It often is difficult for students to agree on an approach to problems and disciplinary consequences. Whereas some students are parents with their own set of beliefs, other students are not parents and are unsure of an approach or how to handle difficult situations. Faculty work with students to develop a consistent approach.

Effect on Students

The effects of this course are revealed in the students' journals. The most pervasive themes that emerged are the need to

work together as a team to ensure a positive and safe experience, the incredible emotional work involved, and the feelings evoked because of the students' own childhood and upbringing. Students raise provocative issues in their journals that require follow-up discussion individually or as a group. The course forces many students to think about and cope with their own families and childhoods. One student, a teenage parent, wrote:

I believe that I can offer special insight into these areas as I was an at-risk teenage mom myself. The major hurdles that I find myself facing are my own personal issues. I still carry a lot of hurt, anger, and pain. I am not sure that I can fully help another until I work through some of my own problems. It was very hard for me to hear some of the problems that Janie* has faced, because I could relate to them on a personal level.

Students often are able to identify with children and use that identification in therapeutic interaction. One student wrote:

Debbie seemed apprehensive to talk about her father. She talked of a recent 2-day visit he made to the city to see her. The first day he spent with her he promised that he would stay sober, but the next morning he had a black eye and was acting "funny." Debbie seemed apprehensive in discussing her dad. I felt bad for bringing him up. I let her know that my parents were divorced when I was an infant and that I did not see my father until I was 21. Unfortunately, when I did meet my dad, he was not the man I thought he would be. He also is an alcoholic.

After visiting one child's home, a student addressed stereotype and bias:

I have to admit that I was shocked at how clean and well kept the house was. The more I think about it, the more I realize this is part of a personal bias that I hold. I just assumed and imagined that all these children would live in run-down and dirty homes. I am now realizing that they are just ordinary people with unordinary [*sic*] lives.

The end of the semester is a difficult and emotional time because students and children have connected and formed bonds

* Names have been changed to protect anonymity.

of various degrees. The last day of class, traditionally called "awards day," is a celebration of the time spent together, and each student creates an award to present to the child with whom he or she has worked during the semester. Awards are designed to highlight an important milestone that occurred in the relationship, or something that the children did particularly well during the semester. One of the youth participants tried rock climbing, although he was afraid of heights, and another youth showed leadership by intervening appropriately in an argument. In turn, the children present their mentors with a gift or an award they designed. Some children write poems or songs.

One student described the poignancy of this event:

The award class was fun and interesting, all of the awards were nice, not comical. Afterwards we played one final game of tag, and I really showed my age. And then we ended the day. This was a tough day for the kids and me. I've grown very attached and accustomed to seeing them every week. I will miss them.

Effect on Faculty

The experience for faculty is as profound as for students. Faculty also work through their feelings and beliefs about the issues of poverty, crime, abuse, neglect, and bias. One faculty member discussed "going home at night and not being able to stop thinking about the effects of poverty on the children" and better appreciating her own "fortune and luck of birth." Another faculty member commented, "These children's stories are poignant reminders that so many of our population must struggle and fight for such basic needs as food and shelter." Several additional comments made by faculty speak to the effects of the course on them. One faculty member stated:

I feel that teaching Parkside expanded my range as a teacher and as a nurse and maybe as a person and a mother. I know it will deeply affect the way I raise my children when they get to their teen years.

Another faculty member commented:

I learned about resiliency and I learned about listening. I listened to music piped at top decibel levels, I listened to student complaints about things

that were disorganized and chaotic (they clearly did not have kids), I listened to girls tell me why they might have sex and the answers broke my heart. But I listened. Maybe that was all I did. It was hard for me not to try to jump in and fix, solve, make better; sometimes all you do is listen. Sometimes it is enough.

The time spent working with the students is often more than that spent in most clinical courses. Students often need to talk about experiences that were upsetting or frightening. Issues of child abuse, drug abuse, or other aspects of safety arise, and students need help sorting through what they could or should have done.

Evaluation

The course continues to evolve each semester as new challenges arise and old challenges are addressed and solved. Changes also are made based on students', children's, and faculty's evaluations. For example, programs for adolescent girls and younger children have been developed. An "umbrella" plan for behavior issues has been fine-tuned, which reduced the time taken to address inappropriate behavior. Tighter guidelines for the curriculum have enabled students to organize and deliver educational topics in a more efficient manner. The issues students and faculty continue to address are those of children's behavior, costs of the program (e.g. for refreshments, activities, appropriate clothing such as bathing suits or winter items), and transportation for the children to and from activities outside of the community. Many problem areas have been identified and solved, but this course will continue to be a challenge, requiring adaptation and innovation.

Implications

Involvement in this course is an invaluable experience for students, faculty, and the community. This course has introduced students and faculty to individuals and communities outside of their own cultural experiences. Students

described the course as enlightening and anticipate it will have far-reaching effects on their lives. Through in-depth discussion, guidance, support, and insight, students gain a better understanding of the effect of poverty on individuals and groups. Working in and with the community serves to sensitize students to the experiences of people living in poverty. The students learn to create, implement, and evaluate a curriculum in conjunction with other students and community members. This type of course offers a unique opportunity for students to learn about communities, poverty, diversity, teamwork, at-risk populations, and their own biases and upbringing. The course also has built a bridge between the university and the community, offering an opportunity for the university to provide something to the community and the community to provide something to the university.

References

- Conger, C.O., Baldwin, J.H., Abegglen, J., & Callister, L.C. (1999). The shifting sands of health care delivery: Curriculum revision and integration of community health nursing. *Journal of Nursing Education, 38*, 304-311.
- Driscoll, A., Holland, B., Gelmon, S., & Kerrigan, S. (1996). An assessment model for service-learning: Comprehensive case studies of impact on faculty, students, community, and institution. *Michigan Journal of Community Service Learning, 3*, 66-71.
- Emery, E.M., McDermott, R.J., Holcomb, D.R., & Marty, P.J. (1993). The relationship between youth substance use and area-specific self-esteem. *Journal of School Health, 63*, 224-228.
- Erlich, T. (1994). Taking service seriously. *AAHE Bulletin, 47*(7), 8-10.
- Giles, D.E., & Eyster, J. (1994). The impact of college community service laboratory on students' personal, social, and cognitive outcomes. *Journal of Adolescence, 17*, 327-339.
- Hales, A. (1997). Service-learning within the nursing curriculum. *Nurse Educator, 22*(2), 15-18.
- Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early childhood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64-105.
- Hirsch, D., & Lynton, E. (1995). Bridging two worlds. *National Society for Experiential Education, 2*, 10-11, 28-29.
- Johnson, J. (1990). Preventive interventions for children at risk: Introduction. *International Journal of Addiction, 25*, 429-434.
- Kaplan, C.P., Turner, S., Norman, E., & Stillson, K. (1996). Promoting resilience strategies: A modified consultation model. *Social Work in Education, 18*, 158-168.
- Keller, M.L., Duerst, B.L., & Zimmerman, J. (1996). Adolescents' views of sexual decision-making. *Image, 28*, 125-130.
- Logsdon, M.C., & Ford, D. (1998). Service-learning for graduate students. *Nurse Educator, 23*(2), 34-37.
- Mahoney, M.A. (2000). A violence intervention and prevention program: The experience of Northeastern University (Massachusetts). In P.S. Matteson (Ed.), *Community-based nursing education* (pp. 204-223). New York: Springer Series on the Teaching of Nursing.
- Matteson, P. (1995). *Teaching nursing in the neighborhoods: The Northeastern University model*. New York: Springer.
- Meservey, P., & Zungolo, E. (1995). Out of the tower and onto the streets: One college of nursing's partnership with communities. In P.S. Matteson (Ed.), *Teaching nursing in the neighborhoods: The Northeastern model* (pp. 1-29). New York: Springer.
- Moody, K.A., Childs, J.C., & Sepples, S.B. (in press). Intervening with at-risk youth: Evaluation of the Youth Empowerment and Support program. *Pediatric Nursing*.
- National League for Nursing. (1996). *Criteria and guidelines for the evaluation of baccalaureate and higher degree programs*. New York: Author.
- O'Keefe, M. (1997). Adolescents' exposure to community and school violence: Prevalence and behavioral correlates. *Journal of Adolescent Health, 20*, 368-376.
- Richman, J.M., Rosenfeld, L.B., & Bowen, G.L. (1998). Social support for adolescents at risk of school failure. *Social Work, 43*, 309-323.
- Rodwell, C.M. (1996). An analysis of the concept of empowerment. *Journal of Advanced Nursing, 23*, 305-313.
- Schinke, S., Jansen, M., Kennedy, E., & Shi, Q. (1994). Reducing risk-taking behavior among vulnerable youth: An intervention outcome study. *Family and Community Health, 16*(4), 49-56.
- Whitman, D., Friedman, D., Linn, A., Doremus, C., & Hetter, K. (1994). The White underclass. *U.S. News & World Report, 117*(15), 40-41, 44-45, 48, 53.
- Yoder, M.K., Cohen, J., & Gorenberg, B. (1998). Transforming the curriculum while serving the community: Strategies for developing community-based sites. *Journal of Nursing Education, 37*, 118-121.
- Zungolo, E. (2000). Changing nursing education. In P.S. Matteson (Ed.), *Community-based nursing education* (pp. 8-21). New York: Springer Series on the Teaching of Nursing.