Chapter 14 The Young Adult: Basic Assessment and Health Promotion

**BOX 14-12 Considerations for the Young Adult in Health Promotion**

1. Cultural and family background, values, support systems, community resources
2. Relationships with family of origin, extended family, family of friends or spouse
3. Behaviors that indicate abuse by spouse or significant other
4. Physical characteristics, nutritional status, and rest/sleep and exercise patterns that indicate health and are age-appropriate
5. Integrated self-concept, body image, and sexuality
6. Immunizations, safety education, and other health promotion measures used
7. Demonstration of continued learning and use of formal operations and concrete operations competencies in cognitive ability
8. Overall appearance and behavioral patterns that indicate intimacy rather than isolation
9. Behavioral patterns that demonstrate a value system, continuing formation of philosophy of life, and moral-spiritual development
10. Established employment, vocation, or profession, including homemaking and child care
11. Behavioral patterns that reflect commitment to parenting, if there are children
12. Relationships with work colleagues, coping skills for work stress
13. Demonstration of integration of work and leisure and avoidance of physical or emotional illness
14. Behavioral patterns and characteristics indicating the young adult has achieved developmental tasks

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**Abstract for Evidence-Based Practice**

**Interventions with Mothers to Reduce Depression and Chronic Stressors**


**KEYWORDS**
depression, single mothers, negative thinking, chronic stressors.

**Purpose**
To test effectiveness of using cognitive-behavioral group sessions as intervention with low-income mothers at risk for depression, and who experienced negative thinking and chronic stressors.

**Conceptual Framework**
Poverty, chronic stressors, and negative thoughts increase risk for depression in low-income, single mothers. Cognitive-behavioral therapy prevents onset of and relapse of depression.

**Sample/Setting**
The sample of 205 single mothers with at least one child age 2 to 16 years old and who were 185% or below poverty level were recruited from Women, Infants, and Children (WIC) sites and public health clinics. The mothers were not receiving psychiatric treatment or medication and were not suicidal or pregnant.

**Methods**
The Beck Depression Inventory (BDI) and Center for Epidemiologic Studies Depression Scale (CES-D) were administered. Of the 205 women, 136 were identified as at risk for depression and agreed to participate. Participants were randomly assigned to either a control or an intervention/experimental group. Women in the intervention group participated in 6 hours of cognitive-behavioral group sessions over 4 to 6 weeks. The modifiable risk factor targeted was negative thinking. The intervention included frequent use of positive affirmations. In the intervention group, 91 of the 136 completed all three interviews: baseline, 1 month, and post-intervention 6 months.

**Findings**
No significant difference was found in demographic data or for BDI or CES-D scores for the control \(n = 74\) and experimental \(n = 62\) groups. Analysis of the 1-month and 6-month post-intervention scores revealed less prevalence of depressive symptoms in the experimental than in the control group. The level of negative thinking and chronic stressors scores continued to decline between 1 and 6 months after intervention for the control and experimental groups but were lower for the intervention compared to the control group.

**Implications**
The Hawthorne effect could have influenced results; using an attention control group in future research would eliminate this potential effect. Findings indicate that the mental health benefits of a nursing intervention, altering negative thinking and using positive affirmations, is a way to improve mood in at-risk people. Such interventions may not remove the chronic stressors but can assist single mothers to better cope with them.