

Serving Expectant Teens: Principles for Practice, Resources and Curricula

Objectives

During this call, panelists will:

1. Highlight differences between teen and adult learners, and how those differences impact services in pregnancy;
2. Offer guiding principles for serving expectant teens;
3. Identify how resources from the Office of Head Start can be used in work with expectant and parenting teens.

Agenda

1:50 PM*	Call-in Please call in five to ten minutes early for the conference.
2:00 PM*	Welcome Panel Introductions Panel Discussion
3:15 PM*	Question and Answer At this time, the operator will give instructions for dialing in with questions. Concluding Words

*** These times are given in Eastern Daylight Time.**

*Serving Expectant Teens:
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Faculty Biographies

Amanda Perez, M.S.W., Moderator



Senior Writer/Training Specialist
Early Head Start National Resource Center

Amanda Perez has worked with the Early Head Start National Resource Center since 2000. She has coordinated over 30 audioconferences in that time. A writer and trainer, Amanda also moderates the parent panel at the Birth To Three Institute.

Frances A. Davis, M.A., L.P.A.



Senior Research Program Coordinator
Family, Infant and Preschool Program (FIPP)
J. Iverson Riddle Developmental Center

For more information on Great Expectations and New Beginnings, call (828) 433-2661.

Building on twenty years of experience in providing early intervention to infants, young children, and their parents in a variety of settings, Frances Davis serves as the Senior Research Program Coordinator at FIPP in Morganton, NC. She has experience teaching and providing training on child development, early intervention, mental health and pregnancy supports in early intervention practices. Her current research projects include the validation of the FIPP Great Expectations and New Beginnings perinatal curriculum and the development of early intervention practices that promote parent-child interactions. She has a Bachelor of Arts degree in special education and a Masters in developmental psychology.

***Serving Expectant Teens:
Principles for Practice, Resources and Curricula***

Faculty (cont'd.)

Angela M. Rau, M.A.



Owner and Lead Consultant
Actt Consulting

For more information on Parents As Teachers, call (314) 432-4330.

Angela M. Rau provides her expertise on serving teen families as a Project Consultant for Parents as Teachers (PAT) National and a PAT National Trainer. Her work has included over twenty years as a parent educator, including eight years overseeing a PAT Teen Parent Program. Currently, she offers training across the country and consultation on working with teens. She continues to work directly with pregnant couples and parents of babies and guest facilitates teen parent support groups. She also serves as Board Vice-President of Infant Massage USA. Angela holds a Bachelors degree in Home Economics and a Masters in teaching.

Barbara White, M.S.W., M. Ed.



Associate in Research

Florida State University (FSU) Center for Prevention and Early Intervention Policy

For more information on Partners for a Healthy Baby, call 850-922-1300.

For the past 10 years, Barbara White has worked at the FSU Center for Prevention and Early Intervention Policy. She has developed her specific expertise on teen parents and their children in over 25 years experience serving vulnerable young families. Barbara has been instrumental in the development, implementation, and management of the *Young Parent's Project*, a home-visiting pilot project in Miami-Dade County that provides clinical intervention and support to pregnant and parenting teen mothers in juvenile justice and child welfare. She holds Masters degrees in social work and education leadership.

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Head Start Program Performance Standards

§ 1304.40

(a)(1): Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

(c): Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

(3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary.

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Principles for Practice with Expectant Teens

1. **Attend to dual development:** Expectant teens are supporting the development of their baby just as they are experiencing huge physical, cognitive and emotional changes themselves.
2. **Support teens in building a sense of themselves as positive, capable parents:** Identity formation is a major task of adolescence, and identification as a parent is a major task of pregnancy. Empower teens to see themselves as their children's first and best teachers and advocates.
3. **Engage teen fathers:** Fathers play a critical role in their children's lives. Whenever possible, reach out to fathers and support their attachment to their children. Also, recognize a father's role in promoting healthy pregnancy.
4. **Recognize possible trauma:** As many as two-thirds of teenage girls who become pregnant experienced physical and/or sexual abuse, either in childhood or in their current relationships (Leiderman and Almo, 2001). These experiences have a significant impact on pregnancy, parenting, and building relationships with others. Be sensitive to family history and experiences, and support teen parents in building new experiences for themselves and their children.
5. **Consider a curriculum:** Use of evidence-based prenatal curricula has been shown to have positive outcomes for families and children. In the midst of all that is happening with teen parents, curricula offer supportive structure and content for families and staff.
6. **Make your work with teens practical, and grounded in each parent's skills and reality:** Get to know each parent you serve and address your services to that parent's unique skills and abilities. Remember that teen parents are developing the capacity for abstract thought and future planning. Help them identify and problem-solve around the unique realities of their daily lives. These discussions not only help you individualize, they are important skill- and relationship-building activities.
7. **Check in regularly:** The hormonal changes and emotional sensitivity of adolescence and pregnancy can make this work unpredictable! Check in with teens at every contact: How are they feeling right now? What do they want/need to focus on?



*Serving Expectant Teens:
Principles for Practice, Resources and Curricula*

Principles for Practice with Expectant Teens (cont'd.)

- 8. Build on family capacities:** Strengths-based work is essential with teens who are building a sense of identity and expecting a child on top of other responsibilities.
- 9. Attend to relationships:** Adolescence is a time of great shift in relationships. Peers become more important, and teens develop a capacity for romantic love. At the same time, they break away from their parents or other authority figures. Relationships with program staff are key as they negotiate those changes and build skills that will support them in parenting.
- 10. Use community partnerships to make early connections:** Teens look to people and places they already trust to give them information about whether they should trust you. Where will the teens in your community go with their initial questions about pregnancy? Build relationships in your community that will help teens feel comfortable accessing your services.
- 11. Support staff:** Working with teen parents is rewarding – and also incredibly challenging. Offer training opportunities that respond to staff’s specific needs, and ensure that staff receive regular, responsive, reflective supervision.
- 12. Make child development concrete for teen parents:** Even for older parents, pregnancy can feel unreal. Teen parents, developing the ability to think abstractly, often need concrete information about fetal development. Help them develop a picture of their growing baby and begin to understand child development.
- 13. Attend to social support.** For many teens, pregnancy is a very isolating experience. They often lose peer connections, and may find important family relationships severed. Pregnant teens are at high risk for homelessness. Talk with them about their social support, and work with them to develop new relationships if necessary.
- 14. Think health and safety:** Teen parents are at high risk for not implementing important health and safety practices with their young children. Furthermore, pregnant women at all ages are at increased risk of experiencing abuse. Provide concrete information, connections to community providers, and problem-solving support to young parents around health and safety.
- 15. Contact families early, frequently and regularly.** Both adolescence and pregnancy are characterized by change. Regular, reliable contact with teens not only helps staff build relationships with them, but gives staff many opportunities to be there just when support is needed.

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Principles for Practice, Resources and Curricula*

Major Developmental Tasks of Adolescence

The teens served by your program are challenged to resolve their own significant developmental tasks at the same time they support their children's healthy growth and development. As you consider the young parents you serve, consider their individual progress towards these developmental tasks:

Physical

Sexual maturity (puberty)

Cognitive

Abstract thought
Moral reasoning
Capacity for future planning

Social/Emotional

Identity formation
Independence
Connection to peer group



How might pregnancy impact these developmental tasks?

Serving Expectant Teens: Principles for Practice, Resources and Curricula

Selecting and Evaluating Prenatal Curricula

In Early Head Start, conversations about curriculum usually focus on curriculum for children, but rarely about prenatal curricula. Using an evidence-based curriculum ensures that important content is covered and that it is delivered consistently. How do you choose the best curriculum for your program? How do you evaluate your current curriculum? Consider the questions below, adapted from questions for infant and toddler curricula, to consider how your prenatal curriculum addresses work with teens.

Does the curriculum:

- Focus on relationships between child and parent? Between parent and staff?
- Address dual development – of child and parent?
- Address the specific stages of fetal development?
- Promote individualization for each family, based on their unique cultures and approaches to learning?
- Derive from theory and research?
- Match the needs of the particular children and families that we support?
- Complement the philosophy and goals of the program and our model of family support and /or intervention?

Is the curriculum culturally and linguistically appropriate for the families you serve?

What resources do you already have to support you in adopting this curriculum?

What changes or resources would you need to adopt this curriculum?

Adapted from: National Infant and Toddler Child Care Initiative. 2010. *Infant and Toddler Curriculum and Individualization*. Washington, DC: Author.

Serving Expectant Teens: Principles for Practice, Resources and Curricula

Applying the Information

The questions below are meant as a guide for either personal reflection or group discussion. Ideally, teams will work together to consider their program's approach to serving expectant teens.

1. Is your program serving expectant teens? Are you hoping to? What did you hope to get out of this conference?
2. *For direct service staff:* How many expectant teens have you served? Consider one teen parent you have worked with. What did you enjoy about that experience? What was hard? Is there a challenge that you hope you can learn more about?
3. Consider the *Head Start Program Performance Standards* on page 4. How does your program ensure that you deliver the content and make the community connections required? Is/How is the experience of delivering the required prenatal services to adult parents different from delivering prenatal services to teens?
4. Consider the principles for serving expectant teens listed on pages 5 and 6. In what ways are you using each of these principles in your program? What strategies do you hear from panelists to enhance your work with teens?
5. Discuss the question on page 7. How does pregnancy in adolescence impact teen development?
6. Teen mothers, in particular, are at high risk for trauma. Consider how you/how your staff is prepared to support mental health in the families they serve. What is your process for referring families for additional mental health services? How is it working?
7. Programs are not mandated to use prenatal curricula, but faculty talk about the particular complexities of working with teens and the value of a curriculum to that work. *If you are not using a curriculum*, how does your program ensure that it is meeting the needs of these parents? How do you ensure that services are delivered consistently? How does your program evaluate those services? Are you looking for a curriculum? If so, how can you use the questions on page 8 to inform your selection? *If you are using a prenatal curriculum:* What do you like about it? What challenges you about it? How does it work with teens? Consider the questions on page 8. What did you hear today that can help you enhance your work with your curriculum?
8. Faculty stress the importance of training and ongoing support for staff working with teens. How have you prepared/supported staff in preparing for work with this population? How does your staff receive ongoing support? Does it feel adequate? What might help staff enhance their work?
9. The Office of Head Start is providing a number of resources to your program. Look through *Teenagers and Their Babies*, and see the information on page 10. How can you/your program use this resource? *Look through the Everyday Ways to Support Your Baby's and Toddler's Early Learning* and *Your Child's Development* handouts, and the *Learning Happens* DVD. How can you use these materials with staff and the parents you serve?

***Serving Expectant Teens:
Principles for Practice, Resources and Curricula***

For More Information

On behalf of the Office of Head Start, all Early Head Start and Migrant and Seasonal Head Start programs were sent a copy of:

Cardone, Ida, Linda Gilkerson, and Nick Wechsler. 2008. *Teenagers and Their Babies: A Perinatal Home Visitor's Guide*. Washington, DC: ZERO TO THREE.

For More Information on:	Look here:
Dual development (teen mother and fetus)	Pages 41-56
Issues of identity in teen parents	Pages 22-31
Specifics for working with teen fathers	Pages 33-39
Individualizing visits	Page 76
Questions to guide a regular check-in	Page 22
Serving teens who have experienced trauma	Pages 80-82
The “receptive posture”	Pages 12-18, 67
Prenatal activities to support attachment	Pages 87-94,121-123, 125-154
Helping teens build a story	Pages 77-78, 100
Identifying social support	Pages 54-55, 61

Serving Expectant Teens: Principles for Practice, Resources and Curricula

Additional Resource List

For more information, see the following resources:

- American Academy of Pediatrics. "Care of Adolescent Parents and Their Children," *Pediatrics* 107 (2001): 429-434.
- Barr, Linda, and Monserrat, Catherine. 1999. *Teenage Pregnancy: A New Beginning*. Albuquerque, NM: New Futures.
- Leiderman, Sally, and Cari Almos. 2001. *Interpersonal violence and adolescent pregnancy: prevalence and implications for practice and policy*. Washington, DC: Healthy Teen Network. Available on-line at www.healthyteenetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B035E2659-FD00-41B8-A195-49CDBA3059DF%7D.PDF
- The National Campaign to Prevent Teen Pregnancy. 2002. *Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues*. Washington, DC: Author. Available on-line at www.teenpregnancy.org/resources/data/pdf/notjust.pdf
- Office of the Attorney General. 2007. *The First Nine Months of Fatherhood: Paternal Contributions to Maternal and Child Health Outcomes*. Austin, TX: Author. Available on-line at www.oag.state.tx.us/AG_Publications/pdfs/first9months.pdf
- Paul, Annie Murphy. 2010. *Origins: How the Nine Months Before Birth Shape the Rest of Our Lives*. New York: Simon & Schuster.
- Paulsell, Diane, Kimberly Boller, Kristin Hallgren, and Andrea Mraz Esposito. "Assessing Home Visit Quality: Dosage, Content, and Relationships," *Zero To Three* 30 (2010): 16-21.
- Powers, Stefanie, ed. "Supporting Pregnant Women, Newborns, and Their Families," *Zero To Three* 29 (2009).
- SmithBattle, Lee. "Developing a Caregiving Tradition in Opposition to One's Past: Lessons from a Longitudinal Study of Teenage Mothers," *Public Health Nursing* 17 (2000): 85-93.
- Stern, Daniel N., Nadia Bruschiweiler-Stern, and Alison Freeland. 1998. *The Birth of a Mother: How the Motherhood Experience Changes You Forever*. New York: Basic Books.
- Tamis-Lemonda, Catherine S., Jacqueline, Shannon, and Mark Spellmann. "Low-Income Adolescent Mothers' Knowledge About Domains of Child Development." *Infant Mental Health Journal* 23 (2002): 88-103.

***Serving Expectant Teens:
Principles for Practice, Resources and Curricula***

3. Explain what information was least useful to you and any recommendations you would suggest:

4. What made participating in this experience via audioconference helpful or unhelpful (format, supplemental materials, discussion forum, etc.)? We would be particularly interested in how you used the “Applying the Information” handout provided in the supplemental materials. Please explain:

5. What topics should future audioconferences address?

6. How can we make audioconferences more effective learning experiences for you?

Though **optional**, we would appreciate the following contact information. We may contact you to learn more about your responses so we can continue to develop useful training experiences.

Date: _____

Name: _____ **Position :** _____

Program Name: _____ **Phone:** _____

E-mail: _____

Please fax or mail your completed evaluation forms after the audioconference to:

Attn: Amanda Perez
Fax: (202) 638-0851
EHS NRC @ ZERO TO THREE
1225 M Street, NW, Suite 350
Washington, DC 20037

Thank you!