



Webinar Viewer's Guide

TRACK C – Family and Community Partnership

Webinar C6: Partnering With Families Who are Coping With Adversity

Summary

Many families are struggling with and experiencing increased levels of adversity. Understanding the challenges and locating resources within the community is key in order to lessen any negative impact. Early Head Start and Migrant and Seasonal Head Start can help to strengthen staff-family and parent-child relationships to effectively influence the social support needed to build resilience. How programs ensure that their community partnerships support the needs of the families they serve will also be explored.

Key Messages

- Early Head Start and Migrant and Seasonal Head Start staff have the opportunity to help identify and nurture the internal resources of a family to help them cultivate resiliency and manage adversity.
- It is important to honor and celebrate 'small' achievements as they lead to greater successes.
- Building a trusting relationship with a family can contribute to the joint identification of sources of stress as well as successful coping strategies and available resources.
- Helping parents to prioritize challenges, develop coping strategies, and recognize when to ask for help serves as a model for their children to also develop coping behaviors.

Learning Objectives

At the end of the session participants will be able to:

- Explain how adversity can affect a child's social and emotional development.

- Describe specific strategies to support family strengths and build resilience.
- Recognize the importance of matching community resources to the needs of individual families.

Presenters

Elizabeth Luján, PhD, UCSF-Infant-Parent Program is a clinical psychologist with the University of California, San Francisco, Infant-Parent Program, where she is an active member of the training program's supervisory team. She started her career as a social worker serving immigrant Latino families in Washington, DC. She provided child-parent treatment to toddlers and preschoolers exposed to domestic violence while at the Child Trauma Research Program. Her clinical experience includes conducting psychological assessments and treatment of foster children and their families and neuropsychological evaluations of preschoolers. Dr. Lujan specializes in providing infant-parent psychotherapy and early childhood mental health consultation. She is bicultural, bilingual, and all direct service efforts are provided in both English and Spanish. Her clinical and research interests involve work with Latino families and the impact of recent immigration and trauma on the development of the parent-child relationship. Most recently, she has been involved in developing and conducting trainings focused on enhancing parent engagement, strength-based approaches, and reflective supervision.

Bruno Anthony, PhD, Georgetown University Center for Child and Human Development Dr. Anthony is a child clinical psychologist, professor of pediatrics and psychiatry and Director of Research and Evaluation at the Center for Child and Human Development at Georgetown University. His focus on early childhood stems from his degree in Developmental Psychology from Columbia University and work at the Yale Child Study Center, NIMH and the Center for Infant Study at the University of Maryland. He has provided behavioral health services in Head Start and has built and evaluated intervention and training programs, focusing on helping teachers and families support positive development. He publishes and presents widely and leads grants to build effective interventions for young children with behavioral and developmental challenges and their families, early childhood mental health consultation programs, and effective partnerships between professionals and families.

Moderator

Victoria Prieto, Senior Bilingual Writer and Training Specialist, Early Head Start National Resource Center has worked at the Early Head Start National Resource Center since 2006. As a Sr. Bilingual Writer/Training Specialist, she is responsible for developing early childhood development materials in Spanish and providing training for Early Head Start staff. She entered the field of early care and education as a home visitor for Healthy Families America working with at-risk young Latino parents in the rural areas of the Shenandoah Valley (VA) and later as a parent educator at the Rockingham Memorial Hospital, VA. Over her career, Victoria has had a particular interest and has worked with



young dual language learners whose home language is other than English. She holds an MA and an ES degree in teacher training/bilingual education from the University of Colorado at Boulder.

Relevant Head Start Program Performance Standards

1304.40(a)(1) Family Partnerships26 Family Goal Setting

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.

Presentation Slides and Notes

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**17th Annual Birth to Three Institute
Webinar C6**

**Partnering with Families
Who Are Coping with
Adversity**

Elizabeth Luján, PhD
UCSF-Infant-Parent Program

Bruno Anthony, PhD
Georgetown University Center for Child and Human
Development

Moderator: Victoria Prieto, Early Head Start National
Resource Center




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Learning Objectives



- Explain how adversity can affect a child's social and emotional development
- Describe specific strategies to support family strengths and build resilience
- Recognize the importance of matching community resources to the needs of the Early Head Start population

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Head Start Performance Standards

1304.40(a)(1) Family Partnerships

Family Goal Setting

Grantee and delegate agencies must:

- Engage in a process of collaborative partnership-building with parents
- Initiate the process as early after enrollment as possible
- Understand each family's readiness and willingness to participate in the process.

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How Adversity Affects a Child's Social and Emotional Development

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Indicators of Socio-Emotional Wellbeing

- Capacity to Trust & Relate
- Capacity to Explore and Learn
- Capacity to Regulate Emotions



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Characteristics of Resilient Children

- Positive relationships with consistent caregivers
- Positive self-image and self-worth
- Ability to engage in positive interactions with others
- Empathy
- Ability to ask for help and resolve conflict

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Stressors That Increase Vulnerability



Normative Stress Toxic Stress Traumatic Stress

(Lieberman, 2010)

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Toxic Stress

"Vulnerable...babies and toddlers...are those... whose earliest experiences, environments, and especially relationships ...[expose] them to such high and consistent levels of stress that their growing brains cannot integrate their experiences in ways that promote growth and learning."



(Knitzer & Lefkowitz, 2006)

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POLL

What adverse stressor do you find most challenging in your work with families?
(choose only one answer)

1. Child Abuse & Neglect
2. Substance Abuse
3. Domestic Violence
4. Depression / Mental Illness

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Adverse Childhood Experiences: ACE Study

Growing up (prior to age 18) in a household with:

1. Recurrent physical abuse.
2. Recurrent emotional abuse.
3. Sexual abuse.
4. An alcohol or drug abuser.
5. An incarcerated household member.
6. Someone who is chronically depressed, suicidal institutionalized or mentally ill.
7. Mother being treated violently.
8. One or no parents.
9. Emotional or physical neglect.

•Predict the 10 leading causes of adult death/disability

(Felliti, et al. 1998)

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 **Sources of Adversity**

- Higher poverty rates among minorities
- Adversities cluster when there is poverty
- Immigration Stress

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 **Impact of Stress on Resilience**

- Cumulative effect & erosion
- Protective functions of parents impaired
- Intergenerational transmission of trauma



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 **HOPE**

“Each baby is born into a unique family that has its own culture and history, its own strengths and its own way of coping with stress and adversity.”

Parlakian & Seibel, 2002

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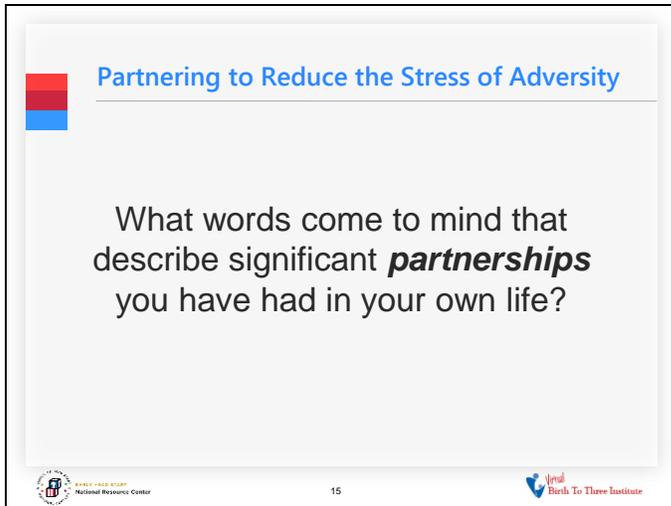
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Strategies To Support Family Strengths And Build Resilience

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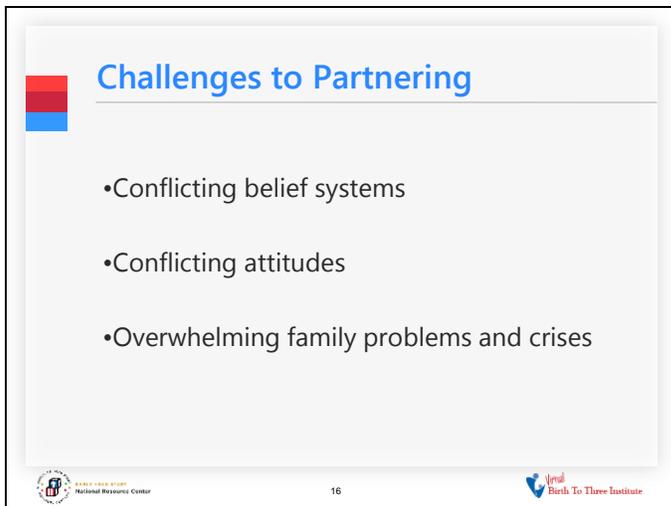


Partnering to Reduce the Stress of Adversity

What words come to mind that describe significant *partnerships* you have had in your own life?

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Challenges to Partnering

- Conflicting belief systems
- Conflicting attitudes
- Overwhelming family problems and crises

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Entering a Partnership

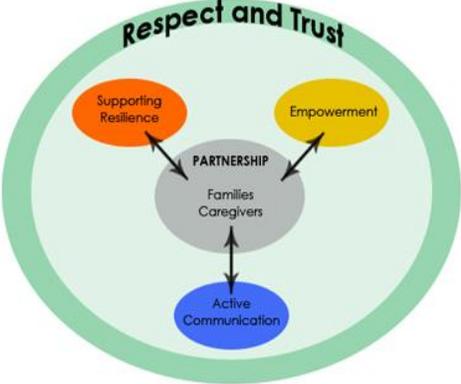


“I want to take this time **to get to know you** and talk about **how we work with families** in our program. We believe that our relationship with you is a partnership. It is important that we all feel free to discuss topics and that it is **okay for us to disagree at times**. You are the **expert** about your child and what can work for your family and I have some information about young children, so it is important that we all work together. I want **to help you** help your child grow and learn.”

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Key Elements of Partnership

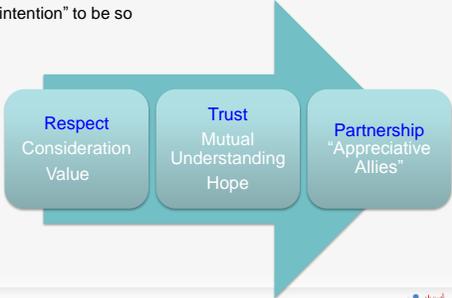


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Element 1: Respect and Trust

Families are “potentially” the most powerful resource in a child’s life and have the “intention” to be so



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How Often Do You...?

Practice	Always	Sometimes	Not Yet
Explain your role, background and experience clearly to the family and encourage questions			
Ensure confidentiality			
Work with logistical constraints (work schedule, transportation)			
Prepare for visits or meetings			
Be an active listener			
Keep the family in the loop			

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Respect and Trust: Cultural Competence

- Culture involves more than language, race or ethnicity
 - Belief systems
 - Traditions
 - Views and attitudes
- Learning and understanding about a family's culture can increase:
 - Understanding of family needs
 - Active family participation
 - Satisfaction



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Exploring Culture and Beliefs

- Communication and interaction styles
- Family roles and styles
- Natural and formal supports
- Attitudes toward seeking help



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Element 2: Empowerment

- Helping the adults in children's lives to nurture and support the child's social and emotional well-being.
- Take the role as facilitator/coach rather than the problem-solving expert.
- This empowering approach leads to sustainable change in the lives of children



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Promoting Empowerment: Strength-Based

- Acknowledge and build on each child and family's unique set of strengths and challenges
- Reduce emphasis on problems
- Engage the family as a partner in developing and implementing all activities




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Promoting Empowerment: Strength-Based

What are the benefits of a strength-based approach?

- Increase family efficacy and empowerment
- Influence engagement in program services
- Enhance families' relationship building capacity and social support networks




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Promoting Empowerment: Vignette

- Zachary's aunt has been fostering him for seven weeks since Children's Protective Services removed him from his home
- She is managing work and two children as a single mother
- Zachary has been biting his peers at his EHS center
- She is concerned that she will lose his placement
- Zachary uses little to no language - inconsistently babbles to communicate, screams, and collapses to the floor when frustrated

(See appendix A)



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Promoting Empowerment: Vignette

- Zachary's pediatrician recommended waiting 3-6 months before considering a developmental assessment to give him a chance to adjust to his environment
- Zachary has had little contact with siblings, has not met his father, and has infrequent visits with his grandfather
- Zachary has few toys at the house but he does like his blanket and a stuffed bear and loves to look at books
- Zachary has not been biting in her home
- Zachary likes bath time, running around outside, playing with and imitating older children



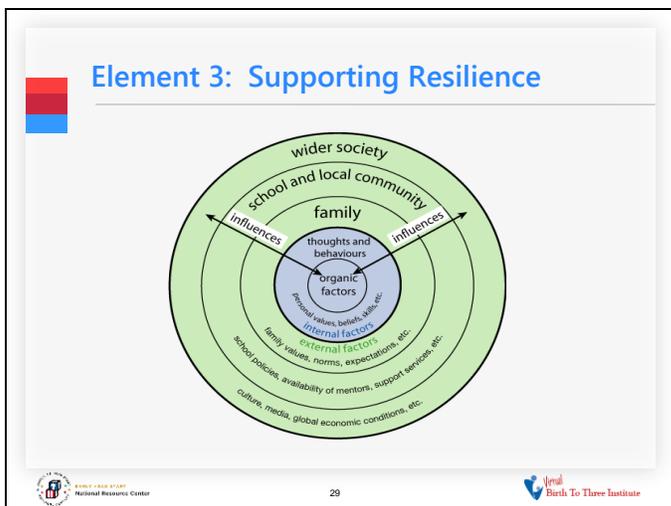
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Promoting Empowerment: Strength-Based

- Look for the positive
- Encourage taking control
- Share positive feedback
- Link action to desired change
- Keep optimistic
- Focus efforts on the present versus past as a predictor of success
- Practice empathy versus judgment



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Supporting Resilience

- Encourage families to talk about their needs.
- Help families acknowledge stress.
- Help the family develop a plan to reduce effects of external stressors.
- Help build a positive vision of future.
- Affirm your support

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Identifying Stressors and Supports

In order to explore	Ask the parent...
What causes stress	How does stress happen? What triggers it? Do little things add up?
What the parent identifies as everyday stressors	What kinds of frustrations do you deal with during the day? Has something happened recently that has made life more difficult?
Impact of stress on parenting	How are you able to meet your children's needs when you are dealing with stress? How do your children react to this stress?
Whether there is family stress or conflict	How does your spouse or partner support you in times of stress? How does your spouse or partner help with parenting?
Needs of other family members	Are other family members experiencing stress or concern? How are they dealing with that? Has anyone in your family expressed concern about drug or alcohol abuse?
Short and long term supports	When you are under stress, what is most helpful to you? Who is most helpful? Are there places in the community where you can find help?

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Element 4: Active Communication

- Strong, clear communication strengthens partnerships
- How we communicate with families both verbally and non-verbally sets a tone for how partnerships develop



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Active Communication - Survey

Choose 1-2 practices you feel you do well.

Choose 1-2 practices that you would like to practice more often.

1. Attending to others
2. Restating messages
3. Reflecting
4. Interpreting
5. Summarizing, synthesizing
6. Probing
7. Supporting
8. Checking perceptions
9. Being quiet

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Active Communication

Skills	Explanation
1. Attending to others	Provide verbal or non-verbal awareness of the other, for example engaging in eye contact, facing the person speaking, limiting distractions, etc.
2. Restating messages	Respond to a parent's verbal message.
3. Reflecting	Reflect feelings, experiences, or content that has been heard or perceived through cues
4. Interpreting	Offer a tentative interpretation about the other's feelings, desires, or meanings
5. Summarizing, synthesizing	Bring together feelings and experiences; providing a focus.

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Active Communication

Skills	Explanation
6. Probing	Question in a supportive way that requests more information or clarifies confusions.
7. Supporting	Show warmth and caring in one's own individual way
8. Checking perceptions	Find out if interpretations and perceptions are valid and accurate.
9. Being quiet	Give the other time to think as well as to talk.

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Active Communication: Sharing Information

Partnering with families is also enhanced by:

- Reviewing feedback on progress, expectations and goals on a regular basis
- Being mindful of how you start conversations
- Gathering and sharing resources

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Matching Community Resources To The Needs Of The Early Head Start Population

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Families Receive Services in Silos

Mental Health
Child Welfare
Primary Care
Early Head Start

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Linking Within Early Head Start

- Help make partnership building a prominent part of the service model.
- Help families feel at home and comfortable with the organization and the process of involvement.
- Watch out for unhelpful beliefs about family involvement.

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Moving From Silos to Systems

- Understand the importance of a systems approach to working with children and their families.
- Explore a team approach to connecting families to relevant external systems.
- Compile a directory of resources as you work with families.
- Help families develop a list of informal resources including family members, faith organizations and friends

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Helping Families Reach Out

- Explore issues of stigma
- Negative views of previous contact with services and programs
- Understand and address fears
- Ask about family's hopes based on previous experiences.
- Address logistic barriers

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Dangers of Caring

"It is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself . . . In working with families who are in great difficulty, rage can become the most familiar affect, - at the system, at a world with too much violence that creates too much helplessness and also at a family who will not be better or even seem to try."

Jeree Pawl, 1995

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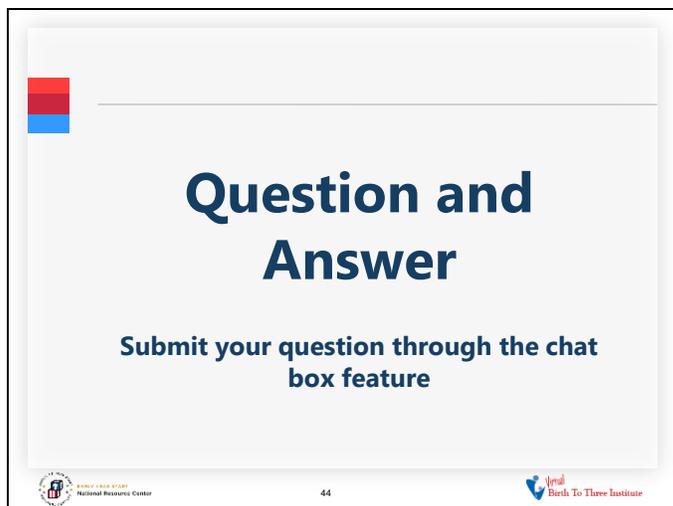
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Hope

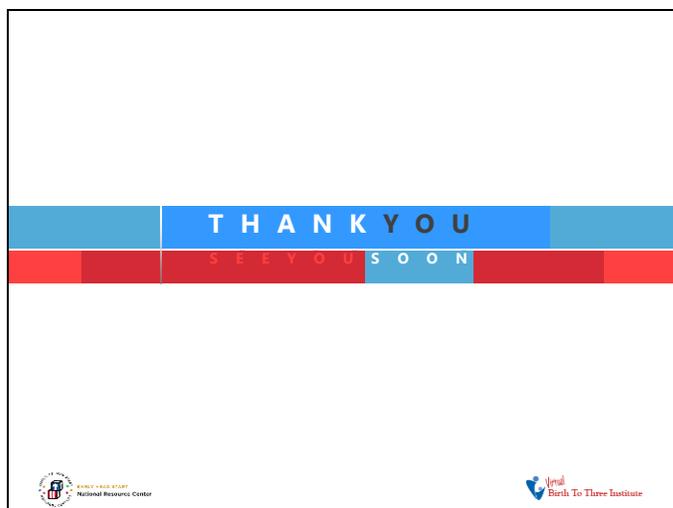
- Small Changes Matter
- Mistakes Can be Repaired
- You Don't Need to be a Therapist to be Therapeutic
- Teamwork/Collaboration approach

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Resources

ECLKC

[Family Connections Materials: A Comprehensive Approach in Dealing with Parental Depression and Related Adversities](#)

[Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors who Work With Families](#)

[ACF-IM-HS-12-05](#)

[News You Can Use: Early Experiences Build the Brain - Foundations of School Readiness](#)

[Parenting, Depression, and Hope: Reaching out to Families Facing Adversity](#)



References

Alicia Lieberman, "Repairing the Effects of Trauma on Early Attachment" (paper presented at The National Child Traumatic Stress Network in 2010).

Jane Knitzer and Jill Lefkowitz, "Helping the Most Vulnerable Infants, Toddlers, and Their Families," Pathways to Early Childhood Success Issue Brief No.1(2006) National Center for Children in Poverty

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction. *American Journal of Preventive Medicine* 14 (1998): 245-258.

Rebecca Parlakian and Nancy Seibel, *Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers*. (Washington DC: ZERO TO THREE, 2002)

Appendix

Vignette (Slide 26 –27)

Ms. Smith has been Zachary's foster mother for seven weeks and Zachary's aunt on his mother's side. She and two other family members have agreed to take Zachary and his two siblings who were removed from the home of their mother by Children's Protective Services.

Ms. Smith works during the day. She is the single mother of two children. She agreed to take Zachary because the family did not want to see the children go into homes with strangers. Ms. Smith reports that her children are all in school now and she has never had a child that bit others. She is very worried that she will lose this childcare placement for Zachary. It is convenient and she is able to bring Zachary by bus and drop him off on her way to her job in an office a few blocks away from the Early Head Start center.

During your first conversation, Ms. Smith is concerned because Zachary has used little or no language to date. His primary communications include inconsistent babble or screaming and frequent collapses to the floor if his wishes are not granted. Ms. Smith reports that she had talked with the pediatrician about Zachary's lack of language, but the pediatrician suggested that they give Zachary at least 3-6 months to adjust to his new environment before "they put him through an assessment."

Ms. Smith reports that Zachary has had little contact with his siblings since he was placed with her. He has not seen his mother since he was removed and he has not met his father. His elderly grandfather



has come by to visit but he does not seem to be able to contribute to Zachary's care and does not have his own car so he has to be driven over by another daughter.

Ms. Smith reports that Zachary has few toys at the house, and he does like his blanket and a stuffed bear. Ms. Smith has been leaving both at home during the day. Ms. Smith reports that Zachary has not been biting in her home. Ms. Smith reports that Zachary likes bath time and is very happy when he can go outside and run around. He likes to play with the older kids and copy what they do.