

Operator: Good day and welcome to the Zero to Three Expectant Teams conference call. Today's conference is being recorded.

At this time, I would like to turn the conference over to Ms. Amanda Perez. Please go ahead.

Amanda Perez: Thank you, Robert and hello out there to everyone. On behalf of the Early Head Start National Resource Center, let me welcome you to today's audio conference, *Serving Expectant Teens: Principles for Practice, Resources and Curricula*.

Now as you might imagine we have a variety of folks on the line with us today, program staff from all over the country as well as federal staff and training and technical assistance providers, so happy to have everyone here.

And if you know folks who might want to hear this call at a later time let them know that this call is being recorded and will eventually be posted on the ECLKC.

So last week the Early Head Start National Resource Center sent each Early Head Start Program and Migrant and Seasonal Head Start Program a package of materials for your resource libraries including a green book, *Teenagers and Their Babies* as well as a book on supporting young children's peer relationships.

And you also received two sets of sort of practical developmental handouts for use with families. Finally we included a DVD called *Learning Happens* that can be used in training or in work with families.

So today's audio conference is designed to provide some basic information on working with expectant teens and to help you unpack a little bit, particularly *Teenagers and Their Babies* as well as a few of your other new resources. We really want to help you make those items useful in your practice.

And of course we could not send you all the resources necessary to your work in serving teen parents. And in our conversations prior to this audio conference we really kept going back to curricula. We want to be clear that curricula are not required for work with expectant families under the Performance Standards. We know that. You can see the Performance Standards most relevant to services to pregnant women on page 4 of the materials for this audio conference.

And we also want to be clear that the Early Head Start National Resource Center is not in the business at all of promoting or endorsing any curricula.

But we absolutely have to recognize from the literature that evidence-based curricula consistently seem to impact outcomes for families and children positively.

So our panelists today are deeply knowledgeable about services to expectant families and each also have an affiliation to a particular curriculum to help us understand a little on that side of things.

I'm going to give each of them a moment to introduce themselves. And we're going to start with Frances Davis. Frances?

Frances Davis: Okay. Well in addition to my work as a researcher at the family of a preschool program, and Early Head Start Programs I'm also the mental health consultant for our three Early Head Start Programs. And we have three in a very rural area of North Carolina.

And most of my experience working with expectant teams has come from supporting our Early Head Start home visiting staff for the last eight years.

Amanda Perez: Such an important role there. And but you are also working on a curriculum there?

Frances Davis: We have a curriculum we've developed called the Great Expectations and New Beginnings. And it has a curriculum and it has some attached handouts that go with it.

It's a curriculum that's really matches our parent capacity building model and a strength based model of early intervention support to parents. And that would also include expectant teens.

So it matches our practices and it matches kind of our thinking about how to build these parent's capacities.

Amanda Perez: Great. Angela Rau?

Angela Rau: Yes.

Amanda Perez: Hi.

Angela Rau: Hi. I'm happy to be a part of this. I am a consultant, a parenting consultant living in Lake St. Louis, Missouri. And I have been interested in the field of parenting for over 22 years. And in my work with National - with Parents of Teachers National Center I started a team parenting program in a high school.

And so through that journey, that professional journey with parents as teachers we developed a curriculum for working with adolescent parents as well as a training for professionals working with adolescent parents.

The curriculum complements the parents as teachers approach by supporting professionals out there in the field through group connections as well as personal visits.

And so we've been - working with adolescent parents has been a long interest and passion for parents as teachers.

Amanda Perez: Well I'm so glad to have you here with us today Angela. Thank you so much! And Barbara White.

Barbara White: Hello there. Amanda, it's good to be able to come together around this issue of teen parents and their children.

I work at the Florida State University Center for Prevention. And at the center we're focused on infant mental health and quality child care issues.

We also have an Early Head Start program at the center where our focus is on the first three years of life. And my specialty area is teen parents and their children.

I've worked extensively in school based programs and now am supervising some programs in Miami Dade County and on parents in the juvenile justice system, the most complex young families.

At the center we have the Partners for Healthy Baby Curriculum and of which I am one of the co-authors.

And the curriculum looks at both family development, maternal and family health, preparing for the baby or caring for the baby once they come and then the baby's specific development, child development focus.

So it's a curriculum that looks across the time span from prenatal up to 3 years old and has some guidance and support about a variety of topics that are important for families as they approach the challenges of parenting.

Amanda Perez: Great. We are so glad to have you here Barbara. I mean clearly we have some incredible expertise here with us today. And the four of us are going to talk here for about an hour and then we're going to ask for some questions from our audience.

So we promised you some principles for practice. And in your materials for the audio conference you can find those on Pages 5 and 6. And I want to call your attention to those before we go through.

We really are going to refer to those principles as we cover them. And there's a lot clearly to cover.

But let's start with number one which is attending to this idea of dual development.

We know that baby is developing inside that mama. And as we support teams we also have to be aware of teen development.

Barbara, will you talk some about what teens are dealing with developmentally?

Barbara White: Sure, because we know that one of the fascinating things about dealing with expectant young parents, they're at a period of rapidly changing development at the same time that the baby is growing.

And so we look across domains of development just as we do with young children. And physically the adolescent is going through a period of tremendous physical growth and the completion of puberty, you know, sexual maturity.

We know that teens are adjusting to a rapidly changing body. They're coping with hormones. For any of you who are parents of teenagers you know this very well right now. And they're trying to address the expectations that come from looking more mature and trying to catch up both emotionally and cognitively.

So if we look at physical development, that period of very rapid growth from say 13 to 19 years old where you may have a 13-year-old parent who is kind of a scrawny looking young kid and then you have a 19-year-old woman who is in your program also, socially we know that they are - there are many changes within the family as the great challenges from dependence to independence.

There are differences within cultural context we know. But they - teens begin to be recognized for their own individual thoughts often challenging parental authority and many times looking to friends rather than family for advice.

So the social emotional challenges are unique during this period of adolescence. And that comes into play in our work with them in Early Head Start programs.

Cognitively teens are still developing the capacity for abstract thinking. If the 13-year-old teen parent may be very based in more concrete thinking and so it is - it's tough to begin to think about an unborn baby who is growing and changing inside of them and all the care that is needed to both mentally and physically hold that child in mind.

So there's challenges and moral reasoning of what - how do I want to take a stand on things, what meaning do I want to find in life and the ability to plan for a future.

The 13-year-old teen parent may not have much expressive language around a lot of things. Language development is expanding during this time. And the young parent may not - they won't give very many words to their experience.

The 16-year-old teen parent or expectant teen may give you lots of words, perhaps more than you want sometimes and particularly words around emotion, what they like and don't like.

And then you work with a 19-year-old expectant parent who can really attend to a discussion about future plans and thinking about the baby coming and how they're planning and what they're doing.

So when we think about the uniqueness of this developmental period we look at the snapshot of both the age of that young - of the teen and also across the domains of development and how do they seem to be moving through those domains so we can capture a sense of what is our starting point, how do we begin our work to understand the variation development from the very early teens to later adolescence.

Amanda Perez: Very helpful. And there's a very quick summary of those points on page 7 of folks' materials. I think the piece about really recognizing that there are multiple stages of adolescents just as there are multiple stages of infancy is such a key one for us to be thinking about and really getting to what that individual parent is coping with and really challenged by at that particular moment.

I think one of the things we also talked about is that we have to realize as we're thinking about dual development that there's something also really exciting about working with young parents at this time.

Barbara, you had more to say about that.

Barbara White: Yes. You know, many people ask how do you handle the challenges of adolescent parents and working with them over time?

And I find that it is a really exciting time period. Because young parents are not yet entrenched or set in their ways. They also are ready to experience the world, experience new things.

And so this - the period of pregnancy can be a powerful motivator for change that sometimes is needed in their lives.

They - I find that young parents are at times more open to the discussion of what they want their future to look like, what they - how they want to kind of reinvent their life around being a parent with strength with a new baby coming into this experience.

Also it's the time we can get them back in school, we can get them thinking about their future. And so the tremendous period of growth is also the opportunity to promote the most positive outcomes.

Amanda Perez: Great. And Frances, you wanted to add something there.

Frances Davis: Well I just couldn't agree with Barbara more, the fact that they are so interested in change and looking at defining what their lives are going to be like that they're actually quite open to models and opportunities to learn how to problem solve, to learn those things that we're going to want them we're going to - we would expect a more adult person to be able to do cognitively and socially so.

We can actually provide them the kinds of teaching experiences that will help them become more mature so...

Amanda Perez: Very rewarding.

Frances Davis: ((inaudible)).

Amanda Perez: Very rewarding for staff. So I think we've talked - we also have to talk some about parental development, sort of understanding pregnancy is a different piece of parental development.

Angela, if you think about teens who are both engaged in developing a sense of self-image as Barbara described in adolescence, an image of self as a mother or a father which we know is an important task of pregnancy, how do you see those two activities sort of coinciding in teen parents?

Angela Rau: Thank you Amanda. You know this is an interesting time for adolescent parents because not only are they growing and developing into adulthood, we're also seeing a pregnant parent, we see a birth of a parent, a mother or a father.

And this is really a process as well for anyone becoming a parent. And but for an adolescent there's many, many layers of change that that adolescent is experiencing. And so they're trying to sort all that out. And they do that sorting in the midst of their relationships.

And we know that they're searching for their identity for themselves but they're also in the midst of that searching for their identity around parenting and forming that.

So groups, their peer groups are very important, other types of groups that they run and very important. They're looking for relationships that offer them models to experiment with to try to figure out their identity.

And so they may even be kind of analyzing some of the relationships that they've had in the past and are having right now, maybe relationships with their own mother or father.

And now - and they're examining that thinking - "oh do I want to be like that about my mom or dad" or "I definitely don't want to do that." You know, that's not how I want to parent.

And so that's kind of what's going on during that birth of a parent.

Amanda Perez: Angela, we're going to talk more about relationships later but just a quick question.

So as we think about parallel process between staff and families that they're serving and wanting to make sure that those families have a really nice model for some of the parenting experiences. There's an important role for staff there too it seems like.

Angela Rau: Oh I am so glad you brought that up because they're, as I said, they're looking for relationships that have models.

So they may be looking for relationships that are outside of their family system and in fact becoming close to those of us as care providers, those of us that our parents.

And so we want them to have confident role models around parenting and those of us that are in that parenting and child development world will be -would be good models for them.

Amanda Perez: Very good. Frances, you wanted to add?

Frances Davis: Well I think it's important to recognize that while they're struggling with their - just in terms of defining their own identity even as a teenager even if they weren't pregnant they'd be struggling with some of those questions and what kind of person they want to grow up to be.

They're are also kind of uniquely struggling with some losses in their relationships that a typical person who's pregnant might not be.

So they may be losing their friends. They may be losing their relationship, have losses with their parents and their family. They may have lost some relationship with the father of the baby. That's - those are all things that they face that are going to challenge them as well.

Because since they look to those groups to be their models then if they've lost them it really makes it more difficult for them.

So we want to help them to kind of recognize what are the things that will make them feel competent and confident and capable as a parent and help them kind and discover that.

And part of that involves understanding their own stress and how to help themselves.

Amanda Perez: And that really comes to this principle number two of supporting teens and building a sense of themselves as these positive capable parents.

All right, now we know that these developmental pieces extend to young fathers as well. We know also that practice practitioners do not always engage these dads as we look at the resorts - at the research.

But it is so critical to be intentional and engaging young fathers. Angela, what would you add about that?

Angela Rau: You know, I hear often that we just don't have dads involved or they're just don't - aren't interested. But really what I'd think we need to think about our role in that of recognize that there is the birth of the father. And the birth of the father is unique to that father that there is a process for them.

And that pregnancy, you know, they made something concrete. And that pregnancy can be something that they're still trying to figure out. If it's not an intended pregnancy there may be emotions that are going on I think definitely around fear, being unsure, being embarrassed, denial in a way to cope, even going to anger.

And when this begins there with all those emotions we can be tempted to not think about that father because they may be distancing themselves from us or from, you know, from the mom and their family.

But as professionals we - it's important for us to keep that gate of involvement open. So if we keep that gate involved - open then we're opening up the possibility for the father to enter and have an opportunity for that father to receive support during their journey.

And what we know is that bonding during pregnancy makes a big, big difference in father involvement.

Amanda Perez: After the baby is born.

Angela Rau: Yes.

Amanda Perez: Yes. And Barbara you've talked about sort of the significance of the father being there for the birth of the baby.

Barbara White: Well Angela just mentioned that sometimes fathers need something very concrete. And there's really nothing more concrete than being present at the birth of your baby.

You know, the powerful time surrounding that really plays out in the research that says that there is significance about a father being present and that if they're there at the birth they're more likely to stay involved.

We know that it's important to engage them early in pregnancy throughout the pregnancy in supporting the young mother. But also if we can have them there at the birth often that helps just fuel and expand their role into loving and protecting and caring for this young child.

And it is a challenge because in some young families there is conflict between the teen's family and the teen mother's family and their feelings about things, about the timing of the pregnancy, about the young father's role.

And not everyone is always on the same page as to who should be at the birth or what kind of help or assistance is needed.

It's really very helpful for home visitors to process that through that with both the teen mother, the teen father and the - sometimes both families involved.

Also there's times when the relationship between the expectant mother and father is not going well. And there may come a time they have to separate out the relationship between the teen and whether that - the teen's is going well or not may - is not necessarily the deciding factor in whether there's going to be a relationship with the baby. One doesn't necessarily have to exclude the other.

So I'm focusing on the baby and the importance of having two parents if that is a save situation for all involved.

Amanda Perez: Really important to engage those teen fathers whenever that's possible. And there is - as you are looking at the green book that was sent to your programs there is a really nice chapter in Teenagers and Their Babies on this and it's pages 33 to 39. I even know the pages for you.

So I would really encourage you to look at that, look for some strategies to use in engaging those teen fathers.

Okay another piece of the context of development that we really have to recognize here is that we know that teen families are far more likely to have experienced trauma.

And here we're talking particularly about sexual abuse but all kinds of trauma than older parents.

Those kinds of experiences we know will inevitably impact development, relationships, experience of pregnancy. Barbara, can you say a little bit more about that?

Barbara White: Yes there's some national data and kind of the classic data in the field now that tells us that 60% to 70% of pregnant teens have been sexually abused.

And certainly in my many years of working with young parents I found this really to be true. And so that we have to begin to expect that the possibility that sexual abuse has been present in their life is

something that we work from that standpoint realizing that many of the young women that we serve have had traumatic life experiences.

In this - in the cases where that is true it's really critical to recognize that this can color everything that they bring to being a parent because if the teen was not protected it's very difficult to understand and define issues around protection for their own child.

It also during the prenatal period that can play out with a hesitancy to go for medical care of their prenatal checkups, fear around childbirth, not wanting to go back for the six week checkup -- those kinds of things.

And so it takes a home visitor kind of walking by their side to help them navigate through what can be a very painful process emotionally to help them to deal with obtaining good prenatal care.

It's also everything we think about during pregnancy is preparing families to be - have a protective role for them - for the children that is the child that is to come.

And so if they've never been protected this can be real a real challenge and that those discussions around safety and protection begin during the prenatal period.

It's really very complex issues around this and we encourage all programs to have partnerships in their community with sexual abuse treatment providers.

Amanda Perez: And Frances, from your perspective that's a really important piece as well?

Frances Davis: Yes it is. And I think just to kind of follow-up on what Barbara was saying about complex - the complexity is that many of these issues about in terms of sexual abuse or domestic violence center around very complex relationships.

And those are relationships that tend to discourage women and young teams from seeking help and seeking support. So we have to be very aware of that.

And from in the terms of the field of mental health there are some real effective therapeutic intervention to support trauma based experience and mental health concerns, and depression or anxiety related to pregnancy.

So having staff be well-informed about what those types of therapeutic inventions might look like so they can help the parent think about those, helping them have some support getting those type of supports.

Some plans should be in place for providing information for those teens who are may be currently experiencing trauma or may have in the past.

And it is really different if they are currently experiencing or living in a situation where those relationships are in place.

So I think Angela mentioned the Dove which is a kind of screen for that as well and gives some guidance and the kinds of discussions you might have.

Amanda Perez: So the Dove is a domestic violence screener?

Frances Davis: Right.

Amanda Perez: Angela do you want to say little bit about that? Angela?

Angela Rau: Excuse me, the Dove is called the Domestic Violence and other Emergencies Screeners something that - and that parents as teachers approach we're looking at an evidence based screening tool.

And it's a really friendly way to, you know, it's a casual conversational way to explore the safety of a parent and a family and/or a pregnant teen.

Questions like, you know, are you feeling safe during your pregnancy? How's your, you know, how's safety going, you know, opening that door for that natural conversation. So you can search for that on the Web site.

Amanda Perez: Great and go ahead.

Angela Rau: It's spelled D-O-V-E just like Dove.

Amanda Perez: And Barbara you talked about sort of the particular vulnerability of pregnancy as a time for teens?

Barbara White: Yes and it's interesting the conversation in this section started about issues of sexual abuse and then moved to issues of domestic violence.

And we know that pregnancy is a true period of vulnerability for - in a personal violence and risk of death.

And so when we look at the true dangers that can be there particularly for young women the risk of death is highest for during the prenatal period for teen parents.

So even though it's there for all women it's our youngest parents, our youngest pregnant women are most at risk of death.

So it's important to be a strong voice and what that looks like in your community to have working relationships with the domestic violence community and law enforcement because for those of us who are

in the field a number of years almost all of us have a story about what has occurred and sometimes the death of a young mom.

Amanda Perez: It's so important to recognize it, in some cases really anticipate that possible trauma that that's just going to be a part of what's happening.

And that has significant implications as I think Frances was suggesting on staff support. How do we make sure that staff have the information that they need, have the expertise that they need, and also know when to refer? And I think that that's a really important piece of the staff support that we offer.

So let's talk now about curriculum. As I said earlier studies have been pretty clear in showing that using an evidence-based curriculum has significant impact on family outcomes.

But in our conversations you all talked about why you see curriculum is particularly important for work with teens. Barbara can you open and talk a little bit about that?

Barbara White: Yes we know that there is a direct correlation between becoming a pregnant teenager and having multiple risk factors.

And so the teams that we serve certainly not all of them but many of the teens we serve there are multiple risk factors that have surrounded them during their childhood, during their growing up years that have led to the possibility that they will become pregnant.

And so curriculum helps staff focus and address multiple risk factors in some very specific ways. The curriculum that each of us represents and talks about looks at the variety of topics.

We look at areas and how to provide support and we identify risk and work to reduce risk factors and build protective factors.

So that's one critical piece that reducing risk factors, building protective factors is typically addressed in good curriculum for vulnerable families.

Second, teens are next - less knowledgeable about child development. We know that that's kind of one of our research facts that we talk about.

They don't have as much knowledge about what to expect at different ages from their child as they grow through those early years.

And so curriculum provides a detailed concrete piece of information that they just may not have yet.

And we know that when people have knowledge of child development that that's a key to the prevention of later child abuse. And so once again that loops right back to being another protective factor.

If you're addressing risk and building knowledge about child development you're building protective factors and strengths in young families.

Amanda Perez: Frances what would you add here?

Frances Davis: I guess what I'd say is that in addition to providing that those kinds of topics and interests we all cover, you know, the lifestyle and healthy medical type of topics is that, you know, curriculum really supports that paradigm shift for the teen by giving them a game plan.

You know, it helps them know what kinds of ways and how to use the information and how to think about what they're learning.

So a curriculum can help support with some specific guidance for activities that families can choose or parents can choose for themselves to kind of incorporate the new information or the new - or the change that they're going to making in their lifestyle or their thinking about themselves. So it's kind of a structure for that also.

Amanda Perez: And Angela?

Angela Rau: Yes and well with all of what Barbara and Frances says regarding curriculum I think about curriculum as a support for the helping relationship with us and the teen.

The teen is experiencing such a heightened feelings of stress during this big change in their life.

And so a structured curriculum can support that helping relationship, support the teen's in feeling comfortable with the information that they may be getting and the type of support and help that they're getting from those of us in the field.

And interestingly coming back to what I talked about before around the relationships that teens will often turn to other - to adults when they're afraid. Not always is it the parents on everything but they do sometimes turn to their parents but they also turn to other adults.

And so being open for those moments and the curriculum can offer us some structure and form our support and sure that we're giving evidence based, research based information and using evidence based practices in a really meaningful way.

Amanda Perez: And again I have to stress that there's no requirement for curriculum with expectant families. But there does - there do seem to be some compelling reasons to find one that's appropriate for your program and really to look for a curriculum that can help support you and sort of managing all this content and developing relationships with families in meaningful ways, as Barbara said, really identifying

some risk and building some protective risk factors, really helping these particular families, teens negotiate both parenting and becoming an adult, so both becoming a parent and an adult all really important pieces.

But we have to recognize that each parent served is unique. One question that has come up again and again around this is individualization in the context of the curricula that you all represent here today.

Frances, you have talked a little bit about a curriculum driven by parent priorities and really making that extremely practical. Can you say a little bit more about that?

Frances Davis: Well I think all - our approach to always working with parents is that it's really what happens in that parent's daily life that makes a difference.

So whatever we're going to be doing with the parent in particular for teen parents, you know, what is important to them?

And then you absolutely have to build in and make sure they get the health care that they need and they're aware of what kinds of things are the best in terms of lifestyle and interactions and parenting.

But you have to focus on what it is that's important to them because that's what they're paying attention to. And so they're going to put energy into that.

So kind of helping them explore here are the things that parenting is about, here are the things that health care is about. You know, what do you want to do about this? How do you want to be a part of that? And makes it really specific to them and then it increases their participation and their motivation.

Amanda Perez: Well of course Early Head Start programs are required to do some pieces...

Frances Davis: Right.

Amanda Perez: ...of that. So there are some requirements in the Standards about what folks are providing and what they're assisting families in accessing.

But really I like this idea about having something that's driven by parent priorities.

Barbara, how does staff use your curriculum and sort of individualized for families at the same time?

Barbara White: Well we know that it would be uncomfortable to try to use the same materials for each family's - family that we serve.

And certainly a curricula like FSUs often it includes language related to specific topics, ideas, resources, and then a choice of handouts.

So it provides an array of materials for families. And it's really up to the staff to use what makes sense for the family.

We know that young parents have different and unique interests and so being able to have tools and resources that they can pull from to provide things that are specifically important for that young parent.

There are also things that are specific to the prenatal period. And those are common across serving most families and those have to be strong and a part of the curriculum.

There are also things that vary based on the family and culture and community and identified strengths or areas of concern.

So we know that we want staff to have tools that they can make the best use of those tools. And it's not just about buying the curriculum it's about having training on the use of it in the most effective approach.

Amanda Perez: Then one of the things that you're reminding me of is that there is a handout in the materials on sort of looking at curriculum and making decisions about the curriculum that is going to be the best fit for your particular program and the community you serve on page 8.

Angela, what would you add here?

Angela Rau: You know, curriculum is - really needs to have our back in the sense that teens are changing so quickly. And we may know where they're at in one moment and the next moment something changes.

And so we have to check in often. We find that we need to be flexible to whatever change we find and hope - and then have an approach that can respect that change and be where they're at in that moment.

Amanda Perez: And you just remind me that in the green book that folks have on page 22 there are some lists of questions that you can really go to families with to do sort of a regular check-in so that they can - so that you have a sense of sort of where the parent is focused at that particular moment and sort of also what - where they are developmentally at the moment as well. Really important as you said to do that on a regular basis, Angela.

And those pieces I think really speak to principles six and seven. So make your work with teens practical and grounded in each parent's skills and realities sort of at the particular moment.

I know Frances, you've talked too about kind of not just saying to folks, you know, here's a healthy diet but also saying to folks okay now how are you going to get to the store and where are you going to go

and, you know, who's going to help you get there if that's a need and those kinds of pieces, really making a practical to the teen's life, yes?

Frances Davis: Yes and it's actually further maybe in our conversation but most of what we do kind of ties into that very practical everyday life.

How do you - how is this impacting your everyday life, what's occurring in your life? So I mean that's really what's important. And that's where people are going to find the most opportunities to strengthen what they know they can do.

Amanda Perez: Very good.

Frances Davis: Yes keeping it practical in that sense?

Amanda Perez: And then there's this principle of checking in regularly Principle Number 7.

Now in a recent article on home visiting actually Diane Paulsell and some colleagues talked about assessing the quality of home visiting by looking at three aspects.

They looked at relationships, they looked at content, and they also looked at dosage. And as we've been talking in this group those characteristics can certainly extend beyond home visiting models to help us understand important elements of working with expectant teens.

So let's talk first about relationships. We've already started some of this discussion and how important those are and what maybe those relationships might look like as we're working with team families and expectant teens.

So Frances, do you want to launch us here?

Frances Davis: Gosh I would say we - we're certainly approaching them from a capacity building thought process. How are we building that individual's ability, how are we supporting that individual's ability to be confident and feel like they have the skills they need?

So one of the things that we really find important for that -- and that also is really important for building relationships -- is that we are aware of and stress the importance of success.

How - you know, how are these and the teens building their own successes? And how are they understanding or judging their own capabilities because that's really where that sense of confidence comes from, how do I figure I'm being successful?

So we're looking at approaches that really provide opportunities for that to happen and then provide opportunities for families to think about I can identify with my success.

Amanda Perez: So really to build on those family capacities?

Frances Davis: Right.

Amanda Perez: Let me ask you a question because as we were thinking about this and I was thinking about the materials that were going out we have this really nice DVD which is Learning Happens that's gone out to programs.

And one of the things I was thinking is that this is a really nice tool to use in capacity building to really sit down with teen parents and have them watch some of these family clips and to sort of say -- so these are clips of parents with their children typically -- and to have some conversation around what those teens are watching and or what those parents are watching in that particular clip.

And I wondered what you thought about that if that would tie into sort of what you're describing here?

Frances Davis: Well actually I used those clips last week in a training...

Amanda Perez: Oh really?

Frances Davis: ...with staff talking about promoting social and emotional development because there are so many good examples of it - of that in many of those clips.

And so yes I do think it's an excellent tool for helping for when we talk about our parenting parts especially of helping young parents see oh what did that mother does do?

Well what happened when that mother did that? What did the baby do? Having, you know, setting up that kind of conversation I thought was an excellent tool.

Amanda Perez: Well and also you talked a little bit about sort of how important it can be to have a space where you can say you know, what I made a mistake and so be being able to watch another parent and say you know what? I'm not exactly sure that that's the direction I would have gone in that interaction. I wondered if that would be helpful to teens as well?

Frances Davis: And it's also true in the videos. There are some things where you might say oh I wouldn't have done it that way but look what happened anyway.

So it is important in finding success that we're able to say oh you know that wasn't the best choice this time what can I do next time? What can I do different? It's okay.

Amanda Perez: Barbara, what would you say about relationships?

Barbara White: Well relationships are key in this work. This is a relationship based field. For many of us in the field at Infant Mental Health we often talk about relationship based intervention.

And certainly home visitors are doing the relationship work day in day out. That is what they do. It's who they are.

So it's most important for young parents to see caring committed adults willing to do the hard work to keep coming back to working with them and to really enjoy the work.

I find that joyful expressions around this work is part of what really tells me when it's - the connections are made and it's happening and it's there even through the tough times.

We know the teen parents are a group on the move. They can be challenging but that commitment to making it work is so important.

Often the teen parents that I have served have not - well sometimes they have not experienced healthy parenting themselves.

And so the relationships that we build with them can often offer the kind of support and guidance and direction that positive regard that they may not have had in other life experiences.

That Frances talked about the latitude to make mistakes or Amanda you mentioned it and it and it's truly important that for the young parent that they have a chance when things don't work, to receive the guidance of support, the suggestions, ideas, brainstorming together, what adjustments could be made, how could it be done differently, and then be able to move forward.

And that's essentially what good parents do for their children during the period of adolescents. It's just a really critical time that parents in general struggle. And so you're going to expect the same thing with Early Head Start staff as they visit young families, that those same struggles will be in place.

But within trusting relationships teens begin to accept some guidance and direction. And actually over time I find that they really value it. So being reliable, and consistent, and predictable maybe in ways that have not occurred in other places in their lives is really important.

Amanda Perez: Frances, you talk about coaching. What does that mean in the context of your work?

Frances Davis: Well coaching - we use coaching strategies. They're specific strategies that the staff are trained to use with families and with parents that provide opportunities for those teens or parents to actively participate in the choices about their medical care, or lifestyle, and their parenting from the beginning of pregnancy, from the beginning of the time we work with them.

So strategies would include helping them identify their particular challenges or interests in pregnancy, creating a weekly joint plan around those interest and challenges followed by a reflection about how those plans turned out at the next visit.

Again, just like Barbara was talking, what do we want to keep? What did it look like? Did it work? What do we want to throw out? Do I need more information? What do I want to change? So it's an active engagement that really supports participation.

Amanda Perez: Very good. And, Angela, is there anything that you want to add here in terms of relationships and this discussion? I put you on the spot.

Angela Rau: Yeah, you know, I think relationships are so critical for any of the work we do as Barbara and Frances have said. But the thing about this whole concept on relationships is the earlier we can connect with adolescent parents who are pregnant the better.

And so we want to be creative and find ways to have that frequency of contact with adolescents in the community or those who are around adolescents in the community.

So some things that - some support can be around not only our personal connection. We can do that in an informal way, but also in a formal visiting situation, but also through groups.

In the work that I've done over the years we found that groups are extremely helpful, because you're pulling the peers, all the peers together, and using that peer relationship as an opportunity to create an environment where new information can come in and it can have the potential for change and positive growth.

Another part of forming relationships is our relationships with those who are connecting to teens on a frequent basis. And that would be in settings like the high schools, like with the nurse, or the school counselor, or the research teachers, the child development teachers.

These are individuals that might have a teen mom come to them and announce that they think they're pregnant. And if we're connecting with those individuals and their set those - other professionals in their setting they're going to know that we're there also to provide support. And they can help us make that first connection with the teens. So our relationship with the community is really important here.

Amanda Perez: Well and it's interesting, because, of course, in the Early Head Start research we're very clear that the earlier that we connect with families and pregnancy the better the outcomes for that child and family.

So we certainly want to think of these relationships with teens almost as starting what you're describing as starting those relationships with teens by beginning those relationships with other folks in their community so that you're familiar there, so that they know you. So not only the community providers know you, but also the teen parents see you in those situations and look to you as a resource.

Angela Rau: Exactly.

Amanda Perez: As we're talking about relationships I just want to go back to the green book again. There is great information here about what they call with this approach "the receptive posture", very helpful to young parents. And I think we've talked about elements of it in our conversation here today.

There's particular information for you all on Pages 12 through 18. And I would just encourage you to take a look at those specific strategies and ideas for approaching teens and really developing a respectful, very sensitive relationship with them.

So I think we've covered now Principle 9. And Principle 10 uses community partnerships to make early connections. And as we think about relationships, of course, we also have to think about staff. This is tremendously hard work that we're talking about here, and we've talked a little bit about that.

Barbara, did you want to add anything here?

Barbara White: Well I think, you know, staff, and I've talked with staff all over the country who work with young families, and there's challenge to the work in the real sense of the word. It's difficult work. And yet as we said, it's very exciting work.

And to do it and to extend this work over time promoting the best outcomes really means that folks have to be - have to have training on their specific curriculum and with an emphasis on dual development and working with young families.

And another helpful piece is ongoing reflective supervision. And that's a term that's used certainly in the mental health field a lot. But reflective supervision of having the time to work with a supervisor or with a peer group with supervision present to think about the challenges, what is it like for that individual at home visit or to experience what they've just been through?

What are the strategies that can be most helpful? What are things that other people have tried that they may suggest to a colleague that is, you know, worth a try with this family? Thinking about what it must be like to be 14 or 15-years old and to be pregnant and to have many things in life that are the unknowns in this world.

So reflective supervision offers some of that down time, some of that quiet time, to think about the work, and it can be very helpful in people staying in it for the long haul and feeling more successful in what they're doing.

Amanda Perez: It's funny, and I have to say that that was completely on her own that Barbara raised that, because we actually did have an audio conference in January on reflective supervision. Because programs each received some information on reflective supervision, they received a yellow book, and they also received the Practical Guide to Reflective Supervision.

So it might be worth going back to those resources and really looking at them again if you're thinking about serving - staff who are serving this particular population and how if you need to think differently about the supervision that's being provided and how you might do that in a really practical way.

So we've talked about relationship. And as we think about sort of ((inaudible)) idea about relationship, content, and the third one, which is escaping me for the moment - dosage.

Angela Rau: Dosage, yes.

Amanda Perez: Thank you. As we talk about that we're going to get to content next. Let's move to talking about content now. We know that some content, of course as we've said, is required by the Head Start Program Performance Standards. What would you all say as we consider content that is particularly important to young, expectant parents?

Barbara, you said the child development piece is particularly important for these parents, and there's a principle in your handouts about that, make child development concrete for teen parents.

We really want to make that a particular piece of what's happening, because we know that that information is a protective factor, as you said, for expectant teens and their children.

And again, I have to refer us to the materials that were received by programs. You all received some really practical, focused, developmental handouts that can be helpful in work with teen parents as well as older parents who really respond to this particular principle.

So I want to encourage folks to think creatively about considering how you might use those materials in conversation with the teen parents you serve. Angela, one thing that you raised in our conversations was this issue of social support. Can you talk about that as a piece of content and curriculum with expectant teens and in work with expectant teens?

Angela Rau: Well it's really important to understand and for teens to understand who's available in their social support network. I mean, they do know kind of who are their peers. But they're kind of thinking about this in a different way when they're pregnant.

I mean, who can they turn to? Who do they turn to? And how stressful or helpful are those - is that support? It's really critical to think about their own extended family as a part of that social support.

And more than likely these moms and dads are parenting with others. Who are those people or how are they approaching this pregnancy and baby? Is this something they're looking forward to? Is this something that they're worrying about? You know, where are they in their approach? How is that impacting their parents? How is it impacting their friends?

So we need to think about how we support that network, because that - we want that network to be as strong, and positive, and helpful as possible so that pregnancy can manage the stressors that can come with pregnancy but also being an adolescent.

And so we're a part of that. And teens have a high need for peer support. But they also have other supports in their network.

Amanda Perez: Absolutely. And this was a question that really came up as we sort of put questions out there for folks. You know, as people were registering we asked them to please send in questions. And this question about how to bring in extended families was definitely a part of the conversation that came in.

I wondered if any of you had any thoughts about that or sort of quick strategies or ideas that we could throw out for folks who are really thinking about working with the extended families of teen parents?

Barbara White: This is Barbara. And I find that it's a very careful balance, because we have to acknowledge the teen is the parent and yet recognize the very important role of grandparents and other family members.

And so always recognizing, acknowledging them, talking with them, sharing information, and yet still working right with the teen with family side by side. The balancing piece can be a challenge and yet it's part of putting together the pieces to the puzzle.

Amanda Perez: Was somebody else going to say something?

Angela Rau: Yeah, I was just going to add that, you know, one of the ways that we would probably approach that kind of conversation is a conversation about what are the opportunities for them to be involved that the teen parent wants to open the door to, wants to create? You know, how do they want that support person involved in their life and in the child's life just to be thoughtful about it to start that conversation?

Amanda Perez: And one of the really nice pieces again about this green book is really looking at ways that different people are supportive and can be supportive. And looking at the relationships too between teen parents and the folks in their support networks, you know, is that person going to be a part of your birthing experience? Is that person going to be a part of care after the baby is born, those kind of questions that can really come up and that the teen needs to grapple with a little bit during pregnancy.

Barbara, you had another aspect of thinking about teens and their support networks.

Barbara White: Well one of the really fun things that we have tried to do with young families over time is to help them think about important routines, rituals, and celebrations. What kinds of things were important in their own childhood? What is valued within their family life, you know, within the cultural context, within community? And to think together during that prenatal period of what do they want for their child.

And so we do those with, you know, helping them to process through what kinds of experiences they want to create for their child over time. And I have found that some of the teen parents that I work with don't have things from their own childhood that maybe we have saved for our children.

They don't have the photo albums, the baby books, all those kinds of things to create that sense of family history. And so even during that prenatal period starting to work on that scrapbook or baby album, taking

pictures of the young mom and dad during the pregnancy, those kinds of things can be a lot of fun. And it can draw family in together, but they begin to create the story about this child's life and the importance in it.

So we also do a lot with family literacy and shared book reading creating the routines and rituals around that. And all that can be discussed and begin to be worked on during the prenatal period.

Amanda Perez: Really important strategy in terms of it, it sounds like it has a lot of benefits to the extended family as well as between that expectant teen and the baby.

So let's talk a minute about safety and protection as a piece of content. Barbara, did you want to start here?

Barbara White: Well I think that safety and protection we've talked about in some ways already today related to issues of trauma, informed care of the risk of domestic violence, of possible histories of sexual abuse.

And so for young families safety protection issues are very important and begin to give language to things to help define life situations in ways that maybe the young mother or young father hadn't thought about before. And so there's a very concrete part about safety and security.

There's also the part about health and safeguarding health as a part of family life that we have to be concrete about with teens just as we would with our own teen in our family. We help them with appointments.

We're very specific about things of when the appointments are coming up calling the day before to make sure that they're going to - they remember. They have the plan for transportation, looping back afterwards. Discuss how things went.

So that health, and safety, and protection we work with families day in and day out on the small but specific things and then the bigger issues of safety and security.

Amanda Perez: Well one of the things we know from the Early Head Start research of course is that as we looked at the teen parents that were coming through the program over time we saw that safety and health issues for their babies were really a concern that was arising through this research.

So helpful to really have a reminder to go back and think about those things with families that you're serving. Angela, what would you add here?

Angela Rau: You know, it's really helpful to think about teens, and this might be the first time in their life that they're now becoming the communicator, the advocate, for someone else and also for themselves.

So they're beginning to talk with their health provider or maybe they've never been to a health provider in this context before. So there may be a little stranger anxiety around that. Teens also maybe, depending on what their social network has - how they're perceiving this pregnancy, be worked that they're going to get judgment when they go into receiving support from a healthcare provider.

And they're just so - their emotions are so heightened. And they're so sensitive to people's reaction that they can almost smell judgment. They can feel it when they're in a situation.

And so we really want to use our experiences, and the curriculum could support us but other practices, to build their confidence in addressing their questions and learn some strategies about how to negotiate with the healthcare provider, how to problem solve with the healthcare provider, how to safely express their needs and get their concerns met.

You know, there's a wonderful project out there called the Right Question Project, and it's quite intriguing in that it takes an approach of supporting individuals who are approaching their healthcare providers and who are not quite sure about how to establish that type of effective communication with them. So I think we can really help at this point.

Amanda Perez: And, Frances, what would you add here?

Frances Davis: I would just go back to what we've been talking about in terms of the teens cognitive development and thinking about how is that concrete. We need to make a connection between what they're doing with their bodies, or their time, or their lifestyle and the baby that's growing inside of them.

So the stronger we can connect, you know, any choices they make about lifestyle or what they're going to eat, or they're relationships and how those are impacting that baby today. You know, what is the baby going to think about that? How is the baby going to feel with that?

The stronger we make that connection then the stronger their thoughts are going to be about the health and safety of their child. They're going to have practice with it.

Amanda Perez: Very good. Well before we get to this question about dosage, because that's going to be a very quick sort of conversation I wanted to invite, Robert, to come back on the line and give folks some information on how to call in with their questions, Robert.

Operator: Very good. If anyone would like to ask a question over the phone, you may do so by pressing star and the number 1 on your telephone keypad at this time. And please make sure that your mute function is turned off to allow your signal to reach our equipment. Once again, that is star and the number 1.

Amanda Perez: Thanks, Robert. And while we're waiting for those questions let's just talk quickly about dosage. So as we're thinking about the flexibility that is in the standards for serving expectant families and sort of considering all that is happening and all that you've described in teen's lives is it better for them to see staff less or more at this point? What would you all say about dosage? Barbara.

Barbara White: I think the important variable is that it's regular consistent contact. And whatever that's decided between the home visitor and family or within the parameters of the home visiting program.

They need to know that you will be there when you say you're there. And it will happen consistently over time. The Zero To Three Journal that you mentioned before, Amanda, talks about sometimes that we have to over schedule with families, because there's lots of things that get in the way, particularly for teenagers as to why they're not home when we get there and they're out doing all kinds of different things.

And so whether it's over scheduling over looping back, if we had an appointment at the beginning of the week and we weren't able to see them looping back later in the week to make sure that they know we're still checking and still involved.

There also can be that testing piece in the relationship that they want to see - these people really - are they really in this to see me? Are they willing to come back and check on me? And that that's an important part of the process.

Amanda Perez: And the Zero To Three article that you're referring to is the (Diane Posil) article, and that's referenced in People's Resource List.

Barbara White: Yeah.

Amanda Perez: Frances, did you want to add just a quick thought?

Frances Davis: I just add that what we know from our practice is that engaging the teen parent or any parent in the very beginning about a decision, about when those meetings are going to occur. And of course with Early Head Start, you know, we are having them on a weekly basis, and we do - just like Barbara was explaining.

But also saying, you know, you're part of that decision. You have to help makeup that decision about when we're here and how often we meet. So we know that incorporating their input into that decision it increases their participation.

Amanda Perez: Well and just to make absolutely sure that we're being clear we know that there's no actual requirement for weekly home visits with expectant families.

Frances Davis: Right.

Amanda Perez: That's not a part of what the Performance Standards say. But what you are suggesting is that there is a need for contacting families early, frequently and regularly. And Frances, as we're thinking about your suggestion, the services to expectant families are guided by what happens in a family partnership agreement. So really sitting down and talking with families about, you know, what their hopes are, what their expectations are, and, you know, how you can support them best.

Robert, do we have any questions?

Operator: Yes, we do have a few questions in queue. Once again that is star and the number 1 if anyone else would like to signal for a question. Our first comes from Anita Young.

Amanda Perez: Hi, Anita.

Anita Young: Hello. Can you hear me?

Amanda Perez: Yes, go ahead.

Anita Young: You mentioned at the very beginning the green book and the DVD, and our program did not receive those. I was going to see if there was something I should do to have gotten them?

Amanda Perez: They were sent last week, so they should be getting there. I would continue to look. And if you haven't gotten them by the end of this week why don't you contact us. This person might hate me for saying this, but why don't you contact Lena Cunningham at Zero To Three at the Early Head Start National Resource Center. And her email address is [lcunningham@zerotothree.org](mailto:lcunningham@zerotothree.org). Sorry Lena.

Anita Young: Thank you.

Amanda Perez: Sure. Do you we have another question, Robert?

Operator: Yes, our next question comes from Autumn Millis.

Amanda Perez: Autumn, hello.

Autumn Millis: Hi. My question is for Angela. What I'm looking for is where do we go to access the DOVE screen tool that she mentioned to use to incorporate screening and natural conversations for domestic violence and sexual abuse?

Angela Rau: If you will go on the - if you will search on it on the Web site it should be up there. I can get the author of that, and I believe it's Linda Bullock B-U-L-L-O-C-K. But I also can pass that onto Amanda since I don't have that in front of me right now.

Autumn Millis: Okay. What Web site are you talking about, the PAT Web site?

Angela Rau: I would search for DOV. Now if it's not there I will get that information to Amanda.

Amanda Perez: You mean on Google?

Angela Rau: Thank you.

Amanda Perez: Is that what you mean? You mean search on Google?

Angela Rau: Yeah.

Amanda Perez: And what we can - go ahead.

Autumn Millis: Can you give us the letters again so I'm hearing them right?

Angela Rau: D-O-V-E.

Autumn Millis: Okay, so D-O-V as in Victor?

Angela Rau: Yes.

Autumn Millis: Okay, I had it wrong. All right.

Amanda Perez: Anything else, Autumn?

Autumn Millis: Nope, that was it.

Amanda Perez: Okay. Do we have another question, Robert?

Operator: And we have several more question, yes. Our next question comes from Takia Mosley.

Takia Mosley: Hello.

Amanda Perez: Takia, hi.

Takia Mosley: Hi. Hello?

Amanda Perez: What's your question? Hi.

Takia Mosley: Hi. I already had my question answered actually. I had a question about the green book, how do I get it and the DOVE, so I'm all set, thank you.

Amanda Perez: Perfect.

Operator: Very good. And if anyone else would like to remove their question from the queue you may do so by pressing star and the number 2 on your telephone keypad before we get to you. Our next question comes from Kathy Tompkins.

Amanda Perez: Hi, Kathy.

Kathy Tompkins: Good morning. Our question was originally about the DOVE, but that's been answered. And the next question is about were the green books sent to the - we're a delegate organization - were they sent to the grantee or might we also be receiving a copy? We did get a copy of the reflective supervision materials.

Amanda Perez: Okay, so you should be anticipating a copy of these as well.

Kathy Tompkins: Our own, okay, cool. Thank you very much.

Amanda Perez: And I know you're looking forward to that. It's a really excellent resource.

Kathy Tompkins: We will look for it. Thank you.

Amanda Perez: Sure. Robert, who's next?

Operator: Our next question comes from Holly Camp.

Holly Camp: Well thank you. What particular group activities have you found successful with the teams?

And also how do you incorporate both mothers and fathers?

Amanda Perez: Angela, that's a great question for you I think.

Angela Rau: We have - our curriculum supports two different types of group activities. And then I can share with you some practice that kind of comes out of those groups.

One is we have a curriculum called issues working with teen parents. And so what we support is like a support group where you would offer an opportunity for the adolescents to come together and talk about and maybe even do an activity around a particular topic.

And so then after that group you would also have an opportunity for a personal visit to go reinforce that topic. The thing about those types of groups is it kind of goes right back to what Frances was saying. That they need to be scheduled on a consistent basis so they know that that support group is going to happen always on a certain day and happens on a frequent basis.

My experience when I had my support groups once a month I had a different level of participation and engagement as opposed to when I had my groups weekly.

And so I would encourage if there's anyway that you can partner with another organization or support that in your own it'll make all the difference in the world for engagement in that pregnancy. And then they will self identify each other and recruit into the group.

We also have another curriculum that supports young dads and young moms, and it's called young dads and young moms. And the way that that is encouraging is that it's peer facilitated.

And what we're finding is that young parents, prenatally and after, really benefit from leading their own groups. And if we can empower them as soon as possible it makes a difference. I haven't found it to be a big issue when I blend moms and dads in a group.

Holly Camp: Thank you.

Amanda Perez: Does anybody else have thoughts about that?

Frances Davis: Well I just think that it really clarifies or strengthens Angela's part about community partnerships, because that's one of the sources that we can go to to collaborate with your group. So I thought that was a really good point

Angela Rau: Well said. You know, having coming from - you could have a support group in a high school, and you might be able to be a co-facilitator with that group.

Amanda Perez: Next question, Robert.

Operator: And our next question comes from Kim Kohlson.

Amanda Perez: Hi, Kim.

(Kim Kohlson): Hello everyone, good afternoon. Hello everyone, good afternoon.

Amanda Perez: Hi, Kim, go ahead.

Kim Kohlson: I have several questions. My first question is, well earlier you spoke about, you know, teams who some are very verbal and some are not verbal. Do you have any activities or advice to promote those terms who aren't so verbal and aren't so forthcoming with communicating?

Amanda Perez: Barbara?

Barbara White: Some of it is the uniqueness of working with particularly the younger teen parents who are not verbal. And I find that it's often around expression of feelings and emotions.

So giving language to expression of feeling and emotions just as we would sometimes with younger children is very helpful.

Kim Kohlson: Okay.

Barbara White: I've used things as basic as and would you describe being mad, sad, glad, or scared? And giving them a choice of things, but then they will identify one that matches with what they're feeling. So it's moving in at sometimes a pretty basic level to give language to things that we typically think teenagers are able to do but may not be a part of their skill set yet at that time.

Kim Kohlson: Okay.

Barbara White: Also giving words to things when sometimes they're not able to express it at all. And then asking, you know, am I on track or not, but a yes or no nod, because sometimes the silences can grow for so long and so extended and yet you know that they're wanting to tell you something.

Kim Kohlson: Right.

Barbara White: So getting ideas from them of what might - that might be going on, and, you know, are you on the right path or not.

Kim Kohlson: Okay. Thank you. I have another question as well. I find a lot of times, unfortunately, some of our teen parents ((inaudible)) pregnant moms, because I work with an Early Head Start setting. So I work with the pregnant moms, but I also work, you know, with the parents who had children enrolled in our program.

And so many times I see that - you know, a lot of times we hear about dads who aren't in the picture and don't want to be supportive. But then a lot of times there are dads who really want to be in their child's life. But the mom might alienate dad by using the daughter. Are there any strategies or exercises, you know, to promote that behavior, you know, from not happening?

Amanda Perez: Frances, do you have any thoughts about that?

Frances Davis: Well I think, you know, again it's like incorporating how does your mom participate in your child's life and helping the parents think about what's important for the child in their life.

And if, you know, having a relationship with the father is an issue for them then how can we use other resources in your, eh, community to help the parents resolve their differences in addition to what we're doing to help the mother think of ways that she could plan to have that father involved.

It really does have to be that both parents are willing to make some effort in planning. You know, if you just say well invite him on Saturday and see what happens you could be asking for disaster.

Kim Kohlson: Right.

Frances Davis: So, you know, being thoughtful about what does that mean for dad to be involved? How could you see? If you're not doing it now what would it look like if you did let dad be involved? And how could we make that happen for your child?

Amanda Perez: Very good.

Kim Kohlson: Thank you. And also you had mentioned earlier about the Right Question Project. Where can I find it?

Angela Rau: Once again you can Google search that, and I can - Luz L-U-Z, San...

Kim Kohlson: Could you say that again please? I'm sorry.

Angela Rau: Luz, L - U - Z, Santana, S-A-N-T-A-N-A is a contact person. And the Right Question Project you can Google search that, and they do have a Web site.

Kim Kohlson: Okay. Thank you. So that's all of my questions. Thank you very much.

Amanda Perez: Thank you. Robert, I think we have time for one more question.

Operator: All right, very good. Then our next question will come from Beth Tillision.

Amanda Perez: Hi Beth.

Beth Tillision: Hi ladies. I have one question, and then something came up or I thought of something that we're currently doing with our teen parents that I wanted to share that's worked well for our program.

Amanda Perez: Good

Beth Tillision: Yeah. So my question is we talked about the home visits with teen parents, and that is a struggle, because typically our teen parents are in school all day long and some have after school jobs. I'm wondering, while I realize that, you know, during the pregnancy we don't necessarily have to be doing weekly home visits, I'm wondering what success or how you have found success doing home visits after the child is born?

Amanda Perez: Well and let me just say this -- this is Amanda -- let me just say that in the green book really nice activities for that, so really helpful activities in terms of attachment after that baby is born. But let me turn that over to Frances. Frances, did you have thoughts about that?

Frances Davis: Well we actually have as a part of our curriculum a component, kind of a tool that goes right into parent/child interaction and what the parent - and engaging the parent and observing what their child is doing and starting right off from the beginning on kind of planning for the child. So our curriculum lends itself to continue visits for one.

Beth Tillision: Right. We are doing the visits and the planning and, you know, what to do as far as the child/parent interaction isn't necessarily a problem. What is a problem is getting into do the home visits. And I'm just wondering if anyone has found - or anybody has good ideas or suggestions as far as how many home visits are you able to complete with these teen parents during the week or with all the teen parents during the week?

Frances Davis: Well I do think, like I said before, if we maintain this kind of joint conversation about when visits are happening and asking them to be a part of planning that.

And I know we kind of always do that, but making it really specific and part of the plan we know that we're going to have to meet next week, because we've created this plan to talk about. And that plan is really specific to what the parent wants. Then it just becomes a higher priority for them in their lives.

Beth Tillision: Okay.

Frances Davis: And we know that that actually does make a difference for us.

Beth Tillision: Okay.

Barbara White: And this is Barbara. A concrete strategy that we're using because of the concreteness of adolescents is that we're using texting before heading to the homes and finding that that is helping. And sometimes the teens won't answer the phone; they will respond to a text. And so we've added that onto the cell phone access for home visitors to do that. And that's giving some positive results.

Beth Tillision: Okay, thank you.

Amanda Perez: And, Beth, we'd love to hear your strategy.

Beth Tillision: Yeah, well what we have found that works really well is we've collaborated with our local school districts and signed a collaborative agreement that ensures that our teen parents enrolled in this program are able to obtain one credit for the year that they, you know, as long as they stay enrolled in the program and complete the home visits.

We do weekly class sessions where our teachers - we have two BPI teachers that are specifically for our school aged parent program, our teen parents, and they're going into the schools on a weekly basis, meeting with the girls that are enrolled on a weekly basis and then also providing the home visits. And then we offer two socializations or two groups per month.

And we've found that that has really helped, because a lot of our teen parents are credit deficient. And so even this one credit can be a benefit to getting them to graduate.

Amanda Perez: What a phenomenal idea. This is why I love Early Head Start. That is so resourceful, and it's really so community based in terms of what this family needs and where those connections are. I love that. Thank you for sharing that.

Beth Tillision: Yeah. It's worked out well for us.

Amanda Perez: Yeah, that's great. Well, and unfortunately we just have a few more moments to spend together. I wanted to give our faculty some time to really share kind of the one message that they wanted to make sure that people leave with after this audio conference today.

So I wanted to start with Frances and see if you could share that one concluding message for us today.

Frances Davis: Can you start with somebody else?

Amanda Perez: Sure.

Frances Davis: I have to think about what that is.

Amanda Perez: I'll move onto Angela.

Frances Davis: I may have forgotten.

Amanda Perez: I'll move onto to Angela, Angela.

Angela Rau: Well I guess I want to wrap up the concept of relationships. It feels like a term that we've said over and over and over. But we all develop, and change, and grow within a relationship. And every relationship gives each one of us an opportunity to discover ourselves and to learn from each other.

So if we can pass that - the wonderful adventures of life around relationships onto the teens and help them anticipate this, build this relationship prenatally with their baby, and anticipate their relationship with their baby after birth, and how that parenting is going to go then we're really beginning and participating in that attachment process.

Amanda Perez: Nice. Barbara.

Frances Davis: Okay, now I remember.

Amanda Perez: You remember now?

Frances Davis: Go ahead, Barbara.

Barbara White: This is Barbara. And I'm going to branch out from one specific area, which is that this is a specialized field. And that it's a specialized field that requires careful time and attention with a focus on dual development that we talked about and unique community partnerships. What was expressed about working with schools and public education is very important in communities with the variety of providers in a community both in the healthcare system and in different treatment modalities in the community that will be helpful to young families, and so taking a specialized approach as the program to serving young families is vitally important.

Amanda Perez: Thank you, Barbara. And, Frances.

Frances Davis: Okay. I do remember. We talked about this stuff. And that really one of the key components to all that we've talked about is the kinds of support, and training, and reflective supervision that staff have who are working with teen parents.

That it's really important that - you know, most of us understand the content. We understand the importance of child development and helping the teen understand that. But really having knowledge about what we do, how we build those relationships, how we have conversations with parents, with teens really is key to the success of those interventions, so, you know, paying attention to our staff. What kind of support do they need?

Amanda Perez: Absolutely. Well and I really want to thank the three of you, Frances, Angela, and Barbara. Thank you so much for offering all that you offered today. And certainly that was supportive of the staff that are working in the field we know.

I hope that folks have some new ideas out there about how to work with this really unique, really promising population of families. For further information and resources please refer to the other materials in your packet. And we hope that you will take some time to look more in depth at the materials that have been provided to you through the mailing that I described.

We also hope that you will take some time as individuals or a group to reflect on what you heard today using the Applying The Information handout on page 9 of your packet. And of course don't forget to send your evaluations into us. We really want to hear what you have to say. You can do that either online or on paper.

One final note, we at the Early Head Start National Resource Center know that this is just the beginning of the conversation. We've provided some basics here today. There will be a Webinar with more in depth information on serving teen parents on April 21. So look for information on our Web site at [www.ehsnrc.org](http://www.ehsnrc.org) or even better by registering for our Baby Elerts on our homepage there, again at [www.ehsnrc.org](http://www.ehsnrc.org).

Thanks again for being here today and for the work you do with these teen families. And now I'm going to turn it over to Robert to end the call.

Operator: Thank you. And this does conclude today's conference call. We thank everyone for your participation and have a wonderful day.

--End of Video--