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SPANISH INTERPRETATION AVAILABLE!

INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

Today's session will be in both English and Spanish.

La conversación de hoy será en español y inglés

Click the "Interpretation" icon in your toolbar, select "Spanish"

Seleccione el icono "Interpretation" de las opciones debajo de su pantalla. Elige la opción "Spanish"



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Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CACAP, CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops



March 11: Becoming a Trauma-Informed Leader



April 15 & 22: Supervising for Success



March 12: Beyond Corporal Punishment: The No Hit Zone Strategy for Reducing Child Abuse



May 28: Debriefing & Mutual Support



March 20: Protective Factor of The Month: Knowledge of Parenting & Child Development

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Before We Begin...

DURING



Access your participant guide now! The link can be found in the chat.



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



This presentation is being recorded.



External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.

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Special Considerations and Support for Expectant and Parenting Youth

Presented by Kathleen Tebb, Ph.D., FSHAM



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Speaker SPOTLIGHT



Kathleen Tebb, Ph.D., FSHAM

Professor
Dept. of Pediatrics, Div.
Adolescent and Young Adult
Medicine

- Developmental and health research psychologist
- Research focuses on developing, evaluating, implementing, and disseminating evidence-based interventions to promote health equity among diverse populations.
- Her dissertation work evaluated the effectiveness of a community-based mentoring program for parenting adolescents.
- Since 2012, she helped develop, evaluate, and provide training support for the CA MCAH Adolescent Family Life Program, which serves expectant and parenting adolescents.

RCHSD is not responsible for the creation of content and any views expressed in its materials and programming.

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Objectives


- Describe the needs and challenges facing expectant & parenting adolescents
- Analyze the factors that contribute to resilience.
- Apply best practices to support expectant & parenting adolescents & their children.



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Group Agreements

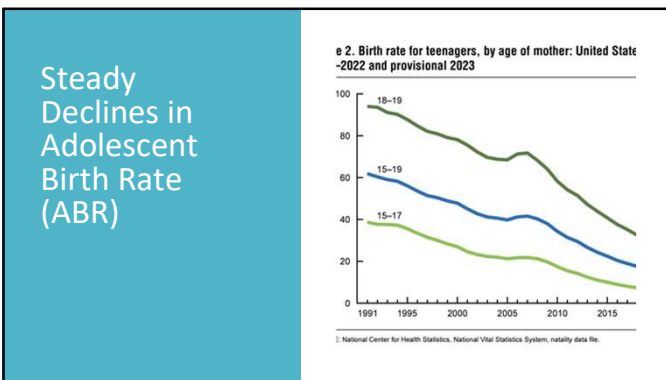
- Listen actively
- Respect one another
- Engage in discussions
- Step up and step back
- All questions are welcome & valued
- Take care of your needs
- **Have fun!**



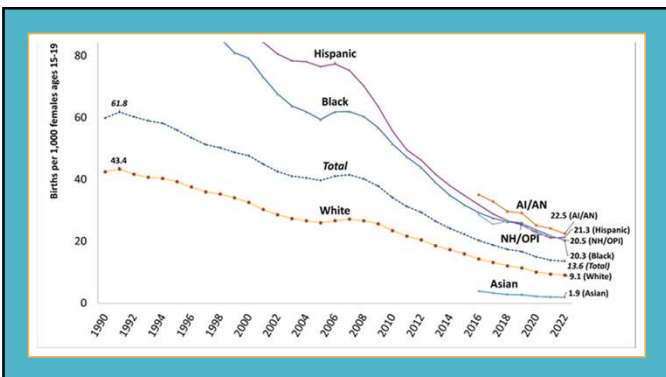
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What accounts for the declines?

- Declines in ABR is largely due to increased use of contraceptives.
- More teens are abstaining from sex or waiting to have sex until they are older.
- Most adolescents who have given birth are connected with the health care system and using contraception; however, only 22% are using a LARC method.

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Repeat Births for Adolescents

- Repeat births (2 or more live births before age 20) are also declining.
- Approx. 15% of births to mothers 19 years or younger were repeat births.
- Closely spaced births occur more frequently among adolescents than adults.
- Increases the risk for adverse health, educational, and economic outcomes.

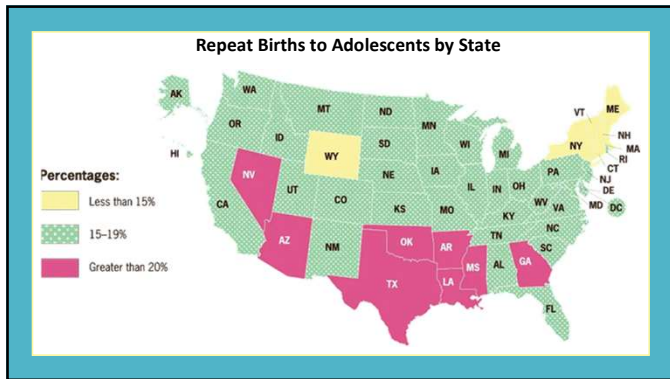


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Persistent Disparities in ABR

- In 2022, ABR of American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Black, and Hispanic adolescents were more than double the rate for Whites, and more than 10 times higher than the rate among Asians.
- U.S. ABR varies by state & region.
- The highest rates in southern states and in rural areas.
- In CA, the county with the highest 3-year aggregated birth rate had a rate 5.4x greater than the county with the lowest.

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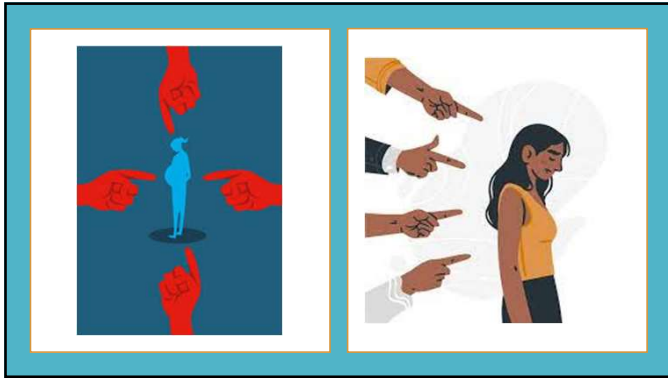
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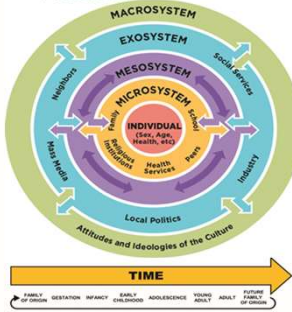
Social Determinants Drivers of Health (SDOH) & Adolescent Pregnancy

- SDOH shape the conditions in which people are born, grow up, work & live. (WHO).
- Stem from policies & practices that create an unequal distribution of resources & power.
- Leads to inequalities in income, education, health care, transportation, etc.
- The strongest determinants of AYA health worldwide are structural factors.
- In communities where ABRs are high, there are often high levels of poverty; limited employment & educational opportunities for youth.



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Socio-ecological/ Ecological Systems Theory



Macro: Policies (economic, housing, education), Social Norms, Media

Exo: Neighborhoods, Community, Education, Social, & Health services

Meso: Characteristics of organizations, rules & regulations

Micro: Interpersonal: Relationships with Peers, Family, Teachers, & others

Individual: Age, Health Status, Gender Identity, Sexual Orientation, Knowledge, Skills, and Attitudes

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Factors Contributing to ABR

- Low socioeconomic status.
- Lack of knowledge of sexuality, poor SRH communication with parents, & ineffective or nonuse of modern contraceptives.
- Cultural and peer norms.
- Physical/sexual violence.
- Experience in foster care.
- Adolescent bisexual and lesbian females are more likely to have been pregnant than heterosexual females.

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Gap Between age @ 1st Sex & Age at 1st Marriage

Source: Guttmacher.org

The need for effective contraceptive use

...is greater than ever, as U.S. women wait longer to have their first child



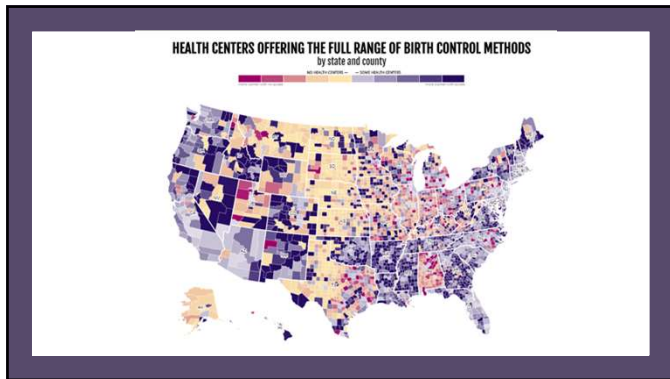
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Sex Education in the U.S.

National landscape (macro)

- 36 States & DC require public schools teach sex ed
- 39 States & DC require students receive HIV ed.
- 28 States mandate **both** sex ed. & HIV ed.
- 22 States require sex ed. must be medically, factually or technically accurate (definitions vary)


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Challenges of EPY

All parents face the pressures of juggling the needs of a baby with work/life. These pressures are even greater for adolescents. Identity formation is a key developmental task of adolescents. Balancing school, parenting, and personal life – often with limited resources. Teen parents often experience stress, anxiety, and depression. Mental health issues can be both a cause and a consequence of teen pregnancy.



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Intersectionality of adolescent development & parenthood

Identity Formation. A major developmental task in adolescence is identity formation. The process is multifaceted, complex, and gradual.

Cognitive Development. During adolescence, the individual's cognitive capacities undergo a set of changes. Brain development continues up to 25 with the pre-frontal cortex last to fully develop.

Psychosocial Development. Emotional regulation, emphasis on peer relationships, heightened participation in peer activities, social comparisons

Independence. Adolescence is also marked by the gradual development of independence and emancipation from the family.

What are the implications of these factors for adolescent parents?

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Additional Challenges Amplified by Parent & Offspring Characteristics

Intellectual and developmental delays.

Temperament.

Balancing school, parenting, and personal life – often with limited resources.

Teen parents often experience stress, anxiety, and depression. Mental health issues can be both a cause and a consequence of teen pregnancy.

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Co-Parenting with Partner



Adolescent fathers are often unmarried at time of conception and birth.

Generally excluded from participating in the birth and early care of their infants.

This is generally the result of the powerful social prejudice that surrounds pregnancy and childbirth among unmarried teens

Fathers can play an important role in child-rearing and emotional support.

Teen parents' responsibilities regarding custody, healthcare, and finances.

Importance of understanding legal rights in a relationship or co-parenting situation.

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Co-Parenting with Parents



Intergenerational challenges and opportunities

Early parenthood implies early onset of grandparenthood at a time when some parents may be unwilling to accept this new role

Cultural factors

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Multiple Forms of Chronic Stress Affect Fetal Development*



Increased cellular aging

More insulin resistant

Altered neuroendocrine functioning

Accelerated epigenetic age

Mechanism: Affects RNA sequencing in gene sets involved in placental processes.

(Baker et al 2024)

Adapted from Condrat et al., Child Development Perspectives, 2020

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Maternal Prenatal Stress Predicts Infant Outcomes

- Infant ANS (Parasympathetic) reactivity.
- Infant illnesses both infectious & non-infectious illnesses.
- Increased cardiovascular response to a stressor & difficulty recovering from stressor.
- Rapid infant weight gain (40% greater odds with each additional type of stressor).

Sources: Bush et al. 2017; Jones-Mason et al. 2018; Bush et al. 2020; Felder et al., 2020

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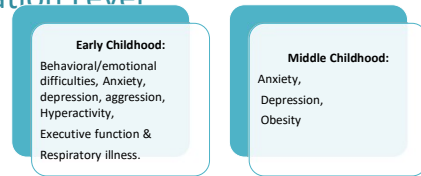
Maternal Exposure to Childhood Adversity Predicts Maternal & Infant Outcomes

- Level and rate of rise of placental corticotropin-releasing hormone (Steine et al. 2020)
- Maternal pre- & postnatal depressions (Roubinove et al. 2022)
- Infant development and behavior through cascading effects on offsprings' adaptive skills (Ahmad et al. 2021 & Browne et al. 2022) and mental health (Bush et al. 2023)

Sources: Bush et al. 2017; Jones-Mason et al. 2018; Bush et al. 2020; Felder et al., 2020

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Maternal Exposure to Childhood Adversity Predicts Child Outcomes at Population Level



Source: ECHO (Environmental Influences on Child Health Outcomes) a longitudinal study of 50,000 mother-child pairs from over 80 existing cohorts. <https://deohs.washington.edu/echo/echo-program>

Adulthood:
High ACEs predict poor mental & physical health at age 45
(Baldwin et. al., JAMA Peds. 2021)

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... but **NOT** at the Individual Level

ACE scores had very poor accuracy in predicting which children had a mental health problem at 18 years. Area under the curve (AUC) statistic, of 0.58 (95% CI, 0.56-0.61).

This AUC represents a 58% probability (i.e., 8% above chance) that a random participant who developed a mental health problem had a higher ACE score than a random participant who did not.

(Baldwin et. al., JAMA 2021)

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Resiliency

The ability to thrive despite challenges and adversity

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Kauai Longitudinal Study

Followed an entire cohort (698 children) born in 1955

Shift from Retrospective to Prospective transformed our understanding.

Instead of focusing solely on risk factors, this was a sentinel shift in understanding protective factors.

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Kauai Longitudinal Study

Many experienced ACES

Followed at ages 1, 2, 10, 18, 32 & 40

2/3 with 4 or more risk factors by age 2 developed serious problems

YET, 1/3 did well despite adversity

RESILIENT

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What happened to the “troubled teens”?

Protective Factors

- Continuing education at community colleges,
- Educational and vocational skills acquired during service in the armed forces,
- Marriage to a stable partner,
- Having a religion with active participation in a “community of faith,”
- Recovering from a life-threatening illness or accident, and
- Psychotherapy

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What helps young people adapt & thrive through adversity?

- Ability to handle emotions & respond proactively
- Sense of purpose and bright future: optimism, hope
- Autonomy: self-awareness & self-efficacy
- Problem-solving skills: planning, flexibility, resourcefulness
- Social competence: communication, connections, and healthy relationships

Source: Bernard B. Resilience: What we have learned, WestEd, 2004.

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Protective Factors

Individual

Family

Community

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Individual

- Temperament
- Social Competence
- Problem Solving Skills
- Autonomy
- Initiative
- Self-regulation



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Family

- Strong attachment
- High expectations
- Structure, rules, & supervision with encouragement of emotional expression
- Encouraged independence
- Faith/belief that adversity can be overcome



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Community

- Strong relationship with a caring adult
- Nurturing/ responsive atmosphere
- Opportunities for meaningful contribution



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Poll: Did retrospective studies inform our understanding of resilience?

True
False
I Don't know

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Malleable protective factors buffer maternal stress effects on child health



Knowledge of child development (Ahmad et al., 2021)



Sensitive parenting (Jones Mason et al., 2023 & Ahmad et al., 2022)

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Implications ?



Photo credit: Elena Tebb, 2021

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Evidence-based approaches to support
EPY & their children

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Positive Youth Development (PYD)

The most effective programs are built on a PYD framework.

Acknowledge all youth
have strengths and
skills

Builds upon youths'
strengths & skills

Foster caring
relationships

Support meaningful
youth engagement in
developing & executing
decisions and activities

Create opportunities
for youth to make
meaningful
contributions

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Activity:
Let's
Practice
Reframing!

1. Hyperactive
2. Impulsive
3. Stubborn
4. Willful
5. Tests Limits
6. Explosive
7. Defiant
8. Withdrawn
9. Aggressive
10. Victim

Source: Sara Truebridge's 2012 Presentation for the Adolescent Family Life Program

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Build Resilience Strengths

Focus on & Foster protective factors

.... build resilience strengths

Caring relationships

High expectations

Opportunities for participation
& contribution

Improves emotional regulation

Builds hope, sense of purpose and bright future

Supports development of a positive identity & self-efficacy

Increases problem-solving skills & social competencies

Adapted from Bernard B. Resilience: What we have learned, WestEd, 2004 & AFLP PYD Basic Training.

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Caring Relationships

- ▶ Young people benefit from positive adult support in identifying and building on their personal strengths and establishing goals.
- ▶ You can effectively support youth by being a supportive, non-parental, caring adult.
- ▶ Model a caring relationship through sustained kindness, active listening, & being open/non-judgmental.
- ▶ Help youth understand the qualities of healthy relationships & nurture healthy relationships.

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Fostering High Expectations

- ▶ Express belief in youth that they have strengths and skills
- ▶ Their strengths and skills can help work toward their goals and be successful
- ▶ Help youth to understand their needs & connect them to resources

"I see strengths in you."

"I believe in you."

Adapted from MCAH AFLP PYD Basic Training

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Fostering Opportunities for Participation & Contribution

- Provide youth opportunities to reflect and dialogue, problem solve, and make decisions meaningful to their lives
- Encourage active participation in and contribution to family, school, and community

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Developmentally Appropriate

Youth vary in development.
Development influenced by:
Age
Environment
Experiences
Stress
It's critical to understand & respond appropriately to the developmental level of each youth.

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Culturally Responsive & Inclusive

EPY come from heterogeneous backgrounds (e.g., culture, ethnicity, race, gender, sexual orientation, linguistic abilities, values, preferences, beliefs, economic, educational, etc...).
As such, they are experts in their own lives

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Trauma-Informed Care for EPYs

- Approach EPYs with an understanding and sensitivity to potential past trauma experiences,
- Create a safe and supportive environment to minimize re-traumatization during pregnancy and childbirth
- Empower them to make decisions that affect all aspects of their lives (relationships, parenting, school, work, healthcare, etc.)
- Address triggers that may arise during interactions or service receipt -- this includes prioritizing patient autonomy, providing detailed explanations, & offering mental health support when needed.



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Implementing Trauma Informed Care

- **Validate feelings:** Acknowledge their emotions and concerns without dismissing their experiences.
- **Focus on building trust:** Establish a positive rapport with the patient by actively listening and respecting their needs.
- **Provide coping mechanisms:** Offer relaxation techniques or stress management strategies if needed.
- **Connect with community resources:** Refer to support groups or other services that may be helpful for the adolescent.
- **Use MI techniques:** Allow adolescents to share their experiences at their own pace.



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Motivational Interviewing (MI)

MI is a form of collaborative conversation for strengthening a person's own motivation and commitment to change.

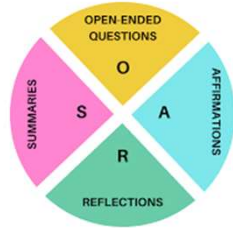
MI has been shown to:

- Support behavior change
- Be effective with adolescents

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MI Strategies Include:

Open-ended questions
 Reflective listening
 Affirmations
 Summarizing



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MI Strategies Include:



Change talk
 (I want, I wish, I hope, I'd like, I need)



Readiness Ruler
 (On scale of 1-10, how ready/able to make a change)



Extremes
 (what is the best/worst thing that can happen)



Pro's & Con's
 (decisional balance)



Looking back/looking forward

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MI Strategies help EPY make change

MI Strategies help EPY identify

- Reasons they want to make the change.
- Strengths they bring to the change.
- Barriers to accomplishing the change.
- Support youth has to accomplish the change.



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Healing Centered Engagement

MI Strategies help EPY identify

- Reasons they want to make the change.
- Strengths they bring to the change.
- Barriers to accomplishing the change.
- Support youth has to accomplish the change.



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POLL: True or False

MI is an evidence-based technique used in working with expectant and parenting adolescents that consists of 3 main strategies.

True
False
I don't know

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Healing-Centered Engagement Framework

EPY are much more than the worst thing that happened to them.

- Acknowledges trauma & its influence on mental health
- Moves beyond treating emotional and behavioral symptoms; focuses on what youth want to achieve
- Asset/strength-based builds upon their experiences, knowledge, skills

Shift from: "What happened to you?"

To: "What's RIGHT with you?"

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Healing-Centered Engagement Framework

- › HCE comes from the idea that people are not harmed in a vacuum, and well-being comes from participating in transforming the root causes of the harm within institutions
- › Emphasizes a culturally grounded, asset-based approach to supporting individuals and communities in the healing process from trauma.
- › Empowers individuals and communities to build resilience and promote well-being, rather than simply addressing symptoms of trauma.
- › When people advocate for policies and opportunities that address causes of trauma, such as lack of access to mental health, these activities contribute to a sense of purpose, power and control over life situations.

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POLL: True or False

Healing Centered Engagement focuses on the individual's response to trauma in order to foster healing.

True
False
I don't know

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Programs to support pregnant/ parenting adolescents & their children

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MCAH AFLP PYD Model

The AFLP PYD Program Model is based on Positive Youth Development Principles & Resilience Theory

The AFLP PYD Model helps youth use their strengths to reach their goals and be resilient in the face of life's challenges.

AFLP PYD case managers meet with participants twice per month, providing guidance in a supportive setting. Youth are partners in the program. They are given meaningful opportunities to contribute and practice problem-solving skills, build a positive identity and sense of purpose, and strengthen relationships and supports that will help them thrive.



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MCAH AFLP PYD Model

Case managers engage young people in life planning and goals based on their own strengths and values. Discussions and activities focus :

- strengths, emotions, relationships, values, hopes and dreams;
- goal setting and life planning;
- taking care of me;
- taking care of my baby;
- family planning and safer sex;
- healthy relationships; and
- education and work.



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AFLP PYD Outcomes



86% of youth either graduated high school or were in school.

Of those who finished high school,



27.4% higher education

38.8% employed



92% of youth received an annual medical check up



84.7% of pregnant youth received prenatal care



37.5% LARC of sexually-active non-pregnant youth were using long acting reversible contraceptive (LARC) (such as IUD - intrauterine device - or implant)

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EBP - Reducing Repeat Pregnancies

- **Aim for Teen Moms:** 10-week program to help teen mothers set life goals, plans, & steps to achieve them, and consider the role of contraception.
- **CAMI-Plus:** Participants receive MI to help increase motivations to use contraception and home visits.
- **Teen Options to Prevent Rapid Repeat Pregnancy:** provides MI, contraceptive access, and social service support for 18-months to help moms adhere to a birth control plan

Source: https://rhntc.org/sites/default/files/resources/opa_ebp_for_parenting_teens_profileguide_2019-09-06.pdf

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EBPs for Pregnant/Parenting Youth

- **The Early Intervention Program (EIP)** is a home visiting program to help young mothers gain social competence and achieve program objectives by teaching self-management skills, techniques for coping with stress and depression, and skills to communicate effectively with partners, family, peers, and social agencies.
- **The New Heights Program** is a school-based service delivery program focused on supporting the academic, physical, and socioemotional needs of its participants through case management services, educational workshops, advocacy, academic support, and program incentives.
- **The Taking Charge curriculum** is a solution-focused, cognitive-behavioral brief group intervention designed to help pregnant and parenting female students stay in school.

https://rhntc.org/sites/default/files/resources/opa_ebp_for_parenting_teens_profileguide_2019-09-06.pdf

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EBP Programs cont.

The following are EBPs that benefit but are not specifically targeted for pregnant and parenting adolescents:

- **Nurse Family Partnership (NFP):** one-on-one home visits by a trained registered professional nurse to participating clients.
- **Early Head Start:** provides family-centered services for low-income families with young children, up to age 3. Designed to promote child development & support parents to fulfill their roles as parents and to move toward self-sufficiency.
- **Healthy Families America's (HFA):** home visiting program to reduce child maltreatment, improve parent-child interactions and children's social-emotional well-being, & school readiness.

https://rhntc.org/sites/default/files/resources/opa_ebp_for_parenting_teens_profileguide_2019-09-06.pdf

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Evidence-Based TPPs

Health-E You/Salud iTu™ is a novel, interactive, patient-centered, mobile health application (app) to support patient-centered sexual/reproductive health decision-making for adolescents



Empower Teens with Contraceptive Decision-Making Support with the *Health-E You/Salud iTu™* app

<http://healtheyouinfo.ucsf.edu/>

Complete list of EBP TPP Interventions:

<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tp-program>

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Conclusion

- Adolescent pregnancy and parenting present numerous challenges, but with the right support, adolescent parents can thrive.
- Continued education, emotional support, and access to resources are critical.
- Opportunities for interventions at multiple levels; however, most still focused on individuals.



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Parting Thoughts and Questions?



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