


EARLYIMPACT
— VIRGINIA —

Trainer's Name:
Trainer's Email:

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Working with Pregnant and Parenting Adolescents

LEARNING OBJECTIVES




Family Support Professionals will...

1. Define values, identify own core values and discuss how values impact bias-based interactions and how to address them.
2. Review basic adolescent development, learning styles and how learning styles affect adolescents.
3. Discuss mental health issues facing adolescents, and those that face pregnant and parenting teens.
4. Discuss risk and protective factors related to adolescent pregnancy.
5. Identify three myths youth hold about pregnancy.
6. Identify the role of family, father and community play with pregnant and parenting teens.
7. Recognize the impact of structural inequities that enable disparities in pregnancy rates.
8. Demonstrate understanding of motivational interviewing techniques.
9. Review basic best practices with pregnant and parenting teens.

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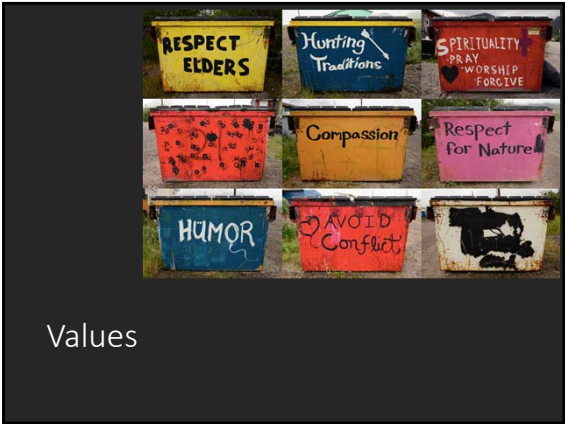
Introduction to the Training

- Overview of training & housekeeping
 - Motivational Interviewing
- Review of materials
- Group introductions
- What do you hope to gain?

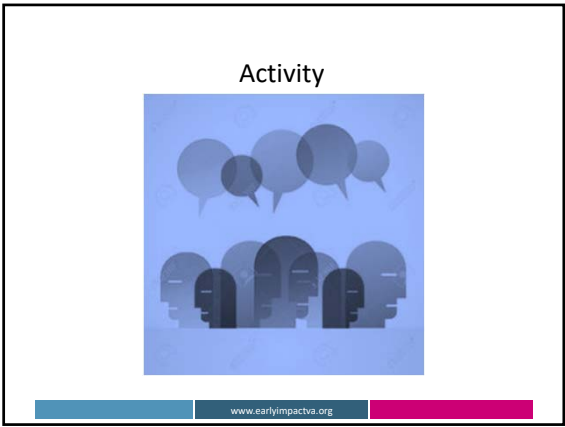


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Values

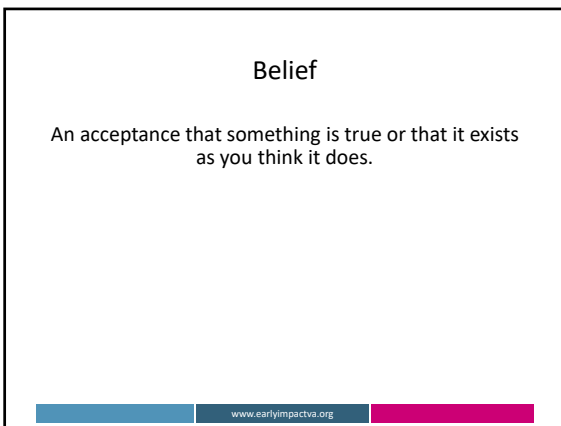


Activity

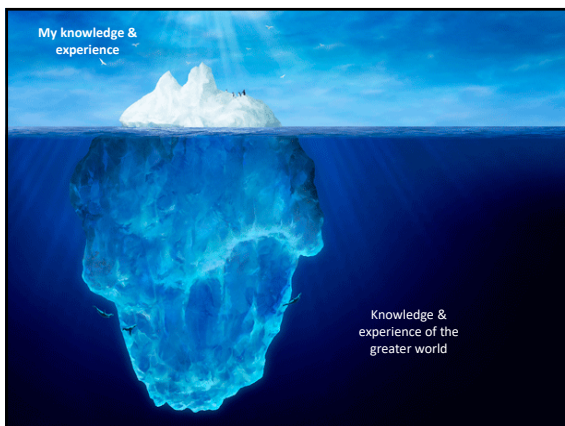


Values









Value

- Worth in usefulness or importance to the possessor; merit
- To rate according to relative estimate of worth or desirability

To value – beliefs of a person or social group in which they have an emotional investment (either for or against)

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Many beliefs are formed based on an **ideology** (a systematic body of concepts especially about human life or culture). Ideologies can't be falsified.

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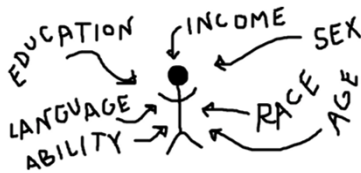
Privilege may impact our work with teens

- A particular benefit, advantage or favor
- A right or immunity not enjoyed by others or by all
- Special enjoyment of a good, or exemption from an evil or burden
- A prerogative or advantage

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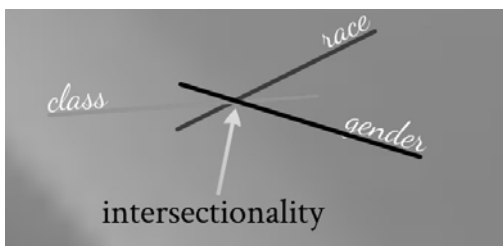
Some Forms of Privilege

- Male privilege
- Ability privilege
- Heterosexual privilege
- White privilege
- Economic privilege



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Intersectionality



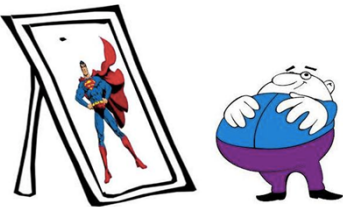
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If you don't have to think about it, **it's a privilege.**

"PRIVILEGE IS WHEN YOU THINK SOMETHING IS NOT A PROBLEM BECAUSE IT'S NOT A PROBLEM TO YOU PERSONALLY."

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Prestige Bias



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Everybody Holds Biases and Prejudices


- At their most problematic are feelings of xenophobia leading to belief systems based in sexism, racism, lookism, ageism, classism, heterosexism
- Most of us have moments of being the victim and being the perpetrator of bias/prejudice
 - We must learn to be compassionate and empathetic with each other rather than penalizing.

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Activity

With a partner:

Share about a time when you were the victim of bias, and then about a time you perpetrated violence against another.



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What We Can Do to Better Work With Others

- Recognize that everybody has bias
- Work towards limiting judgments of others with differing value sets
 - Families that have different priorities from you doesn't make them wrong, just different. Survival behaviors generally take precedence.

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Newcomer Belief Systems

- Areas of many communities have newcomers
- Differing perspectives from work AND newcomer – beyond language:
 - Trust and power
 - Women's role in family and society
 - Value for family and work
 - Difficult to rise above poverty status, no matter how hard they work

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Newcomer Belief Systems (cont'd.)

- Important to learn their story to promote understanding, especially true for refugees
 - Don't ask legal status
- Promote safety of information shared
 - Watch excessive note-taking – counters trust building
- Don't interrogate – the gift of sharing

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Working Better



Teens can only work within their capacity. They are indecisive, make uninformed decisions, challenge us – this is developmental.

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Working Better (cont'd.)

Teens may engage in risky behaviors and become pregnant. Families are chaotic and houses are not always clean, but don't judge.



Their word choices may not be great and they may use some language that you don't like, but don't judge.

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Working Better (cont.)

Don't lump all parents of teens negatively. They may have negative behaviors, but separate the behavior from the person.



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Activity

Motivational Interviewing is built on the use of many skills. The worker must be open to the process. Basic MI skills include:

- Open-ended questions
- Reflective listening
- Affirming
- Summarizing



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Review

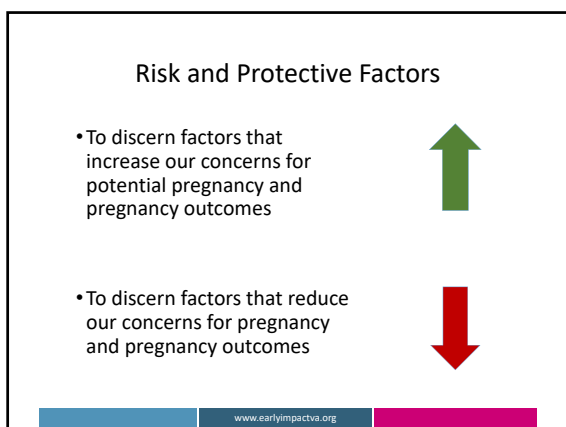
- Values are effectively charged abstract constructions.
- Values are not good or bad – they just are.
- Values and beliefs lead to actions, sometimes contributing to our sense of privilege and resulting in bias/prejudice.
- Best way to address bias or prejudice is to acknowledge work on it.



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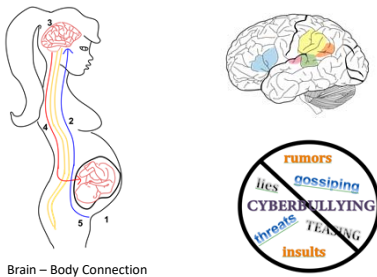


Risk Factors

Characteristics at the biological, psychological, familial, environmental (community or cultural) level that precede and are associated with a higher likelihood of negative outcomes

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What are negative outcomes?



Brain - Body Connection

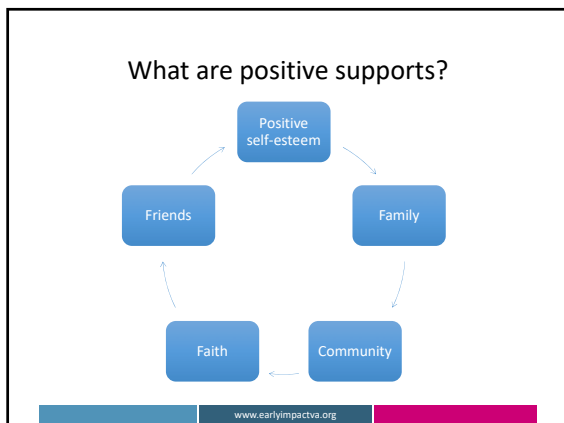
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Protective Factors

Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.



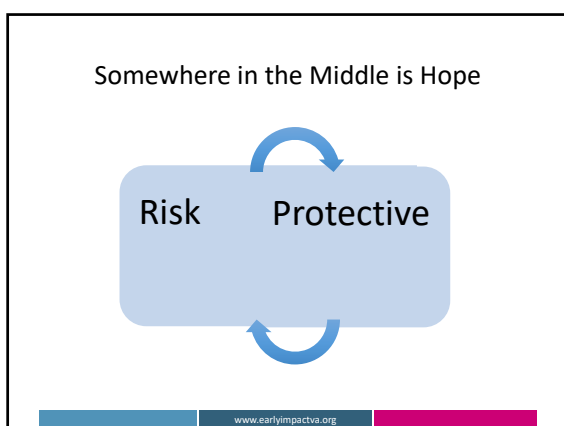
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Practice Goal

- To identify, increase and/or support protective factors that will help to reduce or ameliorate risk factors
- We are able to help put pieces together to increase positive outcomes

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What are some negative outcomes society does not want for its young?



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Common Adolescent Risk Factors



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Additional Risk Factors for Pregnancy

Having a mother who was age 19 or younger when she first gave birth



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What about parenting?

Protective

- Supports available when becoming a parent
- Stability
- An ability to use supports for learning positive parenting skills
- Respite
- Academic engagement and continual learning

Risk

- Age at first becoming a parent
- Instability in multiple areas of one's life (health, housing, income, supports)
- Immaturity and an inability to seek or use supports
- Having limited supports where all responsibility rests with one parent

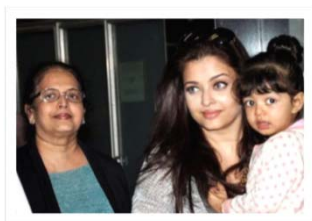
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Babies are Cute



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Young Parents Do What They've Experienced



Problem recognition and solving are built on what you know.

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Adolescents Are Still Developing



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Activity

Using the cases, identify possible protective factors or strengths that may exist and then risk factors



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Motivational Interviewing Activity

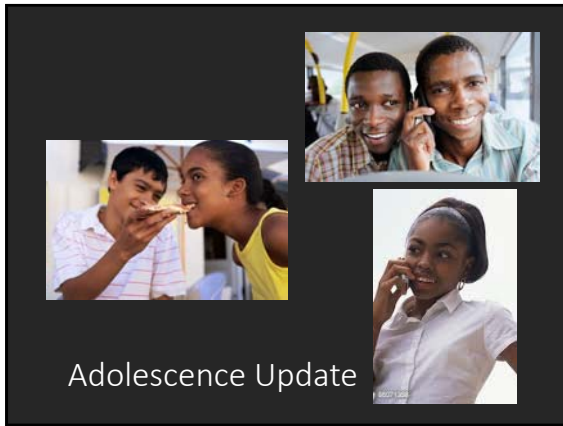
Role Play for Skill Development

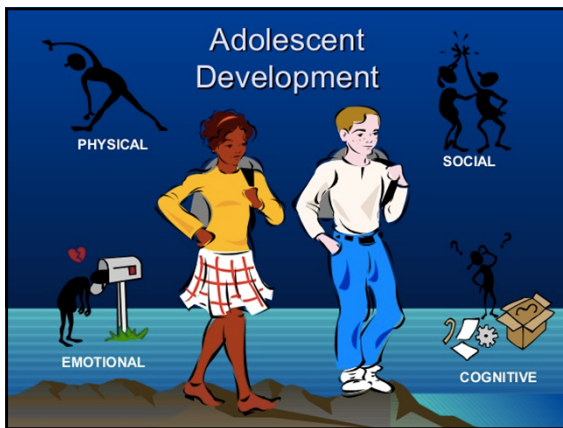
- Reflective Listening
- Affirming
- Summarizing

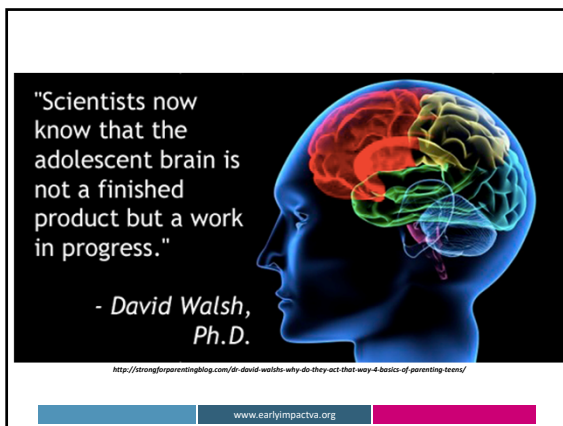


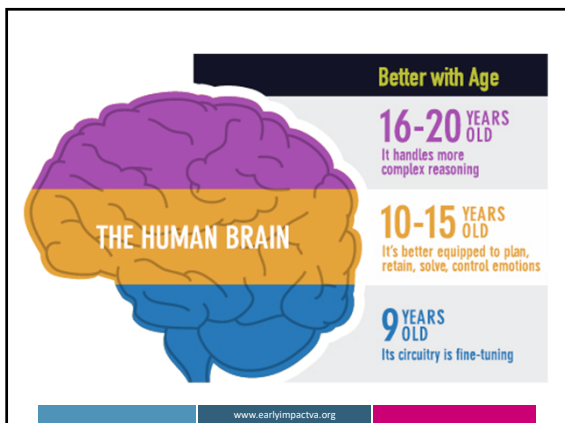
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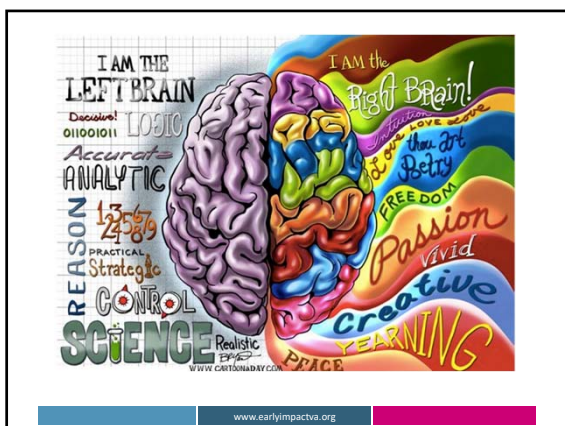
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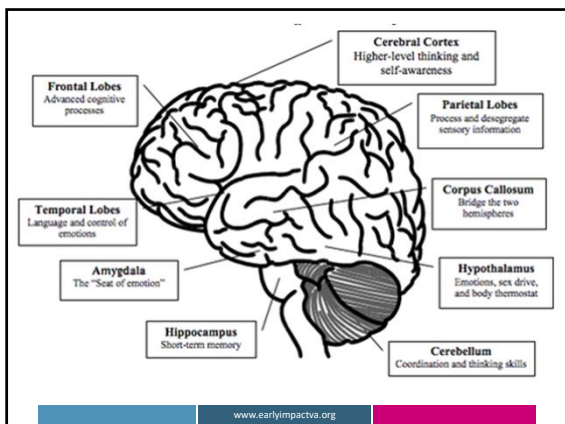












Last Part of the Brain to Develop is Responsible for Executive Function Skills

- Time Management
- Organization
- Short-Term Memory
- Goal-Setting
- Initiation
- Self-Restraint (controlling impulses)



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Executive functioning is matched with puberty, resulting in a variety of emotional and motivational challenges.

- This may lead to an inability to act on sexual decision-making knowledge
- “Teens are like unskilled drivers trying to maneuver a car that has just been turbo-charged by puberty.”

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What does this mean for working with adolescents?

- Development of executive functioning occurs over a lifetime
- Adolescents’ ability to act in accordance with their knowledge is limited



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Self-control depends on a competition between the top-down influences of executive function

↑ ↓

and the bottom-up influences of desires, drives, impulses and habits


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Possible Consequences of Poor Executive Function in Adolescence

Emotional difficulties <ul style="list-style-type: none">• Aggression• Mood swings• Suicidal ideation	Risk taking/impulsive behavior <ul style="list-style-type: none">• Alcohol/drug use• Unprotected sex
Compulsive behaviors <ul style="list-style-type: none">• Alcohol/drug abuse• Preoccupations with appearance• Self-mutilation	Attention problems <ul style="list-style-type: none">• Distractibility• Poor academic planning

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Adolescents Reading Emotions



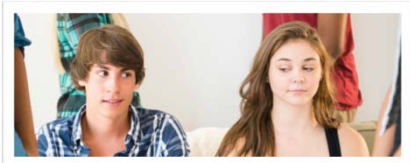
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Adolescents use the Amygdala (fight or flight response) rather than the Frontal Cortex (used by older adults) to read emotions

Deborah Yurgelun-Todd, McLean Hospital, Belmont, Mass (2004)


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Implications


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- Adolescents need and often want help in decision-making, although they may seem more independent than they actually are
- Need independence



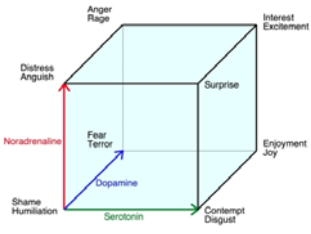
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Give adolescents multiple choices that allow positive decision-making




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May need assistance connecting emotions and decision-making



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May need help to consider consequences because they may not see these



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Emotional development impacts the ability to cope with stress, relate to others and manage emotions. All are related to a sense of identity.



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May impact self-concept including belief sets about roles and goals



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- Impacts self-esteem: how they feel about themselves
- Experiments with alternatives: physical, social, emotional
- Sexual/intimate feelings: try out different sexual identities



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Activity – Case Studies - MI

Using your case study, what implications might be relevant in working with this teen?

Role-play practice: Reflective Listening

Add:

- Asking for elaboration
- Acknowledgment of personal strengths and supports
- Review past successes



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Introduction to Pregnant & “Parenting” Adolescents



What are some beliefs held by the general public regarding teen pregnancies?

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Virginia Views Adolescent Pregnancy as a Public Health Issue

Suggests that the responses address:

- Health
- Education
- Social
- Economic

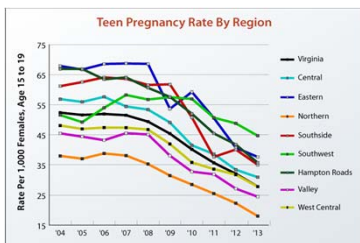
Prevention is Best



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Virginia

Birth rates have dropped to 20.1 per 1,000 females age 15-19

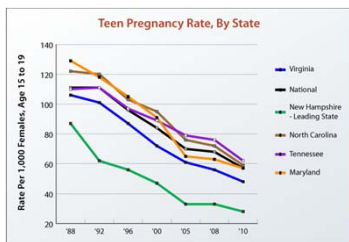


<http://aperforms.virginia.gov/indicators/healthfamily/teenpregnancy.xls>

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Virginia

Virginia has the 12th lowest incidence of teen births in the country (NC 28.4, TN 34.7 and MD 19.4)



<http://aperforms.virginia.gov/indicators/healthfamily/teenpregnancy.php>

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Virginia

- According to the Virginia Department of Health, the Southwest Region had the highest rates (44.7) while the Northern Region had the lowest (18.0)
- There was a general decline in all areas in 2013 with 7,335 reported teen pregnancies or 27.8 per 1,000



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Centers for Disease Control

- In 1991, the birth rate for women aged 15-19 years was 120 per 1,000, and is considered the peak year in the U.S.
- In 2015, a total of 229,715 babies were born to women aged 15-19 years, for a birth rate of 22.3 per 1,000 women in this age group.




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The greatest proportion of teen births are first births (83%) vs. subsequent births (17%)

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Non-Hispanic black youth, Hispanic/Latino youth, American Indian/ Alaska Native youth, and socioeconomically disadvantaged youth experience the highest rate of teen pregnancy and childbirth

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Birth Rates by Ethnicity

Group	Birth rates per 1,000 girls
Non-Hispanic White	17
Non-Hispanic Black	35
Hispanic	38
American Indian	27

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Portion of Teen Births (2014)

- Girls under 15 1%
- Girls 15-17 27%
- Girls 18-19 72%

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Teen Birth Rate by Age

- Girls 15-17 11 births per 1,000 girls
- Girls 18-19 44 births per 1,000 girls

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What countries are we aligned with?

Country	Birth Rate per 1,000
Ukraine	25
Turkey	28
Rwanda	27
New Zealand	24
Jordan	24
Iran	27
USA	24

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What about the father?

For every baby born, someone provided the sperm.....




What portion of teen pregnancies have teen fathers?

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Age of Fathers

A New Mexico study found that teen fathers are almost always older than the mothers.

- It may be only by a few months, but teen fathers are often older by a year or more.
- In many cases, teen fathers could be charged with statutory rape due to the age difference.

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Two Factors

Consider these factors before looking at data:

Child abuse data & sexual assault data

1 in 5 girls are victims of child sexual abuse

20% of adult women self-reported sexual abuse incidents when they were children



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Abuse Connection

Compared to those with no history of sexual abuse, young males who were sexually abused were five times more likely to cause teen pregnancy, three times more likely to have multiple sexual partners and two times more likely to have unprotected sex, according to the study published by the [*Journal of Adolescent Health*](#).

<https://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

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What about cultural considerations?

Gender expectations vary in race and ethnic groups and in cultural experiences



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Outcomes

- Pregnancy and birth are significant contributors to drop-out rates for girls.
- About 50% of teens who are pregnant or parenting receive a high school diploma by age 22 vs. 90% of adolescent women who have not given birth.
- They tend to have lower overall academic achievement, be incarcerated at some point during adolescence or face unemployment.

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Contraception Use in U.S. High School Students in 2013

- 47% of high school students report having sex
- 86% of these report they did not use any contraceptive method at last sexual encounter



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Shaming Girls Who Become Pregnant



A frequent response to teens who become pregnant is to shame them. This is an inadequate and unhelpful response.

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When girls become pregnant, they are not:

- better off if they miscarry
- necessarily promiscuous
 - tarnished goods
- problems or problem children

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At best, we must show compassion and empathy for their journey.



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Activity – Case Studies - MI

Readiness to Change Ruler



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Mental Wellness

Knowing when to seek assistance

Mental Wellness


A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

World Health Organization

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Balance


- Mental wellness is best reflected in the concept of balance.
- All aspects of your life are at peace and where there are challenges, there are resources that assist.



TRANQUILITY

Mental Illness

A condition or behavioral pattern that impacts a person's thinking, feeling or mood, and affects his or her ability to relate to others and function on a daily basis.




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Mental Illness

Mental illnesses are diagnosed by trained professionals (licensed social workers, professional counselors, psychologists and psychiatrists) using the DSM-5.

Sometimes a primary care provider (MD) will provide an initial diagnosis.



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Stigma and Mental Illness

- Negative attitudes and beliefs are directed towards people who have a diagnosis or who exhibit symptoms of mental illness
- Stigma can lead to discrimination



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Let's look at mental illness and children/youth

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Prevalence of Mental Illness in the Young

Important to separate normal developmental issues from those needing intervention




1 in 4

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Mental and Social Well-Being Includes the Ability to:

- have their needs met
- develop fulfilling relationships
- adapt to change
- realize their potential



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Mental and Social Well-Being Includes the Ability to: (cont.)

- use appropriate coping mechanisms to achieve well-being
- navigate the complexities of life successfully
- develop skills that help them cope with environmental realities



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Developmental Competencies

Some of the episodic mental health challenges youth face are in response to attempts at meeting developmental competencies.

- Navigating social, emotional, cognitive and behavioral tasks of adolescence.
- Adhering to cultural and social norms
- Developing a positive sense of identity
- Developing the skills for self-efficacy

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Warning Signs



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Attention Deficit Hyperactivity Disorder
Bipolar Disorder
Depression
Anxiety






Mental Health Focus Pregnant and Parenting Adolescents

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Pregnant?



What psychological and social challenges happen when teens learn they are pregnant?


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Pregnancy Biological Changes

Changes in hormones can impact psychological well-being.


Changes occur with birth:

- Hormone levels drop
- Milk comes in
- Breasts become engorged (unless intervention occurs)
- Exhaustion sets in



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Baby Blues



About 70% to 80% of new mothers experience some negative feelings or mood swings after the birth of their child.

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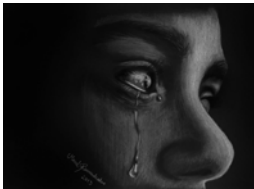
Emotional Challenges

When birth is not full-term, there may be feelings of inadequacy and blame.



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Symptoms of the Baby Blues



- Sadness
- Anxiety
- Mood changes
- Restlessness
- Poor concentration
- Impatience and irritability
- Fatigue
- Insomnia
- Weeping or crying for no apparent reason

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Postpartum Depression

More than the “baby blues”

- Troubling feelings do not go away
- Emotional vulnerability continues with increased weeping and often some anger (at self, baby or others)



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Some Women Are More Likely to Develop Postpartum Depression

- Bouts of intense anxiety or depression during pregnancy, especially during the third trimester
- History of or family history of depression or anxiety; low self-esteem
- Relationship disruptions or difficulties
- Stressful life events (finances)
- Inadequate social support including baby care support
- Unplanned or unwanted pregnancy

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Postpartum Depression Symptoms

- Irritability or hypersensitivity
- Difficulty concentrating
- Anxiety and worry
- Crying or tearfulness
- Anger
- Negative feelings such as sadness, hopelessness, helplessness or guilt
- Loss of interest in usually enjoyable activities
- Difficulty sleeping (especially returning to sleep)
- Fatigue or exhaustion
- Changes in appetite or eating habits
- Headaches, stomachaches, muscle or backaches

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Postpartum Anxiety

Some new mothers may experience increased worry or panic. They may experience:

- Extreme anxiety or irritability
- Restlessness and agitation
- Fear of dying, going crazy or losing control
- Shortness of breath, chest pains or discomfort
- Dizziness, tingling in hands or feet, trembling/shaking
- A sensation of choking or smothering, faintness, hot or cold flashes

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What You Can Do to Help

- Reassure the new mother when the Baby Blues occur
- Know when to seek additional help
- Give her permission for self-care



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Help



- Highlight and affirm all positive parenting actions
- Encourage sleeping when baby sleeps
- Encourage developing routines and priorities: What's a good schedule for baby and mother?
- Help her develop support systems that understand mental health challenges
- Know local mental health resources and how to access them

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What can we do?

- Learn the warning signs and respond to them
- Develop relationships with mental health professionals
- Ask direct questions of a person with symptoms, including histories of the symptoms and family members with similar symptoms
- Look for co-occurring disorders, and self-medication practices (drugs, alcohol)
 - Young people will take other people's medications

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Seeking Help

- Learn about your local Community Services Board, which serves as the community mental health agency in Virginia
- Recognize the limits of Virginia's system
- Learn how to do a suicide screening and how to seek help immediately for concerns of self-harm or harm to others

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Activity – Case Studies



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Learning Preferences

Overview and Working with Adolescents
We are always learning!



Seven Major Learning Styles

1. Verbal/linguistic
2. Visual/spatial
3. Auditory/aural
4. Physical/kinesthetic
5. Logical/mathematical
6. Social/intrapersonal
7. Solidarity/interpersonal

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**Working Together
for Better Outcomes**


Considering Motivational Interviewing Techniques

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Motivational Interviewing


A big assumption is that our work is about change.

- Teens don't generally come prepared to engage in change and often feel that change is not necessary.



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Early Methods




Communication is a two-way process


Early methods:

- Open questions
- Reflective listening
- Affirming
- Summarizing
- Evoking change talk

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 **Motivational Interviewing Activity**

Consider a first-time meeting with your assigned teen.



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Our Focus is on Using Processes from Motivational Interviewing

Motivational Interviewing assists with:

- Methods for evoking change talk
- Handling resistance
- Enhancing teen's confidence for change




Continue activity

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Methods for Evoking Change (ranked as helpful)

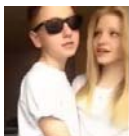
- Exploring pros and cons
- Asking for elaboration
- Exploring goals and values
- Asking evocative questions
- Looking forward
- Looking back
- Using importance rule
- Imagining extremes



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Handling Resistance

- Simple reflection
- Reframing
- Emphasizing personal control
- Shifting focus
- Double-sided reflection
- Amplified reflection
- Agreement with a twist



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Enhancing Confidence

- Personal strength and supports
- Reviewing past successes
- Brainstorming
- Giving information and advice
- Responding to confidence talk



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Enhancing Confidence (cont.)

- Evocative questions
- Reframing hypothetical change
- Confidence ruler
- Radical change



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 Activity – Case Studies



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List of MI Skills

Determined Most Successful

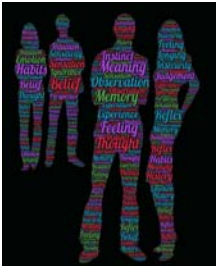
- Giving information or advice
- Summarizing
- Asking for elaboration
- Imagining extremes
- Shifting focus
- Reviewing past successes
- Personal strengths and supports
- Brainstorming
- Responding to confidence talk



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Other Skills

- Reflective listening
- Exploring pros and cons
- Affirming
- Reframing
- Emphasizing personal control
- Asking open-ended questions
- Eliciting change talk
- Exploring goals and values
- Agreeing with a twist
- Using importance ruler
- Amplified reflection
- Double-sided reflection
- Confidence ruler



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Thank You!

Please watch your email for the online evaluation and your Certificate of Completion.

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