

Pregnant and Parenting Youth in Foster Care

**Part II: A Guide on Effective Programs,
Curricula and Other Resources**

Center
for the
Study
of
Social
Policy

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The information presented in this publication is for resource purposes only. The Center for the Study of Social Policy does not specifically recommend any of the programs included.

Background on this Guide

The purpose of this guide is to provide a comprehensive set of resources for jurisdictions interested in addressing the needs of pregnant and parenting youth in foster care. The guide draws on primary sources of information: evidence-based programs, an electronic survey of the field, and phone interviews with a wide range of stakeholders who are knowledgeable about what is being done to support pregnant and parenting youth in foster care. The search for programs – particularly evidence-based and evidence-informed programs that serve the specific and somewhat narrow population of pregnant and parenting youth in foster care – yielded very few such resources. Consequently, we broadened our inquiry and have included other programs and resources that target the more general population of pregnant and parenting persons and foster youth. It is our contention that these additional services and programs can be adopted and used to serve pregnant and parenting youth in foster care. While this guide may not capture every resource available, we believe it is an excellent starting point for drawing together the best information available in the field today. As more information becomes available on ways to serve this population, the guide will be modified to incorporate additional resources.¹

Methodology

To gather information for this guide, we conducted the following inquiry:

First, we searched the major Evidence-Based Clearinghouses, including: the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the SAMHSA National Registry of Evidence-Based Programs and Policies (NREPP), the Campbell Collaboration, the Cochrane Collaboration, the OJJDP’s Model Programs Guide, and the National Guideline Clearinghouse. We also searched two academic journals, *Social Services Abstracts* and *Evidence-Based Mental Health*. Additionally, we did a general Internet search for resources specifically designed for or about pregnant and parenting youth in foster care.

Second, we researched all of the resources referenced during interviews with key leaders in the field, including practitioners, administrators, researchers, private providers, and youth. We were particularly interested in resources in use for direct benefit for pregnant and parenting youth in foster care.

Third, we conducted an electronic survey of the field and disseminated it to a wide range of stakeholders across the country. We received 179 responses to this survey and combed the results for resources applicable to pregnant and parenting youth in foster care.

The resources in this guide include programs, curricula, articles, and other resources that are being used specifically for or written about pregnant and parenting youth in foster care. We also included more general resources for pregnant and parenting youth, youth in foster care, and parents. A chart at the end of this Guide provides a summary of the programs and their primary target population.

¹ If you have a resource you would like share, please contact Myra Soto at the Center for the Study of Social Policy at Myra.Soto@cssp.org.

How to Read This Resource Guide

This resource guide is organized into three major program categories:

- 1) Parenting Supports
- 2) Developmental Supports for Children and Parents, including Health Care and Trauma-Informed Supports
- 3) Preparation for Adulthood, including Education and Housing

Each category above contains two sections. The first section, Programs, Interventions and Initiatives, consists of both evidence-based programs (indicated by “**EB**”) and resources that were not designated as evidence-based but were identified through either interviews or our electronic survey. The second section contains information on curricula, training and tools. While we found no programs and curricula that specifically target skill development for case workers and resource parents, the curricula and tools that are included can serve as a starting point to help improve staff and resource parent capacity in serving this population .

Parenthesis after each of the programs also describe the primary target population, using the following descriptors:

- **PPY-FC** – designed specifically to serve pregnant and parenting youth in foster care. As mentioned above, we found very few such programs.
- **PPY** – designed to serve pregnant and/or parenting youth, generally, and are applicable to pregnant and parenting youth in foster care.
- **Foster Youth** – designed to serve youth in foster care, and are applicable to pregnant and parenting youth in foster care.
- **Parents** – descriptions connote programs that serve parents more generally, and are applicable to pregnant and parenting youth in foster care.

The programs, curricula, and resources throughout the guide are listed in order based on the primary target population above.

Evidence of effectiveness is also listed in each of the program descriptions, which includes rating information from Evidence-Based Clearinghouses or any other information of the program’s effectiveness based on program evaluations. For the programs that have been reviewed by the California Evidence-Based Clearinghouse, this information is given as the CEBC rating, described in the table below:

Rating	Rating Scale Definition
1	Well-Supported by Research Evidence <ul style="list-style-type: none">▪ There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.▪ The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it.▪ Multiple Site Replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

	<ul style="list-style-type: none"> ▪ In at least one RCT the practice has shown to have a sustained effect at least one year beyond the end of treatment. ▪ Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. ▪ If multiple outcome studies have been conducted, the overall weight of the evidence supports the benefit of the practice.
2	<p>Supported By Research Evidence:</p> <ul style="list-style-type: none"> ▪ There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits. ▪ The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it. ▪ At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison. practice. The RCT has been reported in published, peer-reviewed literature. ▪ In at least one RCT, the practice has shown to have a sustained effect of at least six months beyond the end of the treatment. ▪ Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
3	<p>Promising Research Evidence:</p> <ul style="list-style-type: none"> ▪ There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits. ▪ The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describe how to administer it. ▪ At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) has established the practice’s benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature. ▪ If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.
4	<p>Evidence Fails to Demonstrate Effect:</p> <ul style="list-style-type: none"> ▪ Two or more randomized controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual data. The studies have been reported in published, peer-reviewed literature. ▪ If multiple outcome studies have been conducted, the overall weight of evidence does not support the benefit of the practice. The overall weight of evidence is based on the preponderance of published, peer-reviewed studies, and not a systematic review or meta-analysis. For example, if there have been three published RCTs and two of them showed the program did not have the desired effect, then the program would be rated a “4.”
5	<p>Concerning Practice:</p> <ul style="list-style-type: none"> ▪ If multiple outcomes studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or ▪ There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to those receiving it.
NR	<p>Not able to be Rated:</p> <ul style="list-style-type: none"> ▪ There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits. ▪ The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it. ▪ The practice is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers. ▪ The practice does not have any published, peer-reviewed study utilizing some form of

	control (e.g., untreated group, placebo group, matched wait list study) that has established the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.
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None of the programs in this guide were rated a “4” or “5” by the CEBC.

PARENTING SUPPORTS

I. PROGRAMS, INTERVENTIONS, AND INITIATIVES

Teen Parenting Services Network (TPSN), Illinois (Referral from Survey; *PPY-FC*)

Target population: Pregnant and parenting youth in foster care.

The Teen Parent Service Network (TPSN) is an umbrella of services designed to provide a full continuum of care to support pregnant and parenting youth in foster care under age 21. Participation is mandatory for youth receiving TANF and voluntary for other eligible youth. TPSN provides family planning information and referral and assists these young people to improve their parenting skills, and provides services to ensure that their children are properly immunized, have access to timely well-child checkups and regular screening for developmental delays.

TPSN services address the unique needs of pregnant and parenting youth in foster care who have experienced long-term exposure to trauma and/or violence. The program is grounded in current research regarding the developmental and neurophysiological effects of trauma. The intervention and education services utilize a systemic, integrated, and home-based/community approach to service delivery. TPSN recognizes that this population can often be difficult to reach and retain in services. For this reason, direct service providers receive extensive training in developing engagement skills.

Evidence of effectiveness: Not available

Source: Illinois Department of Human Services, Teen Parenting Service Network

For more information:

<http://www.ucanchicago.org/tpsn/>

Annual reports and other publications: http://www.ucanchicago.org/site/epage/83930_682.htm

Parents Too Soon Program, Illinois (Referral from Survey; *PPY*; *PPY-FC*)

Target population: New and expectant young parents, including those in foster care.

The Parents Too Soon (PTS) program is an umbrella for programs serving first-time adolescent parents using one of the following three nationally recognized evidence-based home visiting program models, Healthy Families Illinois, Parents as Teachers, and Nurse-Family Partnership. The goal of PTS is to help them learn to effectively parent their child, reduce the rate of subsequent births, improve the health and emotional development of the youth, enhance self-sufficiency, and promote healthy growth and development of their children. Services include weekly home visits and peer group meetings on related program topics. PTS programs are operated by 22 community-based service providers in communities throughout the state.

Evidence of effectiveness: Studies by outside evaluators of the program's effectiveness have shown that: (1) breastfeeding rates among PTS participants were significantly higher than rates among the population of adolescent parents in general; (2) 67% of fathers are involved in their child's life at least one time per week; and (3) 69.3% of the adolescent parents enrolled in the program indicated that they felt more confident in their parenting ability after receiving services.

Source: Illinois Department of Human Services

For more information: <http://www.dhs.state.il.us/page.aspx?item=32864>

Early Intervention Program (EIP) for Adolescent Mothers

(Referral from Survey; PPY)

Target population: Pregnant adolescents.

The Early Intervention Program (EIP) for Adolescent Mothers is a home visiting program by nurses extending through pregnancy and a year after delivery, designed to improve the health of pregnant adolescents through promoting positive maternal behaviors. Classes and home visits cover issues such as health, sexuality, family planning, life skills, maternal role, and social support.

Evidence of effectiveness: A study of EIP found that the program reduced premature births and resulted in fewer days of infant hospitalization in the first six weeks following birth and at the one-year follow-up, while increasing immunizations. However, at one year, there were no significant impacts on number of infants hospitalized, mother-infant interaction, mother's substance abuse, mother's educational attainment, and mother's repeat pregnancy.

Source: ChildTrends

For more information:

<http://www.childtrends.org/Lifecourse/programs/EarlyInterventionProgramForAdolescentMothers.htm>

Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) – Doula Project

(Referral from Survey; PPY)

Target population: First-time pregnant adolescents aged 10 to 19.

The community-based Doula Project provides home-based services to first-time pregnant adolescents ages 10 to 19. A Doula is a woman from the local community, recruited and trained to provide emotional and physical support to both the adolescent mother and baby during pregnancy, delivery, and the weeks after birth. Doulas are extensively trained paraprofessionals whose primary function is to offer non-clinical support for both the young mother and the child. Doulas counsel the pregnant youth and their families on the birthing process, breastfeeding, encouraging the mother-child relationship and child and infant development. They do not replace a midwife, father, or grandparents; they enhance the experience of childbearing. The advantage of having a Doula who is recruited from the same neighborhood is her ability to understand the spoken language, and share values, attitudes, and experiences with the girls she serves. Doulas impact health care. With a Doula's support and knowledge of the birthing process, young women can better access prenatal care, develop a birth plan, and choose to breastfeed.

Evidence of effectiveness: A peer-reviewed study by outside researchers suggests that doulas provide valuable assistance to pregnant and parenting adolescents by addressing social-psychological issues and socio-economic disparities, and also help pregnant adolescents navigate more successfully through fragmented social and health service systems that are less supportive of low-income adolescents (Gentry, Q.M., Nolte, K.M., Gonzales, A., Pearson, M., & Ivey, S. (2010). "Going beyond the call of Doula": A grounded theory analysis of the diverse roles

community-based Doulas play in the lives of pregnant and parenting adolescent mothers. *The Journal of Perinatal Education* 19, 4, 24-40.)

Source: G-CAPP

For more information:

<http://www.gcapp.org/doula-project>

<http://www.dona.org/>

<http://www.cappa.net/>

<http://www.childbirthinternational.com/>

<http://www.birthworks.org>

<http://www.chicagohealthconnection.org>

Learning Together Program

(Referral from NRC Webinar; PPY)

Target population: Pregnant and parenting youth, at-risk youth, and participants up to age 24.

The Learning Together Program is an onsite training program in Vermont that provides high-quality services to young parents and pregnant youth, including those in foster care, using a holistic, research-based model. The program offers intensive prevocational training, interpersonal training and parent training to build self-esteem, expand communication skills, increase job readiness and retention skills, and build parenting skills. The program strategically partners with several public service agencies, including the Department of Education, to deliver services at 15 parent child centers. The services include home visitation, crisis counseling, housing supports, transportation, and systems navigation assistance.

Evidence of effectiveness: Not available

Source: NRC for In-Home Services and NRC for Youth Development

For more information: there is no website for this program. Contact Hilda Green, Program Director, Vermont Children's Trust Foundation at Hilda@vtctf.net; Donna Bailey, Executive Director, Addison County Parent Child Center at dbailey@addisoncountypcc.org; Elaine Guenet, Executive Director, The Family Place at elaineg@the-family-place.org

Nurturing Program for Teenage Parents and Their Families

(EB; PPY)

Target population: Recent adolescent mothers aged 12 to 18.

The Nurturing Program for Teenage Parents and Their Families program is designed to improve parenting stress, parenting behaviors, and the overall mental health of adolescent mothers. Volunteers are recruited and specially trained to implement a parenting curriculum during a series of visits. Participants then receive home visits from these volunteers for approximately an hour and a half for 50 consecutive weeks. During these visits, adolescents receive instruction on parenting techniques and child development for the first hour, and spend directed time with the child for the remaining half-hour. These visits are intended to reduce stress levels and improve parent-child interactions and the adolescents' mental health. In addition to these individual visits, adolescents also participate in monthly parenting classes where they met with a licensed social worker.

Those in the home visitation group received weekly home visits by a female volunteer recruited from the community. In addition, the volunteers and the participants met with a licensed social worker once a month during group parenting classes. Each volunteer completed 16 hours of

training based on the Nurturing Parenting Curriculum for Teen Parents. Home visitors received \$200 per year to compensate for travel and other expenses. The program designers estimate that it cost between \$3,704 and \$5,245 per teenager for about a year and half of service delivery.

Evidence of effectiveness: Not available.

Source: ChildTrends

For more information: http://www.nurturingparenting.com/npp/teenageparents_info.php

Application: Florence Crittenton of South Carolina uses this curriculum as part of its evidence-based services at the agency.

Birth & Beyond

(Referral from Survey; Parents;PPY)

Target population: At-risk families, including adolescent parents.

Birth & Beyond is a preventive home visitation program implemented in nine community-based sites in Sacramento County. The home visitation program is based on the ABC Cal-SAHF (Answers Benefiting Children California Safe and Healthy Families) Model developed by the Office of Child Abuse Prevention in the State Department of Social Services. One of the innovative features of Birth & Beyond is its emphasis on continuous quality improvement and outcome evaluation.

The program is free and voluntary, and encompasses the needs of the whole family. To be eligible, a family must have a child between the ages of 0 and 6, and live in one of the target zip codes for the program. Nearly half (45 percent) of the adolescent parents in the program had history with CPS prior to entering the program, primarily because they had been victims of abuse or neglect as children; of these young parents, almost half of the pre-program reports to CPS were substantiated (21 percent).

Evidence of effectiveness: A study of Birth & Beyond conducted by outside evaluators showed that for adolescent parents or for parents who had been exposed to child abuse or neglect as children, the Birth & Beyond program has a positive effect:

- The rate of reports to CPS for those adolescent parents declined to 13 percent during the first year after they left the program, a rate decline of 71 percent.
- The rate of change for substantiated reports was 77 percent (from 21 percent pre-program down to five percent up to one year post-program);

Source: Birth & Beyond

For more information: <http://www.birth-beyond.com/>

Father's Time Fatherhood Academy

(EB; Parents; PPY)

Target population: Fathers from age 14 to 80 in any aspect of fatherhood: married with children, non-residential/custodial, single, addicted, impoverished, incarcerated, adolescent, military, step, stand-in, or about to become a father.

The intent and purpose of the Father's Time Fatherhood Academy is to systematically engage men in the embracement of values that are life-giving and life-sustaining, for the benefit of themselves and their families. It is a multicultural educational class for fathers and fathers-to-be, which teaches the basic fundamentals and essentials of fatherhood referred to as Life Values.

Fathers are given the tools and the process to create their own personal visionary plans, which can be directly implemented in their homes and relationships.

Evidence of effectiveness: The Father’s Time Fatherhood Academy program was rated “**NR – Not able to be Rated**” by the CEBC.

Source: CEBC

For more information: <http://www.cebc4cw.org/program/father-s-time-fatherhood-academy/detailed>; www.fatherstime.com

Healthy Families America (Home Visiting for Child Well-Being) (EB; Parents; PPY)

Target population: Overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. Families are determined eligible for services once they are screened and/or assessed for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcomes, (e.g., social isolation, substance abuse, mental illness, parental history of abuse in childhood, etc.). Home visiting services must be initiated either prenatally or within three months after the birth of the baby.

Healthy Families America (HFA) is a home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is designed to connect weekly with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. HFA services are offered voluntarily, intensively, and over the long-term (3 to 5 years after the birth of the baby).

The goals of the program are to: build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth; cultivate and strengthen parent-child relationships; promote healthy childhood growth and development; enhance family functioning by reducing risk and building protective factors.

Evidence of effectiveness: Healthy Families America received a scientific rating of “**1: Well-Supported by Research Evidence**” by the CEBC.

Source: CEBC

For more information: <http://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-child-well-being/detailed>; www.healthyfamiliesamerica.org

Minnesota Early Learning Design (MELD) for Young Dads and Moms (Referral from Survey; Parents; PPY)

Target population: parents of preschool children, including young, single mothers and single fathers and first-time parents, and low-income parents.

Minnesota Early Learning Design (MELD) is a parent education program that uses peer support groups to develop confident and competent parents. The goal of the program, which was developed in 1973, is to strengthen families by (1) reducing family isolation that can lead to child abuse and neglect; (2) increasing parents’ ability to solve problems, make decisions and manage family life; and (3) nurturing parents’ personal growth.

Using the MELD curriculum, parent groups are facilitated by volunteers from the community who are carefully recruited and trained, and are provided ongoing support and supervision from a

local MELD professional, who is certified in managing MELD programs. The comprehensive curriculum discusses health, child development, child guidance, family management, use of community resources, home and community safety, balancing work and family, and other issues related to the parenting needs of the target group.

Evidence of effectiveness: A seven-site study of the MELD for Young Moms program conducted by outside evaluators demonstrated a positive shift in attitudes and beliefs toward parenting and nurturing children. Results include: (1) more appropriate expectations of child's abilities; (2) increased empathetic awareness of child's needs and appropriate response; (3) reduced belief in the value of corporal punishment; (4) awareness that the child does not exist to please and love the parent, rather that the parents' purpose is to respond to the needs of the child. (Source: StrengtheningFamilies.org)

For more information: contact Joyce Hoelting, 123 North Third Street, Suite 507, Minneapolis, MN, 55401. meldctrl@aol.com (612) 332-7563

Nurse Family Partnership

(EB; Parents; PPY)

Target population: Low-income, first-time parents, including adolescent parents, and their children.

The Nurse-Family Partnership is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. Nurse home visits begin early in pregnancy and continue until the child's second birthday. The frequency of home visits changes with the stages of pregnancy and infancy and is adapted to the mother's needs, with a maximum of 13 visits occurring during pregnancy and 47 occurring after the child's birth.

Evidence of effectiveness: The Nurse-Family Partnership received a scientific rating of “**1: Well-Supported by Research Evidence**” by the CEBC.

Source: NREPP

For more information:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88>

<http://www.nursefamilypartnership.org/>

Application: The New York City Administration for Children's Services has partnered with the Nurse Family Partnership for their home visiting services.

Nurturing Parenting Programs

(EB; Parents; PPY)

Target population: Families at high risk for child abuse and neglect, including adolescent parents.

The Nurturing Parenting Programs (NPP) is a family-based program for the prevention of child abuse and neglect. The program was developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to:

- Increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment
- Increase the use of alternative strategies to harsh and abusive disciplinary practices
- Increase parents' knowledge of age-appropriate developmental expectations

- Reduce abuse and neglect rates

NPP instruction is based on psycho-educational and cognitive-behavioral approaches to learning and focuses on “re-parenting,” helping parents learn new patterns of parenting to replace their existing, learned, abusive patterns. By completing questionnaires and participating in discussion, role-play, and audiovisual exercise, participants learn how to nurture themselves as individuals and in turn build their nurturing family and parenting skills. Group sessions combine concurrent separate experiences for parents and children with shared “family nurturing time.” In home-based sessions, parents and children meet separately and jointly during weekly lessons.

Evidence of effectiveness: The Nurturing Parents Program was given a scientific rating of **3: Promising Research Evidence** by the CEBC.

Source: CEBC

For more information: <http://www.cebc4cw.org/program/nurturing-parenting-programs/detailed>; www.nurturingparenting.com

Application: Teen Parent Connections in Georgia uses the Nurturing Parents Program.

Parents as Teachers – Born to Learn

(EB; Parents; PPY)

Target population: Expectant parents or parents of children up to kindergarten entry, across the socio-economic spectrum. It was designed for parents of a child five years or younger in possible high-risk environments (adolescent parents, low-income, parental low educational attainment, single-parent household, etc.)

Parents as Teachers – Born to Learn is an early childhood parent education, family support, and school readiness model based on the premise that “all children will learn, grow, and develop to realize their full potential.” The model provides personal visits carried out by professional staff trained and certified in use of the *Born to Learn* curriculum, which draws heavily on the science of child development, including brain development. Other required model components are group meetings to foster social networks and regular health and developmental screenings, with referral to a community resource network if needed.

Essential components of the program are monthly (at minimum) personal visits, regular screenings regarding developmental progress, monthly site-based group meetings for parents, and a resource network to connect the family to community resources.

Evidence of effectiveness: Parents as Teachers-Born to Learn was given a scientific rating of **3: Promising Research Evidence** by the CEBC.

Source: CEBC

For more information:

<http://www.cebc4cw.org/program/parents-as-teachers-born-to-learn/detailed>
www.parentsasteachers.org

<http://www.promisingpractices.net/program.asp?programid=88>

Application: Delaware Department of Health and Social Services (DHSS) uses the Parents as Teachers curriculum in its work with families.

Triple P – Positive Parenting Program

(EB; Parents; PPY)

Target population: Families, including families with young parents, with children from birth to age 12.

Triple P—Positive Parenting Program is a multilevel suite of parenting for families with children from birth to age 12, with extensions to families with teens ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents’ knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories. Triple P has five intervention levels of increasing intensity to meet each family’s specific needs. Each level includes and builds upon strategies used at previous levels, from Level 1, for common behavioral and developmental concerns, to Level 5, an enhanced behavioral family strategy for families in which parenting difficulties are complicated by other sources of family distress.

Evidence of effectiveness: Triple P Positive Parenting Program received a scientific rating of **1: Well-Supported by Research Evidence** from the CEBC.

Source: NREPP

For more information: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1>
<http://www.triplep-america.com/>

DADS Family Project

(EB; Parents)

Target population: All fathers.

The DADS Family Project is a program to assist dads to improve their understanding of the essential role of fathering. It is designed to adapt to a variety of settings, from schools and churches to prisons and businesses. It is critical that the program be presented in a supportive gathering of fathers. Traditionally, parent education has been offered in mixed groups composed of mothers and fathers. The DADS Family Project is based on the belief that in a supportive learning environment fathers can be inspired, empowered, and enabled, through skill-building techniques, to gain mastery and confidence in their role as a parent.

Evidence of effectiveness: DADS Family Project was rated “**NR – Not able to be Rated**” by the CEBC.

Source: CEBC

For more information:

Larry O. Barlow, PhD, MFT, Florida State University; lbarlow@mailers.fsu.edu; (850) 644-3217

The Incredible Years

(Referral from Survey; Parents)

Target population: Parents with young children.

The Incredible Years parent training intervention is a series of programs focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents’ involvement in children’s school experiences in order to promote children’s academic,

social, and emotional competencies and reduce conduct problems. Programs for different age groups are available as well as coaching manuals for home visitors.

The Incredible Years Series, which is available to order online, includes separate training programs, intervention manuals and DVDs for use by trained therapists, teachers and group leaders to help parents and teachers provide young children aged 0-12 years with a strong emotional, social and academic foundation, with a longer-term aim of reducing the development of depression, school drop-out, violence, drug abuse, and delinquency in later years.

Evidence of effectiveness: The Incredible Years Parent Training Programs are recommended by the American Psychological Association Task Force as meeting the stringent “Chambless & Hollon criteria” for empirically-supported mental health intervention for children with conduct problems. This means that the program has been shown to be: (1) statistically significant in a randomized controlled group trial using reliable and valid outcome assessment measures; and (2) replicated in at least two independent studies.

Source / For more information: <http://www.incredibleyears.com/>

II. CURRICULA, TRAINING, AND TOOLS

The Lionheart Foundation Power Source Curriculum

(Referral from Survey; *PPY*)

Target population: At-risk adolescent parents.

The Power Source Parenting: Growing Up Strong and Raising Healthy Kids curriculum, which launched in 2008, is a primary intervention program designed to give at-risk adolescent parents the guidance and skills they need to be loving, effective parents and raise healthy children. These materials are being distributed nationwide, and the Foundation is currently involved in a research project funded by the National Institutes of Health to determine its effectiveness.

The curriculum is written for at-risk adolescents and young adult parents and the professionals who support them, either on their own or in parenting groups or home visiting or counseling sessions. Among the topics included are: creating a health attachment, coping with stress, implementing positive discipline, managing three-generational living, establishing healthy relationships with partners, breaking cycles of domestic violence, and engaging young fathers.

Evidence of effectiveness: Not available

Source: The Lionheart Foundation

For more information: http://www.lionheart.org/youth/about_power_source_parenting

National Resource Center for Youth Services (NRCYS) Online Catalog

(Referral from Survey; *PPY*)

Target population: At-risk adolescent parents

The NRCYS Online Catalog has four products for purchase aimed at young parents and adolescent pregnancy prevention, including a practical guide through pregnancy for young mothers and fathers.

Evidence of effectiveness: Not available

To view and/or purchase these resources: <http://www.nrcys.ou.edu/catalog/home.php?cat=13>

Social Learning Parent Training

(Referral from Survey; *PPY*)

Target population: Young mothers aged 16-25 years with young children at risk of child abuse or neglect.

The Social Learning Parent Training program is composed of two behavior interventions that are modified for use with children. In the first stage, parents and children attend 1 to 1-1/2 hour long sessions in which parents are taught parenting skills to help them reward positive child behavior, ignore minor child misbehavior, communicate clearly with their child, and use appropriate punishments. During this stage, parents learn through instruction, modeling and rehearsal. The second stage of the program focuses on improving child language and interaction skills. Therapists work with children on vocalization techniques and parents observe the sessions so that they can repeat the techniques for their children. Additionally, sessions are videotaped so that mothers can view their interaction with their child. Parents also attend informational group meetings provided by the child protection agency and receive home visits from caseworkers.

Evidence of effectiveness: A randomized, experimental evaluation of the program by outside evaluators found that the program was effective in decreasing parent perceived adjustment problems, child behavior problems, and parent-reported risk for negative behaviors. Unstructured home observations indicate that the program did not have any impact on observed parenting behavior or on the adaptive abilities of children.

Source: ChildTrends

For more information: <http://www.childtrends.org/Lifecourse/programs/social.htm>

Circle of Security

(Referral from Interview; *Parents; PPY*)

Target population: Parents, including adolescents.

Circle of Security is a visually based approach, making extensive use of both graphics and video clips, to help parents better understand the needs of their children. It is based on attachment theory and current affective neuroscience. The approach is a basic protocol that can be used in a variety of settings, from group sessions (20 weeks) to family therapy to home visitation. The common denominator is that all of the learning is informed around the following themes: teaching the basics of attachment theory, increasing parent skills in observing parent/child interactions, increasing capacity of the caregiver to recognize and sensitively respond to children's needs, supporting a process of reflective dialogue between clinician and parent to explore both strengths and areas of parent difficulties.

Circle of Security also offers trainings on their approach for practitioners and agencies.

Evidence of effectiveness: Circle of Security is listed as a "Reported Effective Program" by the U.S. Department of Health and Human Services Office on Child Abuse and Neglect.

Source: Circle of Security

For more information: <http://www.circleofsecurity.org/>; <http://www.circleofsecurity.net/>

Application: Florence Crittenton of Montana uses the Circle of Security approach, in services at the agency and in home visits.

Making Parenting A Pleasure

(Referral from Survey; Parents; PPY)

Target population: At-risk families, including families of adolescents parents.

The Making Parenting a Pleasure curriculum was designed to address the stress, isolation, and lack of adequate parenting information and social support that many parents experience. The program begins by recognizing the importance of parents as individuals. The curriculum focuses first on the need for self-care and personal empowerment, and moves from an adult/adult focus to a parent/child/family emphasis. Its content is adaptable and flexible to a wide range of parent education programs

The material and format used in Making Parenting A Pleasure is designed for families from a wide spectrum of socioeconomic, educational, cultural and geographic conditions, and can be adapted to most populations.

Making Parenting a Pleasure was named as a national family-strengthening model by the Federal Office of Juvenile Justice and Delinquency Prevention.

Evidence of effectiveness: An outside evaluation has shown that parents who participated in Making Parenting a Pleasure scored better on tests of discipline than a comparison group.

Source: StrengtheningFamilies.org

For more information:

http://www.parentingnow.net/curricula_make_parenting.html

Systematic Training for Effective Parenting (STEP)

(EB; Parents; PPY)

Target population: Parents, including adolescent parents, dealing with common parenting challenges that result in autocratic parenting styles.

Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result in autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence and competence in children; improving communication between parents and their children, and helping children learn from the natural and logical consequences of their own choices.

STEP is presented in a group format. Using the STEP multimedia kit, the leader teaches lessons to parents on how to understand child behavior and misbehavior, practice positive listening, give encouragement (rather than praise), explore alternative parenting behaviors and express ideas and feelings, develop their child's responsibilities, apply natural and logical consequences, convene family meetings, and develop their child's confidence. Parents engage in role-plays, exercises, discussions of hypothetical parenting situations, and the sharing of personal experiences. Videos demonstrate the concepts covered each week with examples of ineffective and effective parent-child interactions.

Evidence of effectiveness: STEP was given a scientific rating of **3: Promising Research Evidence** by the CEBC.

Source: NREPP

For more information:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=132>

<http://www.steppublishers.com/>

<http://www.cebc4cw.org/program/systematic-training-for-effective-parenting/detailed>

Strong Fathers – Strong Families

(Referral from Survey; *Parents*)

Target population: All fathers.

Strong Fathers-Strong Families is a training, technical assistance, and facilitation organization that is focused on strengthening children by strengthening fathers and families. Through staff training, consultation, and event facilitation, Strong Fathers-Strong Families works with Head Starts, Public Schools, and Churches as well as other organizations. Their goal is to improve the educational environment in order that men may become more involved in the lives of their children. Strong Fathers-Strong Families plans and facilitates events at schools, campuses, organizations, and communities to bring men together with their children in the presence of other men to discover their true strength as fathers. Strong Fathers-Strong Families has worked with over 75,000 fathers in schools and Head Start centers.

Strong Fathers-Strong Families also conducts trainings on fatherhood engagement and developing fatherhood programs, and is in the process of posting many of its materials on the website for download.

Evidence of effectiveness: Not available

Source: Strong Fathers-Strong Families

For more information: <http://strongfathers.com/>

DEVELOPMENTAL SUPPORT, INCLUDING HEALTH AND TRAUMA- INFORMED SUPPORTS

I. PROGRAMS, INTERVENTIONS, AND INITIATIVES

Shared Family Care

(Referral from Interview; *PPY-FC*)

Target population: Parenting youth in foster care and their children.

Shared Family Care (SFC) is a model for serving adolescent parents in foster care and their children in which the entire family is temporarily placed in the home of a family trained to mentor and support the parents as they develop skills and supports necessary to care for their children and move toward independent living. As an alternative to traditional family preservation services or out-of-home care, SFC promotes the safety of children while preventing the separation of parents and children. Its overall long-term intended effects are: safety of children in participating families; greater stabilization and self-sufficiency among participating families; and improved well-being of children and parents who participate in the program.

Key elements of this model include:

- Mentor families from the community who are carefully screened and who receive extensive training in child safety and child welfare issues; child development; parenting; adult communication and conflict resolution; community resources; and other issues related to family preservation.
- Participating parents who demonstrate a desire to care for their children and a readiness to work on an individualized service plan, and who are homeless or marginally housed.
- Careful matching between mentor and participant families, a rights and responsibilities agreement between both families, and an individualized service plan developed jointly by the participant and mentor families, a case manager, a child welfare worker, and anyone else involved with the participant family.
- Services including: teaching and mentoring parenting and living skills necessary for adults to become adequate parents and maintain a household; clinical treatment and counseling to help parents address their own personal issues; and helping parents establish positive connections with community resources that are necessary for them to become self-sufficient.

Evidence of effectiveness: Though studies by outside evaluators have begun, results from those studies are not yet available.

Source: Abandoned Infants Assistance Resource Center

For more information:

http://aia.berkeley.edu/media/pdf/sfc_evaluation_plan.pdf

<http://www.childwelfare.gov/outofhome/types/shared.cfm>

Teen Parent Connection, Georgia

(Referral from Interview; PPY-FC)

Target population: Adolescent parents, both mothers and fathers.

Teen Parent Connection (TPC) is a statewide system of care designed to incorporate a broad array of services and supports for adolescent parents (both mothers and fathers) aged 14 to 19 in foster care. Life Coaches with specialized training to work with adolescent parents ensure the provision of customized services that help adolescent parents succeed as parents and adults.

Evidence on effectiveness: Not available

For more information:

[http://www.maac4kids.org/Files/Teen%20Parent%20Connection%20Informational%20Flyer%2009-2010%20\(1\).pdf](http://www.maac4kids.org/Files/Teen%20Parent%20Connection%20Informational%20Flyer%2009-2010%20(1).pdf)

<http://www.maac4kids.org/YouthTeenParent.php>

Centering Pregnancy

(EB; Referral from Survey; PPY)

Target population: Pregnant adolescents less than 24 weeks pregnant.

Centering Pregnancy is a 10-week prenatal care program, delivered in a group setting, targeting pregnant adolescents less than 24 weeks pregnant. It is delivered in a group setting of girls with similar delivery dates. The program is based on three primary components of care: health/physical assessment, education and skills building, and support. It begins when the girls are in their second trimester of pregnancy. The group setting is facilitated by a trained practitioner, such as a midwife or obstetrician. Girls begin each session with a health assessment that might include a blood pressure screening, blood tests, and fetal heart rate monitoring; they are encouraged to maintain copies of their own health information to increase their self-empowerment and self-efficacy. Education sessions follow the health assessment and are led by the trained practitioners. These educational discussions, based on a structured manual, often center on prenatal care, preparation for childbirth, and caring for infants after birth.

Evidence of effectiveness: A study by outside evaluators found a reduction in preterm births, and lower levels of inadequate prenatal care; and increases in breastfeeding initiation, prenatal knowledge, readiness for labor and delivery, and satisfaction with prenatal care.

Source: ChildTrends

For more information:

<http://www.childtrends.org/Lifecourse/programs/centeringpregnancy.htm>

<http://www.centeringhealthcare.org/>

<https://www.centeringhealthcare.org/Store/index.php>

Application: Florence Crittenton Programs of South Carolina uses Centering Pregnancy with clients.

Health Care Program for First-Time Adolescent Mothers

(EB; PPY)

Target population: Urban, African-American, low-income, first-time adolescent mothers.

This comprehensive program provides routine well-baby care to the infants of first-time, socio-economically disadvantaged, adolescent mothers. It has four goals: (1) reduce repeat pregnancy among adolescent mothers; (2) increase adolescent mothers' return to school; (3) increase the

proportion of infants having up-to-date immunizations; and (4) reduce use of the emergency room for non-emergency infant care.

The program provides well-baby care at an adolescents baby clinic within the hospital. As recommended by the American Academy of Pediatrics, each mother and her baby are scheduled for visits at two weeks post-partum and at two, four, six, nine, and 18 months after the baby's birth. At each visit, the adolescent mother and infant see, alternately, a nurse practitioner or a pediatrician. At the two-week visit, the mother also sees a part-time social worker who counsels her about contraception and refers her to a birth control clinic, if appropriate. The social worker also models good parenting behaviors and is available at other visits, if requested.

Evidence of effectiveness: Outside evaluators found that adolescent mothers in the treatment group attended significantly more well-baby clinic visits than the control group, and babies in the treatment group were more likely to receive all of their immunizations on time. Mothers who attended all of their scheduled well-baby visits were less likely to use the emergency room for infant care. Over the long term, mothers in the treatment group were less likely to become pregnant again.

Source: www.advocatesforyouth.org

For more information: <http://www.socio.com>; pasha@socio.com; (800) 846-3475

Home-Based Mentoring for First-Time Adolescent Mothers (EB; PPY)

Target population: Urban, low-income, black, first-time adolescent mothers

This mentoring program is designed to provide the adolescent mother with: (1) skills for communicating with her own mother; (2) parenting skills for raising her infant; and (3) alternative strategies to achieving autonomy through a focus on personal values, decision-making, access to birth control, and goal setting. The program is based in social cognitive theory and relies on cultural norms, behavior and attitude modeling, and concepts of self-efficacy and social support.

The 19-lesson, home-based curriculum is delivered by college-educated, young, single mothers of the same ethnicity as the adolescent. The first two lessons blend themes of adolescent development and parenting; thereafter, mentors can deliver the remaining lessons in any order, combine lessons, or repeat lessons as required to meet the needs of the adolescent mother. Throughout, family members of the adolescent mother are involved as much as possible in the program. Social support is further strengthened through the mentors, who present themselves as "big sisters" who have been through the same experience of single parents and who are not authority figures. Mentors provide their cell phone numbers to mothers.

Evidence of effectiveness: According to a study by an outside evaluator, participants in the mentoring program were less likely to give birth to a second child than a control group, and that the number of visits received by a mother and her likelihood of giving birth to a second child were inversely correlated.

Source: www.advocatesforyouth.org

For more information: contact Maureen Black, PhD, Department of Pediatrics, University of Maryland School of Medicine, 737 W Lombard St, Room 161, Baltimore, MD, 21201.

Intensive School-Based Program for Teen Mothers

(EB; PPY)

Target population: Low-income, African American adolescent females, enrolled in high school.

This home visiting model offers case management by a social worker who is based at the students' high school, has a master's degree in social work, and is culturally matched to the adolescents. The social worker provides client-centered care and support, ranging from coaching to direct assistance, referral to other services and agencies, and follow-up on each referral. In addition, the social worker facilitates weekly group meetings on topics such as risk-taking behaviors, healthy relationships, parenting skills, academic performance, careers, contraception, and sexually transmitted infections (STIs).

The program also offers comprehensive medical care to each participant. A female pediatrician specializing in adolescent medicine sees participants and their children together on a designated weekly afternoon at the nearby university ambulatory care center. The physician uses a patient-centered approach with motivational techniques, as well as a developmental scrapbook completed by the mother at well-child visits. Participants also have 24-hour access to the pediatrician via her pager. The program requires cross-disciplinary collaboration between all the staff members involved.

Evidence of effectiveness: An outside evaluation showed that the rate of subsequent births was significantly lower in participants than in the comparison group.

Source: www.advocatesforyouth.org

For more information: contact Janice D. Key, MD, The Medical University of South Carolina, Department of Pediatrics, 135 Rutledge Ave, PO Box 250561, Charleston, SC, 29425

Queens Hospital Center's Comprehensive Adolescent Program for Teenage Mothers and Their Children

(EB; PPY)

Target population: Economically disadvantaged, pregnant and parenting adolescents and their infants.

The Queens Hospital Center's Comprehensive Adolescent Program for Teenage Mothers and Their Children is a comprehensive program designed with the belief that adolescent pregnancy is only a symptom of an underlying problem which may be amenable to change. The basic philosophy of the program is that pregnant adolescents need comprehensive services to address complex issues and needs. The program stresses early intervention to: 1) reduce repeat pregnancy; 2) improve school completion among adolescent mothers; 3) improve health outcomes among adolescent mothers and their children. To accomplish these goals, the program assigns each adolescent mother and her newborn to an interdisciplinary team, consisting of obstetrician-gynecologist, pediatrician, social worker, and health educator. The adolescent and her infant remain under the care of the assigned team until the adolescent mother reaches age 20.

The program also offers the young mothers 24-hour access to physicians and nurse practitioners. It also offers reproductive and family life education, consisting of ongoing bi-weekly classes for the adolescent, her partner, and her family. Located within a multi-service center, the program also offers referral for mental health care, WIC, a housing office, a high school equivalency program, a day care center, and adult and pediatric clinics.

Evidence of effectiveness: An evaluation study by outside evaluators found that, over the short run, adolescents in the treatment program were significantly more likely to use contraceptives regularly and more likely to attend gynecologic and pediatric clinics for appointments than a comparison group. Long-term outcomes included decreased incidence of repeat pregnancy, decreased incidence of maternal morbidity, decreased incidence of infant morbidity, increased educational attainment, and improved employment status.

Source: www.advocatesforyouth.org

For more information: <http://www.socio.com>; pasha@socio.com; (800) 846-3475

Project Charm

(Referral from Survey; PPY)

Target population: Latina and African-American pregnant adolescents, and other young mothers.

Project CHARM (Children's Health and Responsible Mothering) targets Latina and African American pregnant adolescents and other young mothers, and is a modified version of the Be Proud! Be Responsible! HIV-prevention intervention. Based on social cognitive theory and the Theory of Reasoned Action, Project CHARM includes eight hours of interactive, culturally-appropriate instruction. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to reduce risky sexual behavior, sexual responsibility and accountability, and political awareness of the effects of HIV/AIDS on inner-city communities. Special topics include the impact of HIV/AIDS on pregnant women and their children, HIV/AIDS prevention during pregnancy and the postpartum period, and special concerns of young mothers that may influence sexual risk taking.

Evidence of effectiveness: An external evaluation study revealed that students assigned to the Project CHARM intervention increased their AIDS knowledge and intentions to use condoms to a greater extent than did students assigned to the control intervention. Project CHARM also had a short-term impact on students' number of sexual partners. At the six-month follow-up, Project CHARM students reported having significantly fewer sexual partners than control students, though this was no longer the case at the 12-month follow-up. At none of the follow-ups did Project CHARM students significantly differ from control students on frequency of unprotected intercourse.

Source: ChildTrends

For more information:

<http://www.selectmedia.org/products-page/?category=6>

<http://www.childtrends.org/lifecourse/programs/charm.htm>

The Parent-Child Home Program

(EB; Parents; PPY)

Target population: Two- and three-year olds who face multiple obstacles to educational and economic success. Parental risk factors include living in poverty, being a single or adolescent parent, low parental education status, illiteracy/limited literacy, and language barriers (e.g., immigrant families).

The Parent Child Home Program promotes parent-child interaction and positive parenting to enhance children's cognitive and social-emotional development. The program prepares children for academic success and strengthens families through intensive home visiting by trained and paid paraprofessionals.

The program is characterized by four major components: (1) verbal interaction techniques, in which the home visitor works with the mother to promote parent-child verbal interaction around the books and toys; (2) positive parenting behavior, a total of 20 behavioral items, which the home visitor models to the family throughout the home visits; (3) social emotional development, which focuses on helping children with language, cognitive skills, and social relationships; and (4) curriculum materials, the high-quality books and toys distributed to the families throughout the program.

Evidence of effectiveness: The Parent-Child Home program was given a scientific rating of **3: Promising Research Evidence** by the CEBC.

Source: CEBC

For more information: www.parent-child.org;

<http://www.cebc4cw.org/program/the-parent-child-home-program/detailed>

Healthy Steps for Young Children (Referral from Interview; *Parents; PPY*)

Target population: Parents, especially first-time adolescent parents.

Healthy Steps for Young Children is a national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents – especially first-time adolescent parents – in addressing the physical, emotional, and intellectual growth and development of children from birth to age three. Each Healthy Steps team includes a Healthy Steps Specialist, who enhances the information and services available to parents. The Healthy Steps Specialist can be a new team member or a nurse, child development specialist, or social worker already working in the practice. The specialists have special training in child development and address major behavioral and developmental issues, focusing on a whole baby, whole family brand of primary care.

Evidence of effectiveness: SAMHSA and HHS have both designated Healthy Steps for Young Children as an approved evidence-based practice for service delivery grants to their agencies.

Source: Healthy Steps

For more information: <http://www.healthysteps.org/>; sanoff@bu.edu

Application: Insights Teen Parent Program in Oregon uses the Healthy Steps for Young Children program.

T.H.I.N.K. (Teaching Health Instead of Nagging Kids), West Virginia (Referral from Interview; *PPY; Foster Youth*)

Target population: School-aged children and youth, including adolescent parents and foster youth.

T.H.I.N.K., a project of Mission West Virginia, is a multi-disciplinary coalition focused on three adult preparation subjects: 1) promoting healthy relationships, 2) educational and career success, and 3) healthy life skills. The program is comprised of an epidemiologist, a social worker for children with special needs, 10 area youth, the State director of the Adolescent Health Initiative, 3 community-based Title V abstinence sub-grantees, the State Coordinator of the West Virginia Abstinence Education Project (Title V), faith-based initiatives, and Missing West Virginia, Inc.

In addition to their regular services, T.H.I.N.K. received a PREP grant from the West Virginia Department of Health and Human Resources Adolescent Pregnancy Prevention Initiative. Funds from this program will allow *T.H.I.N.K.* to expand to help youth in – and aging out of – foster care in two group homes. MWV will work to reduce the number of foster youth becoming pregnant before age 19 in West Virginia.

Evidence of effectiveness: Not available

Source: Mission West Virginia

For more information: <http://www.missionwv.org/THINK/>

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

(EB; Foster Youth)

Target population: Children and adolescents screened for trauma.

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based group and individual intervention designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, and behavioral problems; improve peer and parent support; and enhance coping skills among students exposed to traumatic life events, such as community and school violence, physical abuse, domestic violence, accidents, and natural disasters.

CBITS relies on cognitive and behavioral theories of adjustment to traumatic events and uses cognitive-behavioral techniques such as psycho-education, relaxation, social problem solving, cognitive restructuring, exposure to trauma reminders, and development of a trauma narrative. The program includes 10 group sessions and 1-3 individual sessions for students, 2 parent psycho-educational sessions, and a teacher educational session. It is designed for delivery in the school setting by mental health professionals working in close collaboration with school personnel.

Evidence of effectiveness: CBITS received a scientific rating of **3: Promising Research Evidence** by the CEBC.

Source: NREPP

For more information: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=153>

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

(EB; Foster Youth)

Target population: Children and adolescents with a wide array of traumatic experiences.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment.

The acronym PRACTICE reflects the components of the treatment model: Psychoeducation and parenting skills, Relaxation skills, Affect expression and regulation skills, Cognitive coping skills and processing, Trauma narrative, In vivo exposure (when needed), Conjoint parent-child sessions, and Enhancing safety and future development.

Evidence of effectiveness: TF-CBT received a scientific rating of **1: Well-Supported by Research Evidence** by the CEBC.

Source: NREPP

For more information: <http://tfcbt.musc.edu>

Attachment, Self-Regulation and Competency (ARC) Clinical Services (Referral from Interview; Foster Youth)

Target population: Youth exposed to complex trauma.

ARC is a comprehensive framework for intervention with youth exposed to complex trauma. Intervention is tailored to each client's needs and may include individual and group therapy for children, education for caregivers, parent-child sessions, and parent workshops. ARC provides a theoretical framework, core principles of intervention, and a guiding structure for providers working with these children and their caregivers, while recognizing that a one-size model does not fit all. ARC is designed for youth from early childhood to adolescence and their caregivers or care giving systems.

When a milieu setting, systemic staff may take on the role of caregiver. Although application will vary, the principles remain the same. ARC principles have successfully been applied in a range of settings, including outpatient clinics, residential treatment centers, schools and day programs.

Evidence of effectiveness: The National Child Traumatic Stress Network (NCTSN) recognizes ARC as a promising practice.

Source: Trauma Center

For more information: <http://www.traumacenter.org/research/ascot.php>

Application: The Florence Crittenton agency in West Virginia uses ARC regularly in its work with clients, who have often experienced severe trauma.

Strengthening Families (Parents)

Target population: At-risk families.

The Strengthening Families initiative at the Center for the Study of Social Policy has identified five research based protective factors that are effective in preventing child abuse and neglect in young children. This Protective Factors Framework has been adopted by early care and education programs across the country. The Protective Factors include: (1) increasing parental resilience, (2) building the social connections of parents, (3) increasing knowledge and parenting and child development, (4) providing concrete supports in times of need, and (5) supporting the social and emotional competence of children.

The Strengthening Families approach represents the first systematic effort to build the capacity of early care and education programs to prevent child maltreatment. Unlike many other service

providers, early care and education programs provide an opportunity for highly stressed parents to obtain needed services in a non-stigmatizing and easily accessible environment, in addition to other benefits well-suited for at-risk families.

Source: Center for the Study of Social Policy

For more information: <http://www.cssp.org/reform/strengthening-families>

II. CURRICULA, TRAINING, AND TOOLS

Facing Teenage Pregnancy Handbook (Referral from Survey; *PPY*)

Target population: Pregnant adolescents.

Facing Teenage Pregnancy: A Handbook for the Pregnant Teen by Patricia Roles is a handbook written expressly for adolescents who become pregnant to help adolescents make their own decisions about their pregnancies. Using a supportive, nondirective approach, it guides the young person through consideration of each available option without endorsing any one alternative. It was published in 2006 by the Child Welfare League of America.

Evidence of effectiveness: Not available

For more information:

Facing Teenage Pregnancy is available for purchase through major online book retailers.

Three Generations Project (Referral from Survey; *PPY*)

Target population: Pregnant girls aged 12 to 18 years, specifically urban, African American adolescents.

The Three Generations Project is a home visit-based strategy that seeks to improve outcomes for high-risk families of adolescent mothers. It is intended for pregnant girls aged 12 to 18 and consists of curricula that both teach and model healthy parenting, and encourage education, contraception, and health care. Home visits begin during the adolescents' third trimester of pregnancy or immediately following the birth and continue twice a month during the child's first year, and periodically until the child's second birthday. During the visits, trained visitors model and teach parenting attitudes, child development, appropriate health care, safer sexual practices, partner communication, and goal-setting for school completion. Home visitors need at least a high school degree and experience related to the program.

Evidence of effectiveness: Evaluations of the Three Generations Project conducted by outside evaluators found that mentors positively impact adolescent mothers, although mixed results were found with respect to subsequent births, parenting attitudes, and school continuation rates.

Source: ChildTrends

For more information: <http://www.childtrends.org/Lifecourse/programs/threegen.htm>

Better Brains for Babies (BBB) (Referral from Interview; *Parents; PPY*)

Target population: At-risk infants and young children, including those born to adolescent parents and parents in foster care.

Better Brains for Babies (BBB) is a collaboration of state and local, public and private organizations dedicated to promoting awareness and education about the importance of early brain development in the healthy growth and development of infants and young children in Georgia.

BBB publishes a number of resources regarding brain development in babies aimed at a range of audiences. They use the most updated research on early brain development in workshops, print information, and on the website. They have also developed an interactive Flash presentation and in-depth Trainer's Guide that BBB trainers use to share research on brain development with audiences across Georgia, though they are available to anyone via the website.

Evidence of effectiveness: Not available

Source: Better Brains for Babies

For more information: <http://www.fcs.uga.edu/ext/bbb/index.php>

Application: Teen Parent Connections in Georgia uses Better Brains for Babies, which was developed at the University of Georgia.

Power Through Choices (Referral from Interview; *Foster Youth*)

Target population: Youth in out-of-home care.

Power Through Choices is a 10-session adolescent pregnancy/HIV/STI prevention curriculum tailored to the needs of youths in out-of-home care, developed by practitioners and youth from urban, suburban, and rural regions of California. Power Through Choices emphasizes skill-building and youth self-empowerment to increase participants' perceptions of their own abilities to reduce threats; setting short- and long-term goals and on the importance of planning ahead for "safer sex"; the impact of choices on an individual's future; and opportunities for observation and practice through role plays and other activities that engage the participation of the youths.

Instructional approaches are based on research in behavior change and sex education and knowledge of the needs of youths in out-of-home care. Two major themes – self-improvement and the impact of choices on an individual's future – are reinforced through highly interactive, practical, and skills-building activities in each of the ten 90-minute sessions. An initial needs assessment in the first session of the curriculum facilitates curriculum adaptation so that the questions, concerns, and competencies of the youths in the program can be addressed. The curriculum focuses on recognizing and making choices related to sexual behavior, finding and using local resources, and developing effective communications skills.

Evidence of effectiveness: Evaluations of Power Through Choices are being conducted, but results are not yet available.

For more information: There is no program website, but more information can be obtained through a basic Internet search of the program, or the following article by its creators at the University of Maryland:

Barth, R.P. & Becker, M.G. (2000). Power Through Choices: The development of a sexuality education curriculum for youths in out-of-home care. *Child Welfare* 79, 3, 269-282.

Application: Maryland Foster Youth Resource Center uses this curriculum in its regular programming.

Ages and Stages Questionnaire (ASQ)

(Referral from Interview; Parents)

Target population: At-risk children and families

The *Ages and Stages Questionnaire (ASQ)* is a tool published by Brookes Publishing that professionals can rely on for developmental and social-emotional screening for children from one month to five-and-a-half years old. ASQ identifies strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children.

Source: Ages and Stages

For more information: <http://agesandstages.com/>

Application: Teen Parent Connections in Georgia uses the Ages and Stages Questionnaire to make sure the babies of their clients are developing properly.

KIDI (Knowledge of Infant Development Inventory) Assessment

(Referral from Survey; Parents)

Target population: All families

The Knowledge of Infant Development Inventory (KIDI) is a 75-item instrument designed to obtain comprehensive information on parents' factual knowledge of parental practices, child developmental processes, and infant norms of behavior. The KIDI is designed to be easily accessible to persons with limited education and to be culturally neutral. The items can also be grouped into four non-exclusive general categories to obtain more specific information on a person's knowledge on infant norms and milestones, principles of infant development parenting, and health and safety. The KIDI scale is accompanied by a 17-item questionnaire (the Catalog of Previous Experience, or COPE) assessing previous experience with infants to correlate with knowledge level assessed by KIDI.

Subscale scores can be calculated for four general categories: (1) norms and milestones, (2) principles, (3) parenting, and (4) health and safety. The KIDI may be used as an indicator or diagnostic tool for high-risk parents, and also evaluate parent education programs.

Source: U.S. Department of Health and Human Services

For more information:

http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_measures_phir.html

The KIDI is available for purchase from the Educational Testing Service: www.ets.org

Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People

(Referral from Interview; Parents)

Target population: All youth

Opportunity Knocks is a resource guide developed by the Healthy Teen Network for caretakers to use to prepare themselves to speak with young people about healthy and responsible decision making on sex and the use of contraception. The key component is for adults to take advantage of "teachable" moments to share accurate information about safe sex and provide adequate support to young people as they transition to adulthood.

Source: Healthy Teen Network

For more information:

http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC=%7B2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B%7D&DE=%7B46867DFD-365C-47EE-9CEA-2139AAB371D8%7D

PREPARATION FOR ADULTHOOD

I. PROGRAMS, INTERVENTIONS, AND INITIATIVES

Independent Living Program (ILP) Orangewood (EB; Foster Youth; PPY-FC)

Target population: Foster youth ages 16 to 21, including those who are parents.

ILP, developed by Orangewood Children's Foundation, provides workshops, special events, and support services to foster youth between the ages of 16 and 21 to help prepare them for emancipation. Each month ILP focuses on one of four areas – education, career, relationships, and daily living – through workshop topics and homework assignments.

Multiple workshops are held at the agency one Saturday morning per month and on periodic Tuesday and Thursday evenings. Workshops last three hours. There is no recommended duration. Youth can come to any workshop they wish to attend as long as they are between the ages of 16 and 21. Staff should have a Bachelor's degree or Master's degree in a relevant field, as well as some experience in the human services field.

Evidence of effectiveness: ILP-Orangewood was given a scientific rating of **NR: Not able to be Rated** by the CEBC.

Source: CEBC

For more information:

<http://www.cebc4cw.org/program/independent-living-program-orangewood/detailed>
www.orangewoodfoundation.org

Larkin Extended Aftercare for Supported Emancipation (LEASE)

(EB; Foster Youth; PPY-FC)

Target population: Emancipating foster care youth ages 18-24, including pregnant and parenting youth.

LEASE, a program of Larkin Street Youth Services, is a scattered-site residential program for youth ages 18 to 24 who have emancipated from the foster care system. Youth are housed in studio, one-bedroom, or two-bedroom apartments and receive a range of supportive services including counseling, employment training, education counseling, and case management. Most participants attend college on a part-time or full-time basis. Youth work with their case manager to develop an individual plan to meet their unique needs. For all participants, an emphasis is placed on developing the life skills needed for independent living such as household organization and money management.

Evidence of effectiveness: LEASE was given a scientific rating of **NR: Not able to be Rated** by the CEBC.

Source: CEBC

For more information: www.larkinstreetyouth.org; <http://www.cebc4cw.org/program/larkin-extended-aftercare-for-supported-emancipation/detailed>

My First Place

(EB; Foster Youth; PPY-FC)

Target population: Foster youth ages 16 to 23 who are, or are at risk of becoming, homeless. The program is designed to allow transition-aged youth to participate, as well as pregnant and parenting youth.

It is the mission of First Place for Youth to support youth in their transition from foster care to successful adulthood by promoting choices and strengthening individual and community resources. First Place for Youth works to ensure that all foster youth have the opportunity to experience a safe and supported transition from foster care. The My First Place program consists of a supportive housing program, an academic enrichment program, counseling, youth community center, and collaboration with other area organizations. The goal of the My First Place program is for youth to obtain the necessary skills to live independently and succeed on their own.

The program focuses on Economic Literacy, Access to an Apartment for the youth (studio, one-bedroom or two-bedroom), which they are able to keep after graduating from the program and pay rent; a monthly rental subsidy, which goes down over time as youth are able to pay more; weekly meetings with their youth advocate (case manager) to help meet their individual goals; monthly community building events; move-in assistance; a move-in stipend; and a monthly food stipend. (For pregnant and parenting youth, a slightly higher stipend is provided.)

Evidence of effectiveness: My First Place was given a rating of **NR: Not able to be Rated** by the CEBC.

Source: CEBC

For more information: <http://www.cebc4cw.org/program/my-first-place/detailed>;
www.firstplaceforyouth.org

Cal-SAFE Program, California

(Referral from Survey; PPY)

Target population: Pregnant and parenting students and their children.

Cal-SAFE Program is a community-linked school-based program that serves expectant and parenting students and their children. Cal-SAFE is designed to improve the educational experience, increase the availability of support services for enrolled students, and provide child care and development services for their children.

Female and male students age 18 and younger who have not graduated from high school may enroll in Cal-SAFE if they are an expectant parent, a custodial parent, or a non-custodial parent taking an active role in the care and supervision of their child. As long as parents are enrolled in Cal-SAFE, their children are eligible for services until age five or entry into kindergarten, whichever comes first.

Evidence of effectiveness: Based on California system data, over 75% of the students left Cal-SAFE having successfully completed their high school education. Less than 3% of the students were expecting another child when they enrolled or exited the program. The vast majority of children born while their parents were enrolled in Cal-SAFE were healthy. Over 75% of the children of Cal-SAFE students attended a child care center sponsored by Cal-SAFE and received programming and services based on an assessment of their developmental needs. 94% of the

children enrolled in child care sponsored by Cal-SAFE were up-to-date on their immunization schedules.

For more information:

<http://www.cde.ca.gov/ls/cg/pp/legreport.asp>

New Mexico GRADS

(Referral from Survey; PPY)

Target population: Adolescent parents

New Mexico GRADS is a multiple-site school and community-based program designed to facilitate parenting youths' graduation and economic independence, promote healthy multi-generational families and reduce risk-taking behaviors. It is an adolescent parenting program in the traditional school setting that uses trained teaching professionals for the curriculum, helps students prepare for work and their careers while learning to balance work and family roles, encourages prenatal and maternal care to improve birth outcomes, and provides funding for on-site child care centers. They actively recruit school-age dropouts, and have reached over 800 students in 32 high schools across the state. The program uses a number of curricula mentioned in this guide, including Meld Resources and Parents as Teachers. GRADS is funded entirely by state dollars and is overseen by the NM Public Education Department.

Evidence of effectiveness: According to their website, the NM GRADS program has seen the following results: 90% graduation rate, 2.3% repeat pregnancy rate, inclusion of both adolescent fathers and mothers programs, 33% employment rate, and recruitment of 141 former dropouts.

Source: New Mexico GRADS

For more information:

<http://www.nmgrads.org/>

Planned Parenthood Teen Success Program, Selected Sites

(Referral from Survey; PPY)

Target population: Pregnant and parenting adolescents ages 12 to 18.

Teen Success was founded in 1990 to serve pregnant and parenting youth, ages 12-18, through weekly support-group meetings. Teen Success participants learn skills to: maintain their family size, complete their high school/vocational school/GED education, and develop life skills that lead to self-sufficiency. It provides a supportive group environment for the adolescents to share their experiences and learn.

The program was created in Sacramento, CA, but has been implemented in select localities throughout the U.S. such as San Diego and Southeastern Pennsylvania.

Evidence of effectiveness: Not available

Source: Planned Parenthood

For more information: <http://www.plannedparenthood.org/mar-monte/teen-success-program-3482.htm>

II. CURRICULA, TRAINING, AND TOOLS

Ansell Casey Life Skills Assessment

(Referral from Interview; Foster Youth; PPY-FC)

Target population: Young people in foster care, including those who are pregnant and parenting.

The Ansell-Casey Life Skills Assessment, also referred to as Casey Life Skills, is a suite of comprehensive online assessments, learning plans, and learning resources that can be utilized for free to help engage young people in foster care whereby they can gain the life skills they need to exit care. The tools are strengths-based and were built and refined with user input and research. The assessments consist of statements about life skills domains deemed critical by youth and caregivers for successful adult living.

There are also additional assessment supplements designed to help young people who have specific needs and challenges. The specific topics are: pregnancy and parenting infants and younger children, homeless, youth values, education, GLBTQ, and American Indian.

Customized individual learning or group learning plans can be created through the use of the Life Skills Learning Guide and the supplemental guides. Youth, with guidance from caregivers, can identify areas in the nine life skill domains that they would like to improve using activities and exercises chosen from a comprehensive selection of free or low-cost curricula, guides, and websites.

Source: Casey Family Programs

For more information:

http://www.caseylifeskills.org/pages/assess/assess_aclsa.htm

<http://www.caseylifeskills.org/pages/assess/whatis.htm>

Application: Youth Villages uses the Ansell Casey Life Skills Assessment in its work with foster families.

Preparing Adolescents for Young Adulthood (PAYA) – Module V

(Referral from Interview; PPY-FC)

Target population: Pregnant and parenting youth transitioning out of foster care.

Preparing Adolescents for Young Adulthood (PAYA) is a workbook series for youth transitioning out of foster care that can be used alone or with an adult. Module Five is specifically designed for pregnant and parenting youth, and includes sections on a range of topics, from pregnancy and health skills to the different developmental stages of the young child, to housing and career planning for this special population of youth.

Each section of PAYA begins with a questionnaire to help the youth identify in what areas he or she needs/wants to develop more skills. Following the questionnaire and exercise to identify where skills are needed, the guide contains practical information on the section topic relevant to the youths' lives as they prepare for independent living and what to expect from each stage of pregnancy and parenting.

Source: Casey Family Programs

For more information: http://www.caseylifeskills.com/pages/res/PAYA/PAYA_module5.htm
Application: Youth Villages uses this in its work with clients who become pregnant.

OTHER RESOURCES

I. FACT SHEETS AND RESOURCE GUIDES

Advocacy for Pregnant and Parenting Teens in Foster Care

(Referral from Survey; *PPY-FC*)

This fact sheet, developed by the Healthy Teen Network and the ABA Center on Children and the Law, provides answers to some common questions practitioners face when advocating for pregnant and parenting youth. The questions address youth rights, custody, and foster parent maintenance payments.

Source: childwelfare.gov

To access the fact sheet:

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BC876BB1F-D845-4B45-81E6-EEBCD8970BB4%7D.PDF>

American Bar Association: “Advocacy for Young or Expectant Parents in Foster Care”

(Referral from Interview; *PPY-FC*)

This fact sheet addresses the legal rights of pregnant and parenting youth in foster care.

To access the fact sheet:

http://www.americanbar.org/content/dam/aba/migrated/child/PublicDocuments/Advocacy_for_Young_or_Expectant_Parents_in_Foster_Care.authcheckdam.pdf

National Crittenton Foundation Rights and Resources Guide

(Referral from Interview/Survey; *PPY-FC*)

The National Crittenton Foundation Rights and Resources Guide is a booklet specifically created for pregnant and parenting girls in foster care. It explains basic placement and custody rights with regard to their baby, and is written in a way that is easy to read and accessible for girls who might need it.

The booklet is also available in PDF form online at the National Crittenton Foundation website. The website also includes state-specific information regarding custody and placement rights for pregnant and parenting youth in foster care.

For more information, as well as state-specific resources:

<http://www.nationalcrittenton.org/rights-and-resources/>

Pregnancy and Parenting Issues for Youth in Care

(Referral from Survey; *PPY-FC*)

The New York State Foster Youth Leadership Advisory Team (2008) reviews the options and rights of pregnant youth in care, supports for parenting youth, county, state, and federal programs, the role of the father, infant safety tips, strategies for calming a crying baby, and stress management strategies.

Source: childwelfare.gov

To access the resource: <http://www.ocfs.state.ny.us/main/publications/Pub5085.pdf>

CWLA Standards of Excellence for Services for Pregnant and Parenting Teens

(Referral from Survey; PPY)

The Child Welfare League of America (CWLA) revised its standards for working with pregnant and parenting adolescents in 1998. The guide lays out the problems associated with adolescent childbearing and the complexity of services that are required to support this population. The standards focus on services provided by social workers employed in a nonprofit or public organization serving families and children. The principles and practices described can be used to guide psychologists, nurses, social workers, paraprofessionals, and others.

Source: CWLA

To purchase the guide: <http://www.cwla.org/programs/standards/cwsstandardspregprev.htm>

Effective Planning for Child Welfare Leaders to Help Prevent Teen Pregnancy

(Referral from Survey; PPY)

This resource, developed by the National Campaign to Prevent Teen and Unplanned Pregnancy, the American Public Human Services Association (APHSA) and the National Association of Public Child Welfare Administrators (NAPCWA) in 2010, provides guidance to child welfare agency leaders and their teams about making decisions and developing effective programs for youth at highest risk of becoming pregnant and having children.

Source: childwelfare.gov

To access the resource:

http://www.thenationalcampaign.org/resources/pdf/Briefly_EffectivePlanning_ChildWelfareLeaders.pdf

Helping Pregnant and Parenting Teens Find Adequate Housing

(Referral from Interview; PPY)

The American Bar Association Center on Children and the Law and Healthy Teen Network collaborated to develop an overview of housing-related legal and policy issues with which advocates for young families should be familiar.

Source: Healthy Teen Network

To access the resource:

<http://www.healthyteennetwork.org/vertical/Sites/{B4D0CC76-CF78-4784-BA7C-5D0436F6040C}/uploads/{6B08D6EF-E9F0-4637-B3D5-E6D2A63A6330}.PDF>

Opportunities to Help Youth in Foster Care: Addressing Pregnancy Prevention in the Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008

(Referral from Interview/Survey; PPY; Foster Youth)

This paper by the National Campaign to Prevent Teen and Unplanned Pregnancy (2009) discusses opportunities to address educational and health services, Title IV-E training funds,

coordination between child welfare and Medicaid, and other ways to support pregnant and parenting teens in out-of-home care.

Source: childwelfare.gov

To access the paper:

http://www.thenationalcampaign.org/resources/pdf/Briefly_Youth_Foster_Care.pdf

Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future *(PPY; Foster Youth)*

The Healthy Teen Network (2009) synthesizes findings from a year-long effort to explore how to better meet the needs of marginalized youth and subsequently reduce their risk for early pregnancy and parenting.

Source: childwelfare.gov

To access the resource:

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B42D6C710-7A7C-4012-839E-42775A594419%7D.PDF>

Healthy Beginnings, Healthy Futures: A Judge's Guide *(Referral from Interview; Parents; Foster Youth)*

Produced in collaboration with the National Council of Juvenile and Family Court Judges and the Zero to Three National Policy Center, this guide addresses the wide array of health needs of very young children in the child welfare system. By sharing current research on physical health, child development, attachment, infant mental health, and early care and education, the authors provide tools and strategies to help juvenile and family court judges promote better outcomes for babies, toddlers, and preschoolers who enter their courtrooms.

The full Judge's Guide may be downloaded off of the website or ordered at no cost, and individual sections from the guide and practice tips are available online to download.

To download the guide:

http://www.americanbar.org/groups/child_law/pages/healthybeginnings.html

II. RESEARCH

A Crucial Connection: Working Together to Address Teen Pregnancy Among Youth in Care *(Referral from Interview; PPY-FC)*

This DVD features youth and young adults speaking candidly about their experiences with the foster care systems and the importance of addressing adolescent pregnancy among youth in foster care.

Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

To view the DVD on YouTube: http://www.youtube.com/watch?v=Zc_JbVVHkew

To purchase the DVD and discussion guide:

https://secure2.convio.net/thenc/site/Ecommerce/899173627?VIEW_PRODUCT=true&product_id=2281&store_id=1181

Chapin Hall Study on Pregnant and Parenting Foster Youth

(Referral from Interview; PPY-FC)

To better understand the needs of pregnant and parenting foster youth, researchers at Chapin Hall analyzed administrative data from the Teen Parenting Service Network, a comprehensive service delivery system targeting pregnant and parenting foster youth in the Chicago metropolitan area and surrounding counties. The administrative data included records for over 4500 pregnant and parenting foster youth, primarily females. Their service network records were linked to records from the Illinois Department of Children and Families (DCFS), the Chicago Public Schools, and the Illinois Medicaid Paid Claims Longitudinal Database. The research team also interviewed the program director and a caseworker from each of the five private child welfare agencies that provide services to foster youth.

Source: Chapin Hall

To access the study:

<http://www.chapinhall.org/research/report/pregnant-and-parenting-foster-youth-their-needs-their-experiences>

Direction for Intervention With Adolescent Mothers in Substitute Care

(Referral from Interview; PPY-FC)

Stockman and Budd present findings of a parent training survey conducted with service providers in 28 agencies across Illinois that serve adolescent mothers in foster care.

Source: childwelfare.gov

To access the article:

http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Record?w=NATIVE%28%27SIMPLE_SRCH+ph+is+%27%27Directions+for+Intervention+With+Adolescent+Mothers%27%27%27%29&upp=0&rpp=25&order=native%28%27year%2FDescend%27%29&r=1&m=1&

Pregnant and Parenting Teens in Foster Care in Fresno County, California: Who are they and How Can We Help?

(Referral from Interview; PPY-FC)

Richardson (2009) reviews the needs and challenges of pregnant and parenting youth in foster care in Fresno County, California, and recommends strategies for improving their resiliency and promoting their sexual and reproductive health.

Source: childwelfare.gov

To access the study:

http://www.co.fresno.ca.us/uploadedFiles/Departments/Children_and_Family_Services/Child_Welfare/Pregnant%20and%20Parenting%20Foster%20Teens%20June2009.pdf

Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care

(Foster Youth; PPY-FC)

This study by the National Child Welfare Resource Center for Youth Development (2005) conducted quantitative research on the rates of adolescent pregnancy among foster care youth, as

well as focus groups in which foster care youth and foster parents were asked about adolescent pregnancy.

Source: childwelfare.gov

To access the study:

http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FINAL.pdf

The Midwest Study (Referral from Interview; *Foster Youth*)

The Midwest Study is a longitudinal study of more than 700 young people making the transition from foster care to adulthood in three Midwestern states (Illinois, Iowa, and Wisconsin). Five waves of survey data have been collected from these young people since 2002. Reports describe their experiences at ages 17 or 18, 19, 21 and 23 or 24 across a variety of domains. They also compare the outcomes of these young people to the outcomes of a nationally representative sample of young adults who participated in the National Longitudinal Study of Adolescent Health.

The three states involved in the Midwest Study have very different policies with respect to the age until which foster youth can remain in care. Youth in Iowa and Wisconsin are generally discharged from foster care at age 18 and almost never after their nineteenth birthday, whereas youth in Illinois can, and in many cases do, remain in foster care until age 21. Thus, the study presents an opportunity to examine the potential effects of extended foster care.

Source: Chapin Hall

To view the study reports:

<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>

Are You an Askable Parent? (Referral from Interview; *Parents*)

Advocates for Youth developed the *Are You an Askable Parent?* guide to assist caretakers in speaking with young people about sexuality. The resource highlights approaches caretakers can use to become more comfortable with speaking about sex and steps to develop into an “askable” adult who youth can rely upon for accurate information about healthy sexual behavior.

Source: Advocates for Youth

To access the guide: <http://advocatesforyouth.org/publications/publications-a-z/475-are-you-an-askable-parent>

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Program Name	Page #	POPULATION(S) SERVED BY PROGRAM			
		PPY in Foster Care	PPY in general	Foster Youth	Parents
Ages and Stages Questionnaire	28				X
Ansell Casey Life Skills Assessment (Casey Life Skills)	33	X		X	
ARC Clinical Services	25			X	
Better Brains for Babies	27		X		X
Birth and Beyond	9				X
Cal-SAFE, CA	31		X		
Centering Pregnancy (EB)	19		X		
Circle of Security	15		X		X
Cognitive Behavioral Intervention for Trauma (EB)	24			X	
CWLA Standards of Excellence for Serving PPT	36		X		
DADS Family Project (EB)	13				X
DVD: Crucial Connections	37	X			
Early Intervention Program for Adolescent Mothers	7		X		
Facing Teenage Pregnancy Handbook	26		X		
Fact sheet: Advocacy for PPT in FC	35	X			
Father's Time Fatherhood Academy (EB)	9				X
G-CAPP Doula Project	7		X		
Health Care Program for First Time Adolescent Mothers (EB)	19		X		
Healthy Families America (EB)	10		X		X
Healthy Steps for Young Children	23		X		X
Home-Based Monitoring for Adolescent Mothers (EB)	20		X		
Independent Living Program Orangewood (EB)	30	X		X	
Intensive School-Based Program for Teen Mothers (EB)	21		X		
KIDI Assessment	28				X
Larkin Extended Aftercare (EB)	30	X		X	
Learning Together Program	8				
Lionheart Power Source Curriculum	14		X		
Making Parenting a Pleasure	16		X		X
MELD for Young Dads and Moms	10		X		X
My First Place (EB)	31	X		X	
New Mexico GRADS	32		X		
NRCYS Online Catalog	14		X		X
Nurse-Family Partnership (NFP)	11		X		X
Nurturing Parenting Programs (EB)	11		X		X
Nurturing Parenting Programs for Teens (EB)	8		X		
Paper: An Askable Parent	39				X
Paper: Helping PPT find Adequate Housing	36		X		
Paper: Opportunity Knocks	29				X
Paper: Pregnancy and Parenting for Youth in Care	35	X			
Paper: Pregnancy in Fostering Connections	37		X	X	
Paper: Preventing Teen Pregnancy Among Marginalized Youth	37		X	X	
Parent-Child Home Program (EB)	22		X		X
Parents As Teachers (EB)	12		X		X
Parents Too Soon, IL	6	X	X		
Planned Parenthood Teen Success Program	32		X		
Power Through Choices	27				

Program Name	Page #	PPY in Foster Care	PPY in general	Foster Youth	Parents
Preparing Adolescents for Young Adulthood – Module V	33	X			
Project CHARM	22		X		
Queens Hospital Comprehensive Adolescent Program (EB)	21		X		
Research: Chapin Hall on PPT in FC	38	X			
Research: Direction for Intervention	38	X			
Research: Fostering Hope	39	X	X	X	
Research: PPT in FC in Fresno County	38	X			
Research: The Midwest Study	39	X		X	
Resource Guide: Healthy Beginnings	37			X	X
Resource Guide: Planning to prevent teen pregnancy	36		X		
Resource Guide: Rights of PPT in FC	35	X			
Shared Family Care Model	18	X			
Social Learning Parent Training	15		X		
Strengthening Families	25				X
Strong Fathers-Strong Families	17				X
Systematic Training for Effective Parenting (EB)	16		X		X
T.H.I.N.K.	23		X	X	
Teen Parent Connection, GA	19	X	X		
Teen Parenting Services Network, IL	6	X			
The Incredible Years	13				X
Three Generations Project	26		X		
Trauma-Focused CBT (EB)	24			X	
Triple P Positive Parenting Program (EB)	13		X		X

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