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Young Families Program

- Who we are
- Where we have been
- How we operate
- What we believe

(mission, vision, history, model of care...)

- 
- Interdisciplinary “Young Families Program” collaborative team
 - Evolved from “Tots of Teen” program over 20 years ago-Dr/RN duo
 - Paediatric health and psychosocial care of the children of adolescent parents along side the care of the adolescent



The daily team

- (Photo)
- 2 social workers-MSWs
- Paediatrician
- RN
- NP-paeds
- Infant Psychiatrist
- PHN/LC
- Learners
- Information coordinator

YFP-Clinic Structure and Services

- Care across the continuum
 - Obstetrical care
 - Pediatric care for the infant
 - Adolescent Medicine for the parents
- monthly visits for 1st year, Q 2-3 months the 2nd, then transition process to community
- 24-7 on-call
- Intensive SW services/interdisciplinary care
- Reminder/re-schedule calls



The Big Team

- Health services
 - Prenatal/Delivery/postpartum/NICU/peds subspeciality
- Maternity homes
- Child protection
- Social Services
- Mental health-adolescent and infant
- Wrap-around
- Public Health
- June Callwood Centre



What does it mean to work with Adolescent Parents?

- Like teens...really like teens
- Thrive on chaos and crisis
- Sense of humour
- Understand vicarious trauma
- Intentionality
- You are uneasy when people say “children raising children”
- You are an optimist at your core



How do we inform our practice?

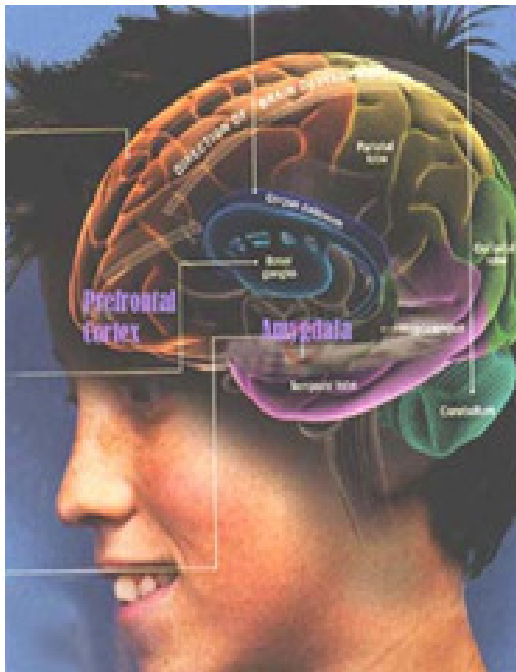
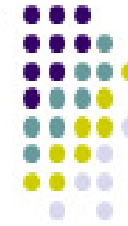
- Medicine-Paediatrics
- Adolescent Medicine
- Social Pediatrics
- Social Determinants of health
- Feminisms
- Social work
- Nursing
- Infant Mental Health
- Psychiatry
- Public health/community studies
- Other....?



They are Adolescents!

- The teen brain
- Adolescent development
- Tasks of adolescents

Teen Brain



- Frontal lobe development (prefrontal cortex) continues into 3rd decade
- "Executive Functioning"
 - Organizing
 - Planning ahead
 - Judgment
 - Weighing consequences of behavior
 - Paying attention & impulse control

(Casey, et al., 2000; Sowell, et al., 1999)

Psychological Development

- Evolution from concrete to abstract thinking
- Egocentric
- Immortal
- Risk-taking
- Self-esteem
- Challenging authority



May contribute to unprotected intercourse and pregnancy...



Developmental task of adolescence

- Independence
- Peers
- Sexuality
- Identity Formation
- Educational /Vocational Goals
- Body Image



Impact of Parenting on Adolescent Development

- Pregnancy can impede, modify, or foster this developmental process
- Parenting could enhance or inhibit self-esteem, ego strength, sense of control over life circumstances
- Thrive or fumble



What image does the media portrait of adolescent parents?

- Juno
- 16 and pregnant
- Jerry Springer
- Why categorize?



What do adolescents tell us about their experience?

- What led them there?
 - Dislike school
 - Poor material circumstances
 - Unhappy childhood
 - Low expectations for the future

(BMJ, Harden et al, 2009)

What do adolescents tell us about their experience?

- At 4-6 weeks PP
 - “being caught between two worlds
 - “Feeling alone and desperate”
 - “If I knew then what I know now”
(influenced greatly by social support from mother, partner, level of education, parenting class-no)
(DeVito, 2010)

What do adolescents tell us about their experience?

- Long Term (16 years)
 - “her life opened up”
 - “created new directions”
 - “new expectations for the future”
 - “would have been dead if had not become a mother”

(perspective changed depending on their ability to anchor the self in mothering and be rescued from self-destructive behavior vs. marked by oppression, exclusion and despair)

(SmithBattle, 2005)

What do adolescents tell us about their experience? (HSC)

- “I have to stay on track for my baby”
- “ We only have each other”
- “I wouldn’t hurt myself now-because I have my son”
- “ I don’t have time for the drama, I have a child”
- “I used to hate school, I wouldn’t go”
- “It’s harder than I thought”
- “it’s easier than I thought”
- “I am just going to sleep when she is away. And clean”
- “I am keeping this baby because I need something”
- “It will be easier with 2-He will help me, he will have someone to play with, talk to-I need some quiet”
- “He is trouble, too much trouble, bad”



Objectives

- To review the evolving literature
- To consider the potential biases including setting, population and politics
- Together, analyze whether this literature fits the population we serve
- Discuss successful approaches and interventions

Adolescent Parenting-Stats

- In 2007, there were 367,864 births in Canada of which 15, 280 (4.1 %) were to adolescent mothers (Stats Canada, 2007).
- Adolescent pregnancy rates have been decreasing steadily since 1994 likely related to access to birth control and associated services (SIECCAN, 2006)
- 20% of teens plan to get pregnant, 20% wouldn't mind (Stevens-Simon et al., 1996)

Who Becomes an Adolescent Parent?

A profile?

- Low SES
- Teen/single parenthood normative
- Family conflict/disruptions
- Emotional deprivation
- Academic difficulties
- History of physical/sexual abuse/trauma
- Mental health issues



Outcomes

- Maternal
- Child
- Paternal (LaRon)

Maternal Outcomes

- Depression (-/+ PP)
- Social isolation
- Repeat pregnancy
- Poverty
- Delayed education attainment
- Limited vocational opportunities
- Domestic violence

(Elfenbein & Felice, 2003; AAP, 2001, Leslie & Dibden, 2004)



Outcomes-Maternal

- (+/- PP) Depression
 - Young age
 - Lower SE status
 - Multiple risk factors
 - Unstable relationship with FOB
 - High level of life stress
 - History of depression or mental health illness
 - Inadequate social supports



Outcome-Maternal

- 20-45% of adolescent mothers meet criteria for depression
- Twice the rate of adult mothers

(Deal & Holt, 1998; Birkeland, Thompson
& Phares, 2005; Trad, 1995)



Depression-impact on child

- Insecure attachment
- Behaviour problems
- More irritable
- Less active, responsive, developed

(Field, 1998; Madigan, Moran & Pederson, 2006)

Outcomes-Maternal

- **Social Isolation**
 - parenting may influence normative adolescent needs to interact with peers, attend school and plan for future
 - need to establish new network
 - family support
 - relationship dynamics
 - proximity to services and support

Outcomes-Maternal



- Repeat Pregnancy

- low adherence to contraception
- 42-63% will have a second pregnancy within 1.5-2 years
- Younger teens have higher possibility of repeat and sooner

(Raneri & Weimann, 2007;
Jacoby et al, 1999)



Risk Factors for Repeat Pregnancy:

- Not engaged in school within 6 months of delivery
- Married or living with partner
- Receiving ++ childcare support from maternal grandmother
- Domestic violence

Challenges

- Have often 'failed' multiple methods of contraception
- less thought/or long term methods ↑ use
- Cost, motivation, side effects
- Some young parents may be planning a next pregnancy



Challenges

- Or....

“Intentionality”

Outcome-Maternal

- Poverty
 - high dependence on social assistance
 - most living below the poverty line
 - substandard housing and overcrowding
 - long-term-increased earnings in their 20's

Outcomes-Maternal

- Education
 - many leave school (25-60% have left pre-pregnancy)
 - 25% return to school with the pregnancy
 - long term-70% complete high school within 17-20 years
 - Factors predictive of outcome:
 - high education aspirations at time of birth
 - on grade level when pregnancy occurred

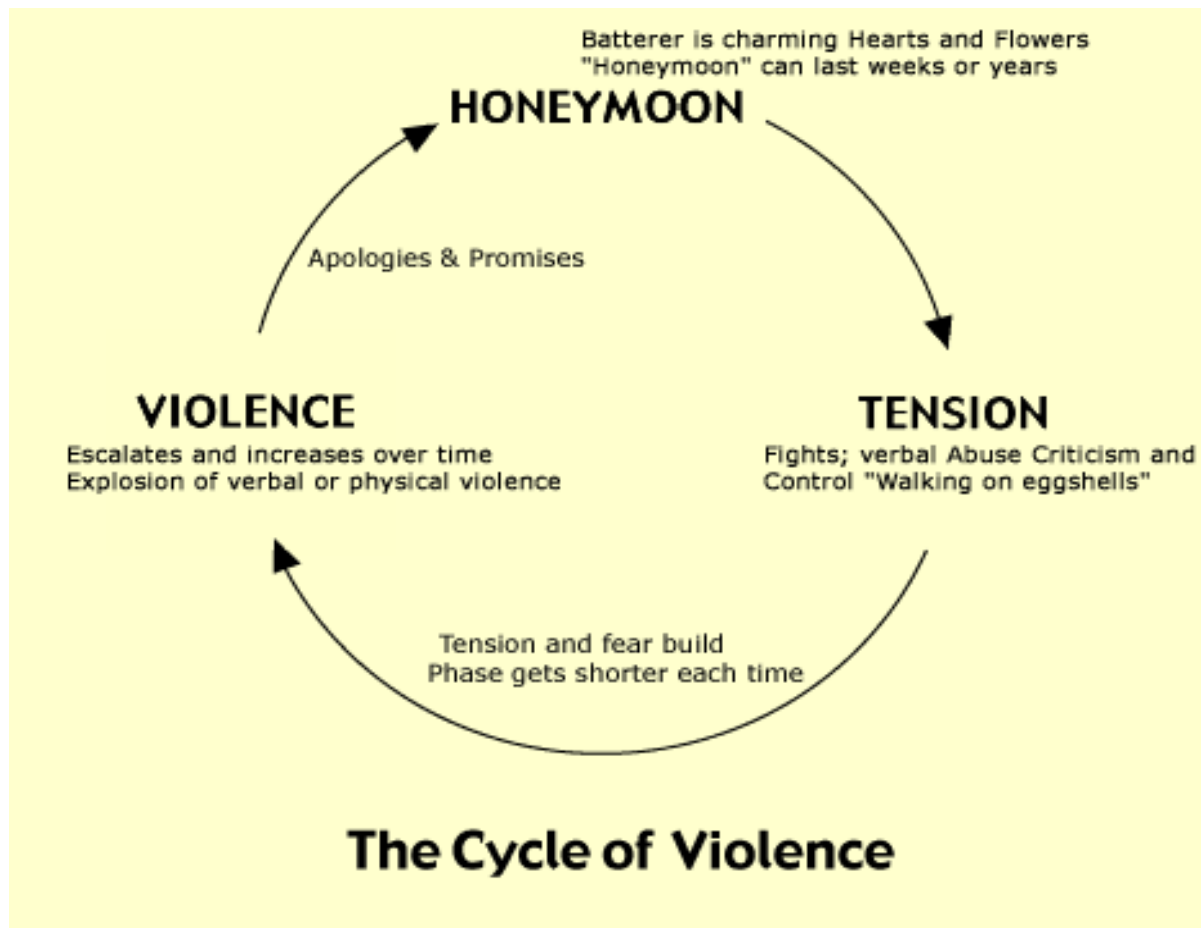
(SmithBattle, 2006; Hofforth, Read & Matt, 2001; Pillow 2004)



Outcomes-Maternal

- Domestic Violence
 - Immature relationships
 - Multiple stressors
 - Anger management issues
 - History of trauma/mental health issues
 - History of family violence/normalization
- 1/4 of adolescent mothers experience violence

Cycle of Violence





Child Outcomes

- Developmental delay
- Growth issues
- Behaviour problems
- School difficulties/failure
- Accidental injury
- Higher rate of acute illness
- Unplanned pregnancy

(Elfenbein & Felice, 2003; AAP, 2001; Leslie & Dibden, 2004)

Developmental Delay

- Speech and language delay
- Less verbal
- Higher rate of cognitive delay in later childhood
- Normal motor development
- Unrealistic expectations of development
- Less responsive/sensitive to needs

(Brooks-Gunn, J. & Furstenberg, F.,
1986; East, P., Felice, M., 1990)

Growth Issues

- Failure to thrive
 - early introduction of solids
 - ?lack of support
 - lack of structure and limit setting
 - financial issues
 - infant/parent relationship



(Carruth, B., Nevling,
W.& Skinner, 1997)



Behaviour Problems

- Higher levels of aggression
- Lower impulse control
- Higher rates of school failure
- Legal issues/incarceration

(National Campaign to Prevent Teen
Pregnancy, 2005; Furstenberg, F.,
Brooks-Gunn, J., Morgan, S., 1991)

Behavior problems-parenting

- Less verbal
- Less sensitive
- Express more negative affect than positive
- Endorse punitive childrearing attitudes

Note: Higher social support = lower anger and punitive parenting methods

Behaviour Problems

- Factors that predict positive parenting attitudes/interventions:
 - Positive grandmother
 - Positive partner relationship
 - High self esteem
 - Cognitive maturity
 - Greater educational achievement
 - Home environment/family influences
 - Quality mother-infant interactions

(Luster, 1998; Causby,
Nixon & Bright, 1991)

Accidental Injury

- No evidence to support increased abuse
- Neglect
 - Higher rate of r/t supervision/perception of risk of safety
- Potential for abuse
 - young age one factor
 - r/t poverty, lower educational attainment, childhood history of physical/sexual abuse
 - Hx of socially problematic behaviours



Acute Illness

- Crowded housing
- Prenatal homes/shelter system
- Early use of daycare
- Lack of consistent health care provider
 - preventative care
 - earlier intervention
 - increased use of ER, WI clinics and hospital admissions

Unplanned Pregnancy

- Early sexual activity
- Early pregnancy
- 1/3 to 1/4 of daughters will have an adolescent pregnancy



(East and Felice, 1990, 1996)



Outcomes related to multiple factors:

- Socio-economic factors
- Family characteristics
- Individual differences
- Maternal age


Indications of Positive Outcomes

- Active in programs for pregnant adolescents
- Remaining in school with no subsequent pregnancy at 26 months pp
- A sense of control over ones life
- Little social isolation
- Having only 1-2 subsequent children after 1st pregnancy



Paternal Outcomes

- LaRon



What about the Canadian
population?



Toronto: Clinical Project to Research Project

- “The High Risk Project”
- An atypical approach to research



Background

- Joint project between SCAN & Young Families started in 2004
- Three year funding from corporate foundation “child abuse prevention fund”
- Goal:
 - To develop a comprehensive evidence-based screening and assessment process for young parents and families with the goal of improving outcomes in the areas of health, development, attachment, behaviour, safety and injury prevention



The High Risk Project

- **Assessment Phase**
- Intervention Phase
- Evaluation Phase



Objectives

1. Identification and assessment of high risk infants and parents
 - Screening and assessment- Identify tools and timelines
2. Provision of educational programs addressing the areas of outcome (health, development, attachment, behaviour, safety/injury prevention)
 - Development of appropriate (adolescent friendly) written materials /videos
 - Interactive sessions
3. Referrals and facilitation of infants and parents with services to meet their needs

Sick Kids Population

- Demographics

- 18% have a criminal history
- 42% of mothers have child protection involvement
- 41% child protection with the child
- 99% single
- 31% living in maternity home
- 45% living with family
- 9% living with BF/FOB
- 57% in school
- 27% not using BC



Sickkids Research Findings

- Substance abuse
 - 83.3 % of mothers who had ever used alcohol or drugs (52.4% were 14 years or younger)
 - 3 months PP 14.3% of mothers
 - 6 months PP 16.7%
 - 33% of mothers “friends” with people who sell drugs



Sickkids Research Findings

- Trauma
 - 45.2% of mothers reported emotional abuse in their childhood
 - 38.6% physical abuse
 - 29% sexual abuse



Sickkids Research Findings

- Postpartum depression/depression
 - Prenatal-20% of respondents fall within a range of mild depression
 - 3 weeks postpartum-19.2%
 - 3 months postpartum-20.4%



The High Risk Project: benefits

- Standardized the care offered
- Established preliminary Canadian urban data
- Provided evidence for priorities, services and resources
- Added an academic component to a clinical service



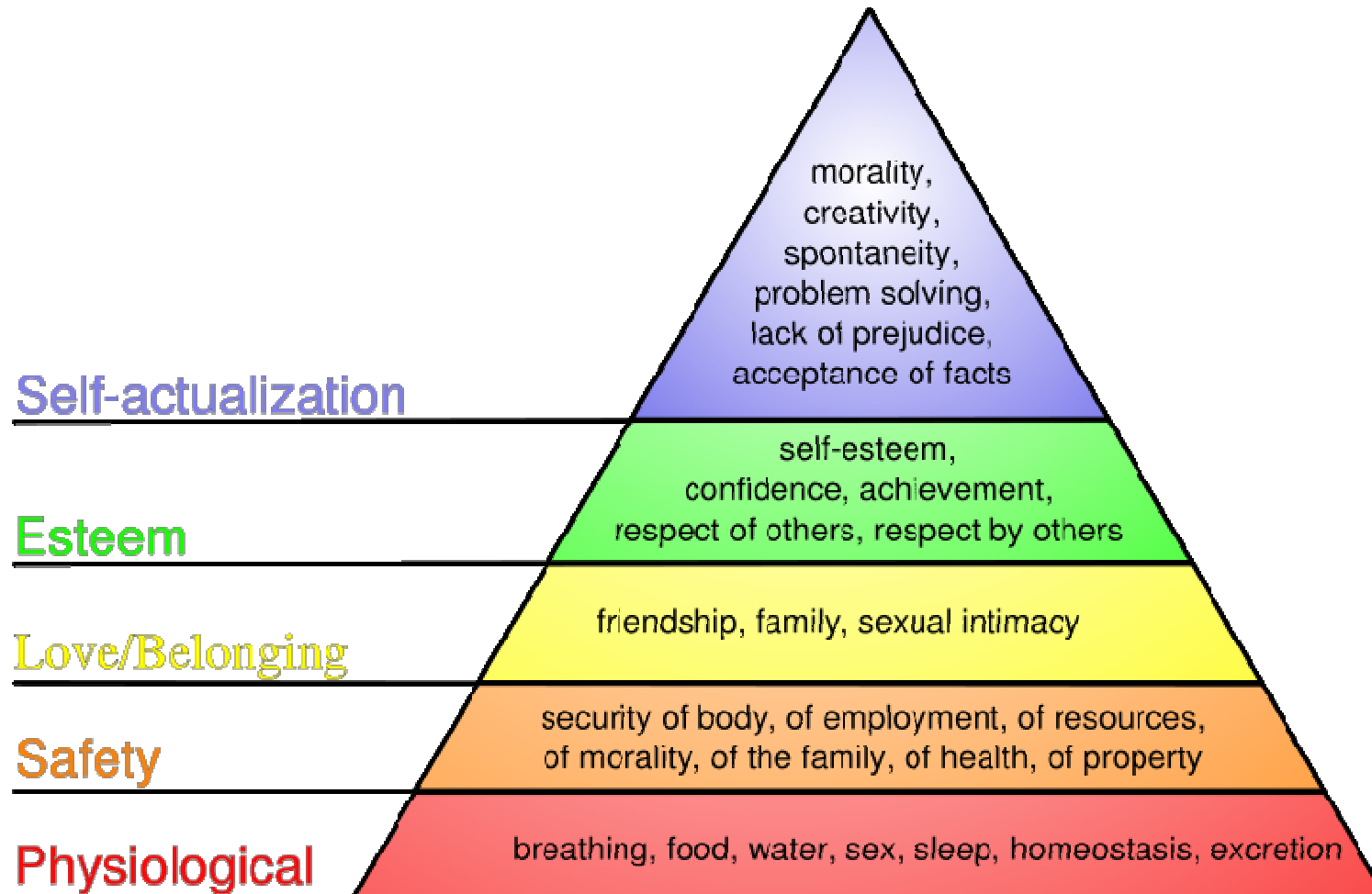
Issues in Delivering Care

- Crisis to crisis
- Non-adherence
- Violence
- Child protection
- History of lack of engagement in health care system
- Lack of readiness for intervention

Approach to Care

- Flexibility/creativity
- Engagement
- Encouragement
- Advocacy
- Guiding principles:
 - Social Determinants of Health
 - Maslow's hierarchy of needs

Maslow's Hierarchy Of Needs



Back to Determinants of Health

“The conditions in which people are born, grow, live, work and age”

- Income
- Social support
- Education/literacy
- Employment
- Social environment
- Physical environment
- Personal health/practices
- Healthy child development
- Biology/genetics
- Gender
- Culture



Approaches to positive change

- Change Theory
- Motivational Interviewing
- Harm Reduction
- Cognitive Behavioral Therapy



Where should we put our energy?

- Basic Needs
- Crisis Intervention
- Positive therapeutic relationship-listen...
- Education promotion
- Promote a vision and goal
- Psychological interventions...wait for invite
- Long term outcomes and timeline



For the practitioners...

- Vicarious trauma
- Boundaries
- Debriefing
- Are you working harder than they are?
- Are you working on the right goal? Who's goal?
- Remember resiliency...amazing



Resiliency

- “The ability to spring back from and successfully adapt to adversity” (Resiliency.com)
- “The capacity to recover and maintain adaptive behavior after insult” “capacity to moderate internal vulnerabilities as well as external stressors” (Qarmezy; Werner and Smith)
- Risk + protective factors= resiliency (Blum)



Resiliency

- Not always predictable
- Something we can contribute
- Gives hope
- Amazing



Evidence for what we do-long term studies

Hardy/Shapiro/Astone/Miller/Brooks-Gunn

- John's Hopkins Collaborative Perinatal study
- 1,758 born 1960-65-followed G2 over 33+ years
- Established that maternal age is one of several variables that determine outcome

Furstenberg et al., Horwitz, Werner and Smith

- 17 year cohort-Long term outcomes-more positive

East/Felice

- Followed long term implications and siblings

Evidence for what we do

- **BattleSmith and Leonard (2005)**
 - cohort of 16 teen mothers and selected family members over 12 years
 - Focus of meaning, concerns, and practices in a longitudinal design
 - When “unified by mothering, provided well-developed expectations, routines, and meaningful world for their children” “the desire to be a good parent “propels mothers to reinvest in education, support their families with gainful employment and help children succeed”
 - Primary reason for unfavourable outcomes is poverty (Geronimus, 2004; Holmlund, 2005; Hotz, 2005, Turley, 2003)

Evidence for what we do

- **AAP**

- Position statements

- supports “teen tot model” that is common in USA

- **CPS**

- Position statements

- no position on model or standard of care-yet...

- Toronto the most comprehensive-but Ottawa and Montreal have components



Then what is our role in promoting the Positive
Outcomes?



Early intervention/Prevention

- Responsive early interactions
- Quality ECE
- Youth Development (skills, mentoring, goals and visioning)
- School success
- Sex education only in addition to the above



Recent Innovations at Sickkids

- High Risk Project
 - Has created evidence for resources and enhancement
- Infant Mental Health
 - In our clinic, and soon in prenatal homes
- Employment/life skill workshop-”Mothers on the Move”
- Consultation clinic in the community
- Medical legal clinic-HSC
- Host/attend-Wrap-around/Case Conferences
 - Child protections and social supports




Future directions

- Interventions focused on the high risk
 - Home/clinic/hospital/community/school
 - Frequency of contact along the continuum
 - One stop shopping where possible
- Partnerships and relationships with those that provide what you should
- Focus on teens relationships of influence- especially fathers
- Pathways to Education

Facilitate a shift towards change

- Optimize the conditions so change is possible
- Engage with a therapeutic use of self
- Crisis creates change-use the opportunity
- Intense relationship for the short term for long term success



Positive therapeutic relationship more important than the intervention

- **Positive** therapeutic alliance
- **Positive** transference throughout
- **Positive** aspects of parenting as the focus (vs the pathology/deficits)



Evolution of Evidence

- Age is one factor
- Prior disadvantage key-SES/race/history
- Long term outcomes positive
- Even better if start in a good position
- Put your efforts into the high risk
- Shift the risk



Shift the foundation away from the edge

- Change where they live...