

APIN *Network News*



A publication for professionals who participate in the Adolescent Parent Interagency Network

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Who Are We?

The Adolescent Parent Interagency Network (APIN) is a network of Manitoba professionals who meet monthly with the goal of ensuring high quality service to pregnant and parenting adolescents. The Network helps facilitate the sharing of information related to existing services and resources.

You're invited to the winter line-up of APIN meetings:

Jan. 8, 2002 Meeting

Presentation: **OPERATION GO HOME**
Date & Time: Tuesday, Jan. 8th, 11:45 a.m. - 1:00 p.m.
Place: Nine Circles Community Health Centre
(705 Broadway Ave)
Speaker: Shannon Cyr, Prevention Worker

Feb. 12, 2002 Meeting

Presentation: **KLINIC'S TEEN TALK PROGRAM**
Date & Time: Tuesday, Feb. 12th, 11:45 a.m. - 1:00 p.m.
Place: Klinik (870 Portage Ave)
Speakers: Natalie Gierman, Teen Talk Workshops for Youth Coordinator
Jennifer Macdonald, Teen Talk Peer Supports Coordinator

Mar. 19, 2002 Meeting

Presentation: **RESOURCES FOR ADOLESCENTS PARENTS (R.A.P.)**
Date & Time: Tuesday, Mar. 19th, 11:45 a.m. - 1:00 p.m.
Place: New Directions for Children, Youth and Families
(4th Flr - 491 Portage Ave)
Speaker: Liz Brass, Case Manager, R.A.P.

*Bring your own lunch to the meetings, coffee and tea will be supplied.
See you there!*

COME LEARN ABOUT...

Jan. 8, 2002 Presentation:

OPERATION GO HOME

Operation Go Home is a not-for-profit organization that assists street and runaway youths. They will return runaway youth to their families if they choose and if that is an option, and if not, will assist them in attaining healthier lifestyles.

Some of the programs and services they offer include computer services for youth to access the job bank and prepare resumes, and an emergency food bank for youth under the age of 18. Operation Go Home also has a housing coordinator who will assist youth in finding an apartment and deal with any residential tenancy issues they may be facing.

Feb. 12, 2002 Presentation:

KLINIC'S TEEN TALK PROGRAM

Teen Talk's mandate is to provide accurate, up-to-date and non-judgmental information to youth and employs an abstinence plus perspective to health education. The program includes two components: Workshops For Youth and Peer Support. The program services are delivered in Winnipeg, and rural and northern communities throughout the province. Teen Talk's services are directed at youth 14-19 years of age and are provided in high schools, alternative programs, group homes and other settings.

Klinic is also exploring the potential for forming a reproductive health education network of service providers working with youth. Their hope in doing so would be to increase opportunities for inter-agency collaboration, referral and resource sharing.

March 19, 2002 Presentation:

RESOURCES FOR ADOLESCENT PARENTS (R.A.P.)

R.A.P. provides counselling, support and education to help young, single parents develop vocational plans and life skills. It is a program of New Directions for pregnant or parenting teens under 18 years of age who are not in school full-time or employed. Services include a 14 week flexible modular-style classroom experience, pre/post-natal education and care, parenting skills and parenting preparation, job search skills, cultural programming (on-site Elder) and counselling, support and advocacy. Participants receive a bus pass allowance, training wage, and assistance in securing safe, reliable child care. Come learn what's new in the R.A.P. program.



Mark Your Calendar!

APIN 2002 SPRING CONFERENCE

Friday, April 12th

Come for the information booths,
speakers, and hands-on activities
for both service providers
and adolescent parents.



Details to follow
shortly!



APIN Network News

is published three times per year for the network of Manitoba professionals working to ensure high quality service to pregnant and parenting adolescents.

Newsletter Editor/APIN Coordinator:

Beth McKechnie (204) 339-0247 / (fax) 338-4727

e-mail: river@mb.sympatico.ca

post: 441 Scotia St. Wpg, MB R2V 1X3

APIN website: www.apin.org

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APIN STEERING COMMITTEE

Andrea Barkman, Healthy Start	949-5356
Liz Brass, R.A.P., New Directions	786-7051, x. 226
Cathy Byard, WRHA	940-2003
Enrica Herfurth, Villa Rosa	786-5741, x. 236
Cindy Knott, Winnipeg CFS	944-4068
Marie Ricard, Ma Mawi Wi Chi Itata	925-0346
Ruth McCleary, Adolescent Parent Centre	775-5440
Donna Paul, EIA	948-4129
Holly Puckall, Family Centre of Wpg	947-1401



Report on the Fall Meetings

Pregnant/Parenting Minors Leaving Home (September, 2001)

Cindy Knott, supervisor of the Perinatal Unit for Winnipeg Child & Family Services, and Sandi Reid, Employment & Income Assistance liaison worker with CFS, presented to close to 100 APIN members at the September meeting.

The Perinatal Unit is a unique team at CFS that provides services to pregnant / parenting adolescents under the age of 18. They also work with other community services to promote healthy choices.

Cindy Knott talked about the issue of minors leaving home and applying for assistance, and how it relates to the pregnant and parenting teen population. Sandi Reid talked specifically about the criteria and the process of applying for assistance as a minor.

Knott noted that the issue of minors leaving home (or being kicked out of home) and applying for assistance dates back to a court decision in 1994 that deemed minors able to apply for assistance. Prior to that they were denied because they were under 18 years of age.

This opened up the door for 16 and 17 year olds to approach EIA with the right to receive assistance if they were in need. CFS is required to be involved with any minor who is applying for assistance.

Knott's first experience in working with minors who were applying for assistance, took place when she was working at the Adolescent Parent Centre (APC).

"We often had pregnant or parenting teens who had been forced to leave their homes and who had nowhere to live."

While at APC, she found that when these young women eventually went on assistance, they would not come to school as often or would drop out completely, and APC was unable to find them and get them back into the school.

When Knott began with the Perinatal Unit in 1999, she started to see the situation more often. From her caseload of 40-45 young women, some were requesting to get onto assistance because they had been kicked out of their homes or because they believed they were eligible to get an apartment because they had or were expecting a baby.

"There seemed to be the belief that, 'I'm pregnant, I'm 16, and I want my own apartment.' Or they had a friend who had her own apartment," said Knott.

When she became supervisor of the Unit, Knott saw every referral that came

in and it appeared the number of cases was increasing. As of September, the Unit was receiving on average 25 new referrals per month of pregnant teens. Of these, at least 4 had called saying they wanted financial assistance.

Knott began to wonder if people in the community thought these young moms should be asking for

an apartment because they had difficulties at home or they were not living at home.

"For some young women, this is the only option," said Knott, "They don't have any alternatives, they don't have a family home, and they are mature enough and capable enough to be living on their own and raising a child, with supports from the agency."

At the same time, she added, there are many more teens requesting their own apartments who are not capable of living on their own.

"It's our belief at CFS and I'm sure the community would agree with us in many situations, that being 16 and pregnant,

the last place these kids should be is living on their own."

Knott noted that the purpose of the September meeting was to look at this issue as a community and consider how we can work with these young women and explore other options and alternatives for them.

Minors applying for assistance

Sandi Reid has been the Employment & Income Assistance liaison with CFS for the past 3 years, carrying exclusively a caseload of minors (not just pregnant and parenting minors). It is her role to assess and determine whether these teens should be referred on to assistance. She noted how difficult it is to qualify.

"Just because you are 16 and pregnant or have a baby does not mean that you are necessarily eligible for assistance."

When Reid first started in the position, EIA was split into provincial and city. The only people sent to the provincial system were the young parents. The criteria then for teen parents to get enrolled was much stricter.

If any kind of support was needed, the teen parent was not eligible for assistance. This made it impossible to attach a support worker *and* send them to social assistance. Today, she noted, they try to put supports in place for these young women.

At the time of the September meeting, Reid had 68 cases open to her. Of those, 14 are pregnant or parenting. (On the surface, this may appear low but more than 50% of the 68 are boys.)

Reid explained that the basic criteria for sending a minor to social assistance is the requirement that there are no child protection concerns attached with that young person.

"This can get grey because if a young person is homeless, there can be child protection issues," she noted. "Also, the reason teens are kicked out of home is often because of their own behaviour so this is a grey area too. Where does this behaviour come from? We could spend a lot of time just talking about that."



What Reid looks for is parents telling her that they cannot deal with their child anymore, that the teen is "out of here".

Because it is not a child protection concern, these teens are not eligible to come into care with CFS. Also, she noted, many of these teens do not want to come into care with CFS as they have been in and out of the system and do not want to "do the group home thing again."

When it comes to pregnant teens, Reid relies on Perinatal Unit workers to assess whether a young woman is capable of parenting on her own and will be okay.

"The young women who get hooked up to a Perinatal worker are the lucky ones," noted Reid. "There are young women out there who are having their second or third baby or who are going to be 18 when their baby is born, and are not eligible for a Perinatal worker as a result. They are on their own."

The 100 APIN members present then divided into small groups to talk about the issue of pregnant or parenting minors leaving home. The goals of the discussion were to create an understanding for professionals, develop solutions to address gaps in services, and develop community involvement and ownership of the issue.

The small group discussions actually widened to cover a variety of concerns and gaps in services facing pregnant and parenting teens. Raw feedback from the discussions is posted on the APIN website (www.apin.org).

In the months following, the APIN steering committee has grouped and condensed the feedback into a number of themes and recommendations. This summary was sent to Minister Tim Sale and each member of the Healthy Child Committee of Cabinet. (A copy of the summary is posted on the APIN website. If you prefer to receive a faxed copy, please call Beth McKechnie at 339-0247.)

Thanks also to Organon Canada for helping to sponsor lunch at the meeting.

*For referral to Perinatal Services, call 944-4200.
For general information, call 944-4067.*

Teens & Addictions (October, 2001)

Lee Garfinkel, a prevention education consultant with the Addictions Foundation of Manitoba's Youth Services, presented on teens and addictions at the October meeting.

AFM Youth Services works with youth who are 12 years of age up to their 19th birthday. They see approximately 700 clients per year at their location at 200 Osborne Street.

The goal of AFM Youth Services is to provide youth clients with the information, skills and opportunities to successfully address their concerns about alcohol and other drug use, or gambling involvement, and any related problems.

Non-residential services include:

- assessment interviews
- information and support for parents
- group counselling
- client/parent contracting
- one-to-one counselling with young people who are affected by their own use, or by someone else's use
- referral to other sources of help where appropriate, such as AFM Youth Residential Treatment Centre

Most referrals to AFM Youth Services come through families, the school system and the corrections system.

AFM has moved away from a disease model of addiction and now look at things behaviourally.

Garfinkel noted that the origins of addictive behaviour are complex, variable and multifactorial. They arise from complex and ongoing interactions between various biological, psychological and sociocultural factors.

"The combinations and weightings of specific factors will be different for different individuals."

On a "continuum of use" scale of adolescent alcohol and other drug use, "harmful use" is defined as recurring use

with evidence of adverse social, mental or physical consequences.

At the top end of the continuum is "dependent use". In this case, in addition to features of harmful involvement, the user will often experience physical and/or psychological need for the drug; and some loss of control over use decisions. She or he will continue use despite knowledge of the adverse consequences.

For example, binge drinking can have serious consequences. If someone drinks too quickly, the brain does not get the message to expel the toxin (i.e. vomit). The drinker may pass out and the circulating alcohol poisons his or her body. This type of harmful consequence can occur anywhere on the continuum of use, i.e. whether the teen experiences irregular use, regular use, harmful use or dependent use.

Signs of problem drug abuse include:

- decline in school performance
- problems with law enforcement (such as driving under the influence, arrests for possession)
- problems with finances (thefts, borrowing, sale of personal possessions)
- changes in peer relationships
- personality changes, emotional problems
- physical problems (run down, loss of appetite, decline in personal hygiene)
- alcohol/drug-specific indicators (smell of alcohol on the breath or of marijuana on clothing, bloodshot eyes, blackouts, presence of drug paraphernalia, etc.)
- disruption of family relationships

Clients do not always come to counselling ready to make changes. Addictions counsellors often see clients who are sent to counselling because someone else believes they have a problem.

Clients can be at various stages of readiness for change, and may be at different stages of change readiness with different problems they are facing in their lives.

The Prochaska and DiClemente's stages of change model includes: precontemplation, contemplation, preparation, action and maintenance.

Garfinkel explained that the goal of treatment is a healthier lifestyle, not necessarily abstinence. They look at what is normal and healthy vs. what is a problem.

"Some of the teens may come to get their parents off their back," says Garfinkel. "We work at trust, safety and empathy."

AFM group programs include:

Awareness Group – 4 days, Monday to Thursday, 4:00-5:30 p.m. This is an information/education program dealing with alcohol and other drugs. A new group begins bi-weekly.

Breaking Away Group – 3 weeks, Monday to Thursday, 4:00-5:30 p.m. This group program is designed to help youth gain a better understanding of the relationship between their use of alcohol and other drugs, and the impact it is having on their lives. A new group begins monthly.

Challenges Group – 6 weeks, Tuesdays and Thursdays, 4:00-5:30 p.m. This is a community-based treatment program, designed to assist youth who have made the decision to change their use of alcohol and other drugs.

Recovery Group – Fridays, 4:00-5:30 p.m. This is a recovery program designed to offer support and assistance to alcohol and other drug dependent youth who have committed themselves to a sober lifestyle.

Parents Intervention Program – 4 evenings, Tuesdays and Thursdays, over a 2 week period, 7:00-9:30 p.m. A program for parents designed to provide information and support to parents concerned about their child's involvement with alcohol, drugs or gambling. Parents may attend whether or not their child is involved with AFM. This program runs once per month.

The youth residential program is located in Southport (near Portage la Prairie). The program lasts 6 to 8 weeks and the cost is covered by Manitoba Health.

There are 12 to 14 beds available with a small wait list. Garfinkel noted that pregnant adolescents are fasttracked.

Videos, printed materials and all types of information on teens and addictions is available to the public at the AFM Library. It is located at 1031 Portage Ave.

To refer, call (204) 944-6235 between 10:00 a.m. to 6:00 p.m., Monday to Friday, and ask to speak to an Intake Counsellor.

ADD & Depression in Adolescence (November, 2001)

Lorna McCallum and Lesli Shafer, mental health clinicians with the Manitoba Adolescent Treatment Centre (MATC), presented at the November meeting. (Lesli Shafer is an intake clinician.)

They noted that health is defined by emotional and psychological health, relationships, accountability and ability to complete daily living tasks.

Illness is defined by emotional distress, not being able to function, a negative self concept (self-deprecating comments), disrupted relationships, decreased self-control (extremely anxious, unable to focus), and disruption in daily living.

Notably, depression is the most common illness seen in adolescents in psychiatry. It occurs in 0.4 to 8.3% of adolescents and the approximate length of episode is 7 to 9 months. It is expected that the incidence rate is much higher since this reflects only those who seek treatment. Relapse of treated depression is 12% at one year and 33% at three years.

Some of the signs and symptoms of depression in adolescents include:

- irritability/anger and sadness (mood changes)
- loss of interest or pleasure in

previously enjoyed activities (quit sports or hobbies)

- significant appetite/weight changes (usually an increase in weight)
- sleep disturbances
- agitation or lethargy
- thought and/or speech changes (speak or think more slowly, seem confused or agitated)
- fatigue, loss of energy/motivation
- decreased concentration/attention
- suicidal thoughts or gestures (start giving away possessions, cut off friendships)
- hear voices (which could indicate bipolar or psychotic depression – watch for psychotic symptoms)

"You want to be very careful if you have a young mom with a psychotic depression," said McCallum. A bi-polar disorder will be particularly exacerbated by fatigue.

With a pregnant teen, it will also be difficult to differentiate increased weight gain and sleep disturbances from typical health issues. "You will need to dig deeper," said Shafer.

While these are all symptoms for depression, they cross over to ADD (attention deficit disorder). Shafer noted that ADD is neurologically based and is not a learning disorder. Found in 3 to 5% of school aged children, it is 3 times more prevalent in males.

As part of the diagnostic process, MATC looks at the type of symptoms, duration and frequency. Other factors include a family history of depression or previous bouts of depression.

Being pregnant does not necessarily bring on depression as a result of hormonal changes. There can be organic causes instead, e.g. anemia and fatigue associated with the first and last trimester.

McCallum noted that MATC clinicians or a family doctor are in a better position to make a mood disorder assessment than an OB/GYN.



(ADD & Depression in Adolescence cont'd)

MATC sees youth up to 17 years of age. The average wait list is 2 to 4 months. Most schools have psychiatric services and Health Sciences Centre also provides services.

Treatment usually consists of a combination of methods including :

- psychotherapy for the individual (relaxation, stress management, and coping therapies) and family that is solutions focused
- environmental supports and strategies (examples for ADD could include lists, agenda strategies, watches with timers)
- medications

"Education is really crucial," said McCallum. "Talking about what's happened to them and what can be done about it."

She added that it is important for family members to understand and to also learn coping strategies.

Because the medications are untested in pregnancy, they are not an option for pregnant teens unless there is a real risk of suicide. In this case, the development of the fetus would be monitored. Alternatively, the pregnant teen can be hospitalized to reduce the risk of suicide.

Also, since medications will pass through the breast milk, a doctor may recommend that a young mom stop breastfeeding in order to go back on the medications.

During the question and answer period, it was noted that many kids take themselves off Ritalin and use street drugs instead to cope. Shafer responded that since each person reacts differently to Ritalin, it is important to find out why the youth is choosing this route, i.e. is it the stigma attached to Ritalin or other reasons. She added that there are legal alternatives to Ritalin that are not as dangerous as street drugs like cocaine, which some kids say helps them focus.

For intake assessment, contact MATC at (204) 986-9600.

GET ON THE APIN MAILING LIST...

Fill out and fax this form to (204) 338-4727 or mail to: 441 Scotia Street, Winnipeg, MB, R2V 1X3.

Name: _____

Address: _____

City/Prov: _____

Postal Code: _____

Phone / Fax: _____



Healthy Baby: Prenatal Benefit

(Reprinted from material published by Healthy Child Manitoba.)

The Manitoba Prenatal Benefit is intended to help women eat well while pregnant. To be eligible, women must be pregnant, live in Manitoba and have a net family income of less than \$32,000. The amount of the benefit depends on how much money the pregnant woman (and spouse if married or living common law) made in the previous year. Many people will receive about \$80 a month, while others will receive lower amounts.



Women should apply as soon as they learn they are pregnant. The benefit can start by the 14th week of pregnancy. The monthly payment ends in the month the baby is due. After the child is born, federal child benefits will apply.

To apply for the benefit, see your doctor and ask for a note about your pregnancy and due date. The doctor's note must accompany the completed Manitoba Prenatal Benefit application form along with a Certified Income Tax printout from the Canada Customs and Revenue Agency or you need to complete the Previous Year Income Tax Information Release in the application which gives the Healthy Baby Program permission to access this information. If you are on income assistance, you need to complete the Income Assistance Information Release in the application.

Questions? For questions on the Manitoba Prenatal Benefit or for a list of Healthy Baby Community Programs, call **945-1301 in Winnipeg** or **1-888-848-0140 (toll free)**. For Healthy Baby application kits or posters call 945-2266 or 1-888-848-0140. For information on the federal child benefit, call the **Child Tax Line: 1-800-387-1193**.

Resource Guide: HCM Needs Your Help!

Healthy Child Manitoba is looking at developing a resource guide of all services in Manitoba that support teen moms and dads. If you are interested in profiling your program or organization, please forward the following information:

- Name of Organization (including phone number, fax, email and address)
- Name of Program
- Description of Program (max. 1 paragraph)
- Age Group Served
- Hours of Operation

Profiles should be sent to:

Tara Mangano, Healthy Child Manitoba
219-114 Garry Street, Wpg, MB R3C 4V6
Fax: 948-2585 / email: Tmangano@gov.mb.ca