CD-12608

Clearinghouse

PARENTING EDUCATION FOR TEEN FAMILY LIFE SKILLS

FINAL GRANT REPORT

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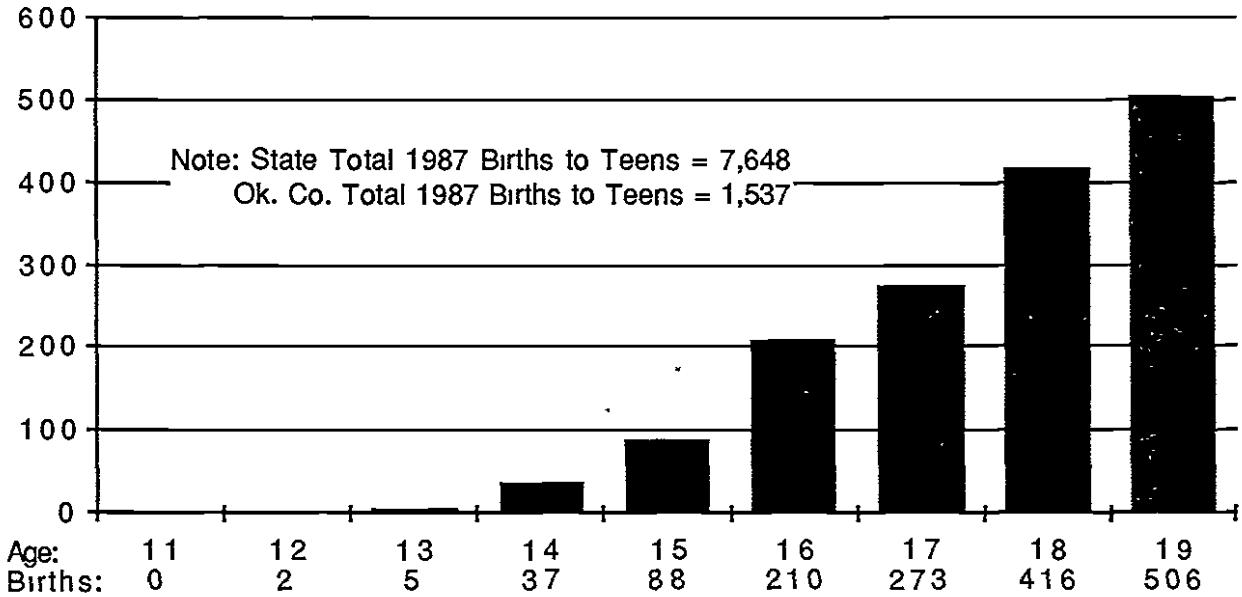
INTRODUCTION

The Parenting Education for Teen Family Life Skills Project was developed to demonstrate and provide a support and parenting education program for pregnant and parenting teenagers in the Oklahoma City/County area. Teenage pregnancy and parenting are primary concerns in the United States and particularly in the state of Oklahoma, although there has been some improvement over the last few years. When the Parenting Education for Teen Family Life Skills Project was first proposed in 1986, Oklahoma ranked fourth highest in the nation in the rate of births to teenagers. In 1983, over 10,000 babies were born to Oklahoma adolescents. In 1985, there were 8,410 births to Oklahoma women under the age of 20; births to girls 15 and younger were increasing at five times the national average. It was estimated that almost one out of every 10 teenage girls experienced a pregnancy and almost six out of ten births to teens were to unmarried mothers. In 1987, the number of births to Oklahoma teenagers decreased to 7,648. Approximately 20 percent (1,537) of these births, including 132 births to girls between 12 and 15 years of age, were in Oklahoma County, the service area of the Parenting Education for Teen Family Life Skills Project. Based on these most recent statistics, the state of Oklahoma now ranks sixth in the nation in the rate of births to teenagers. Work in this area is far from complete.

Number of Births to Teens - 1987, Oklahoma County



The risks of teenage pregnancy are documented for both mother and child. Pregnant teenagers experience a significantly higher rate of pregnancy-related complications than do older women, particularly teens 17 years and younger. Among teenage mothers, almost half fail to get the prenatal care they need. Adolescents have a high rate of anemia, toxemia, sexually transmitted diseases, premature births, and developmentally disabled infants.

Being emotionally unprepared for parenthood holds particularly grave consequences for teenage parents and their children. Because of their relative inexperience with infants and lack of understanding of infant behavior, teenage parents often fail to notice potential problems or understand the normal behavioral

responses of their infants. Inadequate stimulation and failure to respond to medical/emotional cues of the infant can lead to a chronic state of neglect that may go undetected. Most teenagers are still trying to cope with developmental issues of their own - issues that often conflict with child rearing and may lead to neglectful situations. The great amount of stress that faces teenagers places this population at high risk for inappropriate parenting behaviors.

Children of teenage parents are twice as likely to become teenage parents. Further, these children are at a higher risk for child abuse and neglect than other children. In 1987, Oklahoma County had 4,286 reports of child abuse or neglect, 1,627 of which were confirmed. Over 54 percent of the confirmed cases were in homes where mothers had their first child before age 20. Infants and toddlers three years and under represent 22 percent of all children, and yet they account for 30 percent of the reported cases of child abuse each year and an even higher percentage of the fatalities caused by abuse. Children experiencing difficult developmental phases, such as colic, trained night crying, negativism, and toilet training, may trigger abusive behavior in an family; for a high-risk family these stresses are too often the breaking point. Inadequate levels of care giving and protection may constitute a serious developmental risk to a very young child, including inadequate hygiene, repeated accidental injuries, lack of positive parent-child attachment, and parental inability to perceive and respond to the infant's changing needs and communications. If other risk factors such as low birth weight or disabilities identified at birth are

present, the child is particularly vulnerable. Literature reports that child abuse and neglect is more likely to occur when:

(1) there is stress and strain in the family
(2) parents have unrealistic expectations of the child
(3) parents are emotionally and socially isolated.

The mental health of both mother and baby is threatened when the adolescent is forced to cope with an unwanted pregnancy, a demanding baby, and a lack of social support. Teenage pregnancy is closely related to increased problems of low self-esteem and depression among teen mothers, problems that in turn can lead to poor parenting. Teenage parents face many other difficulties, such as dropping out of school, decreased occupational aspirations, poverty, single parenting, and family dysfunction. Households with a mother who began bearing children in her teens account for over 50 percent of welfare expenditures.

Many studies have shown the positive effects of prenatal care, parenting education, support, and life skills training. Pregnant adolescents require comprehensive and culturally appropriate prenatal care to reduce their chances for giving birth to high-risk infants. The use of parent education and support groups, as well as home visitors, has been identified as an effective intervention method with at-risk parents. It is necessary with the population of teen parents to reduce barriers that may impede their utilization of services. Issues such as lack of transportation, need for emotional support, low self-esteem, trouble meeting basic needs (i.e. food,

shelter), and other financial concerns are some of the common barriers. Literature has shown that infants can be at risk for a number of organic, biologic, or environmental factors and that teenage mothers, young fathers, and their children experience many of these risk factors cumulatively.

The Oklahoma County area is a highly urban area surrounded by several small rural communities with an estimated population of 622,800 (July 1987). Besides basic medical services and a few school-based programs serving a limited number of students, the Parenting Education for Teen Family Life Skills Project was the only program of it's kind providing services open to all pregnant and parenting adolescents in the county regardless of age, participation in school, financial status, race, place of residence, or referral source.

Prevention of child abuse and neglect, by definition, assumes that intervention must occur before the abuse or neglect takes place. Knowledge of the risk factors helps to identify those families who are more likely to abuse or neglect and those areas which are amenable to intervention. The later the intervention, the greater the possibility that unhealthy patterns will be established and resistant to change. Intervention, if it is to be considered prevention and not treatment, must occur early - before unhealthy babies are born, infants and children are abused or neglected, and dysfunctional patterns in families are established. Often cited early risk factors include:

(1) inadequate prenatal care
(2) low parental self-esteem

(3) inadequate early attachment between parent and infant

(4) inadequate social support

(5) unrealistic parental expectations of child development.

The Parenting Education for Teen Family Life Skills Project provided a means of alleviating a number of high risk factors in a setting that was non-threatening and available to all pregnant and parenting teenagers in the Oklahoma County area. The primary goal of the project was to reduce the incidence of problems associated with teenage pregnancy and parenting, particularly child abuse and neglect. The objectives were as follows:

To increase:

- Parental self-esteem by focusing on individual strengths and abilities
- Social support, i.e. parents' involvement with peers, school, church, family, work, and/or community agencies and services
- Knowledge of normal infant behavior and development to enhance realistic parental expectations
- Participation in school, job training, and completion of high school diploma or G.E.D.

To decrease:

- Incidence of reported and confirmed child abuse and neglect
- Incidence of repeat unplanned pregnancies

- Dependence on public financial assistance (Aid to Families with Dependent Children, Food Stamps, etc.)

PROJECT HISTORY AND COMPONENTS

The Parenting Education for Teen Family Life Skills Project was funded by a grant from the National Center on Child Abuse and Neglect (U.S. Department of Health and Human Services, Grant #90CA1237). Originally intended to be a two-year demonstration grant from September 1986 through August 1988, an extension was received to continue work for another ten months until June 30, 1989. The project was sponsored and housed by the Infant Center, Department of Family Medicine at the University of Oklahoma Health Sciences Center. The Infant Center, established in 1983, was an outgrowth of the Postnatal Education Project started by the Junior League of Oklahoma City in 1979. The purpose of this project was to provide support and educational services for parents and their infants to promote healthy family functioning and to prevent problems such as child abuse and other family dysfunction. Located in a renovated house on the University of Oklahoma Health Sciences Center campus in the heart of Oklahoma City, the Infant Center provided a homey, non-threatening atmosphere for family support and education services. Many classes and groups, however, were conducted at other community sites in collaboration with various organizations to enhance the availability and utilization of services in this large geographic area.

Due to the unique needs of adolescent parents, the Infant Center proposed the development of a postnatal education program specifically for teenage parents. Funded initially in 1984 by the Oklahoma Commission on Children and Youth, the Infant Center Teen Parent Program was supported by an annual grant by the State Office of Child Abuse Prevention (Oklahoma State Department of Health, Grant #62286) until June 30, 1989. The addition of the NCCAN Parenting Education for Teen Family Life Skills grant in 1986 allowed for the expansion and improvement of the current program components and the development of new components. The Infant Center demonstrated its capability in developing and implementing projects which focused on primary and secondary prevention of child abuse and neglect. The Teen Parent Program provided services to over 450 young families during its five year period of operation.

The following components were proposed by the Parenting Education for Teen Family Life Skills Project as the means for attaining the project goals:

(1) Teen Parent Time

Teen Parent Time was the original pilot program developed in 1984 and was the core service provided by the Infant Center Teen Parent Program. Teen Parent Time was a six-week support and postnatal education group for teenage parents, their babies, and other support persons (i.e. family members, fathers, etc.). A curriculum was written which covered topics on infant behavior and child development, nutrition, safety, discipline, family planning,

communication, decision-making, and meeting the teens' own personal needs as parents as well as adolescents. The Parenting Education for Teen Family Life Skills Project provided for the revision of the the Teen Parent Time curriculum to an eight-week format and the expansion of the number of groups offered from three per year to seventeen per year.

Staff, trained volunteers or professionals facilitated the groups geared toward young parents with infants up to age one. An average of 4 - 6 teen families attended the groups. Teen Parent Time was offered at a variety of community settings around the Oklahoma City/County area at no cost to the Infant Center. Groups were held at community health clinics, hospitals, schools, churches, YWCA's, libraries, and youth service organizations. Participants would receive their own "Baby Book", a notebook with pages for personal reflection and factual parenting information from the curriculum. Door prizes donated by formula companies and community businesses were offered as additional incentives for attendance.

Over the three year period of the project, the Teen Parent Time curriculum was revised, incorporating experience gained by staff and volunteer group leaders to better meet the needs of the teen parents and their infants. The newly revised curriculum is attached as a part of this report.

(2) Parent Aide/Home Visitor

This component was piloted as part of the Parenting Education for Teen Family Life Skills Project and was developed to provide the teenage parent and their family contact with a trained volunteer from the third trimester of pregnancy through to the child's second birthday. Beginning in 1987, it became apparent that this kind of long term relationship was quite rare and greater flexibility was needed as to when a parent was a candidate for home visits. More of an "open" policy was accepted and home visits were made to young mothers earlier in pregnancy as well as after their children were several months old.

Parent aides or staff would attempt to visit weekly to monthly in order to facilitate regular prenatal and postnatal medical care, to demonstrate and encourage appropriate parent/child interactions, to reiterate and expand upon information received in Teen Parent Time, to help connect the family with appropriate community resources, and to assist in the early detection of abuse, neglect or developmental delay, hopefully lessening the impact of these problems if they did occur. Short term or emergency visits were also made by staff as necessary. Teens with a multitude of risk factors were given priority to be matched with a parent aide. Those pregnant or parenting teens with very little family or social support, who experienced family conflict, medical complications, a history of abuse or neglect in their own family, multiple pregnancies and/or children, were more emotionally immature, very young, and/or were experiencing a multitude of stresses, were prime candidates.

When a referral for a home visit was received, the Project Director would schedule an appointment or drop in and make an initial home visit. The purpose of this visit was to become acquainted with the parent, obtain some family history, acquaint the parent with the Infant Center Teen Parent Program, identify areas of concern for the parent, and determine the need for home visits. If it was mutually agreeable that a Parent Aide would be helpful, a match was then made with an available volunteer. Every effort was made to match the volunteer and parent as closely as possible based on their individual time schedules, geographic location, culture, and other personal qualities. Even these efforts, though, did not guarantee a successful match. In a few instances, attempts were made to match a Parent Aide two or three times before a "successful" match occured. The young parents may have moved away already, been ambivalent about receiving services, or their families were not supportive of such a relationship. Others have maintained longer term relationships, although the depth and amount of involvement seems to vary depending on the teen's needs and the volunteer's personal time.

The role of the Parent Aide primarily was that of support person, listener, guider, and helper. The development of the relationship was of utmost importance. It was believed that the rapport and trust developed between volunteer and parent would facilitate work toward the goals of the project. Instead of a structured schedule of activities, the Project Director and Parent Aide would try to help the teen parent identify some of their needs and areas of concern with which the Parent Aide might be helpful.

Creativity, flexibility, realistic short-term goals, and patience were key factors in these relationships. Through the Home Visitor Program, staff and volunteers assisted parents by providing emotional support, someone to talk to, transportation to medical appointments, groups, and classes, facilitating the utilization of services such as welfare, WIC, counseling, or job training, help with grocery shopping and surviving on a limited budget, guidance about their child's behavior and development, facilitating healthy parent-child bonding, enhancing their care for themselves during pregnancy, and being a friend to go with shopping, to the library, or for a walk.

(3) Connection

The Teen Parent Connection was piloted shortly before the start of the Parenting Education for Teen Family Life Skills Project and was developed in response to the request of parents to have more programs after they completed a Teen Parent Time group or for those that had children above age one. Whereas Teen Parent Time was more limited and structured in time and focus, Connection was an ongoing, weekly, drop-in style support and information group for any pregnant or parenting teenager with children of any age. Various topics, activities, and speakers were scheduled depending upon the needs of the participants including, presentations on infant CPR, safety, AIDS, a positive physical appearance, self-esteem, and discipline techniques with toddlers. Connection groups also had occasional holiday parties, picnics, and one group even went on an overnight camping trip. It was planned that new Connection groups

would be developed as needed, however during the duration of the Teen Parent Program only two groups were established due to a lack of volunteer leadership.

(4) Prenatal Support and Information

Teenagers tend to seek and receive less than adequate prenatal care. Due to a greater risk of a variety of complications to the teenage mother and baby, and due to the unique issues that face this population, a childbirth class specifically for teens was piloted in 1987/88, during the second year of the Parenting Education for Teen Family Life Skills Project. Taught by an experienced childbirth educator, prenatal health care and childbirth preparation information was combined with peer support. It was very well received and enhanced the continuity of services offered by the Infant Center. The childbirth education enhanced healthy pregnancy and birth experiences and encouraged greater participation in Teen Parent Time and other project services.

(5) Outreach to Extended Family

The positive impact of support teenage mothers receive from the father of their baby and the grandparents has been well documented. However, these relationships have largely been ignored. Fathers and other family members were always welcome to attend Teen Parent Time from the very first pilot group, however a very small percentage participated over the course of the program.

It was determined that further program development in this area.was needed after several requests from fathers and grandparents were received. The extended family became more aware of their unique concerns and needs as they realized the benefit of involvement.

(6) Program Materials Dissemination

A major purpose of the Teen Family Life Project was to develop and demonstrate ways in which adolescent parents can improve their parenting skills in order to reduce the risk of serious problems such as child abuse and neglect. Therefore, it was very important to share knowledge gained from this process with primary and secondary providers of services to adolescent parents. Due to the increasing demands for information about working with pregnant and parenting teens, program development and replication, curriculums, and evaluation of such programs, this project disseminated information locally as well as on a state wide and national basis. This was accomplished through printed reports and materials and presentations by staff regarding the implementation process, experiences and research methods, and findings.

PROGRAM NARRATIVE

Project implementation revolved around the following:

(1) Community awareness and client recruitment

(2) Recruitment, training, and supervision of volunteers

(3) Providing services to the clients:

a Teen Parent Time classes

b. Home visits

c. Connection groups

d. Childbirth classes

e. Referrals, information, and informal counseling.

Over the course of the Parenting Education for Teen Family Life Skills Project, an average of 100 teen families (mother, baby, and sometimes father or other support person) per year received some kind of services. They were counted as receiving services if they attended a class or group or were visited at home at least one time. In general, those given referrals, information, or guidance over the phone, but who did not participate in any of the component services, were not counted as "clients", although statistics on these contacts were kept as completely as possible.

(1) Community Awareness and Client Recruitment

Several methods were utilized to enhance community awareness of the project, issues surrounding pregnant and parenting teens, and recruitment and participation of clients in the program. From the beginning of the pilot program in 1984 to 1986, this task was accomplished by visiting teens shortly after delivery in Oklahoma Memorial Hospital, (a state funded hospital close to the Infant Center where approximately 100 teens deliver per month). Visiting was

done by staff or volunteers, however this method was sporadic at best and few teen parents were really being reached. With approximately 1600 - 1700 births to teenagers in Oklahoma County annually, new methods were necessary. It was apparent that teenager parents were a very difficult population to reach and involve. They often moved a lot, did not have working phones, reliable transportation, or supportive family, and had difficulty asking or accepting help when needed due to the belief that they had to prove they could care for their babies on their own or a fear of the program being another authority figure putting them down.

After meeting with the maternity social workers at Oklahoma Memorial Hospital in 1986, it was agreed to discontinue the hospital visitation except for special cases. Instead, the social workers collected and referred names, addresses, and phone numbers of all teen maternity patients to the project. An effort was then made to contact all of these referrals by mail or phone. This provided a decent base of potential clients to work from, however actual contact was made with only a small percentage of the referrals due to many of the reasons cited above.

In the meantime, a decision was made to develop an eye-catching brochure and poster targeting the teen parent. With the assistance of a commercial artist and input from a "Teen Advisory Board" consisting of current or past program participants, this was accomplished in 1987. The Project Director also compiled an extensive list of community organizations to which project information and brochures were mailed or delivered on a regular basis to keep their staff and patrons aware of the project. This list

was continually revised and updated which included schools, health clinics, counseling agencies, hospitals, churches, child welfare, and a variety of other organizations who might have contact with pregnant or parenting teenagers. As timed allowed, personal contacts also were made to these organizations.

Although press releases were sent to the local print media, these seemed to make only a small impact. Beginning in 1987, an effort was made to do more outreach through radio and television, "lifelines" for many teens. Local radio and television stations responded by doing occasional talk show interviews with staff and clients but would seldom "advertise" the project. However, the local ABC-affiliate, KOCO-TV Channel 5, did respond more favorably by filming a 30-second public service announcement and developing several 5-second station identification announcements such as, "Teen Mother or Father? Call the Infant Center, 271-8155". The longer PSA was seldom shown but the brief announcements were aired regularly, sometimes several times a day, which seemed to result in an increase of calls for information.

Teen parents and volunteers in the program also assisted in this process as they spread information by word of mouth and by accompanying the Project Director to speak at schools and organizations in the community. Efforts were also made to offer more incentives for participation such as providing samples of infant formula, diapers, baby or maternity clothing, blankets, etc. The issue of transportation was also addressed due to a poor public transit system in the area. Staff, other teen parents, and volunteers provided rides to groups and, during 1988, the project used grant

funds to pay cab fare at a 10% discount with a local taxi cab company. All of these methods together began to make an impact as referrals and calls for information increased during 1988. It was extremely important to be flexible, creative, and persistent in attempting to recruit and involve teen parents in services.

(2) Volunteers

In order to extend the amount of services provided, volunteers were a necessary part of the project. Although managing a volunteer program proved to be a frustrating, time-consuming part of the Project Coordinator's job, volunteers also brought creativity, caring, and much support to the project. Volunteers were utilized in numerous capacities through:

- Community outreach activities such as, telephoning new teen parents, delivering brochures and posters to organizations, mailing out brochures, speaking to community groups
- Facilitating or assisting with a Teen Parent Time, Connection, or childbirth class
- Making home visits and developing a one-on-one relationship with a pregnant or parenting teen as a Parent Aide
- Providing transportation
- Being a peer phone counselor
- Developing and implementing the project evaluation
- Revising the Teen Parent Time curriculum
- Assisting with extra office work

- Serving on the Teen Advisory Board
- Making a presentation or being a guest speaker at a group.

Volunteers were primarily recruited through press releases, public service announcements and referrals by other volunteers or friends. Notices concerning scheduled training workshops and requests for potential volunteers were also be mailed to various community organizations and current volunteers. Several teen parents who had been involved with the program also began serving in volunteer capacities to "give back" and to develop some "ownership" of the program. The project also was a placement site for practicum students studying social work, psychology, child development, counseling, nursing, or human relations from area universities.

Group leaders and Parent Aides were required to attend a training workshop. Over the course of the project, this developed into a 15-20 hour training covering such topics as adolescent development, infant development, issues regarding teen pregnancy and parenting, child abuse and neglect prevention, sexuality and birth control, communication and facilitation skills, and community resources. The Teen Parent Time curriculum was also reviewed for group facilitators while Parent Aides would discuss various issues pertaining to home visiting. Supervision was then provided by the Project Director for those actively facilitating groups or making home visits. Due to time constraints and so many other responsibilities in the project, contact and direct observation of volunteers was inconsistent and rare in some cases.

During the course of the project, 37 professionals attended the volunteer training workshops or received other consultation. Their involvement was either to provide support to the project by conducting a Teen Parent Time group at their site in the Oklahoma County area, to enhance their skills in their current work with teens, or to replicate the program elsewhere in the state.

Occasional volunteer training in-services were also provided on special topics with professional guest speakers. Care was also taken to not overload or "burn out "volunteers and to provide some opportunities for recognition such as thank you notes, a mention in the Infant Center newsletter, or a picnic.

Three training workshops were conducted during the 1986/87 project year: one provided by the federal NCCAN grant and two by the State Child Abuse Prevention grant. Thirty-one volunteers and professionals were trained to be group facilitators and four were trained as Parent Aides. Many other professionals and volunteers were recruited but did not attend the training. Feedback from training evaluations was overwhelmingly positive. Approximately 60 notices about the volunteer training were mailed prior to each scheduled training workshop as well as press releases. Several monthly volunteer meetings were attempted but were discontinued after several months of sparse attendance. During the 1987/88 project year, two training workshops were conducted, one each for the federal and state grants. Thirteen group facilitators were trained including professionals from three other Oklahoma communities, while six were trained as Parent Aides. During 1988/89, one training session was conducted with six group facilitators and five

home visitors trained. In addition, two volunteer in-services were conducted during this year on child development and discipline.

(3) Client Services

An attempt was made, as possible, to keep accurate attendance for groups and accounts of home visits. Due to the large amount of volunteer involvement, however, records were sometimes incomplete and estimations were made.

The Parenting Education for Teen Family Life Skills Project enabled an increase in the number of Teen Parent Time groups. Three classes were held per year during the initial years of 1984/85 and 1985/86. With the addition of this project in 1986, an emphasis was made on scheduling Teen Parent Time "off-site" at other free community locations besides the Infant Center. This was to provide more convenient locations to enhance client participation, however, it also necessitated a greater amount of volunteer group leadership and coordination of scheduling and enrollment. Over the course of the project, Teen Parent Time was conducted at 16 different community locations.

During the 1986/87 project year, seven Teen Parent Time classes were conducted in addition to ten required by the State Child Abuse Prevention Grant also funding the Teen Parent Program. Approximately 100 teens were served by these 17 groups with an average attendance of 6 per group. The increase in the number of groups decreased the average attendance per group but increased the overall number of teens reached. Fourteen Teen Parent Time

groups were conducted during the 1987/88 project year, six for the NCCAN grant and eight for the state grant. These groups served approximately 70 teen families with an average attendance of 4.4 per group. In the 1988/89 project year twelve Teen Parent Time classes were conducted, three of which were provided under the NCCAN grant.

The Parent Aide/Home Visitor component began in the spring of 1987. Up until that time, the Project Director gathered information from many similar projects nationwide, developed policies and procedures, and attended a volunteer training workshop for a parent aide program in Oklahoma City, which serves another population. In the 1987/88 project year, volunteer parent aides were recruited and trained. However, many more referrals were made to this component than the project was able to handle. Twenty-two initial visits were made to teens' homes by the Project Director while nine matches were made with volunteers. Many of these matches terminated after short periods of time mostly due to the teen parent dropping out of contact and the volunteers not being as consistent or responsible as hoped. It was found that these relationships were very demanding, time-consuming, and took a lot of nurturing by the Project Director, me, Deborah L. Richardson, which was difficult due to the demands of all the other project components. However, of those matches that did continue, the impact of such a relationship seemed indeed positive. Approximately 100 visits were made by either the Project Director or volunteers during 1987/88. In the 1988/89 project year, fifteen initial visits were made by the Project Director, four Parent Aides

were actively visiting with matches made the previous year, and three new matches were made. Over 30 teens were served by home visits during this year and approximately 80 visits were made by the Project Director and volunteers. Many more appointments were made over the course of the project, but the teen parents often cancelled or were not at home. Group leaders often provided similar kinds of support to help meet the individual needs of their group members including, transportation, help with job searches, school enrollment, obtaining formula, clothing, diapers, and food, and being a listener and friend outside of the group time.

For the most part, the Connection groups were provided by the state grant utilizing volunteer group leaders. In 1986/87, the Connection group met over a five month period with an average attendance of 4 to 9 participants. During the 1987/88 project year, there was difficulty recruiting volunteers willing to facilitate an ongoing group. Two Connection groups were conducted, one on-site at the Infant Center and the other in Midwest City, an Oklahoma City suburb. One other new Connection group was attempted but met only a few times due to conflicting schedules and uncertain group sites. A total of twenty parents were served by the two Connection groups. These same Connection groups continued in the 1988/89 project year. Later in the year, a third Connection group began at the local alternative school for pregnant and parenting students.

The Teen Childbirth Class began in the fall of 1987/88 project year. An experienced childbirth instructor was contracted to develop, prepare, and teach the class. In addition to basic prenatal information and instruction on the modified Lamaze technique, much

care was taken to provide the same type of peer support and opportunity for expression of feelings that was an essential part of the Teen Parent Time and Connection groups. Three classes were conducted during the 1987/88 project year serving 26 pregnant young women and their coaches. An attempt was made to provide those teens without a coach with a volunteer for support. During the 1988/89 project year, five classes were conducted.

The Project Director and other Infant Center staff took great care in developing rapport with the teen parents to help meet their needs by providing referrals, information, and informal counseling over the phone (as well as to drop ins to the Infant Center). A major factor that influenced the success of the project was the perseverance of the staff to reach out in the community. Also, professionals and teens that had been involved directly or indirectly with the Teen Parent Program usually provided additional "word of mouth" support to the program in the community. In fact, many teens that did participate were encouraged by peers who had already been involved and trusted the staff. The support they received seemed to be the primary reason for participating. Over the course of the project, increasing numbers of requests were received for help with basic needs, i.e. food, clothing, baby equipment, transportation, jobs, school, medical care, etc. It became increasingly apparent that pregnant and parenting teens needed comprehensive services beyond just "parenting skills". Most importantly, this particular group of young people seemed to need a trustworthy friend and advocate that they could easily identify and who would

make every effort to respond to their concerns and questions with compassion and understanding.

METHODOLOGY

Instruments

Instruments used for measuring the effects of the program are as follows:

A) Information Form

B) Rosenberg's Self-Esteem Scale

C) Social Support Inventory (Dr. Marilyn M. Rossmann)

D) Adult-Adolescent Parenting Inventory (Stephen Bavolek, Ph.d.

E) Parenting Questionnaire (Infant Center)

F) Child Abuse Potential Inventory (Joel Milner, Ph.d.)

G) Consent Form for Participation

H) Follow-up Questionnaire

I) Program Evaluation.

(See Appendices for further information)

Procedure

The instruments were administered before and after eight-week programs. Consent forms were given to all participants. The adolescent mothers received a baby gift after completion of the CAP instrument.

RESULTS

T-Tests were used to measure pre- and post-results on the AAPI, SSI, self-esteem, Parenting Questionnaire, and Child Abuse Potential Inventory. A significant increase was obtained on the Parenting Questionnaire. Also, a significant decrease was observed on the unhappiness scale of the Child Abuse Potential Inventory. The adolescent mothers were happier after the eight-week program.

No significant results were obtained for the other CAP scales (including abuse), the AAPI, SSI, or self-esteem. (Please see Data Summary for details.)

DATA SUMMARY

T-SCORES FOR ROSENBERG SELF-ESTEEM, SOCIAL SUPPORT INVENTORY and PARENTING QUESTIONNAIRE WITH TEEN MOTHERS

Instruments	Max N	Pre-Test Score	Pre-Test Mean	Post-Test Mean	T-Value	d.f.	2-Tailed Probability
Rosenberg Self Esteem	41	6	1.561	1.976	-.79	40	.433
Social Support Inventory	38	116	41.947	43.526	-.60	37	.550
Parenting Questionnaire	31	41	31.065	34.613	-7.90	30	.000*

* significant

ADULT ADOLESCENT PARENTING INVENTORY T-SCORES FOR TEEN MOTHERS

Scale	STANDARD SCORES Pre-Test Mean	Post-Test Mean	T-Value	d.f.	2-Tail Probability
Inappropriate expectations	5.636	5 455	.24	10	.819
Empathy	6.182	5.546	.69	10	.508
Corporal punishment	6.182	7.000	-1.22	10	251
Role reversal	6.636	6 727	- 29	10	.77

N = 11

CHILD ABUSE POTENTIAL INVENTORY - T-SCORES FOR TEEN MOTHERS ATTENDING PROGRAM FOR 2 OR MORE SESSIONS

Scales	Cut-Off Score	Pre-Test Mean	Post-Test Mean	T-Value	d. f.	2-Tailed Probability
Rigidity	30	22.645	20.323	1.32	30	.198
Distress	152	127.065	132.839	-.65	30	.521
Unhappiness	23	17.742	12.161	2.66	30	.012*
Problems with Family	18	16.387	16.774	-.16	30	.878
Problems with Child & Self	11	2.710	3.129	-.84	30	.405
Problems from Others	20	15.500	17.500	-1.86	31	.072
Ego-Strength	40	20.452	19.903	.34	30	.735
Abuse	215	195.452	200.710	-46	30	.652
Random Response	6	2 355	1.936	1.28	30	210
Lie	7	5 677	5.355	62	30	539
Inconsistency	6+	11.613	10.710	1.23	30	.228

N= 31
* less than 0.5 significance
+ elevated means - exceed cut off score

AGE OF TEEN MOTHERS

N=428

AGE	N	PERCENT
12	1	.2
13	2	.5
14	13	3.0
15	42	9 8
16	68	15.9
17	89	20.8
18	83	19.4
19	77	18.0
20	24	5.6
21	14	3.3
22	8	1.9
23	4	.9
24	1	.2
26	1	.2
28	1	.2

Mean 17.6 Mode 17.

RACE OF TEEN MOTHERS

N= 390

	N	PERCENT
Black	126	32.3
White	238	61.0
Hispanic	7	1 8
Indian	24	3.6
other	5	1.3

USE OR PERCEIVED NEED OF PUBLIC FINANCIAL ASSISTANCE BY TEEN MOTHERS

N=259

	N	PERCENT
no	47	18 1
yes	212	81.9

MARITAL STATUS OF TEEN MOTHERS

N=391

	N	PERCENT
Single	272	69.6
Married	99	25.3
Separated	11	2.8
Divorced	9	2.3

LENGTH OF MARRIAGE OF TEEN MOTHERS

N=89

	N	PERCENT
6 months	34	38.2
6-12 months	32	36.0
1-3 years	19	21.3
3-5 years	2	2.2
over five years	2	2.2

WHO TEEN MOTHERS WERE LIVING WITH

N=468

	N	PERCENT
own family	81	22.0
spouse	61	16.6
own parent	109	29.6
group home	20	5.4
alone with baby	24	6.5
in-laws	19	5.2
boyfriend	13	3.5
friends	19	5.2
extended family	22	6.0

PLACE OF RESIDENCE OF TEEN MOTHERS (OKLAHOMA COUNTY AREA)

N=405

	N	PERCENT
Southwest Oklahoma City	60	14.8
Southeast Oklahoma City	29	7 2
Northwest Oklahoma City	98	24.2
Northeast Oklahoma City	77	19.0
Downtown	9	2 2
Yukon	6	1.5
Midwest City	37	9.1
Del City	17	4 2
Other	72	17.8

REFERRAL SOURCES FOR TEEN MOTHERS

N=376

	N	PERCENT
newsletters/flyers	67	17.8
friends/family	87	23.1
social worker	61	16.2
teacher/counselor	20	5.3
physician/nurse	50	13.3
Infant Center	16	4.3
prenatal classes	29	7.7
other (TV, etc)	46	12.2

SUPPORT PERSONS LISTED BY TEEN MOTHERS

N=325

	N	PERCENT
mother	81	24.9
father	11	3.4
both parents	8	2.5
aunt	22	6.8
grandmother	53	16.3
husband	3	.9
female friend/sister	90	27.7
male friend/brother	31	9.5
in-laws	26	8.0

CHURCH ATTENDANCE BY TEEN MOTHERS

N=46

	N	PERCENT
never	18	39.1
once a week	9	19.6
once a month	8	17.4
once a year	11	23.9

MARITAL STATUS OF PARENTS OF TEEN MOTHERS

N=229

	N	PERCENT
single	31	13.6
married	82	35 8
divorced	45	19.7
separated	7	3.1
mom or dad remarried	28	12.2
both remarried	17	7.4
mom or dad deceased	19	8.3

GRANDMOTHER'S AGE AT BIRTH OF HER FIRST CHILD

N=208

AGE	N	PERCENT
12	1	.5
14	6	2.9
15	12	5.8
16	23	11.1
17	20	9.6
18	40	19 2
19	33	15.9
20	21	10.1
21	20	9.6
22	9	4.3
23	7	3.4
24	3	1.4
25	2	1.0
26	5	2 4
28	2	1 0
29	2	1.0
32	1	.5
33	1	.5

GRANDFATHER'S AGE AT BIRTH OF HIS FIRST CHILD

N=152

Age	N	Percent
14	1	.7
16	5	3.3
17	..9	5.9
18	14	9.2
19	10	6.6
20	22	14.5
21	22	14.5
22	14	9 2
23	15	9.9
24	7	4.6
25	8	5.3
26	9	5.9
27	1	.7
28	1	.7
30	5	3 3
31	1	.7
32	1	.7
34	3	2.0
35	3	2.0
36	1	.7

Mean 22 yrs. Mode 20 yrs.

HIGHEST YEAR OF EDUCATION OF TEEN MOTHERS

N=366

YEARS OF SCHOOL	N	PERCENT
4	1	.3
5	1	.3
6	3	.8
7	5	1.4
8	23	6 3
9	45	12 3
10	73	19.9
11	98	26.8
12	103	28.1
13	11	3.0
14	3	.8

Mean Grade 10.6 Mode Grade 12.

SCHOOL TEEN MOTHERS ATTENDED

N=179

SCHOOL	N	PERCENT
Emerson H.S.	51	28.5
Northwest Classen H.S.	8	4.5
Northeast H.S.	6	3.4
John Marshall H.S.	3	1.7
Carl Albert H S.	4	2.2
Midwest City H.S.	12	6.7
Star Spencer H.S.	8	4.5
Del City H.S.	10	5.6
Douglas H S.	7	3 9
Putnam City H.S.	4	2.2
Southeast H.S.	5	2 8
U.S. Grant H.S.	2	1.1
Capitol Hill H.S.	1	.6
Other High Schools/Colleges	58	32.5

Note: Emerson H S. is designated high school for teen mothers.

TEEN MOTHERS CURRENTLY ATTENDING SCHOOL

N=383

	N	PERCENT
no	212	55.4
yes	171	44.6

TEEN MOTHERS CURRENTLY EMPLOYED

N=368

	N	PERCENT
no	296	80.4
yes	72	19.6

PLACE OF EMPLOYMENT OF TEEN MOTHERS

N=73

	N	PERCENT
fast food	22	30.1
secretary	12	16 4
cashier	11	15.1
paper carrier	1	1.4
daycare	2	2.7
tutor	2	2.7
not employed	5	6.8
other (housekeeper, baby-sitter, sales)	18	24.6

INFANT CENTER

TEEN PARENT INFORMATION FORM

PROGRAM: _____ Teen Parent Time
_____ Connection
_____ Parent Aide
_____ Other

DATE: _____/_____/_____

SOCIAL SECURITY #: _____

GROUP LOCATION: _____

NAME: _____ BIRTHDATE: _____/_____/_____
Last First Middle

ADDRESS: _____
City Zip

PHONE: (Home) _____ (Work) _____

RACE: _____ Asian _____ Black _____ Hispanic _____ White _____ Other

HOW MANY CHILDREN HAVE YOU HAD? _____

CHILD'S NAME: _____ BIRTHDATE: _____/_____/_____
First Last

_____ BIRTHDATE: _____/_____/_____
First Last

_____ BIRTHDATE: _____/_____/_____
First Last

IF YOU ARE PREGNANT, WHEN IS YOUR BABY'S DUE DATE? _____/_____/_____

BABY'S WEIGHT AT BIRTH: _____ lbs. _____ oz.

LIST ANY COMPLICATIONS WITH BABY OR MOTHER: _____

_____

MARITAL STATUS: Never Married: ____ Married: ____ How Long? ____
Divorced: ____ How Long? ____
Separated: ____ How Long? ____

HUSBAND/WIFE'S NAME: _____ BIRTHDATE: _____/_____/_____

BABY'S OTHER PARENT: _____ BIRTHDATE: _____/_____/_____
(If different from above)

ADDRESS: _____ PHONE: _____
City Zip

HOW MANY TIMES A MONTH DO YOU HAVE CONTACT WITH THE BABY'S OTHER PARENT? _____

WHO IS LIVING IN THE SAME HOUSE WITH YOU (names and relation): _____

_____

YOUR PARENT'S PRESENT MARITAL STATUS: Single__ Married__ Divorced__ Separated__
Mom remarried__ Dad remarried__ Father/Mother Deceased__

HOW MANY BROTHERS/SISTERS DO YOU HAVE: _____

AGE OF YOUR PARENTS WHEN THEY HAD THEIR FIRST CHILD: _____ Mom _____ Dad

YEARS OF SCHOOL YOU HAVE COMPLETED:_____ GRADE AVERAGE:_____

DO YOU ATTEND SCHOOL NOW?_____ WHERE:_____

DO YOU WORK?_____ WHERE:_____

JOB TITLE:_____ HOURS PER WEEK:_____

OTHER ACTIVITIES/INTERESTS (Church, School, Clubs, etc.):_____

_____

HOW DID YOU HEAR ABOUT THE INFANT CENTER?

___NEWSPAPER
___RADIO
___TELEVISION
___NEWSLETTER
___FLIERS, POSTERS
___OTHER, SPECIFY:_____

___DOCTOR
___NURSE
___SOCIAL WORKER
___FAMILY OR FRIENDS
___PRENATAL CLASSES

PLEASE GIVE THE NAME OF THE PERSON WHO TOLD YOU ABOUT US?_____

PLEASE LIST SOMEONE WHO WOULD KNOW IF YOU MOVED WHO DOES NOT LIVE WITH YOU:

1) Name:_____ Relation:_____

Address:_____
City/State Zip

Phone: (Home)_____ (Work)_____

2) Name:_____ Relation:_____

Address:_____
City/State Zip

Phone: (Home)_____ (Work)_____

Revised 7/31/87

Services I Have Used or Need

	Services I Have Used in the past (write who helped you or ck)	Services You Need Right Now or Would Like to Use (please ck
Transportation	_____	_____
Medical Care For Baby	_____	_____
Medical Care For Self	_____	_____
WIC (food supplement program)	_____	_____
Food Stamps	_____	_____
Welfare (AFDC/etc.)	_____	_____
Day Care	_____	_____
Information on Preventing Pregnancy	_____	_____
Help with Legal Problems	_____	_____
Housing Assistance	_____	_____
Parenting or Babycare Classes	_____	_____
Counseling	_____	_____
Job Counseling and/or Training	_____	_____
Tutoring	_____	_____
School Homebound Services	_____	_____
Emerson Alternative School	_____	_____
Childbirth/Prenatal Classes	_____	_____
Support Group	_____	_____
Babysitters	_____	_____
Other	_____	_____

Sometimes I Do Not Have Money For:

Baby furniture/equipment_____

Baby clothes/diapers_____

Baby formula/food_____

Bills (utilities, phone, repairs)_____

Babysitter/daycare_____

Medicine_____

Going to doctor_____

Transportation_____

Rent_____

Other problem areas or needs:_____

_____

_____

_____

Rosenberg measure of Self-Esteem

Given Pre- and Post-Test to students

HERE ARE SOME QUESTIONS ABOUT HOW YOU SEE YOURSELF AS A PERSON. HOW STRONGLY DO YOU AGREE OR DISAGREE WITH THESE STATEMENTS ABOUT YOURSELF? CIRCLE THE NUMBER FOR EACH ANSWER WHICH BEST APPLIES TO YOU.

	Strongly Agree	Agree	Dis-agree	Strongly Disagree
1. I feel that I'm a person of worth, at least on an equal basis with others.	1	2	3	4
2. I feel that I have a number of good qualities.	1	2	3	4
3. All in all, I am inclined to feel that I am a failure.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do <u>not</u> have much to be proud of.	1	2	3	4
6. I take a positive attitude toward myself.	1	2	3	4
7. On the whole, I am satisfied with myself.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. I certainly feel useless at times.	1	2	3	4
10. At times, I think I am no good at all.	1	2	3	4

SSI

Please answer the following questions:

		NO	YES
1.	Do you have a SPOUSE or PARTNER?		
2.	Do you have CHILDREN?		
3.	Do you have OTHER RELATIVES such as parents, brothers and sisters, in laws?		
4.	Do you have CLOSE FRIENDS?		
5.	Do you have a job (for pay) where you have CO-WORKERS?		
6.	Are you involved with informal or formal COMMUNITY or NEIGHBORHOOD GROUPS?		
7.	Do you belong to a CHURCH or SYNAGOGUE?		
8.	Do you go to HEALTH PROFESSIONALS such as doctors, nurses, or physicians assistants		
9.	Do you have contact with other SOCIAL SERVICE PROVIDERS such as teachers, social workers, psychologists, etc		
10.	Do you belong to any SPECIAL GROUPS designed to help you with specific difficulties or responsibilities such as parent groups, asthma support groups, etc?		
11.	Do you watch TELEVISION, listen to the RADIO, or read NEWSPAPERS MAGAZINES, or BOOKS?		
12.	Do you have SPIRITUAL BELIEFS?		

DIRECTIONS: Please read each statement and then indicate how much support you receive from each of the sources by marking: NO, YES, YES A LOT or NOT APPLICABLE

I. I have a feeling of being loved or cared about from:	NO	YES	YES A LOT	N/A
My spouse or partner				
My children				
Other relatives				
Close friends				
Co-workers				
Community or neighborhood groups				
Church/Synagogue groups				
Health professionals				
Social Service providers				
Special groups I belong to				
Reading certain books or watching TV				
My spiritual faith				
Other_____				

II. I feel I am valued or respected for who I am and what I can do by:	NO	YES	YES A LOT	N/A
My spouse or partner				
My children				
Other relatives				
Close friends				
Co-workers				
Community or neighborhood groups				
Church/synagogue groups				
Health professionals				
Social Service providers				
Special groups I belong to				
Reading certain books or watching TV				
My spiritual faith				
Other_____				

SSI

III. When I need to talk or think about how I'm doing with my life, I feel understood and get help from:

	NO	YES	Yes A LOT	N/A
My spouse or partner.				
My children				
Other relatives				
Close friends				
Co-workers				
Community or neighborhood groups.				
Church-synagogue groups				
Health professionals.				
Social Service providers.				
Special groups I belong to.				
Reading books, watching TV, listening to music. .				
My spiritual faith.				
Other_____				

IV. I feel good about myself when I am able to do things for and help:

	NO	YES	Yes A LOT	N/A
My spouse or partner.				
My children				
Other relatives				
Close friends				
Co-workers				
Community or neighborhood groups.				
Church/synagogue groups				
Health professionals.				
Social Service providers.				
Special groups I belong to.				
Causes that are promoted in books or on TV. . . .				
People who share my beliefs and value				
Other_____.				

AAPI

Adult-Adolescent Parenting Inventory

Stephen J. Bavolek, Ph.D.

Form B

Instructions· There are 32 statements in this booklet They are statements about parenting and raising children You decide the degree to which you agree or disagree with each statement by circling one of the responses located directly under the statement. If you strongly support the statement, or feel this statement is true most or all the time, circle STRONGLY AGREE If you support the statement or feel this statement is true some of the time, circle AGREE. If you feel strongly against the statement or feel this statement is not true most or all the time, circle STRONGLY DISAGREE If you feel you cannot support the statement or that the statement is not true some of the time, circle DISAGREE Use UNCERTAIN only when it is absolutely impossible to decide on one of the other choices

Let's do a sample question together Read the statement and decide how you feel about the statement by circling only one response.

Example.

Kids should be allowed to do what they want to do

STRONGLY AGREE AGREE UNCERTAIN DISAGREE STRONGLY DISAGREE

As you can see, there really is no right or wrong answer only your opinion. Inside you will find more questions like the one above. When you are told to turn the page, begin with Number 1 and go on until you finish all the questions In answering them, please keep these four points in mind

1. Answer the questions frankly and truthfully. There is no advantage in giving an untrue answer because you think it is the right thing to say
2. Answer the questions as quickly as you can Don't spend too much time thinking about what to answer. Give the first natural answer that comes to mind.
3. Don't skip any questions or provide two answers for any question Make sure you respond to every statement with only one answer
4. Although some questions may seem much like others, there are no two statements exactly alike so make sure you respond to every statement

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while answering a question, ask the examiner for help

Turn the Page and Begin

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1. Young children should be expected to comfort their mother when she is feeling blue.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

2. Parents should never use physical punishment to teach their children right from wrong.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

3. Children should not be the main source of comfort and care for their parents.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

4. Young children should be expected to hug their mother when she is sad.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

5. Parents spoil their children by picking them up and comforting them when they cry.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

6. Children should not be expected to talk before the age of one year.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

7. A good child will comfort both of his/her parents after the parents have argued.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

8. Children seldom learn good behavior through the use of physical punishment.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

9. Children develop good, strong characters through very strict discipline.

   Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

10. Children under three years should not be expected to take care of themselves.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

11. Young children should be aware of ways to comfort their parents after a hard day's work.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

12. Parents should never slap their child when s/he has done something wrong.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

13. Children should always be spanked when they misbehave.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

14. Young children should not be responsible for the happiness of their parents.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

15. Parents have a responsibility to spank their child when s/he has misbehaved.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

16. Children should be expected to feed themselves by twelve months.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

17. Parents should expect their children to grow physically at about the same rate.

    Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

Please go to next page

18. Young children who feel secure often grow up expecting too much.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

19. Children should always "pay the price" for misbehaving.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

20. Children under three years should not be exepected to feed, bathe, and clothe themselves.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

21. Parents who are sensitive to their children's feelings and moods often spoil their children.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

22. Children often deserve more discipline than they get.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

23. Children whose needs are left unattended will often grow up to be more independent.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

24. Parents who encourage communication with their children only end up listening to complaints.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

25. Children are more likely to learn appropriate behavior when they are spanked for misbehaving.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

26. Children will quit crying faster if they are ignored.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

27. Children five months of age are seldom capable of sensing what their parents expect.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

28. Children who are given too much love by their parents often grow up to be stubborn and spoiled.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

29. Children should never be forced to respect parental authority.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

30. Young children should try to make their parent's life more pleasurable.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

31. Young children who are hugged and kissed usually grow up to be "sissies."

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

32. Young children should not be expected to comfort their father when he is upset.

Strongly Agree **Agree** **Uncertain** **Disagree** **Strongly Disagree**

Please complete information on the back page.

Please complete the following information:

Name: _____ Age: _____ years

Sex: (Circle one) Male Female

Race: (Circle one) White Black Hispanic Asian Oriental

American Indian Other: _____

If appropriate: Name of School: _____

Grade Level: _____

Please feel free to add any comments you have:

ADULT-ADOLESCENT PARENTING INVENTORY

Parenting Profile for Non-Abused Adolescents

Name: _____ Age: _____ yrs. Sex: _____ Race: _____ Date: First Test _____

Re-Test _____

School: _____ Grade: _____ City: _____ Form A or B

PARENTING CONSTRUCT	RAW SCORE Form A	RAW SCORE Form B	STANDARD SCORE Non-Abused Adolescents Form A	STANDARD SCORE Non-Abused Adolescents Form B	Low Score Description	STANDARD TEN SCORE (STEN) Average 1 2 3 4 5 6 7 8 9 10	HIGH SCORE DESCRIPTION
A					INAPPROPRIATE EXPECTATIONS Expectations exceed developmental capabilities of children Lacks understanding of normal child growth and development Self-concept as a parent is weak and easily threatened Tends to be demanding and controlling	. . . . A	APPROPRIATE EXPECTATIONS Understands child growth and development Children are allowed to exhibit normal developmental behaviors Self-concept as a caregiver and provider is positive Tends to be supportive of children
B					LACKS EMPATHY Fears spoiling children Children's normal developmental needs not understood or valued Children must act right and be good Lacks nurturing skills May be unable to handle parenting stresses	. . . . B	APPROPRIATE EMPATHY Understands and values children's needs Children are allowed to display normal developmental behaviors Nurtures children and encourages positive growth Communicates with children Recognizes feelings of children
C					STRONG BELIEF IN VALUE OF CORPORAL PUNISHMENT Hitting spanking, slapping children is appropriate and required Lacks knowledge of alternatives to corporal punishment Lacks ability to use alternatives to corporal punishment Strong disciplinarian, rigid Tends to be controlling, authoritarian	. . . . C	VALUE ALTERNATIVES TO CORPORAL PUNISHMENT Understands alternatives to physical force Utilizes alternatives to corporal punishment Tends to be democratic in rule making Rules for family, not just for children Tends to have respect for children and their needs Values mutual parent-child relationship
D					REVERSES FAMILY ROLES Tends to use children to meet self needs Children perceived as objects for adult gratification Tends to treat children as confidant, peer Expects children to make life better by providing love, assurance, comfort Tends to exhibit low self esteem, poor self awareness, poor social life	. . . . D	APPROPRIATE FAMILY ROLES Tends to have needs met appropriately Finds comfort, support, companionship from peers Children are allowed to express developmental needs Takes ownership of behavior Tends to feel worthwhile as a person, good awareness of self

Comments:

A sten of	1	2	3	4	5	6	7	8	9	10	is obtained
by about	2.3 %	4.4 %	9.2 %	15.0 %	19.1 %	19.1 %	15.0 %	9.2 %	4.4 %	2.3 %	of population

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Examiner: _____
(name)

Name: _____ POST

PARENTING QUESTIONNAIRE

I. Please read the following questions very carefully. Circle the BEST answer to each question. Circle only ONE answer for each question.

1. Toilet training is most successful:
   a. on the child's first birthday
   b. between 20 and 30 months
   c. when the parent is very strict about toilet accidents
   d. if done with some other big event, like the birth of a sibling

2. In becoming a good parent, it is important to:
   a. believe you can become the kind of parent you want to be
   b. accept your responsibilities as a parent
   c. be realistic about what you expect of yourself and your child
   d. all of the above

3. Skills such as reaching for objects and grasping, sitting up with support, and playing with sounds are most often developed during the age range of:
   a. 0-3 months
   b. 4-6 months
   c. 7-9 months
   d. 10-12 months

4. Babies who are comforted quickly whenever they cry during their first 6 months will:
   a. become spoiled toddlers
   b. learn to trust you
   c. learn to cry more often
   d. have difficulty in telling you what they want as children

5. To help babies develop healthy eating patterns, babies should be:
   a. put on regular milk at 8 months of age
   b. given milk or juice at all times since water has no nutritional benefits
   c. given food as a reward or punishment by his parents
   d. allowed to develop individual eating schedules that become routine

6. You should probably call the doctor if your baby has:
   a. a temperature of 101° or more for 12-24 hours
   b. fever with diarrhea and vomiting
   c. feeding problems
   d. any of the above

7. For an infant to grow up healthy and happy, it is MOST important for a parent to:
   a. provide the child with brothers and sisters
   b. give the child gifts often
   c. help the child feel wanted and loved
   d. teach the child about life's hardships

8. Which of the following statements is true?
   a. A good baby is a quiet baby.
   b. Babies do things sometimes just to make us mad -- like spitting up on a new outfit.
   c. Young children should be hugged and kissed often.
   d. All babies are generally alike in the first year of life.

9. Parents are not perfect. If someone had a problem or concern about parenting, which of the following would be helpful to a new parent:
   a. talk with another parent that you trust
   b. make an appointment to visit with a counselor at a health/mental health agency.
   c. talk with a minister, doctor, or nurse
   d. any of the above.

10. If your baby is a 7 month old which of the following methods is most effective for discipline?
   a. An infant should have to be told only once in order to learn not to do something.
   b. Spanking teaches him not to touch certain objects.
   c. Physically removing an infant from a tempting situation prevents him from touching the object.
   d. An infant should be expected to know not to touch valuable possessions in the home.

11. Contraceptives:
   a. can be obtained only with a doctor's prescription
   b. can be bought over the counter at drug stores
   c. can be obtained by people under 18 without their parent's permission
   d. all of the above

12. It is necessary to put away breakable items and cover electrical outlets when the baby is:
   a. 5-8 months
   b. 9-12 months
   c. over 12 months
   d. not necessary, teach baby not to touch

13. Immunizations in the first year of life are usually given at:
   a. 1, 3, and 6 months
   b. 2, 4, and 6 months

c. 3, 6, and 9 months
d. 4, 6, and 12 months

14. Which of the following is true:
    a. You can make a child into any kind of person you want to.
    b. It's not important to talk to infants until they can talk to you.
    c. Babies cry to tell you they are bored.
    d. A baby should know when his parents are tired and try to comfort them.

II. The following questions have the words NOT, EXCEPT, and FALSE in them. Please be sure to reach them carefully.

1. It is NOT possible for a girl to become pregnant:
    a. the first time she has intercourse
    b. if she has sexual intercourse standing up
    c. if sperm get near the opening of the vagina but the penis does not enter her body
    d. none of the above

2. Cereal and other solids should NOT be introduced before 6 months of age because:
    a. other foods are not needed
    b. some infants develop allergies when given solids early
    c. baby has not developed swallowing or digestive abilities needed for solid food
    d. all of the above

3. Deciding about how you want to prevent having another baby right now means you need to think about all of the following EXCEPT which one:
    a. which birth control method you will use if sexually active
    b. whether you can afford another baby financially
    c. what other people say about how small the chance might be of you getting pregnant again
    d. what your plans are for your education and job preparation and how another baby will affect these plans

4. It is 2:00 a.m., you have just fed your 2 month old a bottle but he is still crying. Which of these methods is NOT appropriate for calming your baby:
    a. stay calm and talk gently while rocking baby
    b. give baby a bottle
    c. give baby a pacifier
    d. pat baby's back while he's on his tummy in his crib

5. One of the following statements is FALSE . Which one?:
    a. Minors may consent to their own medical care relating to pregnancy or sexually transmitted diseases (VD).

b. Teens (under 18) need their parents permission to get birth control from a Planned Parenthood clinic.
c. Minors are able to buy non-prescription birth control methods (condoms, contraceptive foam, etc.).
d. Minors may give consent for medical care to be given to their infants.

III. Please write the word TRUE or FALSE before each of the following statements.

_____1. Caring for two children is no more difficult than caring for one.

_____2. Babyproofing reduces the number of times you have to say "no" to your infant.

_____3. A 2 month old can reach for objects and bring them to his mouth.

_____4. It is possible to get pregnant during the first 6 months after delivery.

_____5. Babies cry to tell you they are lonely.

_____6. Adding sugar to baby food adds to its nutritional value.

_____7. Poisoning would be more likely to occur if a parent tells his child that medicine tastes like candy.

_____8. A girl cannot get pregnant if she has sexual intercourse during her period.

_____9. Infants, on the average, are able to sit unassisted at 6-7 months.

_____10. Red meat and liver are good sources of iron.

_____11. WIC (Women, Infants and Children) provides food and other needs/services to infants and mothers.

_____12. An infant who is not yet walking alone by his first birthday is still considered normal.

_____13. A girl cannot get pregnant if she has sexual intercourse right after her period.

_____14. Babies cry to make you mad.

_____15. Using an infant walker is a safe method of stimulating early walking.

_____16. PAC (Parents Assistance Center) provides parents with help in dealing with the frustrations of parenting.

_____17. A girl cannot get pregnant if she has sexual intercourse right before her period.

_____18. Immunizations and routine well childcare are available at no or very low cost at the city-county health department.

_____19. The four food groups are: 1) milk and dairy products, 2) meats, 3) fruits and vegetables, and 4) breads.

_____20. Store bought cow's milk is recommended for infants after they are 9 months of age.

_____21. Oklahoma state law prohibits teens from returning to school after having a baby.

_____22. A girl cannot get pregnant if she has sexual intercourse in the middle of her cycle.

APPENDIX D

KNOWLEDGE OF CHILD DEVELOPMENT INVENTORY

Direction: This is a test of knowledge of child development, from birth to age three. Read each question carefully. Circle the letter you believe best answers the question. There is only one correct answer for each question.

For Example:

0. When children first begin to talk they usually
   a) speak in complete sentences
   b) say simple words such as "Mama" or "Dada"
   c) say things such as, "I'm hungry. Give me a bottle"
   d) use adjectives, adverbs and prepositions

Answer: b

EMOTIONAL DEVELOPMENT

1. It is important for the infant's emotional development that his mother
   a) teaches him not to be afraid of anything
   b) touches him, loves him and gives him attention
   c) teaches him right from wrong
   d) teaches him not to cry

2. Which of the following is basic in the infant's emotional development? The development of
   a) a sense of patience
   b) a sense of respect
   c) a sense of fear
   d) a sense of trust

3. What type of care causes a fearful, mistrustful child?
   a) spoiling the baby by always comforting or meeting the baby's needs
   b) insensitive, irregular care
   c) how the baby is cared for does not really matter since babies are born with a natural tendency to trust
   d) any care outside the home, no matter how good, causes a fearful, mistrustful child

4. A close relationship between a mother and child is most related to
   a) the number of hours spent together
   b) the quality of the hours spent together
   c) how many children are in the family
   d) birth order, whether the child is oldest, middle, youngest or an only child

5. When a child becomes about two years old he has an important need to
   a) remain dependent on his mother to do everything for him
   b) learn to ride tricycles and color within lines
   c) become more independent and begin to do things for himself
   d) play games with a group of children

6. A two-year-old boy has begun to say "no" when he is asked to put his toys away. This response
   a) shows that he is spoiled
   b) is typical of a normal two-year-old's development toward independence
   c) shows that he has not been properly disciplined
   d) should be ignored

7. What might cause a child to feel worthless?
   a) allowing the child to follow his own interests
   b) allowing the child to make choices for himself
   c) using shame as a method to control the child
   d) being firm, but kind when correcting the child

8. When a six-month-old baby cries whenever a stranger comes near, the mother should
   a) place the baby in the stranger's arms so that he overcomes his fears
   b) ask her doctor about the problem because this is not a normal reaction
   c) scold the baby since the child has to learn not to be afraid
   d) direct attention away from the baby until he gets used to the stranger

9. When a mother gives her baby new objects or toys, how would you expect the baby to respond?
   a) with no interest, because a baby only likes the familiar
   b) with confusion, because the baby can learn only one thing at a time
   c) with curiosity, because a baby enjoys exploring new things
   d) with fear, because it is a natural reaction

10. Shortly after the arrival of his baby sister, a three-year-old boy begins refusing to feed and dress himself. His parents can best deal with the boy by
    a) explaining to him that he is a big boy and should act like one
    b) not giving the child treats until he starts to do these things for himself again
    c) promising him a special treat if he feeds or dresses himself
    d) showing him more love and spending more time with him

11. The keynote phrase of the two-year-old is
    a) "look at me"
    b) "will you do this for me?"
    c) "me do"
    d) "leave me alone"

12. Cuddling and touching an infant
    a) is not very important in the first four weeks
    b) is not very important after the first four weeks
    c) is very important during the first four weeks and after
    d) often will spoil the child

13. If the child is to grow to be a happy, well-adjusted adult, he must
    a) be protected from all unpleasant emotions
    b) learn to cope with unpleasant emotions
    c) learn to cope with his emotions
    d) experience only pleasant emotions

14. The ability to respond emotionally
    a) does not appear until the baby recognizes strangers
    b) appears in the newborn infant
    c) is the result of learning
    d) is the result of conditioning

COGNITIVE DEVELOPMENT

15. What are typical behaviors of a newborn baby?
    a) rolls over from his back to his stomach
    b) keeps his eyes shut because he cannot see
    c) gets up on his hands and knees
    d) watches things move and seeks the source of food

16. What can family members do to help the young baby's development?
    a) protect the child by keeping him in his crib
    b) it is not necessary to do much of anything because the child will not learn until much later
    c) firmly correct the child each time he does something wrong
    d) talk to, change position, provide toys, cuddle, and play with the baby

17. Which of the following is true of early childhood experience?
    a) only educational toys should be bought for young children
    b) children need to explore and examine all kinds of things
    c) it does not really matter what they do because young children are too young to learn
    d) children should be kept in their cribs so they don't get hurt

18. When the mother plays the game of peek-a-boo with her baby, it most helps the baby to
    a) understand that his mother will come back after she leaves
    b) see better
    c) learn to close his eyes
    d) improve his fine motor control

19. What should a parent do when the baby begins to crawl?
    a) the child should be allowed to play with any objects of interest
    b) the child shuld be kept in his crib so he does not mess things up
    c) the child should be spanked when he gets into things so that he learns not to bother household items
    d) breakable and valuable things should be removed but interesting things should be left out for the child to play with

20. What can family members do to help a young child's development?
    a) allow the child to choose activities that interest him
    b) always choose the child's activities for him
    c) control the child's activities so that he doesn't become too independent
    d) family members need not do anything because the child is born either bright or dull

21. When a child is interested in something, the mother should
    a) tell the child to discuss it with his father when he arrives home
    b) pretend to listen to the child while going on with the important household work
    c) attempt to understand the child and seriously listen to his thoughts
    d) ignore the child so he learns not to interrupt her with his ideas

22. What advice should a mother be given to help her improve her child's language?
    a) restrict the child so that he does not hear improper language
    b) correct the child every time he says something wrong
    c) talk to the child and listen to the child
    d) have the child repeat sentences after her

23. How does the idea that "children should be seen and not heard," relate to language development?
    a) it is correct because this is a teaching passed down through the generations
    b) it is wrong because children should be listened to and talked to
    c) it is correct because children do not need to be listened to and talked to
    d) it does not really matter because children talk to each other

24. A child's first sentences include a great many
    a) nouns
    b) verbs
    c) adverbs
    d) prepositions

25. Differences in the language development of young children are mainly due to
    a) differences in desire to speak
    b) differences in motor development
    c) opportunities for learning
    d) the child's level of physical development

26. The young child who chooses the plate of four cookies over a plate of two cookies is showing
    a) his ability to understand similarities
    b) his ability to understand differences
    c) his ability to understand numbers
    d) his ability to count

27. The first thing a child learns are usually
    a) tied to stories from books
    b) tied to dreams
    c) tied to concrete things
    d) tied to abstract things

28. Of all the things shown to young infants, which of the following does he find the most interesting?
    a) a bull's eye
    b) an oval target with dots
    c) stripes
    d) a human face

PHYSICAL DEVELOPMENT

29. Newborn babies do not
    a) smile
    b) reach for objects
    c) make stepping movements
    d) thumb-suck

30. How great are differences among newborn babies?
    a) no differences at all, all newborn babies are the same
    b) slight differences in heart rate, level of arousal, depth of sleep, hand mouth contact
    c) large differences in heart rate, level of arousal, depth of sleep, hand mouth contact
    d) no two newborn babies are alike in any way

31. The introduction of solid foods before three months in most babies
    a) is safe if limited to potatoes and gravy
    b) may place strain upon the baby's kidneys
    c) is much better for the baby than breast milk
    d) is not related to being overweight later in life

32. What does a baby learn to do first?
    a) hit a mobile
    b) control his head
    c) roll over
    d) pull himself up

33. Is it important for a young child to get plenty of restful sleep?
    a) yes, it can make up for missed meals
    b) not really, however, a sleeping child means relief for the mother
    c) yes, restful sleep is important for proper growth and behavior
    d) no, restful sleep is not important for proper growth and behavior

34. About how many hours does an infant sleep in a twenty-four period?
    a) 5
    b) 8
    c) 17
    d) 23

35. Does poor nutrition affect the young child?
    a) no, it really does not affect the child very much
    b) yes, but it can be made up later in life
    c) maybe, it depends on the child
    d) yes, it affects his growth and makes it easier for him to become ill

36. When a two-year-old child pushes off his wet pants
    a) it indicates that the child is stubborn because he won't keep his wet pants on
    b) it is a sign that he is becoming aware of when he wets, and will soon be ready to learn to use the toilet
    c) it is a sign that the child is too lazy to use the toilet
    d) none of the above, a two-year-old should have already been toilet trained

37. If parents of a young child slap his left hand when he uses it rather than his right hand, this
    a) will make sure the child is right handed when he gets older
    b) will make no difference
    c) might cause the child to be nervous about which hand to use
    d) might cause the child to learn left from right, early in his development

38. If a two-year-old child tries to push a spoon handle into the electrical outlet, the mother should
    a) let the baby push the spoon into the outlet so that he will get an electric shock
    b) push the spoon into the outlet herself so that the baby will see what happens
    c) explain to the child in great detail the dangers of electricity
    d) stop the child immediately because he may be seriously injured

39. Why is supervision important for young children?
    a) to correct misbehavior
    b) to involve the mother in the child's activities
    c) to prevent accidents
    d) to keep the child busy with planned activities

40. The meal most enjoyed by young children is
    a) breakfast
    b) lunch
    c) afternoon snack
    d) dinner

41. What is the most frequent cause of death for young children in the United States?
    a) pneumonia
    b) accidents
    c) cancer
    d) measles

42. The Moro Reflex is
    a) a strong grasp on anything placed in an infant's hand
    b) the infant's lifting of his legs as if walking
    c) a laughing response to being tickled
    d) an infant's response to a loud noise

SOCIAL DEVELOPMENT

43. If a two-month-old child smiles at everyone, even strangers, the mother should
    a) keep the child away from strangers
    b) be concerned that the child is too trusting
    c) realize this is normal and in time the child will recognize strangers
    d) tell the child in a firm tone not to smile at strangers

44. When the baby fingers his genitals, the mother should
    a) scold him
    b) slap his hand
    c) permit the child to explore his body
    d) encourage the baby by fondling his genitals

45. Why might temper outbursts increase as a baby approaches two years of age?
    a) because he is becoming more dependent on others
    b) because he has a great need to do things for himself
    c) because the child is spoiled aand used to getting his own way
    d) has nothing to do with age, it is just the way the baby is

46. The young child needs
    a) harsh rules
    b) rules that are clear and firm
    c) no rules
    d) rules that change often

47. If two boys, both two years old, seem to push and hit when they play together, their mothers should
    a) never allow them to play together
    b) before play begins, threaten them with punishment if they push and hit
    c) realize that this is normal behavior for two-year-olds
    d) be concerned that the boys are overly aggressive

48. If two girls, both two years old, play side by side rather than with each other, their mother should
    a) be concerned that something is the matter with the girls
    b) tell the girls to play together
    c) have an older girl join the girls to show them how to play with each other
    d) realize that this type of play is normal for their age

49. When a three-year-old child misbehaves his mother should
    a) compare his behavior with others
    b) spank and remove the child from the situation
    c) firmly, but calmly remind him of the rules and if he then continues, remove the child from the situation
    d) shame him and remove the child from the situation

50. In dealing with anger in their toddlers, parents can best help their children to develop self control by
    a) giving choices within firm limits
    b) giving plenty of opportunities for expressing anger
    c) ignoring angry outbursts
    d) punishing lightly but consistently after each outburst

51. The following statement is true
    a) the sooner toilet training is begun, the less time it will take
    b) punishment and scolding shorten the time needed to complete toilet training
    c) when toilet training is begun is not important
    d) children toilet trained after the age of 20 months tend to learn quickly

52. Parallel play means that
    a) the children are not aware of each other's presence
    b) the children play the same activity side by side, but independently
    c) the children play together cooperatively
    d) the child plays alone

53. Cooperation
    a) appears in children's play by the time they are two years of age
    b) is best developed by strict child-training methods
    c) is uncommon in young children because they are too self-centered to cooperate with others
    d) is uncommon in many young children because their parents do too much for them

54. Aggression in young children is
    a) always provoked by others
    b) often unprovoked by others
    c) always inthe form of physical attacks on others
    d) usually in the form of verbal attacks

55. Early social experiences are
    a) more important in the home than outside the home
    b) more important outside the home than in the home
    c) limited to the mother
    d) more important with peers

56. Conformity to group expectations
    a) is unimportant
    b) is best achieved by strict child training
    c) is necessary for the socialization of the child
    d) is best achieved by waiting until the child is older than four years of age

Key for Knowledge Child Development.

(14)	(14)	(14)	(14)
1. b	15. d	29. b	43. c
2. d	16. d	30. c	44. c
3 b	17. b	31. b	45. b
4 b	18. a	32. c	46. b
5 c	19. d	33. c	47. c
6 b	20. a	34. c	48. d
7 c	21. c	35. d	49. c
8. d	22. c	36. b	50. a
9. c	23. b	37. c	51. d
10 d	24. a	38. d	52. b
11. c	25. c	39. c	53. c
12. c	26. b	40. a	54. b
13. c	27. c	41. b	55. a
14 b	28. d	42. d	56. c

QUESTIONNAIRE FORM VI

Joel S Milner Ph D
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Name _____ Date _____ ID# _____

Age _____ Gender Male _____ Female _____ Marital Status Sin___ Mar___ Sep___ Div___ Wid___

Race Black ___ White ___ Hispanic ___ Am Indian ___ Number of children in home _____

Other (specify) _____ Highest grade completed _____

INSTRUCTIONS: The following questionnaire includes a series of statements which may be applied to yourself Read each of the statements and determine if you **AGREE** or **DISAGREE** with the statement If you agree with a statement, circle **A** for agree If you disagree with a statement, circle **DA** for disagree Be honest when giving your answers Remember to read each statement, it is important not to skip any statement

●OOO

1	I never feel sorry for others	A	DA
2	I enjoy having pets	A	DA
3	I have always been strong and healthy	A	DA
4	I like most people	A	DA
5	I am a confused person	A	DA
6	I do not trust most people	A	DA
7	People expect too much from me	A	DA
8	Children should never be bad	A	DA
9	I am often mixed up	A	DA
10	Spanking that only bruises a child is okay	A	DA
11	I always try to check on my child when it's crying	A	DA
12	I sometimes act without thinking	A	DA
13	You cannot depend on others	A	DA
14	I am a happy person	A	DA
15	I like to do things with my family	A	DA
16	Teenage girls need to be protected	A	DA
17	I am often angry inside	A	DA
18	Sometimes I feel all alone in the world	A	DA
19	Everything in a home should always be in its place	A	DA
20	I sometimes worry that I cannot meet the needs of a child	A	DA
21	Knives are dangerous for children	A	DA
22	I often feel rejected	A	DA
23	I am often lonely inside	A	DA
24	Little boys should never learn sissy games	A	DA
25	I often feel very frustrated	A	DA

●OOO

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26.	Children should never disobey	A	DA
27	I love all children	A	DA
28	Sometimes I fear that I will lose control of myself	A	DA
29	I sometimes wish that my father would have loved me more	A	DA
30	I have a child who is clumsy	A	DA
31	I know what is the right and wrong way to act	A	DA
32	My telephone number is unlisted	A	DA
33	The birth of a child will usually cause problems in a marriage	A	DA
34	I am always a good person	A	DA
35	I never worry about my health	A	DA
36	I sometimes worry that I will not have enough to eat	A	DA
37	I have never wanted to hurt someone else	A	DA
38	I am an unlucky person	A	DA
39	I am usually a quiet person	A	DA
40	Children are pests	A	DA
41	Things have usually gone against me in life	A	DA
42	Picking up a baby whenever he cries spoils him	A	DA
43	I sometimes am very quiet	A	DA
44	I sometimes lose my temper	A	DA
45	I have a child who is bad	A	DA
46	I sometimes think of myself first	A	DA
47	I sometimes feel worthless	A	DA
48	My parents did not really care about me	A	DA
49	I am sometimes very sad	A	DA
50	Children are really little adults	A	DA
51	I have a child who breaks things	A	DA
52	I often feel worried	A	DA
53	It is okay to let a child stay in dirty diapers for a while	A	DA
54	A child should never talk back	A	DA
55	Sometimes my behavior is childish	A	DA
56	I am often easily upset	A	DA
57	Sometimes I have bad thoughts	A	DA
58	Everyone must think of himself first	A	DA
59	A crying child will never be happy	A	DA
60	I have never hated another person	A	DA
61	Children should not learn how to swim	A	DA
62	I always do what is right	A	DA
63	I am often worried inside	A	DA
64	I have a child who is sick a lot	A	DA
65	Sometimes I do not like the way I act	A	DA
66	I sometimes fail to keep all of my promises	A	DA
67	People have caused me a lot of pain	A	DA
68	Children should stay clean	A	DA
69	I have a child who gets into trouble a lot	A	DA
70	I never get mad at others	A	DA

71	I always get along with others	A	DA
72	I often think about what I have to do	A	DA
73	I find it hard to relax	A	DA
74	These days a person doesn't really know on whom one can count	A	DA
75	My life is happy	A	DA
76	I have a physical handicap	A	DA
77	Children should have play clothes and good clothes	A	DA
78	Other people do not understand how I feel	A	DA
79	A five year old who wets his bed is bad	A	DA
80	Children should be quiet and listen	A	DA
81	I have several close friends in my neighborhood	A	DA
82	The school is primarily responsible for educating the child	A	DA
83	My family fights a lot	A	DA
84	I have headaches	A	DA
85	As a child I was abused	A	DA
86	Spanking is the best punishment	A	DA
87	I do not like to be touched by others	A	DA
88	People who ask for help are weak	A	DA
89	Children should be washed before bed	A	DA
90	I do not laugh very much	A	DA
91	I have several close friends	A	DA
92	People should take care of their own needs	A	DA
93	I have fears no one knows about	A	DA
94	My family has problems getting along	A	DA
95	Life often seems useless to me	A	DA
96	A child should be potty trained by the time he's one year old	A	DA
97	A child in a mud puddle is a happy sight	A	DA
98	People do not understand me	A	DA
99	I often feel worthless	A	DA
100	Other people have made my life unhappy	A	DA
101	I am always a kind person	A	DA
102	Sometimes I do not know why I act as I do	A	DA
103	I have many personal problems	A	DA
104	I have a child who often hurts himself	A	DA
105	I often feel very upset	A	DA
106	People sometimes take advantage of me	A	DA
107	My life is good	A	DA
108	A home should be spotless	A	DA
109	I am easily upset by my problems	A	DA
110	I never listen to gossip	A	DA
111	My parents did not understand me	A	DA
112	Many things in life make me angry	A	DA
113	My child has special problems	A	DA
114	I do not like most children	A	DA
115	Children should be seen and not heard	A	DA

116	Most children are alike	A	DA
117	It is important for children to read	A	DA
118	I am often depressed	A	DA
119	Children should occasionally be thoughtful of their parents	A	DA
120	I am often upset	A	DA
121	People don't get along with me	A	DA
122	A good child keeps his toys and clothes neat and orderly	A	DA
123	Children should always make their parents happy	A	DA
124	It is natural for a child to sometimes talk back	A	DA
125	I am never unfair to others	A	DA
126	Occasionally, I enjoy not having to take care of my child	A	DA
127	Children should always be neat	A	DA
128	I have a child who is slow	A	DA
129	A parent must use punishment if he wants to control a child's behavior	A	DA
130	Children should never cause trouble	A	DA
131	I usually punish my child when it is crying	A	DA
132	A child needs very strict rules	A	DA
133	Children should never go against their parents' orders	A	DA
134	I often feel better than others	A	DA
135	Children sometimes get on my nerves	A	DA
136	As a child I was often afraid	A	DA
137	Children should always be quiet and polite	A	DA
138	I am often upset and do not know why	A	DA
139	My daily work upsets me	A	DA
140	I sometimes fear that my children will not love me	A	DA
141	I have a good sex life	A	DA
142	I have read articles and books on child rearing	A	DA
143	I often feel very alone	A	DA
144	People should not show anger	A	DA
145	I often feel alone	A	DA
146	I sometimes say bad words	A	DA
147	Right now, I am deeply in love	A	DA
148	My family has many problems	A	DA
149	I never do anything that is bad for my health	A	DA
150	I am always happy with what I have	A	DA
151	Other people have made my life hard	A	DA
152	I laugh some almost every day	A	DA
153	I sometimes worry that my needs will not be met	A	DA
154	I often feel afraid	A	DA
155	I sometimes act silly	A	DA
156	A person should keep his business to himself	A	DA
157	I never raise my voice in anger	A	DA
158	As a child I was knocked around by my parents	A	DA
159	I sometimes think of myself before others	A	DA
160	I always tell the truth	A	DA

TEEN PARENT PROGRAM
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DEPARTMENT OF FAMILY MEDICINE
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Consent to Participate In Program Evaluation

I, _____, agree to participate in the evaluation of the Teen Parent Program.

I understand:

1. PURPOSE: The purpose of this study is to evaluate the Infant Center Teen Parent Program.

2. DESCRIPTION OF STUDY: The study will end January 31, 1989. I may be contacted again in the next 5 years by Infant Center staff. The Department of Human Services will also assist the Infant Center with contacting parents who participate in the program. Personal information will not be released to any unauthorized person. Information will only be used to evaluate the program and will not be used against me in any way. I will be asked to complete 2 forms about me, my family, and being a parent when I first start the program and again at the end.

3. BENEFITS: I may receive a gift for my baby or myself (baby toy, cosmetics, etc.).

4. POSSIBLE RISKS: There are no known risks from this study.

5. RIGHTS AND RESPONSIBILITIES: I am volunteering to be in this study. I have not given up any of my legal rights. I may decide to leave the study at any time without penalty. I will be treated the same if I refuse to be in the study.

   My records will be kept private.

   If I have any questions or need to report any problems about the study, I will contact the Project Director, Debbie Richardson, Garth Splinter, M.D., or other Infant Center staff by calling 271-8155 or 271-8063.

   If I have any questions about my rights, I may contact the Director of Research Administration, University of Oklahoma Health Sciences Center, Room 121, Library Building; telephone number (405) 271-2090.

6. SIGNATURES: I have read this consent form. I understand it and agree to volunteer for the study of the Infant Center Teen Parent Program. I understand that I will receive a signed copy of this consent form.

_____ _____
Date Signature of Participant

_____ _____
Date Signature of Project Director

TEEN PARENT FOLLOW-UP QUESTIONNAIRE

Mother's Name_____ID#_____
Address_____
Phone #_____, _____, _____
Type of services involved in: ____Teen Parent Time ____Connection
____Home Visits ____Childbirth Class _____Other (specify)
Frequency of participation_____

I am _____ from the Infant Center Teen Parent Program. I am calling to see how you have been doing since you attended some Teen Parent classes from the Infant Center This is to help us know if we helped you. Is it alright if I ask you some questions? _____yes _____no

1. What is your birthdate?_____

2. What is your baby's birthdate?_____ Name_____

3. Did you have any problems with delivery?_____
_____

4. Have you had or are you expecting any other children since you've been involved with the Infant Center? _____yes _____no

5. How many children do you have_____ List

   Name_____Birthdate_____
   Name_____Birthdate_____
   Name_____Birthdate_____

6. If pregnant, what is your due date?_____

7. How many places have you lived since becoming a parent?_____

8. Are you going to school or have you graduated? If not, why did you stop? What is the last year of school you have credit for?_____
_____
_____

9. Have you had a job or are you working? If not, what has stopped you?
_____
_____

10. How would you like me to list your race?_____

11. Do you know how old your parents were when they had their first child? _____mother _____father

12. Are you : ____SINGLE
_____married _____How long?
_____divorced _____How long?
_____separated _____How long?
_____Living with someone_____How long?

13. Is the baby's father involved? How much?_____

14. Do you feel the Infant Center Teen Parent Program was helpful to you?
_____yes _____no _____not sure

15. I see you finished your classes early or didn't attend very often. Do you remember why?_____

_____

16. Any suggestions on improving the program?_____

_____

17. I know having a baby can be tough. What do you think has been the hardest part for you?_____

_____

18. Who has been your greatest source of support since you've had your baby?_____

19. Do you feel you have the support you need now? _____yes _____no
If not, what do you feel you're missing or needing?_____

_____

20. Would you mind filling out a questionnaire for us that might take about 30 minutes? _____yes _____no
We will get back to you if we need you to do so.

21. Let me make sure I've got your correct address or, if you've moved, could I have your current mailing address?_____

_____

22 Could we also have the name, address, and phone # of someone who would know how to get in touch with you if you moved?

Name_____Phone_____
Address_____

Thank you so much for your time and help. Call 271-8063 if you have any further comments or questions. Please take care!

Date completed_____Interviewer_____

Parent's name _____

ID# _____

Teen Parent Follow-up Questionaire

I am _____ from the Infant Center Teen Parent Program. I am calling to see how you have been doing since you attended some Teen Parent classes from the Infant Center. Is it alright if I ask you a few questions?

1. What is your baby's birthdate? _____

2. How much did your baby weight at birth? _____

3. Did you have any delivery complications? _____

_____

4. Have you had or are you expecting any other children since you've been in the program? _____

   Name and Birthdate _____
   Name and Birthdate _____

5. Are you going to school or have you graduated? If not, why did you stop? Have you had a job or are you working? _____

_____

6. Do you feel that our program was helpful to you? _____

   Any suggestions on improving the program? _____

7. I see that you finished your classes early, do you remember why? OR Did you finish your classes early? Was there a reason why? _____

_____

8. I know having a baby is tough, what do you think was or has been your greatest fear or problem? _____

_____

9. Would you mind filling out a questionanaire for us that might take about 30 minutes? _____ We will get back to you if we need you to do so.

Thank you so much for your time and help. Please take care. Call at 271-8063 if you have any further comments or questions.

Class attended _____

TEEN PARENT PROGRAM EVALUATION

1. How did you hear about the class?

2. Have you enjoyed the class? Why or why not?

3. What did you especially like about it?

4. What did you <u>not</u> like or find boring?

5. What should we change or add to the program?

6. Which topics stand out in your mind as being the most helpful or interesting?

7. How do you feel about the handouts you received? Are you filling them out and/or reading them?

8. What topics would you like more information on?

9. How do you feel about the handouts? Too many? Will you read them later?

10. Why did you keep coming? What attracted you? Was it mostly social or did you want to learn information?

11. Do you feel like you learned information that will help you with your baby?

12. Would you recommend the program to your friends or relatives?

13. What do you want from the Infant Center now? What's next? What do <u>you</u> need?

WE WOULD APPRECIATE IF YOU WOULD TAKE A FEW MINUTES TO COMPLETE THIS SURVEY. THANKS!

Name(Optional): _____

Your Age: _____ Your Child(ren's) Age: _____

Are you attending school? _____Yes _____No

Have you graduated from High School? _____Yes _____No

Do you have a paid job? _____No _____Part time _____Full time

I work or go to school: _____Nights _____Days _____Weekends

I'm currently living:

On my own_____ With boy/girl friend_____

With my parents_____ With spouse_____

With friends_____ With other relatives_____

Other (specify)_____

We would like for the Infant Center Teen Program to meet your needs. Please check which of the following you need help with or would like to use at the Infant Center:

The Connection - an ongoing weekly parent group	_____Yes	_____No
A parent's night out with babysitting provided	_____Yes	_____No
Social/activity night (parties, etc.)	_____Yes	_____No
A Teen Parent Newsletter	_____Yes	_____No
Clothing and baby equipment exchange	_____Yes	_____No
Food, formula	_____Yes	_____No
Transportation	_____Yes	_____No
Counseling	_____Yes	_____No
Other_____		

PLEASE CIRCLE YOUR 3 MOST IMPORTANT NEEDS ABOVE.

Would you be willing or like to serve:

As a volunteer for the Teen Parent Program	_____Yes	_____No
On our Teen Advisory Board	_____Yes	_____No
To speak to groups	_____Yes	_____No
Be a "peer helper" - talk to other pregnant or parenting teens who need someone to listen.	_____Yes	_____No

Child Abuse/Neglect Referrals

Of the 437 names submitted, child abuse/neglect referrals have been made on 74 families. Thirty six of the families had abuse allegations made against them, while 51 had neglect allegations made against them (the total is greater than 74 because some families had allegations of both neglect and abuse made against them).

Some families had multiple referrals made against them. The total number of referrals was 104. Forty one of these referrals were for abuse. The remaining 63 were for neglect. 21 of the abuse referrals were confirmed. 32 of the neglect referrals were confirmed. 29 of the 74 families had no further ca/n referrals after entering the Infant Center's program. Perpetrators are not always identified on our database for unconfirmed reports. Of the confirmed cases the mother was identified as the perpetrator in 40 instances, the father in 5, a step-parent in 2, other relatives in 2, another person in 2, a foster parent in 1 and in one instance no perpetrator was identified.
Out of 45 confirmed cases of abuse and neglect, 26 were confirmed after they had started in the program.*

Public Assistance

Of the 437 families submitted, no record of receiving services from DHS could be found on 70. However, if a mother had a common name and no birthdate was available, it was impossible to determine if she had received services. Of the 367 remaining families, 116 are currently receiving AFDC, and an additional 46 have received AFDC in the past but the case is now closed. Six AFDC applications are pending. Two of the children are currently receiving SSI and Aid to the Disabled and one is receiving Aid the Blind. The average length of time on AFDC for these families is 14 months.

One hundred eighteen of the families are currently receiving food stamps. Sixty eight have received food stamps in the past, but their case is now closed. There are currently active medical cases on 145 families with 77 of the families having closed medical cases.

Day Care is currently being utilized by 24 families and an additional 7 families have used Day Care in the past.

* Ratio of confirmed cases of teen parents for Oklahoma County - 120.1 per 1000. This is compared to a ratio of 8.2 per 1000 for the general population of Oklahoma County for confirmed cases of child abuse and neglect.

COMMENTS FROM TEEN PARENTS

FALL '86 TEEN PARENT TIME

"It helps to talk about problems with other teens that understand."

"I enjoyed reading the material (handouts, baby books)... it helped... I will keep them and look back on material I will need later."

"(I want) another session... to stay involved." -Becki, 17 and Larry, 2 months

"It has taught me alot and let me meet other teen parents."

"(I did not like that) it only lasts 8 weeks." -Randy, 17 and Larry 2 months

"I really enjoyed the program and I'm glad people care. Thanks." -Elaine, 16 and Nicolas 10 months

"I enjoyed getting to know other teen mothers and their feelings about it."

"(I need) help with food." -Lori, 17 and Andrew, 4 months

"(I need) helping out financially and a chance to be with some of my friends sometimes." -Kelly, 15 and Nathan 15 months

"(I liked) the talking and the peace from my family." -Alesha, 16 and Troy 3 months

"I have enjoyed Teen Parent Time because you can let your feelings out."

"I (would like) a longer time, more classes." -Robin, 18 and Christopher 6 months

"I liked the closeness and communication. (I need) moral support and help when I need it. I didn't like having it only 8 weeks. I wanted to continue - make it longer!" -Candy, 17 and Joshua 10 months

"It helped me learn things about myself and my baby. I like the friends I got out of this... the closeness."

"It's too short." -Kim, 16 and Robert 2 months

"Advertise it more - let girls know."

"(The information) is great."
"I didn't feel so alone." -Amy, 17 and Jordan 4 months

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

VOLUNTEER JOB DESCRIPTION

Job Title: Home Visitor Parent Aide

Responsible to: Teen Parent Program Director

Purpose: To provide support, guidance, and parenting skills information to teenage parents in their home setting.

Areas of Responsibility/Definition of Duties: Parent aides will make regular contact via phone and home visits to a pregnant or parenting teen and their child. A parent aide may be matched with a young parent as early as the third trimester of pregnancy and may keep regular contact until their child is 2 years old. The volunteer's primary objective is to share in a nurturing, supportive relationship with a teenage parent and their child by providing parenting information and help with basic living concerns. Actual activities or services a volunteer would plan or provide vary based on a particular parent's need.

Time Required: Average 2 - 4 hours per week depending on need. Hours are very flexible and determined by the parent and volunteer.

Length of Commitment: Prefer a minimum of one year commitment to the project.

Location: Volunteers are needed throughout the Oklahoma City/County area. Every effort is made to match a parent aide with a teen parent in their area.

Qualifications: Feeling comfortable interacting with adolescents, babies, and families one-on-one in a variety of home environments is necessary. Experience with counseling, infants, parenting, or related areas is preferred. Own transportation is needed. Requires a flexible, non-judgemental, and supportive approach toward people.

Training Provided: Parent Aides attend a 16 hour training workshop. Additional training and supervision are provided as necessary.

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VOLUNTEER JOB DESCRIPTION

Job Title: Teen Parent Group Facilitator

Responsible to: Teen Parent Program Director

Purpose: To provide support, guidance, and parenting skills information to teen parents in a group setting.

Areas of Responsibility/Definition of Duties: Facilitate the presentation of materials and discussion of such topics as infant development, parenting problems, effective communication, and caring for the teen's own physical and emotional health. Group facilitators usually team teach with other volunteers and are provided curriculum materials. Group leaders provide support for young parents and their children and monitor needs of group participants. Weekly groups are held at a variety of locations and times throughout the year and include Teen Parent Time (a set 8-week curriculum for new parents with infants up to age one) and the Connection (an ongoing open group for all pregnant or parenting teens. The instructor is also responsible for some paperwork and recordkeeping connected with the group.

Time Required: 2 hours weekly during the eight week series with some preparation time involved. Classes are held primarily in evenings, however, daytime groups are occasionally scheduled.

Length of Commitment: Due to the extent of the training involved, a minimum 6 - 12 month commitment is requested.

Location: Community organizations throughout the Oklahoma City/County area and at the Infant Center.

Qualifications: Feeling comfortable with facilitating an informal group and working closely with teenagers and infants is a necessity. Experience, knowledge, and interest in parent education, adolescents and/or infant development is encouraged. Organizational, communication, and group process skills are helpful. Requires a flexible, non-judgemental, and supportive approach toward people. Male and minority volunteers are welcome.

Training Provided: Group facilitators attend a 16 hour training workshop and observe/assist a teen parent group prior to teaching. Additional training and supervision will be provided as necessary.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

VOLUNTEER JOB DESCRIPTION

Job Title: Recruitment/Community Outreach Assistant

Responsible to: Infant Center Coordinator or Teen Parent Program Director

Purpose: To make contact and disperse information to new parents and various community organizations regarding Infant Center programs.

Areas of Responsibility/Definition of Duties: Distribute brochures and posters in the community, telephone new parents to inform them about and enroll them in Infant Center services, make personal contact with various community organizations, and/or visit new parents in the hospital or expectant parents in a childbirth class.

Time Required: Flexible, average 2 - 4 hours per week and may vary depending on current program schedule.

Length of Commitment: A minimum 3 - 6 month commitment is preferred, however, short-term activities may be available.

Location: Volunteers are needed throughout the Oklahoma City/County area. Some work may be done at home.

Qualifications: Appropriate communication, interpersonal, phone, and organizational skills are requested. Requires a flexible, non-judgemental, and supportive approach toward people. Feeling comfortable contacting and meeting a variety of people in a variety of settings is helpful.

Training Provided: Orientation regarding Infant Center programs is provided. Additional training workshops are available but optional. On-going supervision is provided as necessary.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

VOLUNTEER JOB DESCRIPTION

Job Title: Transportation Assistant

Responsible to: Teen Parent Program Director

Purpose: To provide transportation to pregnant or parenting teenagers and their infants who may otherwise not be able to attend parenting groups or other necessary services.

Areas of Responsibility/Definition of Duties: Provide transportation to a teen parent and their infant between their home and an Infant Center class or other necessary services, such as a doctor's appointment. As a result, the volunteer may also provide encouragement and support to a teen to enhance their participation in services.

Time Required: Flexible and may vary depending on need. May be a set weekly commitment during the course of a parenting class (8 weeks) or on an on-call basis.

Length of Commitment: A minimum 3 - 6 month commitment is requested.

Location: Volunteers are needed throughout the Oklahoma City/County area.

Qualifications: A reliable and safe vehicle and driving record is a must. Appropriate automobile liability insurance is required. Feeling comfortable interacting with teenagers and babies is helpful as well as a flexible, non-judgemental, and supportive approach toward people.

Training Provided: Transportation Assistants are welcome to attend a volunteer training workshop to enhance knowledge and communication skills, however, this is not required. On-going supervision will be provided as necessary.

Parent's assistance Center

PAC

323 NW 10th
232-8226

TRAINING AGENDA SEPT. 25, 1988

WARMLINE

1:00-1:30	Role of the Warmline volunteer Listening Referral Suggestions
1:30-2:30	Active Listening; how to effectively and appropriately listen to a caller Julane Borth, Director, CONTACT
2:30-3:30	The caller as partner in solving problems; giving specific suggestions. Debbie Richardson, MS, Director, Infant Center Teen Parent Program Sharon Huelsman, M.Ed., Coordinator, Infant Center
3:30-3:45	Break
3:45-4:30	What are the resources available when we need to refer a caller elsewhere
4:30-5:15	What kinds of calls are you going to get on the Warm line; we'll talk about and practice how to handle different types of calls
5:15-5:45	Warm Line Policy and Procedure;
5:45-6:00	Certificates and closing

handouts?

Prevention
Crying, Sleeping, when to call the Dr.
spoiling

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

TEEN PROGRAM VOLUNTEER TRAINING

Agenda

October 19, 1988

Group Facilitators

5:30 - 6:30	Review Previous Training Session Overview of Groups (Teen Parent Time and Connection) Planning and Facilitating Groups
6:30 - 7:30	Teen Parent Time Curriculum (Chapters 1 - 3)
7:30 - 7:45	Break
7:45 - 8:45	Teen Parent Time Curriculum (Chapters 4 - 6)
8:45 - 9:00	Summing Up and Training Evaluations

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK 73104 • 405-271 8155 or 271 8063

TEEN PROGRAM VOLUNTEER TRAINING

Agenda

October 26, 1988

Home Visitor Parent Aides

5:45-6:15	Review Previous TrainingSession Overview of Parent Aide Program
6:15-7:30	Building of a Relationship Helping Others Help Themselves Communication Problem Solving
7:30-7:45	Break
7:45-8:15	Community Resources; Dealing with Crisis
8:15-9:00	Getting to Work: Policies and Procedures
9:00-9:15	Summing Up and Training Evaluations

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

September 23, 1988

HELLO!

The Infant Center Teen Parent Program would like to express appreciation for your time and commitment to participate in our volunteer training workshop. The workshop will be held at the Infant Center, 815 N.E. 15th Street.

All participants will meet Wednesday, September 28, from 6:30 to 9:30 p.m., and Saturday, October 1, from 9:00 a.m. to 4:30 p.m. Remember, a follow-up meeting will also be scheduled separately for home visitors and group leaders at a later date. Lunch will be provided on Saturday. Also, please dress comfortably and feel free to bring a pillow to sit on the floor if you'd like.

All parts of the training have been developed to provide you with necessary information and your participation in this process is extremely important. If it is necessary for you to miss any part of the volunteer training, please let me know as soon as possible. We are very excited about the group of potential volunteers that have committed to this training. This will be a fun opportunity to learn more about working with teenage parents as well as to meet fellow community members with similar interests and the special motivation to volunteer at the Infant Center.

Please feel free to call us if you have any questions. Otherwise, see you this Wednesday.

Sincerely,

Debbie

Debbie Richardson, M.S.
Director, Teen Family Life Project

DR/ga

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

TEEN PROGRAM VOLUNTEER TRAINING AGENDA
FALL - 1988

Group Facilitator and Parent Aide Volunteers Combined Background Training

Wednesday, September 28

6:30 - 7:15	Introductions, Background of Program
7:15 - 8:00	Adolescent Development
8:00 - 8:15	Break
8:15 - 9:30	Sexuality and Contraception Issues: Margaret Enright, Planned Parenthood

Saturday, October 1

8:45 - 9:00	Gather (coffee, juice, rolls)
9:00 - 10:15	Who Are Teen Parents? Video: "Looking for Love"
10:15 - 10:30	Break
10:30 - 12:00	Infant Development: Deb Parkinson, Oklahoma City-County Health Department Guidance Clinic (and babies!)
12:00 - 12:30	Lunch (provided)
12:30 - 1:30	Child Abuse and Neglect Prevention; Discipline Issues
1:30 - 2:30	Teen Panel
2:30 - 2:45	Break
2:45 - 3:15	Video: "Teen Father"
3:15 - 4:30	Communicating with Teens; Dealing with Crisis

(Another meeting will be scheduled to complete training at a later date)

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK 73104 • 405-271 8155 or 271-8063

February 22, 1988

HELLO!

The Infant Center Teen Parent Program would like to express appreciation for your time and commitment to participate in our volunteer training workshop. The workshop will be held at the Infant Center, 815 N.E. 15th Street.

All participants will meet Friday, February 26, from 6:30 to 9:30 p.m., and Saturday, February 27, from 8:30 a.m. to 5:00 p.m. Those interested in the Parent Aide Home Visitor program will also meet Sunday, February 28, from 1:30 to 6:00 p.m. while those interested in facilitating parenting groups will meet again on Tuesday, March 1, from 6:30 - 9:30 p.m. Lunch will be provided on Saturday. Also, please dress comfortably and feel free to bring a pillow to sit on the floor if you'd like.

All parts of the training have been developed to provide you with necessary information and your participation in this process is extremely important. If it is necessary for you to miss any part of the volunteer training, please let us know as soon as possible. We are very excited about the group of potential volunteers that have committed to this training. This will be a fun opportunity to learn more about working with teenage parents as well as to meet fellow community members with similar interests and the special motivation to volunteer at the Infant Center.

Please feel free to call us if you have any questions. Otherwise, see you this weekend.

Sincerely,

Debbie Richardson

Debbie Richardson, M.S.
Director, Teen Family Life Project

Paul Suttles

Paul Suttles, M.Ed.
Coordinator, Teen Parent Project

DR/PS/ga

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

TEEN PROGRAM VOLUNTEER TRAINING
AGENDA
FEBRUARY 1988

Group Facilitator and Parent Aide Volunteers
Combined Background Training

Friday, February 26

6:30 - 7:15	Introductions, Background of Program
7:15 - 8:00	Adolescent Development
8:00 - 8:15	Break
8:15 - 9:30	Who Are Teen Parents? Video: "Looking for Love"

Saturday, February 27

8:15 - 8:30	Gather (coffee, juice, rolls)
8:30 - 9:30	Child Abuse and Neglect Prevention; Discipline Issues
9:30 - 10:00	Infant Development: Child Study Center Staff
10:00 - 10:15	Break
10:15 - 11:00	Infant Development (demonstration)
11:00 - 12:00	Teen Panel
12:00 - 12:45	Lunch (provided)
12:45 - 2:15	Sexuality and Contraception Issues: Margaret Enright, Planned Parenthood
2:15 - 2:30	Break
2:30 - 3:00	Video: "Teenage Father"
3:00 - 4:00	Communicating with Teens; Dealing with Crisis
4:00 - 5:00	Putting It Into Practice - Role Play!

Parent Aide Home Visitors

Sunday, February 28

1:30 - 2:00	Review Background Training; Overview of Parent Aide Program
2:00 - 3:00	Helping Others Help Themselves; Community Resources
3:00 - 3:30	Problem Solving
3:30 - 3:45	Break
3:45 - 4:30	Role Play
4:30 - 5:30	Getting to Work: Policies and Procedures
5:30 - 6:00	Summing Up and Training Evaluations

VOLUNTEER TRAINING AGENDA
Continued

Group Facilitator
(Continue Training)

Tuesday, March 1

6:30 - 6:45	Review Background; Overview of Groups
6:45 - 8:15	Teen Parent Time Curriculum
8:15 - 8:30	Break
8:30 - 8:45	Connection Groups
8:45 - 9:30	Planning and Facilitating Groups
9:30 - 9:45	Summing Up and Training Evaluations

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

January 27, 1988

To all interested in Teen Parent Program Training Workshop:

The Volunteer Training Workshop for Parenting Group Facilitators and Parent Aide Home Visitors originally scheduled for January 15 - 17 has been postponed and rescheduled as follows:

ALL participants:		Friday, February 26, 6:30-9:30 p.m.
	and	Saturday, February 27, 8:30-5:00 p.m.
Home Visitors also meet:		Sunday, February 28, 1:30-6:00 p.m.
Group Facilitators also meet:		Tuesday, March 1, 6:30-9:30 p.m.

All training will be held at the Infant Center, 815 N.E. 15th Street, Oklahoma City.

We hope many of you will be able to attend at this time. Volunteers are still very much needed to conduct Teen Parent Time and Connection groups, make home visits, provide transportation, and assist with in-office and community outreach activities. The training sessions enable participants to learn and grow more confident about working with teen parents and their children through lecture, discussion, video presentations, speakers, and the opportunity to meet other interested community members.

Please let us know of your interest and return the following completed form or call us no later than Friday, February 19. Space is limited, and we like to meet everyone before the workshop. Teen Parents NEED you! Volunteers from varying backgrounds, ages, and locations around the Oklahoma City/County area are welcome. Hours can be flexible.

If you are not able to make a commitment right now, please pass this information on to someone who might. Or, call us anyway as there are several activities we can use help with or contributions you can make that take only a minimal amount of time and do not require training.

Feel free to call 271-8155 if you have any questions or comments. Your consideration is greatly appreciated.

Sincerely,

Debbie Richardson

Debbie Richardson, M.S.
Director, Teen Family Life Project

Paul Suttles, M.Ed.
Teenage Postnatal Education Coordinator

DR/PS/ga

Register by returning this form or calling 271-8155.

TEEN PARENT PROGRAM TRAINING WORKSHOP

(please check)

_____I am interested in attending training for Parent Aides.

_____I am interested in attending training for Group Leaders.

_____I am interested in other volunteer activities.

_____I am unable to make a commitment at this time but notify me of a future volunteer training.

NAME:_____

ADDRESS:_____
City Zip

PHONE: (home)_____ (Work)_____

AGENCY/ORGANIZATION AFFILIATION:_____

POSITION:_____

Please mail this form to: Infant Center Teen Parent Program
815 N. E. 15th Street
Oklahoma City, Oklahoma 73104

TEEN PARENT PROGRAM SCHEDULE - FALL, 1987

TEEN PARENT TIME

Edmond High School
1000 E. 15th Street
Mondays, 6:30 - 8:00 p.m.
September 28 - November 16

Community Action Program
1621 S.W. 15th Street
Tuesdays, 6:30 - 8:00 p.m.
October 27 - December 15

Putnam City High School
5300 N.W. 50th Street
Mondays, 6:30 - 8:00 p.m.
October 19 - December 7

Mustang-Yukon
Covenant Community Church
2250 N. Mustang Road
Thursdays, 6:30 - 8:00 p.m.
October 15 - December 10

Tri-City Youth & Family Center
Choctaw/Spencer/Nicoma Park/
Harrah Area
Tuesdays, 3:30 - 5:00 p.m.
November 3 - December 15

Ralph Ellison Library
Martin L. King Ave. & N.E. 2
Thursdays, 5:00 - 6:30 p.m.
October 1 - November 19

Midwest City High School
213 Elm
Mondays, 3:30 - 5:00 p.m.
October 12 - November 30

CONNECTION

Infant Center
815 N.E. 15th
Mondays, 6:30 - 8:00 pm
Begins October 5

First Christian Church of MWC
400 N. Key Blvd., Midwest City
Mondays, 6:30 - 8:00 p.m.
Begins October 19

CHILDBIRTH EDUCATION AND SUPPORT

Infant Center, 815 N.E. 15th
Wednesdays, 6:00 - 7:30 p.m.
October 21 - November 25

ALL PROGRAMS ARE FREE

CALL 271-8155 FOR MORE INFORMATION OR TO SIGN UP!

If you would like to talk to a teen who has been active in the Teen Parent Program call: Susan - 681-7300 or Elaine - 672-3991

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405 271-8155 or 271-8063

October 6, 1987

Dear Group Leader Trainee:

The Infant Center Teen Parent Program would like to express appreciation for your interest in our Group Leader Training on Tuesday and Wednesday, October 13 and 14 from 9:00 a.m. to 4:30 p.m. The workshop will be held at the Infant Center, 815 N.E. 15th Street. Please utilize the parking lot with the raised barrier to the east of the Infant Center (see map). Refreshments as well as lunch will be provided both days. However, you are free to bring your lunch if you would prefer. Also, please dress comfortably.

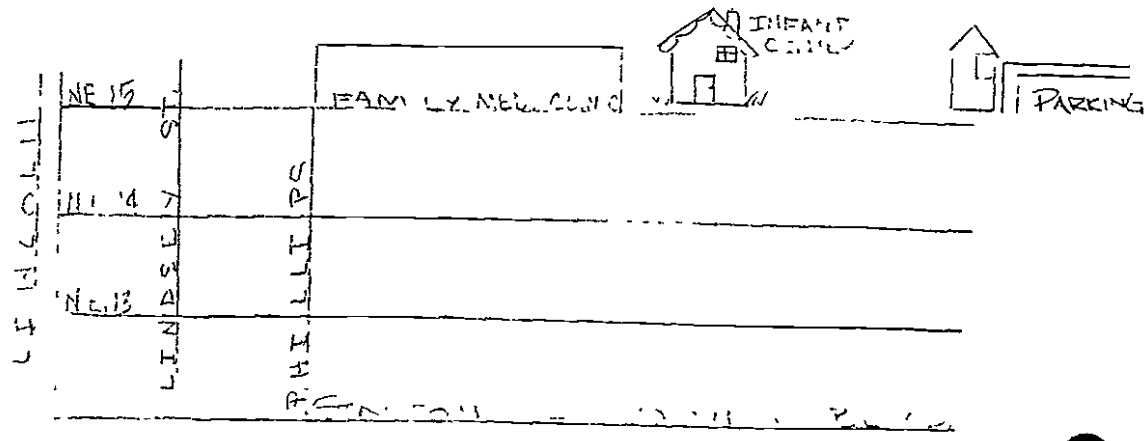
All parts of the training have been developed to provide you with necessary information and your participation in this process is extremely important. If it is necessary for you to miss any part of the training, please let me know as soon as possible. We are very exicted about the group that have committed to this training. This will be a fun opportunity to learn more about working with teenage parents as well as to meet fellow community members with similar interests.

Please feel free to call me if you have any questions. Otherwise, see you next week.

Sincerely,

Debbie Richardson
Director, Teen Family Life Program

DR/sw



INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

GROUP LEADER TRAINING

AGENDA

October 13-14, 1987

Tuesday, October 13

9:00 - 9:30 a.m.	Introductions
9:30 - 10:00 a.m.	Overview of Infant Center and Teen Parent Program
10:00 - 10:30 a.m.	Adolescent Development
10:30 - 10:45 a.m.	Break
10:45 - 12:15 p.m.	Video: "Looking for Love". Who are teen parents? -- Characteristics, problems, lifestyles, etc.
12:15 - 1:00 p.m.	Lunch
1:00 - 2:15 p.m.	Child Abuse and Neglect Prevention: Appropriate Discipline - Don Bowen, Parents Assistance Center
2:15 - 3:00 p.m.	Infant Development: Child Study Center Staff
3:00 - 3:10 p.m.	Break
3:10 - 4:15 p.m.	Infant Development (continued)
4:15 - 4:30 p.m.	Wrap-up

Wednesday, October 14

9:00 - 9:30 a.m.	Video: "Teenage Father"; Discussion
9:30 - 11:00 a.m.	Sexuality and Contraception: Margaret Enright, Planned Parenthood
11:00 - 12:00 p.m.	Teen Panel
12:00 - 12:45 p.m.	Lunch
12:45 - 2:15 p.m.	Teen Parent Time Curriculum - Structure of Groups, Chapters I - III
2:15 - 2:30 p.m.	Break
2:30 - 3:15 p.m.	Teen Parent Time Curriculum - Chapters IV - VI
3:15 - 4:00 p.m.	Planning and Facilitating Groups
4:00 - 4:30 p.m.	Summing Up and Training Evaluations

OKLAHOMA MEMORIAL HOSPITAL

LAMAZE PREPARED CHILDBIRTH COURSE OUTLINE

CLASS I

Introduction, History and Philosophy of Lamaze; Anatomy and Physiology of Late Pregnancy; Growth and Development of Fetus in Late Pregnancy; Body Building Exercises; Nutritional Guidelines; The Sensational Baby Part I.

CLASS II

Review; Discomforts of Pregnancy; Overview of Labor; Signs of Labor; Detailed Description of Phase 1 - Early Labor; Slow Chest Breathing; The Sensational Baby - Part II.

CLASS III

Review; Effleurage; The Goody Bag; Hospital Admission and Procedures; Detailed Description of Phase 2 - Active Labor; Shallow Chest Breathing.

CLASS IV

Review; Hyperventilation; Back Labor; Detailed Description of Phase 3 - Transition; Pant Blow/Transition Breathing; Movie - "Nan's Class."

* CLASS V

Induction/Augmentation of Labor; Medications and Anesthesia Used During Labor and Delivery; Detailed Description of Stage II - Expulsion; Possible Physician/Midwife Interventions - Stage II; Expulsion Technique.

CLASS VI

Cesarean Childbirth; Slides - "Birth by Cesarean"; Tour of Labor and Delivery.

CLASS VII

Newborn; Stage III - Delivery of Placenta; Stage IV - Immediate Post Partum - Hospital Stay and Early Labor and Delivery and all Techniuqes; Movie - "Adapting to Parenthood".

*An optional 45 minute class on Breast Feeding will be offered by Debbie Bokar, RN - Lactation Specialist.

TEEN PARENT PROGRAM SCHEDULE - FALL, 1987

TEEN PARENT TIME

Edmond High School
1000 E. 15th Street
Mondays, 6:30 - 8:00 p.m.
September 28 - November 16

Community Action Program
1621 S.W. 15th Street
Tuesdays, 6:30 - 8:00 p.m.
October 27 - December 15

Putnam City High School
5300 N.W. 50th Street
Mondays, 6:30 - 8:00 p.m.
October 19 - December 7

Mustang-Yukon
Covenant Community Church
2250 N. Mustang Road
Thursdays, 6:30 - 8:00 p.m.
October 15 - December 10

Tri-City Youth & Family Center
Choctaw/Spencer/Nicoma Park/
Harrah Area
Tuesdays, 3:30 - 5:00 p.m.
November 3 - December 15

Ralph Ellison Library
Martin L. King Ave. & NE 23
Thursdays, 5:00 - 6:30 p.m.
October 1 - November 19

Midwest City High School
213 Elm
Mondays, 3:30 - 5:00 p.m.
October 12 - November 30

CONNECTION

Infant Center
815 N.E. 15th
Mondays, 6:30 - 8:00 pm
Begins October 5

First Christian Church of MWC
400 N. Key Blvd., Midwest City
Mondays, 6:30 - 8:00 p.m.
Begins October 19

CHILDBIRTH EDUCATION AND SUPPORT

Infant Center, 815 N.E. 15th
Wednesdays, 6:00 - 7:30 p.m.
October 21 - November 25

ALL PROGRAMS ARE FREE

CALL 271-8155 FOR MORE INFORMATION OR TO SIGN UP!

If you would like to talk to a teen who has been active in the Teen Parent Program call:
Susan - 681-7300 or Elaine - 672-3991

INFANT CENTER
TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271 8063

PARENT AIDE TRAINING

AGENDA

September 25-26, 1987

Saturday, September 26

9:00 - 9:15 a.m.	Coffee; Questions
9:15 - 10:15 a.m.	Helping Others Help Themselves
10:15 - 10:30 a.m.	Break
10:30 - 11:00 a.m.	Video: "Teenage Father"; Discussion
11:00 - 12:00 p.m.	Teen Parent Panel
12:00 - 12:45 p.m.	Lunch
12:45 - 1:00 p.m.	Exploring Your Values
1:00 - 2:30 p.m.	Sexuality and Contraception: Planned Parenthood
2:30 - 3:00 p.m.	Communicating with Teens/Problem Solving
3:00 - 3:15 p.m.	Break
3:15 - 4:00 p.m.	Role Play and Communication (Cont'd)
4:00 - 4:30 p.m.	Getting to Work: Policies and Procedures of Parent Aides
4:30 - 5:00 p.m.	Summing Up and Training Evaluations

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

August, 1987

To All Who Are Interested In Working With Teen Parents:

Fall training workshops have been scheduled by the Infant Center Teen Parent Program. The purpose of the workshops is to provide training to those interested in becoming group facilitators for Teen Parent Time or the Connection or serve as parent aides in the new Helping Young Parents (H.Y.P.) program.

The schedule is as follows:

Parent Aides - Friday and Saturday, September 25 and 26
9:00 a.m. - 5:00 p.m.
(an additional orientation session will be scheduled prior to the workshop)

Group Facilitators - Tuesday and Wednesday, October 13 and 14
9:00 - 4:15 p.m.

The sessions will be held at the Infant Center, 815 N.E. 15th Street.

Enclosed you will find additional information on the Teen Parent Program. To briefly summarize, Teen Parent Time is an 8-week series of groups offering parenting skills information and support to teen parents with infants. The Connection is an ongoing opportunity for pregnant and parenting teens to meet for fun and to learn more about themselves and their children. Parenting groups are held at various community locations and organizations at a variety of times. The H.Y.P. program will match a volunteer one-on-one with a teen parent to provide encouragement and help with parenting by making home visits for up to two years.

Please consider making a commitment to young families in your community by volunteering your time and talents to this vital project. It will provide you a unique opportunity to learn and grow. If you plan to attend the training workshop(s), please contact the Teen Parent Program office by calling 271-8155 or returning the enclosed form. We must have your response for parent aide training by September 11th or for group leader training by September 29th. We feel it is important to meet every volunteer before training and space is limited so please respond as soon as possible.

If you have an interest in learning more about the Teen Parent Program but are unable to make a commitment as a group leader or parent aide, please feel free to call and we would be more than happy to discuss the programs or other volunteer activities further. Volunteers are also needed to provide transportation, assist with office work and community outreach.

Please pass this information on to anyone you know who may be looking for such a challenge. Thank you for your support and interest of teenage parents in your community.

Sincerely,

Debbie Richardson

Debbie Richardson, M.S.
Director, Teen Family Life Program

DR/sw

Enclosure

Register by returning this form or calling 271-8155.

TEEN PARENT PROGRAM TRAINING WORKSHOP

(please check)

___I am interested in attending training for Parent Aides (September 25 - 26, 1987)

___I am interested in attending training for Group Leaders (October 13 - 14, 1987)

___I am interested in other volunteer activities

___I am unable to make a commitment at this time but notify me of a future volunteer training.

NAME:_____

ADDRESS:_____
City Zip

PHONE: (Home)_____ (Work)_____

AGENCY/ORGANIZATION AFFILIATION:_____

POSITION:_____

Mail to: Infant Center Teen Parent Program
800 N.E. 15th
Rogers Bldg, Room 224
Oklahoma City, OK 73104

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

GROUP LEADER TRAINING

AGENDA

October 13-14, 1987

Tuesday, October 13

9:00 - 9:30 a.m.	Introductions
9:30 - 10:00 a.m.	Overview of Infant Center and Teen Parent Program
10:00 - 10:30 a.m.	Adolescent Development
10:30 - 10:45 a.m.	Break
10:45 - 12:15 p.m.	Video: "Looking for Love". Who are teen parents? -- Characteristics, problems, lifestyles, etc.
12:15 - 1:00 p.m.	Lunch
1:00 - 2:15 p.m.	Child Abuse and Neglect Prevention: Appropriate Discipline - Don Bowen, Parents Assistance Center
2:15 - 3:00 p.m.	Infant Development: Child Study Center Staff
3:00 - 3:10 p.m.	Break
3:10 - 4:15 p.m.	Infant Development (continued)
4:15 - 4:30 p.m.	Wrap-up

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2:30 - 3:15 p.m.	Teen Parent Time Curriculum - Chapters IV - VI
3:15 - 4:00 p.m.	Planning and Facilitating Groups
4:00 - 4:30 p.m.	Summing Up and Training Evaluations

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

June 11, 1987

M E M O R A N D U M

TO: All Teen Parent Time Instructors
FROM: Debbie Richardson DR
RE: Group Procedures

Due to the expansion of our Teen Parent Time groups in the community and the wonderful increase in numbers of trained instructors who are actively involved, it has been necessary to refine and improve our group procedures. Some of the points made below may reiterate what you have already been doing. For others, this may be completely new.

Please review these procedures thoroughly and follow them as you facilitate your group. The staff feels that this structure is necessary for the program to function efficiently and credibly.

-Recruiting and enrolling of teen parents for groups will be handled centrally through the Teen Parent Program Office. However, your assistanc with referrals is still of utmost importance. If you do some recruiting in addition to our efforts, please keep us updated on where, who and how you are doing so. Before your group starts, please give us specific names and information for the teens that you've enrolled. This way we can hopefully avoid duplication and keep a more accurate count of class enrollment.

-If you develop any additional advertising methods for your particular group, i.e. flyers, posters, etc., it is necessary to identify the Infant Center as the sponsor or collaborator with your organization and "Teen Parent Time" as the name of the program.

-A few days before your group begins we will take the class enrollment list and mail out welcome letters to those signed up. We will also mail the class list to you or you can pick it up when you get any group materials you need at our office. Once you receive your class list, we feel it is very important for the group instructors to personally call each parent before the group starts. This has been our practice and is an opportunity for you to introduce yourself, personally encourage them to attend the group and see if they have any difficulty with transportation, etc.

It is equally important for group instructors to follow up any teens who are absent any time during the group by phone or mail (we can assist with letters if necessary) and encourage their continued participation. If they are no longer able to attend your group because of school, work, transportation, see if they could get involved with another group or we can even refer them to other agencies. It is felt that these actions are just an extension of the group support. These teens need all the encouragement they can get. If there is a situation you don't know how to handle, don't hesitate to call me. You will be having the personal contact with the teens in your group whereas it is very difficult for our staff to know who does or doesn't attend or has difficulties.

-Lack of adequate transportation often creates problems for teen parents. In our initial contact with a teen, we try to be aware of any such cases, however these may not be resolved before they get to you. First, help the teen brainstorm any friends or relatives that can accompany them (remember they can bring a support person). Sometimes if they can get there once you can help them connect with other group members to car pool. Maybe you can pick up a teen who's on the way to the group or take turns with another group leader. If all this still fails and the teen is still interested, let us know; we occassionally have volunteers willing to just provide transportation. This seems to be our toughest problem with attendance, so your help may make the difference.

-Forms and evaluations are always a hassle yet can make or break a program. We are in the process of implementing new procedures. For consistency and to alleviate problems, either myself or two OSU graduate student assistants will make an attempt to attend the first group sessions of most groups to administer the evaluation. As you are preparing, the first session needs to be structured as follows:

- -Have group members complete information intake forms as they first arrive and get settled.
- -Go ahead with group introductions, however please steer away from any indepth conversation about parenting at this point.
- -The evaluation instrument will be administered. An attempt has been made to choose a method that is easier and quicker to complete and also less threatening than previous instruments. A consent form will also be necessary. You can then continue with discussion as usual.

Keeping accurate attendance every week along with a schedule of what topics you cover which week is very important as well. The evaluation instrument will be given again the last group session (8th week) to note any changes. If you would like more detailed information about the evaluation, please feel free to ask myself or the assistants (Linda and Maribeth).

-If you need speakers for your group, we have several wonderful resources we can give you. Also, if you choose to supplement handout materials, significantly change any parts of the curriculum, or are finding it difficult to facilitate your group in any way, please let me know. We need to establish a level of quality control.

-We need your group member information within the first few weeks after your group begins. Again, this is so we can keep track of who is attending and also so we can make a final class roster you can distribute to all group members for their benefit. Even if you choose to type this list, we still need the information forms as soon as possible. After your group ends, please return any and all materials you checked out from our office. Someone else may need them. If you are planning another group soon, take an inventory so we can give you what you need. Any materials or snacks you can provide is very helpful because we have a limited supply.

-If you want to have a party the last group session, we can possibly assist with reimbursement for pizza, etc. But please be moderate, check this with me before hand and get good receipts. Also, please make your own decisions regarding prizes or baby items for the teens. We have limited resources and have started giving out things such as toys or formula only if there is enough for everyone in the group. Another factor is that we are probably going to a system of offering incentives for the teens to complete their information and evaluation forms. If you feel your group is particularly needy, please let me know and we will see what we can provide. Please keep in mind we are always looking for sources of donations and need your help. If you have any contacts - churches, clubs, stores, etc. - we would appreciate your help.

-We are establishing our on-going drop-in group, Connection, in 2 locations beginning 6/22/87. We request that you refer your group members to these groups as they finish Teen Parent Time.

I know some issues have probably been left out but I hope this clarifies any confusion. We greatly appreciate your involvement in the Teen Parent Program and realize the intense amount of time and thought necessary for the groups. We are trying to streamline and stabilize these procedures as much as possible but are always open to suggestions. Please call me if you have any questions or problems regarding anything! We want this to be a great program for teen parents and their infants and your cooperation is extremely important.

Thank you so much!

T E E N P A R E N T T I M E

GROUP LOCATIONS

AREA	
N.E.	Northeast High School 3100 N. Kelley Wednesdays, 6:30 - 8:00 p.m. April 1 - May 20, 1987
S.W.	Capitol Hill High School 500 S.W. 36th Tuesdays, 6:30 - 8:00 p.m. March 31 - May 19, 1987
	Variety Health Center 1504 S. Walker Fridays, 10:00 - 12:00 noon April 17 - June 5, 1987
S.E.	Mid-Del Vocational Ed. Center 1621 Maple, M.W.C. Mondays, 3:30 - 5:00 p.m. April 6 - June 1, 1987

AREA	
N.E.	Department of Human Services County Office N.E. 23rd and Kelley Tuesdays, 3:30 - 5:00 p.m. March 24 - May 12, 1987
Far East	Tri-City Youth and Family Center, Inc. 14625 N.E. 23rd, Choctaw Tuesdays, 3:30 - 5:00 p.m. March 31 - May 19, 1987
Far S.W.	Mustang High School 906 S. Heights Dr., Mustang Mondays, 6:30 - 8:00 p.m. March 30 - May 18, 1987

C O M E A N D J O I N T H E F U N !

C A L L 2 7 1 - 8 1 5 5 N O W T O E N R O L L !

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

PARENT AIDE/HOME VISITOR PROGRAM

Referrals are currently being taken for a new program at the Infant Center. The Teen Family Life Project is designed for prevention rather than treatment of problems for families with infants. By providing support and information to young parents, the cycle of child abuse may be broken. In this project, trained volunteers (Parent Aides) will be matched with teenage families to provide regular home visits, a nurturing supportive relationship, parenting information, and basic living skills. The relationship may last for up to 2 years. Project participants will also be encouraged to participate in other Infant Center services, such as parenting groups (Teen Parent Time). Due to limited volunteer resources, potential clients for the Parent Aide Program will need to be chosen carefully for the most benefit and need for services. All of the points listed below will be taken into consideration yet not all are necessary factors in case selection. Each teen family referred will be screened individually for appropriate placement in the Parent Aide Program.

For more information or to make referrals, please contact Debbie Richardson, Teen Family Life Project Director, at 271-8155.

Criteria For Case Selection:

*Mother or father under 20 years of age
*Teen mother in her 3rd trimester of pregnancy or who has given birth within the last 3 months
*Parents who are self-motivated
*Families who are socially and psychologically isolated
*Parents who are emotionally immature or with low self-esteem
*Families who are experiencing stress and thus are at a greater risk of abuse and neglect
*Young mothers and fathers who need assistance with parenting
*Cases where neglect results from a lack of resources or lack of knowledge about appropriate child care
*Young families with more than one child
*Mother or child experienced prenatal/postnatal complications

Inappropriate Cases Include:

*Parents with severe emotional or psychological problems
*Parents who are chronic substance abusers
*Situations in which family members are volatile or present a threat to the Parent Aide
*Families which presently display abusive behaviors (physical, emotional, or sexual), are currently being investigated by Child Welfare for such behaviors, or are involved in or need appropriate therapeutic treatment for abusive behaviors.

Central State University Sociology Workshop "Self Help Support Groups"

PROGRAM

MONDAY, MARCH 30, 6:00 - 10:00 P.M.

Introduction — Dr Berger

Welcoming Remarks — Dr. Richard P Rettig

FUNCTIONS OF SELF-HELP SUPPORT GROUPS
IN CONTEMPORARY SOCIETY
Elizabeth A Berger, Ph D , C A D C
Associate Professor of Sociology
Central State University

ALCOHOLICS ANONYMOUS
Janet R , Oklahoma City

OVEREATERS ANONYMOUS
Dr Linda B , Oklahoma City

ADULT CHILDREN OF ALCOHOLICS
Marsha H , Edmond

TUESDAY, MARCH 31, 6:00 - 10:00 P.M.

Introduction — Dr Berger

THE RELATIONSHIP BETWEEN PROFESSIONALS AND
SELF-HELP GROUPS BOTH ARE IMPORTANT
Sharon Thompson, C A C
Private Practice
Counseling and Consultation Services
Chemically Dependent People and Families
Oklahoma City

ALZHEIMER'S DISEASE AND
RELATED DISORDERS ASSOCIATION
Jerry Robinson
ADRDA Member, Oklahoma City

Bev Crowe
ADRDA Member, Oklahoma City

MASTECTOMY SUPPORT GROUP
Margaret Swango, M S W
Director of Social Services
Midwest City Memorial Hospital
Midwest City

Bobbie Boydston
Group Member
Choctaw, Oklahoma

LIFELINE
Chaplain Danny Cavett
Oklahoma Children's Memorial Hospital
Oklahoma City

Jim and Jan Gateley
Lifeline Members
Edmond

WEDNESDAY, APRIL 1, 6:00 - 10:00 P.M.

Introduction — Dr Berger

DYNAMICS OF SELF-HELP GROUPS:
WHAT MAKES THEM WORK?
Bette C Kelley, M Ed , C A D C
Private Practice
Kelley and Thornton Counseling
Specializing in Chemical Dependency
Oklahoma City

TEEN PARENT TIME and NEW BABY CLASSES
Deborah L Richardson, M S
Director of Teen Family Life Program
The Infant Center

Jane Wallace, M A
Coordinator
The Infant Center
Oklahoma City

ABUSIVE PARENT SUPPORT GROUP
Don Bowen
Parents Assistance Center
Oklahoma City

WINDS (AIDS SUPPORT GROUP)
Carol Walton, R N
Consultant to Group
Moore

Bob R
Group Member
Oklahoma City

Blake R
Group Member
Oklahoma City

THURSDAY, APRIL 2, 6:00 - 10:00 P.M.

Introduction — Dr Berger

HOW CAN A SELF-HELP GROUP BE STARTED:
SUCCESSES AND MISTAKES
Marti Jones, R N C , F N P , C A D C
Alcohol and Drug Consultant
Behavioral Medicine Unit
Hillcrest Hospital
Oklahoma City

Founder
Impaired Nurse Support Group
Oklahoma

GRIEF SUPPORT GROUP
Margaret P Isaac, Ph D
Associate Professor of Psychology
and Gerontology
Central State University

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

THE INFANT CENTER
TEEN PROGRAM VOLUNTEER TRAINING
AGENDA

May, 1987

Part I: Group Leader and Parent Aide Volunteers
Combined Background Training

Friday, May 1

6:30 - 7:30 p.m.	Introductions, Background of Program
7:30 - 8:00 p.m.	Adolescent Development
8:00 - 8:15 p.m.	Break
8:15 - 9:30 p.m.	Video: "Looking For Love"; Characteristics of Teen Parents

Saturday, May 2

8:15 - 8:30 a.m.	Coffee
8:30 - 10:15 a.m.	Infant Development: Child Study Center Staff
10:15 - 10:30 a.m.	Break
10:30 - 11:45 a.m.	Child Abuse and Neglect Prevention; Appropriate Discipline
11:45 - 12:15 p.m.	Video: "Teenage Father"; Discussion
12:15 - 1:30 p.m.	Lunch (on your own)
1:30 - 2:15 p.m.	Teen Parent Panel: Amy, Kim, Connie, Mike
2:15 - 3:15 p.m.	Sexuality: Values, Contraception, Personal Health
3:15 - 3:30 p.m.	Break
3:30 - 4:30 p.m.	Sexuality (Cont'd): Michelle Bushong, OMH Nurse Midwife
4:30 - 5:45 p.m.	Communications Skills, Dealing with Crisis
5:45 - 6:00 p.m.	Summing Up

GROUP LEADER TRAINING

May 17, 1987

A G E N D A

1:00 - 1:30 p.m.	Questions of Background Training; Structure of Teen Parent Groups
1:30 - 3:00 p.m.	Teen Parent Time Curriculum, Sessions I - IV
3:00 - 3:15 p.m.	Break
3:15 - 4:00 p.m.	Teen Parent Time Curriculum, Sessions V - VII
4:00 - 4:15 p.m.	Connection Groups
4:15 - 5:30 p.m.	Planning and Facilitating Groups
5:30 - 6:00 p.m.	Training Evaluations and Summing Up

TEEN PROGRAM VOLUNTEER TRAINING
IN-HOME/PARENT AIDE
AGENDA
MAY 1987

Sunday, May 31

1:30 - 2:00	Introductions, Purpose of Parent Aide Program
2:00 - 2:45	Review of Background Training: Teen Parents, Adolescent and Infant Development, Child Abuse and Neglect, Discipline, Sexuality, Parenting
2:45 - 3:15	Helping Others Help Themselves
3:15 - 3:30	Break
3:30 - 4:00	Exploring Your Values
4:00 - 5:30	Communicating With Teens: Candi Camhi, Teen Hotline

Sunday, June 14

1:30 - 2:15	Needs of Teen Parents; Community Resources
2:15 - 3:15	Problem Solving Methods; Communication Skills Review and Roleplay
3:15 - 3:30	Break
3:30 - 5:00	Getting to Work: Policies and Procedures of Parent Aide Program
5:00 - 5:30	Summing Up and Training Evaluations

Infant Center Needs Helpers

The Infant Center Teen Parent Program, 815 NE 15, is recruiting volunteers to help provide services to teen-age parents and their babies.

A training workshop is scheduled during two May weekends. The first is from 6:30 to 9:30 p.m. May 1 and from 8:30 a.m. to 6 p.m. May 2.

The second session is from 8:30 a.m. to 6 p.m. May 16 and from 1 to 6 p.m. May 17.

Anyone interested in this program should call Susan Brown or Debbie Richardson at 271-8155.

THE DAILY OKLAHOMAN
OKLAHOMA CITY TIMES
Wednesday, April 15, 1987

Volunteers Needed

The Infant Center Teen Parent Program, 815 NE 15, is recruiting volunteers to help provide services to teen-age parents and their babies.

A training workshop is scheduled during two May weekends. The first is from 6.30 to 9 30 p m. May 1 and from 8.30 a m. to 6 p.m. May 2.

The second session is from 8:30 to 6 p.m May 16 and from 1 to 6 p m. May 17.

Anyone interested in this program should call Susan Brown or Debbie Richardson at 271-8155.

Teen Parent Time, a free eight-week session sponsored by the Infant Center for teen-age parents and their babies For information on times and locations, 271-8155.

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N.E 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

April 1, 1987

TO: All Who Are Interested In Working With Teen Parents

We would like to notify you of our upcoming volunteer training sessions. The purpose of this workshop is to provide training to those interested in becoming leaders for Teen Parent Time or Connection groups, or serve as in-home parent aides.

The schedule is as follows:

Background information for all trainees
Friday, May 1 - 6:30-9:30 p.m.
Saturday, May 2 - 8:30 a.m.-6:00 p.m.

plus, specific training for
parent aides - Saturday, May 16th - 8:30 a.m.-6:00 p.m.
group leaders -Sunday, May 17 - 1:00-6:00 p.m.

Enclosed you will find information on the Infant Center Teen Parent Program. To briefly summarize, Teen Parent Time is an 8 week series of groups offering parenting skills, information and support to teen parents with infants. The Connection is an ongoing information and support group for those who have completed Teen Parent Time or have older children. The Parent Aide program will match a volunteer one-on-one with a teen parent (and their family) to provide support and information in their home on a regular basis for up to 2 years.

Those interested in volunteering for the above activities must attend the training workshops and be willing to make a commitment to our program. Due to large community interest in this training program, we ask that you call our office no later than Wednesday, April 22nd to express your interest and reserve your space. We feel it is important to talk with you or meet every volunteer personally and space is limited.

If you have an interest in learning more about our teen parent programs but are unable to commit to leading a group or being a parent aide, please feel free to call and we would be more than happy to discuss our programs and other volunteer activities further.

If you or anyone you know would like to enroll for the upcoming training program or if you have any questions, please call 271-8155. Thank you for your support and interest in assisting with teenage parents.

Sincerely,

Susan Ann Brown
Teen Parent Project Coordinator

Debbie Richardson
Director, Teen Family Life Project

SAB/DR/sew

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

* * * * * * * * *
* N O T I C E ! *
* * * * * * * * *

ALL TEEN PARENT PROGRAM VOLUNTEERS!

A MEETING FOR VOLUNTEERS IS SCHEDULED

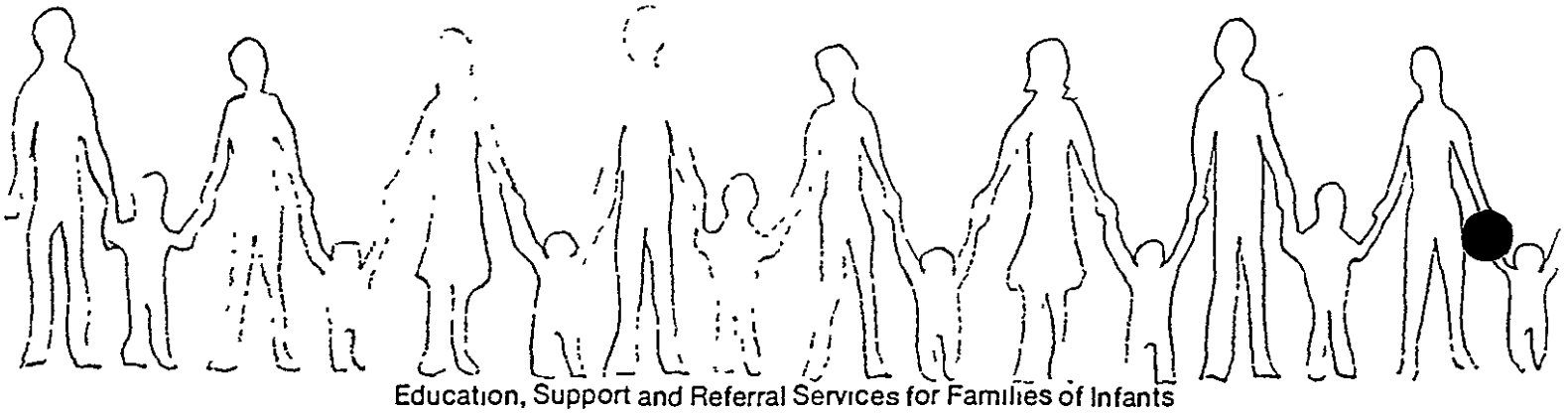
WEDNESDAY, MARCH 11
7:00 - 9:00 P.M.
AT
THE INFANT CENTER
815 N.E. 15TH

This is the first of what will hopefully become a regular monthly function. Whether you have been very active or have not yet begun volunteering, we encourage your attendance.

Topics to be discussed will include:

*Choosing a regular meeting time
*Current needs and activities with the teen parent program
*How you can help
*How these meetings could be helpful to volunteers
*Questions and concerns of volunteers

Volunteers are the "backbone" of the Infant Center and we need your feedback. Please call 271-8155 and let us know if you can or cannot attend.



Education, Support and Referral Services for Families of Infants

The Infant Center is cooperatively sponsored by The Department of Family Medicine of the College of Medicine, University of Health Sciences Center and The [illegible]

Parents Assistance Center
Parent Aide/Home Visitor
Program

Volunteer Training Outline

Session #1 - 1/4/87

1:30 - 3:45
- -Get acquainted
- -Introduction
- -Film ("Child Abuse: Cradle of Violence/Discussion").

3:45 - 4:00
- -Break

4:00 - 6:00
- -Child Abuse & Neglect: Dynamics, Recognition, And Reporting
- -Maslow's Hierarchy of Needs
- -Homework: Dirty House Handout, Spanking Handout

Session #2 - 1/11/87

1:30 - 3:45
- -Review Homework
- -Communications skills overview: Roadblocks, questions, active listening

3:45 - 4:00
- -Break

4:00 - 6:00
- -Overview of human development
- -Overview of non-violent parenting techniques
- -Roleplaying
- -Homework: Reality Therapy Handouts

Session #3 - 1/18/87

1:30 - 3:45
- -Karpman's Drama Triangle
- -Reality Therapy as a Problem-Solving Model

3:45 - 4:00
- -Break

4:00 - 6:00
- -The Child Protective System
- -Roleplaying

Session #4 - 1/25/87

1:30 - 3:45
- -Roleplaying/Values Clarification
- -Community Resources

3:45 - 4:00
- -Break

4:00 - 6:00
- -Confidentiality
- -Policies/General Logistics
- -Graduation Ceremony
- -Course Evaluations

PARENT AIDE/HOME VISITOR PROGRAM
OBJECTIVES

1. To share information about child development and support parents in finding ways to encourage appropriate learning and development.

2. To help parents explore appropriate expectations of their child(ren) and awareness that children have individual needs, feelings and rights of their own.

3. To help parents appreciate the impact of their interaction with the child and and model healthy parent/child interaction.

4. To involve parents in discussions of child's growth and development.

5. To respond to parents' concerns about the child.

6. To cooperate with parents in planning activities for the child.

7. To support and encourage parents in interpreting or discovering patterns in their child's behavior.

8. To serve as a supportive listener and liaison for parents when they share personal concerns, encounter crises and experience growth and change.

9. To offer information on community resources.

10. To assist parents to develop the ability to trust and establish support systems within the community.

11. To share information on and encourage appropriate and consistent child management techniques.

12. To assist the parent in exploring their self-image and to identify ways to improve their self-esteem.

13. To assist parents in discovering and utilizing appropriate basic skills to enhance independent day-to-day living.

14. To enhance parents' ability to recognize impending crises and develop skills to deal with them effectively.

15. To provide nurturance and positive reinforcement to parents.

16. To encourage and facilitate the parents' participation in and learning of appropriate and regular health care for self and child.

17. To facilitate cooperation with other family members.

18. To enhance the parents' personal strengths.

19. To assist parents in exploring feelings and attitudes about future children and share appropriate information on family planning.

THE INFANT CENTER
PARENT AIDE/HOME VISITOR PROGRAM

POLICIES

* The maintenance of confidentiality is of primary importance.

* Controversial topics such as religion and politics are inappropriate for volunteer/client discussion.

* Open communication with the project director and other Infant Center staff is necessary.

* All information about client progress will be channeled through the project director or Infant Center staff coordinator.

* Volunteers will facilitate their client's formation of a realistic working relationship with other professionals in which they are involved (i.e. doctor, school, social/case worker)

* All child abuse, neglect and sexual abuse observed by parent aide volunteers will be reported; this includes "every instance of harm or threatened harm to a child's physical or mental health or welfare" (state law).

* The volunteer/client relationship shall be terminated appropriately.

* Car seats will be used when transporting all children under 4 years of age; seat belts will be used when transporting anyone 4 years of age and over (state law).

* Volunteers will attend all required meetings and training sessions.

* Volunteers shall maintain record-keeping procedures.

* Parent Aides are not substitutes for professionals in dealing with special problems and appropriate referrals shall be made.

* The privacy of Parent Aides shall be maintained and only their phone number will be made available to the client.

* Client intervention shall begin no earlier than the third trimester of pregnancy and shall last no longer than the child's second birthday.

* Cases will be reevaluated every six months.

* Intervention plans will be developed between each individual client and volunteer.

* Clients will be encouraged to participate in other Infant Center services.

PARENT AIDE/HOME VISITOR PROGRAM
CLIENT SCREENING

Criteria for Case Selection:

* Parents who are self-motivated
* Families who are socially and psychologically isolated
* Parents who are emotionally immature
* Parents with low self-esteem
* Families experiencing a temporary crisis
* Families who are experiencing stress and thus are at a greater risk of abuse and neglect
* Young mothers who need assistance with parenting
* Chronic neglect cases where the neglect results from a lack of resources or lack of knowledge about appropriate child care.
* Young families with more than one child
* Mother or child experienced prenatal/postnatal complications

Inappropriate cases include:

* Parents with severe emotional problems, such as psychosis, clinical depressions, passive-aggressive personality
* Parents who are suffering from chronic substance abuse
* Situations in which family members are volatile
* Abuse cases which present a treat to the parent aide
* Sexual abuse cases

PARENT AIDE SCREENING INFORMATION

Date: _____

Case #: _____

Parent Aide: _____

I. PERSONAL

Mother's Name: _____ Phone: _____
Last First Middle

Address: _____ Birthdate: ___/___/___
Street

_____ Age: _____
City Zip

Baby's Due Date, if pregnant: ___/___/___ Month's Pregnant: ___

# of Children: _____ Name: _____ Age: ___ Birthdate: ___/___/___

2) _____ ___ ___/___/___

3) _____ ___ ___/___/___

Race: Asian___ Black___ Hispanic___ White___ Other___

Currently living: on own___ with husband:___ with friends:___

with boyfriend:___ other (specify): _____

with parents (specify mom/dad/stepfather/stepmother): _____

_____

Baby's Father's Name: _____
Last First Middle

Address: _____ Phone: (home) _____
Street

_____ (work) _____
City Zip

Birthdate: ___/___/___ Age: _____ Race: _____

Current amount of contact or relationship with baby's father: _____

_____

Will he participate?: _____

Marital Status: Never married:_____

Married:_____ how long?_____

Divorced:_____ how long?_____

Separated:____ how long?_____

Widowed:_____ how long?_____

Spouse's name (if different from above):_____
Last First Middle

Birthdate:____/____/____ Age:_____ Race:_____

II. SOCIAL

Years of school completed:_____ Grade average:_____

Attend school now:_____ Where:_____

School activities:_____

Other activities/interests:_____

_____

Work:_____ Where:_____

Started when:_____ Hours per week:_____

Job title:_____

Religion:_____ How often attend church:_____

III. FAMILY:

Parent's name (father/mother):_____

Address:_____
Street City/State Zip

Phone:_____

Parent's marital status: single:_____ married_____ divorced_____ separated_____

father/mother deceased_____ stepfather____ stepmother____

Number of brothers and sisters:_____

Age of your parents when first gave birth:_____ Were they married:_____

Number of bedrooms in home:_____

VI. SERVICES

Services Have Used or Need:

	Have Used (Where)	Need or Would Like to Use
Transportation		
Medical Care For Baby		
WIC (food supplement program)		
Food Stamps		
Public Financial Assistance (DHS)		
Medical Care For Self		
Day Care		
Information on Preventing Pregnancy		
Help with Legal Problems		
Housing Assistance		
Parenting or Babycare Classes		
Counseling		
Job Counseling and/or Training		
Tutoring		
School Homebound Services		
Emerson Alternative School		
Childbirth/Prenatal Classes		
Support Group		
Babysitters		
Other		

Sometimes do not have money for:

Baby furniture/equipment_____ Medicine_____

Baby clothes/diapers_____ Going to doctor_____

Baby formula/food_____ Transportation_____

Bills (utilities, phone, repairs)_____ Rent_____

Babysitter/daycare_____

Other problem areas or needs:_____

_____

_____

_____

VII. POSTNATAL INFORMATION

MOTHER'S NAME _____ DATE: _____
BABY'S NAME _____ CASE #: _____

COMPLICATIONS OF PREGNANCY:

___ Anemia
___ Measles, when? _____
___ Kidney Disease
___ Heart Disease
___ Flu, when? _____
___ Other Virus, when? _____
___ Rh Incapatability
___ Bleeding, when? _____
___ High Blood Pressure, when? _____
___ Excessive Vomiting
___ Emotional Stress
___ Toxemia
___ Drugs/Medicines _____
___ Threatened Miscarriage
___ False Labor, when? _____
___ Swollen ankles, when _____
___ Injury, what & When? _____

Activity level of fetus in womb? ___ Occasional
___ Somewhat active
___ Active

Other Complications _____
Mother's age at time of birth _____ Hours in labor _____
Took Lamaze _____ Partner in Labor _____

CONDITIONS AT BIRTH:

___ premature
___ forceps
___ weight
___ breech (feet first
___ cord around neck
___ jaundice
___ Caesarean
___ length
___ home birth
___ induced labor
___ transfusions
___ natural child birth
___ blue color
___ anesthetics

APGAR Score at birth? _____ at five minutes? _____.
Birth Defects _____

HAS ANYONE IN THE FAMILY (BROTHERS, SISTERS, BIOLOGICAL PARENTS, AND BIOLOGICAL GRANDPARENTS) HAD: (PLEASE LIST)

___alcoholism_____
___asthma_____
___eczema_____
___seizures_____
___allergies_____
___epilepsy_____
___diabetes_____
___slow learner_____
___sinus condition_____
___drug addiction_____
___speech/language problems_____
___emotional problems_____
___mental retardation_____
___cleft lip palate_____
___hay fever_____
___hyperactive_____
___visual defect_____
___hearing problem_____
___heart condition_____
___other chronic health problems_____

INFANT CENTER
PARENT AIDE PROGRAM

PARENT AGREEMENT

I agree to:

1. Work with a parent aide assigned by The Infant Center Teen Family Life Project.

2. Always keep appointments with the parent aide.

3. Not misuse the parent aide as a babysitting or transportation service or abuse telephone calls to the parent aide. I understand that the parent aide is coming to my home to assist and support me in my responsibilities as a parent and not as someone to assist my child(ren) directly.

4. At any time that I feel I can no longer work with a particular parent aide, I will notify The Infant Center Teen Family Life Project Director immediately to discuss this with him/her.

5. Allow information regarding me and my family to be exchanged between the parent aide and The Infant Center Teen Family Life Project Director.

Date	Signature of Parent
Parent Aide	Teen Family Life Director

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK. 73104 • 405 271-8155 or 271 8063

HOME VISITOR PARENT AIDE

The Infant Center Teen Parent Program will match volunteer parent aides with teenage parents who due to psychosocial and environmental factors, may be at risk for child abuse and neglect. The volunteer's primary objective is to provide empathetic, nurturing support to the parent. The volunteer will also share information that will assist the parent in learning appropriate parenting skills, coping with daily concrete problems, and getting emotional & physical needs met for themselves and their child. As a result of this relationship, the parent aide helps the parents to "help themselves", thereby enabling them to better meet the needs of their children. In so doing, the cycle of child abuse may start to break.

The volunteer parent aide will accomplish this by spending approximately 2-5 hours per week with the teen parent, and possibly their family, through home visits, telephone calls or maybe providing a ride to a doctor's appointment or the grocery store. The volunteer will also encourage the parent's participation in other services, such as Teen Parent Time classes, doctor visits or counseling.

A parent aide may be matched with a teen as early as the third trimester of pregnancy and may keep regular contact until their child is 2 years old.

Volunteer parent aides will benefit from quality training in child development, communication, community resources and parenting skills as well as regular consultation and additional training with professionals. In addition to establishing a long-term relationship with a young parent and their child and enabling them to develop a healthy family, a parent aide also has the opportunity to meet other Infant Center volunteers.

Parent aides need to be able to make a minimum one year commitment. Hours during the week may be flexible depending on the volunteer and client needs. Potential parent aides also should feel comfortable interacting with adolescents, babies and families in a variety of home environments. A positive parenting experience personally or experience with counseling, child development or community resources is very helpful. Own transportation is needed as well as a willingness to be contacted by phone, within appropriate limits.

A personal interview and volunteer training is a necessity. Please contact Debbie Richardson at 271-8155 if interested.

TEEN PROGRAM VOLUNTEER TRAINING
AGENDA
MAY 1987

Group Leader and Parent Aide Volunteers
Combined Background Training

Friday, May 1

6:30 - 7:30	Introductions, Background of Program
7:30 - 8:00	A Volunteer's Perspective
8:00 - 8:15	Break
8:15 - 9:30	Adolescent Development, Characteristics of Teen Parents

Saturday, May 2

8:15 - 8:30	Coffee
8:30 - 10:15	Infant Development
10:15 - 10:30	Break
10:30 - 11:45	Child Abuse and Neglect Prevention; Appropriate Discipline
11:45 - 12:15	Video: Looking for Love; Discussion
12:15 - 1:30	Lunch
1:30 - 2:15	Teen Parent Panel
2:15 - 3:15	Leaving Values at the Door; Sexuality
3:15 - 3:30	Break
3:30 - 4:30	Sexuality (cont'd); Contraception
4:30 - 5:45	Communication Skills, Dealing with Crisis
5:45 - 6:00	Summing Up

Parent Aide Training
Conclusion

Saturday, May 16

8:15 - 8:30	Coffee
8:30 - 9:30	Questions of Background Training; Purpose of Parent Aide Program
9:30 - 10:30	Helping Others Help Themselves: Needs of Clients; Resources
10:30 - 10:45	Break
10:45 - 11:30	Problem Solving Methods
11:30 - 12:00	Role Play
12:00 - 1:15	Lunch
1:15 - 2:30	Communications Skills Review and Role Play
2:30 - 3:00	Video: Teenage Father; Discussion
3:00 - 3:15	Break
3:15 - 4:00	Exploring Values
4:00 - 5:30	Confidentiality; Policies and Procedures of Parent Aide Program
5:30 - 6:00	Training Evaluations and Summing Up

Group Leader Training
Conclusion

Sunday, May 17

1:00 - 1:30	Questions of Background Training; Structure of Teen Parent Groups
1:30 - 2:00	Video: Teen Father; Discussion
2:00 - 3:00	Teen Parent Time Curriculum, Sessions I-IV
3:00 - 3:15	Break
3:15 - 4:15	Teen Parent Time Curriculum, Sessions V-VIII
4:15 - 4:45	Connection Groups
4:45 - 5:45	Planning and Facilitating Groups
5:45 - 6:00	Training Evaluations and Summing Up

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

VOLUNTEERS NEEDED!

The Teenage Parent Program at the Infant Center is looking for those interested in helping their community by helping others. The following volunteer activities are open:

*Make supportive contact by telephoning new teen parents to inform them of and invite them to the parenting skills classes.

*Make personal contact with various agencies and organizations to inform them of the teen program through delivery of brochures and posters.

*Assist with the weekly drop-in group for teen parents and their infants by offering support, sharing a hobby, talent or special interest, or helping with infant care.

*Lead or co-lead the 8-week parenting skills curriculum for new teenage parents. This class provides support for young parents and an opportunity to learn about and discuss important topics relating to newborns such as physical and intellectual development, crying and sleep problems, effective communication, and infant behavior.

*Through supportive home visits, promote healthy parent-infant bonding, educate the young mother about the importance of medical care, child development and infant behavior, and connect the teenage family with other community resources.

*Assist the teen program staff with office work
*Provide transportation for teens to obtain services
*Additional special projects as needed

Skills/Abilities:

*People oriented *Willingness to learn *Comfortable interacting with adolescents and their infants

* * * * * * * * * * *

Training is Provided

* * * * * * * * * * *

TIME COMMITMENT MAY BE FLEXIBLE!

If you are interested in any of the above volunteer opportunities, please contact Debbie or Susan at 271-8155 or 271-8063.

Education, Support and Referral Services for Families of Infants

The Infant Center is cooperatively sponsored by The Department of Family Medicine of the College of Medicine/University of Health Sciences Center and The Junior League of Oklahoma City.

G E N E R A L A G E N D A

TEEN PARENT TIME VOLUNTEER TRAINING SESSIONS

Sponsored by

THE INFANT CENTER

STAFF: Infant Center

Director: Cozy Armstrong
Coordinator: Jane E. Wallace
Administrative Assistant: Cindy Scott

Teen Parent Programs

Teen Parent Project Coordinator: Susan Ann Brown
Teen Family Life Program Director: Debbie Richardson
Teen Programs Administrative Assistant: Sharon E. Wade

DATES: September 23 and 24, 1986

TIME: 9:15 a.m. - 4:00 p.m.

LOCATION: The Infant Center

Goals of Training and Agenda on following page

OVERALL GOALS OF TRAINING

1. To familiarize volunteer trainers with feelings, behavior and attitudes of teen parents.

2. To gain confidence and support in forming and facilitating a Teen Parent Time Series.

3. To form a network among volunteers interested in working with teens.

4. To become familiar with overall view of curriculum in order to make further individual study easier.

5. To provide possibilities from the group for co-leadership.

AGENDA

September 23

9:15 - 9:30 a.m.	Registration & Questionnaire
9:30 - 10:15 a.m.	Welcome/Staff Introductions/Group Introductions
10:15 - 12:00 noon	Becky Beckman: Stages of Adolescent Development/ Characteristics of Teen Parents
12:00 - 1:00 p.m.	LUNCH
1:00 - 1:30 p.m.	Film: Looking For Love
1:30 - 1:45 p.m.	Film: Love Film discussion
1:45 - 4:00 p.m.	Review of the Curriculum - Part 1 with break

September 24

9:15 - 9:45 a.m.	Film: Teen Father
9:45 - 10:00 a.m.	Film discussion
10:00 - 11:30 a.m.	Review of the Curriculum - Part 2 including Barbara Holmberg: Family Planning Information
11:30 - 12:30 p.m.	LUNCH
12:30 - 2:00 p.m.	Kay Taber: Group Process Skills and Communication Skills
2:00 - 2:15 p.m.	Break
2:15 - 3:45 p.m.	Procedures for Starting a Group
3:45 - 4:00 p.m.	Training Evaluation

Name: Marsha Jack

Date: 9/26/87

INFANT CENTER
TEEN PROGRAM VOLUNTEER TRAINING
EVALUATION

Please help us assess the appropriateness of this training by providing the following information:

1. What did you like most about the training program?
The variety of resources we learned about.

2. What changes or additions would you like to see in the training program?
I think Debbie is doing an excellent job and really can't think of any additions.

3. What topics stand out in your mind as being the most helpful or interesting?
The man from PAC who talked about some of the counseling skills I learned about in college, I had forgotten ie reflective

4. Did the training meet your expectations? Do you feel prepared to start working with teen parents? Why?
I really didn't know what to expect, but yes I feel prepared. The overview of development reminded me of "how it was" fifteen years ago with my own child. My memory is refreshed and I am ready.

5. Please comment on each of the following - were they well presented and useful?

Adolescent Development: Yes - as I mentioned earlier (I have children that age now)

Characteristics/Psychology of Teen Parents: Yes — my own child are 15 so these stages are a part of my life. It's good to know they're on schedule.

Infant Development: I just went through this two years ago with a friend due again in Dec. She's gathered so much info. that it's helpful. She's been a good teacher as well.

Discipline and Abuse: It makes me heart sick to know of some of the things that go on. I hope I can help in just one situation to avoid that.

Communication Skills with Teens:
The most important thing we covered. If you're not communicating you're not helping.

Values, Sexuality, Relationships, and Contraception:
You know how I feel. I think all 7th grade classes should have someone from Planned Parenthood come speak to them.

Panel of Teen Parents:
They are the best teachers.

"Looking for Love - Teenage Parents" Video:
Good

"Teenage Father" Video:
A person to often overlooked.

Guest Speakers:
Very good

GROUP LEADER TRAINEES ONLY -

Teen Parent Time Curriculum:

Procedures for Conducting a Group (setting up, materials, methods, group facilitating):

PARENT AIDE TRAINEES ONLY -

Community Resources: Opened my eyes — I didn't know about WIC — unfamiliar with welfare

Communication Role Play:
A good idea

Policies and Procedures:
Fair

6. Was the level of material presented appropriate to your background and experience? Some of it was a little drawn out, but for the most part very appropriate.

7. What kind of follow-up, supervision, or further training do you feel you'll need? To touch base with Debbie and visit with other volunteers for advice from time to time.

8. How did you hear about the training?
School counselor

9. Please make any other suggestions about this training. Anything you can suggest will be appreciated.
Alcohol and drug dependency Training - things to watch for - how to help

10. Were materials/Handouts adequate?
Yes

THANK YOU FOR YOUR TIME AND COMMENTS

Community mail out for flyers

OKLAHOMA COUNTY AREA

COMMUNITY SERVICES

AMERICAN RED CROSS
323 N.W. 10th
Oklahoma City, OK 73103
232-7121
Contact: Bob Russell

BAPTIST CHILDREN'S HOME
16301 S. Western
Oklahoma City, OK 73170
691-7781
Contact:

BAPTIST CRISIS PREGNANCY COUNSELING
10806 N. May
Oklahoma City, OK 73120
755-5433
Contact: Sylvia Booth

BAPTIST GENERAL CONVENTION
Department of Child Care
1141 N. Robinson
Oklahoma City, OK 73103
236-4341
Contact:

BAPTIST MISSION CENTER
2125 Exchange Avenue
Oklahoma City, OK 73108
235-6162
Contact:

BIRTHRIGHT
3021 S. Western
Oklahoma City, OK 73109
631-4477
7008 N.W. 63rd, Suite 202
Oklahoma City, OK 73008
722-5052
Contact: Ray Merchant
P.O. Box 94533
Oklahoma City, OK 73143

BREASTFEEDING
Debbie Bocar
11320 Shadyglenn Rd.
Oklahoma City, OK 73132
722-2163

CATHOLIC SOCIAL MINISTRIES
425 N.W. 7th
Oklahoma City, OK 73102
232-8514
Contact: Lamonia Parker, Janet Davis

CAMP FIRE GIRLS
717 N.E. 21st Street
Oklahoma City, OK 73105
524-2255
Contact:

CENTRAL OKLAHOMA CHILDBIRTH EDUCATION ASSOC.
6212 N.W. 84th
Oklahoma City, OK 73132
721-6262
P.O. Box 12362
Oklahoma City, OK 73157
Contact: Jeannie Hagy, Karen Carothers

CHILD CARE CONNECTION
125 N.W. 5th Street
Oklahoma City, OK 73101
525-3111

CHILD STUDY CENTER
1100 N.E. 13th Street
Oklahoma City, OK 73117
271-5700
Contact: Freda Jones, Jan Culbertson, Dianne Willis

CHRISTIAN COUNSELING CENTER OF OKLAHOMA
5622 N. Portland
Oklahoma City, OK 73112
947-0645
Contact: Karen Baumann

COMMUNITY ACTION PROGRAM
5005 N. Lincoln, Rm. 135
Oklahoma City, OK 73105
524-3211
Branch Office -
424 W. California
Oklahoma City, OK 73102
272-7500
District Office -
East, 1115 N.E. 7th
Oklahoma City, OK 73117
232-3186

COMMUNITY SERVICES:

COMMUNITY ACTION PROGRAM (Cont'd)
District Center -
West, 1621 S.W. 15th Street
Oklahoma City, OK 73108
634-1469
City-County -
12500 N.E. 42nd
Oklahoma City, OK 73066
769-3346
Attn: Head Start Programs and
Youth Development

CONTACT - Crisis Counseling (24 hrs.)
P.O. Box 12832
Oklahoma City, OK 73157
848-CARE (2273)

COPE
2221 E. Memorial Rd.
Edmond, OK 73131
478-2673
Contact: Kent Allen

DEACONESS MATERNITY HOME
5401 N. Portland
Oklahoma City, OK 73112
942-5001
Contact: Betty Hollingshead

DEPARTMENT OF HUMAN SERVICES
631 E. Robinson
Norman, OK 73071
321-1434
Contact: Jean LeMonier

DEPARTMENT OF MENTAL HEALTH
Box 53277, Capitol Station
Oklahoma City, OK 73152
521-0044
Contact: Terry Fife

DEPARTMENT OF PSYCHIATRY AND
BEHAVIORIAL SCIENCES
South Pavillion, 5th Floor
Box 26901
Oklahoma City, OK 73190
271-4415
Contact: Barbara Bonner

DRUG RECOVERY INC., ADOLESCENT PROGRAM
5th & Broadway
P.O. Box 174
Arcadia, OK 73007
396-2921
Contact:

EDMOND YOUTH COUNCIL
27 E. 15th
P.O. Box 1085
Edmond, OK 73083
341-3554
Contact: Paul Tobin

EMERSON SCHOOL
715 N. Walker
Oklahoma City, OK 73102
232-5273
Contact: Sandi Bennett, Jane Heers,
Valene Cook

EMPLOYMENT AND TRAINING
4511 S.E. 29th
Del City, OK 73115
672-6747
Contact:

FAMILY MEDICINE CLINIC
1600 N. Phillips
Oklahoma City, OK 73104
232-2300
North Clinic
N.E. 50th & Lincoln
524-8540

FOOD PROGRAM - DOWNTOWN BAPTIST CHURCH
629 W. Main
Oklahoma City, OK 73102
232-6977
Contact:

GIRL SCOUTS - REDLAND COUNCIL
121 N.E. 50th Street
Oklahoma City, OK 73105
528-3535
Contact:

COMMUNITY SERVICES:

MIDWIFERY HEALTH PRACTITIONERS
3908 E. Reno
Oklahoma City, OK 73117
672-9449

NEIGHBOR FOR NEIGHBOR
300 S.W. 13th Street
Oklahoma City, OK 73109
236-0473
(food, clothing)

NEIGHBORHOOD SERVICES ORGANIZATION
HEALTH CENTER
614 N.E. 4th Street
Oklahoma City, OK 73104
232-1361
(medical care, immunizations, WIC)

NORTH CARE CENTER
2800 W. Hefner Road
Oklahoma City, OK 73120
755-8500

OKLAHOMA CITY CLINIC
701 N.E. 10th
Oklahoma City, OK 73104
Ob/Gyn: 271-2771
Edmond Medical Center
105 S. Bryant
Edmond, OK 73034
341-3623
Midwest City Medical Center
600 National Avenue
Midwest City, OK 73110
737-8874
Yukon Medical center
508 W. Vandament Avenue
Yukon, OK 73099
350-2273

OKLAHOMA CITY INDIAN CLINIC
1214 N. Hudson
Oklahoma City, OK
232-1526
Contact: Rhaelynn Bonham, Susan Tallbull

OKLAHOMA CITY COMMUNITY COLLEGE
7777 S. May aVenue
Oklahoma City, OK 73159
682-1611
Contact:

OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT
921 N.E. 23rd
Oklahoma City, OK 73104
427-8651
Contact: Jewell Buckingham
Barbara Mason
(immunizations, health counseling, well-baby clinic, WIC)

OKLAHOMA CONFERENCE OF CHURCHES
7501 N.W. Expressway
Oklahoma City, OK 73132
722-3100
Contact: Max Glenn

OKLAHOMA COUNTY MENTAL HEALTH INTERVENTION
P.O. Box 26463
Oklahoma City, OK 73126
235-8943
Contact: Debra Maxwell
(family crisis assistance service)

PARENTS ASSISTANCE CENTER
911 N.W. 13th Street
Oklahoma City, OK 73106
232-8226
Contact: Linda Gore, Dale Ware
(parenting skills, crisis counseling)

PAULINE MAYER GROUP HOME
1201 N.E. 12th Street
Oklahoma City, OK 73117
271-7606
Contact: Barbara York, Leslie Gilkeson

PLANNED PARENTHOOD
619 N.W. 23rd Street
Oklahoma City, OK 73103
528-0221
Midwest City
213 E. Atkinson Plaza
Midwest City, OK 73110
732-3836
Contact: Debbie Goodman, Peggy Pruchta
Deb Hamel, Rhonda Byrd, Zelda Capehart
(contraception, pregnancy tests, counseling, health services

COMMUNITY SERVICES:

MIDWIFERY HEALTH PRACTITIONERS
3908 E. Reno
Oklahoma City, OK 73117
672-9449

NEIGHBOR FOR NEIGHBOR
300 S.W. 13th Street
Oklahoma City, OK 73109
236-0473
(food, clothing)

NEIGHBORHOOD SERVICES ORGANIZATION
HEALTH CENTER
614 N.E. 4th Street
Oklahoma City, OK 73104
232-1361
(medical care, immunizations, WIC)

NORTH CARE CENTER
2800 W. Hefner Road
Oklahoma City, OK 73120
755-8500

OKLAHOMA CITY CLINIC
701 N.E. 10th
Oklahoma City, OK 73104
Ob/Gyn: 271-2771
Edmond Medical Center
105 S. Bryant
Edmond, OK 73034
341-3623
Midwest City Medical Center
600 National Avenue
Midwest City, OK 73110
737-8874
Yukon Medical center
508 W. Vandament Avenue
Yukon, OK 73099
350-2273

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1214 N. Hudson
Oklahoma City, OK
232-1526
Contact: Rhaelynn Bonham, Susan Tallbull

OKLAHOMA CITY COMMUNITY COLLEGE
7777 S. May aVenue
Oklahoma City, OK 73159
682-1611
Contact:

OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT
921 N.E. 23rd
Oklahoma City, OK 73104
427-8651
Contact: Jewell Buckingham
Barbara Mason
(immunizations, health counseling, well-baby clinic, WIC)

OKLAHOMA CONFERENCE OF CHURCHES
7501 N.W. Expressway
Oklahoma City, OK 73132
722-3100
Contact: Max Glenn

OKLAHOMA COUNTY MENTAL HEALTH INTERVENTION
P.O. Box 26463
Oklahoma City, OK 73126
235-8943
Contact: Debra Maxwell
(family crisis assistance service)

PARENTS ASSISTANCE CENTER
911 N.W. 13th Street
Oklahoma City, OK 73106
232-8226
Contact: Linda Gore, Dale Ware
(parenting skills, crisis counseling)

PAULINE MAYER GROUP HOME
1201 N.E. 12th Street
Oklahoma City, OK 73117
271-7606
Contact: Barbara York, Leslie Gilkeson

PLANNED PARENTHOOD
619 N.W. 23rd Street
Oklahoma City, OK 73103
528-0221
Midwest City
213 E. Atkinson Plaza
Midwest City, OK 73110
732-3836
Contact: Debbie Goodman, Peggy Pruchta
Deb Hamel, Rhonda Byrd, Zelda Capehart
(contraception, pregnancy tests, counseling, health services

COMMUNITY SERVICES:

RED ROCK COMPREHENSIVE MENTAL HEALTH CENTER
214 N. Madison
Oklahoma City, OK 73105
524-7711
Contact: Mercedes Dominquez
(counseling, parent groups)

ROSE GROUP HOME
603 N.W. 31st
Oklahoma City, OK 73118
557-0179
Contact: Rhonda Korstjens

ROSE STATE COLLEGE
6420 S.E. 15th Street
Midwest City, OK 73110
733-7311
Contact: Child Develelopment Dept.)

SAINT JOSEPH'S CHILDREN'S HOME
3301 N. Eastern
Oklahoma City, OK 73136
424-1411

SALVATION ARMY
516 Hudson
P.O. Box 25516
Oklahoma City, OK 73125
235-1735

SCOPE MINISTRIES
700 N.E. 63rd
Oklahoma City, OK 73105
843-7778
Contact: Ken Kimberling

SOCIAL SERVICES DEPARMTENT
330 S.W. 4th
Oklahoma City, OK 73109
236-4557
Contact: Capt. Douglas Browning

SOUTHEAST AREA HEALTH CENTER
745 S.E. 26th
Oklahoma City, OK 73129
632-6688
Contact:

STATE DEPARMTENT OF HEALTH
Maternal/Child Health
P.O. Box 53551
Oklahoma City, OK 73152
271-4476
Contact: Marilyn Lanphier

SUNBEAM FAMILY SERVICES
616 N.W. 21st
Oklahoma City, OK 73103
528-7721
Contact: Althea Milvin, Cecilia Beckham
(counseling, family life classes)

T L C FAMILY RESOURCE CENTER
5918 N.W. 10th #108B
Oklahoma City, OK 73127
789-2958
Contact: Kathy Lewis

THE BIRTH CENTER
Shartel Professional Building, Suite 2000
1117 N. Shartel
Oklahoma City, OK 73103
232-9561

TINKER PERSONNEL AFFAIRS AND FAMILY SERVICES
Building 460, Room 103
TAFB, OK 73145
734-2505
Contact:

TRI-CITY YOUTH AND FAMILY CENTER
14625 N.E. 23rd
Choctaw, OK 73020
390-8131
Contact: Pat O'Connor

UNITED METHODIST COUNSELING SERVICES
1702 N.W. 27th, Suite #1
Oklahoma City, OK 73106
528-1906

URBAN LEAGUE OF GREATER OKC
3017 N. Eastern
Oklahoma City, OK 73111
424-5243
Contact:

COMMUNITY SERVICES:

UNITED CHURCH MINISTRIES
5101 N. May Avenue
Oklahoma City, OK 73112
947-2998
Contact:

VARIETY HEALTH CENTER
1504 S. Walker
Oklahoma City, OK 73109
235-6466
Contact: Terrie Fritz, Mike Dover

VO-TECH TRAINING
Northwest (Frances Tuttle)
12777 N. Rockwell
Oklahoma City, OK 73142
722-7799 ext. 300
Contact: Shari Parrish
Southeast (Foster Estes)
4901 S. Bryant
Oklahoma City, OK 73129
672-2371
Contact: Debra Marlett

WILLOWVIEW HOSPITAL
2601 Spencer Road
Oklahoma Ctiy, OK 73136
427-2441

YOUTH SERVICES FOR OKLAHOMA COUNTY
1219 N. Classen
Shelter-108 N.W. 15th
Oklahoma City, OK 73106
272-0726
Contact: Susan Baumburger, Lindsay Shaw
(crisis intervention for youth and families, shelter)

* *

Community Centers

COMMUNITY COUNSELING CENTER
2512 S. Harvey
Oklahoma City, OK 73109
236-3574

HUEY LONG COMMUNITY CENTER
4505 S.E. 15th
Del City, OK 73115
677-5741

MIDWEST CITY COMMUNITY CENTER
100 N. Midwest Blvd.
Midwest City, OK 73115
732-2281

MOORE COMMUNITY CENTER
301 S. Howard
Moore, OK 73160
799-4428

YUKON COMMUNITY CENTER
2200 S. Holly Avenue
Yukon, OK 73099
354-8442

Note: There are 23 Community Recreation Centers in the Oklahoma City area listed in the Blue Pages of your telephone directory.

COMMUNITY SERVICES:

Department of Human Services

CHILDREN'S SERVICES UNIT
1201 N.E. 12th
P.O. Box 26130
Oklahoma City, OK 73125
271-7666

DCYS
P.O. Box 25352
Oklahoma City, OK 73125
521-3778
Contact: Syd Roberts

DIVISION OF ASSISTANCE PAYMENTS
2409 N. Kelley
Oklahoma City, OK 73111
424-5818
(AFDC, food stamps)

REHABILITATION SERVICES UNIT
2409 N. Kelley, Room 402
P.O. Box 25352
Oklahoma City, OK 73125
424-4311 ext. 2840
P.O. Box 10001
Midwest City, OK 73140
737-4897

SCHEDULING STAFF MEETINGS:
Sue Sharon, Dee Fones
424-5818 ext. 2444

* *

Guidance Centers

BETHANY
1728 N. Rockwell
Bethany, OK 73008
787-4801
Contact: Kay Taber

EDMOND
1400 S. Broadway
Edmond, OK 73034
341-6120

HEALTH PLANNING COMMISSION
1000 NE 10th
P.O. Box 53551
Oklahoma City, OK 73152
Contact: Bud Draper

MOORE
224 S. Chestnut
Moore, OK 73160
794-1591
Contact:

OKLAHOMA CITY-COUNTY
921 N.E. 23rd
Oklahoma City, OK 73105
427-8651
Contact:

SOUTHEAST
3945 S.E. 15th
Del City, OK 73115
677-5832
Contact: Dawn Singleton

SOUTHWEST
7825 W. Winnie
Wheatland, OK 73097
745-3419
Contact: Nancy McCabe

YUKON
401 Vandament
Yukon, OK 73099
354-4872
Contact:

* *

COMMUNITY SERVICES:

Hospitals

BAPTIST MEDICAL CENTER
3300 NW Expressway
Oklahoma City, OK 73112
949-3011
Contact: Patricia Minard, Carol Woodward (Labor and Delivery)

BETHANY GENERAL HOSPITAL
7600 NW 23rd
Bethany, OK 73008
787-3450
Contact:

DEACONESS HOSPITAL
5501 N. Portland
Oklahoma City, OK 73112
949-5581
Contact:

EDMOND MEMORIAL HOSPITAL
1 S. Bryant
Edmond, OK 73034
341-6100
Contact:

MOORE MUNICIPAL HOSPITAL
1500 S.E. 4th
Moore, OK 73160
793-2399
Contact:

PRESBYTERIAN HOSPITAL
N.E. 13th and Lincoln
Oklahoma City, OK 73104
271-5100
Contact: Mary Lou Phipps (Postpartum x5199); Lynda Kruse (Parent Education Coordinator)

HILLCREST OSTEOPATHIC HOSPITAL
2129 S.W. 59th
Oklahoma City, OK 73119
685-6671
Contact:

MERCY HEALTH CENTER
4300 W. Memorial Rd.
Oklahoma City, OK 73120
752-3784
Contact: Sheryl Boatman (NICU Social Work) Labor and Delivery-Attention Childbirth Instructors (Doreen Burns); Kay Davis (Community Services Dept. 755-1515 x2763)

MIDWEST CITY MEMORIAL HOSPITAL
2825 Parklawn Dr.
Midwest City, OK 73110
737-4411
Contact: Margaret Swango, Theresa (Social Work); Iris Marshall (OB/GYN)

SOUTH COMMUNITY HOSPITAL
1001 S.W. 44th
Oklahoma City, OK 73109
636-7000
Contact: Joyce Turpin, Maria Chenko (Educational Services)

ST. ANTHONY'S HOSPITAL
1000 N. Lee
Oklahoma City, OK 73106
272-7000
Contact: Lori Crumm (Postpartum x7358); Norma Leslie, Barbara Holmberg (OB/GYN Associates Clinic x6950); Ann Haggard (Outpatient Clinic, 1st floor x6931)

OKLAHOMA CHILDRENS MEMORIAL HOSPITAL
940 N.E. 13th
Oklahoma City, OK 73104
Contacts: Infant Transition Project - Martha Holmes 271-6302;
Adolescent Health Project/Teen Hotline - Candy Camhi, Nadine Spring, Byron Williams 271-8336; Adolescent Medicine Clinic - Amy Garrett, Vicki Muir, James Fortenberry, M.D., Becky Beckman, M.D. 271-6208;
PPM - Celine Womack, Diane Kittridge 271-4003;
Social Work - Vicki Muir, Thelma Austin 271-4518;
NICU - Mary Ann McCaffree, M.D., Jewel Dallas, MSW 271-5814;
Center for Injured Children - Laura Kok 271-3305;
Emergency Room - Andy Patty

COMMUNITY SERVICES:

Hospitals (Cont'd)

OKLAHOMA MEMORIAL HOSPITAL
800 N.E. 13th
Oklahoma City, OK 73104
Contacts: Social Work - Phyliss Gustafson, Mary Jo Fisher 271-4610
Midwives Clinic - Michelle Bushong 271-5531
Women's Clinic - Lisa Seay, Audry McMasters 271-4741
Postpartum Nurses - Barbara Talent, Sharon White 271-4358
Nurse Practitioners - Norma Leslie, Barbara Holmberg 271-8717
(South Pavillion 4th floor)

* *

Libraries

DOWNTOWN
131 Dean A. McGee Ave.
Oklahoma City, OK 73102
235-0571
Contact: Sharon Ferguson, Public Services Dept.

BELLE ISLE
5501 N. Villa
Oklahoma City, OK 73112
843-9601
Contact:

BETHANY
3510 N. Mueller
Bethany, OK 73008
789-8363
Contact:

CAPITOL HILL
334 S.W. 26th
Oklahoma City, OK 73109
634-6308
Contact:

DEL CITY
4509 S.E. 15th
Del City, OK 73115
672-1377
Contact:

MIDWEST CITY
3210 Belaire
Midwest City, OK 73110
732-4828
Contact:

RALPH ELLISON
2000 N.E. 23rd
Oklahoma City, OK 73111
Contact: Denyvette Davis

SOUTHERN OAKS
6900 S. Walker
Oklahoma City, OK 73139
631-4468
Contact: Lynette Denton

THE VILLAGE
9304 Penn Place
Oklahoma City, OK 73120
848-3539
Contact:

WARR ACRES
5901 N.W. 63rd
Oklahoma City, OK 73132
721-2616
Contact:

COMMUNITY SERVICES:

Schools

BETHANY
789-6370
Contact:

CHOCTAW/NICOMA PARK
769-6731
Contact:

CROOKED OAK
677-5252
Contact:

DEER CREEK
348-5720
Contact:

EDMOND
341-1833
Contact: Carolyn Duncan, High School Counselor

MIDWEST CITY/DEL CITY
737-4461
Contact: Bill Shadrick, Candy Hogan (Pupil Services); Marilyn Butler (MWC H.S. Home Ec. Teacher - 732-0371)

MILLWOOD
478-0504
Contact:

MOORE
794-1531
Contact:

MUSTANG
376-2404
Contact:

NOBLE
364-3682
Contact:

NORMAN
329-7970
Contact:

PIEDMONT
373-2865
Contact:

PUTNAM CITY
495-5200
Contact: Harold Greenwood - Asst. Superintendant

TUTTLE
381-2396
Contact:

WESTERN HEIGHTS
745-4623
Contact:

YUKON
354-6661
Contact:

OKLAHOMA CITY
236-2661
Contact: Elizabeth Ennis - Director of High Schools
Capitol Hill 634-1461 - Betty Williams
Emerson 232-5273 - Sandi Bennett, Valene Cook
Grant 685-6621 -
Marshall 848-6871 -
Northeast 424-1491 - Joyce Henderson
Northwest Classen 942-5551 - Connie Bradford (Home Ec.)
Southeast 634-1474 -
Star Spencer 771-4043 -

Private

BISHOP MCGUINESS
801 N.W. 50th
Oklahoma City, OK 73118
848-9960
Contact:

HERITAGE HALL
1401 N.W. 115th
Oklahoma City, OK 73114
751-6797
Contact:

MOUNT ST. MARY
2801 S. Shartel
Oklahoma City, OK 73109
631-8865
Contact:

COMMUNITY SERVICES:

YMCA

DOWNTOWN
125 N.W. 5th
Oklahoma City, OK 73102
232-6101
Contact:

EAST SIDE
3900 Martin L. King
Oklahoma City, OK 73111
Contact:

EDMOND
1220 S. Rankin
Edmond, OK 73034
348-9622

GREENBRIAR
1500 Kingsridge Dr.
Oklahoma City, OK 73159
691-8101
Contact:

NORTHSIDE
10000 N. Penn
Oklahoma City, OK 73120
751-6363
Contact:

TINKER
2817 Woodcrest Dr.
Midwest City, OK 73110
Contact:

WESTSIDE
3400 N. Mueller
Bethany, OK 73008
Contact:

* *

YWCA

CENTRAL
129 N.W. 5th
Oklahoma City, OK 73102
232-7681
Contact: Charlotte New,
Tanya June

IONE
6103 N.W. 58th
Oklahoma City, OK 73122
721-2485
Contact:

MCFARLAND
1701 N. Eastern
Oklahoma City, OK 73111
424-4623
Contact: Pearl Peoples

Family Resource Coalition's Second National Conference

FAMILIES

A NATIONAL RESOURCE • A NATIONAL PRIORITY

Building Support and Resources for the Family

October 6-9, 1988
Palmer House Chicago

Family Resource Coalition's Second National Conference

Conference Co-Sponsors

- American Academy of Pediatrics
- American Orthopsychiatric Association (ORTHO)
- Association of Junior Leagues, Inc.
- Children's Defense Fund
- Child Welfare League of America
- Family Service America
- National Association for the Education of Young Children
- National Black Child Development Institute
- National Center for Clinical Infant Programs
- National Committee for the Prevention of Child Abuse
- National Council of Churches
- National Council of Jewish Women
- National Council of LaRaza
- National Council on Family Relations
- National Urban League

From the kitchen table to the Oval Office, the word has spread that families and family issues are critical. An explosion of grassroots programs have emerged to provide preventive, community-based family support. In the last ten years, the development and growth of the family resource movement has been critical in gaining influence and support for family resource programs and family issues at all levels - local, regional, and national. During this election year, it's time to join others and work toward the goal of creating policies & programs which strengthen families.

Join us for the FRC's Second National Conference: Take part in the young and dynamic family resource movement. Join with parents, professionals, and public policy officials who are building the national movement to strengthen families. Explore basic assumptions, examine programs that have grown up during the past decade, increase your skills in working with families of today, design strategy to influence and impact on public policy. Participate in FRC's Second National Conference: **FAMILIES: A National Resource, A National Priority**

Conference Program

Thursday, October 6

1.00 PM - 5.00 PM **Half Day Focus Sessions**

1. **Special Needs Families and Family Support**

Families who have children with disabilities need comprehensive family support systems This session will look at models of family support for special needs families, legislative initiatives, advocacy issues and means of empowering special needs families Family Resource Coalition's Task Force on Family Support for Special Needs Families will be launched at this session

Convener Vicki Grosh, Ohio Department of Mental Retardation & Developmental Disabilities

Presenters Lynn Alms & Jacqueline Harris United Mental Health, (Pittsburgh, PA), Judith Bloch, Variety Preschoolers Work shop, (Syossett, NY), Sarah deVincentis, National Lekotek Center, (Evanston, IL), R A McWilliams, Project SUNRISE, (Morganton, NC), Eleanor Szanton & Emily Schrag, National Center for Clinical Infant Programs, (Washington, DC), Julie Beckett, Maternal & Child Health Resource Center, (Iowa City, Iowa), Catherine McHugh, N Y Commission on Quality Care for Mentally Disabled (Albany, NY) and Lisa Gardner, Catholic Charities Developmental Disabilities Services (Albany, NY)

2 **Family Support for Low-Income Families**

Preliminary results of FRC's study of center- and group-based family support programs for low-income families will be presented and discussed Included in this session will be service delivery models, techniques and approaches, cultural variables, and issues related to public policy decisions

Convener Family Resource Coalition

Presenters. Lynn E Pooley, Associate Director, Family Resource Coalition, Phyllis Smith Nickel, Program Specialist, Family Resource Coalition, Charlene Firestone, Neighborhood Family Resource Centers, (Detroit, MI), Nancy Johns & Catherine Harvey, Philadelphia Parenting Associates, (Philadelphia, PA)

3. **Resources for Teen Parents**

This session will look at both issues and exemplary program models which impact on services for teen parents Issue areas include a report on state initiatives, program evaluation strategies, and a needs assessment of adolescent parents

Convener Delores Holines, Family Focus-Our Place, (Evanston,IL)

Presenters Patrick Bustos, National Conference of State Legislatures, (Denver, CO), Patricia Canessa, Arts of Living Program (Chicago, IL), Dorthea Cudaback, School of Social Welfare (Berkeley, CA), Gail Ober, Children's Aid Society of Pennsylvania, Gail Loeb, Child and Parent Center (Philadelphia, PA), Bradley Alston & Marion Fisher, Friends of the Family (Baltimore, MD), Sharon Telleen, University of Illinois at Chicago, Linda Miller, Parents Too Soon (Springfield Illinois) Holly Ruch Ross, Ounce of Prevention Fund (Chicago, IL)

4. **Child Care & Family Support**

Child care as family care is a concept still in early developmental stages This session will look at that concept, discuss the needs of parents, caregivers and children and how they affect each other The FRC Task Force on Child Care and Family Support will be launched at this session

Convener Ethel Siederman, Patent Services Project, (Fairfax, CA)

Presenters Barbara Bowman, Erikson Institue (Chicago, IL); Richard J Nitti, Christopher House (Chicago, IL), Donna Whittner, Suny Health Science Center (Syracuse, NY)

5:30 PM - 7 00 PM **Exhibits Open With Cash Bar**

7 00 PM - 8.00 PM **Opening Keynotes**

Bernice Weissbourd - President of the Family Resource Coalition and President of Family Focus, Edward F. Zigler - Director of the Bush Center on Child Development and Social Policy & Professor of Psychology, Yale University "The Family Resource Movement- A National Resource, A National Priority." Helen Q Kivnick, Visiting Professor in the School of Social Service Administration, University of Chicago "Resources and Priorities Integrating Songs, Scholarship and Practice with the Intergenerational Family."

Friday, October 7

8 30 AM - Noon **Half Day Focus Sessions**

5. **State Initiatives for Family Support**

This session will look at implementation strategies & models of family support programs funded by state governments The emphasis will be on procedures & processes in the development of state-sponsored and initiated programs to strengthen families

Convener Frank Farrow, Center for the Study of Social Policy, (Washington, DC)

Presenters Heather Weiss, Harvard Family Research Project, (Boston, MA), Bea Romer, wife of Governor Roy Romer of Colorado, First Impressions (Colorado), Laurie Docknevich, Connecticut Department of Children & Youth Services, Rosalie Streett, Friends of the Family, (Maryland), Mildred Winter, Parents as Teachers, (Missouri), Helen Nissani, Together for Children, (Oregon), Jack Pransky, Agency of Human Services (CT)

6. **Family Support in the Workplace**

There is a growing body of knowledge on the effects of family issues on work and the workplace This session will look at those issues, responses and trends in the business community, legislative outlooks and family supports in the workplace

Conveners Ellen Galinsky, Bank Street College, (New York NY) Kathleen McDonald Exxon Chemical Company, (Linden, NJ)

Presenters Elliot Lehman, Fel-Pro Company, (Skokie, IL), Gwen Morgan & Diane Burrus, Work/Family Directions, (Boston, MA), Terry Bond, Mothers in the Workplace Project, National Council of Jewish Women (New York, NY), Barney Olmsted, New Ways to Work, (San Francisco, CA), Susan Ginsberg, Work/Family Life Seminars, (New York, NY), Elaine McCormick Wray, Working Parent Resource Center, (St Paul, MN), Irene Campos-Carr, Family & Community Project, (Aurora, IL)

7 **Public Schools & Family Support**

The public school system is the most widespread, accessible means of reaching parents of children of all ages This session will focus on ways of utilizing that system to provide family resource programs and supports It will include an historical overview discussions of existing program models, legislative initiatives to provide such programs, and strategies for building partnerships between the public school system and community resources serving families

Convener Sharon Lynn Kagan, New York City Office of Early Childhood Education (NY) & Yale University (New Haven CT)

Presenters David Seeley, College of Staten Island (NY), Louis Taff, Project Enlightenment, (Raleigh, NC), Robert Brancale, Early Childhood Family Education Programs (Minneapolis, MN), Mildred Winter, Parents as Teachers (St Louis, MO), Jean Rustici, Connecticut State Department of Education (Hartford, CT)

8 45 AM - Noon **Program Tours**

This is your opportunity to visit some of the finest programs models for family support Pre-registration is required Cost information is on the registration form

Tour 1 **Family Focus. A Look at Family Support in Three Communities**

Family Focus, Inc operates six model family resource centers in diverse Chicago-area communities Each center reflects the unique strengths and needs of the center participants and their neighborhood This tour will visit three Family Focus Centers Family Focus Lawndale, with its exemplary programs for teenagers, Family Focus West Town, with formal and informal activities for Hispanic families, and Family Focus Lincoln Park, located in a densely populated, largely middle-class, urban neighborhood

Tour 2 **The Beethoven Project of the Ounce of Prevention Fund- A Public/Private Partnership**

The Beethoven Project is a comprehensive child development center providing services from prenatal care to entry into kindergarten It is a demonstration project located in the Robert Taylor Homes, a Chicago public housing project

Tour 3. The National Lekotek Center. A Resource Center for Families Who Have Children with Special Needs

Lekotek, which translates from the Swedish to mean "play library", provides supports and resources to families who have children with disabilities This tour will look at Lekotek services to families, including a toy library of more than 4000 items, Compuplay - using computers with parents and their children, Innotek - a range of technological supports for families with children who have special needs and the graduate level program to train Lekotek Leaders

Tour 4 Museums Focused on Families Express-Ways Children's Museum and the Field Museum of Natural History

Visit Express-Ways Children's Museum, a hands-on museum geared to children from 2 to 13 years After experiencing first-hand these unique exhibits, this tour will move on to a special new exhibit at the Field Museum of Natural History Meet with the exhibit designer of "Rearing Young"- a look at child rearing in the human & animal world

Tour 5: Parenthesis- Multi-Faceted Programs for Family Support

Parenthesis Parent/Child Center includes a range of services for parents and young children a drop-in center, educational seminars and classes, programs for single parent families and teen parents, and a parent/infant playtime for preemies and at-risk infants In addition to the parent-conducted tour and discussion, this trip will include a bus tour of the ethnically and culturally diverse community of Oak Park, highlighting the world famous "Prairie Style" architecture of Frank Lloyd Wright and his students

Noon - 1 30 PM Special Guest Speaker

T. Berry Brazelton, M D., pediatrician, author, Clinical Professor of Pediatrics at Harvard Medical School **"Stresses & Strains on Families in the 80's."**

2 00 PM - 3 30 PM Workshops: Session I

ADVOCACY

1. **Healthy Mothers, Healthy Babies Coalition-**
A Model for Local and State wide Prevention Francie Hornstein and Alison Ehara-Brown, Healthy Mothers/Healthy Babies Coalition of CA (Berkeley)

2. **Building Parent Support into Public Policy**
Gwen Morgan, Work and Family Directions (Watertown, MA)

CURRICULUM

3. **Making Good Families Better.**
Greg Schnell, Family Life Inst (Lubbock,TX)

4 **Using Children's Literature and Games to Teach Parenting Skills to Teen Parents**
Helen Johnson, New Futures School (Albuquerque, NM)

5. **Programmed Interventions Through Workbooks**
Luciano L'Abate, Family Study Center, Georgia State University (Atlanta)

EVALUATION

6. **Progtam Meets Research Combining Program Implementation and Evaluation**
Annette B Collins and Elizabeth Jones, Ounce of Prevention Fund (Chicago, IL)

7. **Parent Programs for Low-Income Mexican and Mexican-American Families Evaluation Perspectives**
Gloria Rodriguez, Avance Parent-Child Education Programs (San Antonio, TX), Dale Johnson and Todd Walker, University of Houston (TX), Douglas Powell, Purdue University Department of Child Development and Family Studies (West Lafayette, IN), Victor Silva-Palacios, MELD (Los Angeles), and Ruth Zambrana, University of California (Los Angeles)

MANAGEMENT & ADMINISTRATION

8. **Fundraising for Family Resource Programs: Basic Considerations**
Ellen Orton Montanari, Institute for Human Development, Central Arizona College (Phonex, AZ)

9. **Making Your Dreams Come True Starting Successful New Programs**
James Mason & Katherine Kagy-Taylor, The Aring Institute (Cincinnati, OH)

PROGRAM MODELS

10. **A Support Group Model for Low-Income, Isolated Parents.**
Deborah Lee and Ana Linder, Support Group Training Project (Oakland, CA)

11. **Building Programs in Rural and Developing Communities.**
Carol J Cook, Family Resource Project/ Child-Safe, Inc , Parents Anonymous of Arizona (Prescott, AZ), and Rebecca Ruffner-Tyler, Child Development Specialist (Prescott, AZ)

12 **No Hang Ups A Telephone Program to Reach Teens**
Irene Beck, Education Center of Sheppard Pratt (Baltimore, MD)

13 **Improving Service for Special Needs Families.**
Gail Roberts and Verne Melberg, St Paul Public Schools (MN)

14. **Growing Together. A Model for a Parent/Child Group**
Wendy Weingarten, Parents' Place, Chestnut Hill Hospital (Philadelphia, PA)

15 **A Statewide Community-Based Parent Education Program**
Liane Sorenson, CHILD,Inc (Wilmington, DE)

16 **The Challenges of a Hospital-Based Parenting Program A Unique Delivery System**
Judith Smiley and Susan Brooks, Elizabeth Blackwell Center, Riverside Methodist Hospital (Columbus, OH)

THEORY & PRACTICE

17. **The Counseling Component of Prevention.**
Ann Adalist-Estrin, Parent Resource Association (Wyncote, PA)

18. **Parenting a Toddler. Problems Encountered by Adolescent Mothers**
Babette Bierman, Friends of the Family (Baltimore, MD)

19 **Subsequent Pregnancy Becoming a Parent After the Loss of a Baby.**
Judith Calico Kravitt Subsequent Pregnancy Support Group (Evanston, IL)

20. **Family Support Programs and Policies at the Workplace. What is the State of the Art?**
Ellen Galinsky and Susan Ginsberg, Work and Family Studies, Bank Street College of Education (New York, NY)

21. **Empowering Parents Ecologically Focused Church Programs**
Diana Garland, Southern Baptist Theological Seminary (Louisville, KY)

22. **Optimizing Child Development Through Parent-Professional Partnerships**
Roni Leiderman and Wendy Masi, Family Cntr of Nova University (Ft Lauderdale, FL)

23 **How to Run Parent Groups that Work.**
Nancy Samalin, Parent Guidance Workshops (New York, NY)

24. **When a Family Member is Incarcerated: One Family's Personal Experience.**
Marcia A Treno and Thomas M Treno, Edina Family Center (MN)

2 00 PM - 4 00 PM Special Seminar:

Beyond Birth To Three- Family Issues Across the Life Cycle

A discussion of family life cycle issues with some of the most renound experts in the family resource movement James Garbarino, Erikson Institute (Chicago, IL), Benjamin Gottlieb, University of Guelph (Ontario)

4 00 PM - 5 00 PM Keynote Address

Anna Quindlen, New York Times syndicated columnist, and author **"Families and Parenting A View from the Trenches!"**

5 00 PM - 6 00 PM Membership Meeting With the FRC Board of Directors

Meet with members of the FRC Board Ask questions about the Family Resource Movement, its momentum and future directions

6 00 PM - 8 00 PM Conference Cocktail Reception

Relax and continue your conversations with FRC Board Members, Anna Quindlen and colleagues in the field at this special reception for all attending the conference

Saturday, October 8

7.00 - 9 00 AM **Breakfast-Regional and Interest Group Networking**

Meet over breakfast with others from your part of the country, or who are interested in your issues Tables indicating topics and areas will be set up in the Exhibit Hall

9 00 - 11 30 AM **Seminars: Session I**

1. **Generational Issues in the Family**
Convener Helene Block, Center for Family Education, Oakton Community College, (Des Plaines, IL)
Presenters. Barbara Ginsburg, Confident Parenting Programs, (Pittsburgh, PA), Laura Hansen with Elizabeth Jacob & Cynthia Stone, Jewish Family and Community Service, (Chicago, IL)

2. **Home-Based Family Supports**
Convener Family Resource Coalition
Presenters· Douglas Powell, Purdue University, (West Lafayette, IN), Robert Halpern, University of Michigan, School of Social Work, (Ann Arbor, MI), Richard Roberts, Center for Development of Early Education at Kamehameha Schools, (Honolulu, HI), Craig Ramey, Frank Porter Graham Child Development Center (Chapel Hill, NC), Joyce Metzger, parent representative (Honolulu, HI).

3. **Enabling and Empowering Families.**
Convener Carl J Dunst, Family, Infant and Preschool Program, (Morganton, NC)
Presenters from the Family, Infant and Preschool Program Angela G Deal, Nancy Gordon, Carol M Trivette, Janet Weeldreyer

4 **Ethnicity and Cultural Diversity**
Convener Gail Christopher, Executive Director, Family Resource Coalition
Presenters: Huberta Jackson-Lowman, Mayor's Commission on Families (Pittsburgh, PA), Lisa Lee, Parent Services Project (Fairfax, CA), Guadalupe Lara, Children's Hospital of Michigan (Detroit, MI)

5. **Networking Community Resources for Families**
Convener Jean R James, Greenville's Child, (Greenville, SC)
Presenters Susan M James & the Memphis Adolescent Parenting Network, (Memphis, TN), Jacqueline A Sparks & Julian Sharman, Family Strength, (Durham, NH)

8 30 - 10 00 AM **Workshops: Session 2**

ADVOCACY

25. **Advocacy and Coalition Building: The Keys to Starting Good Programs & Keeping Them Going.**
Rosalie Streett, Friends of the Family (Baltimore, MD)

26. **Family Issues & the 100th Congress**
Linda Greenan, Child Welfare League of America (Washington, DC)

CURRICULUM

27. **Taking Care.**
Margaret G Allen, New York State Division for Youth (Albany)

28. **From Working Couple to Working Parents**
Mary Parys O'Brien, Parent Educator (Minnetonka, MN)

29. **Active Parenting· A Video-Based Approach to Parent Education**
Michael Popkin, Active Parenting (Atlanta, GA)

MANAGEMENT & ADMINISTRATION

30. **Using Volunteers in Direct Service Delivery.**
Linda H Fries, Parent Support and Advocacy Program (Christianburg, VA)

31 **Stone Soup Creating Financial Stability Out of Imagination and Marketing Strategies.**
Carolyn Micklem, Webster Avenue Family Resource Center (Rochester, NY)

32. **Strategic Planning. Organizational Renewal for the Future**
Ruth Nicholson, Joanne Clark, and Sue Foreman, Community Education, Valencia Community College (Orlando, FL)

PROGRAM MODELS

33. **The Emotional You: A Postpartum Self-Help Model.**
Jane Honikman, Santa Barbara Birth Resource Center (CA)

34. **Services for Multiple Birth Families. The Twinline Model**
Patricia Malmstrom, Twinline (Berkeley, CA)

35. **Outreach to Low-Income Families and Teen Parents through Parent Support Groups & Parent Education Home Visits**
Mary Ellen O'Keeffe & Bonnie Witherspoon, PEPS (Seattle, WA)

36. **Sister-to-Sister· Bridging the Gap of Adolescence.**
Sharon Y Stone-Bentley, Big Brothers/Big Sisters of Greater Birmingham (AL)

37. **The Liaison-Infant-Family-Team (LIFT). A Model for Services in Neonatal Intensive Care.**
S Kenneth Thurman & Esenia Zuckowsky, Special Education Programs, Temple University (Philadelphia, PA)

38 **Social Support for Families at Risk**
Linda Allen and Janet Mars, Parent Services Project (Fairfax, CA)

THEORY & PRACTICE

39. **Training Volunteers to Lead Parent Education Groups.**
Linda Braun and Fran Litman, Family Studies Program, Wheelock College (Boston MA)

40. **Community-Wide Approaches to Promoting the Health & Development of Families & Young Children**
Robert W Chamberlin, M D, Child Development Program, New Hampshire Bureau of Special Medical Services (Concord)

41. **Empowering Partnerships Between Families and Agencies**
Jandyra Fontenelle-Velazquez, Daniel J Wiener,& Sharon Maxwell, The Family [illegible]er, The Children's Village (Dobbs Ferry, [illegible])

42 **Work and Family Systems: The Reciprocal Link.**
Susan Graves-Johnson, Work, Youth and Family Programs, Duluth Technical Institute (MN)

43. **Lesbian and Gay Families**
Francie Hornstein and Cherie Pies, (Oakland, CA)

44 **The Adoptive Family of Today: What's Up?**
Jeffrey Rosenberg National Committee for Adoption (Washington, DC)

10 30 AM - Noon **Workshops· Session 3**

ADVOCACY

45 **Children Born with Disabilities. Issues Requiring Advocacy.**
Rob Palkovitz, University of Delaware (Newark), Christopher B Wolfe, Attorney at Law (Newark, NJ)

46 **Use of Demographics and Socio-Economic Trends as an Advocacy Tool for Children and Families.**
Kathryn Salisbury, Diane Edell, and Richard Sussman, Connecticut Commission on Children (Hartford)

CURRICULUM

47. **Teaching Parenting An Inquiry Approach**
Ann Cook, Teen Parenting Project/Urban Institute, Manhattan School for Cooperative Technical Education (New York, NY)

48. **Vitalizing Your Program With an Activities-Based Curriculum**
Judith K Schneider, Childcare Alternatives and Parenting Education (Dallas, TX)

EVALUATION

49. **Two Approaches to Program Evaluation.**
Holly Ruch-Ross & Elizabeth D Jones, Ounce of Prevention Fund (Chicago, IL)

50. **Evaluation Outcomes of the Parent Services Project (PSP): Social Support and Stress in the Lives of Low-Income Parents.**
Alan R Stein, Parent Support Evaluation Project (Albany, CA)

MANAGEMENT & ADMINISTRATION

51 **Board Development**
Sam Clark, National Committee for the Prevention of Child Abuse (Chicago, IL) and Minalee Saks, Birth to Three (Eugene, OR)

52 **The Nuts and Bolts of Publishing Effective Newsletters**
David L Giveans, The Fathers' Exchange (San Francisco, CA)

53. **Marketing Strategies for Family Resource Programs Reaching the Corporate & Business Comunities**
Leroy Nunnery, Swiss Bank Corp (NYC, NY)

PROGRAM MODELS

54. Parents Supporting Parents: From Community Base to Hospital-Based for the Community.
Nancy T Bachelder, Joyce French and Barbara Rylko-Bauer, Parents Supporting Parents, Blodgett Memorial Medical Center (Grand Rapids, MI)

55. EPIC Workshops. Reaching Parents in Various Settings.
Emerence Bykowicz and Elizabeth S. Lawrence, EPIC-SUCAB (Buffalo, NY)

56. Warmlines Alternative Approaches for Program Development.
Linnea Grey, Minneapolis Children's Medical Center (MN), and Nancy Seibel, Bright Beginnings Warmline (Pittsburgh, PA)

57. Interagency Linkages in Helping Teen Parents
Agnes S Kuhn, Home Economics Department, Bowie High School (Bowie, MD), Ellen R Anderson & Betty Savoy, Prince George's County Public Schools, (Landover, MD)

58. Various Services Used for Support of New Parents
Elaine Christ, Nancy Dean, Dru A Frick and Teresa B Skidmore Postpartum Education for Parents, PEP, (Santa Barbara, CA)

59. Further Engaging Fathers in the Parenting of Their Special Needs Children
James May, SEFAM Fathers' Program, Merrywood School (Bellevue, WA)

60. Ohio's Collaborative Approach to Serve the Needs of Families & Young Children
Linda Reece, Ohio Department of Education (Columbus)

THEORY & PRACTICE

61. Successful Parent Educators Putting Theory into Practice
Christie Connaral, Linn-Benton Community College (Albany, OR)

62. Assisting Parents in Getting Better Help from Physicians
Peter Dawson, M D , University of Colorado (Boulder, CO), Gloria S Rubin, Parent Educator (Oakland, CA), and Daniel Geller, Fairfield University (CT)

63. Helping Children Cope with Losses.
Deborah Franke-Ogg, Mental Health Assn in Ulster County, Inc (Kingston, NY)

64. Parents and Professionals: Communication Suggestions to Improve Partnerships.
Linda Hamberg, Parkway School District (Ballwin, MO)

65 When a Parent Is Unemployed
Von Kearns and GeorgeAnn Samuels, Arsenal Family and Children's Center (Pittsburgh, PA)

66. Fostering the Emotional Growth of Families: Day Care Providers and Parents Working Together.
[illegible]n Taylor-Brown, Kathryn Scott & Prudence Hallarman, Dept of Social Work, Eastern Michigan University (Ypsilanti)

Noon - 2 00 PM **Conference Luncheon & Keynote Address**

William Julius Wilson - Professor, University of Chicago, author of "The Truly Disadvantaged The Inner City, the Underclass, and Public Policy" - "Family Issues, The Underclass and Public Policy"

2 30 - 4 00 PM **Workshops: Session 4**

ADVOCACY

67. How to Build a State-Wide Parent Support and Advocacy Coalition.
Susan M Duwa, Parent to Parent of Florida (Panama City)

68 An Empowerment Approach to Addressing Social Service Needs in Public Housing: Tenants Set the Agenda.
Geoff Wilkinson and others, Family Community Resource Center (Dorchester, MA)

CURRICULUM

69. Facilitating Competent Parenting Behavior Through an Adult Education Model for Parent Education
Ross Kyprios College of Education, Wayne State University (Detroit, MI)

70 Training Indigenous Workers Through Agency Collaboration.
Laurie Mulvey, Families Facing the Future, Community Human Services Corp (Pittsburgh, PA)

EVALUATION

71 Common Problems and Practical Solutions for Evaluating a Multi-site Family Resource Program
Neva Nahan and Charleen Firestone, Center for Urban Studies, Wayne State University (Detroit, MI)

72. Evaluation Methods for Teen Parenting Programs
Karen R Hinkley and Mary Kay Stranik, MELD (Minneapolis, MN)

MANAGEMENT & ADMINISTRATION

73. Reaching Out to Today's Families Through the Media What Programs Need to Know.
Evelyn Petersen (Traverse City, MI)

74. Staff Supervision: A Resource for Staff Training
Amy Rassen, Jewish Family and Children's Services (San Francisco, CA)

75. The Impact of Children's Trust and Prevention Funds.
January Scott National Committee for the Prevention of Child Abuse (Chicago, IL)

PROGRAM MODELS

76. Family Centered Play Program in an Outpatient Clinic with Portable Environmental Support
Kyong Lischner, The Supportive Child/Adult Network, Inc , SCAN Center, Children's Hospital of Philadelphia (PA)

77. School-Based Child Care and Support Services for Teen Parents
Mary Beth Pavelec, Diane Fuscaldo, New Jersey Chapter, NCPCA (Newark)

78 Birth to Three A Primary Prevention Parent Education and Support Program
Minalee Saks, Cheri Galliaon and Andi Fischhoff, Birth to Three (Eugene, OR)

79. The Children's Place. Growing a Grassroots Family Resource Center.
Karolyn Sidway, Marian Akey, Lucy Fowlkes Breed, and Betty Lenehan, The Children's Place (Concord, NH)

80. MELD's Young Moms. A Statewide Initiative
Julienne Smerlinder and Karen Kelly, MELD (Minneapolis, MN)

81. Meeting the Needs of Working Parents
Elaine McCormick Wray, Work and Family Programs, Working Parent Resource Center (St Paul, MN)

THEORY & PRACTICE

82. Parent Education for Families with Adolescent Children
Florence Cherry, Department of Human Development and Family Studies, Cornell University (Ithaca, NY)

83. Child Abuse and Neglect: What Practitioners Need to Know.
Deborah Daro, National Committee for the Prevention of Child Abuse (Chicago, IL)

84. Maximizing Federal Opportunities for Young Families A Look at Health and Child Care A Workshop Convened by the Children's Defense Fund
Jean Boone, State & Local Affairs, Kay Johnson, Health Division, and Mary Wilkins, Child Care Division (Washington, DC)

85 Single Mothers by Choice
B Pakizegi, Single Parents by Choice, Psychology Department, William Paterson College (Wayne, NJ)

86 Creating New Approaches to Working with Fathers
Rob Palkovitz and Marcella A Copes, College of Human Resources, University of Delaware (Newark), and Glen Palm, St. Cloud University (St Cloud, MN)

87 The Hungry Child Physical and Emotional Impacts
Ellyn Satter, Family Therapy Center of Madison, Inc (WI)

2 30 PM - 5 00 PM **Seminars: Session 2**

6 Ethics and Values
Convener Ted Bowman Wildot Foundation, Community Care Resources (St Paul, MN)
Presenters Richard A Sussman, Connecticut Commission on Children, (Hartford, CT), Juanita Allen, Center for Family Ministry, (Romeoville, IL)

7 Family Preservation & Reunification Alternatives to Out-of-Home Placements
Convener Child Welfare League of America

Continued, next page

Presenters Loretta Young-Wright and Barbara Jones, Chicago Child Care Society, (Chicago, IL), Robin Bowen, The California Parenting Institute, (Santa Rosa, CA), Elizabeth Tracy, School of Social Work, University of Washington, (Seattle,WA), Shelly Leavitt, Home-builders (Seattle, WA)

8. Empowering Single Parent Families
Convener Robert Hughes, Jr ,University of Illinois, (Urbana, IL)
Presentors. Dixie L Lehman, & Lora Lynn Childers, Norfolk Navy Family Services Center, (Norfolk, VA), Doris Dornberger & Tina Birnbaum, Parenthesis Parent Child Center, (Oak Park, IL), Carol J Cook, Primavera School, (Prescott, AZ)

9. Forging Equal Partnerships Between Parents and Practitioners of Young Children With Speciel Needs
Convener National Center for Clinical Infant Programs (NCCIP)
Presenters Eleanor Szanton, Executive Director, NCCIP, (Washington, DC) Emily Schrag, Associate Director, NCCIP, (Washington, DC), Linda Gilkerson, Infant Care Program, Evanston Hospital, (Evanston, IL), Jill Tatz, parent of a child with special needs, Mary McGonigal, Association for the Care of Children's Health, (Washington DC) Faye Manaster Eldar, parent of a child with multiple handicaps

5.30 PM - 7:00 PM **Program Showcase**

Visit displays from programs across the country Display information and materials from your family resource program or organization

7.30 PM - 9.00 PM **A Continuum of Service: From Prevention to High Risk**

A roundtable discussion with the Board and Staff of the Family Resource Coalition and the Child Welfare League of America

7.30 PM - 9.00 PM **Film Festival**

Preview some of the finest films and videos about parents and parenting

9 00 PM **Open House in the FRC Suite**

Sunday, October 9

8 30 - 10 00 AM **Workshops: Session 5**

ADVOCACY

88. Use of the Media to Influence Policy and Programs for Families
National Committee for the Prevention of Child Abuse (Chicago, IL)

89. Advocacy Skills for Beginners
DeeDee Jameson, UVM Early Childhood Center (Burlington, VT)

90. An Advocacy Model. Working Toward Family Centered, Community-Based Early Intervention Services in Maryland
Margaret Lorber and Beth Carter, Mental Health Law Project, Early Intervention Advocacy Program (Washington, DC)

EVALUATION

91. Assessing the Impact of a Family Support Program on Service Utilizetion and Social Support
Sharon Telleen, University of Illinois at Chicago, Eve Stone, Lutheran Social Service of Illinois (Dixon, IL)

MANAGEMENT & ADMINISTRATION

92 Matching Funders to Programs: Assessing Your Options
Dorothy St John, Parenting Guidance Center (Fort Worth, TX)

93 From Mission to Eveluation: The Three-Year Planning Cycle.
Martin Levine, Jewish Community Centers of Chicago (IL)

PROGRAM MODELS

94. The Helping Mothers Program: Providing Social Support to Mothers-to-Be Using Community Volunteer Women Home Visitors
Jean Chapman Center for Health Promotion/ Disease Prevention, University of North Carolina (Chapel Hill)

95. Hospitel-Sponsored Family Resource Program. It Can Be Done!
Linda Gilkerson, Ida Cardone, Nanda LaPata, Jane Richman, and Susan Knight, Infant Care Program, Evanston Hospital (IL)

96. Implementing a Mediated Learning Experience Approach: Developing Parents' Skills.
Ruth J Kahn, and Margaret A Gibbs, Family Development Resource Center, St Joseph College (West Hartford, CT), Mark A Greenstein, Hema N DeSilva St Francis Hospital & Medical Center (Hartford, CT)

97. Parents Training Parents A Model of Service Delivery for Families of Young Children.
Victoria V Lavigne and Katherine M Augustyn, Tuesday's Child (Chicago, IL)

98. First Steps A Volunteer Prevention Program of Support, Education and Follow-Up for All New Parents
Carole Orkin, First Steps Program, Georgia Council on Child Abuse (Atlanta)

99. Parents and Teachers Who is Nuturing Whom?
Barbara Kohm, Captain Elementary School (Clayton, MO), and Mary Jo Liberstein, The Family Center (Clayton, MO)

100. Parent Education Programs at the Lexington School for the Deaf.
Jean Steins, Lexington School for the Deaf (Jackson Heights, NY)

101 Expanding the Potential of Family Professionals
Sheila Sussman and Susan Ebolst, Center for Family Resources (Hempstead, NY)

102. Children in Transition: Programs for Homeless Children and Their Families
Miriam Toelle and Sheila Kerwin, Playschool and Home Visiting Program, The Salvation Army (Chicago, IL)

THEORY & PRACTICE

103. Supporting and Empowering Parents: A Peer Approach
Alison Ehara-Brown, Healthy Mothers, Healthy Babies (Berkeley, CA)

104 The Forgotten Perent: The Needs and Conflicts of the Parent Who Elects to Stay Home
Harriet Heath and Anne Bynon, Parent Center, Bryn Mawr College Department of Human Development (PA)

105. The Development of Positive Feelings in Primaparous Mothers Toward Their Normal Newborns: A Descriptive Study.
John F Pascoe, M D , and Joyce French, Blodgett Hospital (Grand Rapids, MI)

106. Strategies for Building Conflict Avoidance and Resolution. A New Perspective
Gloria S Rubin (Oakland, NJ) and MaryAnn Glasgow, Three Fountains Counseling (Salt Lake City, UT)

107 The Emerging Generation of Blended Families
Tricia Smith and Katherine Kagy-Taylor, The Aring Institute (Cincinnati, OH)

108 Creating and Replicating a Family Support Program. Findings and Factors Contributing to Success
Bobbie Weber, Linn-Benton Community College (Albany, OR)

109. Empowering Family Workers to Empower Families
James P Gleason, Jane Addams College of Social Work, University of Illinois (Chicago)

10 30 AM - Noon **Closing Plenary & Keynotes:**

Representative George Miller, State Representative from California and Chairman of the Select Committee on Children, Youth and Families Other National Legislative and Public Policy Officials will join Representative Miller in this closing conference session **"Families: A National Priority."**

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

TEEN PARENT TIME

Fact Sheet

Teen Parent Time, the parenting skills curriculum for teen parents developed at the Infant Center, is a special time for teen parents of infants (birth to one) to come together for education and peer support, as well as guidance from group facilitators.

This teen parenting class is offered FREE of charge.

Teen Parent Time is now being offered 14 times each fiscal year:

*Infant Center - 5 times
*Mid-Del Youth and Family Center - 3 times
*Tri-City Youth and Family Center, Choctaw, - 3 times
*Juvenile Services, Inc., Norman
*Designated schools
*Department of Human Services sites

This parenting series meets 1 1/2 - 2 hours weekly for 8 weeks, with an average of 8 - 9 teen participants each session (plus support people and babies). The age range of participants has been between 14 and 20 years of age. The majority of babies being served are 6 months of age or younger. The teen parents bring their babies with them to class and are also encouraged to bring a support person (friend or relative).

Major topics of discussion in the curriculum include:

*Being a New Parent: Getting Acquainted
*Learning is Child's Play: Development and Learning
*Taking Care of the Basics: Health, Safety, and Nutrition
*Getting Along With Others: Discipline and Communication
*I Have Choices: Family Planning and Decision-Making
*Coping and Taking Care of Yourself: Community and Personal Resources

Relaying parenting skills information to the teen parents is accomplished through informal discussion, role-play, situation example, simple interactional games and the use of cards with myths or quotes on them. The teen parents make baby books for their infants throughout the 8-week series.

We have incorporated into the curriculum pre- and post-tests of parental knowledge, self-esteem, and social support to assess the impact of the program on the participants. Though the population sample has been too small to make any definitive conclusions, the trend on all three parameters has been an improved score on the post-test. All of our group evaluations have demonstrated that our major objectives are being met.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

TEEN PARENT PROJECT/TEEN FAMILY LIFE

FACT SHEET

The Infant Center has received funding for the 1986 fiscal year for its Teen Parent Project from the Oklahoma State Office of Child Abuse Prevention. This grant will enable the Teen Parent Project to:

- continue offering Teen Parent Time parenting skills classes to teenage parents at the Infant Center.
- continue providing a weekly drop-in time for teenage parents to gather for support and education.
- conduct volunteer training sessions bi-annually for interested persons from the community who want to learn about the parenting skills curriculum in order to lead Teen Parent Time classes in their own community or agency.

The Infant Center received a 2-year grant from the Department of Health and Human Services to offer a Teen Family Life Program. The purpose of the new program will be to:

- develop and implement in-home/parent aide services for teen parents beginning in the third trimester of pregnancy and continuing through the first 2 years of the child's life.
- develop and conduct volunteer parent aide training sessions.
- fully evaluate, in conjunction with the Department of Human Services, the Teen Parent Time component and Home Visitor/Parent Aide component and share any knowledge gained from this process with other providers to adolescent parents.
- expand office space and personnel for Teen Parent Services including a full time director and 3/4 time secretary.

For information concerning these projects please contact:

Susan Ann Brown, Teen Parent Project Coordinator or
Debbie Richardson, Teen Family Life Project Director
at 271-8155 or 271-8063.

TEEN FATHERS

MYTHS ABOUT TEEN FATHERS:

Teen fathers are irresponsible. They are the "hit & run" individuals who get a girl pregnant and then take off. They don't care about the teen mother or the child and they don't want to be involved with the baby. They need to be punished. If they are old enough to father a child they are old enough to be treated like an adult.

FACTS ABOUT TEEN FATHERS:

The average teen father is 2-3 years older than the teen mother. He wants to be involved with their child. His involvement is often controlled by the maternal grandparents. The grandparents often tie his "right to see the baby" to the amount of child support they feel he should be paying. The teen father is very often confused. He has no idea what his responsibilities are, what his legal rights are and he doesn't know what is expected of him. He is willing to financially support the infant but often is unskilled, uneducated and either unemployed or unable to get a job above the minimum wage. If he has minimal ability to pay he sometimes does not pay because the more he pays the less A.F.D.C. the mother can get and he feels welfare can take better financial care of his child than he can. He wants his child to have a better life and a better father than he had.

NEEDS:

Counseling - His counseling needs to be a continuing program. He very often is angry about the pregnancy. He needs help determining his amount of responsibility for the infant. He needs help dealing with his relationship with the mother and his relationship with her parents.

Education - He needs help to either complete high school or to get his G.E.D.

Employment - He is unskilled and untrained. Vocational training On-The-Job training or help getting into any training program is greatly appreciated.

RECRUITMENT THROUGH:

Approximately 1/3 of the teen fathers can be reached through the teen mother. The others are reached through referrals from social workers, hospitals, clinics, community centers and counselors. A good media campaign along with a "street-smart" recruiter who can go to where they hang-out is helpful.

After they are referred they should be contacted by letter or phone. This contact needs to be followed up with a personal visit. At the time they are contacted it is especially important that they are not treated as "at fault".

INVOLVEMENT:

You must earn their trust before they will get involved. Some programs offerred incentives such as $5.00 or a gift for their baby if they would come. They need a lot of encouragement and often have low self-esteem.

Support groups are very good but facilitators need to keep in mind that a big difference between teen boys and teen girls is that girls have shared feelings with other girls but teen boys have often grown up with the idea that it is not "macho" to share or express feelings with other males.

GOALS FOR WORKING WITH TEEN FATHERS:

1. Develop nuturing fathers.
2. Develop self-esteem.
3. Help them complete their education or get vocational training.
4. Help them find employment.
5. Teach contraception and prevention.

RECOMMENDATIONS:

Most programs recommend a full time person of a person whose major responsibility is a Teen Dad program. Since this is not possible at this time a grant could be written to fund this. The amount requested should be similar to the amounts used for the present teen program with salary, supplies, printing costs for brochures or poster, food for support group meetings, travel expence for the coordinator to make personal visits and transportation to and from group if the needs arise.

Recruit through the teen moms. Make this recruitment a part of the child birth classes. The last weeks of pregnancy are very important for creating an attachment between the infant and father.

For support groups bring in outside consultants who could relay information relating to the goals. This would delay the need for a specific curriculum until grant money could be obtained and a curriculum written.

Purchase "WORKING WITH TEEN FATHERS". The order form is attached.

Develop brochure or flyer. Sample is attached.

ADDITIONAL RESOURSES:

Les Willes
Teen Father Program
33oo Henry Ave.
Philadelphia, PA 19129
(215) 842-6687

Manny Cardona
YMCA
651 State Group
Bridgeport, CT 06604
(203) 334-5551

Carl Fedwood
Pittsburg in Partnership With Parents
Hill House Association
1865 Centre Ave.
Pittsburg, PA 15219
(212) 392-4484

Raul Garcia
Counselor/Educator
Horizon Youth Service Center
3302 Boca Chica Blvd., Suite 204
Brownsville, TX 78521
(512) 546-0414

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

March 16, 1989

PRESS RELEASE

Contact: Debbie Richardson, Coordinator, Teen Parent Program - 271-8155

For immediate release:

SUPPORT FOR TEEN PARENTS

The Infant Center Teen Parent Program invites teenage parents (age 21 or under) to free childbirth classes and parenting groups. The Infant Center, 815 N.E. 15th Street is sponsored by the University of Oklahoma Health Sciences Center, Department of Family Medicine.

"Teen Parent Time" is an opportunity to meet with other young parents and their babies (under age one) for support and fun activities Participants discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy receiving a personal baby book, gifts, and refreshments. Teen Parent Time is scheduled at the following places and times:

Variety Health Center 1504 S. Walker Thursdays 10:00 a.m.-12:00 pm March 30-May 18	Tri-City Youth & Family Center 14625 N.E. 23rd Choctaw Tuesdays 3:30-5:00 pm March 28-May 16	Douglass High School 900 M.L.K. Blvd. Tuesdays 11:30 am-12:15 pm March 7-May 2

"Preparing for Baby: Teen Childbirth Class" helps expectant teen parents prepare for the birth of their child. Nutrition, fitness, and modified Lamaze breathing techniques

are just a few of the covered topics. The class is taught by an experienced childbirth educator. Any teen mother-to-be at least 7 months pregnant is encouraged to attend. The childbirth class will be offered at the Infant Center on Saturday mornings, 10:00 am to noon from April 29 through June 3.

The Infant Center also offers the "Teen Parent Connection", an ongoing open support group for any pregnant or parenting teenager, regardless of their child's age. Group members help choose topics and activities of interest. "Connection" meets as follows:

Mid-Del Vo-Tech 1621 Maple Dr. (MWC) Tuesdays, 3:15-4:45 pm (ongoing)	Infant Center 815 N.E. 15th Thursdays, 6:00-8:00 pm (ongoing)	Emerson Alternative School 715 N. Walker Thursdays 11:00-11.40 am (ongoing)

PROGRESS IN THE 80'S

Teen Pregnancy Seminar

NOVEMBER 1 1988
OKLAHOMA CITY MARRIOTT HOTEL

CHALLENGES IN THE 90'S

November 1, 1988
8:00 a.m. — 3:15 p.m.

Oklahoma City Marriott Hotel
3233 N W. Expressway
Oklahoma City, Oklahoma

OBJECTIVES

- Describe the teen pregnancy problem as it exists nationally and in our community
- Identify community resources concerning the teen pregnancy issue.
- Make available printed resources.

PURPOSE

The purpose of this seminar is to raise public awareness regarding teen pregnancy in our community, assess our progress and plan solutions for the future forecast.

COSTS

The cost of the seminar is $15.00 which includes lunch and seminar materials Donations are appreciated

ACKNOWLEDGEMENTS

We would like to thank WYETH-AYERST LABORATORIES, MERCK, SHARPE & DOHME and ROSS LABORATORIES for helping to make this seminar possible

PROGRESS IN THE 80'S

Program

CHALLENGES IN THE 90'S

8.00 a m. — 8:30 a.m.	Registration
8 30 a m — 9.00 a m.	Film: *Children Having Children*
9.00 a m — 10.00 a m.	**Keynote Speech** Sherry Dean
10 00 a m — 10.30 a m.	Break
10.30 a m — 11.00 a.m.	Review of Task Force Accomplishments Norma J. Leslie, RNC, Ph.D.
11·00 a m — 11.30 a m.	Progress in the 80's Debby Goodman, MHR, CSE
11:30 a m. — 12:00 p m	Teen Parent Panel Moderator: Gay Davey Vallene Cooks, Principal, Emerson School, Teen Mothers
12 05 p m — 1:20 p m	Luncheon Community Development Kathy Hromas, Nancy Fire
1·30 p m. — 2.45 p m	Challenges of the 90's *Where Do We Go From Here?* Moderator: Beccy Brown Panel. Joyce Henderson, Warrren M. Crosby, M D. Catholic Youth Services, Linda Larason, Jane Braden, Karen Luke, Leadership OKC
2.45 p m — 3.15 p m.	Summary Sherry Dean

Sponsored By. The Oklahoma County Adolescent Task Force, a community based organization dedicated to find solutions to the problem of teen pregnancy in our community

PROGRESS IN THE 80'S

Speakers

CHALLENGES IN THE 90'S

Jane Braden
News Reporter, KOCO TV 5
Oklahoma City, Oklahoma

Beccy Brown
Okla County Adolescent Task Force
Oklahoma City, Oklahoma

Catholic Youth Services
Oklahoma City, Oklahoma

Vallene Cooks
Principal
Emerson Alternative Education Center
Oklahoma City, Oklahoma

Warren M. Crosby, M.D.
Professor and Vice Chairman
Dept. of Obstetrics and Gynecology
Univ of Okla College of Medicine
Oklahoma City, Oklahoma

Gay Davey
Infant Center
Dept of Family Medicine
Univ of Okla College of Medicine
Oklahoma City, Oklahoma

Sherry Dean
Children's Defense Fund

Nancy Fire
Project Director
Family Support Project
Okla State Dept of Health
Oklahoma City, Oklahoma

Debby Goodman, MHR, CSE
Oklahoma City, Oklahoma

Joyce Henderson
Principal, Northeast High School
Oklahoma City, Oklahoma

Kathy Hromas
Counselor, Middle School
Stillwater, Oklahoma

Linda Larason
State Legislator
Oklahoma City, Oklahoma

Norma J. Leslie, RNC, Ph D.
Assistant Professor
Dept of Obstetrics and Gynecology
Univ of Okla College of Medicine
Oklahoma City, Oklahoma

Organizations Need Help With Items

Children & Family

Tri-City Youth & Family Center

Needs a **rocking chair** and a sturdy **punching bag** for use by the children who receive counseling for emotional problems. Bring the items to the center, 14625 NE 23, Choctaw.

Call 390-8131.

★

St. Joseph's Children's Home

Needs **blankets** and **magazine subscriptions** for the home's fledgling library. Bring the items to the home, 3301 Martin Luther King Ave.

Call 424-1411.

★

Special Care Inc.

The educational and day-care center for special needs and handicapped children needs **child-size tables** and **chairs** and a **laminator** and **copy machine**. Bring the items to Special Care, 3105 Sunset Blvd

Call 752-5112.

★

Ronald McDonald House

The house that provides a home away from home for families of patients at area hospitals needs **baby strollers** and a **portable baby bed**. Bring the items to Ronald McDonald House, 1301 NE 14. Call 424-6873.

★

Kids of Today

This organization that provides aid to widows with children and underprivileged families needs donations of food items and **$2,000 to buy 400 pairs of children's shoes**. Bring the items to 7107 Sears Terr.

Call 631-0145.

★

Speck Home for Boys

Furniture is needed at this home for boys who have special needs, and behavioral and emotional problems. The home needs **sofas or loveseats and a 19-inch television**. Bring the items to 1425 N Lincoln Blvd.

Call 239-7101.

★

Toys For Tots

Toys For Tots, sponsored by the Marine Corps Reserves, still needs **toys**. A spokesman said the organization tries to give one major toy and one or two stocking-stuffers to children from underprivileged families. Bring the toys to several drop locations in the metro area including Safeway stores, Crossroads Mall and metro area fire stations.

Call 631-5219.

★

Brighthaven

This facility that provides emergency food and clothing to underprivileged families needs **canned goods**, **and fruit** for food baskets that will be distributed for the Christmas holiday. Bring the items to Brighthaven, 1601 NE 11. Call 424-3968.

★

Youth Services of Oklahoma County

Youth Services needs a **videocassette recorder** and **sturdy dressers** for the dorm areas. Bring the items to 600 N Harvey.

Call 235-7537.

★

Sunbeam Family Services

Sunbeam, which has an adolescent group home and two day-care centers for special needs children in the metro area, needs **linens for twin beds**. The day-care centers need **record players**. Bring the items to Sunbeam at 616 NW 21.

Call 528-7721.

★

Boys Ranch Town

Residents of Boys Ranch Town need donations of **boys underwear and socks and toiletry items**. Ranch Town is a facility for boys who must reside out of their homes temporarily. Bring the items to 5100 SE 33 in Edmond. Call 341-3606.

★

Infant Center

Diapers and infant clothes are needed at the center, which provides educational support to parents. It also has always kept a supply of baby items for parents' emergency use. Bring items to 815 NE 15. Call 271-8063.

★

The Oklahoma Pediatric Cancer Association

The statewide support group for parents and friends of cancer-stricken children provides toys for children in the hospital or undergoing often-painful treatment needs **gifts for teens**, as well as the two months for their newsletter.

Call 787-9924.

★

Planned Parenthood of Central Oklahoma

This agency that has provided medical, counseling and educational family-planning services to Oklahomans for 50 years needs a **computer** and **VCR**. To make a donation, go by Planned Parenthood at 619 NW 23 or call 528-0221.

Someone Understands at the Infant Center

Thank you!

For opening "the Closet" at the Infant Center and giving my mom some maternity clothes when her jeans were getting too tight,

For giving prenatal classes so mom knew how to take care of herself and me before I was even here,

For having someone call and invite us to come to those postnatal classes where I got to "goo-goo" at all the other babies and mom learned how to take care of me,

For answering the "Warm Line" in the middle of the night so mom could ask some questions, and get to sleep,

For opening "the Closet" again to give us food and diapers when mom didn't have any money,

For sending those reminders of normal development at 7, 12, 15, 18, 24, and 30 months — mom stopped looking at me funny, and

Most of all for telling mom to just love me and not to worry about spoiling me.

P.S. Do you have any neat toys in "the Closet?"

A Toddler

The staff of the Infant Center, Janie Bertschinger, Executive Director, Sharon Huelsman, Coordinator, Debbie Richardson, Teen Family Life Project, Gaye Davey, Health Promotions Coordinator and Educator, Dr. Laura Frankenstein, Medical Director, and Gwen Arnold, Administrative Assistant are committed to the provision of support, education, and referral services to parents and families of infants and toddlers. A wide variety of programs are offered to parents needing support or information. The emphasis of the Infant Center is upon prevention, and the staff, volunteers and board strive to provide a network of support for young families.

The Infant Center was founded through the joint efforts of the Junior League and the Department of Family Medicine of the University of Oklahoma College of Medicine. Though located at the Health Sciences Center, Infant Center programs are provided in various locations in Oklahoma City.

The postnatal program for adults offers parenting classes for parents of infants. The New Baby Classes discuss the many changes a new baby brings to the family. These classes are taught by Junior League volunteers including **Lynne Alexander, Louise Bennett, Kelly Dougherty, Linda Fakhoury, Sara Lee Parrish, Bobara DeCaulp, Karen Scott, Susan Corp, Sue Reel, Jill Swisher** and **Kathleen Woodall. Lynn Ashley** is the Project Chairman for the Postnatal Eduction Classes. In addition to the New Baby Classes, the Infant Center offers workshops on various topics including "Traveling with Children," "Coping with Toilet Training," and "Selecting Toys for Children." Parents who enroll in the postnatal classes receive information sheets discussing normal development when their children reach the age of 7, 12, 15, 18, 24 and 30 months. At 30 months the information sheet is sent with a coupon for free screening at the Children's Guidance Center. In addition, the parents receive the Infant Center newsletter which contains information about new classes and further help.

To provide immediate help for all the parents involved in Infant Center programs, the Center along with the Parents Assistance Center has developed a 24-hour "Warm Line" which provides telephone contact with trained volunteers to listen to parents' concerns and provide assistance and support as needed. The "Warm Line" is seeking volunteers who will be able to answer the phone at their own home 2 - 3 shifts a month.

The Infant Center also provides postnatal classes for teenage mothers called Teen Parent Time. The curriculum for the teen classes was developed by **Marcy Price** and provides much the same content as the adult classes but with different emphasis. An open group called "The Connection" is available for informal gathering by teen parents. "The Connection" is supported by teenage volunteers who are "alumnae" of Infant Center programs. The Infant Center also supports a "Home Visitor Program" which matches individual volunteers with teenage mothers. The volunteers provide various support services for the teenagers, taking them to the doctor, perhaps babysitting or just sharing activities.

Recently the Infant Center added prenatal classes and workshops for adult and teenage expectant mothers. **Gaye Davey**, an OCJL member, and formerly the childbirth educator at Oklahoma Memorial Hospital, has joined the staff to coordinate this portion of the program.

In addition to the programs for parents, the Infant Center provides miscellaneous services for the community. A resource library of videotapes, books, and pamphlets is available. Teen parents provide speeches to various groups about family support services. Professionals from elsewhere in the region have been trained to deliver the teen curriculum in their own community by Infant Center staff "The Closet" contains formula, diapers, maternity clothes, and other emergency supplies to meet the needs of families.

The Infant Center has yet to receive a thank-you note like that above, but the staff, volunteers, and board will tell you that happier babies throughout Oklahoma are thanks enough.

Jean Lea Spitz

Young mothers and volunteers exchange information at the Infant Center.

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611 AVONDALE
OKLAHOMA CITY, OK 73116

Calendar

Daily Oklahoman 7/12/88

Behavior Modification Weight Loss Program, day and evening classes, Cardiovascular Clinic, 3433 NW 56. Information: Becky McCully, 947-3341.

Breast self-examination, Friday through Aug. 31, Planned Parenthood Downtown Clinic, concourse level, First National Center. Information: 236-1199.

Cardiopulmonary resuscitation course, beginning 8:30 a.m. Saturday, Edmond Memorial Hospital, 1 S Bryant. Cost, $10. Registration: 341-6100, Ext. 347.

"Preparing for Baby," a childbirth class for teen-agers. Classes begin in July Sponsored by The Infant Center, 800 NE 15. Registration and information: 271-8155 or 271-8063.

Prepared childbirth classes, beginning 10 a.m. Saturday and 7 p.m. July 19, HCA Presbyterian Hospital, NE 13 and Lincoln Boulevard. Information: 271-5474.

"Smokefree," beginning 6:30 p.m. Tuesdays, basement, Baptist Medical Center, 3300 Northwest Expressway. Sessions, $75. Information. 943-4673.

Smoking cessation clinic, 7 to 9 p.m. Monday and July 20. Conducted by hypnotherapist Mort Berkowitz. Free Information: 528-2929.

Weight control class, beginning today, Oklahoma Medical Center. Information: 271-7979.

FLEXTONE
fitness equipment

Volunteer Hot Line

The Oklahoma City Council of Camp Fire, 717 NE 21, needs short-term trainers and instructors in dancing, painting, arts and crafts, outdoor skills, needlepoint, science, photography and time management.

Volunteers ages 21 or older are needed to instruct self-reliance courses. Obtaining materials, preparing a budget, maintaining records and evaluating operations would be part of this work. Recruiting and training instructors, scheduling courses and promoting courses would be added responsibilities.

Agencies offer training for all jobs listed in this column.

★

Cleveland County Aging Services, 601 N Porter, Norman, needs respite-care volunteers to stay with homebound patients while family members go shopping and run errands.

Home maintenance volunteers help senior citizens change air filters and light bulbs, caulk bathtubs and windows and install bath bars.

★

Kirkpatrick Center, 2100 NE 52, needs hosts to greet visitors in the lobby, give directions, hand out brochures and maps and direct tour groups.

A relief cashier is needed during breaks and lunches and to help with school groups.

Museum-shop volunteers are needed weekends.

★

The Infant Center, 815 NE 15, an education, support and referral service for families of infants, needs parent aides.

Responsibilities include providing parenting information by making home visits and phone calls, promoting healthy family functioning and helping with basic living concerns.

At group facilities, materials are presented and discussion promoted on infant development, parenting programs, effective communication and caring for the parents' health. These volunteers also render support and monitor needs of the group members attending weekly meetings.

Transportation helpers are needed to provide rides to parenting-group meetings and other services.

Due to the extent of training and studying, a one-year commitment is requested.

★

Connections Room and Board, 707 W Boyd, Norman, needs activity assistants to participate with mentally disabled residents in skill classes, arts and crafts, physical exercises and social and recreational activities.

Visitors are welcome. Many residents have no families.

★

Oklahoma Cancer Information, 13439 Broadway Extension, needs telephone counselors to answer phones, handle mail inquiries and provide information to callers.

★

Information on these and other volunteer opportunities is available through the Volunteer Center Hot Line at the Oklahoma County chapter of the American Red Cross, 232-3711. This service is sponsored by the United Way.

OKLAHOMA COUNTY MENTAL HEALTH ASSOCIATION TO HOLD ANNUAL MEETING

The 36th annual meeting honoring volunteers of the Mental Health Association in Oklahoma County will be held at noon, October 18 at St. Luke's United Methodist Church. Dr. John E. Valusek, a nationally known author and psychologist, will speak on the topic "America Without Violence". For more information, contact Elizabeth Holmes or Susan Moseley at 524-6363.

TEEN PARENT PROGRAM OFFERED BY THE INFANT CENTER

"Preparing for Baby," a prenatal health and child birth preparation class and "Teen Parent Time," a support group for teens are activities being offered by The Infant Center for young parents with new babies. For more information, call The Infant Center, 271-8063.

REMINGTON PARK EVENT TO BENEFIT SPECIAL CARE, INC.

On Sunday, November 6, Remington Park Infield will become a carnival and amusement area to benefit Special Care, Inc., a program serving special needs children. Tickets are $3.00 per person. For more information, call 752-5112.

Community Council of Central Oklahoma
P.O. Drawer 837
Oklahoma City, OK 73101

Nonprofit Organization
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Permit No. 1816

Janie Bertschinger
The Infant Center
815 NE 15th Street
Oklahoma City, OK 73104

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

September 19, 1988

PRESS RELEASE

Contact: Debbie Richardson, Teen Family Life Project Director, 271-8155

FOR IMMEDIATE RELEASE PLEASE

Are you a Teenage Parent? Have fun meeting with other young parents and their babies for support and helpful information. FREE childbirth and parenting classes are scheduled several places and times. For more information about help for pregnant or parenting teenagers, call the Infant Center Teen Parent Program at 271-8155.

SEE ATTACHED SCHEDULE.

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
815 N.E. 15th Street, Oklahoma City, OK 73104 * 271-8155

September 19, 1988

PRESS RELEASE

Contact: Debbie Richardson, Director, Teen Family Life Project - 271-8155

FOR IMMEDIATE RELEASE PLEASE:

CLASSES SET FOR TEEN PARENTS

The Infant Center Teen Parent Program invites teenagers who are pregnant or have a baby to free childbirth and parenting classes. The Infant Center, 815 N.E. 15th Street, is cooperatively sponsored by the University of Oklahoma Health Sciences Center Department of Family Medicine and the Junior League of Oklahoma City.

"Preparing for Baby" is a childbirth class just for teens and will be offered twice this fall. Participants learn about prenatal health care and childbirth preparation while also receiving support. The class is taught by an experienced childbirth educator and will be held at the Infant Center Saturday mornings, 10:30 to 12:00.

"Teen Parent Time" is an opportunity to meet with other young parents and their babies for support and fun activities. Participants are able to discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy receiving a personal baby book, gifts, and refreshments. Groups meet weekly for 6 - 8 weeks and are scheduled at the following sites and times:

Tri-City Youth & Family Center
14625 N.E. 23rd, Choctaw
Tuesdays, 3:30-5:00 p.m., October 4 - November 22

South Community Hospital
1001 S.W. 44th, OKC
Mondays, 6:30-8:00 p.m., October 10 - November 28

Northwest Christian Church
30th & N. May, OKC
Tuesdays, 6:30-8:00 p.m., October 13 - November 29

Ralph Ellison Library
2000 N.E. 23rd, OKC
Thursdays, 6:00-7:30 p.m., October 13 - December 1

Mid-Del Vo-Tech
1621 Maple Dr., MWC
Tuesdays, 3:30-5:00 p.m., October 18 - December 13

Other fall classes are also planned at the Infant Center, Variety Health Clinic, Emerson Alternative School, and in Edmond.

Teen parents, male and female, of all ages are invited to attend. Other services are also available at the Infant Center, including home visits. For more information on these free programs, call Debbie Richardson at 271-8155.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

September 2, 1988

ATTENTION VOLUNTEERS!

The Infant Center Teen Parent Program has scheduled a Fall training workshop. The purpose of the training is to provide those interested in working with teenage parents, either as group facilitators or parent aid home visitors, the information, materials, and guidance needed to be effective and confident volunteers.

All volunteers will attend the following meetings:

Wednesday, September 28, 6:30-9:30 p.m.
Saturday, October 1, 9:00-4:30 p.m.

An additional follow-up training session will also be necessary, separate meetings will be held for group facilitators and home visitors. These will be scheduled at the first meetings listed above. Group facilitators will also be scheduled to observe or assist with a Teen Parent Time class as soon as possible this fall. All training will be held at the **Infant Center, 815 N.E. 15th Street, Oklahoma City.** Lunch is provided on October 1

Please let me know of your interest and ability to attend by returning the following form or calling **271-8155 no later than Wednesday, September 21**. Space is limited.

Someone we know **needs** you! Volunteers are greatly needed to lead and assist Teen Parent groups, make home visits, provide transportation, be a labor coach, and assist with in-office and community outreach activities. The training sessions enable participants to learn and grow more confident about working with pregnant and parenting teenagers and their children through lecture, discussion, video presentations, professional guest speakers, and the opportunity to meet other interested community members. Volunteers from varying backgrounds, ages, and locations around the Oklahoma City/County area are welcome. Hours can be very flexible. If you are not able to make a commitment right now, please pass this information on to someone who might. Or, call me anyway as there are several activities we can use your help with or contributions you can make that take only a minimal amount of time and do not require training.

Feel free to call **271-8155** if you have any questions Thanks for your care and support of children in our community.

Sincerely,

Debbie Richardson

Debbie Richardson, MS.
Director, Teen Family Life Project

Please let us know if you plan to attend by returning this form by September 21st or calling Debbie at 271-8155.

TEEN PARENT PROGRAM TRAINING WORKSHOP

(please check)

_____ I am interested in attending training for Parent Aides.

_____ I am interested in attending training for Group Leaders

_____ I am interested in other volunteer activities

_____ I am unable to make a commitment at this time but notify me of a future volunteer training.

NAME: _____

ADDRESS: _____
City *Zip*

AGENCY/ORGANIZATION: _____
(if applicable)

POSITION: _____

Please mail this form to

INFANT CENTER Teen Parent Program
815 N.E. 15th Street
OKC, OK 73104

Volunteer Hot Line

The Infant Center Teen Parent Program, 815 NE 15, an education, support and referral service for families of infants, needs parent aides.

Responsibilities include providing parenting information by making home visits and phone calls, promoting healthy family functioning, and helping with basic living concerns.

Group facilitators present materials and promote discussion on infant development, parenting problems, effective communication and caring for the teen parent's health. These volunteers also render support and monitor needs of the group members attending weekly meetings.

Transportation helpers are needed to provide rides to parenting-group meetings and other services. A good driving record and liability insurance are needed.

Due to the extent of training and studying, a one-year commitment is requested.

For these and all other job opportunities listed in this column, training is provided.

★

O'Donoghue Rehabilitation Institute, 1122 NE 13, needs volunteers to assist at its ambulatory-care services outpatient clinic and the spinal cord injuries clinic. Duties include answering the phone, filing and photocopying.

Thrift shop volunteers sort, straighten and sell merchandise Wednesdays and Thursdays.

Volunteers are needed to answer phones for the epilepsy program.

★

Putnam City Convalescent Center, 7000 NW 32, needs a program director to recruit volunteers and assign duties to them at the nursing home.

Volunteers with special skills are needed to share experiences in crafts, quilting, gardening or music appreciation.

The residents enjoy having volunteers conduct exercise classes, play bingo, read, write letters, give manicures and shampoos, mend, sew or provide entertainment.

★

The state Department of Corrections' probation division needs general service volunteers. Current information and past arrest histories are taken from convicted felons on probation and parole.

Offices are on South May Avenue and Lincoln Boulevard, in the Oklahoma County courthouse and in Midwest City.

Clerical volunteers are also needed at all metro area locations to do light typing and filing.

Assistance is needed in the general service area. Contacting service agencies and some light contact with client felons are duties of this job.

★

Variety Health Center, 1504 S Walker, needs primary physicians and dentists to assist with care for medically compromised or handicapped patients and senior citizens on fixed incomes. The center provides immunizations and pediatric, eye, foot, well-child and obstetrical care.

Clerical assistance is needed in a new dental program. A good telephone technique is a must for this job, which entails taking referrals and explaining the program to clients. Referrals are then made to participating dentists in the client's area.

★

Travelers Aid Society of Oklahoma, 601 NW 5, needs volunteers to staff its counter at Will Rogers World Airport. Duties include giving directions and information about the terminal, ground transportation, Oklahoma City and the state These volunteers also assist the handicapped, minors and foreigners.

A six-month commitment for three hours' work per week is requested.

★

Information on these and many other volunteer opportunities is available through the Volunteer Center Hot Line at the Oklahoma chapter of the American Red Cross, 232-3711. This service is sponsored by United Way.

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271 8063

September 6, 1988

PRESS RELEASE

Contact: Debbie Richardson, 271-8155

FOR IMMEDIATE RELEASE, PLEASE

TEEN PARENT PROGRAM VOLUNTEERS NEEDED

The Infant Center Teen Parent Program is looking for volunteers to help provide services to teenage parents and their infants.

A Volunteer training workshop has been scheduled September 28, 6:30 - 9:30 p.m., and October 1, 9:00 a.m. - 4:30 p.m., at the Infant Center, 815 N.E. 15th.

Home visiting parent aides are needed to develop a one-on-one relationship with a young parent by offering support, parenting information, and assistance to develop independent living skills.

Volunteers are also needed to facilitate parenting groups for teenage parents, provide transportation, assist with office work, community outreach, and other activities. Hours can be flexible and volunteers are needed throughout the Oklahoma City/County area.

Those interested should call Debbie at 271-8155.

Daily Oklahoman
6/20/88

Staff Photo by Steve Sisney

Parenting Picnic

Two-month-old Lyberty Raele Nivens entertains volunteer Sherry Watson at a recent reunion of the Infant Center's parenting classes The picnic at Memorial Park, NW 36 and Classen, involved adult and teen volunteers along with parents and toddlers

Calendar

Daily Oklahoman 7/12/88

Behavior Modification Weight Loss Program, day and evening classes, Cardiovascular Clinic, 3433 NW 56 Information: Becky McCully, 947-3341.

Breast self-examination, Friday through Aug. 31, Planned Parenthood Downtown Clinic, concourse level, First National Center. Information. 236-1199.

Cardiopulmonary resuscitation course, beginning 8:30 a m. Saturday, Edmond Memorial Hospital, 1 S Bryant. Cost, $10. Registration: 341-6100, Ext 347.

"Preparing for Baby," a childbirth class for teen-agers. Classes begin in July. Sponsored by The Infant Center, 800 NE 15. Registration and information: 271-8155 or 271-8063.

Prepared childbirth classes, beginning 10 a m. Saturday and 7 p.m July 19, HCA Presbyterian Hospital, NE 13 and Lincoln Boulevard. Information 271-5474.

"Smokefree," beginning 6:30 p.m. Tuesdays, basement, Baptist Medical Center, 3300 Northwest Expressway. Sessions, $75. Information 943-4673.

Smoking cessation clinic, 7 to 9 p.m Monday and July 20. Conducted by hypnotherapist Mort Berkowitz Free. Information. 528-2929.

Weight control class, beginning today, Oklahoma Medical Center. Information. 271-7979.

FLEXTONE
fitness equipment

MARCH, 1988

SCAN

SOUTH COMMUNITY HOSPITAL
1001 S.W. 44th STREET □ OKLAHOMA CITY, OK 73109 □ 405/636-7000

CALENDAR OF EVENTS MARCH

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
		TRIM WEIGHT CONTROL—12 30 pm—CR 1 SIGN LANGUAGE—4 pm—Aud ALZHEIMER S SUPPORT GROUP—4 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 CHILDBIRTH EDUCATION—7 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—CR 3 DIABETES SUPPORT GROUP—7 pm—DR 1	COPING WITH CANCER—1 pm—10th Floor CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud TOUGHLOVE—7 pm—Aud & all Classrooms	TRIM WEIGHT CONTROL—12 30 pm—CR 2 ADULT BASIC EDUCATION—4 pm—CR 3 EPILEPSY SUPPORT GROUP—7 pm—EEG CHILDBIRTH CLASS—7 pm—Aud LAMAZE—7 pm—CR 1 EMOTIONS ANONYMOUS—7 30 pm—CR 3	NURSE RE ENTRY—8 am—CR 2 BREAST SELF EXAM—8 30 am—CR 3 ADULT BASIC EDUCATION—4 pm—Aud CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud OKLAHOMA CITY AUTISTIC CITIZENS—7 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—CR 1
	CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—Aud	TRIM WEIGHT CONTROL—12 30 pm—CR 1 SIGN LANGUAGE—4 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 * TEEN PARENTS—6 30 pm—CR 1 CHILDBIRTH EDUCATION—7 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—CR 3	COPING WITH CANCER—1 pm—10th Floor CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud TOUGHLOVE—7 pm—Aud & all Classrooms	TRIM WEIGHT CONTROL—12 30 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 CHILDBIRTH EDUCATION—7 pm—Aud LAMAZE—7 pm—CR 1 EMOTIONS ANONYMOUS—7 30 pm—CR 3	CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—CR 1
	CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud	NURSE RE-ENTRY—8 am—CR 2 TRIM WEIGHT CONTROL—12 30 pm—CR 1 SIGN LANGUAGE—4 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 * TEEN PARENTS—6 30 pm—CR 2 CHILDBIRTH EDUCATION—7 pm—CR 1	NURSE RE-ENTRY—7 30 am—CR 2 COPING WITH CANCER—1 pm—10th Floor CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud TOUGHLOVE—7 pm—Aud & all Classrooms	TRIM WEIGHT CONTROL—12 30 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 EPILEPSY SUPPORT GROUP—7 pm—EEG CHILDBIRTH EDUCATION—7 pm—Aud LAMAZE—7 pm—CR 1 EMOTIONS ANONYMOUS—7 30 pm—CR 3	PLAY HOSPITAL—8 am-Aud CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud
	CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud	SIGN LANGUAGE—4 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 * TEEN PARENTS—6 30 pm—CR 1 CHILDBIRTH EDUCATION—7 pm—Aud COCEA CHILDBIRTH CLASS—7 pm—CR 2	COPING WITH CANCER—1 pm—10th Floor CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud TOUGHLOVE—7 pm—Aud & all Classrooms	TRIM WEIGHT CONTROL—12 30 pm—CR 1 ADULT BASIC EDUCATION—4 pm—CR 3 CHILDBIRTH EDUCATION—7 pm—Aud LAMAZE—7 pm—CR 1 EMOTIONS ANONYMOUS—7 30 pm—CR 3	CONTROLLED LOW IMPACT AEROBICS—4 45 pm—Aud
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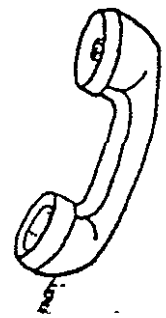
TEENLINE NEWS

A PROJECT OF THE OKLAHOMA STATE DEPARTMENT OF MENTAL HEALTH

April - May 1988



INFANT CENTER 271-8155

The Infant Center makes Referral of the Month for the second time! An explaination of the Infant Center should be offered to any pregnant (and some who arn't) teenager, or their concerned family/friend. It's true, this place can't help in every case, but many times they prove to be a valuable contact for the teen. Referrals of this type offer group counseling, "support groups", and lots of other helpful services.

OKLAHOMA CROSS CURRENTS

Spring Edition, 1988

Published By The Oklahoma Conference of Churches

TEEN PARENTS
Get the Picture-

The Infant Center Teen Parent Program is designed to reduce the high risks that accompany teenage parenting. Since 1984, Teen Parent Time has been an opportunity for teen mothers and fathers and their infants to learn parenting skills as well as to gather for support. Recently, the program has expanded to provide a followup support group, home visits, and , for the first time, a Childbirth Education and Support Group.

Oklahoma ranks fourth in the United States in the number of teenage pregnancies. In 1985, there were 8,410 births to women under the age of 20, almost 1700 of which were in Oklahoma County. As we all know, parenting can be quite stressful and parenting while a teenager can produce a highly critical situation for both parent and baby.

Volunteers and donations can be very helpful as well as public awareness and references by informed professionals. If you would like more information, additional brochures to distribute, or have any referrals, please feel free to call the Infant Center at 271-8155.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

PRESS RELEASE

Contact: Debbie Richardson, Teen Family Life Project Director, 271-8155

FOR IMMEDIATE RELEASE, PLEASE

Are you a Teenage Parent? Have fun meeting with other young parents and their babies for support and helpful information. FREE 8-week groups are scheduled several places and times. For more information about Teen Parent Time or other ways they can help, call the Infant Center Teen Parent Program at 271-8155.

SEE ATTACHED SCHEDULE

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

March 18, 1988

PRESS RELEASE

Contact: Debbie Richardson, Director, Teen Family Life Project 271-8155

PLEASE RELEASE THE FOLLOWING TEEN PARENT TIME SCHEDULE:

Tri-City Youth and Family Center
14625 N.E. 23rd, Choctaw
March 8 - April 26, Tuesdays, 3:30 - 5:00 p.m.

South Community Hospital
1001 S.W. 44th
April 5 - May 24, Tuesdays, 6:30 - 8:00 p.m.

McFarland YWCA
1701 N. Eastern (Martin Luther King)
April 7 - May 26, Thursdays, 5:30 - 7:00

Northwest Christian Church
30th and North May
April 5 - May 24, Tuesdays, 6:30 - 8:00

Emerson Alternative School
715 N. Walker
April 7 - May 26, Thursdays, 2:45 - 4:15 p.m.

Southwest Guidance Clinic
7825 W. Winnie, Wheatland
April 4 - May 23, Mondays, 6:30 - 8:00 p.m.

Mid-Del Youth and Family Center
Del City Area
To be announced

For more information or to enroll in any of these groups, please call 271-8155.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

PRESS RELEASE

Contact: Debbie Richardson, Director, Teen Family Life Project 271-8155

FOR IMMEDIATE RELEASE, PLEASE

TEEN PARENT PROGRAM OFFERED

The Infant Center Teen Parent Program invites teenage parents with infants to free services to learn more about parenting and their babies. The Infant Center, 815 N.E. 15th Street, is cooperatively sponsored by the University of Oklahoma Health Sciences Center Department of Family Medicine and the Junior League of Oklahoma City.

"Teen Parent Time" is an opportunity to meet with other young parents and their infants for support and fun activities. Participants are able to discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy receiving a personal baby book, free baby items and refreshments.

Teen parents, male and female, of all ages are invited with babies up to one year old. The free groups meet 1 1/2 hours weekly for 8 weeks and are offered at a variety of locations and times in the Oklahoma County area. Other services are also available at the Infant Center, including home visits, on-going parent groups, and a childbirth class just for teens. For more information, call Debbie Richardson or Paul Suttles at 271-8155.

SEE ATTACHED SCHEDULE

Teens Offered Childbirth Classes

"Preparing for Baby" childbirth classes are available free to teen parents through the Infant Center Teen Parent Program from Jan. 20 through Feb 24 at 815 NE 15

Participants will meet from 6 to 7.30 p m. Wednesday nights for the prenatal health care and childbirth preparation classes

Teen parents also can meet others with other young parents at "Teen Parent Time" and discuss information, needs and feelings without being lectured or pressured. These group meetings will be for eight weeks from 6:30 to 8 p m. at the following dates and locations:

Tuesdays from Feb. 2 to March 22 at South Community Hospital, 1001 SW 44; Thursdays from Feb. 4 to March 24 at Putnam City High School, 5300 NW 50; Mondays from Feb. 8 to March 28 at College Church of Christ, 2221 E Memorial Road

For more information contact Debbie Richardson or Paul Suttles at 271-8155 or 271-8063.

January 1988
Tinker Air Force Base

Teen program helps young mothers

A childbirth education and support group for teen mothers-to-be will be offered at the Infant Center, 815 N E 15th in Oklahoma City from 6 to 7 Wednesday evenings. Classes are now underway and will continue through Feb. 24.

Classes are taught by an experienced childbirth educator and are free to any teen at least seven months pregnant and fathers-to-be whether single or married.

The program is co-sponsored by the base Family Advocacy Program whose goal is to make military families aware of off-base programs that are available to them.

For more information, contact the Infant Center Teen Parent Program, 271-8155 or Georgia M. Slentz, 734-8429

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

PRESS RELEASE

Contact: Debbie Richardson, Teen Family Life Project Director, 271-8155

FOR IMMEDIATE RELEASE, PLEASE

Are you a Teenage Parent? Have fun meeting with other young parents and their babies for support and helpful information. FREE 8-week groups are scheduled several places and times. For more information about Teen Parent Time or other ways they can help, call the Infant Center Teen Parent Program at 271-8155.

SEE ATTACHED SCHEDULE

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

PRESS RELEASE

Contact: Debbie Richardson, Director, Teen Family Life Project 271-8155

FOR IMMEDIATE RELEASE, PLEASE

TEEN PARENT PROGRAM OFFERED

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Teen parents, male and female, of all ages are invited with babies up to one year old. The free groups meet 1 1/2 hours weekly for 8 weeks and are offered at a variety of locations and times in the Oklahoma County area. Other services are also available at the Infant Center, including home visits, on-going parent groups, and a childbirth class just for teens. For more information, call Debbie Richardson or Paul Suttles at 271-8155.

SEE ATTACHED SCHEDULE

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271 8063

March 18, 1988

PRESS RELEASE

Contact: Debbie Richardson, Director, Teen Family Life Project 271-8155

PLEASE RELEASE THE FOLLOWING TEEN PARENT TIME SCHEDULE:

Tri-City Youth and Family Center
14625 N.E. 23rd, Choctaw
March 8 - April 26, Tuesdays, 3:30 - 5:00 p.m.

South Community Hospital
1001 S.W. 44th
April 5 - May 24, Tuesdays, 6:30 - 8:00 p.m.

McFarland YWCA
1701 N. Eastern (Martin Luther King)
April 7 - May 26, Thursdays, 5:30 - 7:00

Northwest Christian Church
30th and North May
April 5 - May 24, Tuesdays, 6:30 - 8:00

Emerson Alternative School
715 N. Walker
April 7 - May 26, Thursdays, 2:45 - 4:15 p.m.

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April 4 - May 23, Mondays, 6:30 - 8:00 p.m.

Mid-Del Youth and Family Center
Del City Area
To be announced

For more information or to enroll in any of these groups, please call 271-8155.

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N E. 15th • OKLAHOMA CITY, OK 73104 • 405 271 8155 or 271 8063

PRESS RELEASE

Contact: Debbie Richardson
Director, Teen Family Life Project
271-8155

FOR IMMEDIATE RELEASE, PLEASE

CLASSES SET FOR TEEN PARENTS

The Infant Center Teen Parent Program invites teenagers who are pregnant or have a baby to free childbirth and parenting classes. The Infant Center, 815 N.E. 15th Street, is cooperatively sponsored by the University of Oklahoma Health Sciences Center Department of Family Medicine and the Junior League of Oklahoma City.

"Preparing for Baby" is a childbirth class just for teens. Participants learn about prenatal health care and childbirth preparation while also receiving support. The class is taught by an experienced childbirth educator and will be held at The Infant Center, Wednesdays, 6:00 to 7:30 p.m., January 20 through February 24.

"Teen Parent Time" is an opportunity to meet with other young parents and their infants for support and fun activities. Participants are able to discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy receiving a personal baby book, baby items and refreshments. Groups meet weekly for 8 weeks and are schduled at the following sites and times:

South Community Hospital, 1001 S.W. 44th
Tuesdays, 6:30 to 8:00 p.m., February 2 - March 22

Putnam City High School, 5300 N.W. 50th
Thursdays, 6:30 to 8:00 p.m., February 4 - March 24

College Church of Christ, 2221 E. Memorial Road
Mondays, 6:30 to 8:00 p.m., February 8 - March 28

Teen parents, male and female, of all ages are invited to attend. Other services are also available at The Infant Center, including home visits. For more information on these programs, call Debbie Richardson or Paul Suttles at 271-8155 or 271-8063.

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The Connector

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OKLAHOMA CITY , OK 73104

Women becoming. . . through the Women's Connection

The United Methodist CHURCH OF THE SERVANT • 6009 NORTHWEST EXPRESSWAY • OKLAHOMA CITY, OK 73132 • (405) 721-4141

Teen Program Needs Volunteers

The Infant Care Teen Parent Program needs volunteers to help provide services to teenage parents and their infants. The Center, 815 Northeast 15th, is cooperatively sponsored by the Junior League and the University of Oklahoma Health Sciences Center, Department of Family Medicine. Volunteer training workshops have been scheduled for January.

Home visitor parent aides are needed to develop a one-on-one relationship with a young parent by offering support and encouragement to providing information on parenting, independent living, and community resources. Those interested in making home visits or leading parenting groups will be provided training. For information call Debbie Richardson at 271-8155.

Volunteers Needed At Center

The Infant Center's Teen Parent Program is looking for volunteers to help provide services to teen-age parents and their infants.

Volunteer-training workshops have been scheduled Jan. 15 through 19.

Home visitor parent aides are needed to develop a one-on-one relationship with a young parent by offering support and encouragement, and to provide information on parenting, independent living and community resources.

Volunteers also are needed to moderate parenting groups for teen-age parents, provide transportation, and to assist with office work, community outreach programs and other activities.

Interested people should call Debbie or Paul at 271-8155.

Continued from previous page

☐ OKLAHOMA CITY COUNCIL

The Oklahoma City Council meets each Tuesday morning at 8 30 a.m in the third floor council chambers of the Municipal Building, 200 N Walker Call 231-2011

☐ OC PUBLIC SCHOOL BOARD

The Oklahoma City Public School Board of Education meet in The Oklahoma City school board meets at 7 p m the first and third Monday of each month at the Administration Building, 900 N Klein Call 272-5520

LECTURES

☐ ON SUBSTANCE ABUSE

A free lecture on the effects of substance abuse and the needs of the abuser and affected family is held at 7 p m. every Wednesday, at The Referral Center, 5835 S Pennsylvania Call 682-8585

☐ GOD'S EXISTENCE PROVEN?

The Institute of Divine Metaphysical Research offers concrete Biblical and scientific proof of God and the purpose of creation. Free lectures every Wednesday and Friday at 7 p m and on Sundays at 10 45 a.m Call 721-6076

WORKSHOPS/FORUMS

☐ APPLIED METAPHYSICS

New classes in applied metaphysics begin every two weeks at the Oklahoma City School of Metaphysics 1210 N W 36th. Call 528-4310

REUNIONS

☐ NORTHEAST 1978

The 1978 graduating class of Northeast High School of Oklahoma City is preparing for its 10th year reunion Anyone with information — names and addresses — about classmates should call 755-3311 or 843-0638

VOLUNTEER OPPORTUNITIES

☐ INFANT CENTER

The Infant Center needs volunteers to help provide services to teenage parents and their infants Parent aides are encouraged to develop a one-on-one relationship with a young parent to offer encouragement support and provide information on parenting, independent living and community resources There are training workshops scheduled Jan 15 16 and 17 For more information call 271-8155

☐ CANCER VOLUNTEERS

Volunteers are needed to participate

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271 8155 or 271-8063

December 14, 1987

PRESS RELEASE

Contact: Debbie Richardson
271-8155

FOR IMMEDIATE RELEASE, PLEASE

TEEN PROGRAM NEEDS VOLUNTEERS

The Infant Center Teen Parent Program needs volunteers to help provide services to teenage parents and their infants. The Infant Center, 815 N.E. 15th, is cooperatively sponsored by the Junior League and the University of Oklahoma Health Sciences Center, Department of Family Medicine. Volunteer training workshops have been scheduled for January.

Home visitor parent aides are needed to develop a one-on-one relationship with a young parent by offering support and encouragement and providing information on parenting, independent living, and community resources. Contact with the teenage family may last up to two years. Volunteers are also needed to facilitate parenting groups for teen parents. Transportation for teen parents to attend groups, assistance with office work, community outreach and other activities are also in need of volunteers. Hours can be flexible and persons are needed from all over the Oklahoma City/County area. Those interested in making home visits or leading parenting groups will attend a training workshop on Friday, January 15, 6:30 - 9:30 p.m., and Saturday, January 16, 8:30 - 5:00 p.m. Parent aides will also meet on Sunday, January 17, 1:00 - 5:30 p.m. while group leaders will finish training on Tuesday, January 19, 6:30 - 9:30 p.m.

For more information, call Debbie or Paul at the Infant Center, 271-8155.

"The Connector" Fall '87

Do you need someone you can trust in Real Estate?

Call Dottie Smith
at ERA Bob Lynn Associates
Office: 722-3344 / Home 721-5128.

Specializing in residential sales and market analysis.

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405-752-4673
EVENINGS 405-721-1030

Closed Thursdays and Sundays

NEW!

Gifts from $6.00

CREATIVE!

Step Into Decorating!

Cindy Kuebler, interior decorator with Trans Designs, is offering free decorating workshops that will show participants how to incorporate the newest trends in color schemes, art, and decorating accessories into their homes working with their existing decor. For reservations, please call 755-7806 and be sure to mention The Women's Connection.

ATTENTION!

If you think you or someone you love has a problem with alcohol or other drugs, contact:

Barbara Thornton, C.A.D.C.
500 North Meridian, Suite 305
Oklahoma City, Oklahoma 73107
405-949-2301

Individual, Couple, Family and Group Counseling

MOVING?

Want a hassle free move?

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DID YOU KNOW?

This spring Julie Bucknam, one of our new members at Church of the Servant, won Melba's Strawberry Contest in the dessert category. Her berry-spinach is very unique! Here's the recipe in case you want to try it out:

1 pkg. (12 oz.) fresh spinach
1 qt. fresh strawberries
1 T. poppy seeds
2 T. sesame seeds
¼ t. paprika
½ c. sugar
¼ c. vinegar
½ c. salad oil

Wash and dry spinach, tear into pieces. Clean strawberries and slice. Mix poppy seeds, sesame seeds, paprika, sugar, vinegar and salad oil. Chill. Pour on salad and toss lightly. Serve immediately. Serves 6-8.

What a tasty delight! Julie, we're so proud of you!

******

There is an art therapy group facilitated by Pat Walke, M.S.W. that is designed to help people recover from addictions to relationships, smoking, overeating, sex, alcohol, drugs . . . If you are interested in this special experience call Pat at 525-8242. The class will meet three Saturday mornings from 9 - 11 a.m. beginning August 29, 1987.

RELOCATING?

LET US HELP YOU MAKE A SMOOTH TRANSITION
WHETHER YOU ARE COMING OR GOING

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&
COMPANY

JANET PELLOW & EDY MING
842-5999

TEEN PARENT TIME OFFERED BY INFANT CENTER

The Infant Center invites teenage parents to a free 8-week session to learn more about parenting and their babies.

"Teen Parent Time" is an opportunity to meet with other young parents and their infants for support and fun activities. Participants are able to discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy a personal baby book, baby items and refreshments.

Teen parents, male and female, of all ages are invited with infants from birth to one year of age. The free groups meet 1½ hours weekly for 8 weeks and are offered at a variety of locations and times in the Oklahoma County area. Other services are also available at The Infant Center for new parents.

For more information on Teen Parent Time or other programs, call Debbie Richardson or Susan Brown at 271-8155.

Let Betty Stone help you with your carpet selection at

BILL STONE CARPETS
444 N.W. 50th 943-3903

Quality Carpet — Quality Installation
Since 1959

Mention this ad and we will give $1.00 for each Sq. Yd. you purchase to Church of the Servant.

Parenting Classes Set

The Infant Center will conduct Teen Parent Time sessions beginning today.

Teen parents will be able to discuss and share information on raising children, as well as personal needs, and receive refreshments, baby items and a baby book in free eight-week learning sessions.

Program sites include Edmond High School, 1000 E 15, 6:30 to 8 p.m. Mondays, beginning today, through Nov. 16; Tri-City Youth and Family Center, 14625 NE 23, Choctaw, from 3:30 to 5 p m. Tuesdays through Nov. 17.

Covenant Community Church, 2250 N Mustang Road, from 6:30 to 8 p.m. Thursdays through Nov. 19, Ralph Ellison Library, 2000 NE 23, from 5 to 6:30 p.m. Thursdays through Nov. 19; and Midwest City High School, 213 Elm, from 3:30 to 5 p.m Mondays through Nov. 23

Daily Oklahoman 9/28/87

Volunteer Exposition '87

Shepherd Mall
September 18-19

Come meet over 60 local volunteer programs at the 14th Annual Volunteer Exposition at Shepherd Mall. This is your chance to get involved — everyone from the American Red Cross to the Traveler's Aid Society will be on hand to showcase their services, including demonstrations, informative videos, free blood pressure checks and much, much more.

The Exposition, sponsored by the Community Council of Central Oklahoma, will be held Friday, September 18th from 10 a.m. to 8 p.m. and Saturday, September 19th from 10 a.m. to 6 p.m. Get involved and find out what's happening in your community at the Volunteer Exposition in Shepherd Mall!

SHEPHERD MALL

N.W. 23rd at Villa, Mon. - Sat. 10-9, Sun. 1-6

New system to address Norman campus parking permit problems

To increase available parking for faculty and staff on OU's Norman campus and help resolve other permit-related problems, a new parking permit/gate card system has been implemented.

The new transferable hang-tag permit replaces the bumper sticker/gate card system previously used on the Norman campus The new permit — which provides access to gated parking lots for faculty and staff — should be displayed from the rear-view mirror of the vehicle or clipped to the sun visor

In the past, both a bumper sticker and gate card were required to legally obtain access and park in gated faculty/staff lots OU employees who wished to drive alternate vehicles to campus were required to purchase an additional parking sticker or contact the Parking and Transportation Office each time they drove the vehicle to campus.

"Over the years, this system has allowed an excess number of parking permits and has contributed to the overcrowding of many of our parking lots," said Ralph McFarland, assistant director of auxiliary services

As a result, the Campus Planning Council in conjunction with the Parking and Transportation Office began last spring to look closely at the faculty and staff parking situation and consider other parking procedures.

To resolve the problems occurring with the bumper sticker/gate card system and increase available parking to faculty and staff, the planning council suggested that transferable hang-tag permits be used in place of bumper stickers Under the new system, only one permit is issued to each employee, eliminating the need to purchase parking permits for additional vehicles.

The transferable parking permit/gate card can be displayed in any vehicle and eliminates the need to contact the Parking and Transportation Office when driving an alternate vehicle.

"It is our hope that these changes will positively affect the campus parking situation and increase the availability of parking for our campus community," McFarland said

Parking gates will be programmed to accept only the new 1987-88 parking permit/gate cards beginning Monday, Sept. 14. "This delay from the former Sept 1 deadline will allow faculty and staff to avoid the student rush to purchase permits," he said.

Permits — which cost $35 each — can be purchased with cash or check from 8 a.m to 4 30 p m Monday through Friday at the Parking and Transportation Office in Room 311 Robertson Hall, 731 Elm Ave Permits also can be purchased by mailing to the Parking Office a completed application, a photocopy of the applicant' current OU identification card and a check made out to the university for $35. Permits will be returned to applicants by campus mail within three to four working days

For further information, people should contact the Parking and Transportation Office at 325-3311.

Center seeks volunteers for Teen Parenting Program

The Infant Center's Teen Parenting Program is seeking volunteers to help provide services for teen-age parents and their infants.

The center, sponsored cooperatively by OU's department of family medicine and the Junior League, has scheduled two workshops this fall to train volunteer parenting group instructors and home visitors.

Parent aides are needed for the Helping Young Parents Program to make home visits to teen-age parents Volunteers develop a one-on-one relationship with a young parent by offering support and encouragement and by providing information on parenting, independent living and community resources Contact with teen-age families can continue up to two years

Training for parent aides will be conducted from 9 a m to 5 p m Friday and Saturday, Sept. 25-26, at the center, 815 N.E 15th, Oklahoma City An orientation also will be scheduled prior to the workshop.

Volunteers also are needed for the center's Teen Parent Time Program, a free eight-week series of sessions in which new young parents can meet for support and to learn parenting skills Those interested in serving as group facilitators should attend a training workshop from 9a m to 4 p m Tuesday and Wednesday, Oct 13-14, at the center

Volunteers also are needed to provide transportation for the teen parents to attend groups and to assist with office work and community outreach Hours can be flexible, and people from the Oklahoma City and Oklahoma County areas are needed

For more information about the Infant Center's Teen Parent Program, people should call 271-8155.

Trip set to Lawton festival

A bus trip to the International Festival in Lawton, where participants will share the food and festivities of cultures across the globe, is being planned on Saturday, Sept. 26, by OU's Program Development Services

Open to all interested people, the daylong tour will leave Norman at 10 a.m. and return at 10 p m. Three of OU's international students will accompany the participants.

"This is the closest to a trip around the world you can get in one day," said Marilyn Gottshall, program development specialist in OU's division of Continuing Education and Public Service.

The cost is $28 per person or $50 for two people and includes a box lunch.

People who would like to enroll or receive more information can contact Gottshall at 325-5101

Museum begins regular hours

The beginning of the fall semester marks a return to regular hours for the OU Museum of Art, which has been operating on a shortened summer schedule

Regular hours resumed Aug 25 They are 10 a m to 4 30 p m. Tuesdays, Wednesdays and Fridays, 10 a m to 9 p m Thursdays, and 1 p m to 4 30 p m Saturdays and Sundays The museum will be open from 10 a m to kickoff time on home football Saturdays

The OU Museum of Art is located in the west wing of the Fred Jones Jr Memorial Art Center, 410 W Boyd St, Norman Admission is free

Teen Parent Service Seeks Volunteers

The Infant Center's Teen Parent Program needs aides for its Helping Young Parents Program. Training is required for this supportive relationship with a teen-age parent and child Parenting information and help with basic living concerns are provided through regular home visits

Volunteer Hot Line

and phone calls, with contact continuing up to two years; therefore a one- to two-year commitment to this program is preferred.

Volunteers must have their own transportation

Helpers also are needed to provide transportation for teen parents and their infants who may not otherwise be able to attend parenting groups and other necessary services Appropriate liability insurance is a must for these volunteer positions.

The Black Chronicle
8/25/87

Center to Recruit Volunteers

Chronicle News Services

The Infant Center Teenage Parent Program is recruiting volunteers to help provide services to teenage parents and their infants.

The Infant Center, at 815 NE 15th St , is sponsored by the Junior League and the Department of Family Medicine of the Health Sciences Center of the University of Oklahoma.

Two workshops have been scheduled for the fall to train parenting group instructors and home visitors.

Parent aides are needed for the Helping Young Parents program to make home visits to teenage parents.

Volunteers develop a one-on-one relationship with a young parent by offering support and encouragement and providing information on parenting, independent living and community resources.

Contact with the teenage family may last up to two years.

Training for parent aides will be conducted Friday, Sept. 25, and Saturday, Sept. 26, from 9a.m.-5p.m. at the Infant Center. An orientation program will also be scheduled prior to the workshop

THE DAILY OKLAHOMAN/TIMES Monday, August 24, 1987 3 N

and Wed. Aug 26, 1987

Teen Parent Help Sought

The Infant Center Teen Parent Program is recruiting volunteers to help provide services to teen-age parents and their infants.

Training for parent aides will be conducted from 9 a.m. to 5 p.m. Sept. 25 and 26 at the center, 800 NE 15.

More information is available by calling 271-8155.

Summer 1987
INFANT CENTER NEWSLETTER

Teen Program Is HOT!

The Teen Parent Program is warmed up for a busy summer. Six 8-week Teen Parent Time groups are scheduled for new teen parents during the summer months all around Oklahoma City, including Edmond and Mustang (see schedule).

For those parents who have already attended Teen Parent Time or have more than one child, the Connection has been scheduled. This is an ongoing group which will meet on Monday nights, 6:30-8 00 p.m , at the Infant Center and First Christian Church of Midwest City.

On June 6th, the First Annual Teen Parent Reunion was held at Memorial Park Approximately 30 volunteers, teen parents and their families enjoyed visiting, playing games and eating lots of food on a beautiful summer day It is hoped that this will grow into a bigger event every year

Spring volunteer training sessions have concluded for new group instructors and in-home/parent aides. As a result of this training, the parent aide program is on its way which allows volunteers to make home visits to teen parents.

The Infant Center would like to congratulate all teen parents who graduated from High School recently We know how difficult it was for many of you which makes it an accomplishment to be even more proud of.

Also, the Infant Center wants to express best wishes to Susan Brown, Teen Parent Coordinator, as she and her family move to Tucson, Arizona Susan has been on staff since Fall 1985 and has done a wonderful job with the program and will be missed.

The Teen Program functions primarily on referrals of parents. If you know of any teen parents who have not had contact with the Infant Center. please tell them about us! Your encouragement may make the difference

Once again, we are making a call for volunteers to assist with providing transportation, office work, community outreach as well as to assist with groups or to make home visits. The Infant Center also needs donations of new or used (but in good shape) baby items

We hope this has you heated up and ready to go! Please call us at 271-8155 if you want to get involved as a parent or as a volunteer!

Teen Parent Time Groups

AREA	
Far S.W.	Southwest Guidance Clinic 7825 Winnie, Wheatland Mondays, 6.30-8 00 p m. June 15 — August 3, 1987
N E.	Guidance Clinic City-County Health Dept N E. 23rd & Kelley Mondays, 2.30-4 00 p.m June 15 — August 10, 1987
South	Variety Health Center 1504 S. Walker Fridays, 10.00-12.00 noon June 19 — August 21
Central	Infant Center 815 N.E 15th Street Tuesdays, 4 00-6.00 p m. June 16 — August 4, 1987
N E	Ralph Ellison Library 2000 N E 23rd Thursdays, 5 30-7 00 p m July 2 — August 20, 1987
North	Special Services Center 215 North Boulevard, Edmond Mondays, 6 30-8 00 p m June 22 — August 10, 1987

TEEN VOLUNTEER SPOTLIGHT

Manbeth Govin
Renea King
Juanita Lee
Margaret West
Stephanie Bnll
Debra Maxwell
Pam Marr
Donna Lindley
Jerry Walker

Staff Photo by David McDaniel

All's Quiet — for the Moment

Sharing war stories from the baby battlefront are graduates of teen parenting classes, from left, Melanie Easley, holding son Matthew, and Charles Lewis and Celeste Johnson, with daughter Candace The Infant Center, 800 NE 15, sponsors a variety of classes, including a special Teen Family Life Project to teach parenting skills.

OU update

A newsletter for the faculty and staff of the University of Oklahoma

June 22, 1987 Vol. 2 No. 19

HSC Infant Center helps develop teen-agers' parenting skills

In Oklahoma, children are having children — a fact that may cost the state as much as $100 million a year, according to the director of the OU Infant Center's Teen Family Life Project

With Oklahoma ranking fourth in the nation in the number of teen-age pregnancies, programs such as the Infant Center at the OU Health Sciences Center have been developed to aid young parents, wrote Debbie Richardson in "Help for Teen Parents," an article published by the OU department of family medicine in *News Views. A Family Medicine Quarterly.*

In 1985, there were 8,410 births to Oklahoma women under the age of 20, including 20 girls between the ages of 11 and 13, she noted. Trends show that almost one-third of female adolescents in Oklahoma will have a live birth before they reach their 20th birthday, and 38 percent of these young mothers will have a second child before the age of 20.

"Most teen-agers are choosing to keep their babies once they decide to carry the pregnancy to full term," Richardson wrote. "Becoming a parent at such a young age imposes lasting hardships on both parent and child, including the teen-age father and extended families There are a number of health, financial, emotional and social risks as a result."

In an effort to assist young mothers and fathers, the Infant Center — which is jointly sponsored by the HSC family medicine department and Junior League of Oklahoma City — is inviting teen-age parents of infants 1 year old or younger to a free eight-week session to learn more about parenting and their babies

"Teen Parent Time," which will be presented at several Oklahoma City metropolitan area locations throughout the summer, is an opportunity for the teens to meet with other young parents and their infants for support and fun activities, Richardson said. The program has been helping teen parents develop parenting skills since 1984.

The Infant Center also offers "drop-in" time — a less structured opportunity to socialize and learn — for parents who complete "Teen Parent Time" or who have older children. The center's new Teen Family Life Program is developing and implementing in-home/parent aide services that begin when teen parents are in their third trimester of pregnancy and continue through the first two years of their child's life.

Volunteers are needed to assist with recruiting, leading groups and publicity as well as to serve as parent aides. Contributions, referrals and inquiries also are welcome For more information concerning the center's projects, people should contact Richardson or Susan Brown, family medicine education specialist, at Infant Center Teen Parent Programs, 503 Rogers Building, 800 N E. 15th St , Oklahoma City, OK 73104, telephone 405/271-8155.

Wall, Klinka receive major awards for writing

JUDITH WALL

KAREN KLINKA

Two OU writers who frequently contribute news, feature and profile articles to *OU Update* have won major writing awards.

Norman novelist Judith Wall, who is director of alumni publications and editor of the alumni newspaper *OU People*, recently was named Oklahoma Writer of the Year at OU's 49th annual Short Course on Professional Writing.

Karen Klinka, a writer with the Health Sciences Center's Public Information Office, has tied for first place in the American Heart Association's annual Howard W. Blakeslee Awards competition. Her entry, "Woman Saves Self with Birthday Gift," appeared in the Nov 30, 1986, issue of *The Sunday Oklahoman* and tied in with an entry from *The Wall Street Journal*. The award, which was presented June 20 in Dallas, includes a $1,000 honorarium.

The former assistant director of OU's writing short course, Wall has written and sold seven romance novels to Harlequin Books. She also is the author of *Chain of Gold*, a non-category romance published by Pocket Books, and a mainstream novel, contractually titled *Love and Duty*, which has been purchased by Pocket

Currently at work on another mainstream novel, Wall writes feature and profile articles for each issue of *OU Update*. She received a master's degree in journalism and mass communication from OU in 1977.

In addition to the Blakeslee prize, Klinka recently received a 1987 Bronze Derrick Award for media relations from the Oklahoma City chapter of the Public Relations Society of America She also won five first-place awards in the Oklahoma Press Women 1986-87 communications competition, including a top prize for a profile feature on James Wenzl, OU professor of pediatrics, which appeared in the May 7, 1986, issue of *OU Update*.

A member of the HSC public information staff since 1980, Klinka served as editor of *HSC Today* for five years and currently is HSC coordinator for *OU Update*. She is a 1963 graduate of the Medill School of Journalism at Northwestern University

TMC residents win awards

Eleven research papers were presented by Tulsa Medical College obstetrics/gynecology residents at the annual Resident Research Day sponsored by the Tulsa Obstetrics/Gynecology Society.

John Shane, president of the society, presented TMC resident Steven Braatz with the first-place award of a plaque and $200 for his paper on "Correlation of Ultrasonographic Presence of Fetal Proximal Humeral Epiphysis with Fetal Pulmonary Maturity"

Winning second place was Joseph Cunningham, who presented a paper on "Glucose Tolerance and Pregnancy in Non-Diabetic Women " Louis Montanaro was the third-place winner for his paper on "Prostaglandin E2 Gel Cervical Ripening and Labor Induction Factors and Doses Predictive of Successful Delivery Without Oxytocin "

Some 52 society members attended the May 13 event

Teen Parents Offered Help

The Infant Center will begin free sessions Monday to help teen-age parents learn more about parenting and their babies.

The groups, part of a program called Teen Parent Time, meet for 90 minutes each week for eight weeks and are offered at a variety of times and places.

Meeting times are 4 to 6 p.m. Tuesdays, June 16 through Aug. 4, at the Infant Center, 815 NE 15; and 6:30 to 8 p.m. Mondays, June 15 through Aug. 3, at the Southwest Guidance Clinic, 7825 Winnie, Wheatland.

Also, 2:30 to 4 p m. Mondays, June 15 through Aug. 10, at the Oklahoma City-County Health Department, 921 NE 23; and 10 a.m. to noon Fridays, June 19 through Aug. 21, at the Variety Health Clinic, 1504 S Walker.

And 5:30 to 7 p.m. Thursdays, July 2 through Aug. 20, at Ralph Ellison Library, 2000 NE 23; and 6:30 to 8 p.m. Mondays, June 22 through Aug. 10, at the Special Services Center, 215 N Boulevard, Edmond.

For more information, call 271-8155.

Calendar

day, Hilton Inn West, I-40 and Meridian.

Women in Energy, Oklahoma City chapter, 11:30 a.m. today, Petroleum Club. For reservations, 235-0441.

Youth

Applications accepted beginning Monday for summer youth employment and training sponsored by the American Indian Training and Employment Program. For information, 521-9047.

Teen Parent Time, a free eight-week session sponsored by the Infant Center for teen age parents and their babies. For information on times and locations, 271-8155.

Oklahoma Healthy Mothers, Healthy Babies Coalition

April 2, 1987

Dear Debbie:

I am so pleased that you and your organization are going to participate in our first Healthy Mothers, Healthy Babies Fair, May 9th at the Moore Outlet Malls of America. Organizations which serve the community are vital to Healthy Mothers, Healthy Babies outcome. The purpose of this fair is to highlight the importance of good, early prenatal care and to give your agency recognition for its efforts in addressing priority areas such as:

- Breastfeeding
- Family Planning
- Injury Prevention
- Motivation of Low Income Women
- Oral Health
- Substance Use/Abuse
- Genetics
- Adolescent Pregnancy
- Prenatal Care
- Education

Enclosed you will find a confirmation letter that will give you the details about your involvement. We are anticipating the participation of 25 - 30 organizations in this years fair. Exhibit space will consist of an 8' table per exhibitor. The pattern of traffic flow will enable most shoppers to pass by your area and because the fair is the day before Mother's Day, a large shopper outcome is expected.

If you have any questions or concerns, please call us at the Oklahoma Institute for Child Advocacy, 236-2789.

Sincerely,

Debbie Oistacher

Debbie Oistacher
Community Coordinator

614 N.E. 4th, Suite 219 Oklahoma City, Oklahoma 73104 (405) 236-2789

THE MENTAL HEALTH ASSOCIATION

A United Way Agency

PRESENTS . . . .

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April 4, 1987

9:00 AM to 4:00 PM

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Areawide Aging Agency, Inc.
Daily Living Centers, Inc.
Gold Star Wives of America, Inc.
Central Oklahoma Association for the Deaf & Hearing Impaired
Oklahoma Foundation for the Disabled
Resident Physicians Auxiliary
Dale Rogers Mothers' Club
Visiting Nurse Association
R.S.V.P. Oklahoma County
NSO Health Center
CONTACT of Metropolitan Oklahoma City
World Neighbors
American Business Women Association
Tu Ya Chapter
La Familia Unida
Youth Services for Oklahoma County, Inc.
Kiwanis Club of Casady - The Village
Special Care, Inc.
Celebrations! Educational Services, Inc.
Senior Information Services, Inc.
Oklahoma City Literacy Council
The Oklahoma City Indian Clinic
Central Oklahoma Volunteer Administration
Pi Beta Phi Alumnae Club
Oklahoma City Amateur Hockey Association
John Carroll School P.T.O.
YWCA - Ione Branch
Elmhurst School
American Association for Medical Transcription, Mistletoe Chapter
Church of God
OK ACT Teenline
Mayfair Association West
Exchange Club
Sunbeam Family Services, Inc.
Parent Support Group of School of Ballet Oklahoma
The Support Center
Oklahoma City Housing Authority
St. John's Episcopal Church
Preceptor Alpha Omega Sorority
Austrip Boy Scout Troop 15
Mid-Del Board of Realtors, Inc.
Oklahoma Passenger Rail Association
Hospitality House
Community Counseling Center
American Association of Medical Assistants, Inc.
Multiple Sclerosis Society - Oklahoma Central Chapter
Volunteers in Correction, Inc.
Drug Recovery, Inc.
Last Frontier Council - Boy Scouts
Oklahoma Rehabilitation Association
Jack & Jill of America, Inc.
Cystic Fibrosis Foundation
Heart of Oklahoma Council of Camp Fire
Del City Rotary Club
Quettes Club
The Infant Center
St. Luke's Methodist Singles Group
Oklahoma Kit Car Club
Eastside Branch YMCA
Center of the American Indian
Refuge Church
American Diabetes Association
Oklahoma Goodwill Industries
Mental Health Association in

Pregnancy Coalition to Meet

The Daily Oklahoman 4/19/87

The Coalition for Adolescent Pregnancy and Parenthood of Oklahoma will have its second annual conference Thursday and Friday at the Sheraton-Century Center Hotel, Broadway and Main.

Co-sponsor is the Oklahoma State University College of Home Economics.

Workshops will focus on the theme, "What Can Be Done About Adolescent Pregnancy?"

Leading various workshops will be representatives of the Margaret Hudson Program, Tulsa; Urban League of Greater Oklahoma City, Teen-Mother Program, Cerritos, Calif; the Infant Center, Oklahoma County Adolescent Pregnancy Task Force, and Planned Parenthood of Central Oklahoma.

Other participating groups will be the Institute for Child Advocacy, March of Dimes, Oklahoma Department of Health, Catholic Family Life Educators, the Disciples of Christ Regional Office and the Oklahoma City, Moore and Lawton public schools.

Registration and exhibits will open at 11:30 a.m. Thursday. Dr. Robert Block, Tulsa, will be the keynote speaker at a dinner at 6:30 that evening.

Friday at 9 a.m., Sen Billie Floyd, Rep. Linda Larason and Rep. Don Anderson will participate in a legislative panel. A luncheon at 11:45 will close the conference.

The Coalition for Adolescent Pregnancy and Parenting of Oklahoma is a statewide federation of medical, educational, religious and social service professionals and other concerned individuals who want to reduce unwanted teen-age pregnancies and the negative aspects of early parenting.

A complimentary one-year membership to the coalition will be offered with conference participation.

For registration formation, contact Coahtion for Adolescent Pregnancy a Parenthood of Oklahoma, Box 6340, Tul OK 73148.

Sanger Harris
IN THE FIRST PLACE

Debbie Richardson
The Infant Center
815 N.E. 15th
Oklahoma City, Oklahoma 73104

Dear Debbie,

I am so pleased that you and your organization are going to participate in our first Volunteer Fair. We are looking forward to a wonderful event.

Non-profit organizations have a special place in my heart due to the fact that I directed one for years. I appreciate all the ups and downs that they go through. The purpose of our company's interest in this fair is the hope that we can in some way assist you in your efforts to serve. We are interested in giving something back to the commmunity in which we do business. I will be doing everything in my power as the representative of the new Foley's, (formerly Sanger Harris), to fulfill this objective.

Enclosed you will find a confirmation letter that will give you the details about your involvement. I am anticipating approximately 20-25 organizations will be participating in this year's fair. So we hope to have some fun and and be of some benefit to both you and the public. If after reading this letter, you have any questions please call my office. I have answering machines, because of my double store duties. I am on the run all the time. If you will please call and leave your question and number I will be glad to return the call. If you have no questions, I will see your representative on Saturday, March 21 at the Crossroads store.

Sincerely,

Rachel Jacquemain
Special Events Coordinator

Great Times

The Sunday Oklahoman
3/15/87

SPECIAL EVENT:

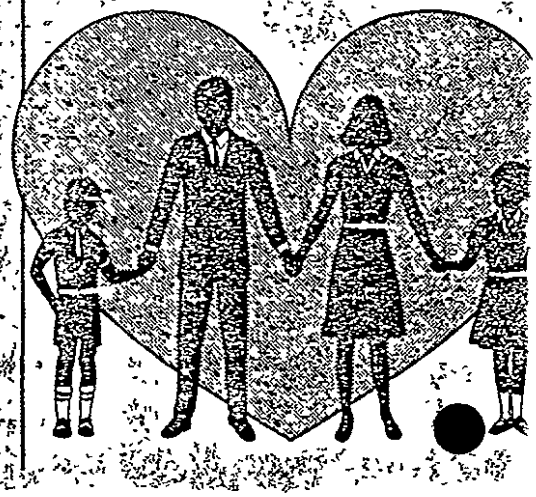
Learn how you can give of your heart... and you'll earn heartfelt thanks.

Here's an investment you can make in Oklahoma's future which will pay off in love. Please join us on Saturday & Sunday, March 21 & 22, as we honor the Oklahoma Institute for Child Advocacy and its many volunteers. You'll meet volunteers from a variety of non-profit organizations devoted to improving the quality of life of Oklahoma's children. Volunteers like you are the heart of such organizations. Information booths will be set up throughout the store, and representatives will sign up those who wish to volunteer. Balloons and music will also liven up the festivities. So come see how a little of your time can help change some children's lives. And you'll earn heartfelt thanks.

WHAT: Volunteer Fair for the Oklahoma Institute for Child Advocacy. Learn how you can help!

WHEN & WHERE: Saturday, March 21, from 10 a.m.-6 p.m. at Crossroads Mall and Sunday, March 22, from 12:30-5 p.m. at Quail Springs Mall. You'll find booths throughout the stores.

REGISTER: For a chance to give a gift to a child special to you. The winner will receive a 100.00 gift certificate valid in Childrens, Juniors or Young Mens. No purchase necessary.



Sanger Harris
...IN THE FIRST PLACE

Oklahoma Healthy Mothers, Healthy Babies

January, 1987

"The hope is to reach every newborn child; the goal is to offer each one the best chance in the new world for survival; but the dream is to have a share, a hand, in the quality of life of the future . . ."

—Dr. Misbah Khan

Oklahoma
Healthy Mothers, Healthy Babies:

What is it?

The Healthy Mothers, Healthy Babies Coalition is Oklahoma's link to a major national effort begun four years ago. The national coalition is an informal association of 80 professional, voluntary, and governmental organizations with a common interest in improving maternal and infant health. Growing in scope and size, the national effort has developed subcommittees addressing priority areas:

- Breastfeeding
- Injury prevention
- Oral health
- Motivation of low-income women
- Substance use
- Genetics
- Adolescent pregnancy

Educational materials and projects are designed by members and shared with the 40 states now participating in the Coalition.

Let's get acquainted

The major goal of the Coalition is to help our nation continue the significant decline in infant mortality and morbidity in the decade ahead. Our state goal is to improve the caring for Oklahoma's pregnant women and their children.

The problem

To date, Oklahoma has one of the highest percentages of women receiving little or no prenatal care. Sixty-three hundred (6,300) pregnant women receive inadequate prenatal care in Oklahoma every year. The correlation between inadequate prenatal care and bad pregnancy outcome is well documented: fetal deaths, deaths of newborn infants, severe lifelong handicaps, tremendous personal distress to families and a heavy financial burden to our state are only some of the consequences of insufficient perinatal care.

In March 1983, a group of health care providers, state health officials, legislators, and other interested citizens formed the State Task Force on Perinatal Care, to improve access to perinatal care. The Task Force concluded that *if no changes are made*, each year:

- Oklahoma will spend $116.5 million for the consequences of poor pregnancy outcome.
- 4,200 infants will be born prematurely.
- 1,200 infants will die before birth or during the first year of their life.
- 180 will have severe long-term handicaps.
- 450 will be born with birth defects or genetic problems.

The Perinatal Continuing Education Program (continued)

The goal is to present PCEP to every hospital in Oklahoma that delivers babies. Hospitals which have participated in PCEP programs have delivered over half of the 50,000 babies born in Oklahoma each year.

For more information about PCEP, contact Judith Harris, (405) 271-6958.

The Infant Center

The Infant Center is a non-profit organization offering services based on primary prevention goals. Post-natal (new baby classes) are offered to families with infants in the first year of life. These six-week classes offer developmental information regarding both families and infants, and support for the endless questions that confront all new parents. A $10 fee is charged, with exemptions made for families who find this a burden. These classes are located in hospitals in a variety of geographical locations in the Oklahoma City area. Recruiting is done through prenatal classes and local publicity. The enrollment is filled through public awareness and word of mouth encouragement by satisfied participants. Short-term counseling is offered for families in normal transitional stress Referrals are made where treatment is indicated. Special events answering community infant concerns are held periodically and a quarterly newsletter is published with overviews of infant development. A library is available to the public with journals, magazines and current books on infants and families.

Another program offered is Teen Parent Time which has been helping teen parents develop parenting skills. This is an opportunity for teen parents of infants (birth to one year) to come together for education and peer support. This parenting series meets 1½ to 2 hours weekly for eight weeks. Parents bring their babies to the groups and may bring a friend or relative. Teen fathers are also encouraged to participate. Major topics of discussion include child development, health, safety and nutrition, discipline and communication, family planning and decision making, and community and personal resources

Another teen parent program, "drop-in" time, is a less structured opportunity to socialize and learn; this group meets weekly for those who have completed Teen Parent Time or have older children. This year, the Infant Center's new Teen Family Life Program will be developing and implementing in-home/parent aide services for teen parents beginning in the third trimester of pregnancy and continuing through the first two years of the child's life.

Teen parenting groups are held in a variety of locations throughout the Oklahoma City area and the state, and more locations are always being considered. Volunteers are needed to assist with recruiting, leading groups, publicity, and for the new parent aide component. Contributions, referrals and inquiries are always welcomed.

For further information on the Infant Center, contact Director Cozy Armstrong at (405) 271-8063. For more information on Teen Parent programs, contact Susan Brown or Debbie Richardson at (405) 271-8155. The Infant Center is a joint project of the Junior League and the OUHSC/Department of Family Medicine and is located at 915 N E. 15th, Oklahoma City, OK 73104.

Tulsa Coalition on Perinatal Care

Tulsa has initiated a community-wide coalition to promote awareness of the need for early and comprehensive prenatal care in Eastern Oklahoma. The coalition is being formed in response to a grant by the Robert Wood Johnson Foundation to the Tulsa Program for Affordable Health Care.

The first meeting of the Tulsa Coalition on Perinatal Care was held in May 1986 and their most recent meeting was Dec. 11, 1986. During this short period of time, the Tulsa Coalition on Perinatal Care has mobilized a strong base which is broad in scope and well defined. Their subcommittees are focusing on access to perinatal care, research and planning, adolescent pregnancy prevention and public awareness.

For more information on this dynamic coalition, contact Valerie Gwyn, R N., M S , at (918) 831-1192 or Cassandra Jackson, Sc.D., at (918) 585-5551.

The Connection

DEBBIE RICHARDSON
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OKLAHOMA CITY , OK 73104

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Women becoming. . . through the Women's Connection

TEEN PARENT TIME OFFERED BY INFANT CENTER

The Infant Center invites teenage parents to a free 8-week session to learn more about parenting and their babies.

"Teen Parent Time" is an opportunity to meet with other young parents and their infants for support and fun activities. Participants are able to discuss helpful parent information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy a personal baby book, baby items, and refreshments

Teen parenrs, male and female, of all ages are invited with infants from birth to one year of age The free groups meet 1½ hours weekly for 8 weeks and are offered at a variety of locations and times in the Oklahoma County area. Other services are also available at The Infant Center for new parents.

For more information on Teen Parent Time or other programs, call Debbie Richardson or Susan Brown at 271-8155.

THE DAILY OKLAHOMAN/TIMES

Calendar

7777 S May. Information, 682 7564.

Health

Family education program for families and friends of people with alcohol or drug problems, 7 to 8 30 p m. Wednesdays, Referral Center for Alcohol and Drug Services of Central Oklahoma, 5835 S Pennsylvania, 682 8585 Today, "Guidelines to Growth."

A Chance to Change, the Chemical Dependency Institute of Oklahoma Inc, 6:30 p m. Mondays, 5015 N Pennsylvania, Suite 100, 840-9000 Next meeting, "Treatment and Recovery Options."

Fitness classes, including aerobics, fitness training, weight management and special needs, South Community Hospital, 1001 SW 44 For times, fees and information, 636-7272.

Class on "family intervention," 8 a.m. to 5 p m. Saturday, J D McCarty Center for Handicapped Children Alameda and 12th Ave SE, Norman For fee and reservations, contact the Norman Alcohol Information Center, 321-8022.

Free workshop for volunteers to lead Teen Parent Time, a series on effective parenting for teen agers, 7 p m Mondays, Feb 9 to March 16 Also volunteers needed for Teen Parent Connection, a support group for teen parents For information, 271 8155.

Free breast self-examination techniques, 9 a m to noon Friday, South Community Hospital, 1001 SW 44 Information, 636-7032.

Free blood pressure screening, 10 a.m Saturday, Edmond Memorial Hospital, 1 S Bryant

Free well-child clinic 9 a m. Thursday, Bethel Christian Center 2500 N Choctaw Choctaw Information, 672 8262.

Support Groups

Tough Love northwest Oklahoma City group 7 p m. Wednesdays Bethany Church of Christ, 3301 N Rockwell Square, 6200 N Western. Information, 848-5533

Compassionate Friends, for the bereaved, south Oklahoma City chapter, 7.30 p m Tuesday, office of Dr A K Harvey, Brookwood Medical Center, 937 SW 89 Information, 631-2379

Women

Meeting, American Business Women's Association, Oklahoma City chapter, 6 30 p m Tuesday, Brick's Bar B Que, 3100-14 N Portland Information, 732-8780

Youth

"The Three Little Pigs, or The Porker Sisters," Oklahoma Children's Theater, today through Sunday, Oklahoma City Community College, 7777 S May For times, 682 7585

Films for preschoolers, 10 a m. Fridays, Norman Public Library, 225 N Webster. Information, 321-1481

Films for preschoolers, 10 a.m. Thursdays and Fridays through Feb 13, Shawnee Public Library, 331 N Broadway, Shawnee

Storytime for ages 2 and 3, 10 and 11 a.m. Tuesdays through Feb 24, Del City Library, 4509 SE 15

KinderKonzert 'Babar the Elephant," presented by the Oklahoma Symphony Orchestra, for children in preschool through fifth grade, Feb 10 and 11, Northwest Classen High School, 2801 NW 27 For reservations, times and information, 232-4292

Style and glamour workshop for ages 13-17, 7 30 p m Tuesdays Feb 10 to March 17 Ione YWCA, 6103 NW 58 Fee $30 Registration 721 2485

OK Kids Talent Search competition, 6 30 p m Friday, 922 Straka Terrace Information, 672 2275 or 631 1967

OK Country Soccer Club spring sign up for Mid Del, Tinker and Spencer children ages 4 18, 10 a m. to 5 p m Saturday main entrance of Heritage Park Mall 6801 E Reno Midwest City Fee $25. Information, 732 5795

Class on drawing and watercolor for ages 10-14, 1 p m. Saturday

Bazaars, Shows, etc.

Quilt show, Buckboard Antiques & Quilts, through February, 1411 N May Information, 943-7020

Reunions

Southeast High School class of '62 Information Reba Palmer, 691 8434, Dana Hargesheimer, 751-6984, or Soni Levine, 634-1313.

Members who served in the 100th Infantry Division from 1942 to 1945 being sought. Information William H Young Jr., 307 N Main Street, North Wales, Pa. 19454.

Members of the 1937 graduating class of Britton High School being sought. Information Ben Hauk, 31 Stonegate Drive, Longview, Texas 75601, or call 214-758-4686

Members who served with the 24th Tank Battalion, 13th Armored Division, in World War II being sought. Information. Galen W. Krieg, 110 SW 4 Street, Newton, Kan 67114, or call 316-283-3886.

Northwest Classen High School class of '77 Information Chris Ward, 946-3964, or Mark Nash, 947-0469

Neighborhood Associations

Shidler-Wheeler Neighborhood Association 6 p m. Thursday, Shilling Center, SE 24 and Durland.

Mayfair West Neighborhood Association, 7 p m Monday, Drexel Arms club room, 3041 NW 41

Others

Janus Day, seminar and small group exercises on letting go of the past and building a future 9 a m to 4 p m Feb 21 600 N Harvey Fee $10. Registration, 943-4170

Bean supper sponsored by Athletic Booster Club, 6 p m Friday U.S Grant High School cafeteria, 5016 S Pennsylvania. Fee $2.50 per person, free for children under age 6.

Singles group for ages

6 p m. Saturday Heights United M Church, 1021 NW formation, 943-17 7831 or 946-5233.

TACE, Tinker Computer Enthus p m. Thursday, Estes Vo-Tech, 490 ant Ave. Informat 5469

Commodore Cl those interested puters, 7 p m. Wed Will Rogers Park 36 Information, 94

Metro Camera 7:30 p m. Monda Rogers Garden Ex Building, 3400 NW format 495-6911

Int onal T In C nicatio p.m Thursday Rack, 2828 N Coun Drive. Informatio 4971

Civic Groups

Rotary Club of ma City, noon T Skirvin Plaza Hot

Edmond Break wanis Club, 7 a days, Central S versity faculty room.

Kiwanis Club America, 7.30 a days, Bristol Sta taurant, 5653 Tin onal, Midwest Cit

Uptown Kiwa of Oklahoma C a m Tuesdays, Y ter in Memorial 36 and Western.

Downtown Club of Oklaho 11.30 a m Tuesd leum Club Libe Tower, 100 N Bro

Del City Rot noon Tuesdays, Steak House I-4 15 Del City

Bethany Lio 6 30 p m Thursd en Corral Restau NW 23 Lady L members are inv

Downtown Li of Oklahoma p m. Tuesday Sup ub, 12 E Lio 6.30 p m. Tuesd way Motor In Broadway

Ongoing Ev

Mother Baby group referral Center 815 NE Information, 271

The Sunday Sun
Midwest City, Eastern Oklahoma County, Oklahoma
3 Sections And Supplements © 1987 Sunday, January 18, 1987

Mid-Del center offers support to teen parents

By Denise Padilla
Staff Writer

Candy Jordan thinks about the future just as any 18-year-old high school senior would

Only she has more to think about than making good grades, going to college and bettering herself

She is a teen mother with a 1-year-old son.

Candy is one of more than 1,700 teens who became parents in Oklahoma County last year, according to statistics compiled by The Infant Center, an Oklahoma City-based non-profit organization which provides classes, counseling and information for families with infants. The Infant Center is cooperatively sponsored by The Department of Family Medicine, the College of Medicine at the University of Oklahoma Heath Sciences Center and the Junior League of Oklahoma City. Funds for The Infant Center come from the Oklahoma State Office of Child Abuse Prevention.

It was through one of The Infant Center's programs, Teen Parent Time, that Candy received peer support and met other teen parents. Started three years ago, the program offers a curriculum designed for teens where they can talk with other teen-age parents, learn more about their babies, learn parenting skills, give and receive peer support and take time for themselves.

Teen Parent Time, a free program which is co-sponsored by the Mid-Del Youth and Family Center and Tri-City Youth and Family Center, meets for 1½ hours each week for eight weeks

Beginning Monday, Jan. 19, Teen Parent Time will be offered from 3 30-5 p m in the home economics room at Midwest City High School The class will run through March 16.

Topics covered at Teen Parent Time include infant development, safety, heath and nutrition, discipline and communication, family planning and decision-making and self-esteem.

Some of the teen-age parents who attended the most recent Midwest City Teen Parent Time said they wanted to continue meeting each week. Candy, along with Kim Kinnett, 17, a junior at Midwest City High School, and Amy Folks, 18, a senior at Star Spencer High School, try to keep in touch with each other each week. On one occasion, they they all went out for dinner and a movie, which was the first time any of them had been out since their pregnancies.

Just as there are different socio-economic levels, there are different circumstances of each teen's pregnancy

Debbie Richardson, Teen Parent Time facilitator, said about ⅔ of teen-age pregnancies are unintended Most teens are surprised, confused and frightened when they find out pregnancy has occured.

For Candy it was the first time she'd ever had sex with her boyfriend. At the time Candy and her boyfriend were having problems at home

"I'd always said 'No' before," she said "I just don't know what it was"

When she learned of her pregnancy, she told her father, whom she said is the best father figure for her son, Joshua

Candy and her boyfriend got married But it was a temporary solution, she said Today, they are in the process of getting divorced.

While she has to be a mother, student, daughter and tutor in the course of a day, Candy always keeps her eye on the future A Midwest City High school honors student who takes honors calculus, honors English III, psychology, physics, chemistry and world history, she wants to go to the University of Oklahoma and study computer engineering at the undergraduate, graduate and doctorate level

"Although, it may take me a while," she said

Until she became a homebound student, Candy said other students thought she was "prim and proper"

"But I've never had anyone condem me," she said "They have to look and see that nobody is perfect."

For Kim, it has been different.

"Once you have a baby, the guys think you're easy," she said But most of her friends remained her friends after they knew of her pregnancy.

Amy said she's had a supportive environment. When she finishes high school, she wants to be a nurse, as does Kim

Candy doesn't look at her son as a mistake Although when she decides to have more children, she would like to adopt

"All I've been through, I'm really surprised I've got it all together," she said "And Teen Parent Time helped a lot."

Other Teen Parent Times are offered at the following locations: Eastern Oklahoma County Vo-Tech, 4601 N Choctaw Road, Tuesdays 3 30-5 p m, Jan 20-March 20, Variety Health Center, 1504 S Walker, meets from 10 a m -noon Fridays, Jan 16-March 6, ; Northwest Classen High School, 2801 NW 27th, Thursdays (time not available), Jan. 22-March 12, and at McFarland Branch Y W C A., 1701 N Eastern, Mondays 1-3 p m , Feb. 2-March 23

For more information about Teen Parent Time call 271-8155 or 271-8063

Candy Jordan, 18, and her one-year-old son, Joshua. — Denise Padilla photo

TEEN PARENT TIME

Teen parents may meet with other teen parents and their children for 8 weekly fun and support meetings from 3:30 p.m. to 5 p.m. Tuesday, March 17 through Tuesday, May 5 at the Department of Human Services County Office, N.E. 23rd and Kelley. Call 271-8155.

OKLAHOMA GAZETTE

Largest Weekly in Oklahoma

30,000 circulation

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271-8155 or 271-8063

PRESS RELEASE

Contact: Debbie Richardson
Director, Teen Family Life Project
271-8155

FOR IMMEDIATE RELEASE, PLEASE IN THE CALENDAR OF EVENTS:

TEEN PARENTS! Have fun meeting with other young parents and their babies. FREE 8-week sessions are scheduled several places and times. For more information about TEEN PARENT TIME, call The Infant Center at 271-8155.

As space allows, please release the following TEEN PARENT TIME schedule:

Department of Human Services County Office
Northeast 23rd and Kelley
March 17 - May 5, Tuesday afternoons; 3:30 - 5:00

Capitol Hill High School
500 S.W. 36th
March 31 - May 19, Tuesday evenings, 6:30 - 8:00

Northeast High School
3100 N. Kelley
April 1 - May 20, Wednesday evenings, 6:30 - 8:00

Mid-Del Vocational Educational Center
1621 Maple, Midwest City
April 6 - June 1, Monday afternoons, 3:30 - 5:00

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
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PRESS RELEASE

Contact: Debbie Richardson
Director, Teen Family Life Project
271-8155

FOR IMMEDIATE RELEASE, PLEASE

TEEN PARENT TIME OFFERED BY INFANT CENTER

The Infant Center invites teenage parents to a free 8-week session to learn more about parenting and their babies.

"Teen Parent Time" is an opportunity to meet with other young parents and their infants for support and fun activities. Participants are able to discuss helpful parenting information as well as their own personal needs and feelings without being lectured or pressured. Parents also enjoy a personal baby book, baby items and refreshments.

Teen Parents, male and female, of all ages are invited with infants from birth to one year of age. The free groups meet 1½ hours weekly for 8 weeks and are offered at a variety of locations and times in the Oklahoma County area. Other services are also available at The Infant Center for new parents.

For more information on Teen Parent Time or other programs, call Debbie Richardson or Susan Brown at 271-8155.

SEE ATTACHED SCHEDULE

THE INFANT CENTER TEEN PARENT TIME

As space allows, please release the following TEEN PARENT TIME schedule:

Department of Human Services County Office
Northeast 23rd and Kelley
March 17 - May 5, Tuesday afternoons, 3:30 - 5:00

Capitol Hill High School
500 S.W. 36th
March 31 - May 19, Tuesday evenings, 6:30 - 8:00

Northeast High School
3100 N. Kelley
April 1 - May 20, Wednesday evenings, 6:30 - 8:00

Mid-Del Vocational Education Center
1621 Maple, Midwest City
April 6 - June 1, Monday afternoons, 3:30 - 5:00

Parental-Support Volunteers Sough

The Parents Assistance Center needs volunte to visit families and to be available b one you have experience in caring for children, a sire to help prevent child abuse and four or f hours a week to spare, call now to be a part of t training class in January.

Volunteer Hot Line

If you enjoy being outdoors, you might meet a ongoing need for volunteers to conduct tou through Martin Park Nature Center, which open all year.

Daily Oklahoma Sunday 12/7/86

A background in public relations would be hel ful to an organization that provides educatio support and referral services for parents and fam lies with infants from birth to age 1. The Infar Center's teen parent program needs a volunteer t contact organizations that encourage support an referrals to this program through public speakin and the distribution of fliers and posters.

Volunteers also are needed to explain the pro gram and resources available at the center.

Office assistants are needed to perform basi office duties.

Volunteers are needed at Mid-Del Group Homes to assist with social activities for mentally handicapped adults, taking them individually or in groups to various community activities.

Volunteers are needed at the family resource library at Oklahoma Children's Memorial Hospital.

Locating information, reshelving books and pamphlets, playing videotapes, typing catalog cards and answering phones are some of the duties of library volunteers.

Information on many volunteer opportunities is available from the Volunteer Center Hot Line at the Oklahoma County Red Cross, 232-3711. The service is sponsored by the Community of Oklahoma City.

THE POSITIVE PANTRY

Tis the season for good food, drink & togetherness. Add to the spirit with trouble free party fare that has a wellness bonus lower in calories, sodium, fat & cholesterol plus more fiber & vitamins.

GIFT BASKETS, PARTY TRAYS, HEALTHY NOVELTY SWEETS for everyone on your list

Take Out or Eat In 9:00-6:00 M-F
1527 W Britton Rd. 755-5648

Staff Photo by Paul B. Hewitt

Clint Rowan and Lynn Keenan play with their daughter, Cassidy.

Young Parents Find Support With New Responsibilities

By Valerie Vogt
Special Correspondent

As the new parents and their babies arrive, the room becomes crowded with diaper bags, blankets and toys Soon everyone is sprawled comfortably on the carpeted floor.

It's probably not an unusual scene for a group gathering for a class on parenting —except these parents are teen agers, and most of them are single.

The class they are attending is called Teen Parent Time, which is offered by the Infant Center, an Oklahoma City non profit organization providing classes, counseling and information for families with infants

The curriculum offered in Teen Parent Time classes not only includes general parenting information, but also addresses situations unique to teen age parents. The teens are encouraged to bring their babies and a support person, whether it be the baby's father, a friend or a relative.

Oklahoma ranks fourth in the nation in teen pregnancy, with one out of eight girls giving birth before high school graduation Last year in Oklahoma County 1,673 babies were born to women under the age of 20, Infant Center officials said.

The statistics show a problem that affects every level of society, what they don't show are the teen agers who simply want to be good parents

Lynn Keenan, 16, is one of those teens, and that's why she and her boyfriend, Clint Rowan, 22, are attending Teen Parent Time. Their daughter, Cassidy, is 7 months old, and Keenan admitted there have been some trying times

"It's hard to comfort her when she's crying," she said "Sometimes I feel like pulling my hair out If no one's around to help, I'll just put her in a safe place, like her bed, for a few minutes and walk away Otherwise, I'll let someone else take care of her"

That type of mature reaction to a typical parenting challenge is one taught during Teen Parent Time classes The teen-agers are encouraged to share their problems and discuss various approaches to situations they can expect to encounter, or perhaps already have

Eighteen-year-old quel Dominguez, SW 4, wishes she known more about enting when her Juan, was born years ago Now si also the mother month-old Angelica

See PARENTS, P

Teen Parent Time Provides Hope in Trying Times

Teen Parent Time is one of several parenting programs offered by the Infant Center, 815 NE 15.

The non-profit organization is sponsored by the Junior League of Oklahoma City and the University of Oklahoma College of Medicine's department of family medicine.

Teen Parent Time was started three years ago to help teen-age parents cope with the new challenges in their lives. Program officials hope to help the teens understand the needs of their babies, broaden their repertoire of disciplinary attitudes and skills and encourage empathetic responses to the baby's demands.

Teen Parent Time is funded by the Oklahoma State Office of Child Abuse Prevention. Recently, the project was awarded a federal grant from the Department of Health and Human Services to expand the current program.

Project coordinator Susan Brow said the funds will be used to develo in-home aide services for the teens an expand office space and personnel.

Teen Parent Time is offered free c charge 14 times annually at severa metro-area locations. More informatio is available by calling Susan Brown a 271-8155 or 271-9063.

Continued

brings both to class with her.

"I'm learning how to control my temper and cope with crying better," she said "It's hard not having a father there to help you through every thing"

Teen Parent Time project coordinator Susan Brown said peer support is vital for teens struggling with the demands of parenthood She said many have told her how glad they are to have at least one place to go where the mood is positive

"They are often put down in their home environments and don't fit in with their old friends, who can't identify with them any longer," Brown said "They feel very isolated and lack support"

Keenan lives with her boyfriend, whom she plans to marry next summer, and his mother Dominguez lives with her parents Both get some support but shoulder most of the responsibilities themselves

Keenan, for example, attends classes at Emerson Alternative Education school, where she is a sophomore She rises early with Cassidy, cares for her until school starts and continues her child-care routine after class It's a schedule that allows little opportunity for a social life, something most of the teens admit they miss since becoming parents.

"In a way I regret it (having a baby) because there's not as much freedom," Keenan said

Seventeen year-old Tammy Rasberry is another teen mother who sometimes tires of the responsibility of caring for her infant daughter, Alecia

"Sometimes I just want to go out and party," she said with a laugh

But the young mothers have accepted their new lifestyle and show obvious joy in caring for their babies During a recent parenting class, Keenan collapsed in laughter as tiny Cassidy babbled at the top of her lungs Rasberry cradled her daughter while discussing disciplinary tactics

Dominguez, like the others, is realistic in assessing her situation

"I had to grow up fast because I knew I had to be responsible," she said with a smile

INFANT CENTER

NEWSLETTER

815 NE 15 □ Oklahoma City OK 73104 □ (405) 271-8063 VOLUME 6, NUMBER 2 - 1989

The Infant Center offers you...

CLASSES — Small groups that offer topics for learning such as infant development, discipline, infant learning, fathering and more.

ROTARY RESOURCE LIBRARY — A multimedia center with films, books, magazines and tapes.

COUNSELING/PARENT EDUCATION — Individual and family with our professional staff

VOLUNTEER AND PROFESSIONAL TRAINING — Ongoing training on such matters as infant behavior and development, child-rearing issues, family interaction, group dynamics and group leadership.

PARENT DISCUSSION GROUPS — A special time for sharing between parents, infants and staff.

SPECIAL EVENTS — Speakers, films and panels scheduled on an ongoing basis.

WORKSHOPS — Designed to address topics of interest to parents.

Infant Center Night at the 89ers Game

Sunday, June 4, 1989, at 7:15 p.m.

Bring the family and join us when the Eighty-Niners play the Tidewater Tides at All Sports Stadium.

The game will be the Infant Center's biggest event of the year. The 4th Annual Parent's Reunion will take place at the game in the grassy picnic area This will be a chance to renew old friendships, form new ones, and, of course see how the babies have grown! So, call your old classmates and plan to attend.

This event will also be a fundraiser for the Infant Center. A percentage of every Infant Center ticket sold will benefit the Infant Center's continuation of programs and services Tickets are $3 00. Children 4 years and under are free. To help with convenience, a mail order form for tickets is included. See page 3.

See you there!

Advisory Board

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Debbie Richardson

Administrative Assistant
Gwen Arnold

Donations — Thank-Yous!

The Infant Center relies on donations to provide continuation of programs and services which strengthen and support families in our community Many continue to respond generously. Thank you for your support!

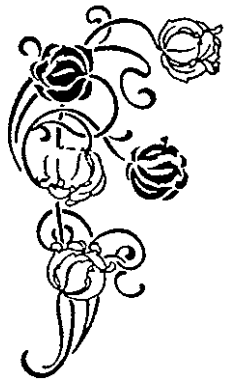
Robert & Karen Browne
Michael & Laurie Sharpe

A very special thank you to **Sharon Lankford, Susan Smith, Angela Johnson, Liz Hoffman, Rick Rodriguez, Elizabeth Howard, Nancy Harwood,** and others who have donated baby items.

Thanks to the **Mustang Home Extension Club** and the **Christ Lutheran Church of Harrah** for a generous contribution of baby items. And to the **RSVP volunteers at the Oklahoma Christian Apartments in Edmond** for the lovely hand-made baby blankets

Thank you to **Variety Health Center, Ralph Ellison Library, Putnam City High School, St. Mar Cumberland Presbyterian Church, Emerson Alternative School, Mid-Del Vo-Tech New Beginnings Program,** and **Douglass High School** for support the Teen Parent Program by providing space for groups.

We needed you!



Happy Secretaries Day GWEN

The Infant Center is sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center.

April is Child Abuse Prevention Month — A New Mom's Story

Janet's first baby cried a lot. The 26 year-old mother was up nearly every night while her husband slept through it all. After five weeks she was exhausted. The glow of new parenthood vanished, and Janet got angry Sometimes she shook the baby when she didn't stop crying. At other times she yelled and called her baby names

Janet could well have gone on to slapping him or coldly turning her back on him Luckily, it didn't happen. Instead she heard about a "new mother's group" at a nearby parent center

Seven other first mothers also were in the group — and Janet found that four were up each night, too Like Janet, they didn't know what to do "But it's normal for a new baby to have sleep problems" the facilitator explained.

That sort of knowledge used to be passed from mother to daughter at the kitchen table. But now many families are scattered or on the move. One-parent households have become common Young parents often live far from mother or grandmother. They can't count on the wise support that families and friends used to provide during the all-important early years of parenthood.

This helps explain why today's parents run a greater risk of continually abusing their children, often with only the best intentions Emotional abuse of children is a national problem, damaging the inner growth of youngsters just as surely as physical abuse does

April is Child Abuse Prevention Month. The National Committee for the Prevention of Child Abuse is emphasizing four points for parents.

1. Words can hurt as hard as a fist
2. Children believe what their parents tell them.
3. Parents should stop and listen to what they are saying to their children.
4. Angry or frustrated parents ought to take time out rather than take it out on their kids.

But learning to beware of emotional abuse is only a beginning. To prevent it from happening, many parents need education and support These can be of immense aid in keeping stress at bay They help parents to avoid the sorry temptation to turn children into unhappy scapegoats

In Janet's case, her eyes opened when she joined the new mother's group She went to six weekly get togethers and calmed down. Then she entered a drop-in program where parents chatted and swapped information while their children rummaged through a toy box Everyone benefited. Now with two children, Janet remains deeply involved in the parent center. "It keeps me sane," she says

Support systems play a part in preventing the strains that can erupt in child abuse. And the number of support programs is growing. The National Committee for Prevention of Child Abuse, through its chapters in all 50 states and the District of Columbia is putting parent education programs into place nationwide. Among them are the Parent Linking Project in New Jersey, an educational service for teenage mothers, and the FACT hotline for parents under stress, in Washington, D C

The Family Resource Coalition is a national network of support programs such as Family Focus in Chicago, a drop-in center for parents and their children

There is no easy way to guage the success of these and other programs in preventing abuse, but parents say they work

"I joined just in time," said Helen, a mother of two who has moved twice in three years. "Talking to the other parents kept me from going crazy Where I lived before there was no one to talk to, and I was yelling at my girls It was getting vicious until I joined the network "

Write National Committee for Prevention of Child Abuse Box 2866E, Chicago, Illinois 60690

TICKET ORDER FORM

INFANT CENTER NIGHT at the 89'ER GAME

June 4, 1989 at 7.15 p.m.

Yes! I would like to participate in the Infant Center's night at the game.

Name _____

Address _____

City _____ State _____ Zip _____

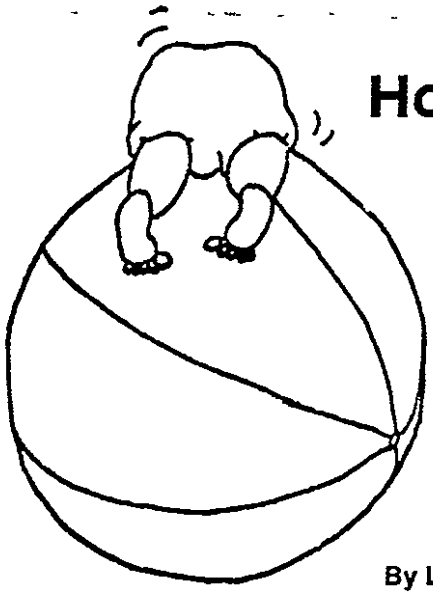
Home Phone _____ Work Phone _____

Please send me the following number of tickets at $3 00 each. _____ x $3 00 = _____
number of tickets total

Return this order form **along with payment** to

THE INFANT CENTER
815 N E 15TH
OKC, OK 73104

Make checks payable to the Infant Center



How Infants Learn

By Laurna Champ, Ph.D.
Child Development Specialist

How do babies learn? Babies learn from the information they take in from the environment. They take in information from three methods to interpret and understand an experience The three methods of taking in information are sight (visually), listening (auditory), or touch (tactile). As a child grows and develops he or she will generally begin to prefer one style of learning over another style

It is important to offer your baby activities and an environment full of stimuli from all three styles. As you relate with your child, offer learning experiences, and play Watch for some clues listed below to help you identify your child's style of learning.

What clues indicate a visual learner?

A visual learner uses his eyes to learn He likes to look at things. The baby enjoys hanging crib toys and reaches for objects in his sight The LOOKER learner (visual) is quieted by the sight of a familiar face or favorite toy

What clues indicate an auditory learner?

An auditory learner likes rattles and noisemakers. This child is the one who is always babbling. If you need to calm a LISTENER (auditory) play some music or talk softly with the child

What clues indicate a tactile learner?

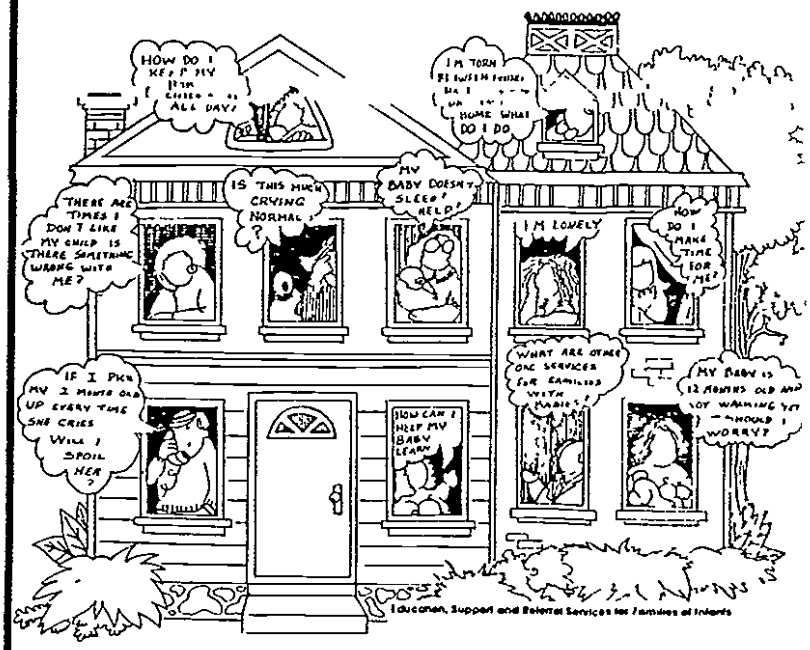
A child who has a tactile learning style prefers activities that involve touching, bouncing, and cuddling The MOVER (tactile) child is physically active from the very beginning This child especially enjoys being held and cuddled.

In May, the Infant Center will be offering a class called "Helping Baby Learn " We will determine your child's learning style, and toys and activities will be suggested which fit your child's unique way of learning. (See the calendar on page 6 for more information)

M.O.M. (Meeting Other Moms) Connection

Having a baby finds families going through most all of the feelings we recognize joy, pride, protectiveness, exhaustion, vulnerability, and the need to share this with others. In this large and vastly spread out city it is often difficult to find others who are experiencing the same changes

To help address this need, the Infant Center sponsors the M O.M. Connection, a support group for mothers and babies up to a year old The group meets the 2nd and 4th Monday of every month at the Infant Center from 1.00-2 30 p m So if you would like to share with other moms and make new friends with whom you have much in common, you are invited to join the M.O M Connection See you there!



INFANT CENTER

Class Descriptions

Classes

New Baby Classes (Postnatal)

This six week series for parents and their infants eases the major changes that babies bring to a family Needs of parents, sleepless nights, relatives, ways that babies learn, and "spoiling" are some of the topics that parents share with each other as they get help and support. This course helps parents understand normal development and prevent problems before they become overwhelming. Bring your babies and help make being a parent easier Classes are informal, including lectures from group leaders and sharing tips and solutions with each other.

Location Mercy, Deaconess, Infant Center
Times and Dates· See attached calendar or call the Infant Center at 271-8063
Fee: $25 per family for the entire series

Bedtime Rituals and Sleepness Nights

A workshop to help parents establish positive bedtime rituals and minimize the occurance of bedtime hassles and getting up at night

Location The Infant Center, 815 N E 15th
Date: Monday, May 1st, 10 30 a.m -12.00 p.m
Fee: $5.00 per family

Let's Talk

A speech and language workshop designed to help parents:

1. learn how children develop speech and language skills from birth to age 7.
2. learn how to recognize potential speech and language disorders.
3. learn about the way in which speech and language disorders are diagnosed and treated.
4. learn activities that will help to develop their children's speech, language, and listening skills.

Location: The Infant Center, 815 N E. 15th
Dates: Monday, May 1st & 8th, 7 00-8.30 p.m.
Instructor. Caroline Royal, M.S , C C C., Speech Language Pathologist
Fee: $10 00 for series

Prepared Childbirth Class

This 12 hour course for expectant parents is designed to help minimize anxieties and provide the knowledge and skills necessary to prepare for a healthy pregnancy, childbirth, and child care Topics covered include nutrition, exercise, breastfeeding, role of coaches, and breathing techniques

Location The Infant Center, 815 N E 15th
Dates· Tuesdays, May 16th - June 13th, 6·30-8 30 p m.
Instructor. Lisa Bruns, R N.
Fee $40 00 for series

M.O.M. (Meeting Other Moms) Connection

An opportunity to get together in a casual atmosphere with other moms with babies up to a year old Share ideas, hear about new things, watch your babies play, and most importantly, make new friends with whom you have much in common

Location· The Infant Center, 815 N E. 15th
Dates Every 2nd and 4th Monday of the month
Time· 1 00-2 30 p m.
Fee· None

Helping Baby Learn

This is a three week series for families with 7 to 18 month old infants Focus will be on learning styles in babies, and on ways to stimulate and encourage infant fun, so attendance by the whole family is encouraged

Location The Infant Center, 815 N.E 15th
Dates· Wednesdays, May 10th, 17th, & 24th, 7.00-8:30 p.m,
Fee. $15.00 for series

"Coping with Toilet Training"

A workshop on recognizing readiness skills for toilet training, techniques to help toilet train, and recognizing and dealing with associated problems

Location The Infant Center, 815 N.E 15th
Date. Monday, June 5th, 10 30 a m.-12 00 p m
Fee, $5 00 per family

Infant Sensory Enrichment

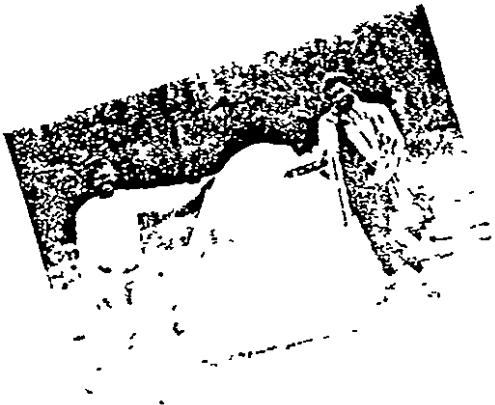
A workshop designed to present different activities that will stimulate your infant's learning through his senses Focus is toward better, more capable, and effective baby/-parent interaction R N certified in Infant Stimulation will demonstrate types of toys and learning materials which parents may use with their babies. Will look at the most effective kinds of learning in the early months

Location The Infant Center
Date. Wednesday, June 7th, 7 00-9 00 p m.
Instructor Pat Leonaitis, R.N , Mercy Health Center
Fee $5 00 per family

	Monday	Tuesday	Wednesday	Thursday	Friday
APRIL	FOR MORE INFORMATION, AND ENROLLMENT, CALL 271-8063	**New Baby Class** Infant Center April 25th - May 30th 12:30-2:30 p.m. **New Baby Class** Deaconess Hospital April 25th - May 30th 7:00-9:00 p.m.	**New Baby Class** Deaconess Hospital April 26th - May 31st 12:30-2:30 p.m.	**New Baby Class** Mercy Health Center April 27th - June 1st 7:00-9:00 p.m.	**New Baby Class** Mercy Health Center April 28th - June 2nd 12:30-2:30 p.m.
MAY	**Bedtime Rituals & Sleepless Nights** Infant Center May 1st 10:30 a.m.-12:00 p.m. **New Baby Class** Infant Center May 8th - June 19th 7:00-9:00 p.m.	**Let's Talk** Infant Center May 1st & 8th 7:00-8:30 p.m. **Prepared Childbirth Class** Infant Center May 16th - June 13th 6:30-8:30 p.m.	**Helping Baby Learn** Infant Center May 10th, 17th, & 24th 7:00-8:30 p.m.	**M.O.M. (Meeting Other Moms) Connection** Infant Center 2nd & 4th MONDAY of Every Month	
JUNE	**Coping with Toilet Training** Infant Center June 5th 10:30 a.m.-12:00 p.m.	**New Baby Class** Infant Center June 13th - July 25th 12:30-2:30 p.m. **New Baby Class** Deaconess Hospital June 13th - July 25th 7:00-9:00 p.m.	**New Baby Class** Deaconess Hospital June 14th - July 26th 12:30-2:30 p.m. **Infant Sensory Enrichment** Infant Center June 7th 7:00-9:00 p.m.	**New Baby Class** Mercy Health Center June 15th - July 20th 7:00-9:00 p.m.	**New Baby Class** Mercy Health Center June 16th - July 21st 12:30-2:30 p.m.

"Teen Parents enjoying the Infant Center Connection group!"

"Teen Parents Going Camping"



Helen and Sara also met a challenge

Sara prepares for a climb.

Karla learned she can do more than she thought

The Doctor's Corner

INFANT FEEDING, PART II

The last Doctor's Corner discussed the feeding of young infants. In this column we will continue that discussion by covering a collage of topics including why you should always hold your infant while feeding her, rather than propping the bottle, when and how to give jucies to infants, and when and how to get your infant to stop drinking from a bottle. Since nearly all babies, even those who are breast fed for many months use bottles at least occasionally, there should be something in this column for all parents.

Sooner or later most parents consider propping up the bottle so that their infant can "feed himself " This is a bad idea for several reasons. The primary reason that bottle propping should be avoided is that meal time is a social time for infants, just as it is for most adults Holding and cuddling the baby during feeding times helps the baby develop a feeling of closeness and security in the family relationship. Babies respond to the talking and smiling interactions that they experience while they are eating Even very tiny infants who do not seem to respond are soaking up the warm cozy feeling of love that they experience while being held Even older infants who insist on holding the bottle themselves benefit from being held while they are being fed.

There are other reasons besides bonding with your infant to avoid propping the bottle A small infant cannot move his head to get away from the bottle when he is full It is important for the parents to monitor the infant's feeding and take the bottle away when the baby becomes full.

In addition, your baby could choke on formula and be unable to help himself, without an adult to assist him

A final reason to avoid propping is that babies who have their bottles propped have a higher risk of developing ear infections than those who are held and fed in an upright position This risk of more ear infections is present as well for older babies who lie down to feed themselves formula or juice from a bottle.

After a baby gets to be somewhere between 4 and 6 months old, she is ready to have juices added to her diet This is the same time that babies are ready to begin drinking from a cup. Obviously, a baby who is only 4 or 5 months old is not able to hold a cup herself, but most will be quite successful when helped and encouraged by their parents Many physicians recommend that babies should only drink juice from a cup and never from a bottle

Many babies seem to settle down in bed easier with a bottle to drink from This is an easy habit for parents and babies to develop, but is hazardous for two reasons One is that, as mentioned above, babies who lie down to drink their bottle have a higher risk of developing ear infections than those who don't do this The other reason is that babies who fall asleep with a bottle containing anything but plain water in their mouths have an extremely high risk of developing cavies due to the high sugar content of the liquids The liquid collects on the teeth and remains there much longer than it would during the day because there is much less saliva flow at night than during the day It is much easier not to get into the habit of sending your baby to bed with a bottle than to break that habit when her teeth come in

By the time a baby is 12 months old, she is old enough to stop drinking from a bottle completely The 12 month old usually has the fine-motor skills and coordination to drink well from a cup and really doesn't need the bottle any more In fact, it is easier to wean a 12 month old from the bottle than it will be later in the second year. As the baby gets older, he becomes attached to the rituals of getting up in the morning, going to bed at night, etc. For many toddlers, these are all times that they are used to drinking from a bottle. It can be extremely hard to get the 15 to 18 month old toddler to give up the comfort of the early morning or before bed bottle; the 12 month old is much more pliable.

When it becomes time for your baby to stop drinking from a bottle, it is important to remember that this is a normal stage that all babies pass through, just as learning to walk is. Even though this is true, many parents experience a feeling of sadness at this sign of growing independence. This sadness is also a normal stage

There are three methods of weaning a baby from the bottle. The first is to go "cold turkey " This is often harder on the parents than it is on the child. A second method which is easier on the parents, since they don't have to "deprive" their baby of the bottle completely is to cut down to one bottle a day at a "special time " This method can be hard on the 1 year old, since they are not able to understand why the bottle is available at one time of day but not any others. (Incidentally, this method can be quite effective for older toddlers of 18 to 24 months whose verbal skills allow them to understand the rules.) The final method is to dilute the milk or juice with water gradually until the child receives only water This method works well for parents who feel that their child cannot do without the bottle but it avoids the issue of stopping the use of the bottle

The key messages of this issue's column are 1) that parents of young infants should hold, snuggle and enjoy feeding their infants and never, ever prop up the bottle, 2) that older infants should be allowed and encouraged to develop skills in drinking from a cup, and 3) toddlers over 12 months should be allowed and encouraged to give up the bottle, as a normal milestone in their growth and development

I would be happy to answer any questions that readers may have about care of infants and children If you have any questions, please send them to The Infant Center, 815 N E 15th, Oklahoma City, OK 73104

This feature was written by Kathryn Reilly, M D , a family physican in the Department of Family Medicine at the University of Oklahoma Health Sciences Center

Teen Parent Program News!

PREPARING FOR BABY — TEEN CHILDBIRTH CLASS

Infant Center 815 N E 15th
Saturdays, 10 00 a m.-12 00 p m.
April 29th - June 3rd

All teen programs are **FREE!** Please call 271-8155 for more information or to enroll in this class.

Teen Parents Go Camping

With the help of the Recreation Therapy Program from Southwest Guidance Center and their fearless Coordinators, Pam Collins and Mike Parker, we visited the Wichita Wildlife Reserve in Southwest Oklahoma Debbie, Suzy (a volunteer), and seven mothers braced the wilderness for an overnight camping trip on March 31-April 1. They met the challenges of rock-climbing and rappelling, pitching their own tents, and surviving in the dark without modern convenieces We also were able to experience the natural beauty of the area as we hiked Friendships were deepened as well, and there was plenty of singing, talking, and laughing We really appreciated the opportunity to share in such an event!

Announcement

The Infant Center regrets to announce that due to the completion of current grant awards the Teen Parent Program will be greatly reducing services Until further notice, the home visitor project has been discontinued (except for those teens already matched with parent aides). Teen Parent Time, Connection, and teen childbirth classes will be reduced in number by June 1989. If needed, referrals to other organizations in the community will be made to provide assistance to professionals, teen parents, and volunteers. Thank you for your cooperation.

Letter from the Teen Parent Program Director

Due to the completion of current grant awards (both federal and state), it is with great sadness that I am announcing my resignation as Teen Parent Program Director at The Infant Center. I will continue my work until June 30, 1989 The Teen Parent Program has brought an immense amount of joy to my life as I have [illegible] it grow from an "infant," through the growing pains of "adolescence," and to it's emergence as a full-grown program. I truly feel blessed to have been a part of the Infant Center and Teen Parent Program as a volunteer beginning with Marcy Price in July 1984 and as a staff member since August 1986. Although there have been times I have felt overwhelmed and uncertain, I know in my heart that this program has impacted the lives of numerous teen parents and children in our community I want to express my sincere appreciation to all volunteers, teen parents, professionals, organizations, and anyone else who has provided the Teen Parent Program or me with support and unforgettable experiences over the last few years. The vision is still there and together we *can* make a difference!

— Love, Debbie Richardson,
Teen Parent Program Director

Teen Volunteer Spotlight

Thank you to·

Laurie Shofner	Katie Tennant
Norma Goff	Elizabeth Cisper
Sharon White	Susan Smith
Suzy Memmott	Debbie Maxwell
Amy Clowers	Elaine Balli
Kim McDaniel	Linda Kadechuk
Henriella Alarafi	Marcy Price

for instructing, calling, recruiting, transporting, making home visits as parent aides, and helping with the Teen Parent Program grants.

Thanks to Debbie Stanford at Mid-Del Youth and Family Center and to Pat O'Conner at Tri-City Youth and Family Center for their continued support and collaboration with the Teen Parent Program To Greta Shepherd (Emerson Alternative School), Marion Good (Mid-Del New Beginnings Program), and Lauvenia Moham (Douglas High School) for their assistance and commitment to teen parent groups at their locations To Lisa Bruns for her energy teaching teen childbirth classes and for just being "special"! And lastly, to Pam Collins and Mike Parker at the Southwest Guidance Center Recreation Therapy Program for providing a wonderful overnight camping experiences for a group of teenage mothers

Community Resources and Activities

Variety Health Clinic offers prepared childbirth classes for adults and teens Call 235-6466 for information and schedules

Variety also offers new baby classes (postnatal) This seven week class is for parents with new babies and will cover such topics as crying, sleeping, and feeding patterns and infant development Next class begins Thursday, May 18, 12 30-2 30 p m For more information, call Laurie at 235-6466

If you would like your organization related to parenting and infancy to be included in our resource directory please call us at 271-8063

The Infant Center's

Volunteer Spotlight

Program Update

New volunteer orientation was held February 1st at the Infant Center for all new volunteers And on February 8th a workshop on infant cognitive development for all volunteers was held.

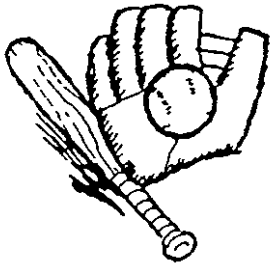
We would like to extend a big "THANK YOU" to all those who participated; we appreciate your interest and enthusiasm We are looking forward to working with you!

Welcome to new volunteers·
Nancy Harwood
Kathy Toney
Elizabeth Howard
Sally Butler
Suzy Memmott

And a special thank you to Dr Wanda Draper, who volunteered her time and expertise as our guest speaker

Also, the Infant Center recently participated in the Children's Health Festival sponsored by Children's Hospital of Oklahoma at Shepherd Mall Many of our volunteers helped with the operation of our booth and provided the community information on Infant Center programs We appreciate everyone who participated for taking time from their busy schedule to help Thank you!

Sally Butler
Elizabeth Cisper
Sandy Eissenstat
Nancy Harwood
Sara Huelsman
Kathleen Johnson
Duana LaFollette
Kim McDonald
Stace Shields
Britt Sutton
Katie Tennant
Kathy Toney



Volunteer Recognition
at the 89'ers Game
Sunday, June 4, 1989,
7:15 p m.

Thank You!

Many thanks to winter volunteers.
Lynne Alexander
Louise Bennett
Kelly Dougherty
Kathleen Johnson
Duana LaFollette
Annie Nashert
Stace Shields
Britt Sutton
Jill Swisher
Kathy Woodall

A special thank you to Lynn Ashley, Project Chairman for the postnatal education classes, for all her support and encouragement during the last year. Lynn has always been there when needed and has greatly benefited the program

These volunteers contributed many hours of instructing, calling, and recruiting

Community Volunteer Thank You

A big salute goes to Sally Butler, the volunteer coordinator. Sally has very diligently organized the Infant Center's volunteer program over the last year. Her commitment and willingness to help whenever needed have made her an important member of our staff We greatly appreciate all her efforts and couldn't have done it without her Thank you Sally!

From Our Library
BOOK REVIEWS

by Sena Brothers,
Infant Center Volunteer

Thou Shalt Not Be Aware
Alice Miller, 1986, ppb, 329 pages

Although this book presupposes knowledge of clinical psychoanalytic procedures and child psychology, it is written in a way that is understandable to anyone Dr Miller probes the roots of child abuse, using case histories and the lives of a few famous people. She also provides new ideas for confronting and treating child abuse societally and personally.

Family Politics
Letty Cottin Pogrebin, 1984, ppb, 278 pages

Family no longer means Mom, Dad, and their 3 children all living in the same house at the same time Ms. Pogrebin shows how family life has changed because of divorce, lifestyle choices, economics, taxes, education, housing, and childcare She shows how to keep a feeling of family even in the face of all the current anti-family politics. And she discusses pro-family solutions. If you are concerned about the future of the family, this is a warm, caring, call-to-action book to read.

Right From The Start: A Guide to Non-Sexist Child Rearing
Selma Greenberg, 1978 edition, ppb, 234 pages

Ms Greenberg's book is the first step a parent can take in freeing their children to reach their full potential The sterotypes of gender — and the reasons behind them —are explored in **Right From The Start.** More importantly, Ms Greenberg also tells how to change the attitudes which reinforce sterotyping - including language, discipline, toys, games, books, and the treatment by professionals such as nurses, teachers, doctors, and sales clerks This is an enlightening journey into the separate and unequal paths that children tread even before they are born, and how to combat this trend.

The Infant Center Resource Library is a multimedia library made possible by a generous donation from the Downtown Rotary Club Materials include books, magazines, journals, films, and tapes on parenting and infancy. The library is available for everyone's use Come check it out!

University of Oklahoma
Health Sciences Center
815 Northeast 15th Street
Oklahoma City, Oklahoma 73104
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Join us at the Game
Details Inside!

This publication is issued by the University of Oklahoma and authorized by Christian N Hanisey Jr M D, of the College of Medicine 3000 copies have been prepared and distributed at no cost to the taxpayers of Oklahoma

INFANT CENTER

NEWSLETTER

815 NE 15 □ Oklahoma City OK 73104 □ (405) 271-8063 VOLUME 6, NUMBER 1 - 1989

The Infant Center offers you...

CLASSES — Small groups that offer topics for learning such as infant development, discipline, infant learning, fathering and more.

ROTARY RESOURCE LIBRARY — A multimedia center with films, books, magazines and tapes

COUNSELING/PARENT EDUCATION — Individual and family with our professional staff.

VOLUNTEER AND PROFESSIONAL TRAINING — Ongoing training on such matters as infant behavior and development, child-rearing issues, family interaction, group dynamics and group leadership

PARENT DISCUSSION GROUPS — A special time for sharing between parents, infants and staff

SPECIAL EVENTS — Speakers, films and panels scheduled on an ongoing basis.

WORKSHOPS — Designed to address topics of interest to parents

In Defense of Baby Talk

Lauren Bradway, Ph D.
Speech-Language Pathologist
United Methodist Counseling Services

I guess its time to fess up I'm a speech pathologist who *talks* "baby talk" to babies! And not only do I enjoy doing so, I maintain that it's *good* for them!

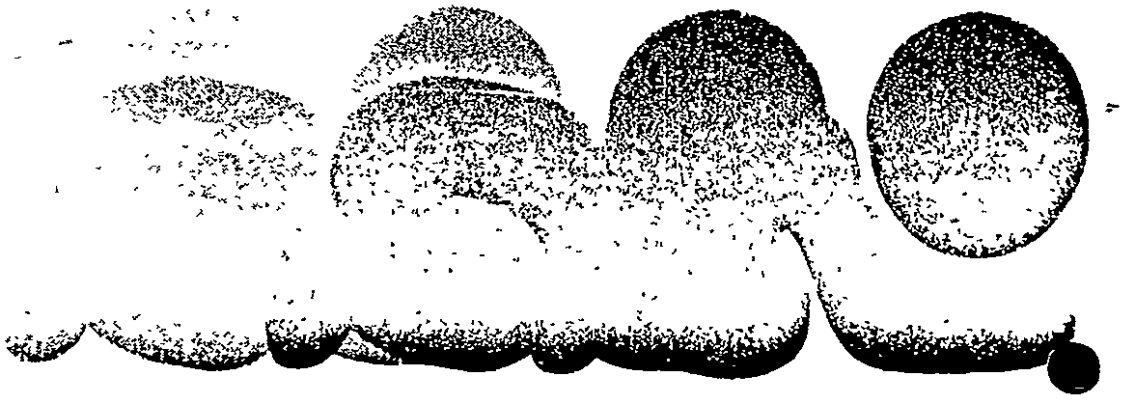
First, lets define our terms Baby talk refers to standard vocabulary words which have been modified to make them simpler for babies to say They contain easier sounds, shorter syllables, and lots of repetition For example, the baby talk word for stomach would be "tum-tum," for good night, "nightie-night," for urinate, "pee-pee," and so on

In addition to using different words with babies, it is natural for adults to speak differently to infants and small children than we do to other adults We exaggerate our pitch, slow the pace, and simplify sentence structure When a baby enters a room, notice how naturally you change your pitch and begin talking silly! This seems to be an instinctive way of communicating with babies, and it makes learning to talk fun for grown ups and babies alike

Baby talk is a variation of adult language, invented by adults and passed on to each generation of babies, its sole purpose being to teach children to talk.

Peter Farb, a linguist and an anthropologist, did a fascinating study of baby talk He researched the vocabulary of six very different languages — English and

Continued on page 3



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Debbie Richardson

Administrative Assistant
Gwen Arnold

Donation Thank-Yous!

The Infant Center conducts an annual fundraising campaign to provide continuation of programs and services which strengthen and support families in our community. Many continue to respond generously. Thank you for your support!

Dr. Edwin Ide Smith
Robert & Connie Stoops
John & Mary Laymon
Elizabeth Davis

Thank you to **Tri-City Youth and Family Center, Mid-Del Youth and Family Center, Mid-Del Vo-Tech New Beginnings, South Community Hospital,** and **Northwest Christian Church** for their support of fall teen parent groups

A very special thank you to **Cindy Baker, Kelly Notah, Donna Mallow, Susan Smith, LaRonda Harvey, Liz Hoffman, Tracy Craig,** and others who have donated baby and maternity clothes, toys, diapers, formula, and various other baby items.

Thanks to **Mustang Home Extension Club** for a generous contribution of baby items. And to **Thunderbird Optimist Club** for their donation of diapers and a generous contribution for refreshments to the Teen Parent Program.

And lastly, a very special thank you to **Robert McCormick** of **Mead Johnson** for the donation of formula and assistance with the door prizes for the Volunteer Holiday Gathering.

We needed you!

The Infant Center is sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center.

Continued from page 1

Spanish, two Asian languages, Comanche, and the language of a nonliterate community in Siberia And he found that *all* these cultures had a baby talk vocabulary. While the actual baby talk words differed, of course, from culture to culture, the themes were amazingly the same. Most all the words in all the languages referred to eating, sleeping, and toileting, good and bad behavior, animal names, and terms for close relatives

When my little girl, Isabel, was just beginning to talk, I was aware that there were so many things she wanted to talk about that she could not yet say, because the consonant sounds contained in many words were too difficult For example, her favorite treat at age 18 months was popcorn, but she could not say the 'kuh" sound Remembering that one of the rules of making a baby talk word is to *simplify*, I made up the word, "pop-pop" for popcorn She loved her new word because she could say it, and no doubt enjoyed the power it gave her of being able to get what she asked for.

Often, Isabel took the lead in making up baby talk words Our pet cat whose name is "Smokey," she called "Mo " My husband and I altered between calling him "Smokey" and "Mo" so Isabel could hear the difference between his real name and his baby talk name. Later, she switched to calling him "Mokey," and then finally "Smokey" as our little girl matured and was able to pronounce these more difficult sounds

Isabel's own name was a mouthful. When she wanted to refer to herself, she pointed to her chest and said, "Baby." This progressed to "BabyBell," and by two and a half, "Isabel."

There seemed to be stages in her mastery of words I noted that not once did she get stuck at a beginning level of a word. When she was physically ready, she moved easily to the next level, seemingly eager to leave the last behind For example, once she could say "Smokey", she never reverted to calling her cat "Mo".

There are many benefits to the time-honored tradition of speaking baby talk to children. Babies get practice with simple sounds and short syllables, and lots of opportunity for repetition. Baby talk has made teaching words and learning to talk fun for generations of parents and babies. Don't miss out on using these special words with *your* baby.

COMMUNITY RESOURCES and ACTIVITIES

The PARENT-CHILD DEVELOPMENT PROJECT is being provided by the **Life Improvement Center** of Oklahoma City, and through a contract with the Oklahoma Department of Mental Health The following services are being offered

Zero to Three Year Olds. This class includes clients who are pregnant, to three year olds The class emphasizes a healthy beginning through a healthy environment. The classes will include what to do and what not to do during pregnancy. What things could endanger the fetus, what things will aid in making the fetus develop in a healthy manner.

This class will also concentrate on providing a healthy environment for the child after birth, and on needs of the child and the parent during the first three years of life.

Parenting Consultation In addition to the above, parents will be able to consult with our staff regarding the providing of appropriate parenting The parents can ask questions about how to handle specific situations, which will promote healthy development of the children

For further information, call 528-HELP

Variety Health Clinic offers prepared childbirth classes for adults and teens. Call 235-6466 for information and schedules

Variety also offers new baby classes (postnatal). This seven week class is for parents with new babies and will cover such topics as crying, sleeping, and feeding patterns and infant development Next class begins Thursday, January 19, 12.30-2:30 p.m. For more information, call Laurie at 235-6466

If you would like your organization related to parenting and infancy to be included in our resource directory, please call us at 271-8063

Help Us Keep A Good Thing Going!

Support the Infant Center. Enclosed is my tax deductible contribution in the amount of

☐ $100 ☐ $25 ☐ $10 ☐ _____

☐ $50 ☐ $15 ☐ $5 **Commemorative & Memorial Forms also available.**

Name _____

Address _____

City/State/ZIP _____

Please make checks payable to "Infant Center", 815 NE 15th Street, Oklahoma City, Oklahoma City, Oklahoma 73104

Artist: Nancy Deeringer

Parents who are interested in putting their infants in day care centers should investigate minimally the following

- The turnover rate of the staff — ask how long the caregivers have been there If you cannot find anyone who has been there longer than two years, I would question whether I would want my child there.
- Ask how many drop-ins they have enrolled at the moment and figure out approximately what the teacher-child ratio is. Go early, late and during lunch to see how many infants are with the caregivers and how they are interacting with them.
- Get to know the infant caregivers and how they feel about things like letting the infant cry, whether rocking will spoil the infant, etc Do they enjoy their job? What are their frustrations?
- Find out how much the day care center depends upon volunteers If there are a large number of volunteers then I would question the quality of care
- Do they encourage your dropping the infant off at the door and picking them up at the door? If they do, then they probably don't want you inside for some reason
- What is the daily schedule from hour to hour? Are the babies ever taken outside for some fresh air?
- Are there plenty of toys and crib devices within the reach of the infant?
- Is the center licensed?
- Parents should look for unusual behavior from the infant — continuous crying, sleep problems, behavior problems.

Parents should get their infant used to the day care center as gradually as possible Start out a few hours at a time and work up. Try to become familiar with day care licensing requirements from the Department of Human Services All licensed day care centers must have training in child care and child development for their caregivers after April 1, 1981 Ask if the child care workers have had any training

Reference: ***The Postnatal Education Curriculum,*** Sturm, S

Tips For Choosing A Sitter

- Begin with relatives or close friends so you can leave your baby for short periods of time at first without worry
- Nurses or nursing students often are good sources for those first few times away
- Neighborhood co-ops with other mothers is a good way to utilize daytime sitting without cost or complication
- College or high school counselors often have lists of students interested in babysitting
- Neighborhood pre-teenagers who want to earn money can make some of your best sitters

I invite a new sitter over to the house beforehand to familiarize him/her with our house and with the children I look for someone who is at ease with children, energetic, and outwardly confident Always ask for references related to previous babysitting experiences, and find out as much as possible about the person's interest, talents, and family

Reference: ***The Great Babysitter Search,*** **Price, M.**

WORKSHOP

Selecting Child Care is often a difficult decision for parents whether it is for an occasional evening out or for a regularly scheduled period of time. Knowing some factors to consider when selecting an arrangement for your child can be helpful in making this decision So if you are in the process of selecting child care you are invited to attend a workshop entitled "Selecting Child Care".

Selecting Child Care
Monday, February 6
10:30 a.m. - 12:00 p.m.

Class Descriptions
New Baby Classes

M.O.M. (Meeting Other Moms) Connection

An opportunity to get together in a casual atmosphere with other moms with babies up to a year old Share ideas, hear about new things, watch your babies play, and most importantly, make new friends with whom you have much in common

Location: The Infant Center, 815 N.E 15th
Dates· Every 2nd and 4th Monday of the month
Time: 1·00 - 2.30 p m.
Fee: None

Prepared Childbirth Class

This 12 hour course for expectant parents is designed to help minimize anxieties and provide the knowledge and skills necessary to prepare for a healthy pregnancy, childbirth, and child care. Topics covered include nutrition, exercise, breastfeeding, role of coaches, and breathing techniques

Location· The Infant Center, 815 N E. 15th
Dates: Beginning Tuesday, January 3rd at 6.30 p.m.
and Tuesday, February 28th at 6 30 p.m.
Instructor: Cheri Grubbs, R.N.
Fee: $40.00 for series

Helping Baby Learn

This is a three week series for families with 7 to 18 month old infants Focus will be on learning styles in babies, and on ways to stimulate and encourage infant fun, so attendance by the whole family is encouraged

Location. The Infant Center, 815 N E 15th
Dates· Mondays, 7 00-8·30 p.m.
February 13th, 20th, 27th
Instructor· Dr Laurna Champ, Ph D.
Child Development Specialist
Fee $12 00 for series

Infant Sensory Enrichment

A two week series designed to present different activities that will stimulate your infant's learning through his senses Focus is toward better, more capable, and effective baby/parent interaction R N certified in Infant Stimulation will demonstrate types of toys and learning materials which parents may use with their babies Will look at the most effective kinds of learning in the early months

Location· Mercy Health Center
Dates Mondays, February 20th & 27th, 7 00-8 30 p m
Instructor Pat Luomnis, R N , Mercy Health Center
Fee: $8.00 for series

Selecting Child Care

A workshop to help parents with the difficult decision of selecting child care Factors to consider when making selections will be discussed

Location The Infant Center, 815 N E 15th
Date· Monday, February 6th, 10 30 a m -12 00 p m
Fee $4 00 per family

Bedtime Rituals and Sleepless Nights

A workshop to help parents establish positive bedtime rituals and minimize the occurance of bedtime hassles and getting up at night.

Location. The Infant Center, 815 N E. 15th
Date· Monday, March 6th, 10 30 a.m -12 00 p m
Fee. $4 00 per family

Let's Talk

A speech and language workshop designed to help parents

1. learn how children develop speech and language skills from birth to age 7
2. learn how to recognize potential speech and language disorders
3. learn about the way in which speech and language disorders are diagnosed and treated
4. learn activities that will help to develop their children s speech, language, and listening skills

Location The Infant Center, 815 N E. 15th
Dates. Thursdays, March 9th & 16th, 7 00-8 00 p m.
Instructor. Caroline Royal, M S , C C C
Speech Language Pathologist
Fee $8 00 for series

"Holiday Fun at The Infant Center — Volunteers and Teen Parents"

The Doctor's Corner

INFANT FEEDING

For most new parents feeding their infant raises lots of questions They get advice from grandparents, friends and their physician, as well as parent magazines and television and radio All this usually conflicting advice can make the parents feel at the least bewildered and possibly like there is no way they can do it right

Luckily, for the most part feeding infants is pretty simple. The first choice the parents must make is whether to breast feed or use formula. Breast feeding is strongly recommended for all newborns since it provides all the nutrients that infants need, as well as providing some protection against infection. However, for families who choose not to breast feed or who are unable to do so, commercial formulas are excellent sources of nutrition for infants.

There are two basic types of infant formulas, heat treated cow milk based formula and soy based formula. The cow milk based formulas, such as Enfamil, Similac and SMA are generally recommended, except when there is a strong family history of cow milk allergy In that case, the physician may recommend a soy based formula such as ProSobee, Isomil, or Nursoy However, soy based formulas are also allergenic and breast feeding is the safest choice if the family history of allergy is very strong. Many parents switch formulas when their babies have problems that seem to be associated with feeding such as spitting up or gas Since the cow milk based formulas are all essentially similar, a change from one to the other should not resolve a problem which is truly related to the formula. However, if you feel that your baby is having feeding problems, you will not do any harm by switching formulas.

Most physicians recommend that all infants being fed formula receive formula which is iron fortified Although it sometimes seems that the iron in the formula causes stomach pain or constipation, researchers have found no evidence that these problems are caused by iron in formula. If you decide not to give your infant formula that contains iron, please discuss this with your baby's doctor. By the time your baby is four months old, she needs a regular source of iron in her diet to prevent development of anemia.

Most newborns have some problems that seem to be associated with feeding. Although it is tempting to blame their food, most of these problems are due to the immaturity of the infant intestinal tract, rather than any intolerance to their food. The two most common problems are colic and spitting up, with too much gas and wanting to eat all the time following closely

All infants spit up to some extent For almost all, the spitting is nothing more than a nuisance for the parents Even babies who spit up large quantities of milk very frequently usually gain weight and grow normally There are some things that can be tried to decrease the amount of spitting — frequent burping, feeding the baby in a upright position, holding the baby upright for one half hour after feeding and handling the baby gently can all decrease the amount spit up. However, doing all these things will not stop the spitting up completely Fortunately, as the baby matures, he will spit up less and less and by 4 or 5 months, spitting up should be uncommon. Obviously, if your baby is not growing or has pain associated with the spitting, you should consult your doctor

For most babies colic is probably not associated with their diet, even though babies with colic act as though their stomachs hurt a lot and frequently pass a lot of gas Colic usually starts at two to three weeks of age and goes away at about 12 weeks Some physicians do recommend elimination of cow milk either from the mother's diet if she is breast feeding or cow milk based formula for a few weeks to see if allergy is contributing to the colic. For most babies, colic like spitting, goes away as the baby gets older regardless of what parents do.

Starting baby on solid food is a source of controversy for many families. Twenty or thirty years ago, parents were advised to start their infants on solid foods very early, often in the first month We now know that formula or breast milk provide all the nutrients that infants need in the first 4 to 6 months. Researchers have shown that early feeding off solid foods does not help the babies sleep through the night, although many parents feel that it has helped their children. It is hard to resist family pressures to start food early, but there are many reasons not to do so. Early feeding off solid foods may lead to food allergy in children who are prone to allergy by their family history. Small infants cannot communicate easily that they are full, so they may be overfed, leading to excessive fat. And commercial jarred baby foods are more expensive per calorie than formula or breast milk If you are considering starting your baby on solid foods before she is 4 months old, talk to your doctor

Some parents prefer to start juices prior to four months Juices are all right for infants close to four months, as long as they are given in moderation There are very few nutrients in fruit juice, except sugar. Obviously they should not be used as a substitute for formula Apple juice is probably safest for allergy prone children Regular juices can be used if diluted half and half with water, but juices from cans should be avoided since they sometimes have a high lead content. Avoid citrus juices until the baby is at least 6 months old, since these frequently cause allergies.

Feeding the newborn should be easy. Breast milk and/or formula usually provide all the nutrition that babies need until they are at least four months old. However, if you are having problems related to feeding your baby, your doctor or the Infant Center should be consulted for advice

This feature was written by Kathryn Reilly, M D., a family physician in the Department of Family Medicine at the University of Oklahoma Health Sciences Center.

We would like to use this column to help answer your medical questions Please send them to the Doctor's Corner, c/o The Infant Center, 825 N.E. 15, Oklahoma City, OK 73104

TEEN PARENT PROGRAM SCHEDULE

TEEN PARENT TIME

(for new parents with infants under age one)

Variety Health Center
1504 S. Walker
Fridays, 10 00-12 00 p.m
January 20 - March 3

Community Action Agency
1621 S W 15th St.
Wednesdays, 1.00-3 00 p m
January 18 - March 1

Ralph Ellison Library
2000 N E 23rd
Mondays, 5·30-7 00 p.m
January 23-March 13

Putnam City High School
5300 N W 50th St
Tuesdays, 6 30-8:00 p m
January 24 - March 14

Emerson Alternative School
715 N Walker
Tuesdays, 11 10-11·40 a m
Begins January 24

(Teen Parent Time at the Community Action Agency is provided with support from the Community Perinatal Health Program)

CONNECTION

(open to any teen, pregnant or with children)

Infant Center, 815 N E. 15th
Thursdays, 6 30-8.00 p m.
Starts January 19

Mid-Del Vo-Tech
1621 Maple Dr., Midwest City
Tuesdays, 3.15-4 45 p m.
Starts January 10

PREPARING FOR BABY — TEEN CHILDBIRTH CLASS

Infant Center, 815 N E. 15th
Saturdays, 10 30 a m -12 00 p m
January 7 - February 4

Remember ..A home visit program is also available.

All teen programs are **FREE!** Please call 271-8155 for more information or to enroll in any of these classes

Teen Parent Program News!

Several new volunteers attended a training workshop in October Those completing their training include Juanita McCall, Eugene and Melvinia Daniels, Minnie Asenoguan, Laurie Shofner, Mary Strasner, Deb Parkinson, Kim Cooke, and Henriella Alarafi It's exciting to have such a committed group of people who will help provide classes and home visits to teenage parents

The Teen Advisory Committee, made up of teen parents who have participated in the program, will meet on Thursday, January 12, at 6 30 p m Although inactive for quite some time, the Teen Advisory Committee will help promote the program, recruit new teen parents, and do special projects If you are interested in being on the committee, please call Debbie at 271-8155

Teen Volunteer Spotlight

Kim McDaniel
Katie Tennant
Connie Cook
Amy Clowers
Juanita McCall
Tracie Buckner
Minnie Asenoguan
Marsha Souza
Wendy Vann
Cindy Baker
Mary Strasner

for instructing, calling, recruiting, transporting, and making home visits as parent aides

Elaine Balli, Susan Smith, and **Michelle Aylesbury Handy** have truly been "teen volunteers". After starting their involvement with the Infant Center as new teen parents, all three of these young women have been giving back through their assitance with groups, public speaking, as phone counselors for other teen parents, transportation, recruiting, and serving on the Teen Advisory Committee. Their children are all 3-4 years old now (Susan also has a new baby) and they indeed offer inspiration to other pregnant and parenting teenagers as they have experienced the struggles of relationships, work, and finishing high school while being a parent We really appreciate you!

Infant Center Wish List

The following are items that the Infant Center is in need of

- Diapers
- Small baby items ($1-$2)
- Contributions toward refreshments for groups
- Polaroid Camera and Film
- Stamps

The Infant Center's

Volunteer Spotlight

Program Update

The Infant Center recently participated in the Volunteer Expo XV sponsored by the Community Council of Central Oklahoma at Penn Square Mall. Many of our volunteers helped with the operation of our booth and provided the community information on Infant Center programs and volunteer opportunities. We appreciate everyone who participated, for taking time from their busy weekend to help. THANK YOU!

Sena Brothers
Sandy Eissenstat
Laura Carey
Duana LaFollette
Minnie Asenoguan
Tracey Buckner
Dot Tharnish
Britt Sutton
Sally Butler
Laura Frankenstein
Dorothy Thomas
Kim Cooke

Wednesday, December 7th, the Volunteer Holiday Gathering was held at Blinn House In spite of the dreary weather many of our dedicated volunteers, board members, and staff attended. (See page 8 for photos of some of the fun) It was a wonderful evening full of good food and sharing! Thank you to everyone who helped make it truly a holiday event!

Dates to Remember!

Volunteer Orientation — Wednesday, February 1st for new volunteers and those who have not previously attended orientation or training.

Volunteer In-Service — Wednesday, February 8th, with Dr Wanda Draper on infant cognitive development, including the importance of left and right brain development and influence

Thank You!

Many thanks to fall volunteers

Lynne Alexander
Anne Boxeur
Bo DeCaulp
Kelly Dougherty
Sandy Eissenstat
Kathleen Johnson
Duana LaFollette
Kay & Greg Leslie
Tori New
Sarah Lee Parrish
Beth Rawlston
Sue Reel
Karen Scott
Britt Sutton
Kathy Woodall

These volunteers contributed many hours of instructing, calling, and recruiting

Community Volunteer Thank You

A very special thank you to Duana LaFollette of Jones, Oklahoma Duana has not only contributed many hours of volunteer service by teaching postnatal classes and scheduling, but she has also offered emotional support to the Infant Center Staff It is always a brighter day when Duana calls to offer her help and encouragement with Infant Center projects She is indeed a most valued and appreciated member of the Infant Center Staff A big thank you to Duana!

From Our Library
BOOK REVIEWS

by Sena Brothers,
Infant Center Volunteer

Good Things for Babies
Sandy Jones, 1980, ppb, 115 pages

The most important thing about this book is the information on how to tell good, safe, baby accessories from unsafe ones It also contains photos and descriptions of safe baby items such as cribs, high chairs, strollers, bottles, swings, chairs, balls, diapers, shoes, safety latches, and more.

You and Your Small Wonder, Book 1
Merle Karnes, 1982, ppb, 161 pages

This book has over 150 activities busy parents (or doting grandparents) can fit around regular chores with your baby under 18 months. There are games during changing and bath times, outdoor activities, things to do in the kitchen or the laundry room, or out shopping

The Ultimate Baby Catalog
Michele Harber and Barbara Kantrowitz, 1982, ppb, 192 pages

This catalog contains everything from silver fox fur buntings to gold plated cribs Jewelry, books, toys, designer clothes, silver cups, and designer nurseries are just a sample of things for baby. This catalog is somewhat outdated because many new things are on the market now, but everything in it is still available. This is a fun catalog to look through, whether you can afford only one thing or everything.

No Fault Parenting
Helen Heville and Mona Halaby, 1984, ppb, 460 pages

This book is filled with the solutions other parents found to meet the challenges children routinely present It is useful, practical, and can be a lifesaver The stories are doubly funny because you can remember your child doing the same thing. You can read this book for its solutions or use it to create your own solutions. However you use it, it's a joy to read.

The Infant Center Resource Library is a multimedia library made possible by a generous donation from the Downtown Rotary Club. Materials include books, magazines, journals, films, and tapes on parenting and infancy The library is available for everyone's use Come check it out!

University of Oklahoma
Health Sciences Center
815 Northeast 15th Street
Oklahoma City, Oklahoma 73104
ADDRESS CORRECTION REQUESTED

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Calendar of Events Inside!

This publication is issued by the University of Oklahoma and authorized by Christian N Ramsey Jr, M D, of the College of Medicine 3000 copies have been prepared and distributed at no cost to the taxpayers of Oklahoma

INFANT CENTER

NEWSLETTER

815 NE 15 □ Oklahoma City OK 73104 □ (405) 271-8063 WINTER 1988

The Infant Center offers you...

CLASSES — Small groups that offer topics for learning such as infant development, discipline, infant learning, fathering and more.

ROTARY RESOURCE LIBRARY — A multimedia center with films, books, magazines and tapes.

COUNSELING/PARENT EDUCATION — Individual and family with our professional staff

VOLUNTEER AND PROFESSIONAL TRAINING — Ongoing training on such matters as infant behavior and development, child-rearing issues, family interaction, group dynamics and group leadership.

PARENT DISCUSSION GROUPS — A special time for sharing between parents, infants and staff

SPECIAL EVENTS — Speakers, films and panels scheduled on an ongoing basis

WORKSHOPS — Designed to address topics of interest to parents

Infant Sensory Enrichment

Pat Leonaitis, R N
Mercy Health Center

The art of teaching your baby through pleasing play is a part of new scientific research which has been established in recent years Infants learn through their senses prior to birth to six months after birth Their motor skills grow more quickly by play; especially, with parents and other care givers such as sisters or brothers, grandparents and other relatives, baby sitters, etc. The child needs a lot of attention He needs objects to look at; preferably, black and white geometric shapes or black and white photos of parents, faces, and others Baby ears need voices talking to them, especially family speech. They need music and bells Baby skin needs to be touched Baby noses need to smell pleasant odors Baby tongues need added stimulation at times Infants need rocking, hugging, dancing, and games They need their Mom and Dad's love

Continued on page 3

Advisory Board

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Donna Nigh Foundation

Members
Sally Bentley
Junior League of Oklahoma City

Cheryl Browne
Community at Large

Karen Browne
Community at Large

Jimmy Goodman
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KOCO—TV Channel 5

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University of Oklahoma
Health Sciences Center

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Mary Delle Stelzer
Community at Large

Dr. William Wiist
Dept. of Social Science & Health Behavior
University of Oklahoma
Health Sciences Center

Charlene Wagner
Community at Large

Donation Thank-Yous!

The Infant Center conducts an annual fundraising campaign to provide continuation of programs and services which strengthen and support families in our community. Many continue to respond generously Thank you for your support!

Dr. & Mrs. Larry Bookman

Paul & Mary Delle Stelzer

Katie Say

A very special thank-you to all those individuals, such as Terry Fife, Shirley Fisher, Shanna Wootten, Kathy Bookman, Sally Butler, and Laine McCarthy, who have donated baby and maternity clothes, toys, diapers, and various other baby items.

Thanks to **Bethany Optimist Club** for a generous contribution for diapers.

And lastly, a very special thank-you to the **RSVP Volunteers** at the **Oklahoma Christian Apartments** in Edmond for more lovely hand-made baby blankets.

We needed you!

The Infant Center is sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center.

Executive Director
Janie Bertschinger

Coordinator
Sharon Huelsman

Director, Teen Family Life Project
Debbie Richardson

Health Promotions Coordinator & Educator
Gaye Davey

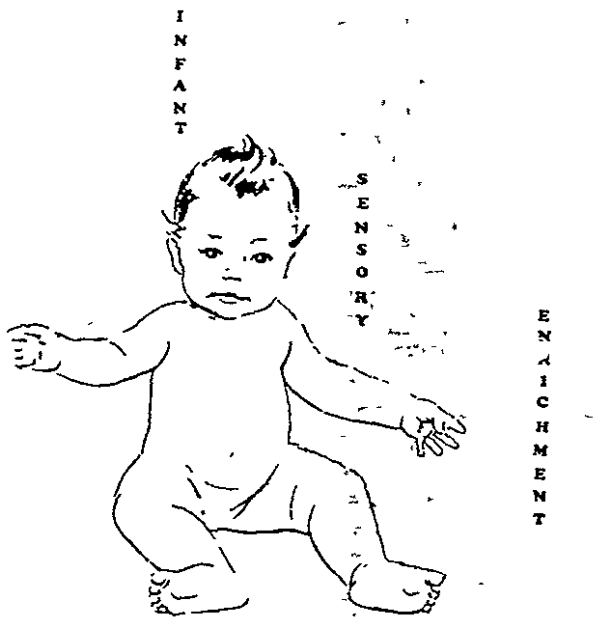
Administrative Assistant
Gwen Arnold

Continued from page 1

Come to our classes and bring your baby Let us show you the new research, the toys that infants love, and music they enjoy and seem to prefer We will also be talking about crying infants, and why they cry and techniques to soothe and comfort your little ones You might be surprised at some things that comfort baby. Also, we will be talking about spoiling your new infant... is it possible? How much should baby cry?

Questions such as "Can I overstimulate my baby?" This and other related factors will be answered. The cues babies give when they have had enough will be shown We will talk about related interesting case studies.

We will also be talking about brain growth. The brain is completed at 10 to 18 weeks.. memories start laying down by 6 weeks prior to delivery. There are many techniques you can use to start your baby's brain developing... COME LET US SHOW YOU!



VOLUNTEER OPPORTUNITIES!!!

Volunteer Coordinator—to enhance the effectiveness and satisfaction of Infant Center volunteers by regularly communicating with all volunteers, assisting staff with the development of a volunteer newsletter, volunteer recognition activities, and training/in-service opportunities

Recruitment/Community Outreach Assistant—to make contact and disperse information to new parents and the community regarding Infant Center programs by calling and scheduling parents into classes, distributing brochures and posters, making personal contacts with various community organizations, or visiting new parents in the hospital or childbirth classes. Many of these activities can be done from your home

The Largest Garage Sale in OKC Coordinator—to coordinate collection, storage, pricing, and set-up of Infant Center space at the April 1, 1989 garage sale for non-profit agencies sponsored by the Mental Health Association

Parenting "Warm Line"—to listen and offer support parents regarding parenting information after office hours and weekends through the use of call-forwarding to your home Training is provided and 24-hour staff back-up is available to the volunteer answering the phone. Volunteers generally work 1 to 2 shifts a month.

Help Us Keep A Good Thing Going!

Support the Infant Center. Enclosed is my tax deductible contribution in the amount of.

☐ $100 ☐ $25 ☐ $10 ☐ ____

☐ $50 ☐ $15 ☐ $5

Name _____

Address _____

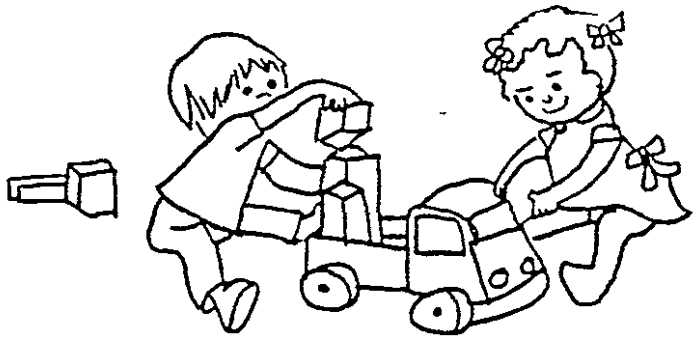
City/State/ZIP _____

Please make checks payable to "Infant Center", 815 NE 15th Street, Oklahoma City, Oklahoma City, Oklahoma 73104

The Infant Center is the place to go if...

- ☐ *You're a parent of a child from birth to age 1.*
- ☐ *You're a grandparent of a child from birth to age 1.*
- ☐ *You're a professional who works with parents and infants.*
- ☐ *You want to raise a well-adjusted, more secure child.*
- ☐ *You want to learn to be a more positive parent.*
- ☐ *You would like to speak to professionals in the field of parenting.*
- ☐ *You want to have more fun with your infant.*
- ☐ *You're a father or mother raising your child alone.*
- ☐ *You're new in town and would like to meet other parents.*
- ☐ *You are a teen-aged parent and want help and support, and to meet other teen-agers.*

Gift Ideas for Children



SAFETY - BUY TOYS CAREFULLY

EXAMINE EVERY TOY BEFORE YOU BUY IT AND AGAIN BEFORE YOU LET CHILDREN PLAY WITH IT. DO NOT BUY:

- Toys that are sharp or have any sharp edges Be wary of hard plastic toys that may leave sharp edges if broken Inspect for barbs, nails, and tacks, especially in stuffed toys and dolls Look for spikes and wires inside toys that could easily pierce if broken
- Toys small enough to be swallowed Check for loose squeakers and whistles in squeeze toys, eyes, ribbons, or whiskers on stuffed toys; magnets, beads, or movable parts on toys, string on pull toys.
- Toys that will disintegrate when chewed, such as foam balls or paper glued on toys
- Toys painted or dyed and not clearly labeled "non-toxic."
- Toys that cannot be washed easily
- Toys with seams that can crack open easily (molded plastic is preferred for this reason).
- Toys stuffed with materials not clearly labeled to be safe.
- Toys having splinters or uneven surfaces. Check especially wooden toys, slides, tables, and chairs
- Toys made of glass or other breakable materials
- Toys with movable parts that could pinch fingers or catch hair Check especially baby walkers and bouncers Spring coils should stretch no farther apart than ⅛ inch Cross-joints should be covered Examine lid hinges and hinges on tables and chairs
- Toys that could trap a child Examine toy chests for ventilation and light-weight lids; avoid automatic locks

Reference: ***The Infant Center,*** Herbert - Jackson, et al

GUIDELINES FOR SELECTING PLAY MATERIALS

Toys should encourage action To help children learn toys must invite the child's participation

Play materials should respond to the child's actions. This helps children learn something about cause and effect

Include toys that encourage social interaction and those that can be used by a child alone

Play materials should be versatile - they should suggest a variety of uses

Play materials should provide experiences through a variety of senses - sight, sound, touch

Toys should be safe to play with.

Toys should be attractive - good design and use of color.

Toys should be durable Is the toy made to withstand rough treatment over a period of time?

Play materials should be washable

Play materials should not be too inconvenient Will it make annoying noises or bothersome messes?

Reference: ***A Good Beginning for Babies,*** Willis, & Ricciuti, H

WORKSHOP

There You Are
(The phone rings)

"Hello, Susan, this is your mother and I was wondering what to buy Sara and John for the Holidays?"

"Gosh, Mom, they have so many things maybe well, I'll be going to a drop-in, come and go workshop on gift ideas for children at the Infant Center Saturday, November 12th Let me get back to you afterwards "

Come by and walk thru our displays of age-appropriate toys, both commercial and homemade for infants through 3 years, and pick up handouts, and talk about your child See you there!

Holiday Gift Ideas for Children (birth - 3 years)
Saturday, November 12, 1988
1 - 4:00 p.m. at the Infant Center

INFANT CENTER

Class Descriptions
New Baby Classes

New Baby Classes (Postnatal)

This six week series for parents and their infants eases the major changes that babies bring to a family. Needs of parents, sleepless nights, relatives, ways that babies learn, and "spoiling" are some of the topics that parents share with each other as they get help and support This course helps parents understand normal development and prevent problems before they become overwhelming Bring your babies and help make being a parent easier Classes are informal, including lectures from group leaders and sharing tips and solutions with each other

Location· Mercy, Deaconess, Infant Center
Times and Dates: See attached calender or call the Infant Center at 271-8063
Fee: $25 per family for the entire series

"Infant Sensory Enrichment" (birth to 6 months)

A three week series designed to present different activities that will stimulate your infant's learning throuth his senses Focus is toward better, more capable, and effective baby/parent interaction R N certified in Infant Stimulation will demonstrate types of toys and learning materials which parents may use with their babies Will look at the most effective kinds of learning in the early months

Location: Mercy Health Center, Doctor's Conference Room North
Dates· Tuesdays, October 11, 18, 25 7 00-8:30 p.m
Instructor· Pat Leonaitis, R.N, Mercy Health Center
Fee: $15.00 for series

"Keeping Kids Safe"

A workshop for parents of toddlers and young children presented by Citizens Against Crime How to teach safety rules and preventive measures to children Recommendations will be made about materials to be used with children

Location: Rogers Building 2nd Floor Conference Room 800 N.E. 15th (across street from the Infant Center)
Date Thursday, October 27, 7 00-8.00 p m.
Fee None

NOTE: The presentation is for *adults only* Childcare will be provided at the Infant Center by prior arrangement only Pre-enrollment required Workshop will be cancelled if 20 adults are not enrolled

"Gift Ideas for Children"

A drop-in, walk-through workshop for parents with infants to 3 year olds on selecting and making safe and age-appropriate gifts and toys

Location· Infant Center
Date· Saturday, November 12, 1988, 1 00-4 00 p m
Fee $2 00 to cover the cost of handouts

COMMUNITY RESOURCES and ACTIVITIES

United Methodist Counseling Services is a non-profit service agency located in the Arts and Sciences Building on the Oklahoma City University Campus

We provide individual and group parent education and counseling We also provide speech and language therapy for children from two to six years, and treatment for school-age children who have learning disabilities

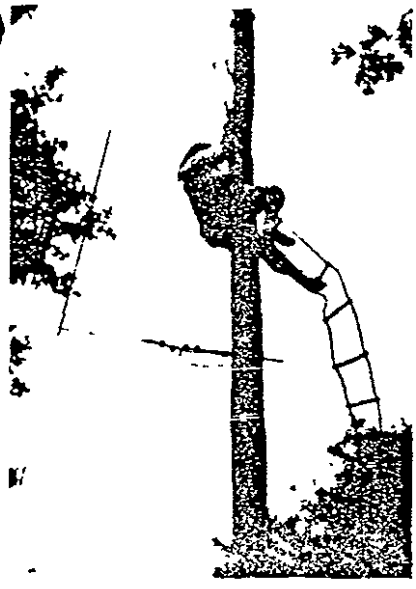
In addition, we have an adoption program serving expectant mothers who plan to place their children for adoption Legal advice, medical care, counseling, and in some cases food and housing, are provided free of charge to birth mothers We do home studies, place children in good homes, and counsel with adoptive parents

As a church-related agency, our commitment is to the family

Community Perinatal Health Program, sponsored by Oklahoma City-County Health Department and Community Council of Central Oklahoma, is a three-year effort, the purpose of which is to decrease infant mortality and morbidity by increasing the percentage of women who receive early prenatal care and continue in appropriate maternal and child health care Program activities include community organization, education and outreach For more information, please call 236-8441, extension 239

If you would like your organization related to parenting and infancy to be included in our resource directory, please call us at 271-8063

	Monday	Tuesday	Wednesday	Thursday	Friday
October		Infant Sensory Enrichment Mercy Health Center Oct. 11, 18, 25 7 - 8:30 p.m.	New Baby Class Deaconess Hospital Oct. 26 - Dec. 7 12:30 - 2:30 p.m.		New Baby Class Mercy Health Center Oct. 14 - Nov. 18 12:30 - 2:30 p.m.
November	New Baby Class St. Eugene Catholic Church Nov. 7 - Dec. 12 7:00 - 9:00 p.m.	New Baby Class Deaconess Hospital Nov. 8 - Dec. 13 7:00 - 9:00 p.m.	FOR MORE INFORMATION AND ENROLLMENT, CALL 271-8063 	New Baby Class Mercy Health Center Nov. 3 - Dec. 15 7:30 - 9:00 p.m. Keeping Kids Safe Rogers Building Oct. 27 7:00 - 8:00 p.m.	Gift Ideas for Children Infant Center Saturday, Nov. 12th 1:00 - 4:00 p.m.
December		HAPPY HOLIDAYS FROM INFANT CENTER STAFF. GOODBYE 1988 HELLO 1989			



TEEN PROGRAM HAD SUMMER FUN!

A group of teenage mothers learned more about how to rely on themselves and others while having some time out for fun this past July With the help of Southwest Guidance Clinic, parents experienced a ROPES course in Stillwater and rock-climbing near Lawton

NEW PRENATAL PROGRAM OFFERED

The OU Department of Family Medicine is now offering a whole series of services for expectant parents at the Infant Center. **Gaye Davey,** R N. has joined the staff as Health Promotions Coordinator and Educator She is an experienced Lamaze Childbirth instructor and was most recently on staff at Oklahoma Memorial Hospital

Prepared childbirth classes help minimize anxieties and provide expectant parents with the knowledge and skills necessary to prepare for a healthy pregnancy, childbirth, and baby care Classes offered include nutrition, exercise, breastfeeding, and breathing techniques

Lamaze Classes — meet weekly for six weeks and are held for the last trimester Next class starts Tuesday, October 25th, 6:30 to 8 30 p m

Early Pregnancy Classes — held twice monthly prior to third trimester

Prepared Cesarean Classes — held once a month

Sibling Classes — designed to prepare an older child to be a big brother or sister

Fees vary for each class Early registration is very important Please call the Infant Center at **271-8155** for more information

The Doctor's Corner

CHILDREN AND CAR SAFETY

One hundred years ago it was common for children to die. Infectious diseases like whooping cough, pneumonia and scarlet fever were epidemic and deadly since there was no specific treatment available to treat them.

In the last 50 years our ability to prevent and treat infectious diseases and their complications has expanded dramatically. Vaccines which prevent many common childhood diseases have been produced, as well as increasing numbers of antibiotics which can fight many infectious diseases The result of these technological advances is that few children die of communicable diseases today

Unfortunately another technological advance, equally as remarkable as vaccines and antibiotics, is responsible for death and serious injury to thousands of children (and adults) each year. This technological marvel, invented less than 100 years ago, is the automobile Last year 611 people, including 75 children were killed in car accidents in Oklahoma.

Each one of us has available a way to decrease the chance of our children being killed in a car accident The use of car seats in children under 4 years old, booster seats in children from 4 to 7 or 8 years old, and seatbelt use by every one else reduces the risk of dying in a car accident by more than one third If all those who were involved in fatal accidents last year in Oklahoma had used seatbelts and car seats, at least 200, including at least 25 children, would not have died.

It is important to choose the correct restraint system for every person in the car. Infants who weigh less than 17 to 20 pounds should be placed in infant seats which face the rear of the car. This ensures that the infant's neck and head will be adequately supported if a sudden stop is needed. Infant seats should be used for every trip in the car, beginning with the trip home from the hospital. It is not safe for an infant to ride cradled in an adult's arms — in a crash, the infant is likely to be thrown around the car or crushed underneath the adult's body Although car seats are expensive, they can frequently be rented for very low rates through hospitals and service organizations

Once children have begun to sit up without support and have reached approximately 17 pounds, it is time to turn the car seat around, so that it faces the front of the car It is important to read the manual that comes with the car seat whenever you change its position, to be sure that it is fastened correctly with the seatbelt Although older infants and toddlers will at times fuss on being put into the car seat, it is important to use it consistently. In addition to protecting the child in the case of a crash, car seats also decrease markedly innappropriate behaviors such as standing and jumping on the seats, opening the doors or distracting the driver

When the child reaches approximately 40 pounds or 40 inches tall, he or she has outgrown the car seat This does not mean that she is ready to start using a regular seat belt Small children restrained with a regular seat belt risk serious injury to their abdominal organs if the car experiences a crash Booster seats with a large shield in front of the child provide good protection for the abdominal organs and also allow the child to see out of the car — which makes the child more accepting of long car rides

By the age of 7 or 8 the child is ready to use a regular seat belt. The safest place in the car is the center of the back seat, so if possible, this would be the best place to sit the older child.

Children learn from watching their parents It is crucial that parents be consistent about using seatbelts, so that their children accept the use as completely expected Actually, it is not hard to acquire the habit of using seat belts if you have been keeping your young children restrained — your children will remind you immediately if you forget to put on your seat belt.

There is nothing that will completely eliminate deaths from car accidents But each of us can sharply decrease our risk of dying or being seriously injured by using the appropriate restraint system every time we enter a car

This feature was written by Kathryn Reilly, M D , a family physician in the Department of Family Medicine at the University of Oklahoma Health Sciences Center.

We would like to use this column to help answer your medical questions Please send them to the Doctor's Corner, c/o The Infant Center, 815 N E 15, Oklahoma City, OK 73104

INFANT CENTER WISH LIST

The following are items that the Infant Center is in need of.

- Diapers
- Small baby items ($1 - $2)
- Contributions toward refreshments for groups
- Maternity clothes
- Infant clothes

TEEN PARENT PROGRAM SCHEDULE

TEEN PARENT TIME

(for new parents with infants under age one)

Tri-City Youth & Family Center
14625 N E 23rd, Choctaw
Tuesdays, 3 30 5 00 p m
October 4 - November 22

South Community Hospital
1001 S W 44th, Classroom 3
Mondays, 6:30-8 00 p m
October 10 - November 28

Northwest Christian Church
30th and N May
Tuesdays, 6 30-8.00 p.m
October 11 - November 29

Ralph Ellison Library
2000 N E 23rd
Thursdays, 6 00-7 30 p m
October 13 - December 1

Teen Parent Time classes are also being planned for Variety Health Center (1504 S Walker), Emerson Alternative School (715 N Walker), and Edmond Guidance Clinic.

CONNECTION

(open to any teen, pregnant or with children)

Infant Center, 815 N E 15th
Thursdays, 6.30-8 00 p m.
Starts October 13

Mid-Del Vo Tech
1621 Maple Dr, Midwest City
Tuesdays, 3·30-5:00 p m
Starts October 18

PREPARING FOR BABY — TEEN CHILDBIRTH CLASS

Infant Center, 815 N E 15th
Saturdays, 10 30 a m - 12 00 p m
November 5 - December 10

Remember . . A home visit program is also available.

All teen programs are **FREE**! Please call 271-8155 for more information or to enroll in any of these classes

THANK YOUS!

Appreciation goes to Capitol Hill Library, Oklahoma City-County Health Department Guidance Clinic, and Northwest Christian Church for their support of the Teen Parent Program by offering space for groups

Mike Parker and Pam Collins of Southwest Guidance Clinic's recreation therapy program deserve a huge thanks for providing the opportunity for a group of teen mothers to take day trips to Stillwater ROPES Course and rock-climbing near Lawton!

Thank you Elaine Balli, Marva Sanders, Kim Newell, and Lisa Nivens for speaking about their experiences as teen parents to others.

WE KNOW SOMEONE WHO NEEDS YOU!

The Teen Parent Program is ready for interested people willing to volunteer to help pregnant and/or parenting teenagers. Group leaders, home visitors, labor coaches, transportation providers, and help with community outreach would be greatly appreciated People are needed from all areas of the Oklahoma City/County area

A wonderful volunteer training opportunity has been scheduled for new.group facilitators and home visitors.

Training will be conducted *Wednesday, September 28, 6·30-9:30 p m, and Saturday, October 1, 9 00 a m - 4:30 p.m* at the Infant Center A follow-up training session will also be required. Please call Debbie at *271-8155* for more information. Don't wait any longer!

TEEN VOLUNTEER SPOTLIGHT

Marla Brock	Cindy Rule
Dixie Hyatt	Minnie Asenoguan
Pam Marr	Tracie Buckner
Chuck & Amy Clowers	Martha Johnson

A BIG SALUTE goes to a special few which have been with the Teen Parent Program since its beginning and continue to support the Infant Center as group leaders. Debora Maxwell, Pat O'Connor (Tri-City Youth and Family Center), and Debbie Stanford (Mid-Del Youth and Family Center) have collectively facilitated at least 16 Teen Parent Time/Connection classes between them over the last few years. Many young parents and their children have been touched by the love and vision of these three women We couldn't have done it without you.

The Infant Center's

Volunteer Spotlight

PROGRAM UPDATE

The volunteer program held in-service workshops July 20th, August 3rd, and September 7th. Many topics were covered during these sessions including speech and language development in infants and young children, how to work with new parents in groups, and the development of bonding and attachment between parents and their children.

We appreciate everyone who participated, for taking time from their busy schedules to share some evenings of learning and fun.

Welcome to new Infant Center volunteers:

Kay & Greg Leslie

Sally Butler

Karen Scott

A special thanks to the resource speakers who volunteered their time and expertise:

Anne Early

Pam Marr

Jill Moore

And lastly, a special thank you to Greg Leslie for his continued mechanical assistance throughout the sessions and to Lynn Ashley, who provided the refreshments.

Thank You!

Many thanks to summer volunteers:

Anne Boxeur

Susan Corp

Bo DeCaulp

Sandy Eissenstat

Toby Hamilton

Duana LaFollette

Tori New

Beth Rawlston

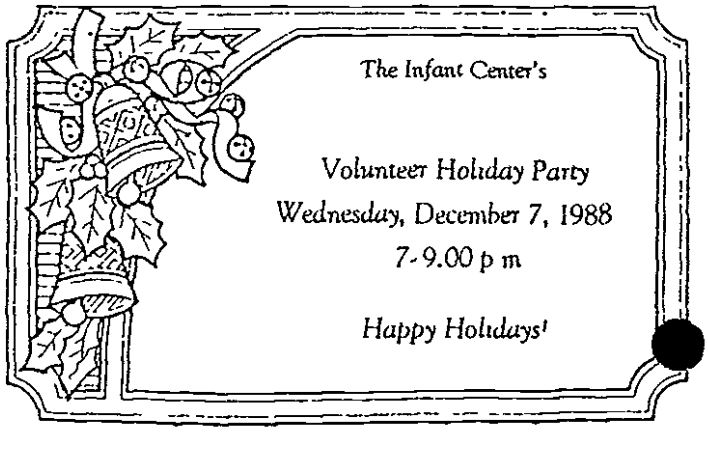
Britt Sutton

Dot Tharnish

These volunteers contributed many hours of instructing, calling, and recruiting.

Community Volunteer Thank You

A special thank you to Britt Sutton of Piedmont, Oklahoma Britt has contributed many hours of volunteer service by teaching postnatal classes, scheduling, and offering her nursing expertise as a resource speaker. Her dedication and willingness to do several projects at once make her an important member of our staff. We appreciate her support and help. Thank you Britt!



From Our Library
BOOK REVIEWS

by Sena Brothers,
Infant Center Volunteer

The Grandparenting Book
Norma Bowman, Sallie Hayes, George Newman
Paperback, 125 pages, 1983 edition

More than anything else, this book is a list of activities and ideas to do with one's grandchildren. There are tips on sharing long distance holidays, on visiting, and many other things. Use this book to generate your own ideas and unique moments to share with your grandchildren.

Grandparents' Handbook
Introduced by Dr. Hugh Jolly
Paperback, 96 pages, 1984 edition

This is a practical guide for new grandparents — how to childproof that house that hasn't been childproofed in 20 years or more, a guide to new toys on the market, tempting recipes for children, and activities to do with children, as well as a refresher course on infant care.

Smart Toys
Kent Burtt and Karen Kalkstein
Paperback, 166 pages, 1981 edition

This book has toys you can make for baby The directions are simple, and many of the supplies are probably already on hand. You can personalize the toys and make them just right for your baby. Everything from mobiles dolls, balls, and chimes to activity books and crawling tunnels are here

Toys for Growing
Mary Sinker, Paperback,
170 pages, 1986 edition

All toys in this book were tested by special needs children and are quite durable. The toys are grouped by developmental category and coded by price and availability There are mail order sources in the back This book is great for those who don't know what type of toy to buy for their child or grandchild All of these toys would delight any child — mobiles, rattles, push and pull toys, bells, blocks, games, puzzles, and more

The Infant Center Resource Library is a multimedia library made possible by a generous donation from the Downtown Rotary Club. Materials include books, magazines, journals, films, and tapes on parenting and infancy. The library is available for everyone's use Come check it out!

University of Oklahoma
Health Sciences Center
815 Northeast 15th Street
Oklahoma City, Oklahoma 73104
ADDRESS CORRECTION REQUESTED

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Calendar of Events Inside!

This publication is issued by the University of Oklahoma and authorized by Christian N Ramsey Jr M D of the College of Medicine 3000 copies have been prepared and distributed at no cost to the taxpayers of Oklahoma

INFANT CENTER

NEWSLETTER

815 NE 15 ☐ Oklahoma City OK 73104 ☐ (405) 271-8063 SPRING 1988

The Infant Center offers you...

CLASSES – Small groups that offer topics for learning such as infant development, discipline, infant learning, fathering and more.

ROTARY RESOURCE LIBRARY – A multimedia center with films, books, magazines and tapes.

COUNSELING/PARENT EDUCATION – Individual and family with our professional staff.

INFORMATION/REFERRAL – Pertinent information and referral depending on individual needs

VOLUNTEER AND PROFESSIONAL TRAINING – Ongoing training on such matters as infant behavior and development, child-rearing issues, family interaction, group dynamics and group leadership.

PARENT DISCUSSION GROUPS – A special time for sharing between parents, infants and staff.

SPECIAL EVENTS – Speakers, films and panels scheduled on an ongoing basis.

WORKSHOPS – Designed to address topics of interest to parents.

Babies Have Learning Styles

Lauren Bradway, Ph D.
United Methodist Counseling Services

Listners, Lookers, and Movers

Dylan awakes, blinking his baby-blues in the morning sunlight. As his eyes pop open, he glances around the nursery searching out colors, patterns, and movement.

Emily, Dylan's cousin, who is also in her babyhood, is drawn more to what she hears–sounds, voices, music–than what she sees.

Erinn, Emily's twin brother, is a more wiggly baby than either his sister or his Cousin Dylan He prefers touching and moving, bouncing and tickling,

Three babies–three individual styles of learning. Already, in these earliest days of their lives, these babies reveal their unique style of learning

Babies are born craving the information their world has to offer. Lucky ones come into homes where they're immersed in stimulation A baby's surroundings contain three basic types of information–**sights, sounds, and sensations.** This information is received by highly specialized receptors in a baby's ears, eyes, and skin. Never passive, babies explore their surroundings by looking, listening, and reaching out to touch

Continued pg. 3

Advisory Board

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Donation Thank-Yous!

The Infant Center has a new copier thanks to the generosity of the R.K. Black Co. Our work is now much easier and more convenient. Thank-you so very much!

A special thank-you to the RSVP Volunteers at the Oklahoma Christian Apartments in Edmond. These volunteers donated hand-made baby blankets to the Infant Center. We greatly appreciate all their efforts.

We now are able to transport parents and their infants more safely thanks to the donation of a car seat from Regina & Herman Jones. Thank-you for helping keep another child safe!

A particular thank-you to the Pauline Mayer Group Home for their donation of baby bottles.

And lastly, a very special thank-you to all of those individuals who have donated baby items, such as Sandy Holmes and Jackie Pearson.

We needed you!

The Infant Center is cooperatively sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center and the Junior League.

Cont. from pg. 1

Even though most home environments provide all types of stimulation most babies tend to single out one type over the others. It's already apparent that Dylan favors sights, so we call him a LOOKER. Emily's preference for sounds means that she is a LISTENER. Erinn enjoys the physical sensations of touch, and is clearly a MOVER.

Learning style is most certainly inborn because babies' preferences for certain types of stimuli can be observed from the time they are in the crib.

LOOKERS, LISTENERS, and MOVERS show distinct patterns of development.

As a rule, LOOKERS reach fine and gross motor milestones with ease, while the development of language and social skills may lag somewhat behind.

LISTENERS tend to coo, babble, and talk a lot – and early. They may tend to fall a bit behind agemates in fine and gross motor skills.

MOVERS achieve gross motor milestones early, such as sitting up, crawling, and walking. They are often not talkative babies.

The purpose of determining a child's learning style in the early years of life is to help him or her achieve a more balanced approach to learning. For examle, a MOVER may get "stuck" in this favored style of learning, unless parents provide lots of opportunities for success in LOOKER and LISTENER activities.

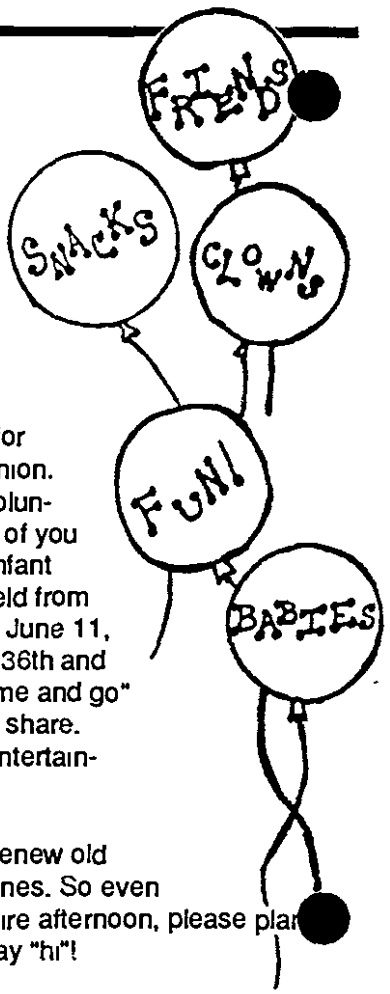
Beginning in June, the Infant Center will be offering a class called "Helping Baby Learn." We will determine your child's learning style, and toys and activities will be suggested which fit with your child's unique way of learning. (See the calendar on page 6 for more information.)

LOOKER

LISTENER

MOVER

YOU ARE INVITED!



To the Infant Center
Annual Reunion Picnic!

Bring the family and join us for the annual Infant Center Reunion. This picnic is for all parents, volunteers, guest speakers, and all of you who have been a part of the Infant Center. The reunion will be held from 1:00 – 4:00 p.m. on Saturday, June 11, 1988, at Memorial Park, N.W 36th and Western. The cost of this "come and go" event is your favorite snack to share. We'll provide the drinks and entertainment.

The reunion is a chance to renew old friendships and to form new ones. So even if you cannot come for the entire afternoon, please plan to stop by for a short time to say "hi"!

MARK YOUR CALENDARS TODAY!

The Infant Center is the place to go if...

- ☐ *You're a parent of a child from birth to age 1.*
- ☐ *You're a grandparent of a child from birth to age 1.*
- ☐ *You're a professional who works with parents and infants.*
- ☐ *You want to raise a well-adjusted, more secure child.*
- ☐ *You want to learn to be a more positive parent.*
- ☐ *You would like to speak to professionals in the field of parenting.*
- ☐ *You want to have more fun with your infant.*
- ☐ *You're a father or mother raising your child alone.*
- ☐ *You're new in town and would like to meet other parents.*
- ☐ *You are a teen-aged parent and want help and support, and to meet other teen-agers.*

ENRICHMENT ACTIVITIES FOR BABIES

Babies and young children learn about their world through their senses. Parents can help that learning by providing opportunities for their babies to use each of their senses.

Suggestions:

THINGS TO HEAR

Birth to One Month - talk and sing gently while holding, fondling, feeding, changing and bathing the baby. Play music boxes occcasionally whisper, click the tong, whistle softly, hum, and rock the baby to rhythmic sounds.

One to Three Months - shake a rattle where the baby can see it moving from side to side. Turn on the radio for a short period each day and allow the baby to listen to you hum or sing along as you both rock in rhythm to the music. Place a light weight rattle in the baby's hand and help him or her shake it. The baby can feel, hear, and see it even though it will not be held very long. Put the rattle in both hands so it can be seen from different positions. You may notice he or she soon will look for it as a result of feeling or hearing it.

Three to Five Months - crumple paper for the baby to hear. Call the baby by name when talking to him or her. Hang a set of "wind chimes" near a doorway so that the baby will hear them from time to time. Place the baby on a piece of paper for a few minutes. Wrapping paper is good for this. As the baby kicks, the paper will make a new and different kind of sound.

Six to Eight Months - call your baby's attention to household sounds such as the telephone, doorbell, water running, radio, TV, etc. Tell him or her what is making the noise. Imitate the noises that he or she makes - babbling, sneezing, etc. Begin to label things in the baby's environment, tell the baby what the names of things are: "This is a_____," or "See the _____"

Nine to Twelve Months - encourage the baby to imitate the sounds that he or she hears Be sure that he or she sees what is making the sound that is heard. Give the baby an opportunity to listen to the ticking of a watch or clock Begin giving the baby instructions such as "Go get Daddy's shoes," or "Get the ball."

THINGS TO FEEL

Birth to One Month - hold, hug, touch, fondle, and stroke the baby often and gently Change the baby's position from time to time.

One to Three Months- Once the baby can move his or her head, toys may be left for play while unattended. To give experiences of different textures, provide toys with a variety of tactile surfaces (i e. wooden, furry, cuddly, etc. but not plastic.

Three to Five Months - Clap the baby's hands, especially when you play "patty cake". Let the baby hold the wash cloth during the bath. Bounce the baby on the bed Laugh, and talk while gently bouncing. Give the baby a spoon to play with and put in his or her mouth. Blow on the palm of the baby's hand or sole of the foot.

Six to Eight Months - give the baby blocks with finger holes. He or she will enjoy putting a finger in the hole. Give the baby plastic objects such as measuring cups to play with in the bath Fill a cup with water and pour it on his or her foot or hand. He or she will soon attempt to imitate you by also pouring the water.

Nine to Twelve Months - Name the things that are touched such as grass, sand, flowers, rocks, etc. Begin to describe things that he or she touches in terms of rough or smooth, hard or soft, warm or cold, etc Let the baby crawl on different kinds of surfaces such as bare floor, carpet, etc.

THINGS TO SEE

Birth to One Month - Always keep a dim light in the nursery during darkness. This provides the baby with opportunity to focus his or her eyes on something when awake. Move the crib to various positions in the room so the baby can orient light from different directions. This will also give him or her something different to see

One to Three Months - Hold the baby up to a mirror frequently, and eventually he or she will recognize that baby Take the baby shopping with you and talk about things that he or she sees. Take the baby outdoors to observe the surroundings.

Three to Five Months - Place bright colored socks on the baby's feet in order to help him or her discover the feet. Hide behind furniture when you play "peek-a-boo". Appear from the same side several times so that he or she will look for you. Then appear from the other side This will soon become a "fun" game Begin to "read" to the baby. Show him or her the pictures, and as you point out the picture, tell the baby what it is.

Cont. on page 9

Class Descriptions

New Baby Classes (Postnatal)

This six week series for parents and their infants eases the major changes that babies bring to a family. Needs of parents, sleepless nights, relatives, ways that babies learn, and "spoiling" are some of the topics that parents share with each other as they get help and support. This course helps parents understand normal development and prevent problems before they become overwhelming. Bring your babies and help make being a parent easier. Classes are informal, including lectures from group leaders and sharing tips and solutions with each other.

Fee: $25 per family for the entire series
Location: Mercy, Deaconess, Baptist
Times and Dates: See attached calendar or call the Infant Center at 271-8063

Classes for Single Parents

A class for single (male or female) parents of infants will be held at the Infant Center. The class will last for six weeks and is designed for the single parent who is over twenty one. Parenting skills, education and support will be offered, with a particular emphasis on the one-parent family. Classes will include infants up to one year of age.

Call the Infant Center (271-8063) for more information.

"Helping Baby Learn"

This is a three week series for families with 4 to 12 month old infants. Focus will be on learning styles in babies, and on ways to stimulate and encourage infant fun, so attendance by the entire family is encouraged.

Location: The Infant Center
Dates: Mondays, 9:30 a.m. - 10.30 a.m. June 13, 20, 27
Instructor: Dr. Lauren Bradway, Ph.D.
United Methodist Counseling Services
Fee: $12.00 for series

Mommy and Me Exercises (3-8 months old)

Designed so that mother and baby can exercise together. Mother firms up after pregnancy and baby benefits, too. The physical contact and shared fun provide a special time for both, while enhancing baby's social and physical development.

Location: Church of the Servant - Celebration Room
Dates: 7.00 - 9.00 p m., Tuesday, May 17 & 24
Thursday, May 19 & 26
Instructor: Sandy Monzoneres, R.P.T.
Fee: $15.00 for series
Limited class size - so enroll early!

"Encouragement & Self-Concept"

A workshop to help parents develop positive communication with their children and help their children feel good about themselves through the use of encouragement.

Location: The Infant Center
Date: Thursday, May 26, 10.30 a m. - 12:00 p.m.
Fee: $2.00 to cover the cost of handout materials.

"Guiding Behavior"

A workshop to help parents teach their child control. Helpful techniques in guiding behavior and guidelines for following through on limits will be discussed.

Location: The Infant Center
Date: Thursday, June 30, 10.30 a.m - 12.00 p m
Fee: $2 00 to cover the cost of handour materials.

Community Resources and Activities

Lutheran Social Services offers free problem pregnancy counseling, Caucasion and minority adoption services, and special needs adoption services. For more information, please 528-3124.

Mom to Mom, an educational support group for women who expect to or have experienced a cesarean birth, or would like V B.A.C. information. Meets from 7 p.m. to 9 p m the last Tuesday of each month at St. Andrew's Presbyterian Church, 2712 N W. 23rd. Information· 842-4046 or 376-9418.

If you would like your organization related to parenting and infancy to be included in our resource directory, please call us at 271-8063

	Monday	Tuesday	Wednesday	Thursday	Friday
APRIL	**NEW BABY CLASS** Baptist Medical Center April 18 - May 23 7:00 - 9:00 p.m.	**NEW BABY CLASS** Deaconess Hospital April 26 - May 31 7:00 - 9:00 p.m. **NEW BABY CLASS** Baptist Medical Center April 12 – May 23 12:30 - 2:30 p.m.	**SECRETARIES WEEK** April 25 - 29 A big "THANK YOU" to **Gwen** **&** **Laura** We couldn't function without you!	**NEW BABY CLASS** Mercy Helath Center April 21 - May 26 7:30 - 9:30 p.m.	FOR MORE INFORMATION AND ENROLLMENT, CALL 271-8063.
MAY	**SINGLE PARENTS WITH INFANTS INFANT CENTER** Ongoing 271-8063	**"Mommy and Me" Exercise Class** Church of the Servant May 17, 19, 24, 26 7:00 - 9:00 p.m.	**NEW BABY CLASS** Deaconess Hospital May 11 - June 15 12:30 - 2:30 p.m.	**"Mommy and Me" Exercise Class** Church of the Servant May 17, 19, 24, 26 7:00 - 9:00 p.m. **Encouragement & Self-Concept Workshop** Infant Center May 26 10:30 - 12:00 p.m.	**NEW BABY CLASS** Mercy Helath Center May 6 - June 10 12:30 - 2.30 p.m.
JUNE	**NEW BABY CLASS** Baptist Medical Center June 6 - July 18 7:00 - 9:00 p.m. **HELPING BABY LEARN** Infant Center June 13 - 27 9:30 - 10:30 a.m.	**NEW BABY CLASS** Deaconess Hospital June 14 - July 19 7:00 - 9:00 p.m. **NEW BABY CLASS** Baptist Medical Center June 14 - July 19 12:30 - 2:30 p.m.	**INFANT CENTER** 271-8063	**NEW BABY CLASS** Mercy Health Center June 9 - July 14 7:30 - 9:30 p.m. **Guiding Behavior Workshop** Infant Center June 30 10:30 - 12:00 p.m.	**INFANT CENTER REUNION PICNIC** Memorial Park N.W. 36th & Western Saturday, June 11, 1988 1:00 - 4.00 p.m.

FUNDRAISING CAMPAIGN UNDERWAY

The Infant Center conducts an annual fundraising campaign to provide continuation of programs and services which strengthen and support families in our community. Many have already responded generously. Thank you for your support!

Dr. G. Rainey Williams
Mr. & Mrs. G.T. Blankenship
Mrs. Huston Huffman
Mrs. John O. Brittain
Mr. & Mrs. William G. Kerr
Phil & Marian Horning
Jeanne Hoffman Smith
Dr. & Mrs. James C. Hammack
Gregory J. Edwards
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Terry Fife & Ben Hardcastle
Roger & Joy Quinn
Pat Gallagher
Gil & Dorthlynn Gaddis
Eddie Foundation, Inc. (Clay F. Farha)
Nancy Gillespie
Karen Gregory
Dr. & Mrs. Richard Carothers
Dr. & Mrs. J.M. Salmeron
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Lisa McLaughlin
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Barth & Linda Bracken
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Dr. John I. Fishburne
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Marshal Weir
Regina Hirsch
Osborn Electric (Johnny McCharen)
Dr. John R. Bozalis
W.N. Pirtle (ONG)
Doris Chediak
Ray & Pat Potts
Lyntone Belts, Inc.

THANK YOU!

Activities cont. from pg. 5

Six to Eight Months - Provide the baby with a plastic or wooden framed safety mirror. A highly polished stainless steel pie pan can also serve as a mirror and is less expensive and safe. Put floating toys in the bathtub with baby for him or her to see and reach for. Give him or her plastic dishes to play with when in the high chair.

Nine to Twelve Months - "Baby proof" the house so that the baby can explore and examine many things in this new and interesting world. Play ball with the baby Roll the ball and tell the baby to go find it. Begin to demonstrate and use directional words. Example: "Put it **up** here.", "Lets go **down** out of the chair.", "Put the toy **in** the box."

. . . adapted from Parent-Child Enrichment handouts, State Department of Health Guidance Centers.

Referrals welcome

Each month the Infant Center staff is happy to see that more and more parents are finding out about the Infant Center from their physicians, nurses, social workers or other professionals whose work involves parents and infants.

These professionals also provide us with information for our resource directory about the services they have to offer, and they use the directory to answer such questions as, "Where can my client rent a breast pump?" and "How can I find a support group for parents with Down's Syndrome babies?"

The Infant Center welcomes this kind of collaboration with other agencies and individuals. We are pleased to participate in mutual referals and to be able to offer other professionals, as well as parents, the benefits of our expanding community resource directory and Rotary Resource Library.

If you would like more information about these services or any of our other programs, please call Sharon Huelsman, Infant Center Coordinator, at 271-8063.

Community Res. & Activities cont. from pg. 6

Parent to Parent, Inc. is a self-help group of parents and families of premature and full-term critically ill infants.

Organized as a non-profit organization, members include "graduate" "NICU" parents who volunteer to provide the following services to all new NICU parents in Oklahoma:

1) Telephone network - new parents can call other parents for support, information, and an opportunity to share their concerns with other parents who have had similar experiences.
2) Meetings - open to all interested parents to hear guest speakers and visit with other parents about common concerns for parenting "NICU" babies and their development in childhood.
3) Hospital/nursery visitations - volunteers are available to visit parents upon request.
4) Lending library - books, articles, brochures, and information are available to parents seeking more information Volunteers can identify other community resources that may be helpful to the new parent.
5) Membership is free for new parents and all services are provided at no charge to non-members.

For more information: Carol Barnes, 340-6397 (Edmond).

INFANT CENTER WISH LIST

The following are items that the Infant Center is in need of:

Car Seats
Diapers
Small baby items ($1-$2)
Contributions toward refreshments for groups
Maternity clothes
Infant clothes

Help Us Keep A Good Thing Going!

Support the Infant Center. Enclosed is my tax deductible contribution in the amount of:

☐ $100 ☐ $25 ☐ $10 ☐ _____

☐ $50 ☐ $15 ☐ $5

Name _____

Address _____

City/State/Zip _____

Please make checks payable to "Infant Center", 815 NE 15th Street, Oklahoma City, Oklahoma 73104.

TEEN PARENT PROGRAM SCHEDULE

Teen Parent Time

South Community Hospital
1001 S.W. 44th
Tuesdays, 6.30 - 8 00 p.m.
April 5 - May 24

Northwest Christian Church
30th and North May
Tuesdays, 6.30 - 8.00 p.m.
April 5 - May 24

Southwest Guidance Clinic
7825 W. Winnie, Wheatland
Mondays, 6.30 - 8.00 p m.
April 18 - June 6

Emerson Alternative School
715 N. Walker
Thursdays, 2.45 - 4:15 p.m.
April 14 - June 2

McFarland YWCA
1701 N. Martin Luther King
Mondays, 5:30 - 7.00 p.m.
April 18 - June 6

Del City Church of Christ
1901 Vickie
Thursdays, 3:30 - 5·00 p.m.
May 5 - June 30

Connection

(Call for dates and times)

Midwest City High School
213 Elm

Infant Center
815 N.E. 15th

Putnam City Area

PREPARING FOR BABY – CHILDBIRTH CLASS FOR TEENS

Infant Center
815 N.E. 15th Street
(Call for schedule)

TEEN PROGRAM UPDATE

Thank-Yous!

Mustang Home Extension Club for donations to the Teen Program.

Yellow Cab Company for their assistance with transportation which enables teens to attend parenting groups.

Susan Smith, Natalie Berry, Regan Calhoun and many others for donations for clothes and other helpful baby items.

South Community Hospital, Putnam City High School, and Midwest City High School for their support of winter teen parent groups.

Margaret Enright and Zelds Capehart of Planned Parenthood, Diedre Nixon of Child Study Center, and Verita Custis of the OUHSC Black Student Organization for their presentations in parenting groups and volunteer training workshops.

Kathy Hall, Natalie Berry, Susan Smith, Christie Newbry, Julie Jones and their beautiful babies - Jeffrey (4 months), Tony (6 months), Daniel (2 years), Joshua (1 year), Amanda (8 months) - for their help with volunteer training.

Teen Volunteer Spotlight

Johnna Cornelius
Aaron Rayford
Cindy Baker
Wendy Vann
Lisa Arnold
Kathleen Gallaway
Sherri Watson
Mana Watson
Mana Nash
Cindy Ruld
Elaine Balli
Can Butler
Karen McReynolds

Reminder:
The Teen Parent has a parent aide/home visitor project for pregnant or parenting teens who need extra assistance. Please call Debbie or Paul at 271-8155 if you or someone you know would benefit from attending a group or receiving a home visit!

The Infant Center's *Volunteer Spotlight*

PROGRAM UPDATE

A volunteer training workshop for the Postnatal Instructors was held March 25th, 26th, and April 11th. The workshop was aimed at discussing infant development, questions and concerns of new parents, group process, and reviewing the postnatal curriculum.

We would like to extend a big "THANK YOU" to all those who participated in the training; we appreciate your interest and enthusiasm. We are looking forward to working with you!

Welcome to new community volunteers:
Sandy Eissenstat
Duana LaFollette
Mana Nash
Debra Porter
Britt Sutton
Dot Thamish

A special thanks to resource speakers who volunteered for the training:
Sharon Ammon
Cathy Catlin
Theresa Lee
Jill Moore
Judy Slakis

And to those who taught us the most during training - the children themselves. A very heartfelt thank you. You were a delight!
Dillon Powell - 1 month
Christopher Eissenstat - 4 months
Rebecca LaFollette - 8 months
Christopher Thamish - 15 months
Jared Powell - 2 years

And lastly, a particular thank you to J. C. Williams of Ross Laboratories, who graciously provided our lunches during training, and to Cathy Catlin who provided the morning donuts!

NEXT TRAINING - AUGUST
WATCH for DETAILS!

Thank You!

Many thanks to winter volunteers

Gail Archbald
Lynn Ashley
Madelyne Bartley
Libby Bergman
Cathy Catlin
Susan Corp
Bo DeCaulp
Toni Holiday
Kathleen Johnson
Mana Nash
Cindy Sturm
Britt Sutton
Jane Thompson
Ann Tyler
Karen Whitcomb

These volunteers contributed many hours of instructing, calling, and recruiting.

A special thank you to Chairman, Gaye Sherman and Vice-Chairman, Patti Schafer for all of their support and efforts beyond the call of duty this year. They have been a real asset to the program

Community Volunteer Thank You

Wendy Vann is our new librarian at the Infant Center. She has also helped in a variety of other ways ranging from telephoning to stuffing envelopes. Her commitment and ever ready smile have made her an important member of the staff We appreciate her presence at the Infant Center. Thank you Wendy!

If you are interested in becoming an Infant Center volunteer, please call Sharon Huelsman at 271-8063.

From Our Library

BOOK REVIEWS

by Sena Brothers,
Infant Center Volunteer

Living with your New Baby -
Elly Rokowitz & Glona S. Rubin, 1981

Living with your New Baby is a detailed book covering many areas in which new parents may have questions. This book offers suggestions for preparing to give birth, physical and emotional changes after birth, feeding your new baby, colic, babysitting, support groups, siblings, and more. For women who give birth by cesarean, there are suggestions for getting out of bed, breast feeding, gas pains, and more. At the back of the book is a list of support and resource books. This is a comprehensive book that can provide invaluable support for the new family.

Educating the Infant and Toddler -
Burton L. White, 1988

This book appears to be written for the professional or for parents already well-versed in the background material Dr. White cites, however, it is written in an easy to read style, and a lot of sound information can be gleaned. The charts are very good, but the best features of the book are the appendices. The chapter on toy selection is useful, particularly for parents with their first baby. Parents who are unfimiliar with the Suzuki, Doman, or Motessory methods will still benefit from the chapters on educational goals and the different types of schools. And the appendices contain an annotated reading list so you can read about such things as genetic factors, child psychology, emotional development, the Doman method, the different assesment programs (Bayley Scales, Gesell Schedules, Denver Developmental Test), and parenting books and more. Even though some parents will not have the professional background this book presupposes, it is good reading, offering information not available elsewhere.

The Infant Center Resource Library is a multimedia library made possible by a generous donation from the Downtown Rotary Club Materials include books, magazines, journals, films, and tapes on parenting and infancy. The library is available for everyone's use. Come check it out!

University of Oklahoma
Health Sciences Center
815 Northeast 15th Street
Oklahoma City, Oklahoma 73104

Address Correction Requested

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Oklahoma City, OK
73190
Permit #220

Calendar of Events Inside!

This publication is issued by the University of Oklahoma and authorized by Christian N Ramsey Jr M D, of the College of Medicine 3000 copies have been prepared and distributed at no cost to the taxpayers of Oklahoma

INFANT CENTER

NEWSLETTER

815 NE 15 □ Oklahoma City OK 73104 □ (405) 271-8063

Winter 1988

The Infant Center offers you...

CLASSES — Small groups that offer topics for learning such as infant development, discipline, infant learning, fathering and more.

ROTARY RESOURCE LIBRARY — A multimedia center with films, books, magazines and tapes.

COUNSELING/PARENT EDUCATION — Individual and family with our professional staff

INFORMATION/REFERRAL — Pertinent information and referral depending on individual needs.

VOLUNTEER AND PROFESSIONAL TRAINING — Ongoing training on such matters as infant behavior and development, child-rearing issues, family interaction, group dynamics and group leadership.

PARENT DISCUSSION GROUPS — A special time for sharing between parents, infants and staff.

SPECIAL EVENTS — Speakers, films and panels scheduled on an ongoing basis.

Infant Expressions

By Mary Ann Boersma, M S
Child Development Specialist
Cleveland Country Guidance Center

Even infants show emotional excitement when they feel pleasure or discomfort The baby who is hungry or tired will let you know it by crying, fussing, and sometimes screaming When content, the baby may coo and gurgle or respond by waving arms and legs Although infants have little control over the expression of their emotions, they nevertheless have feelings similar to those of children and adults

While early expressions are somewhat random and uncontrolled, infants soon learn a variety of ways to let their feelings be known They gradually progress from such responses as laughing or crying to waving arms, jumping up and down, smiling, throwing things, hitting, and biting As children develop verbal skills, they talk more about their feelings

Even so, throughout childhood we see lots of body language along with speech Until children are about seven or eight years old, they are quite frank in letting others know how they feel As children get older, they learn to hide their feelings or to be more cautious about expressing them

Continued

Advisory Board

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Debbie Richardson

Teen Parent Coordinator
Paul Suttles

Administrative Assistant
Sharon Wade
Administrative Assistant
Gwen Arnold

Volunteer Spotlight

Thank You!

Many thanks to fall volunteers
Jane Thompson
Gail Archbald
Madelyne Bartley
Susan Corp
Toni Holiday
Karen Whitcomb
Lynn Ashley
Libby Bergman
Bo DeCaulp
Kathleen Johnson
Cindy Sturm
Ann Tyler

These Junior League members contributed many hours of instructing, calling, and recruiting

A particular thank-you to Chairman Gaye Sherman and Vice Chairman Patti Schafer for their help in orienting the new staff

Also a special thanks to Pam Henthorne our Librarian. We will miss you!

Donation Thank-Yous!

A special heartfelt THANK YOU to Karen Oldenburg's 4th grade class and Denise Smith's 3rd grade class at Christ the King School

The children of these classes collected baby blankets, baby clothes, diapers, formula and other baby items for the Infant Center We greatly appreciate all their efforts

We needed you!

The Infant Center is cooperatively sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center and the Junior League

Parents who understand emotional development can help their children to learn to express their feelings in healthy ways It's just as important for children to be able to express negative or unpleasant feelings as satisfying pleasant ones

Some parents attempt to teach or force children to avoid showing such negative feelings as pain anger and fear This usually causes the child to turn feelings inward Sometimes these emotions are harbored or held inside so long that the child begins to feel lots of stress Then there may be an out burst such as crying, temper tantrums or hitting other children Some throw things and become destructive Other refuse to talk or play

Sometimes children get confused as they try to express their feelings A child may state that he is sad when in fact he appears angry Parents can help children clarify their feelings

One important concept for parents to remember is that a child's behavior should not be taken as a personal "blow" against the parent Parents must view themselves as teachers and be prepared to "teach" at any given time!

A portion of this article was adapted from "The Caring Parent" by Draper and Draper

Leading the stroll line at the annual BE-BOP for BABIES Fundraiser are guests Janis and Bill Dozier.

Be Bop for Babies Flip Side

The Temptations had nothing on the moves of the guests at the second annual Be Bop for Babies held November 8 at Chevies The Stroll Twist Pony and variations thereof set the dance floor jumping as over 100 baby boomers enjoyed the beat of 60's music Letter jackets go go boots and mini skirts psychedelic colors, and tie dye shirts characterized the dress since those attending were encouraged to dress cool Memories were shared as guests admired one another's favorite mementos of an era past at this Flip Side version of the Infant Center 1986 fundraiser

A very competitive dance contest added to the excitement of the evening with JOE and MARY FALLIN placing first and winning twin Beatles White Album posters TOM and PATSY HOSMAN won John Lennon sunglasses for second place SAM OLIPHANT and LESLIE ROTHE were third winning Troll dolls, and fourth place concert rock incense sticks went to CATHY and JIM ALEXANDER

In addition to increasing community awareness of the Infant Center, the dance netted over $4,300 to provide continued services to families of infants Working hard to insure the fundraiser's success were committee members KAYE ADAMS SALLY BENTLEY, JANIS DOZIER JOE HOWELL ADELAIDE LIETKE, ASHLEY PARRISH, DANNA PIPPIN GAYE SHERMAN CHARLENE WAGNER, and CHAIRMAN JANIE AXTON

Will Be Bop for Babies continue as an annual event? One enthusiastic guest must think so, for a tee shirt has been seen around town proudly proclaiming, "I Survived Be Bop for Babies Flip Side and Lived to Dance Again Be Bop Replay"

The Infant Center is the place to go if...

- ☐ *You're a parent of a child from birth to age 1.*
- ☐ *You're a grandparent of a child from birth to age 1.*
- ☐ *You're a professional who works with parents and infants.*
- ☐ *You want to raise a well-adjusted, more secure child.*
- ☐ *You want to learn to be a more positive parent.*
- ☐ *You would like to speak to professionals in the field of parenting.*
- ☐ *You want to have more fun with your infant.*
- ☐ *You're a father or mother raising your child alone.*
- ☐ *You're new in town and would like to meet other parents.*
- ☐ *You are a teen-aged parent and want help and support, and to meet other teen-agers.*

BABY'S SOCIAL AND EMOTIONAL GROWTH DURING THE FIRST YEAR

Every baby is unique and individual in personality and temperament, and often unpredictable! This and their interactions with parents will influence the progress of emotional and social development Please do not regard this chart as a rigid timetable Just use this information to anticipate the enjoyment you will have with your baby

1 month — I cry with my whole body when I'm upset I'm afraid of falling and of loud noises, but I feel safe when someone holds me lovingly

2 months — I love my parent's attention and the way they talk to me I smile back at them and am beginning to tell them apart from others

3 months — I let you know I'm happy by laughing and kicking I look at your face and eyes when you talk to me I don't seem to cry as much

4 months — I listen carefully to anyone who talks to me I laugh aloud when we play but may cry if we stop

5 months — If I get excited or tickled, I squeal

6 months — Now I can see the difference between people I know and people I don't know I'm shy around strangers I also don't like it when someone takes the toy I'm playing with, and I'll find a way to let you know

7 months — I like to play social games like peek-a boo and pat-a-cake I also like playing with that baby I see in the mirror

8 months — I like to copy the facial expressions of the people who talk to me

9 months — I like to play where mom and dad can watch me and talk to me I know my name now and can turn my head and smile when you call

10 months — I let you know what I want by pointing I understand what to do when you ask me to play pat a cake

11 months — I know when mom and dad are angry or warning me of some danger If you laugh at what I do I'll do it again and again and again!

12 months — I'm becoming a bit of a show off and love to be a part of what's going on I may not go to bed as easily as I did before, and I may be upset when you leave me alone I may let you have one of my toys if you ask me, but just for a second and then I'll need it back

adapted from Parent-Child Enrichment handouts, State Department of Health Guidance Centers

Referrals welcome

Each month the Infant Center staff is happy to see that more and more parents are finding out about the Infant Center from their physicians, nurses, social workers or other professionals whose work involves parents and infants

These professionals also provide us with information for our resource directory about the services they have to offer and they use the directory to answer such questions as, "Where can my client rent a breast pump?" and "How can I find a support group for parents with Down's Syndrome babies?"

The Infant Center welcomes this kind of collaboration with other agencies and individuals We are pleased to participate in mutual referrals and to be able to offer other professionals as well as parents, the benefits of our expanding community resource directory and Rotary Resource Library

If you would like more information about these services or any of our other programs, please call Sharon Huelsman, Infant Center Coordinator, at 271 8063

Class Descriptions New Baby Classes

New Baby Classes (Postnatal)

This six week series for parents and their infants eases the major changes that babies bring to a family Needs of parents sleepless nights, relatives, ways that babies learn and "spoiling" are some of the topics that parents share with each other as they get help and support This course helps parents understand normal development and prevent problems before they become overwhelming Bring your babies and help make being a parent easier. Classes are informal, including lectures from group leaders and sharing tips and solutions with each other.

Fee $10 per family for the entire series
Location Mercy, Deaconess, Baptist
Times and Dates See attached calendar or call the Infant Center at 271-8063

Classes for Single Parents

An evening class for single (male or female) parents of infants will be held at the Infant Center The class will last for six weeks and is designed for the single parent who is over twenty one Parenting skills, education and support will be offered, with a particular emphasis on the one-parent family. Classes will include infants up to one year of age

No fee
Location Infant Center
Instructor Sharon Huelsman

Support Group for Parents of Handicapped Infants

A chance for parents to meet each other and share their common experiences since the birth of their high risk/handicapped infants This group is geared toward parents with infants/toddlers/preschoolers up to six years of age. Its purpose is to give and receive support and to move beyond survival

Location Special Care (752 5112)
Date Every Other Tuesday 7 00 - 8 30 p m
Co-Leaders Sarah Malloy, Pam Newby
No Fee

Mommy and Me Exercises (3-8 months old)

Designed so that mother and baby can exercise together Mother firms up after pregnancy and baby benefits too The physical contact and shared fun provide a special time for both, while enhancing baby s social and physical development

Call the Infant Center (271 8063) for more information

Community Resources and Activities

Pre-Natal/Post-Natal Exercise Classes are available at Pacer Fitness Center at Baptist Medical Center. MOMS (Moms on the Move) classes require physician consent and are held at Pacer Fitness Center located on the Baptist Medical Center campus For more information and to enroll, please call 949-6002

Special Care Inc. is a private, non profit organization which specializes in the care of children with mental and physical disabilities, while serving as a licensed day care center Programs address the educational therapeutic and nurturing needs of each child, while working closely with parents to address special concerns, desires and methods for achieving goals They accept children as young as six weeks into the program

Oklahoma City Area Guidance Centers

Guidance centers offer support groups for parents with children, birth - 5 years of age, in various locations throughout Oklahoma City

The Edmond Guidance Center is offering the following this quarter

Systematic Training for Effective Parenting beginning February 3rd from 12 00 - 1 00 p m Brown Bag Lunch

Story Hour for 4 & 5 year olds, February 3, 10 17 & 24, from 1 00 - 2 30 p m

Creative Movement Workout for Wee Ones, February 3, 10, 17, & 24, from 10 30 - 11 30 a m

Let's Listen — Encouraging Listening Skills for 3, 4, & 5 year olds, March 2, 9, & 16, from 10 30 - 11 30 a m

To register or for more information contact Deb Parkinson, Child Development Specialist at 341 6120

If you would like your organization related to parenting and infancy to be included in our resource directory please call us at 271 8063

	Monday	Tuesday	Wednesday	Thursday	Friday
JANUARY	NEW BABY CLASS Baptist Medical Center Jan 11 - Feb 15 7 00 - 9 00 p m	NEW BABY CLASS Deaconess Hospital Jan 19 - Feb 23 7 00 - 9 00 p m	NEW BABY CLASS Deaconess Hospital Jan 14 - Feb 24 12 30 - 2 30 p m	NEW BABY CLASS Mercy Health Center Jan 14 - Feb 18 7 30 - 9 30 p m	NEW BABY CLASS Mercy Health Center Jan 15 - Feb 19 12 30 - 2 30 p m
FEBRUARY	NEW BABY CLASS Baptist Medical Center Feb 29 - Apr 4 7 00 - 9 00 p m	SUPPORT GROUP FOR PARENTS OF HANDICAPPED CHILDREN Special Care Ongoing 752-5112	INFANT CENTER 271-8063	SINGLE PARENTS WITH INFANTS INFANT CENTER Ongoing 271-8063	Call Infant Center For "Mommy and Me" Exercise Class 271-8063
MARCH	FOR MORE INFORMATION AND ENROLLMENT, CALL 271-8063.	NEW BABY CLASS Baptist Medical Center March 8 - Apr 12 12 30 - 2 30 p m NEW BABY CLASS Deaconess Hospital March 8 - Apr 12 7 00 - 9 00 p m	NEW BABY CLASS Deaconess Hospital March 16 - Apr. 20 12:30 - 2 30 p m	NEW BABY CLASS Mercy Health Center March 3 - Apr 7 7 30 - 9 30 p m	NEW BABY CLASS Mercy Health Center March 11 - Apr 15 12 30 - 2 30 p m

Welcome to New Infant Center Staff

The Infant Center is happy to welcome:

JANIE BERTSCHINGER as the Executive Director of the Infant Center She comes to us from Ambulatory Care Administration at the Oklahoma Teaching Hospitals Janie is originally from Oklahoma City, she graduated from Casady School, has a B S from Southern Methodist University, and a MBA from Oklahoma City University

Janie will also be working with the O U Department of Family Medicine in coordinating new projects After hours, Janie enjoys jogging, knitting, and cooking

SHARON HUELSMAN as Coordinator who joins us after spending five years with the Guidance Service of Oklahoma Department of Health as a Child Development Specialist serving several different counties She lives in Davenport, Oklahoma with her husband James, her 9-year old daughter, Sara, and 3 cats

Originally Sharon is from Columbus, Ohio where she received her Bachelors Degree in Elementary Education from Ohio State University After spending several years as a 4th grade and kindergarten teacher, she received her Master of Education degree in Early Childhood Education from Indiana State University

PAUL SUTTLES as the new Teen Parent Coordinator Paul graduated from Oklahoma Baptist University in 1964 and taught Spanish for six years In 1970 he received a Master of Guidance and Counseling from Central State University For 17 years he worked as a counselor in the Putnam City School system He has been involved in leadership training motivational speaking, and workshop presentations since 1979 In addition to his 20 hours per week with the Infant Center, he has a private family counseling practice

He has been married to his wife Jan, for 21 years They have 2 sons, Brent 19 who is a sophomore at Northeastern State University, and Lance, 16, who attends Putnam City High School They are active at Highland Hills Baptist Church Paul is very involved in the Oklahoma Association for Counseling & Development He was named their 1981 "Counselor of the Year" Currently, he is President Elect of the Oklahoma School Counselor Association

GWEN ARNOLD as Administrative Assistant at the Infant Center Gwen began working September 21 at the Infant Center after having spent several years at home with her family She previously held various secretarial and administrative secretarial positions in the Oklahoma City area including work with the O U College of Pharmacy and Tri City Youth & Family Center

Gwen is married and has two children Jennifer 14, and Jeffrey 6 In her spare time, Gwen enjoys reading, quilting, crafts, and is a an avid baseball fan

DEBBIE RICHARDSON continues as our Director of the Teen Parent Program She has been married for 6½ years and lives in Midwest City with her husband and two cats Originally from Tulsa, Debbie graduated from Oklahoma State University where she studied Psychology and Community Counseling (marriage, youth & family) Debbie started as a volunteer at the Infant Center in 1984 She also worked as a counselor at Mid Del Youth & Family Center before joining the Infant Center staff in August 1986 Debbie loves dancing, especially ballet and jazz, and shopping or being at home when time permits

SHARON WADE (soon to be Wheeler) is another familiar face at the Infant Center Sharon has been with the Infant Center since March 1984 and has been working with the Teen Parent Program Division of the Infant Center since August 1986

Sharon has also been pursuing a R N degree at the Oklahoma City Community College She plans to be married in January and continue pursuing her nursing career

Happy New Year from The Infant Center Staff

From left to right Gwen Arnold Debbie Richardson & Janie Bertschinger in front Sharon Huelsman, Paul Suttles, & Sharon Wade in back

ENRICHMENT ACTIVITIES FOR BABIES

SUGGESTIONS:

At birth - 1 month: Babies have a need to be held closely. The closeness lets the baby know that the world is a good place to be.

At 1 - 3 months: Your baby may cry when bored and smile when your face is seen or your voice is heard.

Place your baby close to family during meal times. In this way they will begin to feel a part of the family.

Give your baby a soft cuddly toy to hold and love.

At 3 - 5 months: Smile and talk to your baby. The baby will respond to your smile with a smile.

Continue to cuddle, love and hold your baby closely. Soon your baby will imitate you by loving dolls and soft cuddly toys.

Let your baby play alone for awhile several times a day. They must learn to play and explore on their own. Be sure that there are toys to play with and interesting sights to see.

Include your baby when friends come to visit. Babies especially like other children.

At 6 - 8 months: If your baby is crawling, encourage him to follow you around as you clean or do housework. Talk about the name of the room, what is in the room, and what you are doing.

Provide opportunities for your baby to imitate you such as squeezing squeaky toys, kissing, waving bye bye, clapping, singing, dancing, and many more!

At 9 - 12 months: Play pretend games such as talking on a telephone, pretending to drink with a cup, rocking a doll or stuffed toy.

Play "This little piggy went to market" with your baby's toes.

Playing and being with people is your baby's favorite pastime and babies learn so much through imitation of others!

adapted from Parent Child Enrichment handouts, State Department of Health Guidance Centers

HINTS FOR HYSTERICAL DAYS

Every family has them. They often come in long stretches with newborn babies, and are especially horrifying during the cabin fever threat of winter. Try some of these. Don't eliminate them until you've tried them three times. Go on until you find one that works. If all these fail, call the Infant Center at 271-8063. We'll add to your list and listen to your complaints.

Play classical music. Find it on the radio or talk your classy aunt out of some of her records. It really *does* soothe you and baby.
Take a relaxing bath with the baby. Lay the baby on your tummy and remember when the womb provided all the protection.
Put on stereo head phones if your nerves are shot. The baby may be fascinated by your blissful smile and calm in the midst of storm.
Complain. Cry. Admit this was harder than you thought.
Take a nap at odd hours.
Take an evening off even though you feel guilty and don't enjoy it. It'll get you in the habit.
Make a list of what you like about the baby. Put it up in the bathroom as a reminder when you don't.

When the baby is quiet, burped and content, play with her. Study her nose and hair and newborn beauty. Bask in her spirit of newness. Reward yourself with her gentle curved warmth in your arms. Rock her and sing to her all your lullabys. Love her. You'll be amazed at how it warms and shortens the winter.

UPCOMING EVENT:

ANNUAL INFANT CENTER FUNDRAISING CAMPAIGN

Watch for your letter and respond generously to help the Infant Center continue to help strengthen and support families in our community.

TEEN PARENT PROGRAM SCHEDULE

Teen Parent Time

College Church of Christ
2221 E Memorial Road
Mondays, 6 30 - 8 00 p m
February 8 - March 28

South Community Hospital
1001 S W 44th
Tuesdays, 6 30 - 8 00 p m
February 2 - March 22

McFarland YMCA
1701 N Eastern
Thursdays, 5 30 - 7 00 p m
(Call for starting date)

Putnam City High School
5300 N W 50th Street
Thursdays, 6 30 - 8 00 p m
February 4 - March 24

Groups are also being planned in Midwest City, Choctaw, and other areas Call for more information

Connection

(Call for dates and times)

Midwest City High School
213 Elm

Infant Center
815 N E 15th

PREPARING FOR BABY — CHILDBIRTH CLASS FOR TEENS

Infant Center
815 N E 15th Street
Wednesdays, 6 00 - 7 30 p m
January 20 - February 24

TEEN PROGRAM UPDATE

We would like to thank the following organizations for their support of the Teen Parent groups during the fall

Edmond High School
Community Action Agency (Southwest OKC)
First Christian Church of Midwest City
Midwest City High School
Ralph Ellison Library
Dominoes Pizza

Our first childbirth class for teens has concluded. and appreciation goes to Gaye Davey who provided such a wonderful experience for the expectant young parents We look forward to the next class to begin on January 20th (see schedule).

The Infant Center Teen Program now has a public service announcement airing on KOCO-Channel 5 A big THANK YOU to Beverly Glover who coordinated this project Watch for it and tell us what you think!

VOLUNTEER TRAINING has been schedule for January for Group Facilitators and Parent Aides (Home Visitors) as follows

Everyone — Friday, January 15, 6 30 - 9 30 p m
Saturday, January 16, 8 30 a m 5 00 p m
Parent Aides only — Sunday, January 17, 1 00 - 5 30 p m
Group Leaders only — Tuesday, January 19 6 30 - 9 30 p m

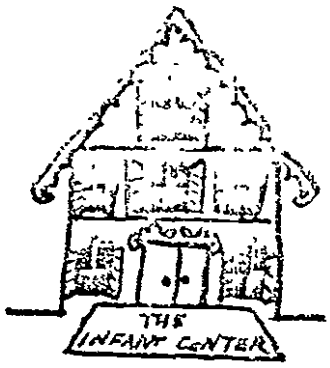
Please call Debbie or Paul at 271 8155 if you or someone you know is interested in helping a teen parent learn more about themselves and their baby

Teen Volunteer Spotlight

Mike & Debbie Gilliland
Connie Cook
Katie Tennant
Marsha Souza
Kim McClennahan
Christy Newbry
Karen Drabek
Karen Gillmore
Thelma Rex
Brenda Six

NOTE

The Teen Parent Program office is moving back into the Infant Center building across the street Please address all mail to the program, Debbie Richardson, or Paul Suttles to the Infant Center, 815 N E 15th, OKC, OK 73104 The phone number will remain 271 8155



Why do people volunteer here?

- ☐ Personal Satisfaction
- ☐ Sharing of Experiences
- ☐ Worthwhile Contribution
- ☐ Learn New skills
- ☐ Recognition
- ☐ Meet New People

We have a wide range of opportunities which require anywhere from a "once in a while" helping hand from you to up to a full day per week. Currently we are especially interested in finding help in these areas:

☐ Making educational posters, props, games and toys for the parenting classes

☐ Presenting talks and demonstrating fun activities to parents at prenatal classes

☐ Ordering, previewing and cataloging new books, films and educational materials in the Resource Library

☐ Teaching a baby exercise class (Physical Therapists)

☐ Team-teaching postnatal classes (training provided) Next training scheduled later this month

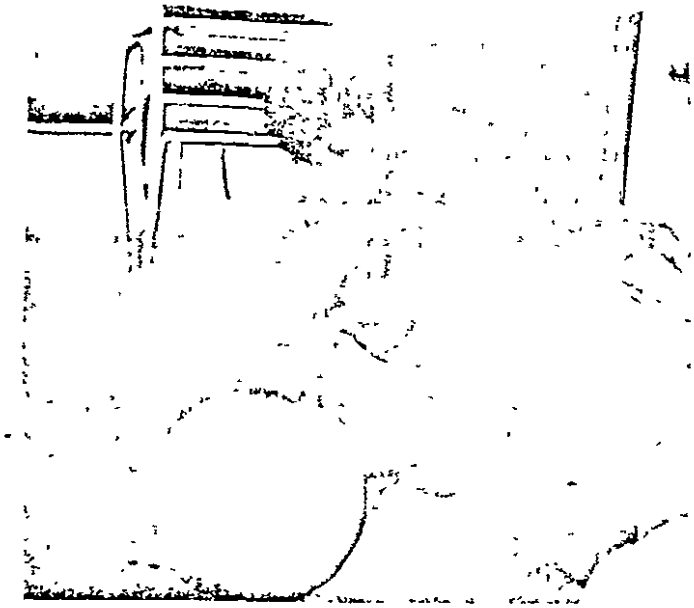
☐ Answering the phone, enrolling parents in classes, helping to set up meetings, helping parents find what they need and many other things at the office.

☐ Helping teen parents by making home visits or providing transportation to programs or other services

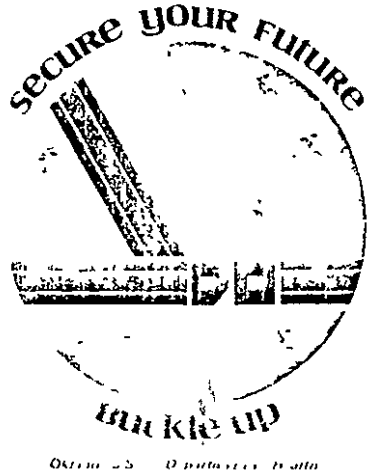
And many other jobs!

If you would like to find out about becoming an Infant Center volunteer, please call Sharon Huelsman at 271-8063.

Teen Program Celebration



April and her son, Lamar, have Halloween fun at the Teen Parent Connection at the Infant Center



INFANT CENTER WISH LIST

Rocking Chairs
Snugglies
Large Plastic Food Containers
Play Pen
Car Seats
Toys
Step Ladder

University of Oklahoma
Health Sciences Center
815 Northeast 15th Street
Oklahoma City, Oklahoma 73104

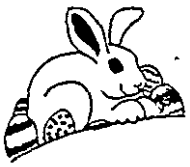
Non-Profit Org
US Postage Paid
Oklahoma City, OK
73190
Permit #220

Calendar of Events Inside!

This publication is issued by the University of Oklahoma and authorized by Christian N. Ramsey Jr. M.D., of the College of Medicine. 3000 copies have been prepared and distributed at no cost to the taxpayers of Oklahoma.

■ EDUCATION, SUPPORT AND REFERRAL SERVICES FOR FAMILIES OF INFANTS ■

INFANT CENTER
TEEN PARENTING NEWS



PHONE# 271-8155

March - April 1988

With spring just around the corner, there are many things that can be taken advantage of. Enjoy watching the grass turn green, the trees grow leaves, and the daffodils and tulips. Point these things out and explain them to your children. Also - when its a pretty day, you and your child may enjoy a picnic in the park. Another thing to take advantage of is a PARENTING GROUP at the INFANT CENTER! This month we have new Connection and Teen Parent Time groups starting, so be sure to get involved! A childbirth class is also being planned for April. If you have friends that are pregnant or have new babies, be sure to let them know about us!

Spring is such a nice time of year, but spring rains can put a damper on things. Like spring, parenting is such a good experience, but many problems can come up that make it difficult to cope. Having problems? Call Debbie Richardson or Paul Suttles at the INFANT CENTER at 271-8155!

Join Us!

THANKS to winter Teen Parent Time and Connection volunteers - Connie Cook, Katie Tennant, Johnna Cornelius, Mike and Debbie Gilliland, Marla Brock, Kim McClennahan, Debbie Stanford, Lynda Bracher. Make an effort to say THANKS to these people who work so hard and care so much!

A BIG THANKS too to Mike and Debbie Gilliland for continuing to hold a Connection group for the Northwest Oklahoma City area in their home! If you might be interested in a group like the ones already mentioned and you live around the Putnam City/Bethany area, call Debbie Richardson or Paul Suttles at 271-8155, or Debbie Gilliland at 721-0232.

HELP!!! We need maternity and baby clothes! If we have helped you with clothes or other items and you have any that are no longer being used, please consider giving them to the INFANT CENTER so we can help other people in need!

! ! ! ! ! ! !

Some of you will remember that we have had a Teen Advisory Board in the past that helps us know what is important to you and what you need. If anyone would be interested in helping to start it up again, please call Debbie Richardson at the INFANT CENTER at 271-8155.

CONNECTION SCHEDULE

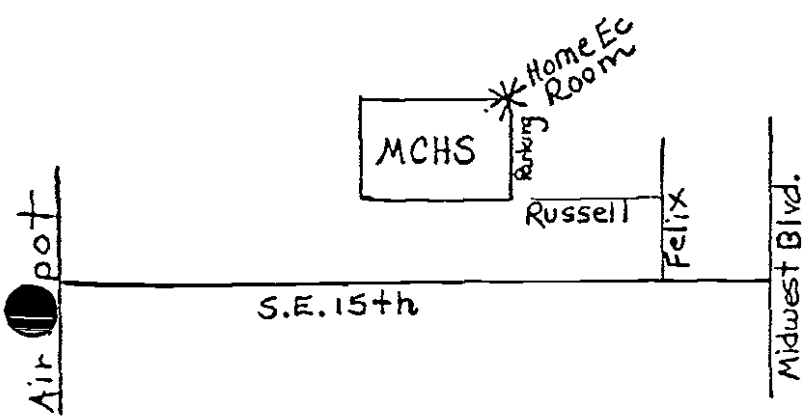
Anyone is welcome to attend any of these groups. Call if you might need help with transportation - we <u>might</u> be able to help. BRING A FRIEND!

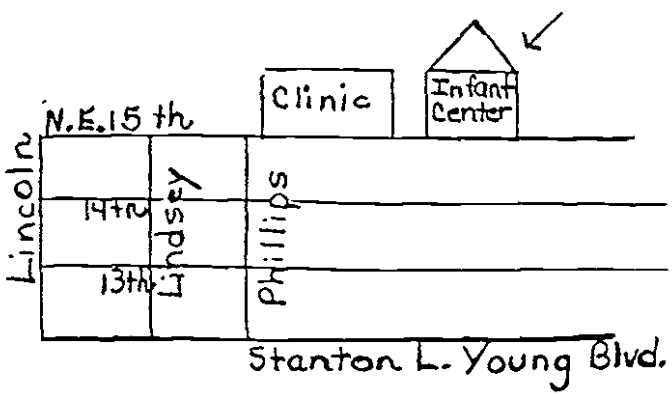
<u>Midwest City Highschool</u>: 213 Elm (Home Economics Room), <u>Thursdays</u>, 3:30 - 5:00 p.m. Group leaders are Lynda Bracher and Debbie Stanford.

March 10	Teen Parent Issues
March 17	Is My Baby Developing Alright? - Understanding Your Child's Stage of Development
March 24	SPRING BREAK - CLOSED
March 31	How to Cook Cheaply and Safely - Guest Speaker
April 7	Post-Easter Party - Bring Easter eggs (real or plastic)
April 14	Poison Safety - A speaker from Children's Hospital will join us.
April 21	Emergency Medical Care in Your Home
April 28	SPRING PICNIC! (Call for information on where)

<u>Infant Center</u>: 815 N.E. 15th, <u>Thursdays</u>, 6:30 - 8:00 p.m. Group leaders are Kim McClennahan and guests (?).

March 10	NO MEETING
March 17	Looking Toward the Future - Guests will visit to help discuss this topic
March 24	What Can You Expect From Your Baby In the Next Month or Two?
March 31	"Safe Sex"
April 7	You Are Your Baby's Best Teacher - Helping Them Learn and Play
April 14	Feeling Good About Yourself
April 21	Is Your Baby Developing Alright? - A guest will help us understand
April 28	SPRING PICNIC! (Call for information on where)





TALKING TO CHILDREN

In talking to young children, there are several things we can do to get our thoughts and ideas across to them positively and effectively. Here are some things to keep in mind:

1. You must have your child's attention. Be sure he is not absorbed in another task (toys, TV, book).

2. Walk over to your child to talk to him. If you choose to talk from a distance and your child does not respond, you then must go over to him.

3. Kneel down to your child's eye level to be sure he hears you.

4. Always talk in a slow calm voice. Sometimes a whisper can be very effective to catch your child's attention.

5. Remember that a child's vocabulary is still limited. Be sure your child understands what you are saying. If necessary, help him to follow through i.e. "Let's put the toys on the shelf." as you begin doing so.

6. "No" is often a misused, overworked, overused word and it soon loses its importance. If a child repeatedly hears "no" in many situations, he soon learns to ignore it. In an emergency situation, such as a fire, the street, etc., your child may not stop when you yell "no" because he's heard it many other times when it didn't mean anything. Save "no" for important times.

7. When a direction is re-worded in a positive way, children are more willing to cooperate i.e. "Chairs are to sit on. Please sit down." instead of "Don't stand on your chair."

8. "I need you to . . ." is a very effective phrase - when no choices by the child are involved.

9. Be specific with your directions.

   "I need you to pick up your blocks."
   "In two minutes, lunch will be ready."
   "You may roll the ball instead of throwing it."
   "Hold the glass with both hands, please."

10. Do not use "DON'T"!! Instead, try a positive alternative:

SAY	DO NOT SAY
Keep the puzzle on the table.	Don't dump puzzle pieces on the floor.
Talk in a quite voice.	Don't shout.
Wash your hands.	Don't you want to wash you hands?

* * * * * *

INFANT CENTER
TEEN PARENTING NEWS

PHONE# 271-8155

January - February 1988

Welcome to the new year! This year can hold many possibilities for you and your child. Maybe 1987 wasn't so good for you. Well, this is your chance to make changes and decisions, make things better, and take on a positive attitude. This year will also be a big year of growth for your child. Or maybe you're looking forward to the delivery of your baby in 1988. Whatever your situation, see 1988 as a new chance and opportunity for you and your family. If you feel you're in a rut and unable to get out, ask for help! Start the new year right by calling a friend or someone in your family. And by all means, come to a **PARENTING GROUP AT THE INFANT CENTER!** Invite someone who doesn't know about us. Maybe you haven't been in touch with us in a long time. We would love to talk to you and see you.

GET INVOLVED WITH THE INFANT CENTER. HOPE THE NEW YEAR IS ALL YOU WANT IT TO BE! - Debbie & Paul

CONNECTION

(Post this schedule at home where you will see and remember it)!

If you make one New Year's resolution--motivate yourself to come to the Connection! Bring a friend and come for support and fun. It is open to anyone who is or has been a pregnant or parenting teenager. Bring your kids and have a FREE night out. If you have problems getting a ride--ask a friend or family member who can drive to come with you, or call us and we'll try to help you work it out. Feel free to come anytime--even if you have to miss sometimes. We hope to see you at the Connection!

P.S. If you would like to suggest a certain topic or a special activity for the Connection, call Paul or Debbie at 271-8155.

The Connection is held at two places and times (see map):

CONNECTION SCHEDULE

The Infant Center, 815 N.E. 15th, Thursday nights, 6:30 - 8:00 p.m. Group leaders are Marla and Kim.

January 28: New Year Celebration! - Looking Ahead.
February 4: How to Deal with Discipline Problems with Your Child.

February 11: Attending a Vo-Tech - Shari Parrish from Francis Tuttle Vo-Tech will discuss programs, classes, financial aid, and child care available.

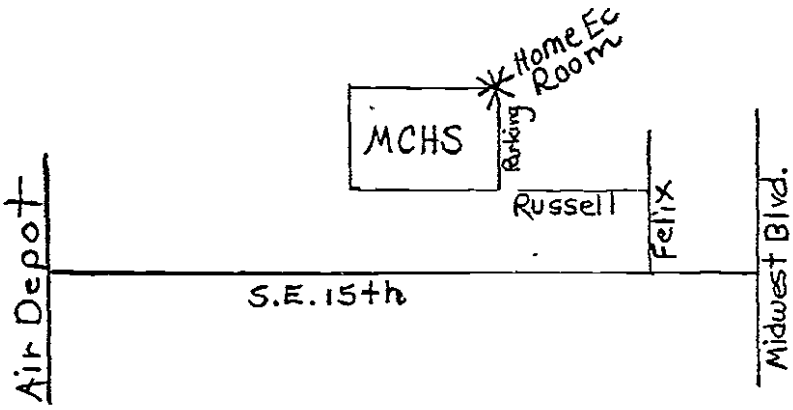
February 18: Movie Night! We'll rent a movie and have popcorn.
February 25: Keeping Your Child Well - a doctor from the O.U. Family Medicine Clinic will answer your questions.

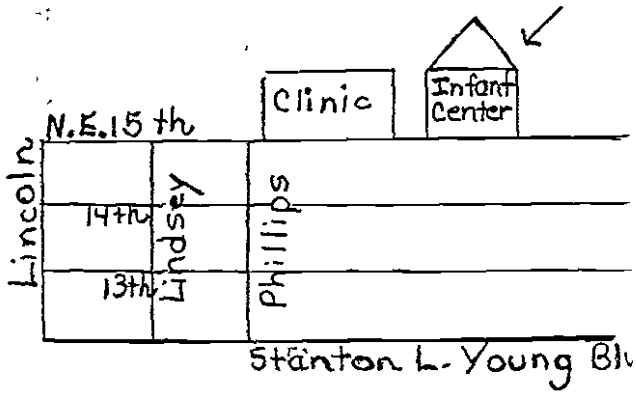
Midwest City High School, 213 Elm (Home Economics Room) Monday afternoons, 3:30 - 5:00 p.m. Group leaders are Lynda, Debbie, and Janice.

January 25: Poison Safety - speaker from Children's Hospital.

February 1: Video on how your child grows and develops.
February 8: Free makeover from Mary Kay Cosmetics.
February 15: School closed. NO meeting.
February 22: Food Safety - a speaker will discuss buying, cooking, and storing food safely.

February 29: Getting in Shape After Having a Baby (wear comfortable clothing).





⬇⬇⬇ INTERESTING NEWS ⬇⬇⬇

A Teen Parent Time group that met this past fall at Putnam City High School has decided to keep meeting together for support! This group may also turn into a Connection for northwest Oklahoma City. We encourage these group members for their motivation and speaking out. Call Debbie or Paul at 271-8155 if you might be interested in attending this group. At this time they will be meeting as follows:

Every other Monday night (every 2 weeks)
7:00 - 8:30 p.m.
Beginning January 25
Call 271-8155 for location.
(will not be held at Putnam City High School)

If the weather is bad, call 271-8155 before going to a group to check if it's being held.

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

A BIG **THANK YOU** to teen volunteers: *Elaine Balli* and *Susan James Smith* for their work as Peer Phone Counselors.

We NEED **VOLUNTEERS!** If you would like to help out the Teen Parent Program like these parents, call Debbie or Paul at 271-8155 Remember the Infant Center if you have baby items or maternity clothes you no longer need!

TIPS FOR PARENTS

How To Stop Sleeping Problems

Many parents are concerned about their children's sleeping problems.. Some children don't want to go to sleep at all. Others will only sleep in their parent's bed. Others will go to sleep but get up during the night and crawl into their parent's bed.

Sleep problems can be troublesome, but the following suggestions should help make bedtime easier for you and your child.

To help your child to go to sleep:

1. Get into a bedtime routine or pattern. This means doing the same thing every night at about the same time, like giving your child a bath, reading a quiet story, and giving him/her a goodnight kiss, followed by bed.

2. Avoid exciting games, like running or roughhousing, before bedtime.

3. Let your child sleep with a toy or blanket if he/she wants to.

4. If your child is afraid of the dark, leave a light on in the room Make sure this light is slightly less bright than the regular light in the room. Then gradually use dimmer and dimmer lights until your child is sleeping totally in the dark or with the use of a night light only.

5. After putting your child to bed, say "Good night, I'll see you in the morning." Then leave your child's room until morning.

6. Sometimes your child may call you after you have said "good night" and have left the room. Your child may say "Mommy, I need a drink," or "I forgot to tell you something." When this happens, remind the child that this is the last time you will come in his/her room that night. After responding once, say "good night" again, and do not return to your child's room until morning.

Prepared by Dr. Dorilyn English and Dr. Jill Linden, Office of Psychological Services, Delaware Division of Public Health

INFANT CENTER
TEEN PARENTING NEWS
Phone # 271-8155
November - December 1987

MEET A NEW TEEN PARENT PROJECT COORDINATOR !!

Hi! My name is Paul Suttles. I have been a high school counselor in the Oklahoma City area for 17 years. My training is in guidance and counseling. My wife's name is Jan and we have two teenage sons. I will be working part-time (20 hours a week) with the Teen Parent Program. I plan to work with the current programs (Teen Parent Time, Connection, etc.) and would also like to begin programs involving more teenage fathers and the baby's grandparents.

I would like to meet you sometime. Debbie Richardson and I are interested in hearing from you if you have any questions, problems, new ideas, or just want to tell us what you're up to. Give us a call @ 271-8155!

IT's NEVER TOO LATE. . .

to try again
to grow again
to share again
to risk again
to feel again
to change again
to love again
to be enthusiastic again
or read
Winnie the Pooh
for the first
time.

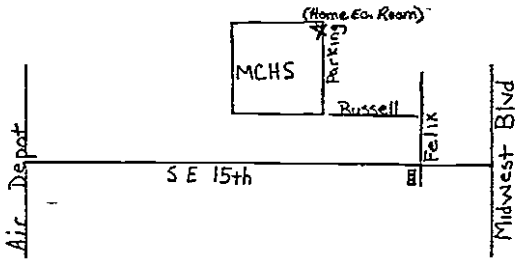
- Sol Gordon, The Teenage Survival Book

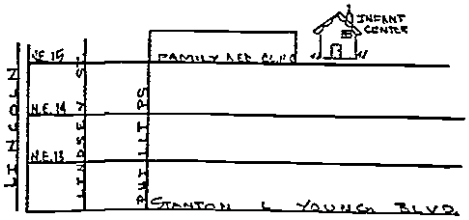
CONNECTION SCHEDULE

(Post this schedule at home where you will see and remember it!)

Come to THE CONNECTION ! Several fun activities and helpful topics have been scheduled for you. It is open to anyone who is or has been a pregnant or a parenting teenager. Don't worry about babysitting - you can bring your kids with you - we may even provide some childcare every once in a while so you can have some free time! If you have problems with getting a ride - ask a friend or family member who can drive to come with you, or call us and we'll try to help you work it out. Feel free to come anytime - even if you have to miss sometimes. Come when you can!

The Connection is held at two places and times. (See maps)





CONNECTION SCHEDULE (cont'd.)

The Infant Center, 815 N.E. 15th
Monday Nights, 6:30 - 8:00 p.m.
Group Leaders are Marla and Kim

November 16: "Feeding You and Your Child When Money and Time is Short" (We will actually make something!)

November 23: "Mommy and Me" Exercises: Getting in Shape After Having a Baby (Wear comfortable clothing).

November 30: "As Your Baby Grows into Being a Toddler" - Problems and What to Prepare For

December 7: "Christmas Toys and Gifts for Your Child" What is Safe and Good for Them on a Budget? (We'll make some homemade toys or decorations.)

December 14: CHRISTMAS PARTY!

* * * * * *

Midwest City High School, 213 Elm (Home Economics Room)
Monday Afternoons, 3:30 - 5:00 p.m.
Group Leaders are Debbie, Janice and Lynda

(NOTE: Time and location change starts November 23. November 16 meeting will still be at 6:30 p.m. at First Christian Church of Midwest City).

November 16: "Family Conflict - Can't Live With Them, Can't Live Without Them" (Meet at church at 6:30).

November 23: "Childhood Diseases" A nurse will talk about immunizations and how to keep your child well. (Start meeting at High School @ 3:30).

November 30: "Christmas Toys and Gifts for Your Child" What is Safe and Good for Them on a Budget? (We'll make some homemade toys or decorations).

December 7: "Feeding You and Your Child Better When Money and Time Is Short" (We will actually make something to eat).

December 14: CHRISTMAS PARTY!

Join Us!

* * * * * \

SAFETY TIPS

POINSETTIA PLANTS irritate skin and cause vomiting and diarrhea. Keep out of reach of infants and toddlers.

MISTLETOE is FATAL if the berries are eaten. Keep out of reach or just do not use.

CHRISTMAS TREE NEEDLES can cause severe damage to the eye, mouth, and skin. Consider putting a small tree on a table for a year or two when you have creeping infants or toddlers. At the very least, place the tree in a corner or part of the room where they do not have to pass by very often.

Remember - ALWAYS put your child in a proper child safety seat when in a car. You need to buckle up too. People drink more at the holidays and weather may also make streets less safe. Never make an excuse - even if you're just running to the store.

Many toys and cameras require batteries. Never let children use batteries as toys. Throw batteries away properly.

Make sure toys do not have sharp edges or small parts that come off or can easily be swallowed or choked on.

Check that toys for infants do not have long strings or cords that could cause strangulation. To avoid accidents, look for age levels on toy packages and don't get a toy recommended for an older child.

Look for labels on dolls, toys, and clothing that say "flame-retardant" or "flame resistant".

After opening gifts, throw away all plastic wrapping and small packing parts immediately. However, babies sometimes enjoy playing with large boxes the toys come in more than the toy itself!

If a toy or toy part can fit through the center of a toliet paper roll, your baby could choke on it.

Watch for foods your baby or toddler might reach for. Stay away from things like popcorn, nuts, raisins, and candy which can result in choking. To avoid sickness, monitor the amount of sweets and fatty foods you and your child eat.

Be sure to keep Christmas lights and cords out of baby's reach. Small colorful lightbulbs are very pretty to a baby and can easily be swallowed. Cords can strangle a child. Also, make sure cords are electrically safe.

MAKE IT A SAFE AND

HAPPY HOLIDAY SEASON!

TEEN PARENTING NEWS

Infant Center - Phone #: 271-8155

October 1987

YOU ASKED FOR IT - YOU GOT IT !

This is the first newsletter just for you. Many of you have been receiving the big Infant Center newsletter, but we felt it was time for our own. This is YOUR newsletter. If you have any suggestions or would like to help put it together, give us a call.

Please take time to read this, especially the activities we have planned this fall. Remember, all activities are free and we have tried to schedule activities you have asked for.

We are also very excited about the new brochure for the Teen Parent Program which we have mailed together with this newsletter. WE DEPEND ON YOU TO TELL OTHERS ABOUT THE INFANT CENTER. So, please give the brochure to someone you know. Call us if you need more to pass out. Let us hear from you !

- Debbie Richardson

ITEMS FOR FREE
at the Infant Center...

baby & children's clothes
some adult & maternity clothes
a few other odds & ends

Let us know if you need something - we'll try to help. If you have something you no longer need and someone else can use, let us know!

REMEMBER: You are the most important thing in your child's life.

INFANT CENTER
815 Northeast 15th Street • Oklahoma City OK 73104 • 405-271-8063

HELPFUL HINTS
ACCIDENTS AND STRESS

Accidents happen more often when:

1. A child is hungry or tired.
2. A mother is ill, about to get her period, or is pregnant.
3. There is no safe place to play.
4. The relationship between adults in the house is tense.
5. When a child is in a new place--for instance, has moved, or is on vacation, or at a friend's.
6. Other family members are ill or at the center of Mom's attention
7. A family is rushed.
8. A parent overestimates the ability of the child to protect him/herself.
9. A child is in the care of an unfamiliar person, or a brother or sister too young to be responsible.
10. A parent is always very worried about the child's safety and makes the child feel inadequate

Tell your other pregnant and parenting friends about our programs! Look over the attached fall schedule for Teen Parent Time and our new Pregnancy Group to prepare for childbirth.

Join us at THE CONNECTION! It's open to any pregnant or parenting teenager (or even those of you not "officially" teens anymore!). If you need help with a ride, we will try to help you work it out. Call 271-8155. Below are planned activities. Come when you can!

"CONNECTION" will be held at:
The Infant Center, 815 N.E 15th, beginning October 5th, Monday evenings, 6:30-8:00 p.m.
First Christian Church, 400 N Key Blvd., Midwest City, beginning October 19th, on Monday evenings, 6:30-8:00 p m.

INFANT CENTER SCHEDULE

October 5	Speaker on program to help with jobs and school.
October 12	FREE makeover by Mary Kay Cosmetics - FREE childcare provided.
October 19:	How to Deal with Discipline Problems with your Child
October 26:	PARENT's NIGHT OUT! Free childcare - Halloween Party?
November 2.	How Can I Tell If I'm Really in Love? - Video
November 9:	Family Conflict - Can't Live with Them, Can't Live without Them.

Midwest City area CONNECTION will have similar activities beginning October 19.

Marla and Kim will lead the Infant Center group.
Janice and Lynda will lead the Midwest City group.

TEEN PARENTING NEWS - continued

A big THANK YOU to teen volunteers:

Stacy Alvis
Elaine Balli
Kim Kinnett

If YOU would like to help out the Teen Parent Program like these other teens, call Debbie at 271-8155.

PLEASE LET US KNOW WHEN YOU MOVE OR CHANGE YOUR PHONE NUMBER. THANKS!

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

March 16, 1989

READY FOR THE GREAT OUTDOORS ?!?

Sure you are! We have scheduled our first overnight camping trip. Plan on meeting at the Infant Center at 12:00 noon on Friday, March 31st and returning to town on Saturday, April 1 by about 5:00 p.m. We will be traveling to the Wichita Wildlife Reserve near Lawton.

There are a few important details you need to know. This activity is just for YOU - babies need to stay home with someone else caring for them. Let me know by Monday, March 27th if you might need help with child care.

Please bring the following with you on the trip:

*permission/consent form signed and filled out completely (CANNOT go without it)
*toiletries (soap, toothbruth, toothpaste, etc.)
*towel and washcloth
*"grubby" clothes (jeans, t-shirts, socks, shorts, sweatshirt)
*coat/jacket (it gets cool in the evening)
*sunscreen
*tennis shoes or other lace-up type shoes
*flashlight
*pillow
*bug spray (Off, etc.)
*cards or games
*snacks for you (fruit, carrot sticks, crackers, etc.)
Remember, no snacks allowed in tents!

We will be "roughing it" so please do not bring radios, hair dryers, or other electrical items. Also, please leave cigarettes at home. Bed rolls, meals, tents, and everything else will be provided. Please make sure you eat lunch Friday before we go or bring a sack lunch and drink.

Mike Parker and Pam Collins from Southwest Guidance center will be our guides. We will be hiking, playing, rock-climbing, eating, and talking!

I must know if you are going for sure by Monday, March 27. Space is very limited so call me as SOON as you can and also let me know if you need help with a ride to the Infant Center the Friday of the trip. Preference will be given to those who actively participate in the Teen Parent Program.

REMEMBER, THE PERMISSION/CONSENT FORM IS EXTREMELY IMPORTANT. LET ME KNOW IF YOU NEED ONE!

INFANT CENTER

"PREPARING FOR BABY"

A childbirth education and support group for expectant teenage parents (age 21 or under) will be offered at the Infant Center, 815 N.E. 15th Street, Oklahoma City, Saturday mornings from 10:00 a.m. - 12:00 p.m., March 4th thru April 1st, 1989.

TEEN PARENT PROGRAM
INFANT CENTER

CLASSES ARE FREE ! and.....

PLEASE WEAR COMFORTABLE CLOTHING AND BRING A SUPPORT PERSON WITH YOU (spouse, friend, or relative).

For more information, or to enroll, please call Debbie at the:

INFANT CENTER TEEN PARENT PROGRAM

271-8155

The class is taught by an experienced childbirth educator. Any teen mother-to-be at least 7 months pregnant and father-to-be is encouraged to attend whether single or married.

The Infant Center is sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center.

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
815 N.E. 15th Street, Oklahoma City, Oklahoma 73104
(405) 271-8155

WE HEARD YOU HAD A BABY !

You are invited to attend one of our FREE groups this winter. One of the best parts of these classes is that it brings teen parents and babies together with others so that each parent receives support, friendship, and helpful information about caring for babies and themselves.

Teen Parent Time is for brand new parents, Connection is for any teen, pregnant or with children of any age, and we also offer childbirth classes and home visits. We have lots of fun and also have free gifts, like baby books, pictures, other helpful baby items, and refreshments.

Please take time to look at the brochure and schedule of winter activities. Call Debbie at 271-8155 if you have questions or would like to sign up. Also, let us know if you have a problem with a ride - we'll try to help if we can. HOPE TO SEE YOU SOON!

TEEN PARENT PROGRAM SCHEDULE

WINTER 1989

TEEN PARENT TIME

Variety Health Cener
1504 S. Walker
Thursdays, 10:00 a.m. - 12:00 p.m.
January 19 - March 2

Ralph Ellison Library
2000 N.E. 23rd
Mondays, 5:30-7:00 p.m.
January 23 - March 13

Community Action Agency
1621 S.W. 15th
Wednesdays, 1:00-3:00 p.m.
January 18 - March 1

Putnam City High School
5300 N.W. 50th Street
Tuesdays, 6:30-8:00 p.m.
January 24-March 14

St. Marks Cumberland Presbyterian Church
1245 S.W. 74th
Mondays, 6:30-8:00 p.m.
January 23 - March 13

Emerson Alternative School
715 N. Walker
Thurs. 11:10-11:40 a.m.
Begins January 26

CONNECTION

Infant Center
815 N.E. 15th
Thursdays, 6:30-8:00 p.m.
Starts January 19

Mid-Del Vo-Tech
1621 Maple Drive
Tuesdays, 3:15-4:45 p.m.
Starts January 10

PREPARING FOR BABY - Teen Child Birth Class

Infant Center
815 N.E. 15th
Saturday mornings, 10:30 a.m. - 12:00 p.m.
January 7 - February 4

If you would like to talk to a teen who has experienced being a teen parent and has been active in the Teen Parent Program, call ELAINE @ 672-3991 or SUSAN @ 691-7657.

Education, Support and Referral Services for Families of Infants

The Infant Center is cooperatively sponsored by The Department of Family Medicine of the College of Medicine/University of Health Sciences Center and The Junior League of Oklahoma City

WE KNOW SOMEONE WHO NEEDS YOU !

There are several ways YOU can make a difference.....

*Lead or assist a Teen Parent Group
Weekly classes and groups provide support for young parents and an opportunity to learn about and discuss topics such as infant development, parenting problems, and caring for their own physical and emotional health. Groups are held at a variety of locations and times throughout the year.

*Become a Parent Aide
Through supportive home visits, develop a one-on-one relationship with a teen parent and their child by enhancing their parenting skills, self-confidence, ability to live independently, and use of other community resources.

*Recruit Teen Parents
Distribute brochures and posters in the community, telephone new parents to inform them of our services and enroll them in class, make personal contact with various community organizations.

*Provide transportation for Teens to attend Parenting Programs

*Assist a Teen Childbirth Class as a "Coach"

*Assist with various office tasks

*HELP organize special projects
You might have a great idea for donations, managing volunteers, public relations, or neat activities for teen parents. The possibilities are limitless!

A time commitment of 6 months to one year with the Infant Center is preferred. However, short-term activities are available. Most volunteer positions are very flexible to fit into your schedules.

Being an Infant Center volunteer with the Teen Parent Program offers you.....

.....a new challenge and opportunity to make a difference in a child's life

.....quality training and supervision in communication skills, child development, effective parenting skills, community resources and much more (training is required for group leaders and home visitors)

.....a chance to meet other people and discover your community,

Volunteers are from a variety of backgrounds, possess different skills and interests and are needed throughout the Oklahoma City/County area. The effective volunteer sincerely cares about others and helps by putting judgements aside. Volunteers must provide their own transportation and maintain appropriate liability insurance.

If you have a willingness to learn and feel comfortable with teenagers and infants, contact:

Debbie Richardson, Teen Parent Program Director
Infant Center, 815 N.E. 15th, OKC 73104
Phone: 271-8155

The Infant Center is cooperatively sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.

TEEN PARENT PROGRAM

INFANT CENTER

"PREPARING FOR BABY"

A childbirth education and support group for expectant teenage parents will be offered at the INFANT CENTER, 815 N.E. 15th, Oklahoma City, Saturday mornings from 10:30 a.m. - 12:00 p.m., September 17 - October 22, 1988.

CLASSES ARE FREE! and...

PLEASE WEAR COMFORTABLE CLOTHING AND BRING A SUPPORT PERSON WITH YOU (spouse, friend or relative).

For more information or to enroll, please call:

THE INFANT CENTER TEEN PARENT PROGRAM

at 271-8155

The class is taught by an experienced childbirth educator. Any teen mother-to-be at least 7 months pregnant and father-to-be is encouraged to attend whether single or married.

The INFANT CENTER *is cooperatively sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.*

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
815 N.E. 15th Street, Oklahoma City, Oklahoma 73104
(405) 271-8155

WE HEARD YOU HAD A BABY !

You are invited to attend one of our FREE groups this fall. One of the best parts of these classes is that it brings teen parents and babies together with others so that each parent receives support, friendship, and helpful information about caring for babies and themselves.

Teen Parent Time is for brand new parents, Connection is for any teen, pregnant or with children, and we also offer childbirth classes and home visits. We have lots of fun and also have free gifts, like baby books, pictures, other helpful baby items, and refreshments.

Please take time to look at the brochure and schedule of fall activities. Call **Debbie** at **271-8155** if you have questions or would like to sign up. Also, let us know if you have a problem with a ride--we'll try to help if we can. **Hope to see you soon!**

TEEN PARENT PROGRAM SCHEDULE
Fall 1988

TEEN PARENT TIME

Tri-City Youth & Family Center
14625 N.E. 23rd, Choctaw
Tuesdays, 3:30-5:00 p.m.
October 4 - November 22

Variety Health Center
1504 S. Walker
Call for dates & times.

Emerson School Clinic
715 N. Walker
Call for dates & times.

South Community Hospital
1001 S.W. 44th, Classroom 3
Mondays, 6:30-8:00 p.m.
Oct. 10 - Nov. 28

Northwest Christian Church
30th & N. May
Tuesdays, 6:30-8:00 p.m.
Oct. 11 - Nov. 29

Ralph Ellison Library
2000 N.E. 23rd
Thursdays, 6:00-7:30 p.m.
Oct. 13 - Dec. 1

Edmond Guidance Clinic
1400 S. Broadway, Edmond
Call for dates & times.

CONNECTION

Infant Center, 815 N.E. 15th
Thursdays, 6:30-8:00 p.m.
Starts October 13

Mid-Del Vo-Tech
1621 Maple Dr., Midwest City
Tuesdays, 3:30-5:00 p.m.
Starts October 18

PREPARING FOR BABY-
Teen Child Birth Class

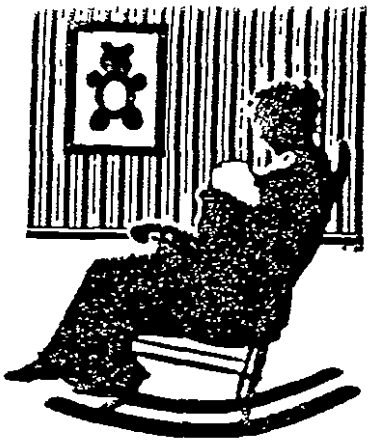
Infant Center, 815 N.E. 15th
Saturday Mornings, 10:30 a.m.
to 12:00 p.m.
September 17-October 22
or November 5-December 10

ALL programs are FREE!
Call 271-8155 for more information or to sign up!

If you would like to talk to a teen who has experienced being a teen parent and has been active in the Teen Parent Program, call Elaine-672-3991 or Susan-691-7657.

Education, Support and Referral Services for Families of Infants

The Infant Center is cooperatively sponsored by The Department of Family Medicine of the College of Medicine/University of Health Sciences Center and The Junior League of Oklahoma City



"PREPARING FOR BABY"

A childbirth education and support group for expectant teenage parents will be offered at the INFANT CENTER, 815 N.E. 15th, Oklahoma City, Wednesday evenings from 6:00 - 7:30 p.m., July 6 - August 10, 1988.

CLASSES ARE FREE! and...

PLEASE WEAR COMFORTABLE CLOTHING AND BRING A SUPPORT PERSON WITH YOU (spouse, friend, or relative)

For more information or to enroll, please call:

THE INFANT CENTER TEEN PARENT PROGRAM at 271-8155

The class is taught by an experienced childbirth educator. Any teen mother-to-be at least 7 months pregnant and father-to-be is encouraged to attend whether single or married.

The INFANT CENTER *is cooperatively sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.*

TEEN PARENT PROGRAM

INFANT CENTER

TEEN PARENT PROGRAM SCHEDULE - SUMMER 1988

TEEN PARENT TIME

City-County Health Department
921 N.E. 23rd
Tuesdays, 1:00-2:30 p.m.
July 12 - August 16

Capitol Hill Library
334 S.W. 26th
Mondays, 6:30-8:00 p.m.
July 11 - August 15

Northwest Christian Church
30th & North May
Thursday evenings
July 14 - August 18

PREPARING FOR BABY-Childbirth Class

Infant Center, 815 N.E. 15th
Wednesdays, 6:00-7:30 p.m.
July 6 - August 10

All programs are FREE!

Call 271-8155 for more information or to sign up!

If you would like to talk to a teen who has experienced being a parent and has been active in the Teen Parent Program, call:

SUSAN - 681-7300

ELAINE - 672-3991

OU Family Medicine Weekly Department Activities September 12-16, 1988

Week of September 12 - 17 1988

MONDAY, September 12

9:00 am — Grand Rounds - Department of Ophthalmology
5th Floor Dean McGee Eye Institute

TUESDAY, September 13

7:00 am — Staff Conference - Department of Obstetrics and Gynecology
OMH - 2E104A

WEDNESDAY, September 14

12:15 pm — Grand Rounds - Department of Medicine
"Oncogenesis"
Dr. Robert Epstein, Prof & Chair, Oncology Section, OUHSC
East Lecture Hall, BSEB

THURSDAY, September 15

8:00 am — Grand Rounds - Department of Pediatrics
"Physician's Role in Diagnosing Child Sexual Abuse"
Dr. Astrid Hager, Med Dir, Child Sexual Abuse Diag Ctr, Univ So Cal
5th Floor Nicholson Tower, Auditorium - CHO

FRIDAY, September 16

8:00 am — Clinical Conference - Dept of Orthopaedic Surg & Rehab
Scott Swango, M.D.
2E109 - Everett Tower

12:00 noon — Perinatal Conference
Pediatric Cases
2E109 OMH

SAT, September 17

8:00 am — Grand Rounds - Department of Surgery
2E104 - Everett Building

NEWSWORTHY

REMINDER

The Infant Center (East of Central Clinic) has scheduled a Teen Childbirth Class to begin September 17 while other parenting classes for teens with babies will be scheduled to start in October. A home visit program is also available. The Infant Center is currently recruiting volunteers for a variety of activities–facilitating classes, making home visits, labor coaches, providing transportation, etc. A training workshop for Teen Parent Program Volunteers is scheduled later this month. For more information call Debbie at 271-8155.

THE FAR SIDE By GARY LARSON

"Pull out! Bethi! Pull out! ... You've hit an artery!"

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271 8155 or 271 8063

June 16, 1988

Hi!

I wanted to make a special invitation to you about a special summer program we are going to have for the Teen Parent Program. We have planned some recreation activities which might include camping, games, hiking and other fun outdoor kinds of things.

If you might like to be part of this - get out of the house have some fun, feel better about yourself - we need you to come to a meeting so we can plan everything. We will meet on:

Friday, June 24 from 10:30 a.m. to noon at the Infant Center, 815 NE 15th

You can bring your babies to the meeting and we will discuss all about what we have planned and decide what we want to do this summer.

I need for you to call me by Wednesday, June 22 if you are interested. Also, let me know if you need help with a ride on Friday. Go ahead and call me even if you are interested but connot come Friday or if you are pregnant and concerned about the physical activity.

I hope you will be a part of these exciting activities. I look forward to hearing from you. Take Care!

TEEN PARENT TIME GROUPS

AREA

S.W. Variety Health Center
1504 S. Walker
Fridays, 10:00 - 12:00 noon
January 16 - March 6, 1987

S.E. Midwest City High School
213 Elm
Mondays, 3:30 - 5:00 p.m.
January 19 - March 16, 1987

Far Eastern Eastern Oklahoma County Vo-Tech School
4601 N. Choctaw Road
Tuesdays, 3:30 - 5:00 p.m.
January 20 - March 10, 1987

N.W. Northwest Classen High School
2801 N.W. 27th
Thursdays, 6:30 - 8:00 p.m.
January 22 - March 12, 1987

N.E. McFarland Branch Y.W.C.A.
1701 N. Eastern
Mondays, 1:00 - 3:00 p.m.
February 2 - March 23, 1987

FOR MORE INFORMATION OR TO ENROLL IN ANY OF THESE GROUPS, PLEASE CALL 271-8155!

TEEN PARENT TIME GROUPS

AREA

N.E. Northeast High School
3100 N. Kelley
Wednesdays, 6:30 - 8:00 p.m.
April 1 - May 20, 1987

S.W. Capitol Hill High School
500 S.W. 36th
Tuesdays, 6:30 - 8:00 p.m.
March 31 - May 19, 1987

Variety Health Center
1504 S. Walker
Fridays, 10:00 - 12:00 noon
April 17 - June 5, 1987

S.E. Mid-Del Vocational Ed Center
1621 Maple, M.W.C.
Mondays, 3:30 - 5:00 p.m.
April 6 - June 1, 1987

N.E. Department of Human Services County Office
N.E. 23rd and Kelley
Tuesdays, 3:30 - 5:00 p.m.
March 24 - May 12, 1987

Far East Tri-City Youth and Family Center, Inc.
14625 N.E. 23rd, Choctaw
Tuesdays, 3:30 - 5:00 p.m.
March 31 - May 19, 1987

Far S.W. Mustang High School
906 S. Heights Dr., Mustang
Mondays 6:30 - 8:00 p.m.
March 30 - May 18, 1987

FOR MORE INFORMATION OR TO ENROLL IN ANY OF THESE GROUPS, CALL 271-8155!

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG RM 224 • 800 N E 15th • OKLAHOMA CITY, OK 73104 • 405-271 8155 or 271 8063

TEEN PARENT PROGRAM SCHEDULE - WINTER, 1988

TEEN PARENT TIME

South Community Hospital
1001 S.W. 44th
Tuesdays, 6:30 - 8:00 p.m.
February 2 - March 22

Putnam City High School
5300 N.W. 50th Street
Thursdays, 6:30 - 8:00 p.m.
February 4 - March 24

Tri-City Youth and Family Center
14625 N.E. 23rd, Choctaw
Tuesdays, 3:30 - 5:00 p.m.
March 8 - April 26

CONNECTION

Infant Center
815 N.E. 15th
Thursdays, 6:30 - 8:00 p.m.

Midwest City High School
213 Elm
Thursdays, 3:30 - 5:00 p.m.

PREPARING FOR BABY - CHILDBIRTH CLASS FOR TEENS

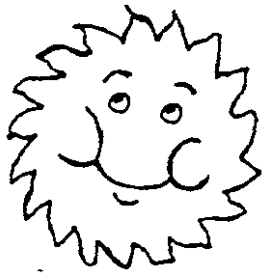
Infant Center
815 N.E. 15th
Wednesdays, 6:00 - 7:30 p.m.
January 27 - March 2

YOU ARE INVITED

TO THE THIRD ANNUAL

INFANT CENTER

REUNION PICNIC !



Saturday, June 11, 1:00 - 4:00 p. m. *

Memorial Park

N. W. 36th and Western

SNACKS

GAMES

This picnic is for all parents, volunteers, and anyone who has been a part of the Infant Center. Bring the family! Bring grandma, grandpa, friends, and kids and join us for the reunion. Even if you can't come for the entire afternoon, please stop by for a short time and say HI!

The "cost" of this event is your favorite snack to share. We'll provide the drinks and entertainment.

The reunion is a chance to renew old friendships, form new ones, and, of course, see how our babies have grown! SO, wear your picnic clothes and bring whatever you need to be comfortable, like a blanket, play pen, lawn chairs, suntan lotion, hats, and toys for the tots.

FUN

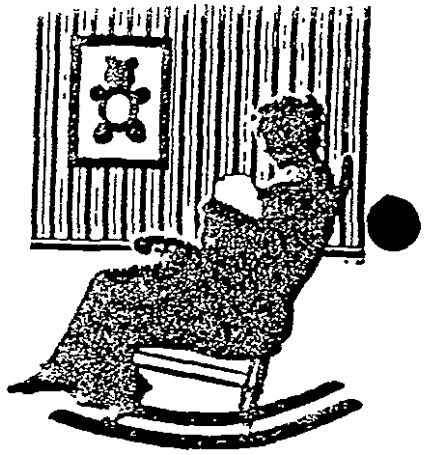
PRIZES

TEENS - IF YOU HAVE A TRANSPORTATION PROBLEM, PLEASE CALL US AND WE'LL HELP YOU FIND A RIDE !

CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS - 271-8063 or 271-8155 ! !

SEE YOU THERE !

* In case of rain, the picnic will be rescheduled for Saturday, June 18, same location and time.



"PREPARING FOR BABY"

A childbirth education and support group for expectant teenage parents will be offered at the INFANT CENTER, 815 N.E. 15th, Oklahoma City, Wednesday evenings from 6:00 - 7:30 p.m., July 6 - August 10, 1988.

CLASSES ARE FREE! and...

PLEASE WEAR COMFORTABLE CLOTHING AND BRING A SUPPORT PERSON WITH YOU (spouse, friend, or relative).

For more information or to enroll, please call:

THE INFANT CENTER TEEN PARENT PROGRAM
at 271-8155

The class is taught by an experienced childbirth educator. Any teen mother-to-be at least 7 months pregnant and father-to-be is encouraged to attend whether single or married.

The INFANT CENTER *is cooperatively sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.*

TEEN PARENT PROGRAM

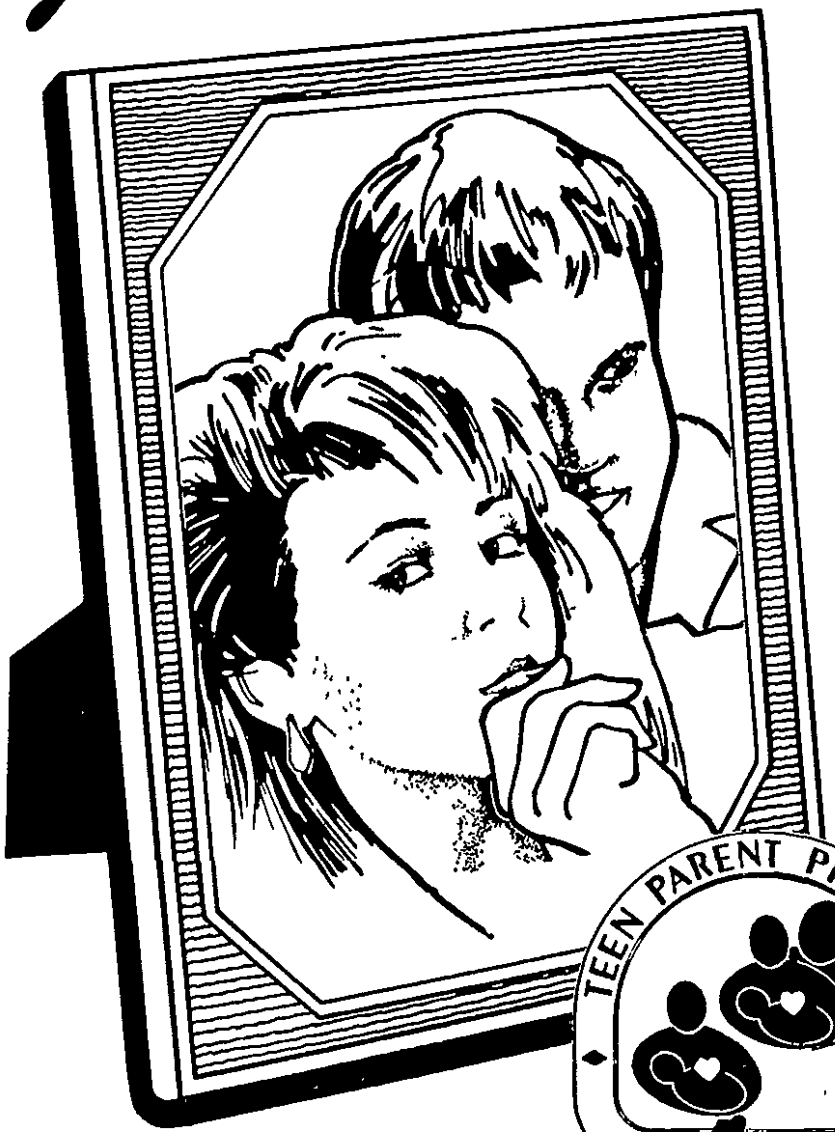
INFANT

INFANT CENTER

TEEN FAMILY LIFE / TEEN PARENT TIME PROGRAM
ROGERS BLDG. RM 224 • 800 N.E. 15th • OKLAHOMA CITY, OK. 73104 • 405-271-8155 or 271-8063

TEEN PARENTS

Get the Picture -



TEEN PARENT PROGRAM

INFANT CENTER

815 NE 15TH STREET, OKLAHOMA CITY, OKLAHOMA 73104
TELEPHONE (405) 271-8155, 271-8063

It's Not Easy Being a Parent...
Especially a Teen Parent

YOU ARE NOT ALONE!

THE INFANT CENTER TEEN PARENT PROGRAM is THE place where Teen Parents get together to:

*Discover the good things about you and your baby

*Meet and share with other young parents like you

*Learn more about your baby and being a parent

*Learn more about yourself, your needs and wants

*Feel less alone and relax

*Receive support, not lectures

"You're not alone, we've been there, too. Don't be afraid — we want to help you and be your friend."

—Elaine 17, Nicolas 15 months

IF YOU...
*are a young mother or father
*are pregnant
*are married or single
*have big problems or are doing OK
*need help finding services or information for: finances, school, transportation, medical care, questions about the baby, etc.
*just need to talk

JOIN OTHER TEEN PARENTS
CALL **271-8155**

"It helped me learn things about myself and my baby. I like the friends I got out of this."

—Kim 16, Robert 2 months

THE INFANT CENTER TEEN PARENT PROGRAM was made just for you!

ALL PROGRAMS ARE FREE!

You can get involved in one or several activities depending on where you live and what you want.

TEEN PARENT TIME is for Teen Parents with infants from birth to one year of age. Groups meet 1½ hours a week for 8 weeks to talk about babies and parenting. Groups are offered at many locations and times.

CONNECTION is a chance to keep meeting for support, information, and FUN! Connection is open to any Teen Parent, even if you haven't attended Teen Parent Time. Activities are planned for what you need and want!

The H.Y.P. PROGRAM (Helping Young Parents) provides "Parent Aides" to make home visits. We can come to your home if you want and need individual help and support.

Other programs and special events are also planned throughout the year. FREE baby items are available at many activities!

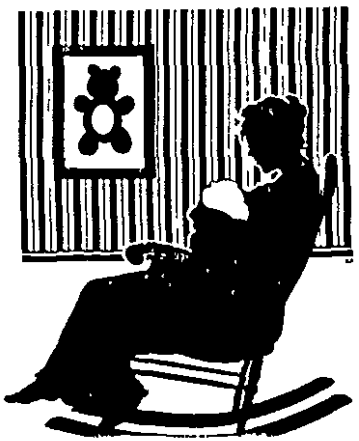
So.....

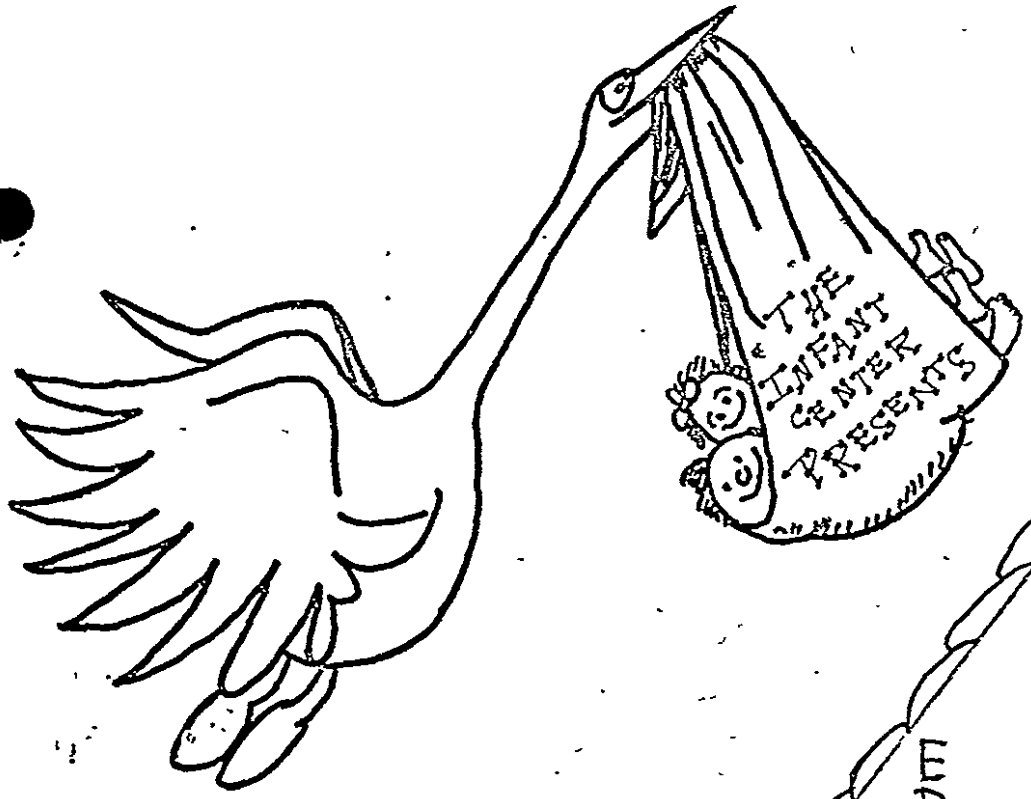
JOIN OTHER TEEN PARENTS AND GET INVOLVED!

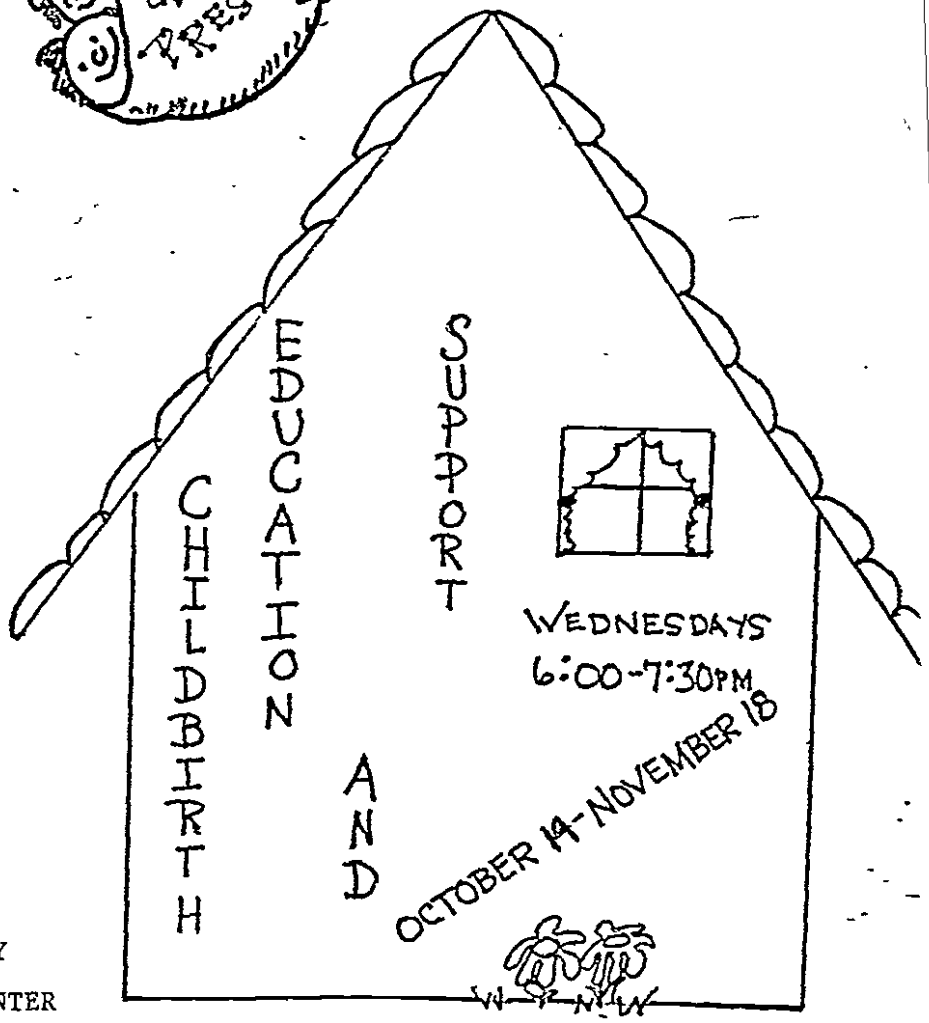
"It's not easy being a teen parent but I find it's a lot easier since I've been coming to the Infant Center."

—Susan 17, Daniel 5 months

The Infant Center is cooperatively sponsored by the Department of Family Medicine of the College of Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City. The Teen Parent Program is made possible by grants from the Oklahoma State Department of Health and the U.S. Department of Health and Human Services.







A

CHILDBIRTH EDUCATION
AND SUPPORT
GROUP

FOR TEEN MOMMIES-TO-BE WHO ARE
AROUND THE 7TH MONTH OF PREGNANCY
WILL BE OFFERED AT THE INFANT CENTER
815 N.E. 15th
OKLAHOMA CITY, OK

CLASSES ARE F R E E ! AND...
PLEASE FEEL FREE TO WEAR COMFORTABLE CLOTHING
AND BRING A FRIEND OR SUPPORT PERSON WITH YOU.

FOR MORE INFORMATION PLEASE CALL THE INFANT CENTER TEEN PARENT PROGRAM OFFICE
AT 271-8155

CLASS IS TAUGHT BY AN EXPERIENCED CHILDBIRTH EDUCATOR

The Infant Center is cooperatively sponsored by the Department of Family Medicine at the University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.

COPY OF POSTER

TEEN PARENTS

Get the Picture

FREE PARENT GROUPS-HOME VISITS
SUPPORT—INFORMATION AND REFERR

JOIN OTHER TEEN PARENTS-

271-8155

TEEN PAR PRO
INFANT

TEEN PARENT CONNECTION

ARE YOU:

A TEEN MOTHER?

OR

A YOUNG FATHER?

IF SO, THERE IS A GROUP

JUST FOR YOU!

Come and learn more about yourself and your role as a parent. Meet with other teen parents for friendship and support.

TEEN PARENT PROGRAM

INFANT CENTER

THE TEEN PARENT CONNECTION

is an ongoing program with changing topics. We meet every week to discuss different topics that you want to talk about!

Drop in as often as you like - it's FREE! You are welcome to bring your baby and a friend with you.

We promise -

NO LECTURES!

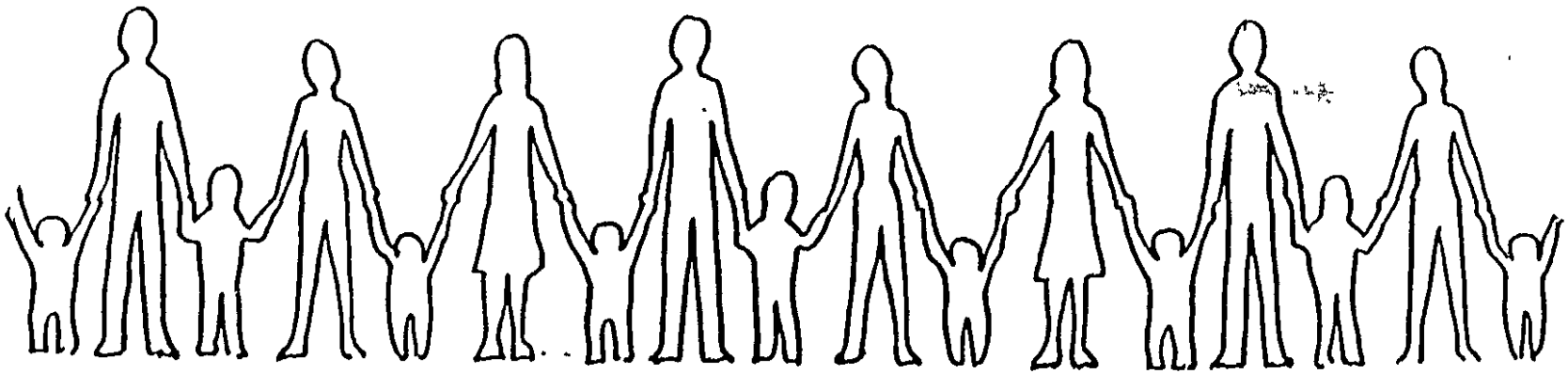
Just a lot of support and education for the parenting teenager.

Groups offered at two locations:

1) Infant Center
   815 N.E. 15th Street
   Mondays, 6:30-8:00 p.m.
   Begins June 22
2) First Christian Church of MWC
   400 N. Key Blvd., Midwest City
   Mondays, 6:30 - 8:00 p.m.
   Begins June 22

To join or to receive additional information, call the Teen Parent Program Office: 271-8155.

* * * * * * * * * * * * * * * *
* FRIENDSHIP MAKES A DIFFERENCE *
* * * * * * * * * * * * * * * *



YOU ARE INVITED

FRIENDS CLOWNS FUN PRIZES BABIES GAMES SNACKS

TO THE FIRST ANNUAL

TEEN PARENT PROGRAM

REUNION PICNIC!

SATURDAY, JUNE 6, 1:00-4:00 PM
MEMORIAL PARK
N.W. 36th AND WESTERN

This picnic is for all young parents and volunteers who have been a part of the Infant Center's Teen Program. Even if you haven't been involved we'd love to see you! Bring the family! Bring grandma, grandpa, friends and neighbors and join us for this reunion. Even if you can't come for the entire afternoon, please stop by even for a short time and say HI!"

This is a snack-pot-luck so each family is asked to bring their favorite snack and we'll provide the drinks.

So, wear your picnic clothes and bring whatever you need to be comfortable, like a blanket, play pen, lawn chairs, suntan lotion, hats and toys for the tots.

IF YOU HAVE A TRANSPORTATION PROBLEM, PLEASE CALL US AND WE'LL HELP YOU FIND A RIDE! CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS - 271-8155.

TEEN PARENT PROGRAM
INFANT CENTER

SEE YOU THERE!

In case of rain, the picnic will be rescheduled for Saturday June 13, same location and time.

TEEN PARENTS

COULD YOU USE SOME FREE TIME OUT WITH YOUR BABY AND OTHER TEEN PARENTS?

"TEEN PARENT TIME" IS **"THE"** PLACE WHERE TEEN PARENTS GET TOGETHER:

- Talk
- Learn more about their babies and parenting skills
- Take time out for themselves
- Give and receive Peer Support not Peer Pressure
- Get free pictures and baby items
- Have FUN!

DID YOU KNOW ? ? ?

There are over 1,700 new Teen Parents every year **Just In Oklahoma County!**

You are not alone. Please come and be with other Teen Parents.

Teen Parent Time meets for 2 hours weekly from 10:30 a.m. — 12:00 p.m., for 8 weeks to talk about babies and parenting skills. These free groups are offered at the:

VARIETY HEALTH CENTER

1504 South Walker

Oklahoma City, OK

Call the Variety Health Center, For More Information

235-6466

COME AND HAVE A GREAT TIME! **NO** LECTURES.

A CHANCE TO:

- Feel more relaxed & confident with your baby.
- Share ideas & information with other new parents.
- Learn more about your baby's development.
- Help the family adjust to the new routines & demands of a new baby.

114922 2/87

JOIN THE TEEN PARENT CONNECTION!

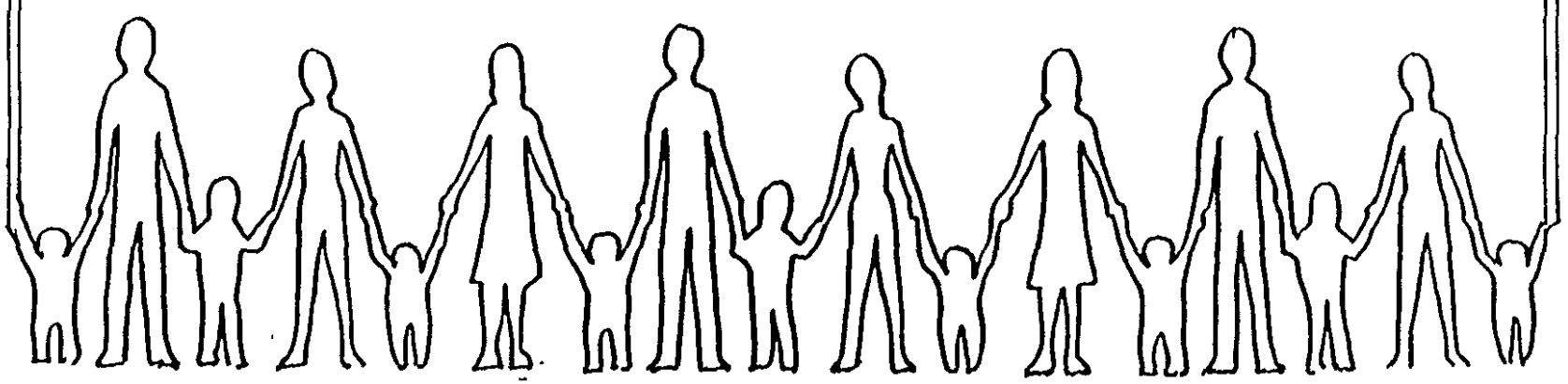
Now there is a group just for YOU! Come and learn more about yourself and your role as a parent. Meet with other teen parents for friendship and support.

The Teen Parent Connection will be an ongoing program with changing topics to suit your needs. Drop in as often as you like, it's FREE! You are welcome to bring your baby and one friend or support person.

We promise, NO LECTURES!

WHEN: Tuesdays, 6:30-8:00 PM beginning Jan. 20
WHERE: The Infant Center
815 NE 15th St.
Oklahoma City

TO REGISTER: Call 271-8155 or 271-8063



"It's not easy being a teen parent but I find it's a lot easier since I've been coming to the Infant Center."
Susan 17, Daniel 5 months

"You're not alone, we've been there too. Don't be afraid - we want to help you and to be your friend."
Elaine 17, Nicolas 15 months

"At first everyone was real nervous, but soon everyone realized we're all in the same boat together."
Sheli 16, Morgan 7 months

The Infant Center is an education, support and referral service for families of infants. It is cooperatively sponsored by the Department of Family Medicine of the College of Medicine/University of Oklahoma Health Sciences Center and the Junior League of Oklahoma City.

ATTENTION!

TEEN PARENT

COULD YOU USE SOME

FREE TIME OUT

WITH YOUR BABY AND OTHER TEEN PARENTS?

INFANT CENTER

815 N.E. 15th Street, Oklahoma City, Oklahoma 73104 (405) 271-8063 or 271-8155

DID YOU KNOW?

THERE ARE OVER 1700 NEW TEEN PARENTS LIKE YOU EVERY YEAR JUST IN OKLAHOMA COUNTY!

TEEN PARENT TIME

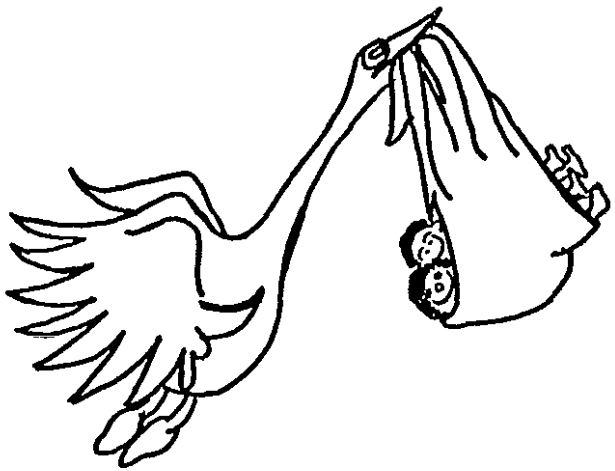
IS "THE" PLACE WHERE TEEN PARENTS LIKE YOURSELF GET TOGETHER TO:

- .TALK
- .LISTEN
- .LEARN MORE ABOUT THEIR BABIES AND PARENTING SKILLS
- .TAKE TIME OUT FOR YOURSELVES
- .GIVE AND RECEIVE PEER SUPPORT NOT PEER PRESSURE
- .GET FREE PICTURES AND BABY ITEMS
- .HAVE FUN!

TEEN PARENT TIME IS FOR

TEEN PARENTS WITH INFANTS FROM BIRTH TO ONE YEAR OF AGE. THE FREE GROUPS MEET FOR 1½ HOURS WEEKLY FOR 8 WEEKS TO TALK ABOUT BABIES AND PARENTING SKILLS. ATTENDANCE IS VOLUNTARY. GROUPS ARE OFFERED IN VARIOUS AREAS- PLEASE CALL FOR SPECIFIC LOCATION.

FOR DATES AND TIMES OF THESE ONGOING GROUPS, AND TO ENROLL, CALL THE INFANT CENTER AT 271-8155 or 271-8063



TEEN PARENT TIME

IF YOU WOULD LIKE TO TALK TO A TEEN PARENT WHO HAS ATTENDED TEEN PARENT TIME, CALL:

Elaine, 17- Nicolas 15 mo. 672-3991

Susan, 17- Daniel 5 mo. 632-4928

COME AND HAVE A GREAT TIME!

No Lectures - we promise!

DISSEMINATION LIST

This is a listing of local, statewide, and national organizations to disseminate the Teen Parent Time Curriculum (revised), and the Final Grant Report if requested, developed by the Infant Center Teen Parent Program. The list includes individuals and organizations who serve as clearinghouses or influence public policy and possibly would further distribute this information, individuals and organizations who have recently requested such information for replication, and individuals and organizations who consulted or were trained by the Infant Center to conduct a similar program over the last few years.

Libba Smith, Denilyn Van Gundy
Juvenile Services, Inc.
Teenage Parenting Program
1 West Gray
Norman, OK 73070
(405) 364-1420

Bernice Weissbourd, President
Family Resource Coalition
230 N. Michigan Ave., Suite 1625
Chicago, IL 60601

Eva Carter
The Oklahoma Institute for Child Advocacy
4030 N. Lincoln #208
Oklahoma City, OK 73105
(405) 424-8014

Marion Good
New Beginnings
Mid-Del Vo-Tech
1621 Maple Dr.
Midwest City, OK 73110

Linda Hansford
Ed Fair Mental Health Center
1500 N. 6th
Ponca City, OK 74601

Martha Tapia
Washington State's Family
Independence Program
P.O. Box 9013 • M.S. HH-11
Olympia, WA 98507

Marion Wright Edelman, President
Children's Defense Fund
122 C Street, N W.
Washington, D.C. 20001

Laurie Shofner
Variety Health Center
1504 S. Walker
Oklahoma City, OK 73125

Junior League of OKC
Blinn House
6300 N. Western
Oklahoma City, OK 73118
(405) 843-5668

Sharon Rodine
National Organization on
Adolescent Pregnancy and
Parenting
P.O. Box 2365
Washington, D.C. 22090

National Resource Center
for Youth Services
440 South Hudson, Suite 751
Tulsa, OK 74127

Sherry Plemmons
Office of Child Abuse Prevention
Child Guidance Division
Oklahoma State Dept. of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117

Sherry Trice
Edmond Guidance Center
1400 S. Broadway
Edmond, OK 73034
(405) 341-6120

Debbie Stanford
300 Mid-America
Midwest City, OK 73110
(405) 737-6668

The Honorable Linda Larason
Oklahoma State Rep., District 88
931 N.W. 15th
Oklahoma City, OK 73106
(405) 521-2711

Charlotte Smallwood
National Center on Child Abuse and Neglect
Donohoe Bldg, 3rd Floor
400 6th Street, S.W.
Washington, D.C. 20201

Don Anderson, Interim Commissioner
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City, OK 73152
(405) 271-7474

Linda Kadechuk
6120 Winfield Dr.
Oklahoma City, OK 73162
(405) 722-0545

National Committee for the Prevention
of Child Abuse
P.O. Box 2866
Chicago, ILL 60690

Judy Blackburn
Community Council
P.O. Drawer 837
Oklahoma City, OK 73101

Pat O'Connor
Tri-City Youth & Family Center
P.O. Box 695
Choctaw, OK 73020
(405) 390-8131

Marilyn Lanphier
Maternal & Child Health,
Adolescent Health
1000 N.E. 10th
OKC, OK 73104
(405) 271-4476

Connie Moss
Jackson County Health Dept.
201 S. Lee
Altus, OK 73521
(405) 482-7308

Martha Scales
Division of Children & Youth
Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-3777

Marcy Price
3124 Canyon Road
Oklahoma City, OK 73120
(405) 755-8887

Debbie Richardson
11652 Zandra
Midwest City, OK 73130
(405) 769-7184

Carolyn Gaston
New Futures
2120 Louisiana, N.E.
Albuquerque, NM 87110

Greta Shepherd
Emerson Teen Parent Program
715 N. Walker
Oklahoma City, OK 73102

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

March 16, 1988

Cynthia Daniels
KJIL-105 FM
2809 N. McArthur Blvd.
Oklahoma City, OK 73127

Dear Cynthia,

I am very excited about our upcoming interview the 22nd, and appreciate the interest you have expressed in the Infant Center and our programs. I am looking forward to having the opportunity to make our services more known in the community. I have enclosed some information describing the Infant Center and our programs for your reference.

I am looking forward to meeting with you Tuesday!

Sincerely,

Sharon Huelsman, M.Ed.
Coordinator

SH/ga

Enclosures

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

May 10, 1988

Barbara Henthorn
OMH 4th Floor Newborn Nursery
800 N.E. 13th
Oklahoma City, OK 73104

Dear Barbara:

Thank-you for arranging an opportunity for the Infant Center staff to share information about our programs with your nursing staff. It appeared to be a productive time for all. A suggestion, given by one of your nurses to make the referral process to the Infant Center more efficient was to designate a box for the Infant Center on the floor. That way regardless of the time, nurses could write out referrals at their convience. It would then be the Infant Center's responsibility to check the box on a regular basis to obtain the referrals and provide follow-up. I would very much like some feedback from you regarding this suggestion. Please call me at 271-8063 and let me know your thoughts on this.

Thank-you for your support of our child abuse prevention programs.

Sincerely,

Sharon Huelsman

Sharon Huelsman, M.Ed.
Coordinator

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LIFE PROJECT
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TEEN PARENT CO-ORDINATOR
Paul Suttles

ADMINISTRATIVE ASSISTANT
Gwen Arnold

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June 13, 1988

Jane Goodwin
United Methodist Church of Moore
201 W. Main
Moore, OK

Dear Jane,

Please express my thanks to the ladies study group for allowing me the opportunity to attend your meeting. I enjoyed it very much and appreciated being able to discuss the Infant Center's programs and services with you.

Thank you so much for inviting me and if I can be of any service in the future, please don't hesitate to call.

Sincerely,

Sharon Huelsman, M.Ed.
Coordinator

SH/ga

The Infant Center is cooperatively sponsored by The Department of Family Medicine of the College of Medicine/University of Oklahoma Health Sciences Center and The Junior League of Oklahoma City

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

August 22, 1988

Jim L. Young
3000 Tower Drive, Suite 636
Del City, OK 73115

Dear Mr. Young,

I want to write you a brief note to thank the Thunderbird Optimist Club for inviting me to speak at your meeting on August 17. I appreciate the opportunity to inform the public about the services the Infant Center provides to new parents and their infants, including teenage parents. We believe that the support and education we provide will enhance the health of the youth and families in our community and will prevent and reduce the incidence of such problems as child abuse and neglect, unplanned future pregnancies, and the financial costs which accompany these problems.

Thank you again for your concern for the youth in our community and your support of the Infant Center.

Sincerely,

Debbie Richardson, M.S.
Director, Teen Family Life Program

DR:ga

INFANT CENTER
815 Northeast 15th Street • Oklahoma City, OK 73104 • 405-271-8063

August 22, 1988

Margie Schaeffer
Metro Optimist Club
413 W. Silver Meadow Dr.
Midwest City, OK 73110

Dear Ms Schaeffer,

I want to write you a brief note to thank the Metro Optimist Club for inviting me to speak at your meeting on August 19. I appreciate the opportunity to inform the public about the services the Infant Center provides to new parents and their infants, including teenage parents. We believe that the support and education we provide will enhance the health of the youth and families in our community and will prevent and reduce the incidence of such problems as child abuse and neglect, unplanned future pregnancies, and the financial costs which accompany these problems.

Thank you again for your concern for the youth in our community and your support of the Infant Center.

Sincerely,

Debbie Richardson, M.S.
Director, Teen Family Life Program

DR:ga

January 6, 1989

Member Denominations

- African Methodist Episcopal Church
- African Methodist Episcopal Zion Church
- Christian Church (Disciples of Christ)
- Christian Methodist Episcopal Church
- Church of the Brethren
- Cumberland Presbyterian Church
- Evangelical Lutheran Church in America
- Greek Orthodox Church
- Mennonites
- Presbyterian Church USA
- Society of Friends
- The Episcopal Church
- The Reformed Church in America
- The Roman Catholic Church
- United Church of Christ
- United Methodist Church

Ms. Debbie Richardson, Director
Teen Parent Program, Infant Center
Department of Family Medicine
OU Health Sciences Center
815 N. E. 15th Street
Oklahoma City, Oklahoma 73104

Dear Ms. Richardson:

I want to thank you for agreeing to provide leadership for the sixth annual Day at the Legislature, Tuesday, January 24, 1989. This has become a very important event in the life of the Oklahoma religious community as a day at the Capitol to assemble and focus on the church's role in public policy and issues facing our state.

You are scheduled to be a Resource Person from 1:30 to 2:30 PM for the Issue Briefing 12, Teen Pregnancy. The rooms will be assigned Monday, January 23rd, after we know the total number of persons requesting this Issue Briefing session and the rooms available. A printed list will be at the registration tables.

The Facilitator for your session will be Lamonia Parker, P.O. Box 1516, Oklahoma City 73101, (405) 232-8514. This person will convene the session and introduce you. She will contact you in advance to get acquainted and discuss any needs you may have for your presentation. There will also be a luncheon meeting for Resource Persons and Facilitators on the 24th, with time and location announced that morning.

Thank you again for your willingness to participate with us in this important day for many in Oklahoma. If you have any questions, feel free to call me, or my assistant, Erma Jean (EJ) Hanna, at (405) 525-2928. Enclosed are copies of the program brochure and guidelines.

Sincerely,

Bonner E. Teeter

Dr. Bonner E. Teeter
Interim Director

BET/ac

Oklahoma Conference of Churches
2901 Classen Boulevard

Dr. Bonner E. Teeter
Interim Director

P.O. Box 60288
Oklahoma City, Oklahoma 73146
405-525-2928

PARENTING ISSUES THROUGHOUT THE LIFE CYCLE

A workshop presented by the Oklahoma City
Junior League in cooperation with the
Nichols Hills Methodist Church

Tuesday, March 7, 1989
7:00 - 9:00 p.m.

7:00 Welcome and Introduction of
Presenters . . . . . Judy Flesher

7:05 Presenters' Introductions of Topics:

--"Speaking for Children/Child Advocacy"
Fran Morris, M.A., Consultant with Red
Rock Comprehensive Mental Health Center;
Oklahoma Gazette columnist

-- School-Age Children: Handling the Ups and
Downs of Children's Emotions"
Eric Dlugokinski, Ph.D, Associate Professor,
Dept. of Psychiatry and Behavorial Science,
O.U. College of Medicine

-- "Disciplining Young Kids: It's Easier
Said than Done"
Sharon Huelsman, M.Ed., Program Coordinator,
Infant Center
Debbie Richardson, M.S. Family Life/Teen
Parent Program Coordinator, Infant Center

-- "The Turbulent Teen Years/Health and
Sexuality Issues"
Zelda Capehart, M.S. Human
Development, Planned Parenthood Assoc.
of Central Oklahoma

-- "Working Parents: Choices and Changes"
Mary H. Richard, attorney, Spradling,
Alpern, Friot & Gum

-- "Parenting Your Elderly Parent"
Rita Thornton, M.S.W., Director of the
Life Program, Area-Wide Aging Agency

7:40 Group Workshops No. 1 . . . . . Presenters

8:20 Group Workshops No. 2 . . . . . Presenters

8:50 Reconvene and Wrap-Up . . . . . Judy Flesher

Workshop Trainers: Judy Flesher
Annita Bridges

Training Chairman: Marcy Price

TEEN PARENT TIME

REVISED

A CURRICULUM PACKAGE FOR ADOLESCENT PARENTS

DEVELOPED AND WRITTEN BY:

MARCY M. PRICE, ED. M.

AND

DEBORAH L. RICHARDSON, M. S.

1989

TEEN PARENT TIME

REVISED

A Curriculum Package for Adolescent Parents.

Developed by:

Marcy M. Price, Ed.M.

and

Deborah L. Richardson, M.S.

1989

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For further information or to make comments contact:

Debbie Richardson
11652 Zandra Avenue
Midwest City, OK 73130

Marcy Price
3124 Canyon Road
Oklahoma City, OK 73120

Acknowledgements

Development of this project was made possible in part by the Office of Child Abuse Prevention, Oklahoma State Department of Health, Child Guidance Division (Grant #62286) and the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services (Grant #90CA1237). The support and feedback we received from both these resources was extremely helpful. In addition, hundreds of volunteer hours were devoted toward the completion of this project.

Special thanks goes to the following: Sharon Huelsman, M.Ed., Infant Center Coordinator, for her friendship, care, encouragement, and for writing two sections of the curriculum (Special Needs-Baby and Spiritual Needs-Baby); Laura Frankenstein, M.D., Department of Family Medicine, University of Oklahoma Health Sciences Center, for her undying enthusiasm and belief in the project and serving as a medical consultant; Marilyn Jacobs for patiently volunteering her editing skills and constructive criticism; LaVonne Wolfe, Department of Family Medicine, for her smiling face, eagerness to help, and excellent word processing skills; Gwen Arnold, Administrative Assistant, Infant Center, for her ability to keep things organized and running even in a crunch; and Garth Potts for his wonderful, creative, and inspiring graphic designs and illustrations.

Appreciation also goes to the creators, believers, and past guides of the Infant Center and the Teen Parent Program for their vision and contributions: the Department of Family Medicine, College of Medicine, at the University of Oklahoma Health Sciences Center, the Junior League of Oklahoma City, Susan Sturm, Sarah Herstand, Jane Wallace, and Susan Brown. In addition, many people volunteered their time and energy to the Teen Parent Program over the last several years. Their motivation, belief in the project, care of the teen parents, time leading Teen Parent Time groups, and feedback was extremely valuable.

We utilized a variety of books and curricula as resources in the development of this project. These sources have been noted in a bibliography and elsewhere in the curriculum, where appropriate. Efforts have been made to gain permission from the authors and any omissions are truly unintentional.

Finally, we want to acknowledge the valuable insights and many positive contributions that the over 400 pregnant and parenting teens have provided us by their participation in the Teen Parent Program over the last five years.

About the Developers

Marcy M. Price - For the past eleven years, Marcy has been involved in the mental health field and adult education field in Oklahoma City. She received her B A. in Educational studies from Emory University, and a Masters degree from Harvard Graduate School of Education. While at Harvard, she studied with Dr. Burton White, author of the First Three Years of Life, and with several members of the Children's Television Workshop who were developing the science program "321 Contact."

Marcy worked in the Oklahoma City area as a child development specialist with Southeast Guidance Center, 1977-80, and as Director of Consultation and Education at Red Rock Comprehensive Mental Health Center, 1980-81. She served as the director of the Teen Parent Program at the Infant Center, 1984-85, where she developed the initial Teen Parent Time (TPT) curriculum. Currently Marcy balances her time between her volunteer efforts, and her family with two young boys. She also serves on the Oklahoma Healthy Futures Steering Committee, and as chairperson of the ABC (About the Community) committee for the Junior League of Oklahoma City.

Deborah L. Richardson - Debbie obtained her B.S. with Honors in Psychology and M.S. in Community Counseling from Oklahoma State University. She volunteered with the Infant Center Teen Parent Program during its pilot years, 1984-1986, while also working as a counselor at Mid-Del Youth and Family Center. From August 1986 to June 1989, Debbie served as Teen Parent Program Director at the Infant Center. She also actively serves on the Oklahoma County Child Abuse Prevention Task Force and the Teen Pregnancy Coalition of Oklahoma County. Her other interests include youth ministry and studying ballet and jazz dance.

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TEEN PARENT TIME

CURRICULUM

by

Marcy M. Price, Ed. M.
and
Debbie Richardson, M.S.

Revised Version
1989

STATEMENT OF THE NEED

Adolescent parenthood has been called a "syndrome of failure" because so often consequences result in a failure to stay in school, a failure to limit additional pregnancies, and a failure to provide a stable home environment for the young off spring. (A Handbook For Working With Adolescent Mothers, Purdue University). The statistics on the economic and social consequences of pregnancy are powerful indicators that this is a serious community problem. The psychological consequences of early parenting also carry a huge burden for the vulnerable teenager, who must balance the demands of a dependent infant with the normal developmental tasks of an independence-seeking, self-oriented, moody teenager. The "Teen Parent Time" curriculum was developed originally with a grant from the Oklahoma State Office of Child Abuse Prevention to offset some of the negative consequences of teen pregnancy and parenting in Oklahoma.

Teenage pregnancy and parenting remain primary concerns in the state of Oklahoma. In 1985, Oklahoma ranked sixth in the nation in the rate of births to teenagers. In 1986, there were 7,894 births to Oklahoma women under the age of 20. Approximately 20 percent (1,576) of these births, including 124 births to girls between 12 and 15 years of age, were in Oklahoma County. According to recent trends, almost one-third of female adolescents in Oklahoma will have had a live birth before they reach their 20th birthday; approximately 24 percent of those young mothers will have a repeat birth within two years, while about 43 percent will have a second child within three years. (In 1985, almost six out of ten births to teens were to unmarried mothers.) Also alarming is the number of births to girls age 15 and younger in Oklahoma, which is increasing at five times the national average. Every 16 hours in Oklahoma a baby is born to a mother not old enough to obtain a drivers license.

Pregnant teenagers experience a significantly higher rate of pregnancy-related complications than do older women, particularly teens 17 years and younger. Among teenage mothers, 16 percent receive less than adequate prenatal care. One study found that up to 50 percent of pregnant teens smoke cigarettes while 23 percent consume alcohol. Diets of teenage girls tend to lack nutrients necessary for pregnancy. Adolescents have a high rate of anemia, toxemia, sexually transmitted diseases, premature births, and developmentally disabled infants. Major barriers for teenagers are lack of resources to pay for prenatal care, lack of transportation to obtain services, and lack of information as to how and where to obtain services.

Being emotionally unprepared for parenthood holds particularly grave consequences for teenage parents and their children. Because of their relative inexperience with infants and lack of understanding of infant behavior, teenage parents often fail to notice potential problems or understand the normal behavioral responses of their infants. Inadequate stimulation and failure to respond to medical/emotional cues of the infant can lead to a chronic state of neglect that may go undetected. Most teenagers are still trying to cope with developmental issues of their own; issues that often conflict with childrearing and lead to neglectful situations. The great amount of stress that faces teenagers places this population at high risk for inappropriate parenting behaviors.

Children of teenage parents are twice as likely to become a teenage parent. Further, these children are at a higher risk for child abuse and neglect than other children. In 1987, Oklahoma County had 4,286 reports of child abuse or neglect, 1,627 of which were confirmed. Over 54 percent of the confirmed cases were in homes where mothers had their first child before age 20. Infants and toddlers three years and under represent 22 percent of all children, and yet they account for 30 percent of the reported cases of child abuse each year and an even higher percentage of the fatalities caused by abuse. Children experiencing difficult developmental phases, such as colic, trained night crying, negativism, and toilet training, may trigger abusive behavior in any family; for a high-risk family these stresses are too often the breaking point. Inadequate levels of caregiving and protection may constitute a serious developmental risk to a very young child, including inadequate hygiene, repeated accidental injuries, lack of positive parent-child attachment, and parental inability to perceive and respond to the infant's changing needs and communications. If other risk factors such as low birth weight or disabilities identified at birth are present, the child is particularly vulnerable. Literature reports that child abuse and neglect is more likely to occur when (1) there is stress and strain in the family, (2) parents have unrealistic expectations of the child, or (3) parents are emotionally and socially isolated

The mental health of both mother and baby is threatened when the adolescent is forced to cope with an unwanted pregnancy, an unwanted baby, and a lack of social support. Teenage pregnancy is closely related to increased problems of low self-esteem and depression among teen mothers, problems that in turn can lead to poor parenting. Teenage parents face many other difficulties, such as dropping out of school, decreased occupational aspirations, poverty, single parenting, and family dysfunction. Households with a mother who began bearing children in her teens account for over 50 percent of welfare expenditures (72 percent of 15-17 year old mothers are receiving welfare benefits within 19 months after giving birth).

Representative Linda Larason, a long time advocate of programs to lower the incidence of teen pregnancy in Oklahoma, stated in a recent newspaper interview, "the biggest underlying problem that has led to the situation with our kids today is the lack of community or extended family support". In addition, if you help teens develop the self confidence and ability to make decisions and achieve goals then you can lower the teen pregnancy rate.

In a survey of teens nation wide, a Lou Harris Poll identified contributing factors and sources of information regarding sexual activity. Among the more frightening statistics was that more than half of all American teens have sexual relations before their 17th birthday, and only one-third of those use contraception regularly. Nearly 77 percent say they never use contraception. When asked for their solutions to the problem of teen pregnancy, the teens suggested focusing on the

dangers and risks of sexually transmitted diseases and how unintended pregnancy can ruin your life. [Article in Oklahoma Observer, May 25, 1988 by Joan Bjornsgaard, "Talking Teen Pregnancy to Death"].

Many studies have shown the positive effects of prenatal care, parenting education, support, and life skills training. Pregnant adolescents require comprehensive and culturally appropriate prenatal care to reduce their chances for giving birth to infants at risk for many problems. The use of parent education and support groups, as well as home visitors, has been identified as an effective intervention method with inexperienced parents. It is necessary with the population of teen parents to reduce barriers that may impede their utilization of services. Issues such as lack of transportation, need for emotional support, low self-esteem, trouble meeting basic needs (food, shelter), and other financial concerns are some of the common barriers. Literature has shown that infants can be at risk for a number of organic, biologic, or environmental factors and that teenage mothers, young fathers, and their children experience many of these risk factors cumulatively.

The Teen Parent Time Project is designed to prevent, many of the negative consequences of teen pregnancy and parenthood, and to assist the teens in developing the decision-making skills necessary to plan a healthy future for their child and themselves. It is believed that providing parenting skills in conjunction with support and assistance will help young families better attend to their basic needs and positively impact such factors as child abuse and neglect, repeat unplanned pregnancy, dependence on public assistance, and school attendance.

GOALS AND OBJECTIVES

Teen Parent Time Curriculum

	Goals	Objectives
I.	Enable teen parents to appropriately care for their baby's health and developmental needs	Increase knowledge and competence regarding: - Infant's physical development - Well baby and sick baby care - Safety and emergencies - Normal infant behavior and at various stages of development
II.	Reduce the likelihood of child abuse and neglect.	Increase knowledge and competence regarding: - Appropriate discipline techniques - Communication skills - Infant's emotional development - Social skills - Stress reduction - Appropriately coping with anger

III.	Reduce the incidence of repeat unplanned and teenage pregnancies and sexually transmitted diseases	Increase knowledge and competence regarding: - Physical consequences of sexual activity and repeat pregnancy - Pregnancy prevention - Love/dating/social relationships - Communication skills - Assertiveness skills
IV	Improve likelihood of school completion, realistic goal setting, and independent living skills	Increase knowledge and competence regarding: - Benefits of school attendance, job training, and completion of G E D. or high school diploma. - Individual learning needs - Decision-making skills and goal setting - Time management - Financially caring for the basic needs of a family.
V.	Enhance the self-esteem, social support and sense of personal power	Increase knowledge and competence regarding: - Participation in a group setting - Meeting emotional needs and tasks of adolescents - Facing adult responsibilities - The development of personal support systems - Utilizing community resources - Personal strengths and abilities

CURRICULUM OVERVIEW

A. Organization

The Curriculum is divided into six need areas based on a concept from the "Nurturing Program for Teenage Parents and Their Families" (Stephen J. Bavolek, Ph.D.). The program focuses on six needs which human beings try to nurture the best they can throughout life. The following six needs areas were utilized to structure the curriculum for both teen parents and their babies.

Key concepts addressed within each Section include:

I	Emotional Needs/Teen	Emotional Needs/Baby
	Self-awareness/self-expression regarding feelings, fears, needs, new parenting issues, trust/dependence issues, needs for nurturance.	Child rearing myths, ways to soothe baby, feelings about baby; fantasies about baby's life; trust/dependence issues; spoiling issues; attachment/bonding
II.	Physical Needs/Teen	Physical Needs/Baby
	Body image; sexual myths, birth control myths; sexually transmitted disease facts; drug and alcohol facts; saying no; making choices about the body, peer pressure and conflict situations, feeling lovable and capable	Demands of baby; healthy baby care routines; nutrition; safety, sick baby care; preparing and cooking food; general tips for care.
III.	Intellectual Needs/Teen	Intellectual Needs/Baby
	Memories of own learning experiences, role models; personal power and decision-making; education/career goals; saying no to sexual pressure; future planning; time management, making choices.	Taking baby's viewpoint/ awareness of baby's needs as different and possibly in conflict with teens' needs; observing babies; specific baby development and learning sequence; encouraging infant development; TV viewing habits, toys, books,and playtime.
IV.	Social Needs/Teen	Social Needs/Baby
	Relationships with peers; love relationships; family relationships; communication techniques, empathetic listening skills; group support/peer pressure.	Memories of own discipline as a child; discipline styles and techniques, preventing violent behavior; dealing with anger, encouraging positive communication techniques; play with people.
V.	Spiritual Needs/Teen	Spiritual Needs/Baby
	Family tree/connectedness to others, life goals over time; values; conflict resolution over control/ independence issues with	Awareness of values; goals for baby; developing self-esteem and learning in baby, influence of parenting attitude and style on baby's

	own family; assertiveness and confrontation skills, stress awareness and management (stress busters).	spirit/self-esteem
VI.	Creative Needs/Teen	Creative Needs/Baby
	Creativity awareness and expression; creative giving; individuality/personality strengths; individuality/ uniqueness of teen	Awareness of baby's uniqueness and individuality; meaning of creativity; encouraging creative problem solving in babies; creative expression of feelings about family

B. Format

In an attempt to emphasize and enhance the teen parents' feelings of competence and ability to make informed choices about their lives, each curriculum section follows a format which promotes the teens' confidence as a feeling, knowing, and able person and parent. ("I feel," "I know," I can," "I teach," "I care.")

We feel that this particular type of format will insure that different levels of learning will take place during the sessions, including factual knowledge, self-awareness and role modeling of appropriate child care methods.

" I FEEL" - activities focus on eliciting feelings, underlying anxieties, concerns or frustrations, as well as positive, encouraging feelings.

"I KNOW" - activities focus on eliciting new information and insight as individuals or as a group.

"I CAN" - activities focus on encouraging teen parents to role play situations involving problem solving or to demonstrate baby related skills.

"I TEACH" - activities focus on encouraging teen parents to actively play, teach and positively interact with their babies, utilizing many homemade toys and games.

"I CARE" - activities focus on encouraging teens to actively reach out to others in the group and to experience the positive results of group support.

The goals of 'Teen Parent Time' are addressed on several levels throughout the curriculum. The key concepts comprise the major areas needed for both teen and baby. The techniques used to introduce the concepts encourage the teen's development as a competent person as well as a valuable group member.

TEEN PARENT TIME HISTORY

Teen Parent Time was developed by the Infant Center, Oklahoma City, Oklahoma. The Infant Center, established in 1983, was an outgrowth of the Postnatal Education Project started by the Junior League of Oklahoma City in 1979, and was located within the Department of Family Medicine at the University of Oklahoma Health Sciences Center. The purpose of the Infant Center was to help

strengthen families, promote healthy child development, and reduce the potential for abuse and neglect.

A non-profit organization, the Infant Center provided classes, support, and information for families with infants.

It quickly became apparent that adolescent parents had very unique needs and faced difficulties that were more complex. Oklahoma was a state with one of the top five rates of births to teens in the United States. Yet there was a great lack of services addressing the compounded issues teenage parents and their babies face.

Funded initially in 1984 by the Oklahoma Commission on Children and Youth, the Infant Center Teen Parent Program was further supported by an annual grant received for four additional years by the State Office of Child Abuse Prevention (Oklahoma State Department of Health, Grant #62286) and a two year demonstration grant starting in 1986 from the National Center on Child Abuse and Neglect, (U.S. Department of Health and Human Services, Grant #90CA1237).

The initial grant award for fiscal year 1984-1985 enabled the research and development of a curriculum designed specifically for the needs of adolescent parents during their first year of parenthood. The goals and design of the curriculum were based upon reviews of adolescent parenting programs nationwide as well as on consultations with area professionals. In addition, Ms. Carolyn Gaston, Director of New Futures School for Adolescent Parents in Albuquerque, New Mexico, consulted with the Infant Center staff on the central needs of a program designed for adolescent parents. Three six-week 'Teen Parent Time' pilot groups were held during the initial grant period, as well as a training program for interested leaders of future groups. Due to the positive response to 'Teen Parent Time', the Infant Center received the additional funding previously mentioned to refine and expand on the first year's work. Since those first three Teen Parent Time groups, an additional 50 Teen Parent Time groups were conducted between Fall 1985 to Spring 1989. Other project components were also added over that period of time, including teen childbirth classes, an ongoing weekly drop-in group (Connection), and a parent aide/home visitor project. Over 400 teen families utilized these services. Numerous volunteers donated thousands of hours to the program.

A decision was made to revise and update the Teen Parent Time curriculum. With more research, more materials compiled from around the country, more consultation with professionals, and with five years experience working with pregnant and parenting teens, this was done. It is felt that this effort will more effectively address the needs of teen parents and their children as well as meet the goals of the Teen Parent Time program. Consequently, it is hoped that this curriculum will have significant impact on the health, development, and well-being of teenage families.

Philosophy

The Infant Center and Teen Parent Time concept was developed in a large part because of the decreasing availability of natural support networks for young families. The decrease in family size, the increase in family mobility, the rise in the number of working parents, dual earner families, single families and adolescent parents suggest need for an outside source of support.

There are a number of important concepts underlying the Teen Parent Time project. First, the project seeks to strengthen families of infants by encouraging families to develop and use support and self-help networks before day-to-day problems reach the crisis level. Support networks can include other parents, neighborhoods and other community support services. Such networks focus on building natural support systems in a family's immediate environment.

Second, Teen Parent Time is also oriented toward the whole family as a unit of care. Individuals who present problems are viewed as part of a family system that needs support. Third, emphasis is placed upon prevention rather than treatment. Fourth, the Teen Parent Time seeks support and cooperation from the community it serves. Rather than competing with other services, the goal is to provide better programs and better delivery of support programs to parents by actively seeking cooperative sharing and networking with other family support services. Fifth, there is an acknowledgement that at some time or another ALL families need help - both the "high risk" and "average" families. Sixth, the volunteers and professional staff work from a family "strength model" as opposed to a "deficit model." This means that the emphasis is placed on supporting positive parenting behavior, rather than focusing on parent deficits.

UTILIZING THE CURRICULUM

The Teen Parent Time curriculum was designed to be facilitated by professional staff and/or trained volunteers with supervision and guidance by a professional coordinator. The program is applicable to a variety of urban or rural community settings such as hospitals, churches, health clinics, libraries, schools, etc.

The curriculum is geared toward young parents with infants up to age one but parts could be adapted for use with pregnant teens or parents with toddlers. Teen Parent Time groups usually meet one and one-half to two hours weekly for six to eight weeks. Once again, the curriculum could be adapted to different time frames. The amount of material in the curriculum could easily be expanded to 12 weeks or more. This also enables the group facilitator to tailor topics and activities to fit the facilitator's style or group personality and needs. Groups range in size from three to twelve teen families, however, an average size of four to six is ideal for developing group rapport.

Historically, groups tend to be attended mostly by the mothers and their babies. However, attendance by fathers is greatly encouraged. If the fathers are not able to attend for whatever reason, it is also acceptable for the young mothers to be accompanied by a relative or friend for support. The group facilitator may want to consider a combination of possibilities - a father's only group, a mother's only night, a grandparent's support session. Likewise, although Teen Parent Time has usually encouraged parents to bring their babies to the group, the group facilitator or group members may decide that a parents only session may be beneficial and choose to provide babysitting on site or leave babies to be cared for at home.

Teen Parent Time provides the parents an opportunity to socialize and gain support as well as learn parenting information, such as infant development, nutrition, safety, discipline, family planning, decision making, communication and meeting their physical and emotional needs as a parent and as an individual. This is accomplished by group discussion, audio visual materials, demonstrations, guest speakers, small group activities, journal writings, and role play.

Each teen parent/family should receive a copy of a Baby Book/Teen Journal. It is helpful to use a 3-ring binder. The notebook includes pages by the participants from the curriculum for personal reflection in addition to helpful parenting information. The observations made in their books between sessions may be a source of discussion, may be utilized as an activity during group sessions, or the notebooks may simply serve as a reference guide. Additional handouts not included in the curriculum may easily be added as appropriate.

Teen parents seem to need the socialization experience and the opportunity to get out for an evening which "Teen Parent Time" offers. Subtle opportunities for nurturing and support of the teen parent occur as they share their "note" books with group facilitators and members, when they call during the week for specific information or ideas, and as they relate events that have occurred between sessions. In an effort to provide additional incentives for continued attendance, there were "giveaways." This may include drawing for a baby related prize which the teen could choose from a decorated box of donated items, formula donated by formula companies, makeup or small baby items ($1 - $2 in value), used baby clothes. Photographs of parents and babies were taken, developed and handed out as so many do not have cameras. Snacks were also provided weekly. Some teens may volunteer to bring sacks although this should be voluntary. Approximately 5-15 minutes should be allowed for snacks, socialization and playing with the babies at the end of each session. It is also fun for the group to have a "party" the last session. Participants may choose to have a pot-luck dinner, meet at someone's home instead of the usual location, or the group facilitator may provide a pizza party with donations.

THE FACILITATOR'S ROLE

by

Susan Sturm and Henry Draper*

In order to better understand the focus of the Teen Parent Time, it is first important to distinguish between parent education groups (i.e., parent-infant groups) and a "therapeutic" group. A therapeutic group has the intent of increasing an individual's knowledge about himself and helping an individual to clarify personal changes he may want to make. The parent-infant group certainly has a similar goal, but it is not concerned with personality changes nor the treatment of parenting disorders. The major goal of a parent-infant education group is to effect parent confidence and increase parent understanding of infant behavior by focusing on the parent-infant relationship within a group educational setting. The structure and process which guides education group dynamics will be similar to the dynamic process of therapeutic groups.

A small group setting is deemed especially important in order to provide (1) positive support from other parents for parenting strengths, (2) feedback from other people in a similar period of crisis adjustment, and (3) opportunity to learn about one's own parenting skills through the experience of others.

Guidelines for Group Process

1. Even though it is an educational group, any topics discussed in the group will be considered confidential.

2. Members can be encouraged to ask questions or give feedback to other members of the group during the session, as part of the group process. For example, Mary may say "I have a question for Nancy regarding the statement she just made."

3. Parents should be given the right to "pass," i.e., the parent does not have to enter the discussion on a particular topic if they choose not to do so.

4. The group needs to decide together certain group issues such as if and when they want a break, refreshments, etc. Because there are babies in the class, group leaders must require that smoking not be allowed. If members would like to smoke they should go outside of the group to do so. Members can also be asked if there are any additional limits that they would like to discuss settling in the group.

5. Members should be told that it is okay to disagree with the leader and with each other--that the whole group can learn from discussing individual differences of opinion.

6. Parents need to be told to come regularly and to call if they are unable to attend. The group leader can tape a session if they know in advance that a parent will not be there.

7. Parents need to know that the group will start promptly at a certain hour.

*This section is adapted from the Infant Center Postnatal curriculum.

8. It is perfectly alright for parents to get up and walk babies if fussy, change babies, breast-feed, etc. during the group. It's nice to have extra volunteers present to assist parents with their babies, however, so parents can stay involved with the group.

Responsibilities of Group Members

1. To support each other. Explain that a major goal of the group is to recognize parent strengths and untapped resources. The best place to begin is by looking for and supporting each other's parenting skills. Parents can be taught some of the skills of "encouragement" mentioned in the series. (Leaders should also be models of support).

2. To respect one's own and others' feelings and opinions. Each of the parents bring their own values and experiences into their parenting. No one parent is "better" than another parent--only different. Thus, it is important that parents respect and allow for each others' differences.

   Likewise, all opinions expressed in the group are considered important. There is no topic too "unimportant" to discuss and parents need to know that the group is a safe place to practice parenting skills. Expression of all feelings that parents have, including the negative feelings are accepted in the group.

3. To actively participate in the group. Experience has shown that members who actively participate in the discussion and home activities of the group are those who profit the most from the group. Sharing experiences is especially beneficial to new parents who may feel they are the only ones to ever encounter certain feelings about parenting. They need to know that these feelings and experiences are not uncommon.

4. To share accomplishments with the group. Part of the process of finding parent strengths is being able to pat our selves on the back. Parents should be encouraged to share something they have figured out about the baby or something they feel they've done well. It is equally important that group leaders take a posture that says that parent strengths outweigh weaknesses and that parent accomplishments far outnumber failures.

5. Parents may want to "contract" to set personal goals or goals concerning their infant--i.e., something that they want to see happen before the group is over (for example, to enjoy the baby, to not get so upset over the baby's crying, better communication with their husband over childrearing issues, etc.) At the end of the session it can be decided if the goal was met and, if not, how to go about meeting the goal.

   Members can be asked if they have any personal goals for the group that they would like to see accomplished. A contract can also be made to commit to certain group tasks such as doing the activities at home. Ask parents during the first session which goals they would like to accomplish after the process has been explained to them. Parents may want to add goals during the group and a mid-series evaluation should be discussed.

   Setting specific short term goals gives the parents a sense of accomplishment from the group process. Likewise parents are more likely to realize that they

can set and accomplish goals at home with their infant. Group leaders can give feedback on how realistic these goals are to accomplish.

6. To resolve to benefit personally from the group. Parents will benefit if they have taken part and when they see success either from feeling supported or from working on and meeting short term goals. Deciding that they are going to get something from the group is also beneficial. Parent goals should be kept small, so that they can start learning to build from small success. To resolve that they are going to be "good parents," for example, is too general and unachievable.

Presentation of Content

The major guidelines for presentation of topics is that it focuses on open discussion, demonstration and parent involvement. Visual aids such as films, charts and slides can also be used to reinforce objectives. Didactic presentation (i.e. lecture) is the least preferred because it inhibits parents involvement in the group.

Demonstration

Some of the curriculum is built around demonstrations with the infants. Demonstrations are particularly important in providing opportunities for modeling and interaction with the infants. During demonstrations leaders are much more aware of the subtle infant behaviors and responses that can be discussed in the group. It also allows leaders opportunities to discuss negative responses of the infant that the leader would avoid making if the parent was involved with the infant. (For example, if the infant turns his head away the leader can say "He's looking away from me, he must want to stop this activity for awhile.")

Demonstration also provides increased opportunities to discuss individual differences. It is important that leaders not compare babies in the class but only point out the infant's individual responses to an activity or demonstration.

Leader involvement in demonstrations with the infant often provides opportunities for the leader to provide support for the parent, i.e., "I can't get him to smile as much for me as he does for his daddy," or "oh, he's getting fussy, I'd better give him back to the one that understands him."

There will also be very differential reactions of the infants to the activities. Explain to parents that the babies will vary greatly in their responses to activities, depending upon the baby's state, temperament and developmental level. Point out that differences in infant responses are dependent upon a variety of factors and that the important thing to do is to respect the baby's state, interest, motivation, etc. Point out individual differences in responses, i.e., some babies respond with their whole bodies, some only mildly, etc. Leaders should be sensitive to opportunities for intervention and modeling that occur during demonstration periods.

Involvement Activities

Activities and exercises should be included at each session for the parents to do with their infant in the group and at home. Parents should be encouraged to bring activities, books or exercises they enjoy using with the infants to show in class. Any interest shown by the parent in being involved with class activities with the infant should be encouraged. A regular part of the activity period should include a

discussion of activities that parents find particularly valuable or enjoyable with their infant.

Review and Summary

Leaders should briefly review topics discussed that day and ask if there are any last minute questions concerning topics.

GROUP PROCESS

Group Stages

Parent groups usually go through the following four major stages:

(1) During the initial forming stage, members are seeking acceptance in the group. Group members are dependent on the leader for structure and guidelines as to where the group is going and what part they as individuals are going to play. They are wanting to know how the group will be relevant for them. Group members are especially wanting to be accepted by the leader and the group for their parenting abilities.

The building of trust is very important during this stage. During this period the leader should provide: (1) structure, (2) guidelines, (3) discussion regarding common group concerns, (4) socialization experiences, (5) acceptance, (6) assumptions that parents may not feel comfortable at first, (7) support, (8) validation of parents anxieties or fears, and (9) universality of parent feelings. Group discussion during the early sessions are usually limited to safe issues - no "deep" or sensitive conversations. The members are looking for similarities among each other so they can build friendships and acceptance.

(2) During the second stage the group is finding out that the leader doesn't have all of the easy answers. Members may feel more like disagreeing with the leader and some conflicts may occur between the leader and individuals in the group (i.e., Dad can't believe that picking up the baby won't spoil him). Instructors should realize that this is not a personal attack on them but a precursor towards a more advanced level of development within the group.

(3) During the third stage the group has developed cohesiveness and is able to work together as a group. There is an increase in mutual trust and in self-disclosure. More sensitive topics can be discussed--the major goals of the group move toward support of each other. Members start to regard the leader as one of the group.

(4) Termination state. Termination may end when someone drops out of the group. Members who drop out need a phone call to let them know that it is okay to drop out. People drop out for lots of reasons and need to feel that it is okay to do so. Parents who drop out know that they can return to the group or that there is still other means of support available. Many teens have problems with transportation, lack of family support, or numerous other issues that may prohibit their attendance. They may need assistance in problem-solving or support for their feelings.

Many group members may not feel ready for the series to end. Some may even "regress" as if to say "I need to show you that I need more." Members need to be supported in their abilities to problem solve their own problems. Members can be asked how they feel about ending the group. Part of the reason that parents want to continue is because of their awareness of the rapid changes still occurring with the infant. It will be important to refer parents to other available services so that the parent will continue to have resources at hand to meet upcoming development issues of the infant as well as themselves.

Evaluation.

Evaluation is an important part of group termination as well as for much needed information by the group leader. Evaluations should be done both orally in the group during the last session and confidentially by questionnaire (see page 24).

Parents can brainstorm during the group the things they liked and disliked about the group, i.e. What else would they have liked to learn? What would they have liked to see continue? The areas that they want to continue exploring are... The areas that need changing are... How could they improve the group? They wished that they could have...

Leaders may want to ask members what the group experience has meant to each one of them individually and if any personal changes have taken place. Part of the termination should be for the members to evaluate their progress and where they would like to continue to grow.

Group Facilitation Skills

Listening Skills. Leaders should adopt a posture that says to the parent "What you have to say is very important to me." This means that the leader will want to make eye contact and be fully "in tune" with the one person with whom he or she is interacting. Being in tune also means showing acceptance by your words and tone of voice.

Being a good listener is difficult if the leader is concentrating more on what he or she is going to say next. Being a good listener also interferes with being a good observer. Team leaders have the advantage of being able to switch their concentrations from listening to observing.

Sometimes the leader will want to respond to a parent and sometimes it is necessary that the leader be silent and not respond. Allowing silence occasionally may encourage parents to express or continue to express certain feelings. Silence then becomes an "expectation" that the parent will share. Learning to use silence appropriately may be important for leaders early in their experience who feel that they have to be talking a great deal of the time to feel comfortable.

Reflecting feelings and underlying issues. Leaders should give feedback to the parent that says they understand what the parent is feeling. For example, if the parent says "Sometimes I think the crying is going to drive me crazy," the leader can reflect back the parent's frustration by saying "it must be really frustrating when the baby won't stop crying." Reflecting back feelings in this manner when it seems

appropriate to do so lets the listener know that you have heard and have empathy for their feelings and frustrations, and at the same time encourages the parent to keep sharing these feelings.

Parents sometimes give non-verbal clues to feelings or thoughts they are having--and the verbal expression may not match what the person is saying. For example, the parent may look a little teary, their lips may quiver and they will say "Oh, really, I think being a parent is great." Being sensitive to some strong hidden feelings that the parent is expressing, the leader might say "yes, but parenting can also have its real moments of stress, too."

Sometimes it may be appropriate to call the "double message" to the attention of the parent by saying "Kathy, you said you are okay with what we've been discussing, but you don't look too sure. Do you still have some questions?"

It is likewise important to validate any experiences that the parent might offer--especially if it was difficult to share. If a parent, for example, shares with the group that she has felt angry at the baby, the group leader should make appropriate responses. They might tell the parent that her feelings are "a very frequent occurrence--that stresses of parenting can make us occasionally have strong angry feelings and then we in addition feel guilt, for feeling angry." The leader should also thank the person for sharing and ask if any one else has had similar experiences.

Linking. By linking what we see as similar between one member and another we encourage interaction within the group. For example, the leader might say "do you see any similarity with what Jane was describing yesterday? or "it seems Kathy had a similar experience."

Universalizing. By universalizing, we are alleviating fears that parents have that they are the only ones experiencing certain problems, fears or negative feelings. By frequently asking if anyone else has had similar problems or if anyone else has wondered or felt the same thing, then we alleviate these fears. Finding out that someone else is sharing similar problems can come as a tremendous relief to new parents.

Avoiding direct answers to questions. Leaders can avoid giving direct answers to parents questions by (1) redirecting the question to the group, (2) using group problem solving techniques (i.e., brainstorming), and (3) providing alternatives.

Thus if the parent asks you "How can I stop this baby from crying so much?" instructors might:

(1) Redirect the question by asking other members of the group how they solved the problem and then say "how do you feel your situation differs?" or "do you feel that this would work with your infant?"

(2) Problem solve by saying to the group "Why don't we brainstorm some ideas and then Kathy can help us decide if any of these suggestions might work in her own situation."

(3) Or leaders can provide alternatives by saying "there are no easy answers--here are some things you might try. How do you feel these would work in your own situation?"

Group leaders should use their skills to make an active effort to decrease their own role as the "helping authority" for a very important reason. Parents need to rely on their own strengths and resources for solving their parenting problems when you are not around to give them an answer and when they are not in the group. Group leaders should encourage parent's active problem solving when at all possible. Parents will not feel confident in their own parenting if they have to be dependent on the leader for all of the answers. Behavior change is much more likely to occur if parents come to believe that they can depend on themselves to find the answers. This is especially true with teenage parents. Generally, adolescents will learn more if you don't openly criticize their parenting techniques. A teenage parent is likely to feel no one believes he/she can be a good parent. If their self-esteem is enhanced and they are encouraged to see themselves as capable individuals and parents, then teenage mothers and fathers are more likely to become capable people and parents.

PREPARATION FOR GROUP LEADERSHIP

Leaders who have backgrounds in child development or early childhood education would have good preparation to facilitate a Teen Parent Time group. Ideally, those involved in group leadership should have some experience in working with infants or young children, some background in education, experience working in other group settings, and some knowledge of their community. However, it is not necessary to have this background to become a sensitive, effective group leader. It is also not necessary to be a parent to be a good group leader.

A "team approach" with Teen Parent Time is encouraged. Co-leaders or a primary facilitator with at least one or two volunteer assistants is helpful in order to better meet the needs of the group by sharing responsibilities, assisting parents with their babies, providing positive feedback and support to parents, providing different perspectives on material, and allowing better observation of group dynamics, etc. It is extremely important for this "team" to communicate their expectations and clarify responsibilities long before a group has started as well as touching base throughout the course of the group.

It is important that leaders feel excited, motivated and interested in the group and in the parents. If the leader is there only to fulfill a volunteer commitment or to receive money then they are not serving the needs of the parents.

Group leaders should ask themselves: Am I looking forward to this group? Do I feel alive and enthusiastic? Are there problems at home or within me that need to be resolved before I can give myself fully to the group? Experience in group programs has shown that there appears to be a strong relationship between the positive feelings of the leader toward the group and how effective the intervention is for the parents.

Encouraging parents' independence from you is much easier if the leader has a good feeling of personal adequacy. Leaders who feel good about themselves will not need to feel that they have to have all of the answers for the parents. Likewise, healthy self-esteem allows the leader to make mistakes and admit them openly or to say honestly, "I really don't know the answer."

Even though much of the time we may function with good feelings about ourselves, we may have crises periods or times when we ourselves may need support. Leaders should be very sensitive to their own personal needs--both inside and outside of the group. If there are pressing family concerns or if the leader is looking

to the group as his or her means of support then the timing may not be right to assume a leadership role.

Other Helpful Hints for Group Facilitators

Effective group facilitators need to:

- be able to admit mistakes and imperfections as parents, i.e., take the same risks that they expect the group members to take,
- be able to admit when their information is wrong or their perception is wrong,
- be a good model for appropriate behavior,
- believe in the group and in group process,
- believe that all parents have strong inner resources to become adequate, nurturing parents, and
- be aware of "burnout"--of when they are tired of being a group leader.

o Remind yourself where your expertise ends. If the parent has a problem that you do not feel you can handle, explain that you do not know the answer, but you will find out or find someone that they can talk to about their problem.

o Any issue dealing with medical concerns should always be referred to the family's pediatrician. Parents will frequently ask when to start solids, when to supplement or how to care for the infant's rash. Even though the leader may have five children and has seen every rash invented, it is not appropriate to do anything but refer that person to their pediatrician or family doctor.

o You are now "experts" within a limited capacity. It is important that you not extend your biases to the parents as "the only right answer." If you feel you must comment with a personal opinion which differs from that being taught, please express it as your own personal opinion. Likewise, it is important that you "buy into" the major concepts of the program. If you have strong feelings of disagreement, your professional consultant or volunteer director may be consulted.

o Always remember to keep yourself on an objective level - avoid getting pulled into the emotional needs of the parent. Your role is that of supporter not rescuer, therapist, or parent.

o Although it is worthwhile for you, as an group facilitator, to offer your personal experiences, there are several considerations to keep in mind when such situations occur:

1. Your role is one of "facilitator" rather than teacher. Encourage the parents to do their own problem solving rather than your having the answer.

2. It may be more important to say how you felt under similar circumstances than what you did. Thus, if a parent says "What do you do when you've tried everything and they keep crying and crying?" You

might first say "I remember feeling so discouraged when my baby would not quit crying," or "It's really discouraging they won't quit crying," rather than saying "Well, the way you could solve that...." The former responses say two things to the parent - a) that they are not alone in their feelings of frustration, and b) that you were not the perfect parent or the expert who knows how to solve all of the problems. It would then be good to say "Has anyone else solved this problem?" or "Let's discuss all of the reasons they might be crying and some of the things we might try to soothe them." Use understanding phrases like "it's really frustrating when...." or "it really makes you feel good when...."

- Encourage the group to help each other whenever possible. Let them be a support to each other rather than depending on you to answer all of their questions.

- Remember that there is no one right way to raise a child. Different things work for different people and all we can do is to keep trying. Most of the statements that parents will hear from you and see in films hold true under certain test circumstances, but don't always work for every child. Be aware that all of the fields of study relating to children are changing constantly - with new studies replacing old. The field has come a long way with a great amount of information that is useful to parents but it is important to keep in mind that there is no one right answer. Likewise, we must always keep in mind that each parent is more sensitive to his infant's needs than all of the "professionals" in the world would be. Our major goal is to support this sensitivity. The parent is usually their own best "expert." Leaders may want to reflect and verbalize the frustration of the group when direct answers or solutions are not given.

- Give lots of positive encouragement and support to the parent's attempts to be a mother or father. This is a very sensitive period and many parents are getting negative feedback from other people. It would be nice if they can leave the program saying to themselves, "Gee, they can really see that I'm trying hard to be a good mother or father." You will see a lot of "mistakes," but look for the occasion when you can say "that baby looks so secure in your arms," or "it sounds like you worked out a good solution to that problem." Although a parent may need help in making his or her perceptions or expectations of the infant more realistic, the parent's understanding of the infant is still greater than the leader's or anyone else who cares for the baby.

- Be a trained observer - be aware of the danger signs for inappropriate parenting and child abuse and makes notes when you feel there are some problems. Discuss any concerns with your coordinator or a professional consultant.

- Remember that the things parents discuss with you are to be considered confidential in nature.

- Remember that even though teen parents have a baby and now are facing adult responsibilities, <u>they are still teenagers</u>. It is helpful to remember how life was like for you at their age and recall the mood swings, lack of self-confidence, self-consciousness, difficulty identifying feelings and verbalizing them, conflicts in relationships, and tendency to be silly and have a short attention span!

Leading Parents Into Problem Solving

When parents have particular problems that they seem concerned with, leaders will be encouraging them to seek their own solutions or find group solutions to the problems.

When the parent presents the problem leaders can:

Listen emphatically...

-listen carefully and acknowledge feelings
-look at the situation from the parents' perspective
-show acceptance
-show empathy for non-verbal expression of feeling

Ask questions of the parent regarding the problem or behavior for the purpose of gathering information. (Never ask "why," only "how" or "what")

-what the parent had observed
-what else was occurring in the environment that might effect the behavior
-how the parent handled
-if the parent was successful--and if they knew why it was not successful
-how they would handle differently
-how the baby responded
-what seemed to precipitate the problem or behavior
-how the parent was successful in another area that might be adapted to this situation

Observe behavior or ask parent to observe

-any behavior or environmental influences effecting problem
-things the leader noticed about child's personal, social, language, motor behavior
-child's reactions and responses to parent behaviors
-child's interest or motivational level
-how child responded and reacted to other things in environment

Encouraging experimentation of

-various ways of interacting with infant to effect change
-various activities to see which produces desired behavior
-follow-up discussion with feedback on success or failure and possible causes
-ways to produce particular affect responses on interest by baby

Comment positively on

-parent strengths
-behavior which shows parent is in tune with the infant
-parenting skills which parent takes for granted
-ways in which parent's behavior benefits child
-concrete observable behavior
-infant responses to direct parent behavior

Model

-interacting with infant in a positive way
-certain responses which cause infant to react in certain way
-spontaneously during demonstration
-opportunity to ask parent's advice
-opportunity to show failures are normal

Inappropriate Parenting Behavior in Group

Occasionally parents will say or do something that the leader feels cannot be ignored or overlooked. If it is just a matter of feelings ("I was so mad I could have killed him," or "taking care of babies is a real pain in the neck") then the leader should simply empathize with the parents' feelings.

If the parent says something inappropriate which will eventually be covered in later topics (such as the parent who on the first night says "we just let him cry--he'd be spoiled rotten if we picked him up") the leader should be cautious about making it a group issue but cover the material as they ordinarily would. (If necessary the leader should take the material out of order to be covered earlier.) In the case described above, where the parents obviously have strong feelings that they are doing the right thing, they would probably feel defensive if confronted immediately. It may be more important with these parents to give them a step-by-step process of understanding the baby's neurological development, research on crying, development of trust, etc. before they can come to accept the idea that you don't leave babies to "cry it out." Leaders will have to use their best judgment as to when to intervene but a guideline should be that it is not done in such a manner to deflate or to put the parent on the defensive about their parenting techniques.

In some instances, assuming there is no immediate need to intervene, the team leaders or the leaders with her professional supervisor, might decide on the appropriate intervention for the next session Instructors should avoid ever saying "I wouldn't do that" or "don't do that" or any other direct messages that would belittle the parent.

At other times the parent might say something like "every time I sit down to sew he throws a temper tantrum. I get so mad I usually end up yelling and then letting him cry it out." At that point leaders might enter a problem solving type of intervention with the parent. The leader might first emphasize with the parent "Sometimes our most frustrating times come when we are wanting to do an activity and the baby interrupts us" and "I'll bet its hard to sit down and sew when you are feeling angry."

Then the leader can ask the parent questions which will make the parent think about the consequences and causes of their action, i.e., asking if the parent sews a great deal and if this is a common problem, (i.e., is this beginning a pattern of conflict). If so, the leader can ask the parent what things they might do to prevent from becoming so angry. Or say something to the effect of "Sometimes we have to be careful that we don't set ourselves up to get angry at the baby. What could you do to find some time alone so that the baby couldn't interrupt you?"

If the parent makes statements that are so inappropriate that they indicate a gross lack of understanding about infant behavior (such as "whenever he is mad at me he gets even by throwing up" or "if you put an onion by the bed then he has to

keep his eyes closed") then the infants of these parents are at risk for possible abuse or neglect and the situation should be staffed with a professional for additional intervention or referral.

GUIDELINES FOR DEVELOPING A SUPPORT GROUP FOR ADOLESCENT (YOUNG) PARENTS

Step 1

Identify a rationale for support group. Key questions to ask in the development of a rationale include:

- Why should we become involved?
- What is the population we will be serving?
- Will our agency/organization goals be in line with or agree with those of the support group?
- What are the community needs?
- Would this program be filling a service gap in the community or would this be duplicating services elsewhere?

Step 2

Identify the objectives of the support group. The following are possible objectives for an Adolescent (Young) Parent Group:

- The group will foster mutual support and cooperation among the members.
- The group will increase the self-confidence of individuals, particularly in the area of parenting.
- The group will help parents increase their efficiency in the use of time, energy and other resources.
- The support group will help to increase the parent's understanding of the transition to parenthood and its effect on individual development.
- The support group will serve as an outlet for dealing with stress by allowing members to share their thoughts and feelings regarding their lives and experiences.

Step 3

Organization of the Support Group.

A. Support groups can adopt three possible formats:

- Open discussion format. The leader guides discussion through open-ended questions. The group members decide on the topic(s) for discussion each session.

- Planned content and discussion. Content of the group meetings are pre-determined with the use of speakers or existing curriculum. Meetings are informal with opportunities for questions and comments throughout the course of the meeting. The leader guides discussion and in some instances may present curriculum.

- Combination of the above formats. Combinations of open discussion and planned content or discussion can occur within the same meeting or alternating group meetings.

B. Materials and resources to be used.

Once the format is chosen, materials, resources, and equipment will need to be identified. Check with your nearest Cooperative Extension Service, Health Department, and Guidance Center for possible curriculum or speaker ideas.

- Keep the "cast" to a minimum. Too many outsiders may inhibit group members from sharing. Too many "experts" may give the impression that parenting requires a lot of education or knowledge.

- When choosing materials check the readability of all handouts to ensure that technical or scientific jargon is not used. Make sure that materials have ideas that can be demonstrated or illustrated for all participants. Remember - they need to be appropriate for the age, maturity, and education level of the group members

C. Number of participants in the support group.

When working with couples, group size needs to be limited to between four and eight couples. If just one parent is participating the group size should be limited to between ten and fifteen people.

D. Choosing the meeting room, time, and frequency of meetings.

1. The meeting room needs to be a room which will enhance the program content and encourage group discussion.

   - The proximity should be as close as possible to the target audience.

   - Room size must not be too large or too small for the expected group size.

   - Lighting needs to be adequate and not too harsh.

   - There must be available restrooms.

   - The room should contain some comfortable chairs, couches, or floor pillows, which can be easily moved to form a large circle or small circles. A carpeted room, kept clean, is best so participants and babies may sit on the floor.

   - A chalkboard or easel for a flip chart should be easily accessible. If audio visual equipment is to be used, outlets and adapters need to be available.

   - Room temperature should be neither too hot nor too cold.

2. The key to scheduling the time and frequency of the meetings is to know the audience, what their time constraints are and how flexible

they can be. A suggested length for each meeting is one and one-half to two hours. Time also needs to be allowed to set up and greet group members who arrive early and to answer questions and assist parents' departure at the end of the meeting. Day and time the group meets depends on the needs of the parents. An evening group may be necessary if most attend school or if transportation depends on a father or grandparents who work in the daytime. If the group is to be led in a health department or clinic, it is effective to schedule the group on a day parents have other appointments as well.

E. Choosing a group leader.

Choosing a group leader is a very important component for the success of a support group. Group leaders are responsible for fostering a supportive atmosphere so group members can reach maximum learning potential. The group leader will be responsible for helping group members feel comfortable, facilitating discussion and assessing the group's interactions. In addition, the leader should plan the meetings (e.g., creating an outline for meeting content) and take care of all the logistical arrangements. Qualifications for a group leader include the following: friendliness, emotional maturity, listening skills, the ability to help others feel self-confident, the ability to draw out those who are reticent about speaking and hold in check those who monopolize discussion, sincerity, intellectual honesty, and skill in guiding discussion.

F. Recruitment.

The following are questions to think about in developing a recruitment strategy:

- Where are you going to get your group members?
- How will you let the community know that your group exists?
- Will you need to provide transportation for group members?
- Will you provide child care for group members?
- Will the group include both parents or be limited to either mothers or fathers?
- Will other organizations in the community be supportive? (Interagency Coordination)

Step 4

Preparing for each support group meeting.

A. Prepare physical arrangements.

- audio visual equipment (if needed)
- room arrangement
- material handouts
- demonstration items (if needed)
- check child care arrangements (if provided)

B. Prepare a list of objectives for the support group meeting.

C. Prepare a list of open-ended questions based on objectives that will facilitate the discussion.

Step 5

Evaluating the Support Group Meeting

A. Evaluating individual group meetings

Each meeting can be individually evaluated by checking to see if the objectives for the session were met. If they were met, how successfully were they met? If they were not met, why weren't they?

B. Overall evaluation of the support group.

Have support group members complete a questionnaire reflecting their views about the group at the last session. If a more objective evaluation of parents' progress is necessary, a pre-/post-test may be helpful (the same questionnaire is given in the first session of the group then again at the last session and the two tests are compared for differences). There are a wide variety of evaluation methods. A decision on an evaluation method depends on the accountability needs in each individual organization. Because many questionnaires and evaluation methods are so cumbersome and time-consuming, it is recommended that the least imposing method be chosen so group members will not be "tested" unnecessarily and, instead, keep the positive, supportive nature of the group.

INTERAGENCY COORDINATION

In her presentation to local professionals during consultation with the Infant Center in 1985, Caroline Gaston, Director of New Futures School in Albuquerque, New Mexico, summarized three major components of successful programs serving teen parents:

1) Importance of comprehensive services - networking between school/health/social services to increase awareness and access of services.

2) The heart of a successful program reflects an essential nurturing, caring relationship with teen parents, and leaders who model nurturing and provide it to teens, thereby boosting teens, thereby boosting teens' self esteem and confidence as a parent.

3) The need to work both prenatally and postnatally-pregnancy is a teachable moment but we also need to follow up during crucial first few years if possible

In our efforts to coordinate services for teen parents, we need to keep these program components in mind. Adolescent parents are a very difficult population to involve in services. Networking and interagency coordination is a must.

Interagency Coordination

Definition: People from two or more agencies working together to improve service to clients.

Building interagency coordination

Building interagency coordination

Ask yourself these questions:

What other agencies exist that may be interested in adolescent parents?
What do you know about these agencies?
Do you think a coordinated effort with these organizations is possible?
If you don't know enough, can you find out more about these agencies?
(See Interagency Coordination Planning Worksheet)

Steps in undertaking a coordinated effort with another agency

- Exchange information that already exists.
  - Information about the agency and its operations.
  - Information useful in the delivery of services.
- Recognize the existence of barriers to interagency coordination.
  - Is your agency flexible enough?
  - Does operating with a small staff and decreased budget add to the difficulty or considering interagency coordination?
  - Does your agency compete with other agencies for clients?
- Focus on the main objectives of providing services to adolescent parents.
- Determine ways that services can be improved despite the barriers.
- If other professionals in your organization are resistant to interagency coordination, try to show them the potential benefits.
- Band together with other agency professionals or influential community members who can see the benefits of the program and the need for coordination.
- Build in reward structures. Plan a special benefit for engaging in cooperative efforts (e.g., a dinner for all agency professionals).

Reference

Rossi, R.J., Gilmartin, K.J., & Dayton, C.W. Agencies Working Together: A Guide to Coordination and Planning. Sage Publications, 1982.

Interagency Coordination Planning Worksheet

EXAMPLE

Objectives	Method	Other Agencies to be Involved
To identify adolescent parent in the community	Contact with other agencies working with adolescents (pregnant or parenting teens)	Family Services Mental Health WIC Program Well Baby Clinic Planned Parenthood
To increase public awareness of the adolescent parent	General public meeting Press releases	Same as above Radio, TV stations, Newspapers
To provide information to adolescent parents on - basic child development - nutrition - formal/informal support groups - discipline - play - coping with stress	Written material Television videos Other agencies	Child Development - Red Cross - Extension - Guidance Centers Nutrition WIC Extension Well Baby Clinic Support Groups Mental Health Family Services etc.
To provide support for adolescent parents	Organize a support group for adolescent parents	Family Services Mental Health

Other Agencies Involved	Contact Person
1.	
2.	
3.	
4.	
5.	

MATERIALS FOR TEEN PARENT TIME

The following is a list of materials helpful in conducting Teen Parent Time. Several of the items are optional. Approach the community (churches, businesses, formula company representatives, service organizations, etc.) for donations if necessary.

Easel	Name Tags
Easel Pad	Binders for Baby Books
Markers	Baby Book Pages and Handouts
Pens	Use of a Camera
Pencils	Film
Chalkboard	Money for Film Processing
Chalk	VCR and monitor, film projector tape player

- Samples of contraceptives
- Brochures on various topics
- Snacks: food, drinks, ice, plates, cups, napkins
- Weekly "gifts" or handouts for teens and/or babies
- Toys (for older babies to play with)
- Filmstrips, videos and books (many hospitals, libraries, health departments have good resources for check-out)
- Brochures, flyers, posters for recruiting parents
- Patient information forms
- Evaluation questionnaires
- Certificates of participation
- Attendance sheet

TEEN PARENT TIME

REVISED

A CURRICULUM PACKAGE FOR ADOLESCENT PARENTS

DEVELOPED AND WRITTEN BY:

MARCY M. PRICE, ED. M.

AND

DEBORAH L. RICHARDSON, M. S.

1989

TEEN PARENT TIME

REVISED

A Curriculum Package for Adolescent Parents.

Developed by:

Marcy M. Price, Ed.M.

and

Deborah L. Richardson, M.S.

1989

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Preface

"Here I am 17, and I've got two kids already. You gotta work with it. You gotta accept it. There's no free time. People don't want anything to do with me because of my responsibilities.

I'ts hard trying to grow up with the baby!"

Samantha, age 17
Sons Robert 3, and Dustin 1 month
Teen Parent Time Participant

When the overwhelming task of parenthood occurs during the roller coaster ride through adolescence, teen parents and their families need all the information and support they can find. The revised edition of Teen Parent Time is the result of five years experience working with adolescent parents and their families. Our desire is to create a resource tool for anyone, whether professional or community volunteer, who is interested in helping adolescent parents develop healthy and responsible life choices for themselves and their babies. This curriculum is a work in progress. We are continually updating and refining the information. Comments and suggestions are always welcome. We dedicate this effort to Samantha, her children, and all the other young parents and babies touched by this project.

Marcy and Debbie

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Appreciation also goes to the creators, believers, and past guides of the Infant Center and the Teen Parent Program for their vision and contributions: the Department of Family Medicine, College of Medicine, at the University of Oklahoma Health Sciences Center, the Junior League of Oklahoma City, Susan Sturm, Sarah Herstand, Jane Wallace, and Susan Brown. In addition, many people volunteered their time and energy to the Teen Parent Program over the last several years. Their motivation, belief in the project, care of the teen parents, time leading Teen Parent Time groups, and feedback was extremely valuable.

We utilized a variety of books and curricula as resources in the development of this project. These sources have been noted in a bibliography and elsewhere in the curriculum, where appropriate. Efforts have been made to gain permission from the authors and any omissions are truly unintentional.

Finally, we want to acknowledge the valuable insights and many positive contributions that the over 400 pregnant and parenting teens have provided us by their participation in the Teen Parent Program over the last five years.

About the Developers

Marcy M. Price - For the past eleven years, Marcy has been involved in the mental health field and adult education field in Oklahoma City. She received her B.A. in Educational studies from Emory University, and a Masters degree from Harvard Graduate School of Education. While at Harvard, she studied with Dr. Burton White, author of the First Three Years of Life, and with several members of the Children's Television Workshop who were developing the science program "321 Contact."

Marcy worked in the Oklahoma City area as a child development specialist with Southeast Guidance Center, 1977-80, and as Director of Consultation and Education at Red Rock Comprehensive Mental Health Center, 1980-81. She served as the director of the Teen Parent Program at the Infant Center, 1984-85, where she developed the initial Teen Parent Time (TPT) curriculum. Currently Marcy balances her time between her volunteer efforts, and her family with two young boys. She also serves on the Oklahoma Healthy Futures Steering Committee, and as chairperson of the ABC (About the Community) committee for the Junior League of Oklahoma City.

Deborah L. Richardson - Debbie obtained her B.S. with Honors in Psychology and M.S. in Community Counseling from Oklahoma State University. She volunteered with the Infant Center Teen Parent Program during its pilot years, 1984-1986, while also working as a counselor at Mid-Del Youth and Family Center. From August 1986 to June 1989, Debbie served as Teen Parent Program Director at the Infant Center She also actively serves on the Oklahoma County Child Abuse Prevention Task Force and the Teen Pregnancy Coalition of Oklahoma County. Her other interests include youth ministry and studying ballet and jazz dance.

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TEEN PARENT TIME

CURRICULUM

by

Marcy M. Price, Ed. M.
and
Debbie Richardson, M.S.

Revised Version
1989

STATEMENT OF THE NEED

Adolescent parenthood has been called a "syndrome of failure" because so often consequences result in a failure to stay in school, a failure to limit additional pregnancies, and a failure to provide a stable home environment for the young off spring. (A Handbook For Working With Adolescent Mothers, Purdue University). The statistics on the economic and social consequences of pregnancy are powerful indicators that this is a serious community problem. The psychological consequences of early parenting also carry a huge burden for the vulnerable teenager, who must balance the demands of a dependent infant with the normal developmental tasks of an independence-seeking, self-oriented, moody teenager. The "Teen Parent Time" curriculum was developed originally with a grant from the Oklahoma State Office of Child Abuse Prevention to offset some of the negative consequences of teen pregnancy and parenting in Oklahoma.

Teenage pregnancy and parenting remain primary concerns in the state of Oklahoma. In 1985, Oklahoma ranked sixth in the nation in the rate of births to teenagers. In 1986, there were 7,894 births to Oklahoma women under the age of 20. Approximately 20 percent (1,576) of these births, including 124 births to girls between 12 and 15 years of age, were in Oklahoma County. According to recent trends, almost one-third of female adolescents in Oklahoma will have had a live birth before they reach their 20th birthday; approximately 24 percent of those young mothers will have a repeat birth within two years, while about 43 percent will have a second child within three years. (In 1985, almost six out of ten births to teens were to unmarried mothers.) Also alarming is the number of births to girls age 15 and younger in Oklahoma, which is increasing at five times the national average. Every 16 hours in Oklahoma a baby is born to a mother not old enough to obtain a drivers license.

Pregnant teenagers experience a significantly higher rate of pregnancy-related complications than do older women, particularly teens 17 years and younger. Among teenage mothers, 16 percent receive less than adequate prenatal care. One study found that up to 50 percent of pregnant teens smoke cigarettes while 23 percent consume alcohol. Diets of teenage girls tend to lack nutrients necessary for pregnancy. Adolescents have a high rate of anemia, toxemia, sexually transmitted diseases, premature births, and developmentally disabled infants. Major barriers for teenagers are lack of resources to pay for prenatal care, lack of transportation to obtain services, and lack of information as to how and where to obtain services.

Being emotionally unprepared for parenthood holds particularly grave consequences for teenage parents and their children. Because of their relative inexperience with infants and lack of understanding of infant behavior, teenage parents often fail to notice potential problems or understand the normal behavioral responses of their infants. Inadequate stimulation and failure to respond to medical/emotional cues of the infant can lead to a chronic state of neglect that may go undetected. Most teenagers are still trying to cope with developmental issues of their own; issues that often conflict with childrearing and lead to neglectful situations. The great amount of stress that faces teenagers places this population at high risk for inappropriate parenting behaviors.

Children of teenage parents are twice as likely to become a teenage parent. Further, these children are at a higher risk for child abuse and neglect than other children. In 1987, Oklahoma County had 4,286 reports of child abuse or neglect, 1,627 of which were confirmed. Over 54 percent of the confirmed cases were in homes where mothers had their first child before age 20. Infants and toddlers three years and under represent 22 percent of all children, and yet they account for 30 percent of the reported cases of child abuse each year and an even higher percentage of the fatalities caused by abuse. Children experiencing difficult developmental phases, such as colic, trained night crying, negativism, and toilet training, may trigger abusive behavior in any family; for a high-risk family these stresses are too often the breaking point. Inadequate levels of caregiving and protection may constitute a serious developmental risk to a very young child, including inadequate hygiene, repeated accidental injuries, lack of positive parent-child attachment, and parental inability to perceive and respond to the infant's changing needs and communications. If other risk factors such as low birth weight or disabilities identified at birth are present, the child is particularly vulnerable. Literature reports that child abuse and neglect is more likely to occur when (1) there is stress and strain in the family, (2) parents have unrealistic expectations of the child, or (3) parents are emotionally and socially isolated.

The mental health of both mother and baby is threatened when the adolescent is forced to cope with an unwanted pregnancy, an unwanted baby, and a lack of social support. Teenage pregnancy is closely related to increased problems of low self-esteem and depression among teen mothers, problems that in turn can lead to poor parenting. Teenage parents face many other difficulties, such as dropping out of school, decreased occupational aspirations, poverty, single parenting, and family dysfunction. Households with a mother who began bearing children in her teens account for over 50 percent of welfare expenditures (72 percent of 15-17 year old mothers are receiving welfare benefits within 19 months after giving birth).

Representative Linda Larason, a long time advocate of programs to lower the incidence of teen pregnancy in Oklahoma, stated in a recent newspaper interview, "the biggest underlying problem that has led to the situation with our kids today is the lack of community or extended family support". In addition, if you help teens develop the self confidence and ability to make decisions and achieve goals then you can lower the teen pregnancy rate.

In a survey of teens nation wide, a Lou Harris Poll identified contributing factors and sources of information regarding sexual activity. Among the more frightening statistics was that more than half of all American teens have sexual relations before their 17th birthday, and only one-third of those use contraception regularly. Nearly 77 percent say they never use contraception. When asked for their solutions to the problem of teen pregnancy, the teens suggested focusing on the

dangers and risks of sexually transmitted diseases and how unintended pregnancy can ruin your life. [Article in Oklahoma Observer, May 25, 1988 by Joan Bjornsgaard, "Talking Teen Pregnancy to Death"].

Many studies have shown the positive effects of prenatal care, parenting education, support, and life skills training. Pregnant adolescents require comprehensive and culturally appropriate prenatal care to reduce their chances for giving birth to infants at risk for many problems. The use of parent education and support groups, as well as home visitors, has been identified as an effective intervention method with inexperienced parents. It is necessary with the population of teen parents to reduce barriers that may impede their utilization of services. Issues such as lack of transportation, need for emotional support, low self-esteem, trouble meeting basic needs (food, shelter), and other financial concerns are some of the common barriers. Literature has shown that infants can be at risk for a number of organic, biologic, or environmental factors and that teenage mothers, young fathers, and their children experience many of these risk factors cumulatively.

The Teen Parent Time Project is designed to prevent, many of the negative consequences of teen pregnancy and parenthood, and to assist the teens in developing the decision-making skills necessary to plan a healthy future for their child and themselves. It is believed that providing parenting skills in conjunction with support and assistance will help young families better attend to their basic needs and positively impact such factors as child abuse and neglect, repeat unplanned pregnancy, dependence on public assistance, and school attendance.

GOALS AND OBJECTIVES

Teen Parent Time Curriculum

	Goals	Objectives
I.	Enable teen parents to appropriately care for their baby's health and developmental needs	Increase knowledge and competence regarding - Infant's physical development - Well baby and sick baby care - Safety and emergencies - Normal infant behavior and at various stages of development
II.	Reduce the likelihood of child abuse and neglect	Increase knowledge and competence regarding: - Appropriate discipline techniques - Communication skills - Infant's emotional development - Social skills - Stress reduction - Appropriately coping with anger

III.	Reduce the incidence of repeat unplanned and teenage pregnancies and sexually transmitted diseases	Increase knowledge and competence regarding: - Physical consequences of sexual activity and repeat pregnancy - Pregnancy prevention - Love/dating/social relationships - Communication skills - Assertiveness skills
IV.	Improve likelihood of school completion, realistic goal setting, and independent living skills.	Increase knowledge and competence regarding: - Benefits of school attendance, job training, and completion of G E D. or high school diploma - Individual learning needs - Decision-making skills and goal setting - Time management - Financially caring for the basic needs of a family.
V	Enhance the self-esteem, social support and sense of personal power.	Increase knowledge and competence regarding: - Participation in a group setting - Meeting emotional needs and tasks of adolescents - Facing adult responsibilities - The development of personal support systems - Utilizing community resources - Personal strengths and abilities

CURRICULUM OVERVIEW

A. Organization

The Curriculum is divided into six need areas based on a concept from the "Nurturing Program for Teenage Parents and Their Families" (Stephen J. Bavolek, Ph.D.). The program focuses on six needs which human beings try to nurture the best they can throughout life. The following six needs areas were utilized to structure the curriculum for both teen parents and their babies.

Key concepts addressed within each Section include:

I. Emotional Needs/Teen

Self-awareness/self-expression regarding feelings, fears, needs, new parenting issues; trust/dependence issues; needs for nurturance

Emotional Needs/Baby

Child rearing myths, ways to soothe baby, feelings about baby, fantasies about baby's life; trust/dependence issues; spoiling issues; attachment/bonding

II. Physical Needs/Teen

Body image; sexual myths, birth control myths; sexually transmitted disease facts, drug and alcohol facts, saying no; making choices about the body, peer pressure and conflict situations, feeling lovable and capable.

Physical Needs/Baby

Demands of baby; healthy baby care routines; nutrition; safety; sick baby care; preparing and cooking food; general tips for care.

III. Intellectual Needs/Teen

Memories of own learning experiences; role models; personal power and decision-making; education/career goals; saying no to sexual pressure; future planning; time management, making choices

Intellectual Needs/Baby

Taking baby's viewpoint/ awareness of baby's needs as different and possibly in conflict with teens' needs, observing babies; specific baby development and learning sequence; encouraging infant development; TV viewing habits, toys, books,and playtime

IV. Social Needs/Teen

Relationships with peers; love relationships; family relationships; communication techniques; empathetic listening skills, group support/peer pressure.

Social Needs/Baby

Memories of own discipline as a child; discipline styles and techniques; preventing violent behavior, dealing with anger; encouraging positive communication techniques, play with people.

V. Spiritual Needs/Teen

Family tree/connectedness to others; life goals over time, values; conflict resolution over control/ independence issues with

Spiritual Needs/Baby

Awareness of values; goals for baby; developing self-esteem and learning in baby; influence of parenting attitude and style on baby's

	own family; assertiveness and confrontation skills, stress awareness and management (stress busters).	spirit/self-esteem
VI.	Creative Needs/Teen	Creative Needs/Baby
	Creativity awareness and expression; creative giving, individuality/personality strengths, individuality/ uniqueness of teen	Awareness of baby's uniqueness and individuality, meaning of creativity; encouraging creative problem solving in babies, creative expression of feelings about family

B. Format

In an attempt to emphasize and enhance the teen parents' feelings of competence and ability to make informed choices about their lives, each curriculum section follows a format which promotes the teens' confidence as a feeling, knowing, and able person and parent. ("I feel," "I know," I can," "I teach," "I care.")

We feel that this particular type of format will insure that different levels of learning will take place during the sessions, including factual knowledge, self-awareness and role modeling of appropriate child care methods.

" I FEEL" - activities focus on eliciting feelings, underlying anxieties, concerns or frustrations, as well as positive, encouraging feelings.

"I KNOW" - activities focus on eliciting new information and insight as individuals or as a group.

"I CAN" - activities focus on encouraging teen parents to role play situations involving problem solving or to demonstrate baby related skills.

"I TEACH" - activities focus on encouraging teen parents to actively play, teach and positively interact with their babies, utilizing many homemade toys and games.

"I CARE" - activities focus on encouraging teens to actively reach out to others in the group and to experience the positive results of group support.

The goals of 'Teen Parent Time' are addressed on several levels throughout the curriculum. The key concepts comprise the major areas needed for both teen and baby. The techniques used to introduce the concepts encourage the teen's development as a competent person as well as a valuable group member.

TEEN PARENT TIME HISTORY

Teen Parent Time was developed by the Infant Center, Oklahoma City, Oklahoma. The Infant Center, established in 1983, was an outgrowth of the Postnatal Education Project started by the Junior League of Oklahoma City in 1979, and was located within the Department of Family Medicine at the University of Oklahoma Health Sciences Center. The purpose of the Infant Center was to help

strengthen families, promote healthy child development, and reduce the potential for abuse and neglect.

A non-profit organization, the Infant Center provided classes, support, and information for families with infants.

It quickly became apparent that adolescent parents had very unique needs and faced difficulties that were more complex. Oklahoma was a state with one of the top five rates of births to teens in the United States. Yet there was a great lack of services addressing the compounded issues teenage parents and their babies face.

Funded initially in 1984 by the Oklahoma Commission on Children and Youth, the Infant Center Teen Parent Program was further supported by an annual grant received for four additional years by the State Office of Child Abuse Prevention (Oklahoma State Department of Health, Grant #62286) and a two year demonstration grant starting in 1986 from the National Center on Child Abuse and Neglect, (U.S. Department of Health and Human Services, Grant #90CA1237).

The initial grant award for fiscal year 1984-1985 enabled the research and development of a curriculum designed specifically for the needs of adolescent parents during their first year of parenthood. The goals and design of the curriculum were based upon reviews of adolescent parenting programs nationwide as well as on consultations with area professionals. In addition, Ms. Carolyn Gaston, Director of New Futures School for Adolescent Parents in Albuquerque, New Mexico, consulted with the Infant Center staff on the central needs of a program designed for adolescent parents. Three six-week 'Teen Parent Time' pilot groups were held during the initial grant period, as well as a training program for interested leaders of future groups. Due to the positive response to 'Teen Parent Time', the Infant Center received the additional funding previously mentioned to refine and expand on the first year's work. Since those first three Teen Parent Time groups, an additional 50 Teen Parent Time groups were conducted between Fall 1985 to Spring 1989. Other project components were also added over that period of time, including teen childbirth classes, an ongoing weekly drop-in group (Connection), and a parent aide/home visitor project. Over 400 teen families utilized these services. Numerous volunteers donated thousands of hours to the program.

A decision was made to revise and update the Teen Parent Time curriculum. With more research, more materials compiled from around the country, more consultation with professionals, and with five years experience working with pregnant and parenting teens, this was done. It is felt that this effort will more effectively address the needs of teen parents and their children as well as meet the goals of the Teen Parent Time program. Consequently, it is hoped that this curriculum will have significant impact on the health, development, and well-being of teenage families.

Philosophy

The Infant Center and Teen Parent Time concept was developed in a large part because of the decreasing availability of natural support networks for young families. The decrease in family size, the increase in family mobility, the rise in the number of working parents, dual earner families, single families and adolescent parents suggest need for an outside source of support.

There are a number of important concepts underlying the Teen Parent Time project. First, the project seeks to strengthen families of infants by encouraging families to develop and use support and self-help networks before day-to-day problems reach the crisis level. Support networks can include other parents, neighborhoods and other community support services. Such networks focus on building natural support systems in a family's immediate environment.

Second, Teen Parent Time is also oriented toward the whole family as a unit of care. Individuals who present problems are viewed as part of a family system that needs support. Third, emphasis is placed upon prevention rather than treatment. Fourth, the Teen Parent Time seeks support and cooperation from the community it serves. Rather than competing with other services, the goal is to provide better programs and better delivery of support programs to parents by actively seeking cooperative sharing and networking with other family support services. Fifth, there is an acknowledgement that at some time or another ALL families need help - both the "high risk" and "average" families. Sixth, the volunteers and professional staff work from a family "strength model" as opposed to a "deficit model." This means that the emphasis is placed on supporting positive parenting behavior, rather than focusing on parent deficits.

UTILIZING THE CURRICULUM

The Teen Parent Time curriculum was designed to be facilitated by professional staff and/or trained volunteers with supervision and guidance by a professional coordinator. The program is applicable to a variety of urban or rural community settings such as hospitals, churches, health clinics, libraries, schools, etc.

The curriculum is geared toward young parents with infants up to age one but parts could be adapted for use with pregnant teens or parents with toddlers. Teen Parent Time groups usually meet one and one-half to two hours weekly for six to eight weeks. Once again, the curriculum could be adapted to different time frames. The amount of material in the curriculum could easily be expanded to 12 weeks or more. This also enables the group facilitator to tailor topics and activities to fit the facilitator's style or group personality and needs. Groups range in size from three to twelve teen families, however, an average size of four to six is ideal for developing group rapport.

Historically, groups tend to be attended mostly by the mothers and their babies. However, attendance by fathers is greatly encouraged. If the fathers are not able to attend for whatever reason, it is also acceptable for the young mothers to be accompanied by a relative or friend for support. The group facilitator may want to consider a combination of possibilities - a father's only group, a mother's only night, a grandparent's support session. Likewise, although Teen Parent Time has usually encouraged parents to bring their babies to the group, the group facilitator or group members may decide that a parents only session may be beneficial and choose to provide babysitting on site or leave babies to be cared for at home.

Teen Parent Time provides the parents an opportunity to socialize and gain support as well as learn parenting information, such as infant development, nutrition, safety, discipline, family planning, decision making, communication and meeting their physical and emotional needs as a parent and as an individual. This is accomplished by group discussion, audio visual materials, demonstrations, guest speakers, small group activities, journal writings, and role play.

Each teen parent/family should receive a copy of a Baby Book/Teen Journal. It is helpful to use a 3-ring binder. The notebook includes pages by the participants from the curriculum for personal reflection in addition to helpful parenting information. The observations made in their books between sessions may be a source of discussion, may be utilized as an activity during group sessions, or the notebooks may simply serve as a reference guide. Additional handouts not included in the curriculum may easily be added as appropriate.

Teen parents seem to need the socialization experience and the opportunity to get out for an evening which "Teen Parent Time" offers. Subtle opportunities for nurturing and support of the teen parent occur as they share their "note" books with group facilitators and members, when they call during the week for specific information or ideas, and as they relate events that have occurred between sessions. In an effort to provide additional incentives for continued attendance, there were "giveaways." This may include drawing for a baby related prize which the teen could choose from a decorated box of donated items, formula donated by formula companies, makeup or small baby items ($1 - $2 in value), used baby clothes. Photographs of parents and babies were taken, developed and handed out as so many do not have cameras. Snacks were also provided weekly. Some teens may volunteer to bring sacks although this should be voluntary. Approximately 5-15 minutes should be allowed for snacks, socialization and playing with the babies at the end of each session. It is also fun for the group to have a "party" the last session. Participants may choose to have a pot-luck dinner, meet at someone's home instead of the usual location, or the group facilitator may provide a pizza party with donations.

THE FACILITATOR'S ROLE

by

Susan Sturm and Henry Draper*

In order to better understand the focus of the Teen Parent Time, it is first important to distinguish between parent education groups (i.e., parent-infant groups) and a "therapeutic" group. A therapeutic group has the intent of increasing an individual's knowledge about himself and helping an individual to clarify personal changes he may want to make. The parent-infant group certainly has a similar goal, but it is not concerned with personality changes nor the treatment of parenting disorders. The major goal of a parent-infant education group is to effect parent confidence and increase parent understanding of infant behavior by focusing on the parent-infant relationship within a group educational setting. The structure and process which guides education group dynamics will be similar to the dynamic process of therapeutic groups.

A small group setting is deemed especially important in order to provide (1) positive support from other parents for parenting strengths, (2) feedback from other people in a similar period of crisis adjustment, and (3) opportunity to learn about one's own parenting skills through the experience of others.

Guidelines for Group Process

1. Even though it is an educational group, any topics discussed in the group will be considered confidential.

2. Members can be encouraged to ask questions or give feedback to other members of the group during the session, as part of the group process. For example, Mary may say "I have a question for Nancy regarding the statement she just made."

3. Parents should be given the right to "pass," i.e., the parent does not have to enter the discussion on a particular topic if they choose not to do so.

4. The group needs to decide together certain group issues such as if and when they want a break, refreshments, etc. Because there are babies in the class, group leaders must require that smoking not be allowed. If members would like to smoke they should go outside of the group to do so. Members can also be asked if there are any additional limits that they would like to discuss settling in the group.

5. Members should be told that it is okay to disagree with the leader and with each other--that the whole group can learn from discussing individual differences of opinion.

6. Parents need to be told to come regularly and to call if they are unable to attend. The group leader can tape a session if they know in advance that a parent will not be there.

7. Parents need to know that the group will start promptly at a certain hour.

*This section is adapted from the Infant Center Postnatal curriculum.

8. It is perfectly alright for parents to get up and walk babies if fussy, change babies, breast-feed, etc. during the group. It's nice to have extra volunteers present to assist parents with their babies, however, so parents can stay involved with the group.

Responsibilities of Group Members

1. To support each other. Explain that a major goal of the group is to recognize parent strengths and untapped resources. The best place to begin is by looking for and supporting each other's parenting skills. Parents can be taught some of the skills of "encouragement" mentioned in the series. (Leaders should also be models of support).

2. To respect one's own and others' feelings and opinions. Each of the parents bring their own values and experiences into their parenting. No one parent is "better" than another parent--only different. Thus, it is important that parents respect and allow for each others' differences.

   Likewise, all opinions expressed in the group are considered important. There is no topic too "unimportant" to discuss and parents need to know that the group is a safe place to practice parenting skills. Expression of all feelings that parents have, including the negative feelings are accepted in the group.

3. To actively participate in the group. Experience has shown that members who actively participate in the discussion and home activities of the group are those who profit the most from the group. Sharing experiences is especially beneficial to new parents who may feel they are the only ones to ever encounter certain feelings about parenting. They need to know that these feelings and experiences are not uncommon.

4. To share accomplishments with the group. Part of the process of finding parent strengths is being able to pat our selves on the back. Parents should be encouraged to share something they have figured out about the baby or something they feel they've done well. It is equally important that group leaders take a posture that says that parent strengths outweigh weaknesses and that parent accomplishments far outnumber failures.

5. Parents may want to "contract" to set personal goals or goals concerning their infant--i.e., something that they want to see happen before the group is over (for example, to enjoy the baby, to not get so upset over the baby's crying, better communication with their husband over childrearing issues, etc.) At the end of the session it can be decided if the goal was met and, if not, how to go about meeting the goal.

   Members can be asked if they have any personal goals for the group that they would like to see accomplished. A contract can also be made to commit to certain group tasks such as doing the activities at home. Ask parents during the first session which goals they would like to accomplish after the process has been explained to them. Parents may want to add goals during the group and a mid-series evaluation should be discussed.

   Setting specific short term goals gives the parents a sense of accomplishment from the group process. Likewise parents are more likely to realize that they

can set and accomplish goals at home with their infant. Group leaders can give feedback on how realistic these goals are to accomplish.

6. To resolve to benefit personally from the group. Parents will benefit if they have taken part and when they see success either from feeling supported or from working on and meeting short term goals. Deciding that they are going to get something from the group is also beneficial. Parent goals should be kept small, so that they can start learning to build from small success. To resolve that they are going to be "good parents," for example, is too general and unachievable.

Presentation of Content

The major guidelines for presentation of topics is that it focuses on open discussion, demonstration and parent involvement. Visual aids such as films, charts and slides can also be used to reinforce objectives. Didactic presentation (i.e. lecture) is the least preferred because it inhibits parents involvement in the group.

Demonstration

Some of the curriculum is built around demonstrations with the infants. Demonstrations are particularly important in providing opportunities for modeling and interaction with the infants. During demonstrations leaders are much more aware of the subtle infant behaviors and responses that can be discussed in the group. It also allows leaders opportunities to discuss negative responses of the infant that the leader would avoid making if the parent was involved with the infant. (For example, if the infant turns his head away the leader can say "He's looking away from me, he must want to stop this activity for awhile.")

Demonstration also provides increased opportunities to discuss individual differences. It is important that leaders not compare babies in the class but only point out the infant's individual responses to an activity or demonstration.

Leader involvement in demonstrations with the infant often provides opportunities for the leader to provide support for the parent, i.e., "I can't get him to smile as much for me as he does for his daddy," or "oh, he's getting fussy, I'd better give him back to the one that understands him."

There will also be very differential reactions of the infants to the activities. Explain to parents that the babies will vary greatly in their responses to activities, depending upon the baby's state, temperament and developmental level. Point out that differences in infant responses are dependent upon a variety of factors and that the important thing to do is to respect the baby's state, interest, motivation, etc. Point out individual differences in responses, i.e., some babies respond with their whole bodies, some only mildly, etc. Leaders should be sensitive to opportunities for intervention and modeling that occur during demonstration periods.

Involvement Activities

Activities and exercises should be included at each session for the parents to do with their infant in the group and at home. Parents should be encouraged to bring activities, books or exercises they enjoy using with the infants to show in class. Any interest shown by the parent in being involved with class activities with the infant should be encouraged. A regular part of the activity period should include a

discussion of activities that parents find particularly valuable or enjoyable with their infant.

Review and Summary

Leaders should briefly review topics discussed that day and ask if there are any last minute questions concerning topics.

GROUP PROCESS

Group Stages

Parent groups usually go through the following four major stages:

(1) During the initial forming stage, members are seeking acceptance in the group. Group members are dependent on the leader for structure and guidelines as to where the group is going and what part they as individuals are going to play. They are wanting to know how the group will be relevant for them. Group members are especially wanting to be accepted by the leader and the group for their parenting abilities.

The building of trust is very important during this stage. During this period the leader should provide: (1) structure, (2) guidelines, (3) discussion regarding common group concerns, (4) socialization experiences, (5) acceptance, (6) assumptions that parents may not feel comfortable at first, (7) support, (8) validation of parents anxieties or fears, and (9) universality of parent feelings. Group discussion during the early sessions are usually limited to safe issues - no "deep" or sensitive conversations. The members are looking for similarities among each other so they can build friendships and acceptance.

(2) During the second stage the group is finding out that the leader doesn't have all of the easy answers. Members may feel more like disagreeing with the leader and some conflicts may occur between the leader and individuals in the group (i.e., Dad can't believe that picking up the baby won't spoil him). Instructors should realize that this is not a personal attack on them but a precursor towards a more advanced level of development within the group.

(3) During the third stage the group has developed cohesiveness and is able to work together as a group. There is an increase in mutual trust and in self-disclosure. More sensitive topics can be discussed--the major goals of the group move toward support of each other. Members start to regard the leader as one of the group.

(4) Termination state. Termination may end when someone drops out of the group. Members who drop out need a phone call to let them know that it is okay to drop out. People drop out for lots of reasons and need to feel that it is okay to do so. Parents who drop out know that they can return to the group or that there is still other means of support available. Many teens have problems with transportation, lack of family support, or numerous other issues that may prohibit their attendance. They may need assistance in problem-solving or support for their feelings.

Many group members may not feel ready for the series to end. Some may even "regress" as if to say "I need to show you that I need more " Members need to be supported in their abilities to problem solve their own problems. Members can be asked how they feel about ending the group. Part of the reason that parents want to continue is because of their awareness of the rapid changes still occurring with the infant. It will be important to refer parents to other available services so that the parent will continue to have resources at hand to meet upcoming development issues of the infant as well as themselves.

Evaluation.

Evaluation is an important part of group termination as well as for much needed information by the group leader. Evaluations should be done both orally in the group during the last session and confidentially by questionnaire (see page 24).

Parents can brainstorm during the group the things they liked and disliked about the group, i e. What else would they have liked to learn? What would they have liked to see continue? The areas that they want to continue exploring are... The areas that need changing are... How could they improve the group? They wished that they could have...

Leaders may want to ask members what the group experience has meant to each one of them individually and if any personal changes have taken place. Part of the termination should be for the members to evaluate their progress and where they would like to continue to grow.

Group Facilitation Skills

Listening Skills. Leaders should adopt a posture that says to the parent "What you have to say is very important to me." This means that the leader will want to make eye contact and be fully "in tune" with the one person with whom he or she is interacting. Being in tune also means showing acceptance by your words and tone of voice.

Being a good listener is difficult if the leader is concentrating more on what he or she is going to say next. Being a good listener also interferes with being a good observer. Team leaders have the advantage of being able to switch their concentrations from listening to observing.

Sometimes the leader will want to respond to a parent and sometimes it is necessary that the leader be silent and not respond. Allowing silence occasionally may encourage parents to express or continue to express certain feelings. Silence then becomes an "expectation" that the parent will share. Learning to use silence appropriately may be important for leaders early in their experience who feel that they have to be talking a great deal of the time to feel comfortable.

Reflecting feelings and underlying issues. Leaders should give feedback to the parent that says they understand what the parent is feeling. For example, if the parent says "Sometimes I think the crying is going to drive me crazy," the leader can reflect back the parent's frustration by saying "it must be really frustrating when the baby won't stop crying." Reflecting back feelings in this manner when it seems

appropriate to do so lets the listener know that you have heard and have empathy for their feelings and frustrations, and at the same time encourages the parent to keep sharing these feelings.

Parents sometimes give non-verbal clues to feelings or thoughts they are having--and the verbal expression may not match what the person is saying. For example, the parent may look a little teary, their lips may quiver and they will say "Oh, really, I think being a parent is great." Being sensitive to some strong hidden feelings that the parent is expressing, the leader might say "yes, but parenting can also have its real moments of stress, too."

Sometimes it may be appropriate to call the "double message" to the attention of the parent by saying "Kathy, you said you are okay with what we've been discussing, but you don't look too sure. Do you still have some questions?"

It is likewise important to validate any experiences that the parent might offer--especially if it was difficult to share. If a parent, for example, shares with the group that she has felt angry at the baby, the group leader should make appropriate responses. They might tell the parent that her feelings are "a very frequent occurrence--that stresses of parenting can make us occasionally have strong angry feelings and then we in addition feel guilt, for feeling angry." The leader should also thank the person for sharing and ask if any one else has had similar experiences.

Linking. By linking what we see as similar between one member and another we encourage interaction within the group. For example, the leader might say "do you see any similarity with what Jane was describing yesterday? or "it seems Kathy had a similar experience."

Universalizing. By universalizing, we are alleviating fears that parents have that they are the only ones experiencing certain problems, fears or negative feelings. By frequently asking if anyone else has had similar problems or if anyone else has wondered or felt the same thing, then we alleviate these fears. Finding out that someone else is sharing similar problems can come as a tremendous relief to new parents.

Avoiding direct answers to questions. Leaders can avoid giving direct answers to parents questions by (1) redirecting the question to the group, (2) using group problem solving techniques (i.e., brainstorming), and (3) providing alternatives.

Thus if the parent asks you "How can I stop this baby from crying so much?" instructors might:

(1) Redirect the question by asking other members of the group how they solved the problem and then say "how do you feel your situation differs?" or "do you feel that this would work with your infant?"

(2) Problem solve by saying to the group "Why don't we brainstorm some ideas and then Kathy can help us decide if any of these suggestions might work in her own situation."

(3) Or leaders can provide alternatives by saying "there are no easy answers--here are some things you might try. How do you feel these would work in your own situation?"

Group leaders should use their skills to make an active effort to decrease their own role as the "helping authority" for a very important reason. Parents need to rely on their own strengths and resources for solving their parenting problems when you are not around to give them an answer and when they are not in the group. Group leaders should encourage parent's active problem solving when at all possible. Parents will not feel confident in their own parenting if they have to be dependent on the leader for all of the answers. Behavior change is much more likely to occur if parents come to believe that they can depend on themselves to find the answers. This is especially true with teenage parents. Generally, adolescents will learn more if you don't openly criticize their parenting techniques. A teenage parent is likely to feel no one believes he/she can be a good parent. If their self-esteem is enhanced and they are encouraged to see themselves as capable individuals and parents, then teenage mothers and fathers are more likely to become capable people and parents.

PREPARATION FOR GROUP LEADERSHIP

Leaders who have backgrounds in child development or early childhood education would have good preparation to facilitate a Teen Parent Time group. Ideally, those involved in group leadership should have some experience in working with infants or young children, some background in education, experience working in other group settings, and some knowledge of their community. However, it is not necessary to have this background to become a sensitive, effective group leader. It is also not necessary to be a parent to be a good group leader.

A "team approach" with Teen Parent Time is encouraged. Co-leaders or a primary facilitator with at least one or two volunteer assistants is helpful in order to better meet the needs of the group by sharing responsibilities, assisting parents with their babies, providing positive feedback and support to parents, providing different perspectives on material, and allowing better observation of group dynamics, etc. It is extremely important for this "team" to communicate their expectations and clarify responsibilities long before a group has started as well as touching base throughout the course of the group.

It is important that leaders feel excited, motivated and interested in the group and in the parents. If the leader is there only to fulfill a volunteer commitment or to receive money then they are not serving the needs of the parents.

Group leaders should ask themselves: Am I looking forward to this group? Do I feel alive and enthusiastic? Are there problems at home or within me that need to be resolved before I can give myself fully to the group? Experience in group programs has shown that there appears to be a strong relationship between the positive feelings of the leader toward the group and how effective the intervention is for the parents.

Encouraging parents' independence from you is much easier if the leader has a good feeling of personal adequacy. Leaders who feel good about themselves will not need to feel that they have to have all of the answers for the parents. Likewise, healthy self-esteem allows the leader to make mistakes and admit them openly or to say honestly, "I really don't know the answer."

Even though much of the time we may function with good feelings about ourselves, we may have crises periods or times when we ourselves may need support. Leaders should be very sensitive to their own personal needs--both inside and outside of the group. If there are pressing family concerns or if the leader is looking

to the group as his or her means of support then the timing may not be right to assume a leadership role.

Other Helpful Hints for Group Facilitators

Effective group facilitators need to:

- be able to admit mistakes and imperfections as parents, i.e., take the same risks that they expect the group members to take,
- be able to admit when their information is wrong or their perception is wrong,
- be a good model for appropriate behavior,
- believe in the group and in group process,
- believe that all parents have strong inner resources to become adequate, nurturing parents, and
- be aware of "burnout"--of when they are tired of being a group leader.

o Remind yourself where your expertise ends. If the parent has a problem that you do not feel you can handle, explain that you do not know the answer, but you will find out or find someone that they can talk to about their problem.

o Any issue dealing with medical concerns should always be referred to the family's pediatrician. Parents will frequently ask when to start solids, when to supplement or how to care for the infant's rash. Even though the leader may have five children and has seen every rash invented, it is not appropriate to do anything but refer that person to their pediatrician or family doctor.

o You are now "experts" within a limited capacity. It is important that you not extend your biases to the parents as "the only right answer." If you feel you must comment with a personal opinion which differs from that being taught, please express it as your own personal opinion. Likewise, it is important that you "buy into" the major concepts of the program. If you have strong feelings of disagreement, your professional consultant or volunteer director may be consulted.

o Always remember to keep yourself on an objective level - avoid getting pulled into the emotional needs of the parent. Your role is that of supporter not rescuer, therapist, or parent.

o Although it is worthwhile for you, as an group facilitator, to offer your personal experiences, there are several considerations to keep in mind when such situations occur:

1. Your role is one of "facilitator" rather than teacher. Encourage the parents to do their own problem solving rather than your having the answer.

2. It may be more important to say how you felt under similar circumstances than what you did. Thus, if a parent says "What do you do when you've tried everything and they keep crying and crying?" You

might first say "I remember feeling so discouraged when my baby would not quit crying," or "It's really discouraging they won't quit crying," rather than saying "Well, the way you could solve that...." The former responses say two things to the parent - a) that they are not alone in their feelings of frustration, and b) that you were not the perfect parent or the expert who knows how to solve all of the problems. It would then be good to say "Has anyone else solved this problem?" or "Let's discuss all of the reasons they might be crying and some of the things we might try to soothe them." Use understanding phrases like "it's really frustrating when..." or "it really makes you feel good when...."

- Encourage the group to help each other whenever possible. Let them be a support to each other rather than depending on you to answer all of their questions.

- Remember that there is no one right way to raise a child. Different things work for different people and all we can do is to keep trying. Most of the statements that parents will hear from you and see in films hold true under certain test circumstances, but don't always work for every child. Be aware that all of the fields of study relating to children are changing constantly - with new studies replacing old. The field has come a long way with a great amount of information that is useful to parents but it is important to keep in mind that there is no one right answer. Likewise, we must always keep in mind that each parent is more sensitive to his infant's needs than all of the "professionals" in the world would be. Our major goal is to support this sensitivity. The parent is usually their own best "expert." Leaders may want to reflect and verbalize the frustration of the group when direct answers or solutions are not given.

- Give lots of positive encouragement and support to the parent's attempts to be a mother or father. This is a very sensitive period and many parents are getting negative feedback from other people. It would be nice if they can leave the program saying to themselves, "Gee, they can really see that I'm trying hard to be a good mother or father." You will see a lot of "mistakes," but look for the occasion when you can say "that baby looks so secure in your arms," or "it sounds like you worked out a good solution to that problem." Although a parent may need help in making his or her perceptions or expectations of the infant more realistic, the parent's understanding of the infant is still greater than the leader's or anyone else who cares for the baby.

- Be a trained observer - be aware of the danger signs for inappropriate parenting and child abuse and makes notes when you feel there are some problems. Discuss any concerns with your coordinator or a professional consultant.

- Remember that the things parents discuss with you are to be considered confidential in nature.

- Remember that even though teen parents have a baby and now are facing adult responsibilities, <u>they are still teenagers</u>. It is helpful to remember how life was like for you at their age and recall the mood swings, lack of self-confidence, self-consciousness, difficulty identifying feelings and verbalizing them, conflicts in relationships, and tendency to be silly and have a short attention span!

Leading Parents Into Problem Solving

When parents have particular problems that they seem concerned with, leaders will be encouraging them to seek their own solutions or find group solutions to the problems.

When the parent presents the problem leaders can:

Listen emphatically...

-listen carefully and acknowledge feelings
-look at the situation from the parents' perspective
-show acceptance
-show empathy for non-verbal expression of feeling

Ask questions of the parent regarding the problem or behavior for the purpose of gathering information. (Never ask "why," only "how" or "what")

-what the parent had observed
-what else was occurring in the environment that might effect the behavior
-how the parent handled
-if the parent was successful--and if they knew why it was not successful
-how they would handle differently
-how the baby responded
-what seemed to precipitate the problem or behavior
-how the parent was successful in another area that might be adapted to this situation

Observe behavior or ask parent to observe

-any behavior or environmental influences effecting problem
-things the leader noticed about child's personal, social, language, motor behavior
-child's reactions and responses to parent behaviors
-child's interest or motivational level
-how child responded and reacted to other things in environment

Encouraging experimentation of

-various ways of interacting with infant to effect change
-various activities to see which produces desired behavior
-follow-up discussion with feedback on success or failure and possible causes
-ways to produce particular affect responses on interest by baby

Comment positively on

-parent strengths
-behavior which shows parent is in tune with the infant
-parenting skills which parent takes for granted
-ways in which parent's behavior benefits child
-concrete observable behavior
-infant responses to direct parent behavior

Model

-interacting with infant in a positive way
-certain responses which cause infant to react in certain way
-spontaneously during demonstration
-opportunity to ask parent's advice
-opportunity to show failures are normal

Inappropriate Parenting Behavior in Group

Occasionally parents will say or do something that the leader feels cannot be ignored or overlooked. If it is just a matter of feelings ("I was so mad I could have killed him," or "taking care of babies is a real pain in the neck") then the leader should simply empathize with the parents' feelings.

If the parent says something inappropriate which will eventually be covered in later topics (such as the parent who on the first night says "we just let him cry--he'd be spoiled rotten if we picked him up") the leader should be cautious about making it a group issue but cover the material as they ordinarily would. (If necessary the leader should take the material out of order to be covered earlier.) In the case described above, where the parents obviously have strong feelings that they are doing the right thing, they would probably feel defensive if confronted immediately. It may be more important with these parents to give them a step-by-step process of understanding the baby's neurological development, research on crying, development of trust, etc. before they can come to accept the idea that you don't leave babies to "cry it out." Leaders will have to use their best judgment as to when to intervene but a guideline should be that it is not done in such a manner to deflate or to put the parent on the defensive about their parenting techniques.

In some instances, assuming there is no immediate need to intervene, the team leaders or the leaders with her professional supervisor, might decide on the appropriate intervention for the next session. Instructors should avoid ever saying "I wouldn't do that" or "don't do that" or any other direct messages that would belittle the parent.

At other times the parent might say something like "every time I sit down to sew he throws a temper tantrum. I get so mad I usually end up yelling and then letting him cry it out." At that point leaders might enter a problem solving type of intervention with the parent. The leader might first emphasize with the parent "Sometimes our most frustrating times come when we are wanting to do an activity and the baby interrupts us" and "I'll bet its hard to sit down and sew when you are feeling angry."

Then the leader can ask the parent questions which will make the parent think about the consequences and causes of their action, i.e., asking if the parent sews a great deal and if this is a common problem, (i.e., is this beginning a pattern of conflict). If so, the leader can ask the parent what things they might do to prevent from becoming so angry. Or say something to the effect of "Sometimes we have to be careful that we don't set ourselves up to get angry at the baby. What could you do to find some time alone so that the baby couldn't interrupt you?"

If the parent makes statements that are so inappropriate that they indicate a gross lack of understanding about infant behavior (such as "whenever he is mad at me he gets even by throwing up" or "if you put an onion by the bed then he has to

keep his eyes closed") then the infants of these parents are at risk for possible abuse or neglect and the situation should be staffed with a professional for additional intervention or referral.

GUIDELINES FOR DEVELOPING A SUPPORT GROUP FOR ADOLESCENT (YOUNG) PARENTS

Step 1

Identify a rationale for support group. Key questions to ask in the development of a rationale include:

- Why should we become involved?
- What is the population we will be serving?
- Will our agency/organization goals be in line with or agree with those of the support group?
- What are the community needs?
- Would this program be filling a service gap in the community or would this be duplicating services elsewhere?

Step 2

Identify the objectives of the support group. The following are possible objectives for an Adolescent (Young) Parent Group:

- The group will foster mutual support and cooperation among the members.
- The group will increase the self-confidence of individuals, particularly in the area of parenting.
- The group will help parents increase their efficiency in the use of time, energy and other resources.
- The support group will help to increase the parent's understanding of the transition to parenthood and its effect on individual development.
- The support group will serve as an outlet for dealing with stress by allowing members to share their thoughts and feelings regarding their lives and experiences.

Step 3

Organization of the Support Group.

A. Support groups can adopt three possible formats:

- Open discussion format. The leader guides discussion through open-ended questions. The group members decide on the topic(s) for discussion each session.

- Planned content and discussion. Content of the group meetings are pre-determined with the use of speakers or existing curriculum. Meetings are informal with opportunities for questions and comments throughout the course of the meeting. The leader guides discussion and in some instances may present curriculum.

- Combination of the above formats. Combinations of open discussion and planned content or discussion can occur within the same meeting or alternating group meetings.

B. Materials and resources to be used.

Once the format is chosen, materials, resources, and equipment will need to be identified. Check with your nearest Cooperative Extension Service, Health Department, and Guidance Center for possible curriculum or speaker ideas.

- Keep the "cast" to a minimum. Too many outsiders may inhibit group members from sharing. Too many "experts" may give the impression that parenting requires a lot of education or knowledge.

- When choosing materials check the readability of all handouts to ensure that technical or scientific jargon is not used. Make sure that materials have ideas that can be demonstrated or illustrated for all participants. Remember - they need to be appropriate for the age, maturity, and education level of the group members.

C. Number of participants in the support group.

When working with couples, group size needs to be limited to between four and eight couples. If just one parent is participating the group size should be limited to between ten and fifteen people.

D. Choosing the meeting room, time, and frequency of meetings.

1. The meeting room needs to be a room which will enhance the program content and encourage group discussion.

   - The proximity should be as close as possible to the target audience.

   - Room size must not be too large or too small for the expected group size.

   - Lighting needs to be adequate and not too harsh.

   - There must be available restrooms.

   - The room should contain some comfortable chairs, couches, or floor pillows, which can be easily moved to form a large circle or small circles. A carpeted room, kept clean, is best so participants and babies may sit on the floor.

   - A chalkboard or easel for a flip chart should be easily accessible. If audio visual equipment is to be used, outlets and adapters need to be available.

   - Room temperature should be neither too hot nor too cold.

2. The key to scheduling the time and frequency of the meetings is to know the audience, what their time constraints are and how flexible

they can be. A suggested length for each meeting is one and one-half to two hours. Time also needs to be allowed to set up and greet group members who arrive early and to answer questions and assist parents' departure at the end of the meeting. Day and time the group meets depends on the needs of the parents. An evening group may be necessary if most attend school or if transportation depends on a father or grandparents who work in the daytime. If the group is to be led in a health department or clinic, it is effective to schedule the group on a day parents have other appointments as well.

E. Choosing a group leader.

Choosing a group leader is a very important component for the success of a support group. Group leaders are responsible for fostering a supportive atmosphere so group members can reach maximum learning potential. The group leader will be responsible for helping group members feel comfortable, facilitating discussion and assessing the group's interactions. In addition, the leader should plan the meetings (e.g., creating an outline for meeting content) and take care of all the logistical arrangements. Qualifications for a group leader include the following: friendliness, emotional maturity, listening skills, the ability to help others feel self-confident, the ability to draw out those who are reticent about speaking and hold in check those who monopolize discussion, sincerity, intellectual honesty, and skill in guiding discussion.

F. Recruitment.

The following are questions to think about in developing a recruitment strategy:

- Where are you going to get your group members?
- How will you let the community know that your group exists?
- Will you need to provide transportation for group members?
- Will you provide child care for group members?
- Will the group include both parents or be limited to either mothers or fathers?
- Will other organizations in the community be supportive? (Interagency Coordination)

Step 4

Preparing for each support group meeting.

A. Prepare physical arrangements.

- audio visual equipment (if needed)
- room arrangement
- material handouts
- demonstration items (if needed)
- check child care arrangements (if provided)

B. Prepare a list of objectives for the support group meeting.

C. Prepare a list of open-ended questions based on objectives that will facilitate the discussion.

Step 5

Evaluating the Support Group Meeting

A. Evaluating individual group meetings

Each meeting can be individually evaluated by checking to see if the objectives for the session were met. If they were met, how successfully were they met? If they were not met, why weren't they?

B. Overall evaluation of the support group.

Have support group members complete a questionnaire reflecting their views about the group at the last session. If a more objective evaluation of parents' progress is necessary, a pre-/post-test may be helpful (the same questionnaire is given in the first session of the group then again at the last session and the two tests are compared for differences). There are a wide variety of evaluation methods. A decision on an evaluation method depends on the accountability needs in each individual organization. Because many questionnaires and evaluation methods are so cumbersome and time-consuming, it is recommended that the least imposing method be chosen so group members will not be "tested" unnecessarily and, instead, keep the positive, supportive nature of the group.

INTERAGENCY COORDINATION

In her presentation to local professionals during consultation with the Infant Center in 1985, Caroline Gaston, Director of New Futures School in Albuquerque, New Mexico, summarized three major components of successful programs serving teen parents:

1) Importance of comprehensive services - networking between school/health/social services to increase awareness and access of services.

2) The heart of a successful program reflects an essential nurturing, caring relationship with teen parents, and leaders who model nurturing and provide it to teens, thereby boosting teens, thereby boosting teens' self esteem and confidence as a parent.

3) The need to work both prenatally and postnatally-pregnancy is a teachable moment but we also need to follow up during crucial first few years if possible

In our efforts to coordinate services for teen parents, we need to keep these program components in mind. Adolescent parents are a very difficult population to involve in services. Networking and interagency coordination is a must.

Interagency Coordination

Definition: People from two or more agencies working together to improve service to clients.

Building interagency coordination

Building interagency coordination

Ask yourself these questions:

What other agencies exist that may be interested in adolescent parents?
What do you know about these agencies?
Do you think a coordinated effort with these organizations is possible?
If you don't know enough, can you find out more about these agencies?
(See Interagency Coordination Planning Worksheet)

Steps in undertaking a coordinated effort with another agency

- Exchange information that already exists.
  - Information about the agency and its operations.
  - Information useful in the delivery of services.
- Recognize the existence of barriers to interagency coordination.
  - Is your agency flexible enough?
  - Does operating with a small staff and decreased budget add to the difficulty or considering interagency coordination?
  - Does your agency compete with other agencies for clients?
- Focus on the main objectives of providing services to adolescent parents.
- Determine ways that services can be improved despite the barriers.
- If other professionals in your organization are resistant to interagency coordination, try to show them the potential benefits.
- Band together with other agency professionals or influential community members who can see the benefits of the program and the need for coordination.
- Build in reward structures. Plan a special benefit for engaging in cooperative efforts (e.g., a dinner for all agency professionals).

Reference

Rossi, R.J., Gilmartin, K.J., & Dayton, C.W. Agencies Working Together: A Guide to Coordination and Planning. Sage Publications, 1982.

Interagency Coordination Planning Worksheet

EXAMPLE

Objectives	Method	Other Agencies to be Involved
To identify adolescent parent in the community	Contact with other agencies working with adolescents (pregnant or parenting teens)	Family Services Mental Health WIC Program Well Baby Clinic Planned Parenthood
To increase public awareness of the adolescent parent	General public meeting Press releases	Same as above Radio, TV stations, Newspapers
To provide information to adolescent parents on - basic child development - nutrition - formal/informal support groups - discipline - play - coping with stress	Written material Television videos Other agencies	Child Development - Red Cross - Extension - Guidance Centers Nutrition WIC Extension Well Baby Clinic Support Groups Mental Health Family Services etc
To provide support for adolescent parents	Organize a support group for adolescent parents	Family Services Mental Health

Other Agencies Involved	Contact Person
1.	
2.	
3.	
4.	
5.	

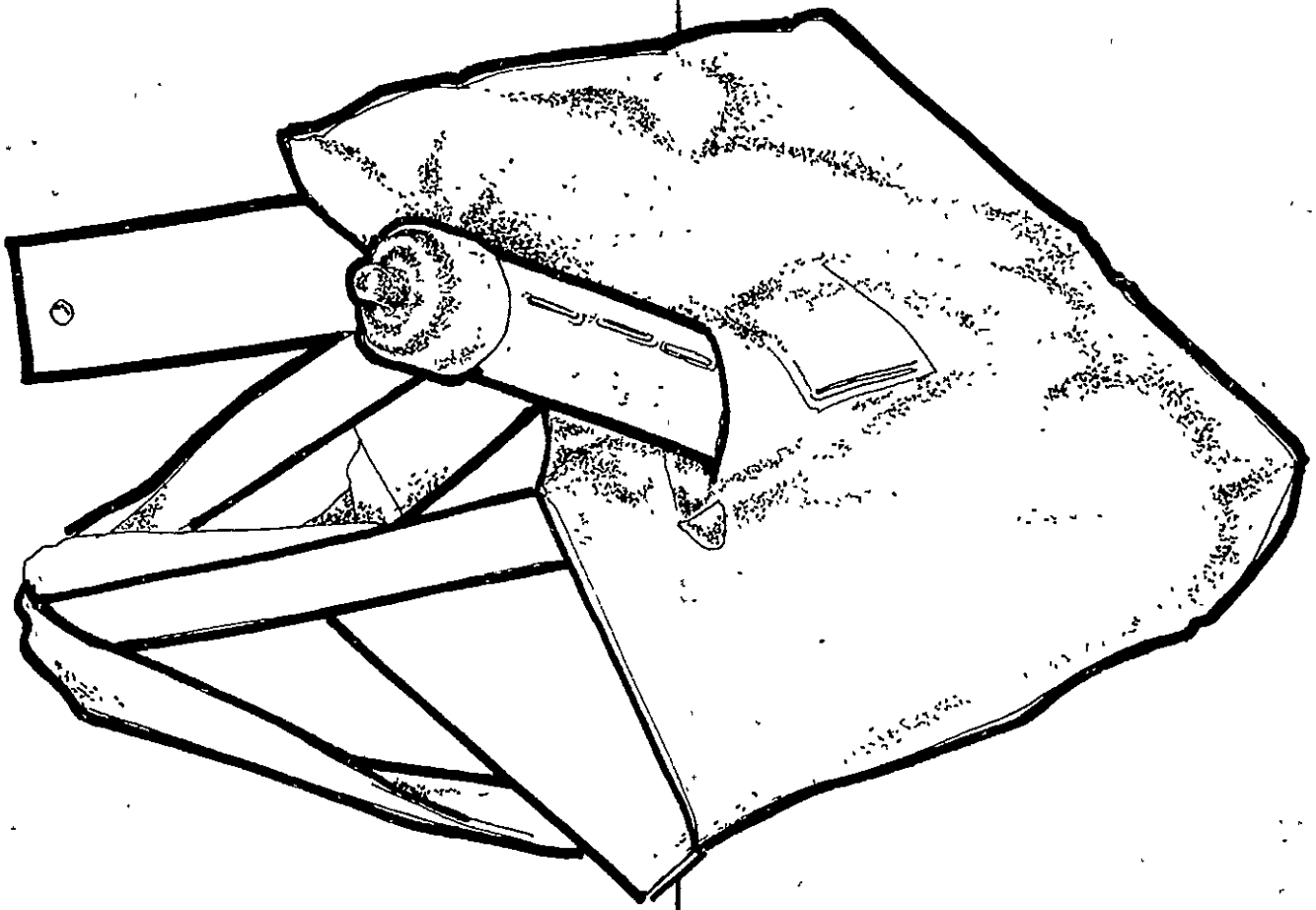
MATERIALS FOR TEEN PARENT TIME

The following is a list of materials helpful in conducting Teen Parent Time. Several of the items are optional. Approach the community (churches, businesses, formula company representatives, service organizations, etc.) for donations if necessary.

Easel	Name Tags
Easel Pad	Binders for Baby Books
Markers	Baby Book Pages and Handouts
Pens	Use of a Camera
Pencils	Film
Chalkboard	Money for Film Processing
Chalk	VCR and monitor, film projector tape player

- Samples of contraceptives
- Brochures on various topics
- Snacks: food, drinks, ice, plates, cups, napkins
- Weekly "gifts" or handouts for teens and/or babies
- Toys (for older babies to play with)
- Filmstrips, videos and books (many hospitals, libraries, health departments have good resources for check-out)
- Brochures, flyers, posters for recruiting parents
- Patient information forms
- Evaluation questionnaires
- Certificates of participation
- Attendance sheet

EMOTIONAL NEEDS/TEEN



EMOTIONAL NEEDS - TEEN

	Activity	Time	Objective
I FEEL	Being a New Parent p. 31	15-30 (Min)	To identify common conflicts and to increase awareness of support systems.
I KNOW	My Needs/Baby Needs p. 40	15	To identify differing needs of teen parent and baby.
I CAN	Trust Maze p. 43	15-20	To increase understanding of trust and dependency in parent/infant relationship.
I TEACH/ PLAY	Baby Songs/Games p. 45	10-20	Encourage positive feelings between parents and babies.
I CARE	Heart Tags p. 49	10-15	Focus on teens strengths and positive attributes.
I LEARN	Discoveries p. 50	5	Session wrap-up

EMOTIONAL NEEDS - TEEN

During the teen years, emotions are often strongly felt but barely understood. Self-doubt may preoccupy most teens' minds while jealousy, anger, frustration, and boredom also are familiar feelings.

Peer pressure can easily sway vulnerable teens' feelings. As teenagers, who also are parents, there is an immense range of contradictory feelings that may surface during the stressful aftermath of childbirth. Some of the emotional issues of parenting teens may resolve around the following conflicts:

Independence	vs.	Dependence
Trust	vs.	Mistrust
Positive body image	vs.	Negative body image
Self absorbed	vs.	Poor self confidence
Support	vs.	Lack of support
Power	vs.	Lack of decision making skills
	-	Lack of knowledge of personal power
Expectations of parenthood	vs.	Realities
Peer friendships	vs.	Isolation

The goals of this section are to assist the teens to identify their feelings about being new parents, both the positive and the negative, and then to identify the areas of their lives where they have the capacity to positively affect their lives and the lives of their babies.

SUMMARY OF OBJECTIVES

EMOTIONAL NEEDS - TEEN

After completion of this session, teen parents will be able to:

1. Identify common conflicting feelings about being new parents.
2. Identify emotional needs of the teens and those of their babies, and ways to meet those differing needs.

3. Understand the meaning and importance of trust in relationships, particularly in the dependent relationship of infant/parent.
4. Feel more capable of playing, loving, and expressing feelings to infant.
5. Increase awareness and acceptance of personal strengths, interests, skills and personality, and those of others.

EMOTIONAL NEEDS - TEEN

"I FEEL" - Being a New Parent

Objective:	To identify common conflicting feelings about being a teenage parent, and to increase awareness of natural and community support systems for teen parent and baby.
Time:	15-30 minutes
Materials:	Butcher paper markers magazine cutouts of people and expressions related to families, parenthood, teens...
Journal Pages:	"First Thoughts About My Baby" "I Feel...,The Way I Feel"
Handouts:	"Feelings" "Becoming a Good Parent" "Teen Quotes"

Procedure:

1. Ask group members to draw a picture of themselves and their baby and anyone else significant in their life. (Stick drawings or magazine cut-outs are okay if they are uncomfortable with drawing.)
2. Each can introduce his/herself by describing drawing, and what they are doing or feeling in picture.

Discussion:

1. Enable group members to brainstorm a list of positive and negative feelings about being new parents and write on a flip chart.
2. Brainstorm expectations about new parenthood versus realities and changes in their lives.
3. Suggested topics:
   - o New demands 24 hours/day

- Feels like all giving and not much in return
- Feel overwhelmed by all the responsibilities for a child
- Confused about doing things the "right" way
- Confused about what is normal and what to worry about
- Feeling angry, moody, resentful
- Feeling isolated from old friends
- Feel "in-between" - not a kid, but not an adult
- Feeling separate from parents, but still needing them
- Feeling tired, can't think past tomorrow

4. Read "Teen Quotes" aloud and discuss.
5. Encourage journal writing about these feelings on their journal pages, "First Thoughts," "I Feel," and "The Way I Feel..."

   Review handouts, "Feelings"and "Becoming a New Parent"

Teen Quotes

"Conflicted Feelings"

It's hard being a mother. I can't do a lot of things I want to do because I have to take care of Mona. To me, it's hard raising kids. I thought it would be easy. Sometimes it gets on my nerves and I feel like hitting her. So, I give her a bottle instead and tell her to shut up. I can't stand it when she cries and cries.

Layne and I got married before Mona was born, and we've been by ourselves ever since. It's hard. Too many bills, and I have to get a job because Layne doesn't make that much. (Ellie, 17 - Mona, 11 months)

I gave up all my childhood to marry Charles and have a baby. Being grown-up is a lot of responsibility. Like now, it seems all I have is responsibility. I don't have any fun. My soap opera and smoking are the only entertainment I have. I used to drink, but I completely gave that up.

If I could advise anybody, I would tell them to wait until they have done what they wanted to do. I feel like I'm sacrificing for the kids. It seems like I don't ever have the joy of it, I just have the cleaning. Charles has the joy because he comes home from work and plays with them, but I don't have any real joy.

Sometimes I go in the bathroom and shut the door. When Charles comes home, he asks what I'm doing shut up in a little box, and I tell him that's my privacy. I would rather have them older. (Colleen, 18 - Ruby, 7 months, and Hilda, 21 months)

I don't think you guys know how hard it is - you think it's like playing dolls, but it's not like that. When you have a doll, you feed it when you want to, but with a baby, you can't put him up in a closet and say, "I'll see you later." Sometimes you feel like you're going to climb a wall.

For me, sometimes Mike takes care of him and I go out and take a walk or do something for an hour. I'll go to my girl friend's house for awhile, and I'll feel better. But there are a lot of hard times in having a baby. I have to be at school at 8 A.M., and I have to get him cleaned up. I have to feed him. I put him in his crib while I get ready, and I have to keep checking to be sure he's all right. It's back and forth all the time. (Jeanne, 16 - Eric, 2 months)

I Feel

****

I feel mad when _____

_____

_____

I feel sad when _____

_____

_____

I feel proud when _____

_____

_____

I feel happy when _____

_____

_____

I feel afraid when _____

_____

_____

I feel safe when _____

_____

_____

First Thoughts About My Baby

When I saw my baby for the first time, she/he looked

_____

_____

When I held my baby for the first time, I felt

_____

_____

When I found out that I had a boy/girl, I felt

_____

_____

At first, I thought my baby looked like

_____

_____

The best thing about my baby is _____

_____

_____

TPT

The Way I Feel...

(Spend some time writing your own feelings)

Feelings

Becoming a mom or dad may cause different feelings than what you imagined you would have. It is very normal to feel happy one minute and sad the next.

"HAPPY FEELINGS"

Excitement,Thrilled
Pride: "Isn't she or he a beautiful baby."
Important: "Just wait until my friends and family see her."
"Now I have someone to love me."
"It will be fun to have a baby to dress-up."

"SAD FEELINGS"

Tired
Alone
Body Aches
Fat-Ugly: "I'll never get back into my clothes."
Anger-frustration: "I have no time for myself."
"I feel like I could cry all the time."
"It's a girl and I wanted a boy."

You can and need to talk about your feelings with someone who you are comfortable with you.

With good eating habits and exercise you can get your body back into shape. Being tired and having body aches will go away when you begin to heal and both you and your baby have a regular schedule worked out. Sleep when baby sleeps.

Go for a walk to a park. You need to get out sometimes. You need time for yourself. Have your mother or someone close to you baby-sit for you to get out by yourself.

Most important, do not keep feelings inside. Allow someone close to help you.

Adapted. From A Baby Care Book For Young Parents.

Becoming a Good Parent

Feel good about yourself!

That's right! Liking yourself is one of the most important things you can do! You are special. There is not another person in this whole world exactly like you. You have life and that makes you important!

You are human. That means that sometimes you do things well, and sometimes you don't. We all make mistakes. Mistakes give you a change to grow and learn. Think about the things you like about yourself and the things you do well. It really is a waste of time to put yourself down. Think about the good things - this will help you feel better about yourself.

What does this have to do with being a good parent? Everything. If you don't feel good about yourself, you will also find lots wrong with other people. You can't give what you don't have. The amount of love you have to give your child depends on how much you love and respect yourself.

Believe you can become the kind of parent you want to be.

There are many different ways to raise children. These vary from culture to culture and from family to family. Whatever your background, you can raise a happy, healthy child. There is not another baby just like yours or another parent just like you. Believe in yourself! You will find your own best way of doing things.

Learning to be a parent begins when you are a child and goes on your whole life. If this is your first baby, you will feel unsure of yourself at times. All new parents feel this way. As you take care of this baby, your confidence will grow. You will continue to learn new and better ways of doing things. Relax and enjoy learning to be a parent!

You learned about parenting from your own parents.

You already have some ideas about what it means to be a parent. These ideas came from the people who took care of you as a child. Like it or not, we first learn how to be parents from our own parents!

Think back on your life as a child. What did you like about the way you were treated? Are there things you want to do differently with your own child? For example, you may feel that your own parents did not give you enough attention. You can choose to pay attention to your child and listen carefully to what he says. It is up to you to decide what kind of parent you want to be.

Accept your responsibilities as a parent.

You already know that a child has both physical and emotional needs. Your baby needs food, clothing, and a warm, safe place to live. To grow normally, he also needs love, acceptance, and help to learn. He needs these things from you.

When you make the choice to raise a child, you must be willing to give him what he needs. Being a good parent means giving of yourself.

Be realistic about what you expect of yourself and your child.

Do the best you can and don't expect yourself to be a perfect parent. Most of the time you will feel warm and loving toward your child. But there will be days when nothing seems to go right. At times, you may feel upset and angry. All parents have these mixed feelings. Accept this and do the best you can.

You will enjoy watching your child grow and learn. The newborn baby does not know much about the world when he first arrives. He has to learn it all. Sometimes, parents forget this and expect their little ones to know a lot more than they do. Don't expect too much too soon!

It doesn't do any good to try to teach a child things ahead of time. He can't learn them if he is not ready. You can't teach him to walk before he learns to stand. You can't potty-train him until he's at least a year and a half old, when his body is ready. You will both be upset if you push him. He will grow at his own speed and in his own way. Praise your child for each new thing he learns. This is one of the best ways to help him grow up happily.

From Working With Childbearing Adolescents by Catherine Monserrat and Linda Barr, New Futures, Inc.

Emotional Needs - TEEN

"I KNOW" - My Needs/Baby Needs

Objective:	To identify the differing needs of the teen and those of the baby.
Time:	15 minutes
Materials:	Flip chart and markers,
Journal Pages:	"Getting Acquainted, My Needs/Baby Needs"
Handouts:	Community resources

Procedure:

1. Divide into pairs for sharing about new baby using journal pages for discussion.
2. Regroup and make a list of current needs of the teen and those of the baby on the flip chart.
3. Ask each teen to come put a red check by a baby need that they can meet. Also have each group member write one way they can meet their own needs.
4. Discuss natural and community support systems. Ask teens for their suggestions. Read quote:

   > "All this time, I just had the feeling that I was the worst parent in the world and that there was nothing I could do about it.... I read a book about how different kinds of kids act different. He's still not perfect and neither am I. The main thing is I don't feel like it's all my fault anymore." [Young Parents, p. 66]

5. Develop a list of community resources for your local area and distribute to group, include phone hotlines, counseling agencies, social services, help with food and clothing, schools, clinics, etc.

Getting Acquainted

When I first brought my baby home, I felt _____

_____

The thing I enjoy doing most with my baby is _____

_____

If my baby is crying, I can get him/her to calm down by

_____

The most difficult part of taking care of my baby is

_____ because _____

_____

I like being a parent because _____

_____

I dislike being a parent because _____

_____

I think the most important part of being a parent is

_____ because _____

_____

Things that I do well as a parent are: _____

_____

I think I would be a better parent if I could _____

_____ because _____

_____

My Needs/Baby's Needs

	My Needs as a Person	My Baby's Needs
For Fun		
For Sleep		
For Food		
For Loving		
For being with others		
For learning new things		

EMOTIONAL NEEDS - TEEN

"I CAN" - Trust Maze

Objective: To experience the feeling of dependency and responsibility and to increase understanding of trust in the parent/baby relationship.

Time: 15-25 minutes

Materials: Copies of trust maze
pencils
flip chart
markers
blindfold

Procedure: Divide into pairs and sit opposite of each other. Give one person a trust maze and pencil and then blindfold that person. The other person is to describe and guide their partner through the maze. Trade roles and repeat the activity.

Discussion:

1. How did you feel depending on another for help?
2. Was it easy to do when you had to depend on her instructions?
3. How did it feel to be the one in charge? The one to guide the other?
4. How could her instructions and guidance have been communicated better?
5. Was it difficult to put yourself in the place of the person doing the maze in order to guide her correctly?
6. Are there similarities between this activity and the way parents must be with babies? In what ways?
7. What does trust have to do with this activity? Can you relate trust to mother/baby activities? (Examples might be consistent responses, clear communication, trust develops security.)

Trust Maze

EMOTIONAL NEEDS - TEEN

"I TEACH/PLAY" - Baby Songs and Games

Objectives: Encourage positive feelings between parents and infants through songs and play.

Time: 10-20 minutes

Materials: Song sheets
baby toys
bells
balls
rattles

Procedure:

1. Lead group in finger play songs.
2. Encourage free play with toys.
3. Ask each to group member to share a favorite baby game with group.

Discussion:

1. Parents as best and first teachers - play shows love.
2. Other ways we show our love to baby.
3. There is no such thing as a perfect parent or perfect baby. Remember you are a model for your baby of how to act and how to love. Discuss the people they enjoyed being around as a child, good teachers, and how they felt when learning and/or play was fun. List ways they can act to help their baby feel that way too.

Songs and Games

PEEK-A-BOO!

Where is _____? Where is _____?
There he is!
We're so glad to see you,
We're so glad to see you.
Peek-a-boo! Peek-a-boo!

THE MORE WE GET TOGETHER

The more we get together, together, together.
The more we get together, the happier we'll be.
"Cause my friends are your friends
And your friends are my friends.
The more we get together the happier we'll be.

HEAD AND SHOULDERS

Head, shoulders, knees and toes, knees and toes.
Head, shoulders, knees and toes, knees and toes.
Eyes and ears and mouth and nose.
Head, shoulders, knees and toes, knees and toes!

Shoulder, elbow, wrist and hand, wrist and hand...
Fingers, thumb, knuckles, palm.
Shoulder, elbow, wrist and hand, wrist and hand.

THE WHEELS OF THE BUS

The wheels of the bus go round and around,
Round and around, round and around,
The wheels of the bus go round and around
All through the town.

The doors on the bus go open and shut...

The wipers on the bus go swish, swish, swish...

The horn on the bus goes beep, beep, beep...

The people on the bus go up and down...

The money on the bus goes clink, clink, clink...

The driver of the bus goes, "Move on back..."

WHERE OH WHERE (10 little Indians)

Where, oh where are _____'s fingers?
Where, oh where are _____'s toes?
Where, oh where is _____'s belly button?
Round and round it goes.

...two ears/nose...
...knees/ elbows...

I'M IN THE MOOD FOR HUGGING

I'm in the mood for hugging, hey, hey, how about you?
I'm in the mood for hugging, hugging the whole day through.
Hey, hey, what do you say? I'm in the mood for that today.
Hey, hey what do you say? I'm in the mood for that.

I'm in the mood for kissing/ rocking/ singing...

SLEEP BABY SLEEP

Sleep, baby, sleep.
Your father tends the sheep.
Your mother shakes the dreamland tree,
Down falls a little dream for thee.

Sleep baby, sleep.
The large stars are the sheep.
The little stars are lambs,
I guess,
The gentle moon, a shepardess.
So sleep, baby, sleep.

MOCKINGBIRD

Hush, little baby, don't say a word,
Mama's gonna buy you a mockingbird.
And if that mockingbird don't sing,
Mama's gonna buy you a diamond ring.
And if that diamond ring turns brass,
Mama's gonna buy you a looking glass.
And if that looking glass gets broke,
Mama's going to buy you a billy goat.
And if that billy goat won't pull,
Mama's gonna buy you a cart and bull.
And if that cart and bull turn over,
Mama's gonna buy you a dog named Rover.
And if that dog named Rover won't bark,
Mama's gonna buy you a horse and cart.
And if that horse and cart fall down,
You'll still be the sweetest little baby in town.

GOOD NIGHT, IRENE*

Foxes sleep in the forest, lions sleep in dens,
Goats sleep on the mountainside, and piggies sleep in pens.

Irene, good night, Irene, good night.
Good night, Irene, good night, Irene,
I'll see you in my dreams.

Whales sleep in the ocean, zebras sleep on land,
Hippos sleep by the riverside, and camels sleep in the sand.

Irene, good night...

Monkeys sleep in the jungle, fishes sleep in schools,
Elephants lie down on the grass, and froggies sleep in pools.

Irene, good night...

Coyotes sleep in canyons, birdies sleep in the trees,
And when it's time for Irene to sleep, your bed is the place to be.

*Substitute your baby's name, or go around the circle: Robin, good night, Hannah, good night, etc. Use whatever place your baby sleeps for bed.

EMOTIONAL NEEDS - TEEN

"I CARE" - Heart Tags

Objective: To increase awareness and acceptance of the teen parents' strengths, personality, etc. and those attributes that they want to encourage in baby.

Time: 10-15 minutes

Materials: Red construction paper cut in heart shapes
tape
markers

Procedure:

1. Distribute hearts. Ask each group member to write their own name vertically on one side of the heart and baby's name on other side.
2. For each letter of each name, write a word to describe something special about themselves or baby (personality, talents, interests, feelings...)

Discussion:

1. We all have good and bad feelings about ourselves and others but we have a choice about how we are going to act.
2. We have personal power to accept our good qualities and work on changing the parts we're not happy with.
3. It helps to know that we are not alone with our feelings.
4. How does it feel to hear something good about yourself from someone else?
5. Have each person share with the group by completing the sentences:

   One way that I'm going to take care of myself this week is

   _____.

   One way that I'm going to show love for my baby this week is

   _____.

EMOTIONAL NEEDS - TEEN

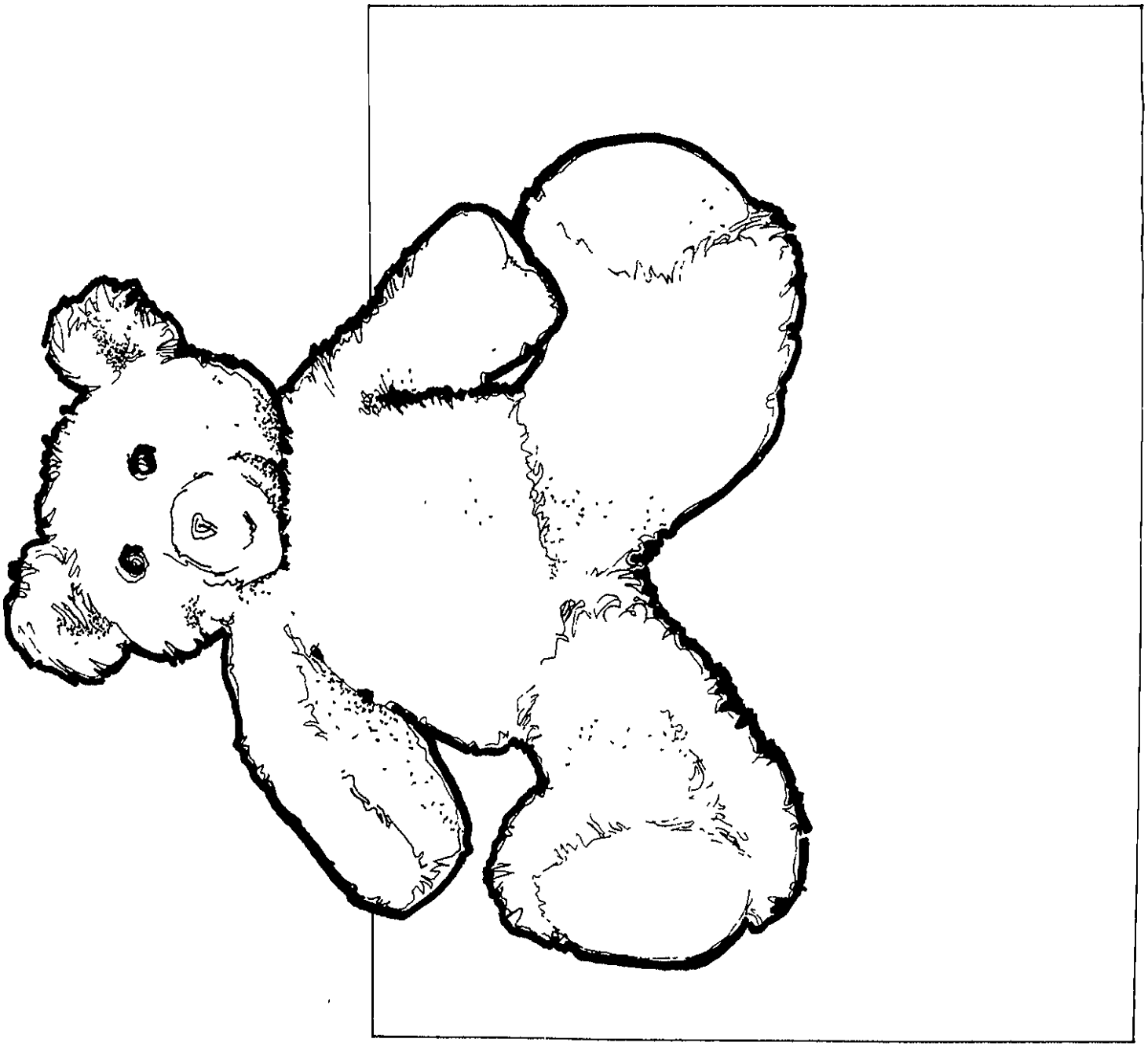
"I LEARN" - Discoveries

(Distribute or discuss at the end of this group session.)

Something new I learned about my feelings is _____

Something new I learned about my baby's needs is _____

EMOTIONAL NEEDS/BABY



EMOTIONAL NEEDS - BABY

	Activity	Time (Min)	Objective
I FEEL	What's in your bag? p. 53	10	Ice breaker to increase awareness of values and feelings about being a new parent.
	Visualization of Baby p. 57	15	To develop empathetic understanding of baby as separate from teen in needs and desires.
I KNOW	Child Rearing Myths/Truths p. 60	20-30	To increase knowledge of basic, appropriate ways to respond to baby's immediate needs.
I CAN	Ways to Soothe a Crying Baby p. 66	20	To learn a variety of ways to calm baby and enhance attachment while coping with new parenthood.
I TEACH	Encouraging Words p. 78	15	To increase use of encouraging words and gestures in play with infant.
I CARE	The I's Have It p. 79	10	Increase feelings of competence as parent to treat baby as both lovable and capable.
I LEARN	Discoveries p. 81	5	Session wrap-up

EMOTIONAL NEEDS - BABY

One of the more difficult adjustments following a pregnancy, is the shift in attention from the pregnant person to the baby. This separation requires that the once self-oriented pregnant teen shift attention to the demands of a baby. This section focuses on developing empathy, visualizing the specific needs of the baby, and learning effective and appropriate ways to respond to baby's cries and constant needs for loving, touching, feeding, and changing.

Every parent feels frustrated and angry when a crying baby won't sleep or cooperate. These stressful times can be handled when we feel prepared and knowledgeable about normal behavior of infants and ways to cope with difficult moments.

Finally, the message we want to pass from parent to child is that the child is lovable and capable. The way we play, talk, touch, and care for the baby sends that message loud and clear.

SUMMARY OF OBJECTIVES

EMOTIONAL NEEDS - BABY

After completion of this section, teen parents will be able to:

1. Identify values and feelings associated with the new responsibilities of parenthood.

2. More empathetic and aware of baby as a separate person with special feelings and needs.

3. Discuss child rearing myths/truths that can clarify basic ways of responding to baby's needs.

4. Know new ways to calm and soothe a crying baby and to improve attachment to baby.

5. Know new ways to deal with negative feelings toward baby when in stressful situations.

6. Feel lovable and capable, and to feel prepared to treat baby as lovable and capable too.

EMOTIONAL NEEDS - BABY

"I FEEL" - "What's in Your Bag?

Objective: Ice breaker activity to increase awareness of values and feelings as a teen and a parent.

Time: 10 minutes

Materials:
Own diaper bags
purses
wallets
easel
paper/markers

Journal Pages:
"Becoming a Parent"
"Getting Acquainted"
"First Thoughts About My Baby"

Procedure: Ask each person to take out three things from diaper bag, wallet or purse that shows three different things of theirs that is valued.

Discussion:

1. Think about how each item symbolizes something important to you.
2. How has your life changed by becoming a parent? (Use your "bag" choices as evidence of the changes.)
3. Record group values and feelings as reflected by their choices.

   Journal pages discussion:

   "Becoming a Parent"

   "Getting Acquainted"

   "First Thoughts About My Baby"

Becoming A Parent

What are your dreams for yourself as a parent?

What do your imagine your baby will be like when he or she is your age?

What are your thoughts and feelings about your own parents as you now are one?

What do you worry about most as a parent?

How will you show your love to your baby?

How will you teach your baby about right and wrong and how to behave?

What do you want for yourself in the next five years? How are you working toward achieving these things?

Getting Acquainted

When I first brought my baby home, I felt _____

_____

The thing I enjoy doing most with my baby is _____

_____

If my baby is crying, I can get him/her to calm down by _____

_____

The most difficult part of taking care of my baby is _____

_____ because _____

_____

I like being a parent because _____

_____

I dislike being a parent because _____

_____

I think the most important part of being a parent is _____

_____ because _____

Things that I do well as a parent are: _____

_____

I think I would be a better parent if I could _____

_____ because _____

_____

First Thoughts About My Baby

When I saw my baby for the first time, he/she looked _____

_____

When I held my baby for the first time, I felt _____

_____

When I found out that I had a boy/girl, I felt _____

_____

At the first, I thought my baby looked like _____

_____

The best thing about my baby is _____

_____

EMOTIONAL NEEDS - BABY

"I FEEL" - Visualization of Baby

Objective: To develop empathetic understanding of baby as having separate feelings and needs.

Time: 10-15 minutes

Materials: Visualization exercise script

Procedure: Read the visualization exercise in soft voice while group closes eyes and relaxes.

Discussion:

1. Did you recognize your baby in this story?
2. Is it sometimes hard to put the baby's needs ahead of your own?
3. Other reactions.
4. Ask each group member to tell something about their baby's day from the point of view of their baby ("I liked the way my mom played peek-a-boo with me today").
5. Ask each parent to find a comfortable place in their chairs or on the floor. Instruct them to close their eyes, take a few deep breaths and relax. Questions will be asked of them that they do not have to respond out loud, just in their own mind. Read the following in a slow, soft voice.

> You are going to pretend that you are a four-month-old infant. At this age you cannot talk. You cry and can make some cooing sounds, and you can smile.
>
> Pretend you are just waking up. You are wet, alone, and uncomfortable. Cry and cry. How does your body feel (physically)? What emotions do you feel?
> Your mom changes you and once again you're in a dry diaper. Feel the dryness and warmth on your skin. Soon, it's feeding time.
>
> Your mother is holding you. She's not looking at you. She's yelling at another child because he is climbing on the cupboard

How do you feel now?

You are still being fed. Your mother looks down at you, smiles, and tickles your cheek.

What feelings do you have?

Your mother has laid you on the couch. You coo and smile at her.

She ignores you, walks away, and begins washing dishes. What do you do? How do you feel?

Your mother, instead of ignoring you, sits down with you, puts a rattle in your hand, smiles at you, talks to you. What feelings do you have now?

Now it's time to get ready for bed. Your mom is giving you a bath, smiling at you, touching you softly. The feel of water is warm and you feel safe with your mother.

She is dressing you in soft, warm, cozy pajamas; the kind with feet. She places you in your crib, turns the light out, and closes the door.

You are all alone in a dark room with just a little night light. You begin to feel scared. It's not like the safe feelings you just had a little while ago. You would like her to come back so you call her the only way you are able. You cry. Feel the tears on your cheeks; feel how tense your stomach is getting; feel your muscles getting tighter, the panic that is starting to cover your entire body.

You cry, cry, cry, cry, cry, and no mom. You cry some more. Your voice is as loud as you can make it. But still no mom. You're screaming. you're very scared, feeling all alone, feeling abandoned; feeling left.

But then, there's a light from the door. It's mom. She reaches for you, and you want to leap into her arms. You're beginning to feel safe again. Your tears are stopping; you're catching your breath, slowly. You smell her, you hold her.

She has recognized you again, and for the moment, life is warm and safe

. . . . . .

Now, open your eyes, remember where you are, and when you're ready, sit up.

This is a powerful exercise for helping all parents feel the power of being recognized. That feeling is empathy. It is the cornerstone of being a nurturing parent. Process the visualization with the group.

(Visualization script adapted from the Nurturing Program for Teenage Parents and Their Families by Steven Bavolek.)

EMOTIONAL NEEDS - BABY

"I KNOW" - Child Rearing Myths/Truths

Objective: To increase knowledge and understanding of basic, appropriate ways to respond to baby's needs (i.e., attachment, trust, crying, security, sucking, communicating, spoiling...)

Time: 20-30 minutes

Materials: Childrearing myths/truths cards

Journal Pages:

"Why Babies Cry"
"What About Spoiling?"
"Baby is a Person Too"

Procedure:

1. Distribute cards to group members. One at a time, each member should read card aloud. Discuss.
2. Review Journal pages.

Discussion:

1. Discuss messages they have heard about spoiling, feeding, sleeping, crying and other "advise."
2. Consider how to sort through all the information and do what is best for your baby.
3. Discuss major goals of helping baby develop good feelings about self and parents in first year.

Child Rearing Myths/Truths

Leaders: **Cut statements below into strips or write these statements on index cards or colored paper. Laminate for extra durability.**

A baby should know when parents are tired and give them a break from all the crying. Myth or Truth - Why?

You can make a child into any kind of person you want to. Myth or Truth - Why?

Babies do things sometimes just to make us mad - like spitting up on new outfit, smearing food all over her face. Myth or Truth - Why?

Picking the baby up all the time in the first 6 months will spoil it. Myth or Truth - Why?

A good baby is a quiet baby. Myth or Truth - Why?

Babies only cry when they are hungry. Myth or Truth - Why?

All babies are generally alike in the first year of life. Myth or Truth - Why?

It's not that important to talk to infants, since they can't understand you anyway. Myth or Truth - Why?

We are born with the ability to be a good parent. Myth or Truth - Why

Young children who are hugged and kissed often will grow up to be "sissies." Myth or Truth - Why?

Newborn infants cry less in the hospital than at home when with their parents or caregivers. Myth or Truth - Why

Picking up a baby every time she/he cries will increase the baby's crying. Myth or Truth - Why?

Loneliness is the most frequent cause of crying in early infancy. Myth or Truth - Why?

An infant's cries should not determine the feeding schedule.
Myth or Truth - Why?

When the baby consistently stops crying after being picked up and held, the chances are that the baby is "spoiled." Myth or Truth - Why?

A caregiver should not respond to an infant's cries which merely seek the attention of an adult. Myth or Truth - Why?

"Good Babies" (babies who don't cry easily or frequently) are not born, they are trained to be that way by caregivers who don't pick them up every time they fuss and cry. Myth or Truth - Why?

The average amount of crying should gradually decrease over the first three months of life. Myth or Truth - Why?

Nervous and anxious parents are the cause of an infant having colic. Myth or Truth - Why?

The most effective parents and caregivers are those who respond consistently and promptly to their baby's crying in the first months of life. Myth or Truth - Why?

You and Baby

- Who does your baby remind you of, if anyone - Why?
- What is your favorite thing to do with baby?
- How is baby like you?
- How is baby different from you?
- How does your baby show you she/he likes something or is happy?
- How does he/she show you his/her temper?

Baby is a Person Too

Baby is a person too and has their own feelings and personality:

1. Getting attached - baby loves you even when they act like they don't
2. Trust means knowing someone will come when you cry and make you feel better.
3. Crying is the only way baby can communicate at first.
4. Babies imitate what they see and hear.
5. Babies need a balance between playing alone and playing together with parent.
6. Babies learn about talking from those around him, not on own.
7. Babies learn about being good/nice from those around him not on own.
8. Babies like things to stay the same, to be familiar - it makes them feel safe, like sleeping in same place, security blanket or toy, regular routines.
9. Babies learn rules about safety, eating, sleeping from others, not on own.
10. Babies need to feel good about what they <u>can</u> do, not bad about all they <u>can't</u> do or do wrong - they need encouragement and help at first, need practice.

Doing our best - Community Resources [Who, Where, How and Why]

A. Services I need to know about that can help my baby and me.

1. Health - well baby clinics, emergency rooms, doctors.
2. Safety - fire, police, poison control, car seats
3. Nutrition - WIC, Health Department
4. Transportation - bus, car seats use
5. Library
6. Counseling
7. Education/Support services - Vo-tech, schools
8. Employment/Financial guidance

9. Recreation/parks
10. Day care/babysitting guides

Feeling Good - My Personal Resources

A. Ways to help me feel good about me

1. Get enough sleep
2. Have some time to myself every day
3. Call friends
4. Set little goals and accomplish them

EMOTIONAL NEEDS - BABY

"I CAN" - Ways to Soothe a Crying Baby

Objective: To learn a variety of ways to calm baby, enhance attachment and cope with stresses of new parenthood.

Time: 20-30 minutes

Materials: Quotes on cards related to crying, spoiling, feeling overwhelmed...
Stationary, envelopes, pens

Handouts: "Ways to Soothe a Crying Baby"
"Children Believe What Parents Tell Them"
"Why Babies Cry"

Procedure:

1. Take turns reading quotes from other teen parents and discussing reactions, solutions, and similar feelings.
2. Distribute handouts and discuss.
3. Each write letter to baby about the kind of parent you want to be, and what you hope your baby will feel about self in five years; self-address (leader mails it in one month to teen).

Discussion:

1. Other ideas from group that have worked.
2. What do you do with your anger when the baby is driving you crazy?
3. Discuss verbal abuse as well as physical. Refer to handout and ask each to read aloud one negative, abusive statement to another and discuss how it felt. Discuss alternatives for releasing anger and resentment (Say it in the shower!).

Why Do Babies Cry?

Newborns cry because:

- Crying helps fill their lungs and make changeover from being in mother's womb.
- Baby's need to be held and touched. If they're held, rocked, walked while crying, it's more like movement of mom's body before birth.
- Crying is the only way newborns have to communicate. Without crying, babies might not survive.
- They cry to let you know they are: hungry, tired, too warm or not warm enough, surprised (by bath water for instance), overstimulated from too much handling or noise, or understimulated by too little activity.
- In first weeks after birth, newborns cannot tell difference between you and them. So sometimes they cry when you are tired or stressed.

- Normal newborns cry an average of two and one-half hours a day.

A parent cannot stop newborn crying altogether; the goal is to try to understand why the baby is crying, and to help make the baby feel safe, comfortable, and loved.

Three to Six-month olds cry because:

- Some of the same things bother them as did when they are newborns; hunger, wetness, being overtired, overstimulated, getting burped.
- They're not quite happy. This kind of a grumbly cry may happen when baby's beginning to be bored or lonely.
- They're angry. Baby will tell you with crying that he/she doesn't like something or wants you to come back.

- They're more active in temperament. Active babies sleep less and are more frustrated by confining clothing or not having anything to look at or touch.
- Babies sometimes cry when they've changed a lot and their parents haven't - when parents haven't changed old ways of handling them, changed the way they laugh together, eat together, play together. Babies change all the time - parents need to, too.

Six to Twelve month olds cry because:

- They're continuing to be bothered by hunger, discomfort, overstimulation and fatigue. (Teething is a particular discomfort at this age.)
- They're now afraid sometimes - of vacuum cleaners, clothes being pulled over their heads, water going down drain. They're also afraid of the unexpected - when a stranger comes to wake them from a nap, a first ride on a swing, first taste of ice cream or close-up view of horse. Even young babies need to be warned in words about what's going to happen.
- They feel helpless - to get you to understand they want to be taken with you when you leave the room, helpless to reach a toy that's dropped. Being able to crawl helps this kind of crying - so does mom's watching to pick up cues (outstretched arms, for instance).
- They feel angry and frustrated - about not being able to open the refrigerator door, or lifting the lid off something. This kind of crying may increase when new skills are being learned. Some frustration is good for children - it makes them want to learn. Some is unavoidable because what they want to do is unsafe, and they must be prevented from doing unsafe things. Fortunately, you can usually distract a baby this age when you need to do so.

Information from Middle of the Night by MELD, 1980.

Ways to Soothe A Crying Baby

First, remember: When baby cries, it is not your fault (look at chart on why babies cry).

Next, Check

Look at and feel your baby:
- is he/she over or under dressed?
- is bed dry and warm?
- is baby in strong sunlight or a cold draft?
- are there beads of perspiration on baby's face?
- are his/her hands and feet cold?
- is baby hungry?
- does baby have gas? A tummy ache? (try gentle rubbing and patting on the back)
- is baby uneasy about legs and arms being free to move around? May need to be swaddled.
- is there a pin that's sticking him/her?
- have threads from clothing wound themselves around a toe?

Then:

When you've made changes, see if baby can settle him/herself

Your voice saying quietly, "You can do it" may help

Gently rubbing baby's back while he/she's on tummy in crib/basket can be soothing.

Motion:

1. rocking chairs
2. carriage/buggy rides or stroller rides
3. automatic swing
4. car rides
5. carry baby on tour of the house. Look at mirrors and windows
6. go for a walk. Use frontpack or backpack for baby

Looking:

7. hang a mobile where baby can see it catch the light
8. turn on light or darken room if it's too bright
9. soft, bright toys or bumpers around crib

Listening:

10. radio or record player
11. wind chimes, musical mobiles
12. sing to your baby
13. try the noise of a vacuum cleaner (until age when this might frighten baby)

Body Comfort:

14. some babies love to have all clothes off
15. others want to be wrapped snugly

16. if baby is startled by water, wrap him/her in a diaper or soft blanket before getting him/her wet. Remove cover when baby feels more comfortable.
17. lay baby across knees on his/her stomach and rub back (good for gas)
18. warm hot water bottle (check temperature on your wrist to see if it's too hot); put baby on tummy, with warmth beneath him/her.
19. let baby push his/her feet against your hand or arm if he/she's struggling to have a bowel movement.

Sucking:

20. use a pacifier if baby wants to suck:
    - there are many types of pacifiers. If your baby doesn't like one kind, you might want to try another.
    - pacifiers which are molded into one piece are safer.
    - do not put pacifier on a string and place it around baby's neck. Pull a diaper halfway through the ring and rest it beside baby's mouth. The diaper's bulkiness keeps it in right place.
    - if your baby prefers his/her bottle nipple, you can buy one without holes in drugstores. Put this nipple on a baby bottle top the same way you normally do so: the top serves as a holder.

Routines

21. teach baby to suck his/her thumb.
22. Don't use food as a first solution to a crying crisis; particularly if baby has just eaten. Putting more food in an already full stomach will add to baby's discomfort.
23. However, if crying seems worse at 3 weeks, 6 weeks, or three months, baby may in fact be hungry because he/she is having a growth spurt. At these points babies' eating needs change and then they do need more nourishment.
24. If baby's tummy is unsettled and he/she has frequent digestive problems, try giving him/her water, comforting for 10 minutes and then letting him/her cry for 20 minutes (use a clock).
25. If baby seems awake and fussy at the wrong times for you, you can try changing baby's schedule. Wake and play actively with baby for a period of time so that he/she can settle down when it comes time. (Not good if baby is overstimulated)
26. If you are breast-feeding your baby and he/she's very fussy, you may want to check some of your routines:
    - have you been eating anything which might give baby indigestion (onions, chocolate, too much wine, very spicy foods)?
    - have you been getting enough rest?
    - are you drinking enough fluids?

- are you feeling edgy? Nervousness can deplete one's milk supply

Information from Middle of the Night by MELD, 1980.

CRYING

When the kid is crying and crying and you don't know what he's crying about, you do start climbing the walls. I just remember that Nick is my baby, and I want him. He didn't ask to be born. He is here because I wanted him. So I take care of him. I do get upset sometimes when he cries and cries, but I don't show it to Nick. Sometimes my sister will hold him for five to ten minutes, and by that time I'll be all right.

Everybody gets those times. If you don't know what to do, and you can't handle it, you should give him to somebody else for at least five or ten minutes. (Theresa 16 - Nick, 6 months)

It is absolutely normal to want to get away from the kids sometimes. Don't feel guilty about it. We all need to be alone sometimes. I love my kids dearly, but sometimes I need space. (Thelma, 20 - Janeen, 18 months, and Melissa, 4 years)

20 Ways to Cope with Crying

1. Walk or dance with the baby. Try dancing to different kinds of music.
2. Rock the baby.
3. Bounce the baby gently in your arms or on a bed. A water bed is especially soothing.
4. Take the baby for a rid in the carriage or the car.
5. Put the baby in a wind-up swing.
6. Turn up the music on the radio or stereo, run the vacuum or a hair dryer.
7. Offer the baby a "noisy" toy; shake it, rattle it.
8. Sing or talk to the baby in a quiet, sing-song way.
9. Carry the baby with you about the house in a soft front carrier, close to your body.
10. Lay the baby tummy down across your lap and gently rub his or her back.
11. Lay the baby across a warm hot-water bottle on your lap or a bed.
12. Massage the baby's body and limbs gently; use a warmed lotion, if the weather is cool.
13. Swaddle the baby tightly.
14. Feed and burp the baby one more time. Or offer a little warm water. In desperation, add a tiny bit of sugar to the water or to weak camomile tea.
15. Offer a pacifier (the Nuk allows less air to pass in around the baby's mouth and so is better for a colicky baby) and hold it in the baby's mouth if necessary.
16. Or let the baby suck the top third of your little finger (turning your nail down so it won't poke the roof of the baby's mouth if he or she sucks hard).
17. Hold the baby close and breathe slowly and calmly; the baby may feel your calmness and become quiet.

18. Cross the baby's arms across the chest and hold him or her down on a bed with a gentle, firm pressure.

19. Remove yourself and let someone else take over for awhile. If a family member is not available, consider hiring a sitter for a short period of time.

20. If NOTHING works, put the baby in his or her bed, close the door and turn up the TV or radio. Take a shower to drown the noise and to relax yourself. Check the child every 15 minutes or so, for your own peace of mind.

Practical Parenting Tip

COLIC

Colic is not a disease; it can't be detected by any test. It's a symptom of severe cramps of the digestive tract. The baby pulls the legs up, clenches the fists and often flushes bright red. Crying may go on for hours, often in the late afternoon and evening. Fortunately, colic rarely lasts past the third month of a child's life, but until it's over, it's hard on both baby and parents.

In a breast-fed baby, colic may be caused by a reaction to something in the mother's diet. She may try avoiding such things as strong-flavored foods and drinks that contain caffeine. A recent discovery is that some babies are allergic to milk and other dairy products that their mothers drink or eat. A change to a soy formula that does not contain corn syrup or corn solids often helps colicky babies, too. Consult your doctor before you make a change.

- Try to handle and feed the baby calmly. A parent's tension may be transmitted to the baby and cause stress that brings on colic.
- Try burping the baby BEFORE starting a feeding to prevent a bubble from being trapped at the bottom of the stomach. And burp the baby several times during a feeding.
- Use plastic bottle liners for a bottle-fed baby. The baby will swallow less air if the air is first squeezed out of the bag, and this will lessen abdominal discomfort. The Nuk nipple is also good - it lets in less air than some others do.
- Feed the baby in as nearly an upright position as possible. The bubble at the bottom of the baby's stomach will rise toward the top of the food and be burped easily, preventing the pain of trapped gas.

- Mix equal amounts of 7-Up and water in a three-ounce bottle and give it to a colicky baby between feedings to help him or her pass gas.
- Let the baby carefully suck a peppermint candy stick or melt a small piece of the candy in water and give it in a bottle. Peppermint often has a soothing effect.
- Or lay the baby in the crib on his or her back, pull the left arm and right leg gently, then the right arm and left leg, to relieve gas.

What About Spoiling

Lots of people worry about spoiling a child. By spoiling they usually mean raising a child who whines, insists on having her own way all the time, and is generally disagreeable.

Some people even worry about spoiling a new baby. But you can't! A hungry infant can't wait for food, for comfort. The baby only learns the world is not to be trusted if she is left alone in her misery.

Discipline for an infant means meeting her needs. No more and no less. Meeting her needs supports her developing trust in people around her. This trust is basic to becoming a well-adjusted, caring human being. It's the foundation for self-discipline which is the eventual goal.

Meeting your baby's needs is a hard job. Perhaps you are prepared to get up at night those first two months. You know a tiny infant needs care and attention when she cries. Although caring for her is a hard and exhausting task, you try to meet her needs. You probably don't need to think much about spoiling her at first.

The tendency to worry about spoiling her comes a little later. When she's awake more during the day at about four months, for instance, you may start wondering about this "danger." Perhaps those around you are telling you you're already ruining her by going to her each time she cries.

It may be hard to believe, but if you continue to answer her cries and, in addition, play with her regularly, you'll probably find she takes less of your time and energy than she would if you left her to cry for awhile.

For at least six months, she isn't going to cry "just for attention" unless she needs that attention. Research data shows that babies whose cries are answered quickly actually cry less than babies who are left to cry it out.

Gradually, however, you need to stop treating your child as a baby. She is becoming a person who needs a different kind of discipline than she needed as an infant. Satisfying most of her needs for food, warmth, cleanliness, and companionship are no longer enough. When she's moving around, she must have some consistent limits. When she starts walking, there will be more, although she's not ready for the same kind of discipline a preschooler may need.

Adapted from Teens Parenting, Jeanne Lindsay.

EMOTIONAL NEEDS - BABY

"I TEACH" - Encouraging Words

Objective: To increase use of encouraging words and gestures in play activities with infant.

Time: 15 minutes

Materials: Age appropriate toys

Procedure:

1. Model play activities and "conversation" with babies.
2. Encourage playtime, reading etc. with babies.
3. Encourage all positive interaction between parent and baby.
4. Make list of encouraging, supportive words and expressions. Compare to discouraging words and expressions or behavior.

EMOTIONAL NEEDS - BABY

"I CARE" - "The I's Have It"

Objective:	Increase feelings of competence as a parent and to feel better prepared to treat baby as both lovable and capable.
Time:	10 minutes
Materials:	Paper and markers,
Journal Page:	"People Who Love Me"

Procedure:

1. Each person writes their name on the top of the paper and decorates the lettering - repeat on another sheet for baby's name.
2. Each then writes "I am lovable and capable" over the entire page, each line larger than the one before it.
3. Take home to decorate baby's room.
4. Group sing with babies.

EMOTIONAL NEEDS - BABY

"I LEARN" - Discoveries

(Distribute or discuss at the end of this group session)

"Something new that I learned about how my baby feels...

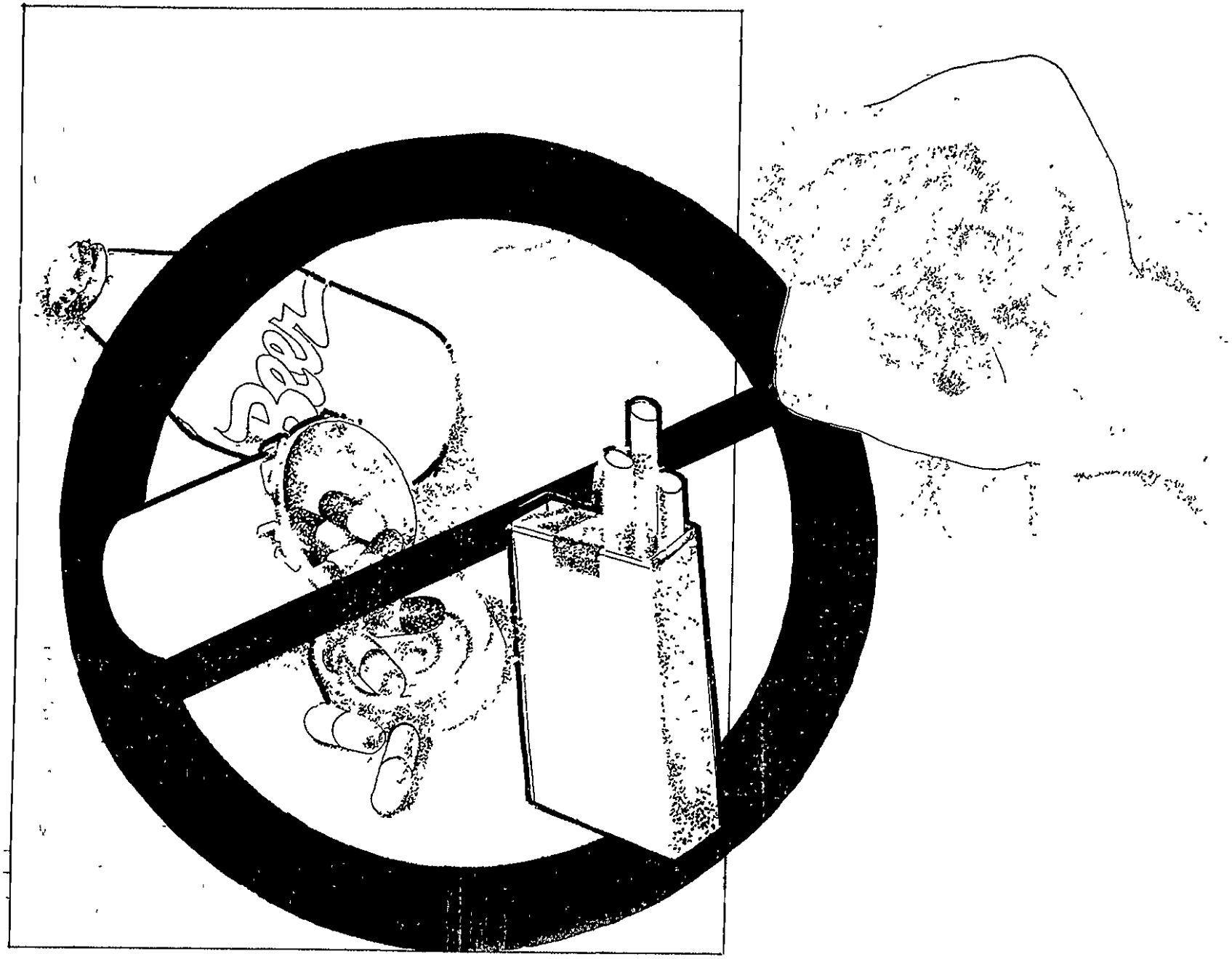
_____

_____

"Something new that I learned about how I can help my baby feel good is ..." _____

_____

PHYSICAL NEEDS/TEEN



PHYSICAL NEEDS - TEEN

	Activity	Time (Min)	Objective
I FEEL	My Style and Body p. 85	20-30	Awareness of body image and how image affects behavior.
I KNOW	Fact or Myth p. 89	45	Clarify information about teen health care and personal responsibility.
	Family Planning and Contraception p. 98	60	Clarify information about birth control and family planning.
	Taking Care of my Body p. 103	15	Knowledge of special health care choices related to AIDS, chemical abuse, nutrition, sexually transmitted diseases and exercise.
I TEACH	Exercising with Baby p. 110	10	Parent/baby play and exercise opportunity.
I CARE	I am Lovabe and Capable p. 111	20	Expectations about us influence our self-esteem and our babies'
I LEARN	Discoveries p. 119	5	Session wrap-up

PHYSICAL NEEDS - TEEN

Teens are primarily present-oriented in thinking and often have difficulty delaying gratification. Being a risk-taker is a natural aspect of teenage years. There also is a feeling of immortality - "It won't ever happen to me." Teens often make decisions based on what feels good at the time, not based on the consequences of their actions. Their coping skills and life experiences are still very minimal and developing. All of these adolescent development facts are particularly critical when considering their health care, sexuality and behavior, use of drugs, alcohol, or cigarettes, and involvement in relationships.

One of the developmental tasks of adolescence is learning to see the cause and effect relationship of one's actions and behavior. It is helpful to consider the facts available before making impulsive decisions regarding the baby or teen's life. However, even the facts will not be considered by teens if emotional factors and needs are ignored. When discussing various high-pressure or conflict areas, like sex, drug usage, or other potentially abusive situations, the facts must go hand-in-hand with the feelings, needs, and stresses that are motivating them.

Among teenage parents, approximately one in every four becomes pregnant again within 12 months of the birth of their first child, and about half become pregnant again within two years. Few of these second pregnancies are anticipated or desired. This group is also at very high risk of using or abusing drugs, alcohol, and/or cigarettes, being involved in destructive relationships or situations, and not maintaining their health.

Group facilitators must be very aware of and avoid any tendency to judge or preach at the young parents. Confidentiality is of utmost importance in this section. Every group leader and group member will have different values or beliefs.

The purpose of this section is to enable the teen to become more aware and knowledgeable about health and sexuality issues, as well as making informed decisions.

SUMMARY OF OBJECTIVES

PHYSICAL NEEDS - TEEN

After completing this section, the teen parent will be able to:

1. Better identify their own feelings about their body image, ways that this image affects their behavior and attitudes, and ways they can develop a more positive body image.

2. Understand that everyone has the ability to make choices and decisions that affect their life and health.

3. Know basic information regarding personal health care, including contraception, nutrition, drug alcohol/tobacco use, and sexually transmitted diseases.

4. Feel more confident about caring for their own bodies, making positive choices in their life, and saying "no" to unhealthy behaviors.

5. Better understand how their own health also affects baby.

PHYSICAL NEEDS - TEEN

"I FEEL" - My Style and Body Image

Objective: To increase awareness of own body image and the way that image affects our behavior and attitudes.

Time: 30 minutes

Materials: Discarded magazines for clipping or collection of pictures
Scissors
Tape
Glue
Butcher Paper/Newsprint
Markers

Journal Pages: "Here's Looking at Me"

Procedure:

1. Divide into small groups and begin by sharing things they like about their physical appearance and three things that they would like to improve.
2. Using magazines or other pictures, have teens choose pictures or words that reflect their style, their body image both now as well as what their "ideal" is. (An alternative is how they viewed themselves before being pregnant and how they see themselves now.) Glue or tape pictures on paper in a collage with "real" on the left side and "ideal" on the right side. If teens cannot find pictures they like, suggest they draw their own. Display collages and discuss.
3. Discuss journal page, "Here's Looking at Me."
4. Discussion Points:
   A. Are you satisfied with your body?
   B. Do you think most women (men) are satisfied with their bodies?

C. Where do we get our ideas about what an attractive body looks like?

D. What do you wish you could change about your body?

E. Name someone you really admire as a person.

1. What qualities do they have?

2. How important is their appearance to their overall personality?

5. Write these incomplete sentences on easel paper.

As the teens to complete the following:

Because I am a female (male), I must _____.

If I were a male (female), I could _____.

I'm glad that I'm a woman (man) because _____.

Here's Looking at Me

Fill in the following information:

Height: _____

Weight: _____

Eye color: _____

Hair color: _____

Skin color: _____

My best colors: _____

What I like best about my physical appearance: _____

_____

What I like to wear to feel good and attractive: _____

_____

What I would like to improve about my physical appearance:

_____

How I might start to make changes:_____

_____

Changes that I've already made and proud of:_____

_____

PHYSICAL NEEDS - TEEN

"I KNOW" - Fact or Myth?

Objective: To increase knowledge about important areas of concern and choice regarding teen's health and to dispel myths and misinformation about sex, anatomy, birth control, sexually transmitted diseases (STD's), drugs, and alcohol.

Time: 45 minutes

Materials: Physical Health Myth Cards - color coded by topics
Pencils
Paper
Poker Chips
Small Prizes (baby items, cosmetics, stuffed toys,etc.).

Procedure:

1. Divide into small groups/pairs and give topic cards to each. Ask each group to review cards and then serve as leaders quizzing the other groups about their topics. May use paper to draw explanations or write information. Groups can be given or choose group names and keep scores. Use poker chips for scoring and offer group prize. All questions answered wrong or with questions can be reviewed on group list later. (Variations on game format flexible.)
2. Make group list about most outrageous myth in each topic area. Most misunderstood facts about each topic and most controversial choices.
3. Use handout fact sheets and journal pages for further discussion and resource information.

PHYSICAL NEEDS - TEEN

Fact or Myth Cards

Leaders: With index cards and markers, make "Fact or Myth" cards by writing question or statement on one side and answer on opposite side. For durability, laminate cards or cover with clear contact paper. Color code cards by topic, if desired.

Topic: Sexuality

Questions	Answers
When a girl says 'no' she really just wants to be talked into it? Fact or Myth?	No girl wants to be pressured. If a girl says "no" she may want to be talked into it, but she may not She may be afraid that her boyfriend/partner may get angry or reject her, or she may just want to feel close without going all the way.
I could never talk to my girl-friend/boyfriend about birth control. Fact or Myth?	Would you rather talk about marriage? Abortion? Adoption? Birth defects? Child support? Diapers? Visitation rights? Child abuse? Child neglect? If you want to have sex but don't use birth control, then forget about your plans for the future -you will become a father or

mother (again)

The girl should always be counted on to protect herself with birth control
Fact or Myth?

This is the most important idea that should be given up Girls are taught that they should be the ones to say "no" and that it just doesn't look good if a girl has birth control on a date.
Males and females should share this responsibility. Assume that the other person is not using birth control and protect yourself.

Guys have stronger sex drives than girls have?
Fact or Myth?

Not a chance! Teenagers of both sexes can have very powerful sex drives. Believe it or not, no one's sex drive is uncontrollable. You do have a choice.

Guys need to have sex with lots of different girls in order to be better lovers.
Fact or Myth?

Being a better lover has much more to do with caring about your partner's feelings and their special likes and dislikes And you can't learn

about those from other girls. Caring and having a sense of humor will win out every time over "skill" or experience.

If a girl uses birth control, then she has probably been sleeping around
Fact or Myth?

Girls are often afraid that if she is prepared to use birth control, her partner will be turned off. Most methods can't be used without both people knowing If she does use birth control, it's because she's smart Maybe she doesn't want to ruin her life - or her partner's.

It is easy for a girl to use the pill?
Fact or Myth?

Have you ever thought about what it really takes for a girl to get on the pill? First, she must call a clinic or doctor and make an appointment, fill out a lot of complicated forms, answer lots of embarrassing questions, get undressed, and have an embarrassing and un-

comfortable pelvic examination. Then she has to take her pills every day for a full month before they work. Although this is a good choice for some, there are other methods that the male can take more responsibility with.

A girl would do anything to keep from getting pregnant? Fact or Myth?

Not so. Some girls will take a chance on getting pregnant rather than turn off her partner by having birth control.

If a guy hasn't gone all the way by the time he's sixteen, then something is wrong with Fact or Myth?

Is something wrong with a guy who plans for his life and won't let an unexpected pregnancy ruin those plans? Is something wrong with a guy who wants to be a father only when he's really ready?

Condoms are not cool? Fact or Myth?

Some guys think that using condoms will keep them from enjoying sex fully. Condoms are safe and they don't cost

much. Condoms are easy to use, and they are 90% effective against pregnancy and even more effective if used with a spermicidal foam or jelly. Oh, one more thing. A condom may save your life by protecting you from a sexually transmitted disease, especially AIDS.

Name some things that will <u>not</u> keep you from getting pregnant. Fact or Myth?

Standing up during or after sex; Showering after sex; Douching after sex; Taking one "pill" after sex; Using Saran wrap instead of a condom; Withdrawal before ejaculation; "It's before or during or after my period" Breast-feeding

How long does it take before the pill starts to work? Fact or Myth?

A full monthly cycle.

Can you get something to prevent conception (pregnancy) without

Yes: Spermicidal vaginal foam or jelly, sponges,

seeing a doctor? Fact or Myth?	suppositories and condoms
Name something that you need to think about when deciding which method is right for you. Fact or Myth?	Will I use it every time? Will I use it properly? Is it convenient to get and use? How much does it cost? Have I discussed this with my partner?
Name a birth control method that is prescribed by a doctor. Fact or Myth?	The Pill; Diaphragm, IUD
What birth control method is 100% effective? Fact or Myth?	None, although the pill, diaphragm with spermicidal jelly, vasectomy, and condom with spermicidal foam are 98% effective if used properly.
Can you get pregnant if you don't have an orgasm? Fact or Myth?	Yes, having an orgasm has nothing to do with whether or not you will get pregnant
How old do you have to be to get birth control devices? Fact or Myth?	If you are old enough to get pregnant, you are old enough to get birth control help.

Check with your local Health Department, Community Clinic, Adolescent Clinic, or Planned Parenthood for information on how to make these decisions. Remember, many methods can be bought "over the counter."

Is it safer to have sex before a period or after a period? Fact or Myth?

Sperm can stay alive in the female body for as long as 12 days, so no time of the month is completely risk-free! Always be protected.

Name two things to think about before deciding whether or not to have another baby. Fact or Myth?

Can I afford to have a baby? Am I really ready to be a parent? Am I prepared to take care of all the physical and emotional needs of a new baby and myself too? Will I be able to finish school? How will I work and afford good day care for my baby? Is my body in good shape to be pregnant again?

Having sex and getting pregnant are good ways to feel like someone loves me or that I have someone to love.

Fact or Myth?

Different people want different things from a relationship. Yet, many women tend to mix up love and sex in one package that they give to a guy. Then, when they don't receive his Love in return, they are devastated Although babies can be cuddly and cute, they also need much more attention and care than they can give back. Please don't go looking for love in the wrong places

Having another baby wouldn't be any harder than having just one child

Fact or Myth?

Wrong! If you are feeling stressed out now, just double that feeling. Once again, explore your feelings for wanting to get pregnant.

PHYSICAL NEEDS - TEEN

"I KNOW" - Family Planning and Contraception

Objective: To increase knowledge about methods of birth control and to enhance ability to effectively make family planning decisions.

Time: One hour

Materials: Samples of all contraceptive methods (pills, condoms, spermicidal jellies, foams, sponges, suppositories/inserts, diaphragm, IUD)

(Optional) Anatomical Models of Female and Male genital areas and Anatomy Video on birth control choices.

Journal Pages: "Family Planning: Is it For You?"
"Birth Control Methods"

Note: Check with your local Planned Parenthood or Health Clinic for samples, videos, or models you can have or borrow. You may also want to consider scheduling an guest speaker from one of these organizations that has experience presenting this topic to teenagers.

Procedure:

1. "One area in your life that you have control over is when you want to have another baby or whether you don't want another for awhile. The first step is to make a conscious choice about protecting yourself against pregnancy. The second step is to choose a contraceptive method that you will use regularly and properly." Review and discuss journal page "Family Planning: Is it For You?"
2. Utilizing the journal page "Birth Control Methods," leader may facilitate discussion in the group, introduce a guest speaker, or show an appropriate video. Overview each method of contraception. Ask group for advantages and disadvantages of each method, and any questions about use.

a. Read quote on the pill:

> "With the pill, it means you're planning straight out to do it with somebody, like you're intending t. It makes you feel bad, like you've been thinking about doing it during the day. I just don't like birth control; it either is a big fuss or it makes you feel bad, like kind of guilty").

Discuss attitudes, usage, and feelings...

b. The I.U.D.

c. The Diaphragm

d. The Condom

e. Foam, Jelly, Sponges, Inserts

f. Natural family planning

g. Other methods (sterilization)

3. If able, pass out extra sample of "over the counter" methods, particularly condoms.

Family Planning: Is It For You

Family planning is: the methods and practices by which parents may regulate the number and frequency of their children

OR

Family planning is: having children when you want them and not having them when you don't

You have just completed one pregnancy. It's time for you to start thinking about when, or if, you will be pregnant again.

All of these things are a part of family planning.

***** During her lifetime, a woman will have about 380 chances to get pregnant.

***** The average woman is able to have babies for about 32 years of her life.

***** How many children you will have, and when you will have them, can be your choice.

***** What you decide about having children depends on many things: Your goals, your situation, your culture, your beliefs, your religion, and your health.

REACHING YOUR GOALS IN LIFE

*** How much education do you want?

*** Do you have dreams of a career?

*** Do you plan to marry?

*** Do you want children?

*** How many children do you want?

*** When do you want children?

*** What kind of a life do you want?

***** Take your own goals into consideration when deciding about planning your family!

LOOKING AT YOUR LIFE SITUATION

*** How many children can you support?

*** Do you depend upon your parents for money or a place to live?

*** Are you ready to spend your time and energy on child care?

*** Are your mind and body ready to be pregnant again?

*** If you choose a birth control method, will you use it?

***** What's going on in your life will help you make choices about family planning.

CONSIDERING YOUR HEALTH

*** It takes between one and three years for your body to be ready for another pregnancy.

*** Mothers are healthier if their children are not born too close together.

*** Children are healthier if they are not born close together.

*** Emotional health of parents is better if they are able to give all the love and attention each child needs.

*** Emotional health of children is best when their parents give them the love and attention they need.

*** The relationship between partners is healthier when they have enough time to spend together.

***** Choices about family planning will affect the physical and emotional health of both parents and children.

EXPLORING CULTURAL ATTITUDES AND BELIEFS

*** Some people prefer small families, while others like large ones.

*** Some cultures say it's best to wait to have children while others say have them while you are young.

*** Some people are against using any drugs or putting anything artificial in their bodies.

***** Your cultural background will have an effect on the choices you make for your own life.

FOLLOWING YOUR RELIGIOUS BELIEFS

*** Some religions say using birth control is a person's own choice.

*** Others say that people should use only natural family planning methods.

*** Still others believe that women should not limit the number of children they have.

***** Your own religious beliefs can help you decide what is right for you.

From Teenage Pregnancy: A New Beginning by Catherine Monserrat and Linda Barr, published by New Futures, Inc.

SHOULD YOU USE FAMILY PLANNING? THAT CHOICE IS YOURS!

PHYSICAL NEEDS - TEEN

"I KNOW" - Taking Care of My Body

Objective: To increase teen parents' knowledge of personal health care and responsibility for their own bodies.

Time: 15 minutes

Journal Pages: "Drugs/Drinking/Smoking"
"Nutrition for Me"

Handouts: Include up-to-date information on Sexually Transmitted Diseases, AIDS, Getting Into Shape after Pregnacy, etc.

Procedure:

1. Facilitate group discussion of personal health care on these topics:

   When is your next checkup?
   Where do you go for your health care?
   What is a problem area for you in taking care of yourself?
   How does caring for yourself affect your child?

2. Review and discuss journal pages and any questions or concerns.

   Refrain from providing any medical advice and encourage utilization of health professionals. Invite professionals to speak during the group.

   Provide handouts on various health topics.

Drugs/Drinking/Smoking

People use drugs, alcohol, and cigarettes for many reasons: to cope with shyness, nervousness, loneliness, anger, to appear "cool" and sophisticated, or to be part of the group. The problem is that these substances are artificial means of coping. They really don't solve your problems, give your coverage, or make people like you. If you let these substances mask your feelings instead of learning to cope with the different pressures and situations, you will eventually feel more out of control, uncomfortable, angry, lonely, alone, and depressed.

Try saying NO this way:

"I'd rather not..."
"I tried it and didn't care for it..."
"I get sick when I drink..."
"One of us has to be sober to drive and I've decided to be the driver..."
"I'm allergic to it."
"I have a physical condition that makes it dangerous to do that..."
"My religion doesn't allow that."
"My parents will take away my privileges for the rest of the year if I do that."
"I feel better when I *don't* (drink, do drugs, smoke) and I want to make the most of this time with you."

If you currently use or abuse drugs, alcohol or cigarettes...

It takes time stopping a habit - especially one you've had for awhile - isn't easy. It takes effort. It takes patience with yourself. If you try and fail, today, to give up smoking or drinking or a drug, don't give up. Just try again. And don't be embarrassed to ask for help.

If you have a serious drinking or drug problem, you may well need outside help to get your through, at least at the beginning. Alcoholics Anonymous and/or a hospital treatment program can help you if you're a problem drinker. Your physician and/or a special drug abuse program or facility can help you if you have a serious drug problem that is more than you can handle alone.

Remember: knowing and accepting the fact that you can't conquer a harmful habit alone is a sign of strength - and the first step toward recovery.

You can help yourself, too, if you choose - especially if you really want to stop smoking, drinking or using drugs. Some ideas that may help:

o *Stop your habit "just for today".* Don't say "I will never, ever have another cigarette (drink, joint, etc.)." Tell yourself, instead, "*Just for today,* I will not smoke (or drink or take drugs)." Stopping a habit forever is too big a task. Just do it day by day. You will feel your strength, your confidence and your self-esteem grow over time as one daily success follows another.

o *Take responsibility for your choices.* No one forced you to smoke or take drugs or drink - really. You chose to do this. So you can choose to change the habit. Knowing that you have power over your life - and your habits - can help a lot!

o *Don't put yourself in situations where the pressure is greatest.* If there is a particular crowd whose major activity seems to be drinking or drug-taking, stay away from the crowd, even if you like certain individuals in it. (It's easier to say "No" to one or two people you see individually than to a crowd.) If you have doubts, don't go. It's better to miss a party than to get talked into doing things you don't really want to do. Don't get in a car with people who are stoned or drinking or drunk - even if it means calling someone to pick you up.

o *Learn from the pressure.* Remember that peer pressure and dares and threats can be a learning experience. It's all part of learning to think for yourself. If you can withstand the pressure and make your own decisions, you'll have a good head start toward healthy adulthood.

o *Announce your new intentions to family and friends who care.* Those who love you most are most likely to help and to cheer you on. They also have great memories for this kind of thing and, if your confidence is shaky they will be quick to remind you of your good intentions.

o *Seek the best way of stopping - for you.* Some people do better in a group setting - e.g., a "Stop Smoking" clinic sponsored by the American Cancer Society or similar services for others with substance abuse problems. Others have better results on their own. Those with certain drug problems - such as addiction to prescription drugs - may need to cut down gradually, to minimize the danger of serious withdrawal symptoms. Others, particularly smokers, may do best if they simply stop "cold turkey." (Some medical studies have found that smokers who cut down to a few cigarettes a day were inhaling so deeply that they were really minimizing the benefits of cutting down.) If you're stopping smoking or another substance habit, keep in mind that the first day is the hardest and that the urge to indulge will usually go away after a few minutes. Tough it out. Breathe deeply. Do relaxation exercises. Call a friend.

o *Seek healthy alternatives.* If you're dying for a cigarette, a drink or a drug, ask yourself what else you can do to ease whatever feelings or situation is contributing to your longing for this substance. Find new ways to feel less alone or uneasy - like easing your expectations for yourself (you don't *have* to be witty and brilliant or the life of the party to have a good time and be liked by others) or learning social skills in stages (e.g., focus on saying "hello" to and talking with one person at a party, the school lunchroom or wherever you feel awkward before you contemplate mixing in a crowd). Explore alternatives for dealing with loneliness, depression or tension. Talk to a friend or relative. Take a walk. Listen to music. Read a book. Answer a letter. Plan for the future. Make a list of things you like about yourself - or of five people you can really count on. There are many alternatives you can pursue - if you choose.

o *Be patient with yourself.* If you slip and have a cigarette or a drink or a drug, don't consider the battle lost or label yourself as a hopeless addict. You're just human. You had a slip. Admit it - and limit it to that one instance - rather than

using it as an excuse for a binge of substance use. Decide what you can learn from it - like how to overcome the temptation better next time, what feelings or situations or people were connected with your slip and how you can cope better in the future. You CAN do it!

In saying "No" to drugs, alcohol and smoking, you're making a positive choice: you're saying "Yes" to personal growth, self-discovery and a healthier, happier life!

NOTE: When deciding whether to use drugs, drink alcohol, or smoke, Remember the most important person in your life - your child. They do not have a choice about these things and need you to be healthy. This is especially important if you are pregnant.

Nutrition For Me

Eating well and caring for your body will help you to cope better with stress, feel less tired, care for your baby better, feel better about yourself, as well as just be a lot more healthy.

A Few Tips*...

EAT only enough calories to meet body needs and to maintain desirable weight (fewer calories if you need to lose weight)

EAT less saturated fat and cholesterol

EAT less salt

EAT less sugar

DRINK 6-8 glasses of water every day

EAT more complex carbohydrates such as whole grains, cereals, fruits and vegetables

EAT more fish, poultry, legumes (such as beans, peas, and peanuts) and less red meat

AVOID food with an excess of artificial additives

AVOID alcoholic beverages

* Before embarking on any reducing diet or exercise plan, it is wise to check with your doctor.

Choose a variety of foods everyday from the following groups:

	Recommended Amounts Per Day
Milk Group:	
Milk, cheese, yogurt, ice cream, cottage cheese	4-5 cups (or more if pregnant or breast-feeding)

Meat/Protein Group:	
Beef, veal, lamb, pork, liver, chicken, turkey, eggs, fish; dried beans and peas, nuts, peanut butter.	2-3 servings (or more if pregnant or breast-feeding)
Vegetable/Fruit Group	
All vegetables or fruits, particularly those with Vitamin C (cantaloupe, grapefruit, oranges, strawberries, broccoli, brussel sprouts, green pepper) and Vitamin A (dark green and yellow fruits like apricots, broccoli, carrots, canteloupe, greens, pumpkin, sweet potatoes, squash). They can be fresh, frozen, canned or juices.	4 or more servings
Bread/Cereal Group	
All breads and cereals that are whole grain or enriched (read package labels.) Wheat bread, cornbread, non-sweetened cereals, grits, rice, noodles, spaghetti, crackers	4 or more servings

PHYSICAL NEEDS - TEEN

"I TEACH" - Exercising With My Baby

Objective:	To enable the parent and baby to use and exercise muscles and enjoy playing together.
Time:	10 minutes
Materials:	Balls, Pillows
Journal Page:	"Getting Into Shape"

Procedure: Parents and babies sit on floor together and try out exercise ideas for babies and themselves. Review journal page for more ideas and practice.

PHYSICAL NEEDS - TEEN

"I CARE" - IALAC - I am Lovable and Capable

Objective: To understand more clearly how expectations about us can influence our self-esteem and the way we relate to others.

Time: 20 minutes

Materials: Cardboard or Construction paper signs with string
Markers, 2 Signs - one positive, one negative,
Paper
Pencils

Procedure:

1. Form a circle and place a positive or negative IALAC sign on back of person who is in center of circle. Everyone must treat that person either positively or negatively according to the sign. Alternate people and sign. For variation, give each person a paper IALAC sign and then have each give either a positive or negative statement to person next to them. If positive, that person gets to draw a colorful star on sign, if negative must tear off piece of sign.
2. Have everyone write one compliment on the back of next person's IALAC sign.
3. Write "I am lovable and capable" 10 times, each time writing bigger, on their own sign or on another piece of paper.
4. Write "_____ am lovable and capable" 10 times each time writing bigger on baby's own IALAC sign.

Discussion:

1. How did it feel to be treated good/bad?
2. How can you counter negative things that people say or do to you?
3. How can you resist feeling bad about yourself?
4. Name something you feel good about that was encouraged by someone else.
5. What are ways that you can help yourself feel better about you.
6. List ways that you can help your baby feel lovable and capable now and when they will be 5 years old. Discuss situations and ways that might tear off a baby's IALAC sign.
7. What are ways you can give your baby "Stars" in the next week?

PHYSICAL NEEDS - TEEN

"I CAN" - I Can Say No... It's My Body, My Choice

Objective: To practice utilizing new ideas about saying no and making positive choices about sexuality, drugs, alcohol, peer pressure, or other conflict situations.

Time: 30 minutes

Materials:
- Peer Pressure/Conflict Situation Cards
- Timer
- Flip Chart
- Markers
- Paper
- Pencils

Journal Pages:
- "Standing Up for Myself"
- "It's My Body, My Choice"

Procedure:

1. Ask each group member to write one pressure situation they've had relating to the main topics or in a relationship. Make sure names aren't on the cards and mix up. Divide into pairs and distribute situation pressure cards. Give pairs time to plan (about 7-10 minutes), how they would respond then role play before the group. Facilitate group discussion.
2. Review and discuss journal pages "Standing Up for Myself" and "It's My Body, My Choice: Discuss Date Rape.

Discussion:

1. How did it feel to be pressured?
2. What was your first reaction to pressure?
3. Was it difficult to say no?
4. How did it feel?
5. Are you willing to try it next time you are in a situation where you are pressured to do something you're not sure is good for you and your baby.

"It's My Body, My Choice"

If someone wants me to go drinking and driving, I can _____

_____

If someone wants me to try a new drug, I can _____

_____

If someone wants me to have sex with them and I'm not ready or not comfortable with the, I can _____

_____

If someone wants me to have sex without using birth control or condoms, I can

_____

If someone wants me to _____, I can _____

Standing Up For Myself

Even though the following statements are about sexual relationships, they can also be changed to address drugs or alcohol use, etc.

- Know that you have the right to say "no," even if you have said "yes" in the past.
- When you are with someone who may try to pressure you avoid high-risk situations, such as going for a drive or to an empty house.
- Think twice about dating much older men; they are likely to be more experienced sexually and expect more from you.
- Don't signal that you want to have intercourse when you mean to refuse it.
- Socialize with friends who share your beliefs and values and are not likely to pressure you to violate them.
- Don't drink or take drugs, which destroy your "won't power." or ability to protect yourself.
- Don't believe the myth that "everyone else is doing it," everyone else is not.
- Think in advance about ways to reject sexual advances, especially if you don't want to reject your date. You might say, for example, "I really like you a lot and I know you want to have sex, but at this point in my life I'm not ready for that." Role play before you go out with them.
- Think through why you might be tempted to say yes and determine whether the reasons are sound.
- Talk in advance with your partner about how far you want to go with each other. That will help to avoid last-minute conflicts.

- Learn the lines boys use to push girls into sex and be ready with a reply. Here are some examples, derived from Dr. Sol Gordon's book, "You Would if You Loved Me," as well as from Dr. Barbara Herjanic, the Girls Clubs and Ruth Bell's comprehensive book on sexuality for teen-agers, "Changing Bodies, Changing Lives":

  - *Everyone else is doing it.* That's good, then you won't have any trouble finding someone else.
  - *Let me show you how much I love you.* If you loved me, you wouldn't pressure me.
  - *Live for today, tomorrow we might die.* I'll take my changes.
  - *You don't know what you're missing.* That will make two of us.
  - *You owe it to me.* Next time we go out, it'll be my treat.
  - *I'll show you what it feels like to be a woman.* If you were a real man, you wouldn't want me to miss my youth.
  - *If you don't I'll leave you.* If that's how much you care about me, good riddance.
  - *What's wrong with you anyway?* Nothing, what's wrong with you?

Of course, boys can be pushed into sex, too - by girls and by situations, as when everyone at a party pairs off to "make out." Boys often tell of girls who tease them sexually and then stop the action with "O.K., that's as far as I go." Saying "no" can be very difficult for males or females. But it is much less difficult than coping with the feelings that you did something you weren't ready for or coping with a pregnancy or baby.

<u>Before</u> you decide to have sex with someone, ask yourself...

- Will I feel good about myself if I have sex now?

- If the relationship breaks up, will I be glad I had sex with this person?
- Would I be able to cope with an unplanned pregnancy if it happens?
- Am I sure no one is pushing me into having sex?
- Will having sex solve my problems?
- Will my partner and I be able to discuss and use birth control properly?

If most of your answers are No, then maybe you'd better WAIT...

What is Date Rape?

Rape is anytime you are forced to have sexual relations against your will. When the rape is committed by someone you know or may even have dated, the crime is called "date rape" or "acquaintance rape."

Victims of date rape may blame themselves or think that because they agreed to the date they somehow consented to sex. No woman should ever feel she owes her date sex, no matter how disappointed he is, how much money he's spent on her or how well she knows him. Even if they have been sexually intimate on previous occasions he does not have access to her whenever he wishes.

Rape is a serious crime. It is an act of violence and a violation of a woman's personal rights. It can cause great emotional and physical injury.

Men need to understand that force is not an acceptable way to get what they want from a woman. They should ignore the sexual stereotypes that define women as the weaker and more passive sex.

A man, too, has a responsibility in his relationship with a woman. He needs to know what is and is not expected from him. A man does not have the right to pressure or force a woman to have sex even if he paid for her dinner or a night out. Even if she agreed to have sex and then changed her mind. Even if he met her at a bar or picked her up hitch-hiking. Even if he has had sex with her before. Even if

she dresses provocatively, flirts or "comes on" to him. Even if he thinks women enjoy being forced to have sex or want to be persuaded.

If someone you are around...

- Acts aggressive, strange or hostile.
- Talks bad about other women.
- Stands too close to you and seems to enjoy if you are uncomfortable.
- Tries to intimidate you or threatens you.
- "Accidentally" touches you in intimate places on your body.
- Does not respect your decisions or needs

Then get away and stay away from that person. If you have been raped or abused, call the police or the rape or domestic violence hotline in your area.

PHYSICAL NEEDS - TEEN

"I LEARN" - Discoveries

(Distribute or discuss at end of this session)

Something new I discovered about my body is _____

_____

Something I discovered I need is _____

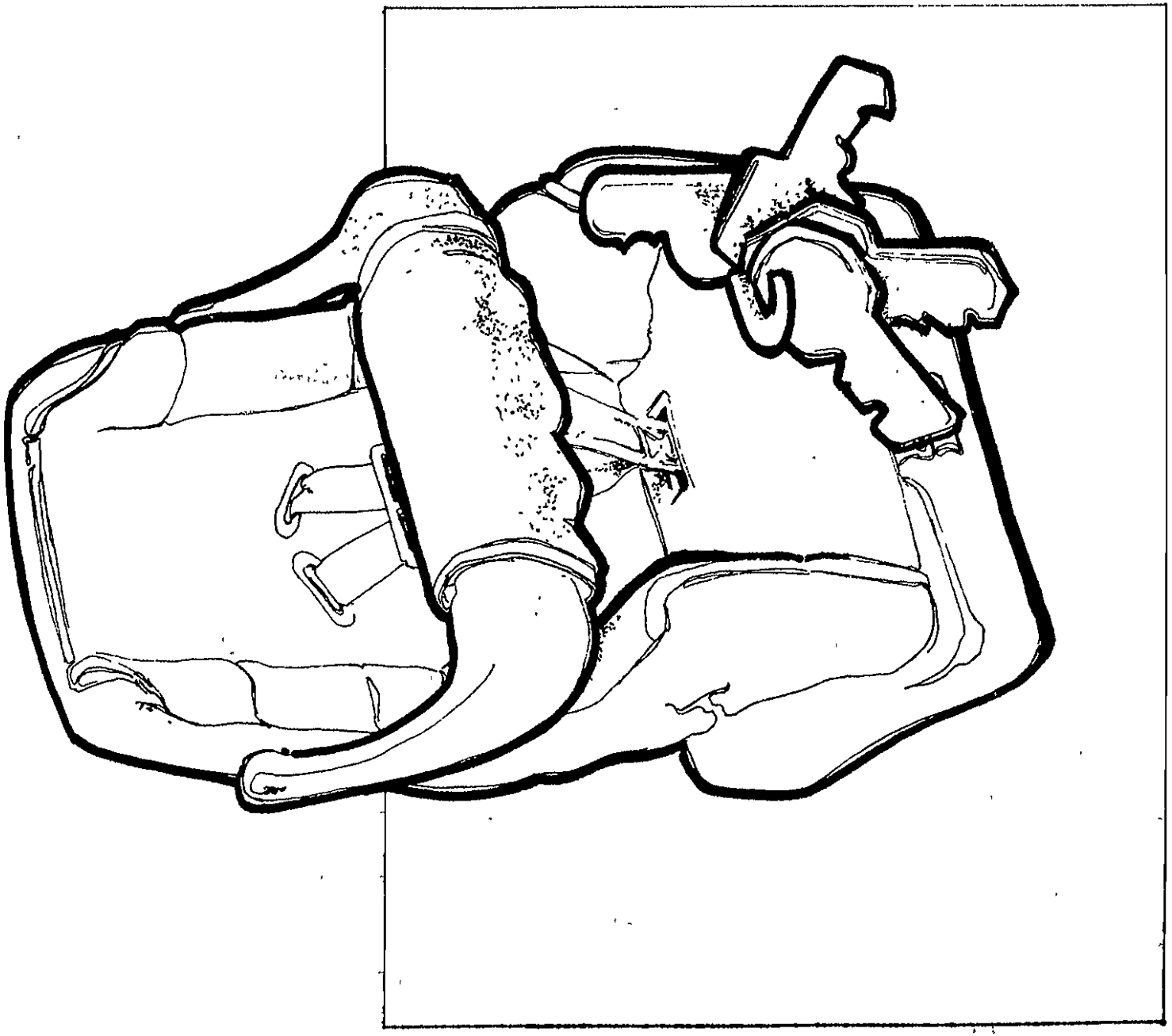
Something I discovered I can do to take care of myself is

_____

How taking care of myself affects my baby..._____

_____

PHYSICAL NEEDS/BABY



PHYSICAL NEEDS - BABY

	Activity	Time (Min)	Objective
I FEEL	Icebreaker: Complete the thought p. 123	10	Increase awareness of feelings about self and home life
	My 24 Hour Job! p. 124	20	Increase awareness of feelings associated with the many new job tasks of parenthood.
I KNOW	Feeding my baby right p. 128	20-30	To plan appropriate, nutritious foods and meals for changing needs of baby.
	Feed me p. 129		Awareness of own nutrition habits and nutritional needs of baby.
	Daily baby routines p. 150	15-30	Common baby health care information sharing.
	Keeping baby safe p. 152	45	Identify potential safety hazards and safety tips.
	Keeping baby healthy p. 165	60	Basic steps to well baby health care.
I CAN	Making food fun p. 182	60	Prepare baby food together as a group.
	Taking care of problems - sick baby care p. 186	60	Appropriate care and response to common sick baby care problems and/or emergencies.
I TEACH	Feeding is fun p. 198	15	Enhance ability and confidence in feeding and handling baby.
I CARE	M & M game p. 200	10	Increase self-esteem and group support.
I LEARN	Discoveries p. 201	5	Session wrap-up

PHYSICAL NEEDS - BABY

Teen parents are generally very concerned about the health and safety of their baby. However, there may be large gaps in their knowledge about these issues. On the other hand, they may be bombarded with information and advice from health professionals, friends, and relatives. This may conflict with their ideas about what is best for their child and possibly result in more confusion and a decreased sense of competence.

A young parent may experience difficulty in keeping his/her child healthy and/or safe for several reasons:

1. A lack of awareness or knowledge of what is dangerous or unhealthy for the child.

2. Lack of knowledge concerning health care, misinformation or partial information. For example, a parent may not want her child to have necessary immunizations because she heard that a child died from such shots.

3. Little control over their environment, because parent and child live with others.

4. Interference by parents or other caretakers, whose knowledge or interest may be less than her/his own.

5. Reluctance or difficulty in asking for help or admitting ignorance when appropriate.

6. Fatigue, or constant activity, or stress in the home which makes supervision of the child difficult.

7. Inadequate resources to utilize health care (i.e., transportation, money, etc.)

Although there are many different opinions and options when discussing health care issues, the parent needs to be empowered to sort through the overwhelming amount of advice and information in order to make the best decisions for his/her child. Teen parents may need help learning how to communicate concerns to health professionals in appropriate factual ways. Prevention of illness and accidents for both mother and child should be of primary importance because teens generally tend to "live for the moment." They "don't anticipate" problems, and often underestimate potential risks. Also, by responsibly meeting the nutritional and health care needs of their babies, parents have an opportunity to express sharing and love with their children, nurture their baby's growth, development, and enhance the bond between parent and child.

SUMMARY OF OBJECTIVES

PHYSICAL NEEDS - BABY

After completion of this section, teen parents will be able to:

1. Have a greater awareness of baby's needs, parental responsibilities, and feelings associated with the demands of caring for a baby.

2. Better understand baby's nutritional needs and conditions that promote positive and healthy eating experiences for baby.

3. Identify basic steps for well baby health care, sick baby care, and dealing with emergencies.

4. Identify potential safety hazards and basic steps for insuring baby's safety.

5. Feel more confident and competent in caring for the basic needs of their baby.

PHYSICAL NEEDS - BABY

"I FEEL" - Icebreaker

Objective: To increase awareness of teen parents' feelings about themselves and about their home life.

Time: 10 minutes

Materials: Flip chart

Markers

Procedure: Write the following statements on the flip chart. Encourage each group member to respond to the statements. If there are new members, have everyone introduce themselves as well.

1. Right now, I am feeling _____
2. A color that best describes my mood right now is _____
3. This last week has been _____
4. One word that describes my life at home right now is _____
5. One word that best describes my child's life at home now is

_____.

PHYSICAL NEEDS - BABY

"I FEEL" - My 24-Hour Job!

Objective: To increase awareness of baby's needs, parental responsibilities, and the variety of feelings associated with this demanding 24-hour job.

Time: 20 minutes

Materials: Flip chart
Markers
Paper
Pencils

Journal Pages: "My 24-Hour Job

Procedure:

1. Ask group to brainstorm all the major physical jobs/tasks of taking care of a baby and write ideas on flip chart. Then prioritize five most important concerns... Include the following areas:

- feeding
- proper preparation and storage of formula and food
- feeding while being held
- pleasant eating atmosphere
- clean clothes
- frequent diaper changes
- bathing
- hair washing
- regular doctor visits
- proper immunizations
- proper medications for illness
- following doctor's instructions
- safe and stimulating play area
- safe car travel
- different views
- toys and people to play with
- consistent loving
- lots of cuddling
- talking
- touching
- gentleness
- being there for baby

- appropriate daycare
- babysitting

2. Divide into pairs and ask each to brainstorm frustrations and good feelings associated with each task. Record and report to group utilizing the journal page, "My 24-Hour Job"

   a. The part of taking care of my child that I dislike most is _____.

   b. The part of taking care of my child I like most is _____.

   c. The hardest part of taking care of all the baby's physical needs is _____.

   d. I feel _____ about my 24-hour job.

3. Ask one group member to read quote:

   Jeanne 16, Eric 2 months said,

   > "I don't think you know how hard it is. You think it's like playing dolls, but it's not like that. When you have a doll, you feed it when you want to, but with a baby you can't put him in a closet and say 'See you later.' Sometimes I feel like I'm going to climb the walls. I have to be at school at 8:00 a.m. and I have to get him cleaned up first. I have to feed him and put him in his crib while I get ready, and have to keep checking to be sure he's all right. It's back and forth all the time!"

Discussion:

1. Do you often feel alone with your feelings?
2. Who do you share your frustrations with?
3. Which parts of caring for your baby do you feel most confident about?
4. Which parts do you feel least confident about?
5. Which areas do you wish you had more information? Where do you usually get the information that you need?

MY 24-HOUR JOB

a. The part of taking care of my child that I dislike most is

_____

_____

b. The part of taking care of my child I like most is

_____

_____

c. The hardest part of taking care of all the baby's physical needs is

_____

_____

d. I feel _____ about my 24-hour job of caring for my baby.

TPT

PHYSICAL NEEDS - BABY

"I KNOW" - Feeding My Baby Right

Objective: To enhance awareness and ability to plan appropriate, nutritious foods and meals for baby.

Time: 20 - 30 Minutes

Materials:
paper
magazines/pictures cut from magazines
scissors
paste
pens
pencils
markers

Procedure: Group members write a menu and/or cut pictures from a magazine which show typical foods they feed their baby and glue on paper. For group members with young babies still exclusively on formula/breast milk, choose an arbitrary age (ex. one year) to develop a meal. Enable each group to discuss each others' choices.

Discussion:

1. What age child would these foods be appropriate for?
2. Consider cost of food, time to eat, etc.
3. What nutritious value/what food groups?
4. What might you change to make these foods more healthy (ex. broil/bake instead of fry)
5. Do these foods have a lot of salt or sugar.
6. What do the labels say on the food items you purchase?
7. How do you serve this to your child (ex. alone vs. with family, using fingers vs. utensils).

PHYSICAL NEEDS - BABY

"I KNOW" - Feed Me

Objective: To increase parent's awareness of their own nutrition habits and increase knowledge regarding baby's nutritional needs and feeding practices.

Time: 15 - 30 Minutes

Materials: Nutrition Cards, Pencils.

Journal Pages: "Food Survey"
"Feeding Tips"
"Baby Food"
"Breast-Feeding"
"Bottle-Feeding"
"Nutrition"

Procedure:

1. Survey foods that teens ate today by having them complete the journal page, "food survey" and discuss. Survey their favorite and least favorite foods, attitudes about food or getting fat in their own family, eating habits, dieting, etc.. Discuss ways in which teens and babies are different diet-wise.
2. Give one or more nutrition cards to each group member until all distributed. Take turns going around group one at a time, read question/myth side of card out loud. They should then give their answer or response to the card without looking at the answer on the other side. After group discussion, continue the process until all cards have been read and discussed. Make a list of any issues that need further information or discussion.

Enable group to complete or review journal pages and discuss.

Discussion:

1. Does anyone have a different opinion? If so, what?
2. Are there different ways to deal with this myth/question or is there only one "right" way?

Nutrition Discussion Cards

Leaders: Using index cards or other study paper, write statement or question on one side and answers on opposite side.

Question #1

Why is iron important to baby's diet?

Answer

Because infants are growing and developing rapidly during their first year, they have a great need for iron. Iron builds red blood cells which carry oxygen to all parts of the body.

Question #2

Are the baby combination foods (meat with vegetables) a good way to give baby a variety of foods at once?

Answer

No! At first, give your baby only single foods. Then if he/she has a negative reaction, you will be better able to determine which food was the cause. Later on when you know that your baby tolerates both foods, it is OK to use combination foods.

Question #3

Can I give my infant cow's milk?

Answer

No!! Cow's milk can cause internal bleeding in babies under a year, and does not contain the balance of nutrients that an infant needs. Babies should not drink cow's milk until they are at least 1 year old.

Question #4

How do I know when baby is full and eaten enough?

Answer

As baby feels full, he/she will let you know by unfolding fingers, turning head away, falling asleep or showing you a brighter, cheerier face.

Question #5

Is it better to add some solid food to the baby's diet in the first three months, especially if he/she is not sleeping well?

Answer

Infant's digestive systems cannot handle solid food as well as it can breast milk and formula. The swallowing reflex is not well developed either. Soft solid foods can be better introduced at 4-6 months old. Add one food/week to test for allergic reactions. Talk with your baby's doctor about which foods to use first.

Question #6

How can iron be provided in baby's diet?

Answer

Breast-feeding or using iron-fortified formula throughout baby's first year. Later baby needs foods rich in iron: eggs, meats, particular liver, iron-fortified cereals.

Question #7

If my baby is overweight, should I give him/her skim milk in first year?

Answer

No! Babies in their first year need fatty acids. What you can control is the amount of mild and solid foods you offer. Ask your doctor.

Question #8

How do I know when baby is hungry or just wanting attention?

Answer

Get to know your baby's signals - baby will show you he/she is ready to eat by turning head, by opening mouth, sucking and clenching fists. If they are not

interested in eating, don't force it. Try something else. Don't feed first to quiet fussy baby if eaten well in last two hours. Instead, try a pacifier.

Question #9

Hi-C, Kool-Aid, coke, or sugar-water are just as good to give to my baby as real fruit juice.

Answer

Fruit juice drinks (like Hi-C) and even some fruit juices may not contain the vitamins and minerals baby's need. Fruit drinks and soft drinks often contain a lot of sugar, coloring and artificial flavors even though they may claim to have extra vitamin C. Be sure to read can and package labels to see what you are buying. All this sugar can harm baby's developing teeth.

Food Survey

Typical meals/snacks during your day what you eat today or yesterday?

Breakfast:

Lunch:

Dinner:

Snacks:

My favorite foods are:

I dislike:

Three differences between what I like to eat and what my baby should eat are:

1.

2.

3.

Feeding Tips

*Sit down, relax and take your time

*Always hold baby while feeding - it is not safe to prop up a bottle for a young infant, feeding time is an excellent time for cuddling, parent/infant interaction...

*Get to know your baby's signals - baby will show you he/she is ready to eat by turning head, by opening mouth, sucking, clenching fists.

*During feeding, baby will watch your face, fasten his/her mouth to the nipple, suck, and swallow.

*As baby feels full, he/she will let you know by unfolding fingers, turning head away, falling asleep or showing you a brighter, cheerier face.

*Don't use food first to quiet a fussy baby if baby has eaten well within the last two hours. Comfort him/her in other ways.

*Use water if baby needs to drink between feedings. Don't put honey in anything for the baby for the first year. It can cause serious problems in infants.

*Use a pacifier if baby just wants to suck.

*Babies have growth spurts and eat more at those times.

*Don't give solid food until 4 to 6 months. Babies don't digest solids well until then and don't get the right balance of calories.

*Babies cannot drink cow's milk until 12 months old.

Breast-Feeding

Why Breast-Feed?

- Breast-milk is available immediately; formula must be warmed.
- Night feedings are easier for parents of the breast-fed baby. No trip to the refrigerator; no fuss about warming the bottle and holding it for the baby.
- Breast-milk is raw and fresh; formula is made of older milk that has been heated. Heat and storage are known to destroy many important nutrients. We know enough about a few of the vitamins to add these to formulas - but there are other substances that we know too little about to add.
- Formula is very expensive.
- Breast-milk digest rapidly and easily. Formula digests more slowly.
- Babies fed entirely on breast milk do not get constipated. They may go for two or three days without bowel movements, but the stools come out soft. Formula babies are sometimes troubled with painfully hard bowel movements.
- Nursing helps the uterus contract. It and the abdomen return more quickly to their prepregnancy size.
- Breast-fed babies are less likely to have serious digestive upsets and disorders.
- Breast-milk has antibodies that fight infections during the baby's first weeks after birth.
- Breast-feeding and the sucking exercise it, takes helps good facial development.
- Feeding time brings physical enjoyment to mother and baby. ...Both want and need each other physically as well as mentally. This helps to build a secure and loving relationship.

Breast-Feeding Tips

You can start breast-feeding as soon as your baby is born. Mother's first milk (colostrum) helps protect baby from sickness. It gives baby extra proteins, vitamins, and minerals.

Good, nutritious milk production depends on a wholesome, calorie-rich diet of meat, vegetables, grains, fruits, and milk or milk products.

Be sure to drink lots of water, juices and other liquids. But be sure not to drink alcohol. Try to limit coffee, tea or sodas with caffeine. You should not take drugs before checking with your doctor. Don't smoke if you are breast-feeding baby.

Almost everything you eat or breathe in will go into your milk and then to your baby.

Breast-feed your baby on each breast until baby seems satisfied. Be sure your baby takes as much of the dark area around the nipple into the mouth as possible. This helps bring down your milk and also prevents soreness. Nurse on demand, when your baby wants. At first this may be every two or three hours, day and night. The more you nurse, the more milk you will have.

To take baby away from your breast, gently put your finger in the corner of baby's mouth to break the suction. Then remove the nipple from baby's mouth.

Begin each feeding on the breast that was used last. This will make sure that enough milk is drained from both breasts so you will continue to have a good milk supply.

You can usually continue breast-feeding even when your baby is sick.

Caution: breast-feeding mothers can become pregnant. Once sexual activities begin again, birth control must be used.

Taking Care of Your Breasts

Wash your breasts with water only. Soap will dry out your nipples. Let your nipples air dry after every feeding to prevent soreness.

Sometimes your breasts may leak milk between feedings. You can stop milk from leaking by pressing the palm of your hand or your forearm against your nipple. You can also cover your nipples with clean handkerchiefs or small pieces of cloth diaper inside your bra to help soak up leaking milk.

Letting Someone Else Feed Your Breast Milk to Baby

When you and baby both feel comfortable about breast-feeding, you may want to let someone else feed baby while you're away. You can pump or gently squeeze out your milk for these feedings. This is called "expressing" your milk.

First, bring down the milk into your breast. You do this by gently massaging each breast for about two minutes. Then, massage around the edge of your breast and gently massage toward the nipple area. Squeeze the nipple downward while holding it between your thumb and index finger. Use a clean cup to collect your breast-milk. Now gently squeeze all around the nipple to collect the rest of the breast-milk. Then you can do the same thing to get milk from your other breast.

Breast-milk will stay good for twenty-four hours in the refrigerator. It will keep for two weeks in the freezer.

Expressing your milk seems a little clumsy at first, but just relax. The more you do it, the easier it gets.

If your breasts become too full when you skip a feeding, you can gently squeeze out a little milk to relieve the discomfort. Don't squeeze out too much milk though, or your breasts will keep producing more milk than baby needs.

Weaning Baby

When to Stop Breast-feeding

Mothers wean or stop breast-feeding their babies at different ages. Some wean before the first birthday. Others continue to nurse through the second year. It's up to you to decide when is best for you and your baby.

It is not a good idea to wean your baby when he or she is sick, fussy or teething. Try to wean baby when you are relaxed, and your home life is stable.

Weaning Tips

It is best to take several weeks to wean baby. Going slowly from breast to bottle or cup is much easier for both you and your child.

Start by dropping the breast-feeding in which baby is least interested, the feeding that best fits in with your schedule, or the feeding when your breasts have the least milk. Then offer baby a bottle or cup for that feeding. Your child may act fussy because a rubber nipple or hard cup feels very different. So try to be patient while baby gets used to the change.

In a week, you can slowly drop another feeding. Continue dropping a feeding every week until baby has been weaned except for one feeding a day. Then you can start dropping this last feeding until you are breast-feeding every other day. Baby will need a total of about 3 to 4 cups of formula each day.

Be sure to cuddle, touch and talk to baby a lot when you're weaning. Baby needs to know your love is still there.

Breast and Bottle

Some mothers combine breast-feeding and formula-feeding. This gives them and their babies the advantages of breast-feeding plus the freedom of sharing feeding responsibility and having more time away from home.

Bottle Feeding

Formula-feeding is the answer for mothers who cannot breast-feed or simply do not want to. Many healthy children have gotten their start with formula.

Today, many new mothers must return to work or school and leave their babies in child care. Most of these babies are formula-fed. Prepared bottles allow parents to know exactly how much their babies are taking at each feeding. And formula allows fathers or others to share the feeding routine and the especially close contact with the baby during feeding.

Some expense is involved in buying formula, plastic bottles, and nipples. One way to cut costs is to use powdered formula, which is mixed with water at home.

Nursing formulas are made to be much more like human milk than cow's milk is, so they are better for babies than cow's milk. Several good brands of formula are on the market.

Formula-fed babies are more likely to have colic or other digestion problems than breast-fed babies. Sometimes it takes time to find which formula is best for an individual baby.

Mixing Formula and Preparing Bottles

Formula comes in powdered, concentrated, and ready-to-use forms. Be sure to mix formulas with the right amount of water. Follow the directions on the can carefully. This way your baby will get just the right amount of good nutrition. Do <u>not</u> keep prepared formula for more than two days. Do keep prepared formula in refrigerator.

Always wash bottles, caps, rings, and nipples well when finished with hot, soapy water. Rinse them well and make sure all food particles, milk, or soap is gone. You may than also sterilize by putting bottles in a large pot with three inches of water (put the nipple, upside down, on each bottle with rings and caps on loosely).

Boil for about 20 minutes. Another option is to put bottle in a dishwasher after you scrub them first. Let bottles cool before handling

Bottle Feeding Tips

Try to put only as much formula in each bottle as your baby will drink. Any formula left over from feedings should be thrown out. Leftover formula spoils quickly after mixing with baby's saliva, and can make baby sick.

It is very dangerous to lay baby down with the bottle propped up on a pillow or blanket. Baby could spit up and choke in a few seconds without you there to help. Also, milk could get in baby's ear canal and cause an ear infection.

Putting cereal into baby's bottle is not a good idea. Baby will get full on the cereal and not drink all the formula that is needed to grow well.

Be sure the nipple hole is the right size. About one drop of formula every second should drip from a bottle held upside down. If the hole is too large, baby can choke on the extra formula. If the hole is too small, baby has to suck too hard to enjoy the feeding.

If baby gets a rash or spits up a lot, allergies may be the problem. Check with your doctor to see if you need to change to a different formula.

Baby Food

There is no need to rush the start of solid foods. Your baby gets all the nutrients they need from breast milk or formula. When your baby is between four and six months old, they start needing new foods to grow well. But remember, even when you start to introduce solid foods, babies still need breast milk or formula for good nutrition (no cow's milk until age one). It is not until about six months, that most babies have developed the muscles needed to sit without support, control their tongue and mouth, and to use solid foods.

It is best to start baby on solid foods in this order:

1. Rice cereal then oatmeal or another single-grain cereal.
2. Apple juice (mixed half and half with water at first). Watered-down orange juice or watered-down grape juice may be introduced later. Do <u>not</u> give your baby fruit "drinks" like Kool-Aid, Hi-C, etc. because these are mostly sugar
3. Vegetables such as squash, carrots, sweet potatoes, peas, green beans, spinach.
4. Fruits such as bananas, pears, apple sauce, peaches, apricots.
5. Meats, beans, egg yolks.
6. Beans, cheese, yogurt

<u>Always</u> check labels to see if the food or juice is "pure" - no sugar, salt, artificial flavors added.

You should give baby only one new food each week. Then baby can get used to the new taste and the way it feels. This also helps you to see if baby is allergic to any new foods (Watch for a rash, diarrhea or spitting up a lot.) Most babies outgrow food allergies. You can try these foods again later on.

Use a small spoon to feed baby.

Spoon a small amount of baby food into a bowl. DO NOT feed baby right out of the jar or container. Baby's saliva will leave germs on the leftover food, which can make baby sick. Leave the unused food in its closed container in the refrigerator. DO NOT put baby food into a bottle.

How Much?

Here is an idea of how much food or liquids babies need each day:

At all ages:

Water should be offered several times a day after breast milk or formula, not before because the baby will get full on water

At four months:

breast milk or formula (32 ounces)
cereal (8 tablespoons)

At five months:

breast milk or formula (30 ounces)
cereal (8 tablespoons)
fruit juice (4 ounces)
vegetables (6 tablespoons)
fruit (6 tablespoons)

At six months:

breast milk or formula (26 ounces)
cereal (8 tablespoons)
fruit juice (4 ounces)
vegetables (6 tablespoons)

fruit (6 tablespoons)

At seven months:

breast milk or formula (26 ounces)

cereal (10 tablespoons)

fruit juice (4 ounces)

vegetables (7 tablespoons)

fruit (10 tablespoons)

egg yolk (one yolk)

meat and/or beans (7 tablespoons)

Older Babies

Eight months is a good time to introduce your baby to drinking from a cup. Give your baby water or unsweetened fruit juices. Drinking from a cup is difficult, so be patient and prepared for some messes.

Eight or nine months is also time babies can start eating "finger foods." About this time, babies develop the ability to grasp and pick up objects, and they want and like to feed themselves. This too can be messy but fun.

Give your baby small pieces of soft foods that are easy to hold such as cheese wedges. Add some of the following foods to help your baby learn to chew and handle food.

* **Fruits**: unsweetened, canned fruit or small soft, and ripe pieces or slices of fresh fruit.
* **Vegetables**: cooked, tender and pieces or chunks of carrots or potatoes.
* **Cheese**: cubes or wedges of mild, mixed varieties.
* **Meat, Poultry,** or **Fish**: tender, cooked, small boneless pieces.
* **Breads, Crackers and Cereals**: dried, toasted, whole grain forms, such as zwieback, melba toast, or cheerios.

Be Careful...

The natural size, shape, and consistency of some foods may cause your baby to choke. These foods include:

o	berries	o	raw vegetables
o	chips	o	sunflower seeds
o	nuts	o	popcorn
o	raisins	o	dry cereals
o	bacon, sausage	o	hot dogs
o	corn	o	candies

If Your Baby Won't Eat...

Your baby will have likes and dislikes just like you do, so don't give up. Although babies generally do not understand words, they will quickly pick up tone of voice, expressions, and movements. You can make mealtime more pleasant by giving your baby a smile with every spoonful.

When baby refuses a food, don't make a fuss. Try that food later in the meal or at another meal. Your baby may need time because every taste and texture is new. Giving baby a variety of food is the key to developing good eating habits in your baby.

You can help your baby develop a lifetime of good eating habits by introducing a variety of foods. This variety of food will also give your baby protein, fat, carbohydrate, vitamins, minerals, and water. These nutrients will help your baby to grow and develop. Let your baby learn to enjoy the flavor of foods without added seasonings.

Introducing food to your baby can be a pleasant experience if you:

* Use breast milk or formula for the first 12 months.
* Introduce new foods one at a time.

* Start with strained foods at four to six months and progress to table food at 12 months.
* Respect your baby's signal for being full.

Happy mealtime and good nutrition go hand in hand. You can make mealtime more pleasant by giving your baby a smile with every spoonful.

Nutrition

Babies need six basic nutrients:

* Carbohydrates
* Fats
* Proteins
* Vitamins
* Minerals
* Water

Nutrient	Example	Function
Carbohydrate	Cereal	Gives baby energy
Fats	Meat	Gives baby energy
Protein	Meat, Formula, or Human Milk	Helps baby grow
Minerals	Cereal Vegetable Fruit	Maintains and regulates body processes
Vitamins	Vegetables Fruits	Maintains and regulates body processes
Water		Removes baby's waste products

Spitting Up

Parents often are concerned about a baby who spits up. Many newborns and infants will spit up small amounts of their feedings. This can occur even with proper burping and is normal. The food your baby recently swallowed comes up again into his or her mouth and spills out. Vomiting is different because it is more forceful and uncomfortable. With spitting, the food trickles or bubbles out without making the baby feel uncomfortable. It often looks like a lot of milk or formula is lost when your baby spits up, but it only looks this way because it has curdled (formed solid masses) in the stomach. The amount you see is much less than it seems. Your baby is not losing enough to cause weight loss or nutritional problems. Spitting up usually happens less often as your baby grows. Your baby will usually stop spitting up by the time he or she is eight months old.

It helps to burp your baby gently midway through a feeding and after the feeding, but your baby may still spit up. The curdled food can stain clothing so it is a good idea to use a towel or cloth diaper on your shoulder and a bib for your baby. It helps to soak a soiled item fairly soon after the mess occurs in cold water with a small amount of vinegar added. The baby may spit up less if you keep your baby upright by holding or by sitting in an infant seat for the first 15 to 20 minutes after feeding.

If you think your baby is vomiting and it happens more than a few times, you should talk to your doctor. If your baby loses weight or has fever, you should also notify your doctor because something more than just spitting up is happening. Some parents or friends giving parents advice, blame the type of formula for the spitting up. It is best not to change formula unless you talk to your doctor. The type of food doesn't make a baby spit up and spitting up is not a sign of allergy to milk or to the formula you are using.

PHYSICAL NEEDS - BABY

"I KNOW" - Daily Baby Routines

Objective: To increase knowledge regarding common baby care problems.

Time: 15 - 30 Minutes

Journal Page: "What To Do If..."

Procedure: Have group members take turns reading each statement on the journal page. Enable the group to discuss each issue. Supplement discussion with appropriate handouts and/or demonstrations such as:

1. Taking and reading temperature
2. Immunization schedule and need for shots
3. Car seat information and proper use
4. Infant CPR, infant Heimlich method
5. When to call the doctor list
6. Safety tips

Physical Needs - BABY

What To Do If....

1. Your baby wakes up in the night crying and feels hot.

2. You forgot to take baby for 6 month check up and DPT shot.

3. Your baby cries and wiggles when you put him/her in car seat.

4. Your baby is choking on a penny that he/she found on the floor.

5. Your baby keeps spitting up and losing weight for several days.

6. You are giving the baby a bath and the phone rings.

PHYSICAL NEEDS - BABY

"I KNOW" - Keeping Baby Safe

Objective: To identify potential safety hazards and basic steps for ensuring baby's safety.

Time: 45 minutes

Materials: Different samples of car seats, examples of safety-proofing device
Video: "Safety" by Mead Johnson or "Accident Prevention"

Handouts: "Car Seat Safety"
"How to Prevent Accident"
"Baby Proofing Your Home"
"Safety Checklist"
"Safety Picture"
"Shopping With Your Child"

Procedure:

A. Show video on Safety or Accident Prevention. Review journal pages, "How to Prevent Accidents," and "Baby Proofing Your Home." Discuss controversy over safety proofing vs. teaching baby not to touch, to behave, not get into things, etc. Assist the parents in understanding how the baby's curiosity is a natural drive to be expected and encouraged, yet requires the need for safety proofing until baby is old enough to follow clear rules. Ask group to imagine if baby wasn't curious - what would baby do if you showed him/her a colorful rattle, played peek-a-boo, gave him/her a new toy to hold? Would it be boring? Ask group to brainstorm a list of potential home hazards on easel paper or chalkboard due to curiosity at different ages. Make "homework" assignment by having group members utilize and complete journal page, "Safety Checklist," in their own homes before the next session. Then follow-up the following week by asking the group to return with and discuss their checklist.

B. Survey current use of car seats by the group and emphasize the current laws governing child car seats as well as the use of seat belts by all passengers. Review journal page, "Car Seat Safety" and discuss hazards of not using car seat every time the baby is in the car (no exceptions!). Demonstrate proper use of different styles of car seats (have some different seats available or ask group members to bring their car seats and demonstrate how they use them). The local Red Cross and State Highway Safety offices often have speakers who will do presentations as well. For those who do not have car seats, provide information on local agencies or hospitals that provide car seats free or for a small rental fee.

C. Review journal page, "How to Prevent Accidents." Discuss any other concerns or questions regarding safety and prevention.

How to Prevent Accidents

Accidents Usually Happen:

When a child is hungry or tired.

When any hazard (a sharp knife, a busy street, a bottle of aspirin) is too easy to get to or is too tempting to resist.

When a mother is sick or having a difficult pregnancy.

When a child has no safe place to play.

When a child is very active.

When parents are upset or angry at each other.

When a child's surroundings change, like when moving or on vacation.

When other people in the family are sick or somehow distract the mother's attention.

When the family is in a hurry, especially on days when many things must be done.

When parents are not aware how curious the child is or how quickly the child can move around.

When a child is being cared for by an unfamiliar person or a brother or sister who is too young to be responsible.

Prevent Drowning

* never rely on inflatable toys to protect and keep your child afloat. Always use life jackets approved by the National Safety Council.
* Never leave a small child alone in a bath tub or wading pool, even for a few seconds. Babies can drown in an inch of water! Keep one hand on the baby at all times.

Prevent Falls

* Never leave your infant alone on a table, bed, couch or any surface from which they can roll off. Infants are able to roll at a very young age, even as young as a few weeks old.
* Keep safety straps and harnesses fastened around infant when in high chairs, infant seats and strollers.
* Use gates on both bottoms and tops of staircases.

Prevent Burns

* Never leave small children in bath tubs alone. They can turn on the hot water and receive serious scalds or deep burns.
* Keep guards around floor furnaces, open heaters and fireplaces.
* Small children burn quickly in the sun. Never expose them to direct sunlight and use a sunscreen (make sure the label says it's OK to use on babies).
* Keep hot liquids and foods out of baby's reach. Keep handles of pots and pans turned in on the stove.
* Keep electric cords or irons, toasters, etc. out of reach.
* Make sure baby clothes are flame resistant.
* Have smoke detectors installed in your home and check them often to see if they work.
* Always keep matches and lighters put away out of reach.

Prevent Poisoning

* Do not store nonedible products (such as cleansers, medicines, beauty/health care items, etc.) on shelves used for storing food.
* Keep any of the above materials in their original containers and labeled.

* Do not leave child alone when you are using household products or insecticides that would be poisonous.
* Do not tell your child that medicines are candy. Children imitate, so avoid taking medicines in front of them. Refer to all medicines by their proper names.
* Flush old medicines down the drain or toilet rather than throwing them in trash.
* Never give your child medicine in the dark and always double check the label for instructions about the dose, how often to give, side effects, etc. (An overdose of baby aspirin or iron vitamins can even be deadly.)
* Lock up all medicines, chemicals, cosmetics, and as many other household products as possible or at the very least, keep them on upper shelves in high cabinets.
* Be sure baby beds and furniture are painted with lead-free paint.
* Keep plants out of reach.
* Prevent cuts, suffocation, and choking.
* Keep all pointed and sharp objects out of infant's reach.
* Use diaper pins with plastic shields.
* Pick up buttons, beads, and any small objects from the floor.
* Use outlet covers in wall sockets
* Remove easily over turned lamps, electric cords, and sharp-edge furniture.
* Plastic bags, long toy telephone cords and harnesses can smother or strangle.
* Do not let infant chew or suck on balloons, small objects, or large or hard pieces of food that are difficult to dissolve or chew in their mouth.
* Avoid using necklaces or pacifier cords around the infant's neck.

* Toys should be too large to swallow, too tough to break, and should have no sharp points or edges.
* Never toss used razor blades or broken glass (or discarded medicine) in a wastebasket that nosy little ones might dig up.
* Lock out or disconnect workshop tools so that they can't be turned on accidentally.
* Put decals on glass doors and use tempered or laminated safety glass.
* Continue teaching the vocabulary of danger. Mobility may lead your child under tables or against walls where he is surprised to hit his head. Knock the surface and say "Yes, the table is hard," or "The corner is sharp; it hurts heads."
* Always assume a snarling or barking dog will bite.
* Remember all mothers' instincts are to protect their young. Youngsters should never be allowed to handle or pet new puppies unsupervised. New mother dogs often leave serious bites.
* Teach child to pet "softly."

Prevent Car Accidents

* Always use car seats and seat belts for every passenger. Never let child stand in the car or sit on your lap.
* Keep car doors locked whenever children are in or around the car.
* Check the driveway carefully before backing out

Car Seat Safety

Automobile crashes are the leading crippler and killer of American children. Most of these tragedies are preventable. Using a child safety seat or safety belt properly and every time you ride in a car can reduce the chance of your child's injury or death in a car accident by more than 60 percent. It only takes a few extra seconds to save your child's life.

It is a state law in Oklahoma that infants and toddlers must be in safety-tested car seats. EVERY TIME they ride in an automobile. Baby "carriers" or holding baby in your lap with a seat belt over you both will not protect your child in an accident you must have an approved safety-tested seat. Check the box when you are shopping or check if you can rent or borrow one from the hospital where you delivered or your local health department or Red Cross office. Be careful if you get one from a friend, a garage sale or some place else that you cannot check the box or papers that came with the seat originally.

Below are some more helpful tips about car safety:

- Children should always ride buckled up in an approved, crash-tested car safe seat (for children up to 40 lbs. in weight) or a safety belt. Be consistent. If you allow your child not to be in a car seat sometimes, it can be confusing to the child
- The back seat is the safest place for children to ride, but even there child safe seats and safety belts should be used.
- One of the most dangerous places for a child to travel in a car is on the lap or in the arms of an adult.
- Take along some soft, safe car toys to keep the kids busy, like cloth or paper books, stuffed animals, sponge or soft plastic toys.

- Sing songs, play word games and talk to your children. Suggest they pretend being race car drivers or astronauts while buckled up.
- Praise your child often for good behavior in the car.
- On long trips, stop often so children can release pent-up energy and if possible, change seating positions.
- Cover the car seat and safety belt buckles with a cloth if you park the car for any length of time in hot weather. Warm up the car if it's a real cold day before putting baby inside.
- Use a car seat and safety belts even if you are riding in the car just a short distance. Most major car accidents occur within a few miles of the person's home.
- Always follow the manufacturer's instructions that come with the car seat.
- Set a good example. Don't start the car or allow anyone to drive until everyone buckles up every time.
- Never tend to the baby if you are driving. Find a safe place to stop first.
- If someone else is driving, sit in the back seat next to your baby to comfort him/her.
- If your baby fusses about getting out of the seat, do <u>not</u> give in.

Types of Child Safety Seats

Child safety seats come in several stages of a small child's development and require different types of protection. There is no best seat. Look for features that best suit you, your child, and your car.

Infant Only Safety Seats (from birth to 9-12 months old)

Starting with the first ride home from the hospital, babies need the special protection that only infant safety seats can provide. Never let your baby ride in your arms. The force of a crash or even a sudden stop can rip your baby from your arms. If you are not using your safety belt, your body could be thrown forward to crush your baby.

Infant safety seats are specifically designed to withstand enormous crash forces. Never use a plastic feeder seat or car bed intended only for household use. Babies should ride in the infant safety seat from birth until they weigh between 17 and 20 pounds and reach about 26 inches in length.

Infant safety seats always face the rear of the car, anchored by the vehicle's safety belt. The baby, held firmly by the safety harness, faces backwards in a semi-reclining position. In an accident, the baby's back, rather than its delicate chest and abdomen, absorbs the crash forces. For newborns, a small, rolled-up blanket or towel placed around the head and shoulders provides additional support.

The rear seat generally is safer than the front seat. However, when you are driving alone with your infant, you may want to buckle the car seat in front with you. Your baby will be happier and you won't be distracted from your driving.

Convertible Seats

Some safety seats can be converted from an infant seat into a child seat which a toddler can continue to use until he or she is old enough to use a booster seal or wear safety belts. A convertible seat may save you money since you are buying only one seat. But such seats are heavier and cannot be carried into restaurants and stores easily.

Toddler Seats (1-4 years old)

Children who weigh more than 17-20 pounds and can sit up by themselves need a forward facing convertible or toddler safety seat.

Toddler seats come in two styles. The five-point harness style is anchored by the vehicle's lap belt, and holds the child with two shoulder straps, two pelvic straps, and a crotch strap all coming together at a buckle. The crotch strap should be kept as short as possible to keep the lap belt from riding up on the child's abdomen. Some models substitute a moveable shield for part or all of the harness.

The shield style seat is a C-shaped shell with energy-absorbing padding on the upper part of the shield. Once the shield is fastened by the vehicle's lap belt, the child can climb in unassisted. However, this design also makes it easier for the child to climb out, so it may require more attention to make sure the child remains in the restraint while traveling. (Do not confuse the shield-type seat with those that have only armrests or partial shields.)

Auto Booster Seats (3-6 years old)

Auto booster seats are designed for children over 20 pounds and are especially suitable for children who have outgrown toddler safety seats. Auto booster seats are firm seats with no sides which must be used with a lap belt and upper body support, preferably the harness or shield supplied with the auto booster seat. (The harness

must be fastened to the car with a tether anchor.) If the car's lap and shoulder belt is used, make sure the shoulder belt does not cut across the child's neck. Without upper body support, the effectiveness of the booster seat is severely reduced.

Auto boosters are more effective than ordinary firm cushions because of the belt guides on each side. These guides enable the lap belt to hold onto the booster so that it will not slip out during a crash. The guides also position the lap belt forward and low over the child's thighs so that it will not ride up on the abdomen.

Adult Safety Belts

Children who have outgrown their safety seats should use the vehicle's safety belts. If a toddler has to ride in a car without a safety seat, use the adult lap belt. The belt should be snug and as low on the child's hips as possible. If the shoulder belt crosses the child's face or neck, it should be placed behind the child's back after the buckle has been fastened. If the child's head can still reach the dash in a sudden stop, then he or she should ride buckled in the back seat. Rear seats generally are safer.

In an emergency situation in which there is one more child than there are safety belts, three children of about the same size can be best protected with two safety belts in the back seat by having the child in the middle share a belt with both children on the side.

Two people should never share one safety belt. Do not use pillows or cushions to boost a child wearing a safety belt. They can slide out from under the child during impact, allowing the belt to ride up onto the child's abdomen, possibly causing internal injuries.

Top Anchor Straps for Safety

Some models of convertible seats, toddler seats, and auto booster seats have a top anchor strap/harness which fastens the top of the restraint to the structure of the car. When included the top anchor strap must be used and pulled tightly to ensure adequate crash protection. A properly anchored tether seat can give an extra margin of protection over lap-belt-only seats in small cars and in side crashes. However, if you don't' use the top tether, your children get *less* protection than they need.

The Best Safety Seat for Your Child and You

All child safety seats manufactured after January 1, 1981, must pass tests which show that they can provide adequate protection for children in actual crashes. Look on the back of the seat for the restraint's label which states the date of manufacture.

Seats vary in size and convenience factors. TRY BEFORE YOU BUY! Try your child in the seat and the seat in the car. Not all seats fit all cars or safety belt systems. Try the seat in both the front and back seats of the vehicle. Buy the seat that is both easy to use and best fits your particular needs.

Shop carefully for the best price as the same car seat may sell at a wide range of prices. Ask about rental, recycling or wholesale programs being run by hospitals, service groups, or health departments.

Shopping With Your Child

If your child is a toddler and tends to wander away from you, a safety harness can be a very wise investment. Some parents are disturbed by the appearance of these devices, yet these harnesses can allow your child a sense of freedom that can provide you a sense of security. They are available in beautiful and fun colors. They may prevent great anxiety from wandering, falls, or snatching of your child.

* Be alert to customer service areas or information centers in malls or other public areas in the event your child is lost. If your child is old enough, have him or her make a note of these areas and where you will meet if you are separated.
* Do not allow your child to wear articles of clothing with their names printed on them. Strangers can appear more familiar to your child if they can address them by name.
* Before going out, make a mental note of what your child is wearing.
* If old enough, teach your child his or her phone number and full address, how to use the phone and who to call.
* Most importantly, never leave your child unattended or in the care of a stranger, even a friendly sales clerk.

PHYSICAL NEEDS - BABY

"I KNOW" - Keeping Baby Healthy

Objective:	To understand the basic steps for well baby health care.
Time:	One hour
Materials:	Pencils Pens Rectal Thermometers (optional) Samples of Health Care Items (optional)
Journal Pages:	"Standard Health Care Items" "How to Take Your Baby's Temperature" "Health History" "Baby Grows" "Baby Care Basics"

Procedure:

A. Discuss the group's experiences with the following: Choosing doctors, talking to doctors and nurses, getting the information needed from doctors, feeling listened to and respected as a parent, observing and reporting changes in baby's health. Suggest parents keep a log ordinary between doctor visits of their baby's behavior, illnesses, and any questions they might have that they need to remember. Review how baby's routines change over time and discuss the importance of noting changes in eating habits, sleeping habits, irritability, unusual behaviors, etc. as it relates to potential illness and growth and development.

B. Utilizing journal page, "Health History," discuss the importance of immunizations (shots). Include in the discussion the appropriate schedule, where to obtain them, cost, possible side effects, consequences of not getting immunizations, and any other problems or questions.

C. Utilize journal page, "Baby Grows." Emphasize importance of observing baby's growth , pointing out that babies grow at different paces, and

need love and attention as well as food to grow into a healthy, happy babies. It is very rare that a baby is too fat! Ask group members to predict how much weight gain they might expect from babies at 3 months, 6 months and a year.

D. Review journal pages, "Standard Health Care Items" and "How to Take Your Baby's Temperature." Discuss the appropriate use of each. If possible, have samples of health care items to show. Demonstrate the appropriate use of a thermometer, underarm and rectally. Enable group members to practice taking their baby's temperature.

E. Review journal page, "Baby Care Basics." Discuss various questions, problems, and solutions regarding diaper changing and baby's bowel movements, diaper rash, baths, spitting up, care of baby's teeth and gums, dressing baby properly, or any other health care issues. Affirm parent's ability to know their baby and provide good care. Likewise, assure parents that it's alright to ask for help (everyone needs to sometimes) because neglected problems can turn into major catastrophies. Their baby's health is at stake.

Baby Growth Sheet

	Height	Weight
3 months		
6 months		
9 months		
12 months		

How to Take Your Baby's Temperature

Take baby's temperature rectally until your child is six years of age. A child needs to be old enough to keep an oral thermometer under the tongue without biting down.

Do not use an oral thermometer to take a rectal temperature. The long, thin bulb on the oral thermometer can break and hurt baby.

Baby's normal rectal temperature is 99.6^{o}. This is one degree higher than the normal temperature when taken under the arm.

Reading the Thermometer

1. Hold the thermometer with a good light behind you. Do not hold the bulb end.
2. Roll the thermometer in your hand until you can see the silver line of mercury.
3. Read the long line just to the left of where the mercury has stopped. This is the number of whole degrees.
4. Each short line between the long lines stands for two-tenths (2/10 or .2) of a degree. Add the number of two-tenths (2/10 or .2) between the long line and where the mercury has stopped.
5. Then add the number of two-tenths (2/10 or .2) lines to the whole number of degrees to read baby's temperature.

Getting the Thermometer Ready

1. Shake down the mercury to below 96°F.
2. Do this over a bed so thermometer won't break if it slips out of your hand.

Taking Baby's Rectal Temperature

1. Put a little Vaseline on the bulb.
2. You can lay baby face down, across your lap. Or you can lay baby down on his or her back. Be sure to put a diaper or lap pad under baby. This will keep any stool from soiling your lap.
3. Help your child to relax by cuddling and providing a soft toy.
4. Put a little Vaseline around baby's anus. Spread apart baby's bottom and insert only the bulb end of the thermometer into baby's rectum.
5. Keep baby interested in the toy for three minutes while holding the thermometer in place in baby's rectum. Older brothers and sisters can help keep baby distracted.
6. Take out the thermometer and read the temperature.

Call your doctor if your child's temperature is 102° or more. Call your doctor if your child's temperature has been 101° for 24 hours. If your baby is three months of age or younger, call your doctor if the temperature is over 100°.

Cleaning the Thermometer

1. Wash the thermometer with soap and cool water to remove germs.
2. Rinse it with alcohol, and put it back in its case.

Health History Sheet

Immunizations (Recommended Age)		Date:	Baby's Age:
2 months	DPT (Diptheria, Pertusis, Tetanus)	_____	_____
	OPV (Polio)	_____	_____
4 months	DPT	_____	_____
	Polio	_____	_____
6 months	DPT Booster	_____	_____
15 months	MMR (Measles, Mumps, Rubella)	_____	_____
18 months (high risk infants only)	Hib	_____	_____
	DPT	_____	_____
	Polio	_____	_____
24 months (high risk babies)	Hib	_____	_____
4-6 years	DPT Booster	_____	_____
	Polio Booster	_____	_____

NOTE: Immunization schedules sometimes change. Be sure to check with your baby's doctor or nurse for the correct schedule for your baby.

	Date:	Baby's Age:
Hearing Exam	_____	_____
	_____	_____
Eye Exam	_____	_____
	_____	_____

Write any other important health information below:

Baby Care Basics

Newborns

Baby will need to have "sponge baths" until the navel heals. You should clean baby's umbilical area with alcohol whenever you change baby. Do this until the stump of the cord heals and drops off.

Gently wash baby's face with plain water, starting with the eyelids. Shampoo baby's hair with a soft bristle brush to help keep baby from getting "cradle cap" (crusty scales in the hair). Try not to get water in the eyes so baby won't be afraid or upset.

You can use mild soap and water on the rest of baby's skin. Wash baby's diaper area and bottom last. Be sure to rinse baby's body well, since leftover soap can irritate baby's delicate skin.

- Never leave your baby alone in the bath. There are *no* exceptions to this rule.
- Keep one hand on your baby in the water at *all times.*
- When the bath is full (only about two inches of water is really needed), check the water temperature with your wrist or elbow. Using your hand will mislead you into believing the water is cooler than it actually is.
- Never turn the water spigots on while your baby is in the tub. Such action tempts you to violate the one-hand-on-at-all-times rule and also presents the danger of accidentally scalding the sensitive skin of your child.
- Turn the cold water spigot off *last* so the metal faucet will be cool should the baby touch it.

- Do not use any kind of soaking product or bubble bath when bathing your baby; use of such products can lead to genital inflammation.

Changing Baby's Diaper

Because baby's skin is so delicate, you will need to change diapers before they are soaking wet. This will help keep baby from getting diaper rash. Be sure to rinse off baby's diaper area well every time you change the diaper.

When baby has a bowel movement, wash baby's bottom with mild soap and water. Be sure to wipe baby off from front to back, especially if baby is a girl. This keeps germs away from where baby urinates, so baby won't get an infection.

Do not use baby powder because it can cake in the folds of baby's skin. Baby powder can also hurt baby's lungs if baby breathes it in. Powder can also burn baby's eyes if it gets in them.

Baby's Bowel Movement

Baby's first bowel movements are like black, sticky tar. During the first week, they slowly change to their regular color and thickness.

If baby is breast-fed, bowel movements will be yellow or yellowish green, and won't have much smell. Baby can have anywhere from several movements a day to one or two a week, and baby is hardly ever constipated.

If baby is bottle-fed, bowel movements will be darker and have a stronger smell. Baby will have fewer bowel movements, and sometimes may become constipated.

Dirty Diapers

Washing cloth diapers so they are <u>really clean</u> will help keep your baby clean and free from diaper rash.

Keep a large pail with a cover near the place where you change diapers. Fill the pail about half full with water. Add a half cup of borax or mild detergent to the water if you can. This will help the diapers wash whiter and kill any bacteria that might cause diaper rash.

After a bowel movement, rinse the diaper in the toilet bowl, using toilet paper to remove solids that cling. Hold tight to the diaper and flush the toilet so the diaper is rinsed in clean water. Then put it in the pail.

Wash the diapers in the hot-test water you can get in the washer and in mild detergent or soap. Add a tablespoon of bleach for each gallon of wash water (probably from 1/4 to 1/2 cup).

Rinse the diapers at least 3 times. Any bleach or soap left in the diapers may hurt your baby's tender skin. It helps to add one(1) cup of vinegar to the last rinse.

Dry the diapers in the sun if you can. On wet days, or days that are freezing, use the clothes dryer.

Soft Diapers

Water softeners will make Baby's diapers softer. They help remove the minerals in hard water. You can add some softeners to the wash water. Others go in the final rinse.

Be sure you use a water and not a fabric softener though. Fabric softeners also make diapers soft. But they leave a film that may cause a rash, and that builds up so diapers soak up less. Be careful...

Note: Even if you usually use disposable diapers (Pampers, Luv's Huggies, etc.), always keep a supply of cloth diapers. Disposable diapers are very expensive and you don't want to be caught short if you run out of

diapers and money. Also, some babies are very sensitive to the materials used in disposable diapers and may need to use cloth instead.

Instructions for Diaper Rash

1. Keep bottom clean after each bowel movement.
2. Antiseptic soap (Dial or Safeguard soap) may be used.
3. Keep diapers clean. When washing diapers, put 1 cup of vinegar in the last tub of rinse water. Avoid tight-fitting water-proof pants. Do not use fabric softener in wash.
4. Do not use powder or cornstarch on baby.
5. Desitin ointment may be used 3 or 4 times a day.
6. The older child should drink lots of water and juices. Reduce the amount of milk to not over 16 ozs. a day. Drink 12 to 24 ozs. of water a day.
7. Reduce giving an older child Jello, eggs and meat.
8. If infection is present (sores, crusts, or scabs), use a triple antibiotic ointment such as Mycitracin or Triotic ointment, 3 or 4 times a day.
9. Allow baby time with diaper off - the air will help heal the rash.
10. If not responsive to above - see your practitioner as baby may need a prescription for a "yeast" infection.

Prevent Ear Infections

1. Don't use anything (including Q-tips) to clean your child's ears. The natural growth of the skin in the ear canal will bring the wax to the outside. You can then wipe the wax out with a wash cloth. Wax is necessary for the protection of the ear canal and the eardrum.

2. Don't let your child drink from a bottle while lying down. There is a little tube which goes from the base of the throat to the middle ear. When the child swallows, the tube opens. If he is lying down and swallows, the milk can be forced into the middle ear (behind the eardrum). When this happens, the child can get an ear infection. Prop him up or hold him when you are bottle feeding him.
3. Do take your child to the doctor if he pulls his ears or complains about them. Don't wait for the ear to drain--this indicates a much more serious problem!
4. Do protect your child from colds. Colds can lead to ear infections. Keep him warm and healthy. Avoid unnecessary exposure to crowds. Keep him away from family members who may have colds or the flu.
5. Do follow your doctor's advice about the medicine he/she prescribes. Use all of the medicine the doctor prescribes. Even though the child may feel better quickly, the ear problem may not be completely gone for some time. If you stop giving the medicine too early, the infection may come back.
6. Do keep all of your medical and hearing recheck appointments. This is the only way we can be sure that your child's ear problems are cared for properly.

Protect Your Baby's Teeth

A child's first set of teeth, also known as primary or baby teeth, usually begin to erupt (come in) at about 6 months of age your child's new teeth are important for proper chewing and nutrition, clear speech, and a good smile. They also help reserve space in the jaw for the permanent teeth that are developing under the primary teeth. When baby teeth are lost too early, permanent teeth may grow in crooked or crowded.

Your child's first set of teeth are at high risk of decay. Tooth decay is caused by bacteria that might start to grow on your baby's first set of teeth. The bacteria

that causes decay forms a sticky, colorless film called dental plaque. The bacteria use sugars in foods we eat for nourishment.

It is extremely important to prevent dental problems by starting while your child is still an infant. Poor nursing-bottle practices can lead to painful and costly dental problems and early tooth loss.

To prevent Baby Bottle Tooth Decay, follow these preventive measures:

- If your baby requires a bottle at bedtime for comfort, use only plain water. Do not fill the bottle with milk, formula, fruit juice, or any other sweetened liquids such as soft drinks. All of these liquids contain various forms of sugars.
- If you use a pacifier to comfort your child, use a clean pacifier - one which is recommended by your baby's doctor. *Never* dip the pacifier in any sweet substance.
- Because fluoride is the most effective agent available to prevent tooth decay, be sure your child receives the proper amount. If the drinking water in your area is fluoridated, make it a habit to encourage your child to drink it. If your child's drinking water is not fluoridated, ask your family dentist or doctor about prescribing daily fluoride supplements in the form of drops or tablets.
- After each feeding, gently clean your baby's teeth and gums with a damp washcloth or gauze pad. When most of the 20 baby teeth have appeared - usually age 2 - continue to gently clean your child's teeth with a toothbrush at least once a day - preferably just before bedtime.
- Have your baby's teeth examined by a dentist by age 2 to 3 - as soon as all your child's baby teeth have appeared. Anytime, however, you notice that your child has dental problems, take the child to the dentist immediately.

- Close to your child's first birthday, begin to wean your child from the bottle and, instead, teach your child to drink only from a cup.

- Avoid filling your child's nursing bottle with liquids such as sugar water, sweetened jello, soft drinks, or Kool-Aid.

Write down the dates when your baby's teeth come in.

Schedules

Every baby has its own ideas about when to eat and sleep. And that's O.K.

Babies cry to be fed every 2 or 3 hours day and night. Then, it stretches to 4 to 5 hours.

If Baby cries more often, see if Baby's cold or wet, wants your company or to be held.

One day (2-4 months) Baby will sleep through a feeding -- hopefully at 2 a.m. If not, wake and feed as usual. Maybe Baby will sleep at night instead.

Avoid giving an extra bottle before bed or feeding cereal too early. It usually doesn't help Baby sleep and can start an overeating habit.

A baby's body is not usually ready for solid food until Baby is 13 to 15 pounds and 4 months or older.

Standard Health Care Items

Try to keep these items stocked in you house so they will be ready when you need them:

- o Pain/fever medication - (Tempra, Tylenol for babies, etc.)
- o Cough medicine*
- o Bandaids, gauze, tape - to cover cuts and sores if they need to be protected from dirt, rubbing, or scratching.
- o Vaporizer - cold mist
- o Rectal thermometer
- o Bulb syringe - to clear out baby's nasal passages if congested
- o Nasal decongestant*
- o Antibacterial ointment (Neosporin, Polysporin, Bacitracin, etc.) to keep bad sores and cuts from becoming infected. Do not use often because it is absorbed by the skin and kills both good and bad germs.
- o Petroleum Jelly (Vaseline)
- o Zinc oxide, desitin - for diaper rash
- o Syrup of Ipecac* - to cause vomiting if child swallows certain poisons. use only if doctor or poison control center says to do so.
- o Hydrogen Peroxide or Betadine - to cleanse and sterilize cuts

*Give only when doctor advises

Giving Medicines to Baby

1. Wash your hands before measuring medicine.
2. Have all medicines measured, ready to use, and within reach.
3. Tell the child it is time to take the medicine. Then tell child what the medicine is for, and give it to the child.

4. Be firm, calm, and confident. Children know when you are not sure of yourself.

   Be honest. Say you are giving medicine. Never tell the child that medicine is candy.

   Tell child that only parents or certain adults can give medicine. Be sure to say, "Good baby!" for taking the medicine. Do not say, "Bad baby" when baby fights taking medicine.

5. Don't worry if a little medicine spills or is spit up, as long as baby gets most of it.

6. Give prescription medicines for as long as the doctor advises. This is especially important for antibiotics. Antibiotics take time to kill all the germs when baby is sick. Taking only part of the antibiotic can leave enough live bacteria to make baby sick again.

   Do not double the dose if baby misses one dose. Babies can easily overdose on some medicines. Do not use medicines prescribed for other people.

PHYSICAL NEEDS - BABY

"I CAN" - Making Food Fun

Objective: To enhance group cooperation, learn new ways to prepare baby food, and enhance competence and confidence as a teen parent.

Time: One hour

Materials:

Ice cube trays	baby food grinder
colorful index cards	pot
pens	paper
markers	baby spoon
bowls	bibs
recipes for baby food	teething biscuits
stove	water

Journal Pages:
"Feeding Tips"
"Recipes"
"Making Your Own"

Procedure:

1. Divide group by tasks:

   Menu planners (using resource material)
   Food preparation
   Cookers
   Recipe card designers.

2. Choose baby food recipes appropriate for ages of babies in the group, then work on the various projects. Utilize the book, Feed Me, I'm Yours by Vicki Lansky, as a resource.

3. Serve food and feed babies as a group. Demonstrate and discuss feeding methods, appropriate food for different ages, and dangerous food items (peanuts, raisins, hard candy, hot dogs, etc.). Review journal pages.

Making Your Own Baby Foods

Homemade baby food is fresher, tastes good, and has natural vitamins. Preparing baby foods at home is really a simple operation and is cheaper. It is helpful to have either a food mill, a strainer, or an electric blender. A food mill will puree fruits and vegetables and separate out seeds, cores, and skins as it does so. A strainer can be used to puree soft fruits and vegetables. A good blender will puree meats, vegetables, and fruits. (Before pureeing fruit in strainer or blender, peel, core, and remove seeds.) All foods should be mashed or strained so baby can safely eat them.

Once your baby is old enough to eat strained solid food, (about 4-6 months old), you can adapt foods prepared for family meals. Simply take out the baby's portion after the food is cooked but before you add seasonings and spices, then puree. Prepared this way, homemade baby foods should cost less overall than commercial foods. Use fresh foods only. Canned foods may contain added salt, sugar and other undesirable additives; frozen foods, though a bit better, often contain added salt. *Do not* add or use spices like salt, pepper, or sugar because they are hard on baby's stomach. Cool food before feeding baby.

Prepare baby food with clean hands (to prevent any spread of harmful bacteria) and clean, freshly washed utensils. When the food is ready, cover and refrigerate the unused portions immediately; they'll keep for three days. Or better, cover a tray with foil, drop on spoonfuls of the prepared foods, then freeze and individually wrap the portions. They'll keep for one month in the freezer. Once you've started the baby on a portion, do not keep it for more than a day.

Almost any food can touch off an allergic reaction, so introduce strained solids one at a time. If the baby has an unfavorable reaction--diarrhea, a rash, spitting up--discontinue the food, then check with the doctor.

Here are some basics for preparing baby foods:

Fruits - A baby's first fruit is usually bananas, which you need only mash with a fork. All other fruits should be cut up into small pieces, steamed until soft, and pureed.

Vegetables - Babies usually like carrots, zucchini, peas, and sweet potatoes. Cut vegetables into small pieces, stem or boil in a little water then strain, mash, or blend them. Add the cooking water, which has a lot of vitamins. Avoid spinach and beets, since they may contain an excess of harmful nitrates. Cabbage, broccoli, and cauliflower may produce gas, and corn is difficult for an infant to digest

Meats, Poultry, Fish - These can be baked, broiled, poached, stewed, or braised, but not fried. It's probably best to start with chicken or turkey since it is easily digested. Simply cook it, remove the skin and any bones, cut up, and puree. Fish is also easy to digest. When you prepare any fish, even fillet, go through it carefully for bones before pureeing. Cook cut-up lamb, veal, beef, liver, and pork and puree in a blender or mash.

Eggs - Some pediatricians feel that infants shouldn't eat egg whites. Others disagree. Consult your own doctor on the matter. But whether your baby eats both the white and the yolk or just the yolk alone, hard boil the egg, then mash what you need with a fork to make a smooth paste. Custard is an egg-rich food. To make it, simply follow a standard recipe, omitting sugar, nutmeg, cloves, and similar spices.

Other Foods - Cottage cheese is an easily digested food for babies. Puree it first and add a little pureed fruit, if you like. Soup is another good choice. When you fix a pot of soup for the family, take out a cup for the baby before you add spices: blend if necessary.

Recipe for Teething Biscuits

You can harden almost any bread by baking it in a very low (150-200°) oven for 15-20 minutes. Your baby will enjoy teething on the variety of hard breads - whole wheat, rye, etc. - that you can make this way. But you may also like to try some of the following for the economy and nutrition.

Hard Round Teething Biscuits

2 eggs

1 cup sugar (white or brown)

2-2 1/2 cups flour (white, whole wheat or a combination)

Break eggs into a bowl and stir till creamy. Add sugar and continue to stir. Gradually add enough flour to make a stiff dough. Roll out between two sheets of lightly floured wax paper to about 3/4 inch thickness.

Cut in round shapes. Place on a lightly greased cookie sheet. Let it stand overnight (10-12 hours). Bake at 325 degrees until browned and hard. This will make about 12 durable and almost crumb free teething biscuits.

PHYSICAL NEEDS - BABY

"I CAN" - Taking Care of Problems

Objective:	To enhance ability of teen parent to identify and appropriately respond when baby is sick or in an emergency situation.
Time:	One hour and 15 minutes
Materials:	Phone Books Pencils/Pens Baby Models for CPR
Journal Pages:	"What to Tell the Doctor When Baby is Sick" "Emergency Phone Numbers" "When to Call the Doctor" "Infant CPR" "What Should I Do?" "First Aid for Poisoning" "Fever"

Procedure:

A. Divide group into pairs. Use the phone book to locate and complete the attached Emergency Telephone List. Ask them to find important emergency telephone numbers for police, fire, ambulance, doctor, poison control, hospital, health department, dentist, emergency shelter, pharmacy, welfare or health insurance name and number and WIC. Have small groups share with the larger group so that everyone has all information.

B. Discuss journal pages, "When to Call the Doctor" and "What to Tell the Doctor When Baby is Sick." Emphasize the importance of observing baby's behavior, writing down critical information, and calmly communicating this information to a doctor/nurse.

C. Utilizing journal page, "What Should I Do," facilitate group discussion concerning the various problems listed. Provide additional handouts or brochures as necessary on these issues.

D. Discuss and demonstrate Cardiopulmonary Resuscitation for Infants (CPR). If the group facilitator is unfamiliar or not trained in this technique, you may want to invite a guest speaker (nurse, emergency medical technician, Red Cross, etc.). Review journal page, "Infant CPR" and ways to prevent baby from choking (avoiding small foods, safety proofing, etc.)

E. Review journal pages, "Poison Information." Discuss potential dangers, prevention and procedures in case of poisoning, particularly the appropriate use of ipecac syrup and information about the local poison hotline.

Emergency Telephone List
Dial 9-1-1 for Emergencies!!

Name:_____ Age:_____

Address:_____

Child's Name:_____ Birthdate:_____

Home Phone Number:_____ Work Phone Number:_____

Pediatrician: _____ Phone Number:_____

Family Doctor:_____ Phone Number:_____

POISON CONTROL CENTER - 271-4554 or 1-800-522-4611 (Toll Free)

Fire Department:_____

Ambulance:_____

Police:_____

Pharmacy:_____

Dentist:_____

Relatives:_____

Neighbors:_____

Directions to this Location:_____

_____

Closest Hospital Address:_____

_____ Phone Number:_____

Health Department or Clinic:_____

Emergency Shelter Address:_____

Phone Number:_____

Welfare Medical Assistance or Insurance #:_____

Company Name:_____

First Aid for Poisoning

1. **Call Your Doctor**

   Or call your nearest Poison Control Center, hospital emergency room, ambulance or rescue squad. Keep these numbers by your phone.

   Oklahoma Poison Control Center
   Oklahoma Children's Memorial Hospital
   Oklahoma City Area: 271-5454
   Toll Free: 1-800-522-4611

2. **Find the Poison**

   Save the container and rest of contents. It will help the doctor or Poison Control Center to choose the best treatment. If the child vomits, save the vomit for the doctor.

3. **DO NOT Make the Patient Vomit If:**

   a. The Patient is unconscious or is having convulsions.

   b. The poison is a strong corrosive such as acid or lye. Give liquids instead.

   Vomiting is not routinely advised for first aid if petroleum distillates (kerosene, gasoline, furniture polish, lighter fluid, etc.) are swallowed; in some cases, however, it may be recommended. Check with your doctor first.

4. **To Make the Patient Vomit:**

   a. Give one tablespoon (one-half ounce) of Syrup of Ipecac to children one year of age or older, with at least one cup of water. If no vomiting occurs after 20 minutes, this dose may be repeated <u>one time only</u>. Syrup of Ipecac can be bought at pharmacies and should be kept in the home at all times.

   b. If you have no Syrup of Ipecac, give water and then try to make the patient vomit by gently pressing the back of the throat with your fingers, a spoon or other blunt object.

      After the child vomits, give more water or milk to drink.

What to Tell the Doctor When the Baby is Sick

It helps to write everything down or keep a record of what has been happening before you call or take your child to the doctor or clinic:

1. Does the baby have a fever over 100°
   If so, the doctor needs to be told.
2. Has the baby been vomiting?
   If so, how much and how often.
3. Has the baby had diarrhea?
   If so, how often and is it runny and watery, or real soft. Describing it is important.
4. Does the baby have a rash? If so, is it flat to the skin, raised so you can feel it, or more like small blisters.
5. How is the baby breathing? Is it fast, short breaths, shallow breathing, or normal.
6. How long has the baby had these symptoms - (hours or days)?
7. Does the baby have any congestion, stuffy nose, coughing?
8. Has the baby been eating well? How much, how often?
9. How has the baby been acting? Crying, whimpering, irritable, cranky, sleep more than usual.
10. Has the baby been pulling at his or her ear? This is usually a sign of inner ear infection.
11. Does the baby's throat look red? Especially for the toddler.

When to Call the Doctor

Call your nurse practitioner, doctor's office, or clinic when your baby is first beginning to get sick during the day. Explain what is happening with the baby (see the page, "What to Tell the Doctor When Baby is Sick") and you are not sure whether you need to bring the baby to the doctor. Explain you need to talk about what to do for your sick baby or what to watch for. You will be calmer and medical people are usually more available and more helpful during the day than at night. You can plan ahead better to get medicine your baby might need, or ask someone to help you or stay with you if you think you'll need support.

*It is normal for first-time parents to feel scared, worried, and unsure of themselves when their baby is sick.

Call the Doctor if your Baby...

* refuses to eat for more than one meal
* is more quiet or restless than usual and cannot be comforted
* doesn't wet diapers at least once every eight hours.
* vomits all of feeding for two feedings in a row.
* has bowel movements that are watery for more than twenty-four hours (Diarrhea)
* has bowel movements that have mucous, pus, or blood in them.
* has heavy cough or stuffy nose that makes it hard to breathe.
* has seizures or convulsions (usually because of high fever).
* has an illness, like a cold, that won't go away after two days.
* has a temperature of 101° for more than 12-24 hours.
* is in obvious pain.
* has a red face, hot or dry skin, or is sweating.

* is pale and passive or listless.

* has red or swollen eyes or discharge from the eyes.

* has a bad rash on the face, the body, or the diaper area.

ALL babies get sick sometimes. It's very important to stay calm and soothe your baby. If you are upset, baby will get upset too.

Cardiopulmonary Resuscitation (CPR)

What Should I Do?

Babies often develop minor ailments. You should feel free to call your doctor/nurse with any questions, any time. You should know how to care for some simple and common problems. Describe what you would do for these:

Rash:

Diarrhea:

Choking:

Cuts:

High Fever:

Ear Infection:

Burn

Runny Nose, Cold:

Cough:

Fall:

Fever

A fever means the baby's body is fighting an infection or cold.

A baby's normal rectal temperature is 99.6°F. Low fevers, like around 101°F show that the body is working well to fight an illness. But high fevers, like 104° or 105°, can be frightening because they can cause convulsions.

WHAT TO DO:

1. If baby is less than four months old, call the doctor. Young babies can get very sick fast.
2. In all cases, if fever stays more than three days (72 hours), call the doctor.
3. Bring down the temperature:
   * Keep baby undressed at home but not cold.
   * Give baby a "sponge bath" with water that is slightly warm. Cold water can make a chest cold worse, and will make baby shiver, raising the temperature.
   * Do not cover baby with blankets, but with one sheet, at the most.
   * Do not bathe baby with alcohol because breathing the fumes can hurt baby's lungs.
4. Give baby plenty of clear liquids:
   * Water
   * Rehydration drink
   * Rice water
   * Pedialyte (for replinishing fluids)
   * Watered down herbal tea
   * Gatorade
   * "Flat" soda (doesn't have any bubbles) like 7-up
   * Watered down Jello that hasn't set

5. Give baby acetaminophen infant drops every four hours, such as:

Liquiprin

Tempra

Tylenol

Check with your doctor to find out how much medicine to give baby. Be sure to measure the amount carefully. Check baby's temperature every three or four hours after giving the medicine. Remember that fever is usually higher in the afternoon and at night. Do not give aspirin to any child unless told to by your doctor or practitioner.

PHYSICAL NEEDS - BABY

"I TEACH" - Feeding is Fun

Objective: To enhance ability and confidence while feeding baby formula, breast milk, or solid foods.

Time: 15 minutes

Materials: Bottles
sample formula
solid baby foods
utensils, bibs

Procedure: Bring in sample formula and/or have parents bring formula they use. Demonstrate or enable parents to mix the formula. Discuss appropriate ways to measure, read directions, and serve at proper temperature, etc. If some parents breast-feed discuss pros and cons of breast feeding vs. bottle and bottle feeding including any concerns.

Go through the same process using solid baby foods. Enable the group to feed their babies as appropriate while discussing positive and appropriate feeding habits.

Discussion:

1. Why is it important to hold baby while feeding? (ex. trust, warmth of body, eye contact, communicating, quiet time, developing relationship).
2. How do you introduce solid foods to baby?
3. How do you tell if baby is hungry?
4. How do babies let us know they are finished eating?
5. How do you prepare baby for eating (environment, utensils)?
6. How often do you feed baby?
7. Is it important to get baby on an eating "schedule"?

8. How can you tell if baby objects to a certain food or might have an allergy?
9. What are your attitudes about kids who are picky eaters; don't finish everything on the plate; play with food; are messy because they want to feed themselves?
10. When can babies drink cow's milk?
11. What are the benefits of breast feeding?
12. Feeding problems? - "greedy" or "fussy eaters," spitting up, won't accept formula?
13. Fruit juices versus sugary fruit "drinks."

PHYSICAL NEEDS - BABY

"I CARE" - M & M Game

Objective: To increase teen parent's self-esteem and feelings of group support.

Time: 10 minutes

Materials: Package of M & M's candy
little cups or napkins
paper
pencils

Procedure: Divide group members into pairs with a cup of M & M's each. One person says three positive statements about themselves:

I am a nice person because...

I am most proud of the way I...

One thing you need to know about me to <u>really</u> know me is...

Their partner reinforces each statement by giving them M & M's. Partners then switch roles.

PHYSICAL NEEDS - BABY

"I LEARNED"- Discoveries

(Distribute or discuss at tend of this session)

Something new that I learned about myself _____

_____.

Something new that I learned I can do for my baby _____

_____

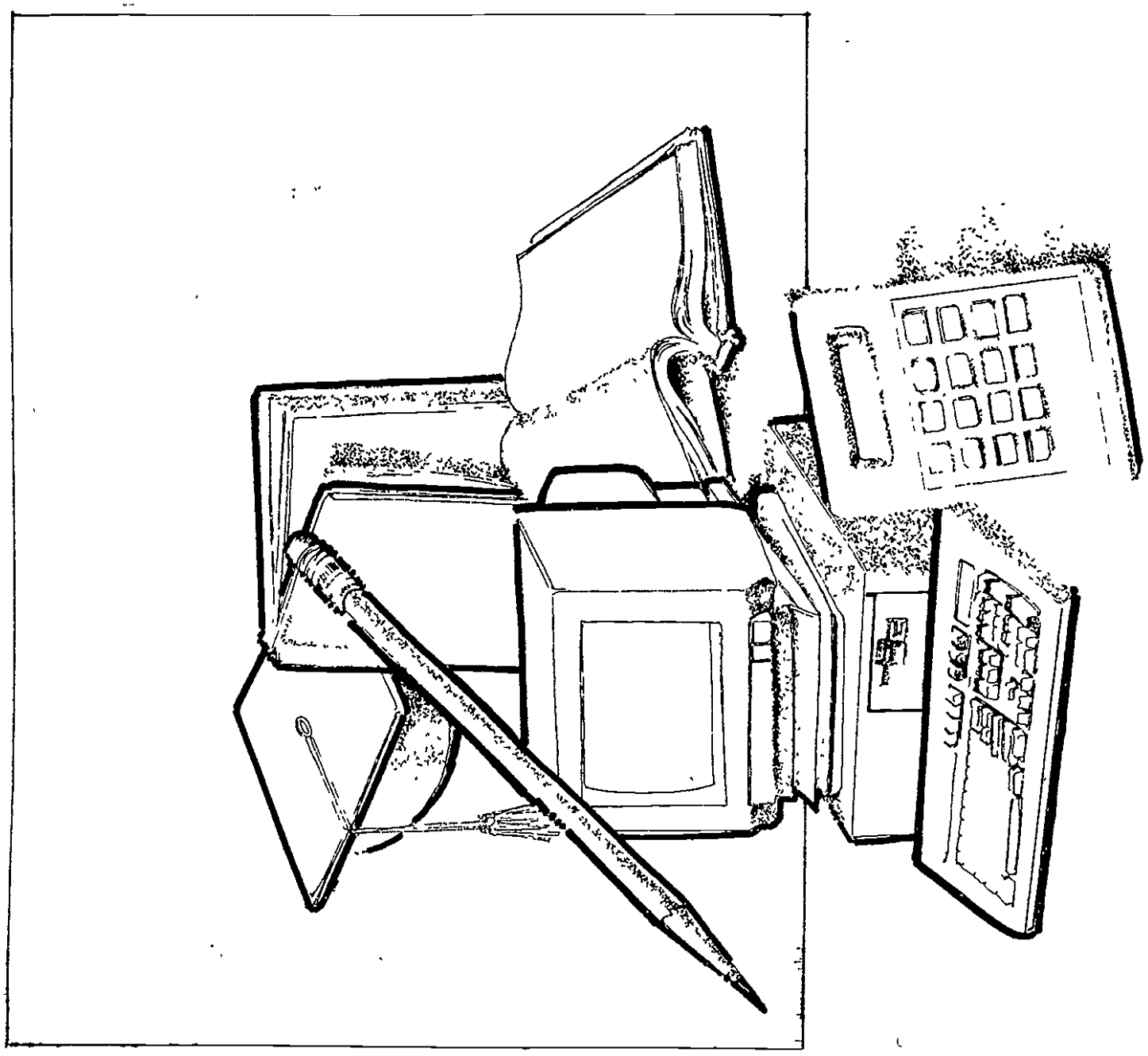
Something new I discovered about my baby is _____

_____

Something my baby needs is _____

_____

INTELLECTUAL NEEDS/ TEEN



INTELLECTUAL NEEDS - TEEN

	Activity	Time (Min)	Objective
I FEEL	I can make choices p. 204	30	Clarify which aspect of life they have control and which they wish they had more.
	All about me p. 205	10	Enhance feelings about self-worth, talents, skills...
I KNOW	Bag game choice p. 208	15	Decision-making related to information and values.
I CAN	I can make my own p. 209	20	Increase awareness of personal power and choices about sex, birth control, education, and relationships.
I TEACH	Baby games p. 211	10	Improve decision-making.
I LEARN	Discoveries p. 212	5	Session wrap-up.

INTELLECTUAL NEEDS - TEEN

Decision making is a lifelong task that requires practice and perspective. Teens have to make decisions about how to spend their time, who to be friends with, and how to react to all the pressure from family, friends, and school.

Teens who are sexually active but who avoid deciding to use birth control have actually made a decision to risk becoming pregnant. The consequences down the line are difficult to imagine for teens who are focused on the present and wishful thinking.

This section focuses on developing the teen's sense of "personal power" to think ahead, plan what they realistically want to happen, and to take the necessary steps to make it happen. These decision making skills can be applied to personal health care, birth control, completing an education, choosing day care, and all decisions related to the baby's care.

SUMMARY OF OBJECTIVES

INTELLECTUAL NEEDS - TEEN

After completing this section, the teen parent will be able to:

1. Be more aware of which aspect of their life they feel they have some control over and which areas that they wish they had more control over.
2. Be better prepared to take steps necessary to complete education, get a job, deal with child care, and make decisions about their future.
3. Be prepared to use own personal power to make responsible choices about birth control, types of relationships, and personal health issues.
4. Make informed decisions based on values and relevant information.
5. Apply decision-making skills to interactions with baby.

INTELLECTUAL NEEDS - TEEN

"I FEEL" - I Can Make Choices

Objectives: To clarify feelings about which aspects of their life they feel they have control, and which areas that they wish they had more control.

Time: 30 minutes

Materials: "Rochelle's Story"

Procedure:

1. Ask one of the group members to read aloud "Rochelle's" story.
2. Use flip chart to document the group's reaction to the story

Rochelle's Story

"Jason and I had been going together for a year and a half when I found out I was pregnant. Our parents thought the best thing for us to do was to get married and we agreed it was best too. I dropped out of school and Andrew was born in November. Jason is going to school and working, and we're living with my parents temporarily. I don't know when we'll be able to get a place of our own. The biggest problem right now is that Jason is busy all the time. He never has any time to spend with me or Andrew. I know he's got to make money. We've got to move out. But I get tired of being with the baby all day. It seems our friends are coming by less and less. They don't seem to want to bother with someone who's got to take care of a kid, and I seem to have less to talk to them about anyway. I guess I feel really alone. Andrew keeps me busy, but I can't talk to him."

Discussion:

1. List areas in which Rochelle made decisions, and the consequences of those decisions for her, Andrew, and Jason.
2. Think of an area of your life which you do have control over now and the choices you have to make.
3. How are you going to decide what's best? Upon which points, values, or information are you going to base your decision?
4. How does it feel to be in control of your choices? Not in control? Which do you wish you had more control?

INTELLECTUAL NEEDS - TEEN

"I FEEL" Journal "All About Me"

Objective: Enhance feelings about own self-worth, talents, skills, and interests.

Time: 10 minutes

Journal Page: "All About Me"

Procedure:

1. Divide into pairs. Complete journal page and discuss responses with each other.
2. Partner then chooses one statement to share with the other to the group - and vice versa.

"All About Me"

1. When I think of my childhood, my best memories of using my talents and skills are _____.

2. Skills that I have now are _____.

3. Something that I'm proud that I've done is _____ _____.

4. If I could do anything in the world for a living I would _____.

5. My favorite subject in school was _____.

6. My least favorite subject was_____.

7. If I could learn something new, I would like to learn to _____.

8. My most admired people (heros, role models) are _____.

Discussion:

1. Record group responses colorfully by topic
2. Discuss role models they know or who they admire from a distance like famous singers, performers, etc.

INTELLECTUAL NEEDS - TEEN

"I KNOW" - Bag Game Choices

Objectives: To illustrate that decisions are best made on the basis of real information and clear values.

Time: 15 minutes

Materials: Paper sacks, variety of items of different weights, shapes, etc. (wrapped)

Procedure:

1. Each member chooses one item from bag without looking.
2. They then can choose to trade or keep it based on what they can tell about it without opening it.

Discussion: Often our decisions are made with little thought or enough information. We can choose to be more informed before we decide or not. We are the ones left with the consequences of our decisions.

1. How did you decide?
2. Did you wish you knew more about it?
3. Was it hard making a decision?
4. How did you feel making a decision on a limited amount of information?

Adapted from Nurturing Program for Teenage Parents and Their Families, by Stephen Bavolek for teenage parents

INTELLECTUAL NEEDS - TEEN

"I CAN" - I Can Make My Own Choices

Objectives: Increase awareness of own "personal power" to make responsible choices about sex, birth control, education, and relationships.

Time: 20 minutes

Materials: Statement cards: additional information on birth control, cost of raising children, completing school, living costs, and day care.

Procedure:

1. Hand out the following Statements written on cards. These statements were made by a group of male teens about why boys get girls pregnant.

   - "It's hard to stop and get some kind of contraception once you get wrapped up in the feeling."
   - "I don't like that unnatural feeling from condoms."
   - "If the girl winds up pregnant, I'll ask her for proof, and if I'm convinced, I'll offer to pay for an abortion."
   - "I think they (girls) have sex to get pregnant because they're playing at being grown up. When they do that, you can't help but not care what happens to them."
   - "Have sex now and think about the consequences later."
   - "Having a kid with someone means that she wants you around forever, and I'm not into forever" - 19 year old.
   - "We just sort of cross our fingers and hope that nothing happens."
   - "It's a hit and miss type of situation."

   (From birth control confidential teen pages.)

2. Each teen reads aloud card and discusses.

3. Make a record of missing facts and values.

2. Discuss:

1. Where do you agree or disagree?
2. How do their statements make you feel?
3. What lines have you heard that talked you out of using birth control?
4. What could you do next time to make your own choice about sex and birth control?
5. What information do you need?

3. Write responses to the following lines on paper and discuss in group: "If you loved me, you would... "You're not a little girl anymore..." "Everyone else is doing it..." "We'll only go so far..."

4. Discuss additional materials:

Fact sheets on birth control, cost of raising children, fact sheets on G.E.D., finishing high school, salary lists for women, and monthly living costs, day care costs.

INTELLECTUAL NEEDS - TEEN

"I TEACH" - Baby Games

Objective: To improve decision making skills with baby in play situation.

Time: 10 minutes

Materials: Toys and books

Procedure: Display toys, books, etc. with prices - give play money, select two toys to buy and decide which baby will prefer and why. Discuss cues baby gives.

Discuss choosing toys, books, music, activities, television versus play - type of television watching etc.

INTELLECTUAL NEEDS - TEEN

"I LEARN" - Discoveries

(Distribute or discuss at the end of this session)

Something new that I learned about how to make decisions that will affect my life..._____

_____

Something new that I learned about the decisions that will affect my baby's life _____

_____

INTELLIGENT NEEDS/ BABY

INTELLECTUAL NEEDS - BABY

	Activity	Time (Min)	Objective
I FEEL	From my baby's Viewpoint p. 215	10	Separating teen viewpoints from babies' to better interpret babies' needs.
I KNOW	Development and Learning p. 219	25	Knowledge of appropriate developmental information during first year of life.
I CAN	Take a good Look p. 227	15	Be better observers of baby's development.
I TEACH	I'm my baby's best teacher p. 232	15	Knowledge of learning activities appropriate to each major intellectual area.
I LEARN	Discoveries p. 237	5	Session wrap-up

INTELLECTUAL NEEDS - BABY

Babies develop basic skills at their own rate, but do so according to a natural sequence of steps (such as, crawling before walking and babbling before meaningful speech). Learning takes place constantly as babies use their five senses to reach out to the world of people and objects.

Parents are the first and most important teachers of their children, because learning during the first year comes during all child care tasks and playtime.

Because teen parents may have different expectations of what their babies should be doing at certain ages and what is normal behavior, guidelines for development and play are especially helpful during the early years of parenthood. Parents may misinterpret baby's behavior as "bad" when in fact it is typical of young babies normal development such as, "the baby just cries to make me mad" or "she broke that vase on purpose." Unrealistic expectations could result in anger or frustration toward the baby, or over-control of baby's behavior (for example, not allowing security objects like blankets or toys because they're too babyish).

Helping the baby grow and develop is a lifelong task, but it can be also be fun when learning takes place in safe, playful, and age appropriate ways.

SUMMARY OF OBJECTIVES

INTELLECTUAL NEEDS - BABY

After completing this section, the teen parent will be able to:

1. See their baby as a separate individual with their own needs, interests and feelings different from those of the teen.

2. Observe babies' play, sounds and ways of acting in order to learn appropriate ways to play and talk with babies.

3. Recognize skills and interests of babies at different ages.

4. Know new games and play activities that help stimulate learning and development in each intellectual area - (social, cognitive, language, motor, visual, hearing).

INTELLECTUAL NEEDS - BABY

"I FEEL" - From My Baby's Viewpoint

Objective: To assist teen parent in separating their own viewpoint from their baby's in order to better interpret their baby's needs and interests.

Time: 10 - 15 minutes

Materials: Paper
Markers

Journal Pages: "How I Feel When Nobody Listens"
"Conflict vs. Calm"

Procedure:

1. Ask each group member to describe something new that their baby did the past week using "I," as if they were in the baby's shoes. Or describe, the past hour from baby's viewpoint (feelings, sights, sounds, movement, alertness, responsiveness) using "I" (ex. "I started crawling, teething, a sitting up this week").
2. Discuss:
   a. How hard was it to put yourself on hold and only talk from baby's perspective?
   b. If you went to the mall to shop with your baby instead of putting her down for a nap and she starts crying and whining, how do you feel? How are baby's needs different than yours? Which ones? What are your choices?
   c. As baby grows and changes, his/her needs, interests, and schedules change too. It helps to be prepared and willing to adjust your time and schedule to fit the baby.

d. Enable group members to utilize journal page, "How I Feel When Nobody Listens," by drawing their feelings.

3. Generate a list of potential conflicts between parents and their babies then brainstorm potential solutions, such as the following:

Conflicts	Solutions
You feel tired,but baby wake and playful	
You want to show off baby, but baby is cranky and spits up on clothes	
You want baby to perform cute tricks like clapping and smiling, but baby is busy tearing up magazines and having fun	
You want baby to eat all of his/her food, but baby is tired and grumpy	
You want to play loud music and dance with baby, but Baby seems over excited and fussy from noise and stimulation.	

Discuss feelings and typical reactions to conflicts. Utilizing journal page, "Conflict vs. Calm," discuss and practice the 4-step process to calm feelings and do what's best for baby: (1) Say what you're feeling and that you don't like it, (2) Go into your "shell" (yourself) and relax, (3) Think of something you could do to help yourself and why, (4) Do it!

Conflict Vs. Calm

Four Steps	Your Examples
1. Say what you're feeling and that you don't like it	
2. Go into "your shell" and relax (Get some time to yourself)	
3. Think of something you could do to help yourself and baby	
4. Do it!	

How I Feel When Nobody Listens

Sometimes I feel nobody
notices what I do. Sometimes
I wish they'd look at me.
Sometimes I think nobody
cares what I say. Sometimes
I talk and nobody listens.
If nobody listens
for a long time I think
I need to talk louder so
they'll hear.
Then they get
mad.

Draw a picture in the space below about how you feel when nobody listens.

INTELLECTUAL NEEDS - BABY

"I KNOW" - Development and Learning

Objective: To increase knowledge about appropriate developmental expectations in first year.

Time: 25 minutes

Materials: Four pictures of babies on poster board representing 0-3, 4-6, 7-9, and 9-12 months with areas divided by physical, language, social/emotional development.

Development cards (write developmental milestones from different stages on colored slips of paper or cards cut into shapes).

Small baby items for prizes.

Journal Page: "Birth to One Year: Developmental Milestones"

Handout: "Development and Play = Learning"

Procedure:

1. Tape pictures of babies on four poster boards marked by age. Divide group into teams and give each development cards. They have 10 minutes to discuss which age group each card corresponds with. Each team then tapes their cards on the posters according to their age group choices. Give (small baby fits) prizes for those with the most correct information either by age range or area of development.

   Note: See Background Information for Leader, "Development Stage: Infancy."

2. Review their choices by age range and discuss misconceptions, unrealistic expectations, different learning areas as baby grows, variety of normal behaviors of each age range, over- and under-stimulation, and the role of parent as consultant/teacher. Use journal page, "Birth to One Year: Developmental Milestones" as resource.

3. Review and discuss handout, "Development and Play = Learning."

Development at different ages birth - one year.

Baby's Age	Physical	Language	Social/Emotional
0-3 months			
3-6 months			
6-9 months			
9-12 months			

Background Information for Leader

Development Stage: Infancy
Chronological Age: Birth To One Year

The first year of an infant's life is both fascinating and startling. For years psychologists have thought that babies were incompetent creatures who were unable to comprehend the world around them. Today we know that is untrue. At six to ten days, the newborn can recognize the mother by her smell. Some studies reveal that newborns can move their bodies in rhythm to meaningful speech of adults. Babies at two weeks will look at their own mothers more frequently than they will look at strangers. It is apparent that very young infants can begin to make some sense of their new environment. As they grow older during their first year of their life, their body language, intelligence, and social interactions also increase.

1. Physical Development

The major part of the infant's first year is devoted to survival. The infant is completely helpless at birth and is totally dependent upon the parent(s) for help. Being fed, held, touched, looked at and talked to have significant impact on the growth of the child. There is so much activity that the average baby sleeps from 16 to 20 hours each day. In fact, there is so much going on during the first year that it is impossible to realize everything. The first year is indeed an important one for the child's physical growth.

a. Automatic reflexes such as hand-to-mouth. (0-2 months)
b. Will use eyes to follow you. (2 months)
c. Will lift his head when on his stomach. (2 months)
d. Sucks his fingers. (2 months)
e. May be pulled slowly by hands to a sitting position. (2 months)
f. May be starting to teethe. (4 months)
g. Can sit up by his/herself for short time. (7 months)
h. Can begin to crawl by pulling self forward with arms and dragging legs and stomach. (7 months)
i. With help of furniture can pull self up to stand. (7 months)
j. Likes to pick things up and drop them only to pick them up again. (7 months)
k. Feeds himself pieces of food with hands. (7 months)
l. Starts practicing walking but continues crawling. (10 months)
m. Likes to eat meals using fingers, using one hand more than the other. (10 months)
n. Begins a tottering walk with legs wide apart. (12 months)
o. Sits independently on hard surface. (12 months)

2. Intellectual Development

Physical and intellectual development are closely related to one another. The child learns about the world through exploration of objects, by moving around, and through interactions with the parent(s). Jean Piaget, a Swiss psychologist, helped us understand how children learn. He believed that intelligence involves adaptation to the world. Such adaptation means that the individual is capable of interacting effectively with the environment. The behavior of infants during the first year, and

subsequent years is to help them understand, adapt and interact effectively with their world.

a. The language of a newborn is crying. Crying occurs without tears for a special reason: to have his/her needs met. (0-2 months)
b. Reflex behaviors are practiced, like sucking, (0-2 months)
c. Begins to recognize familiar voices or faces. (2 months)
d. Responds to strangers by crying or staring. (2 months)
e. Likes repetition of simple acts like sucking, opening and closing hands, etc., for own sake of activity. (2-3 months)
f. Baby still cries but also laughs out loud. (4 months)
g. Can imitate sounds. Watches your mouth with interest when talking. (7 months)
h. Child repeats an act to observe change in the environment. Baby kicks mobile to make it go. However, actions are not organized with a purpose; rather, the goal is discovered accidentally in the process of activity. (6-8 months)
i. Follow moving objects with eyes. (0-12 months)
j. Child uses responses to solve problems and to achieve some goal. For example, a child may move one object to get at another. (12 months)
k. Responds to and imitates facial expressions of others. (5-12 months)

3. Language Development

Language develops very slowly during the first year of life. At birth babies cannot say anything. By the end of their first year, the vocabulary increases to about three words. Even though language is not present during the first year, the experiences the baby has form a crucial basis for the development of language during years one through four.

Babies, however, do communicate their needs even without language. Crying is a way babies let their parents know they are either wet, hungry, tired, or frightened. Mothers and fathers soon learn the difference between a cry of fear and one of hunger. By the second month babies begin cooing -- a way of showing their pleasure. Babbling begins during the fourth or fifth months. Syllables are repeated over and over again. Parents who talk to their babies, praise and reinforce their efforts at communication help facilitate the development of language.

a. Responds to speech by looking at speaker. (0-12 months)
b. Makes crying and non-crying sounds. (0-12 months)
c. Babbles by repeating some vowel and consonant sounds. (0-12 months)
d. Attempts to imitate sounds. (0-12 months)
e. Babies begin to "understand" many words or phrases such as "No, come, bring," etc. (12 months)

4. Social/Emotional Development

The stages of social and emotional growth are described by Erik Erikson. In the earliest stage, birth to one year, the child struggles with learning to trust or mistrust him/her self and others in his/her environment. The degree to which a child comes to trust the environment, other people and him/herself depends to a considerable extent upon the quality of care the child receives. The child whose

needs are met, whose discomforts and fears are quickly removed, who is held, loved, played with and talked to, develops a belief that the world is a safe place, and that people are dependable and helpful. The child who receives inconsistent and inadequate care, who is rejected develops a basic mistrust of others, his/her environment, and self. For this child, the world is not a safe, fun place to be, and people are not to be depended upon to have needs met. Although the child is actively involved in developing trust or mistrust in the first year, this same issue arises again at each successive stage of development.

a. Likes high-pitched voices and will usually quiet down when he/she hears them. (0-2 months)
b. Smiles spontaneously. (0-2 months)
c. Loves to be played with and likes to be picked up. (4 months)
d. Responds differently to strangers (may cry) than to familiar persons. (4-6 months)
e. Babies may give joyful kicks and gurgle and laugh to engage mother in play. (5 months)
f. Knows that mother exists even though she may not be visually present. (5 months)
g. May become attached to particular toy. Play time is important. (7 months)
h. Child is beginning to learn to be independent. He or she may go a little away from you, but will quickly return. (10 months)
i. Child will express anger (through crying) if some wish for mastering a task is frustrated. (8-10 months)
j. Child loves an audience and will repeat any behavior that gets it. (12 months)
k. Tantrums may occur. Based on needs and limited abilities, a child may desire to have or do something that cannot be achieved. (12 months)

Birth to One Year: Developmental Milestones

During the first year, a baby matures both physically and mentally at a dramatic rate. Never again will you see such rapid change. Although every baby is unique, all babies change and grow in similar ways. The following guidelines indicate some of the important milestones. The guidelines are approximate. No two babies develop in exactly the same way or at the same times. A baby may walk as early as 9 months or as late as 15 months and will still be in the "normal" range. However, if you see your baby is developing slowly in several areas, consult your baby's physician or a child development specialist in your local guidance clinic.

Under One Month:
- Lifts head briefly while laying on stomach
- Looks at mother briefly
- Smiles responsively
- Focuses on rattle in line of vision
- Reduces activity when talked to
- Many movements due to reflexes

Two Months:
- Lifts head up halfway frequently
- Vocalizes by making little squeals
- Watches responsively
- Smiles socially in response to physical stimulation
- Looks toward light

Three Months
- Holds rattle when placed in hand
- Eyes follow moving objects
- Searches for sound with eyes
- Coos and chuckles
- Recognizes mother as separate from themself
- Rolls from stomach to back
- Kicks legs in bicycle motion

Four Months
- Laughs out loud
- Reaches out for things
- Puts toys to mouth
- Lifts head chest while on tummy
- Plays with fingers

Five Months
- Rolls over from back to stomach
- Turns head to voice
- Plays with fingers and toes
- Bounces when held in standing position
- Recognizes family members

Six Months
- Holds head steady
- Sits with help, briefly without support
- Reaches out and grasps toys with one hand

- "Talks" to toys spontaneously
- Tries to use cup
- Feeds self cracker
- Drops things on purpose

Seven Months
- Can sit without support
- Initiates speech sounds
- Tries to put foot in mouth
- Eats solid food from a spoon
- Picks things up
- Likes to bang objects on hard surfaces
- Can stand without support
- Rocks on hands and knees

Eight Months
- Increased shyness with strangers
- Plays peek-a-boo
- Says sounds "dada" and "mama" but not specifically about a person
- Handles toys in each hand
- Works to get toys that are out of reach
- Very steady when sits alone
- Responds to name or "Hi"

Nine Months
- Sits unsupported
- Turns responsively to direction of sound
- Grasps objects with thumb and index finger
- Bangs two toys together
- Pulls self to standing position, but does not know how to get down
- Starts to crawl
- Shreiks to get attention

Ten Months
- Explores and pokes at things with fingers
- Waves bye-bye
- Understands "no"
- Imitates sounds responsively
- Can change positions from laying down to sitting up
- Plays patty-cake
- Walks holding on to a support
- Crawls

Eleven Months
- Says "Dada" and "Mama" with specific meaning
- Can pick up tiny things like crumbs
- Can stand alone briefly
- Walks with both hands held or by holding onto furniture
- Drinks from cup
- Can play with a ball

Twelve Months

- Says "Dada," "Mama" plus two other words
- Takes first step with help
- Understands "Give it to me"
- Enjoys company
- Stoops and stands again
- Walks with hand held

INTELLECTUAL NEEDS - BABY

"I CAN" - Take a Good Look

Objective: To help teens be better observers of their own baby and to appreciate the variety of skills/interests that baby displays.

Time: 15 minutes

Materials: Pencils
Easel Pad
Markers

Journal Pages: "Observation Sheets"
"Tips For Play"

Procedure:

1. Using observation sheets, ask each group member to watch their baby closely as baby plays alone and with them. Jot down different observations for each of the listed categories. (Optional: write observation of someone else's baby that is a different age. Note the differences in babies and ages.)
2. Brainstorm group list from observations and make group observation sheet.

   Group Discussion:

   a. Did anything surprise you about what you noticed?
   b. Is your baby actually more or less active than you thought?
   c. What do babies 0 - 4 months spend most of their time doing?
   d. What else can they do? What can you do with them?
   e. Who noticed some things that older babies do?
   f. What's the biggest difference you found between 0 - 4 months olds and 5 - 7 months olds?
   g. How do those added skills make a difference in the way you can play with your baby?

h. Does talking to a young baby make any difference to their development? Why?

i. What skills and interests did you notice 5 - 7 month olds have?

j. What skills and interests did you notice 7 - 12 month olds have?

3. Discuss temperament. Temperament is like personality. When you observed the babies, did you notice how active or quiet they were, how involved, how intense? How regular are they on schedules like eating and sleeping? Do you adjust to their schedules or they to your?

4. Review journal page, "Tips for Play."

Child Development Observation Sheet

Your Baby (age) ____) Other Baby (age ____)

Sounds (type, loudness)

Arm and leg movements (slow or active)

Hand/finger movements (type, focus)

Looking/staring at (intense, distracted)

Social play with you or others (active, quiet, smiles, responses)

Tips for Play

Types of Play

Large motor (moving around)

rolling around

crawling

standing up and walking around furniture

pushing things - furniture, Tyke bikes

climbing

walking on own

pulling things - pull toys

running

jumping - Wonder Horse

Fine motor (small movements)

mouthing, chewing, teething

banging, waving things around - metal cup, pie tins, wooden spoons, Band-aid box, keys

squeezing, poking, feeling, manipulating

dumping things out of containers - boxes inside boxes

turning pages of books, etc., tearing things

nesting - cans, pots

throwing - ball

opening and shutting doors, drawers

dropping things

stacking

push toys - cars, little trucks

Interactional games

Peek-a-boo; Hide 'n Seek

chasing

reading - books

talking

singing/nursery rhymes

Messy play

sand

water: bath toys, sponge, washcloth, floating toys, ball, cups, plastic bottles

dirt

Surprise toys

Imitation - social play

large cardboard boxes

Dance/music

Balance. Remember to think about your whole day - have you both had enough change of scenery for that day? Have you and your child had some balance in your day's activities - has he had time to be indoors and outdoors, time for energetic play and relaxing play (like baths), time to play by himself, with you, and near other children?

PARENTMAKING: A Practical Handbook for Teaching Parent Classes About Babies and Toddlers by B. Annye Rothenberg, Ph.D., Sandra L. Hitchcock, Mary Lou S. Harrison, and Melinda S. Graham. Copyright 1981 by the Banster Press, P.O. Box 7326, Menlo Park, CA 94025.

INTELLECTUAL NEEDS - BABY

"I TEACH" - I'm My Baby's Best Teacher

Objective: To increase teen's knowledge about specific learning activities for baby in each major intellectual area (social, intellectual, language, motor, visual, hearing) and to enhance their own confidence as a teacher.

Time: 15 minutes

Materials:

Mirror	Bell
Nesting Cups	Puppet
Board Book	Paper
Ball	Pencils

Journal Pages: "My Favorite Sights and Sounds"
"Baby's Favorite Times"
"Being a Good Parent"

Procedure:

1. Work in pairs selecting toys. Each person is given an activity idea from journal page, "Development and Play = Learning." The partner jots down positive observations about the teen's style and baby's responses during the activity. Reverse roles and repeat.

2. Discuss how it feels to be baby's first teacher. Review and discuss handouts on discovering babies' abilities - brainstorm other ideas. Complete and decorate journal pages, "Favorite Sights and Sounds," and "Baby's Favorite Times."

3. Have parents "contract" to spend 10 minutes every day playing with baby at a "special time." Suggest parents all note baby's behavior as in #1 at certain times during the week and bring to the next group meeting. Review journal page, "Tips for Learning."

Development and Play = Learning

Parents...You might try some of the play and toy ideas listed in parentheses!!

One to Three Months

1. See and look at objects placed in their line of vision. (Moving a red pom pom from side to side or squeaky toy.)
2. Discover their hands - (red mittens, bell bracelet)
3. Respond to sounds by looking (bell or squeaky toy off to side or above while on tummy)
4. Respond to new interesting sights and sounds by large body movements - (mirror activity, colorful pictures, sheets...)
5. Respond to touch - (stroke baby's skin with things that feel different such as a cotton ball, piece of cloth, feather).

Three to Six Months

1. Reach for objects within range of hands - (cradle gym, kick toy, balls)
2. Grasp objects and look at them, mouth objects, manipulate them - (safe two-sided rattles, teethers, squeaky toys)
3. Notice own feet - (booties, kick toys)
4. Roll over - (interesting bright pictures on both sides, mobile)

Six to Nine Months

1. Begin to solve simple problems, like pulling string to get attached toy - (pull toys, hide and seek games with cloth)
2. Take things out of containers - (coffee cans and blocks)
3. Begin to use thumb and finger for grasping little items - (time to safety proof floor, practice with cheerios)
4. Reach for toy out of reach - (balls)

5. Look for a dropped or hidden toy - (high chair game)
6. Imitates sounds and gestures - (rhymes, songs)
7. Sits firmly
8. Pull to standing position - (toy on table as incentive, safety proof home)

Related toys - busy box, clutch ball, rolling toy, rattles, rock a stack.

Nine to Twelve Months

1. Begin to anticipate events (putting on coat means bye-bye, high chair means food).
2. Show certain planned behaviors, (throwing or dropping objects). This may be frustrating to parents but helps baby's thinking abilities and growing independence - (Curiosity shoe box, drop toys in holes).
3. Search for hidden object when they saw it being hidden - (hide and seek).
4. Imitate new sounds and gestures - (pat-a-cake, finger songs, "so big" - books, records, and tapes.
5. Can pick up small objects with thumb and forefinger
6. Get to sitting position on own
7. Creep - (floor games, pull toys).
8. Walk with support

Related Toys/Games

Curiosity box, plastic milk bottles and carrier, surprise box, pull toys, big balls, toy telephone dolls, stuffed animals.

"Being A Good Parent"

Feel good about yourself - The more you feel O.K. about you, the more love you will be able to share with your baby.

Believe you can become the kind of parent you want to be - Your confidence as a parent will grow as you take care of your baby and you will sort out the best way for you to be with your baby.

Accept your responsibilities as a parent - Being a good parent means giving of your time, knowledge and love to your baby.

Be realistic about what you expect of yourself and your child - Don't expect to be a perfect parent or to have a perfect child. Try not to expect too much soon. Babies learn and grow at their own pace. He can't walk until he can stand alone. Enjoy each new discovery about your baby and yourself.

My Baby's Favorite Sights and Sounds

INTELLECTUAL NEEDS - BABY

"I LEARN" - Discoveries
(Discuss or write these statements at the end of this session)

Something new I discovered my baby needs is _____

_____

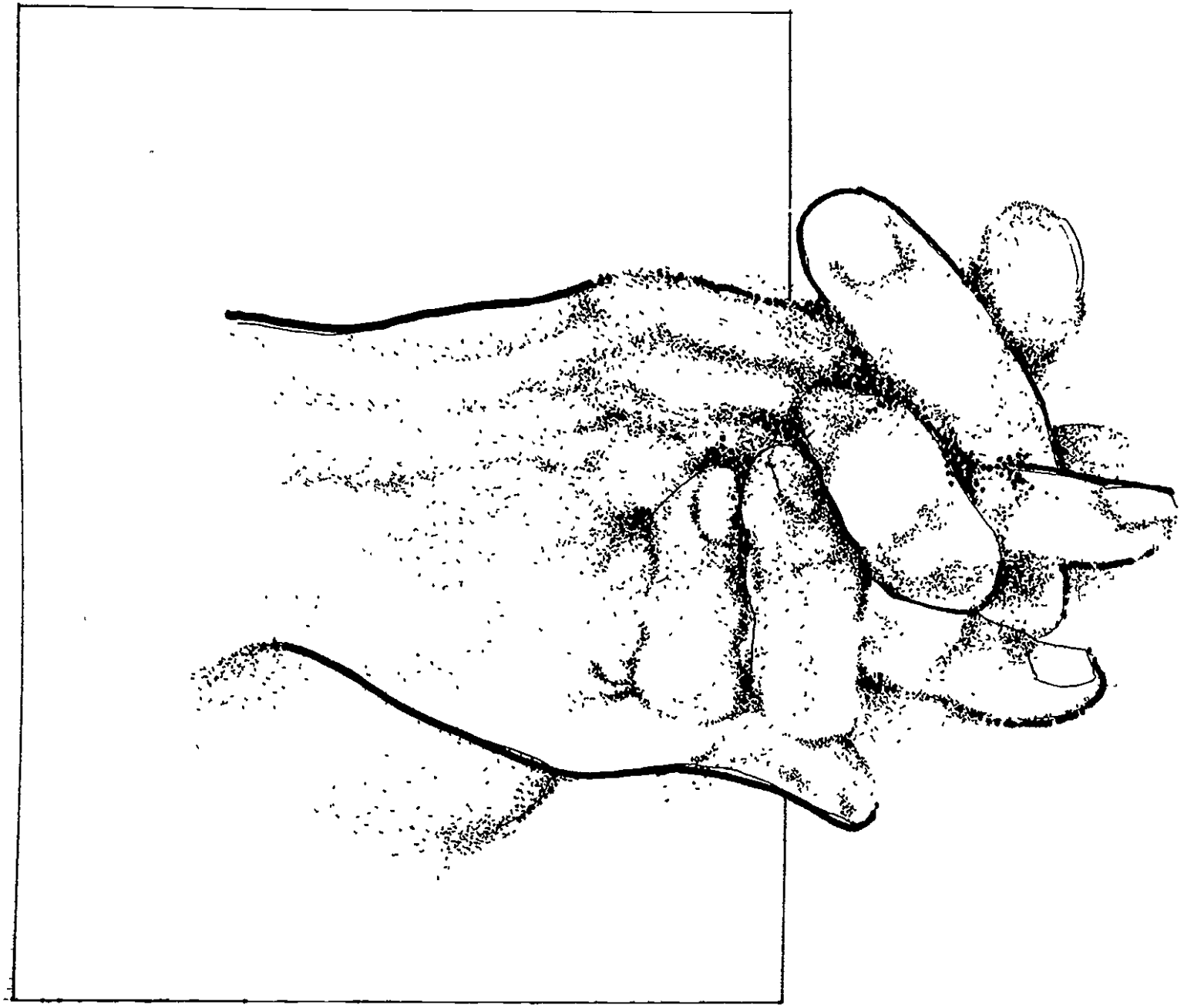
Something I can do to help my baby is _____

_____

A way I am important to my baby is _____

_____

SOCIAL NEEDS/ TEEN



SOCIAL NEEDS - TEEN

	Activity	Time (Min)	Objective
I FEEL	Want Ads p. 241	15	Increase awareness of qualities desired in love.
	Self Esteem Rip-off p. 244	15	Increase awareness of destructive and constructive ways to communicate.
I KNOW	What is Love? p. 246	30	Awareness of ways to show and feel love appropriately.
	Communicating with others p. 250	30	Learn new communication skills
	My self portrait p. 252	20	Increase awareness of parent's own personality, strengths, and feelings.
	Asking for help p. 253	15	To identify sources of social support and community resources.
I CAN	The future p. 254	45	Clarify plans for future turning points.
	Feeling good about myself p. 258	20	Ways to boost self-esteem and energy level.
I TEACH	Playing and singing p. 264	10	Improve interaction between parent and baby using music
I CARE	Caring by listening p. 267	15	Develop listening skills and empathy.
I LEARN	Discoveries p. 270	5	Session wrap-up

SOCIAL NEEDS - TEEN

Setting goals and following through with plans does not come easily during adolescence. The goal of marriage or seeking a well-paying job may be set without a clear idea of the steps necessary to achieve such long-term goals.

Because of typical adolescent dependency needs, it is often difficult for the teen mother to clarify the qualities desired in a husband or boyfriend, and those needed for the father of her child. While this can be a touchy subject, it seems to be one that the teen mothers enjoy discussing.

Teen parents can benefit from a network of supportive people rather than just the immediate family. Often teens are in a double bind if all their support comes from their own family, because the family tends to then feel free to criticize the teen parent or to pass judgment on teens' parenting skills. The Teen Parent Time group can become an extension of a peer support system and a resource for information.

Asking for help is never easy for vulnerable teens, reaching out may be considered a sign of weakness when they are trying so hard to appear competent as a parent. In some cultures, asking for help outside of the family is not acceptable.

Teens are naturally concerned with the way others view them, being liked, etc. As teenage parents, they often become isolated, lose opportunities at school and social events to gain recognition and attention, and often look to their baby as their major source of self-esteem. Group self-esteem activities are useful in boosting teens' self-esteem, feeling a sense of belonging to the group, and enhancing their understanding of how to meet their own needs separately from the baby.

Remember, although teenage parents have inherited many or all of the responsibilities adulthood and parenthood bring, they are still growing up themselves. This section of the curriculum is written to address some of their needs and concerns as developing young adults, so in turn they may more effectively meet the needs of their children.

SUMMARY OF OBJECTIVES

SOCIAL NEEDS - TEEN

After completion of this session, teen parents will be able to:

1. Understand they have the power to make choices and decisions for their life and their baby.

2. Better evaluate the necessary facts and considerations related to decisions about school, work, marriage, etc.

3. Feel a sense of support and trust from group members and more confident about asking for help in the community.

4. Feel better about themselves as an individual and as a parent by having a better awareness of their personal strengths and self-esteem.

5. Identify and utilize communication skills in all relationships.

6. Improve their self-confidence in relating to family and friends.

SOCIAL NEEDS - TEEN

"I FEEL" - Want Ads

Objective: To increase awareness of qualities desired in a love relationship/partner.

Time: 15 minutes

Materials: Paper
Pencils

Journal Page: "Want Ad"

Procedure:

1. Break into small groups or pairs and instruct to write a personal want ad that would go in a newspaper looking for a partner/boyfriend/girlfriend. Then, as a whole group, share qualities looked for in the want ads and write one want ad for the group on a flip chart.

Discussion:

1. What is love?
   What are examples of loving qualities?
   How do you want someone to express love to you?
   What makes you feel special?
2. Explain that there are certain qualities that we look for in a partner. Often, our real partner is quite different than our idealized partner. Discuss how you know when you want to get married. The following activity will give you some things to think about.
3. Utilizing journal page, "Want Ad," instruct group to write qualities they are looking for in a partner on the left side. On the right side of the

page, write qualities they have to offer someone else. After completing the exercise individually, share with the group.

4. Have the group choose the ten most important qualities of a husband/father and write on flip chart. Then, cross out four they would be willing to do without. Discuss values and decisions.

Want Ad

My Want Ad for Someone Else

My Want Ad for Myself

SOCIAL NEEDS - TEEN

"I FEEL" - Self-Esteem Rip Off

Objective: To increase awareness of destructive and constructive ways to communicate with others and ways in which parent's and child's self-esteem is vulnerable.

Time: 15 minutes

Materials: Paper
Markers
Tape

Procedure: Each group member writes their name in the middle of their paper. Give everyone tape or tape pieces. Explain that our words, actions, gestures, and expressions all send messages to others about what we think or feel about them. Sometimes they are killer statements, words that hurt or put down, or other times it's the tone of voice or name-calling. These are "rip-offs" of our self-esteem.

Have group think of instances in the past week when they felt their self-esteem was ripped off and share. If the group needs help getting started, the group leader might give an example or two such as, "You're so stupid," "You can't do anything right," or "Leave me alone, I don't have time for you." As negative statements are shared, the group members should tear off a piece from their paper.

After a few negative statements are shared, ask group to share ways they felt their self-esteem was added to this week and tape pieces back to paper one by one. Some examples might be "you look pretty today," "I appreciate your help," or "I like your attitude."

Option: Write child's name on paper and repeat process using statements the parents have made to their children that rip-off or add to their self-esteem.

Discussion:

1. How did you feel as you ripped off part of your paper?
2. What did you feel like doing when you heard a put down?
3. Put yourself in your child's shoes a year or so down the road when you might be making rip offs of their self-esteem.
4. What can you do to avoid ripping off your child's good feelings.?

SOCIAL NEEDS - TEEN

"I KNOW" - What is Love?

Objective: To enhance teen's understanding and awareness of the variety of ways to show and feel love in order to make appropriate decisions about relationships.

Time: 30 minutes

Journal Pages: "Do I Really Love This Person?"
"My Definition of Love"

Procedure:

1. Ask group to define "love" - How do they know when they are "in love"? Write on flip chart.
   - How does it feel?
   - How do you let someone know you love them? - a parent, sister, best friend, boyfriend/girlfriend, your child?
   - How do you like others to show you that they love you? What do others do that makes you feel special?
   - Does love = sex?
   - What are other expressions of love, other ways to be intimate with someone?
2. Review and discuss journal pages, "Do I Really Love This Person?" and "My Definition of Love."
3. Discuss marriage and/or relationships the mothers have with the fathers of the babies. Do you want to improve this relationship? How can you improve it? If the situation is "impossible," what else can you do to feel better about it?

Do I Really Love This Person?

Mature Love and Immature Love...

Mature love is when your caring about the other person is a little more important to you than having the other person care for you. The relationship is agreeable and energizing for both persons.

Immature love is when the relationship is one-sided or very imbalanced. Your love is a burden on the other person and a state of being in love is exhausting.

Questions to ask Yourself Before Sex...

How close are we? Do I love this person? Do I like this person? Do I trust this person? How much can we talk about what's going on? Do I know what he's thinking? If I don't have sex, will I lose him? Is he/she using my body or does he/she really care about me? How will I feel if I do have sex with this person? Am I ready to be pregnant?

Three reasons why I would get married:

1. _____
2. _____
3. _____

Three reasons why I would not get married:

1. _____
2. _____
3. _____

My Definition of Love

In your loving relationships (with your parents, friends, boyfriends, girlfriends, relatives, etc.) you probably have certain beliefs, attitudes, and feelings about your love. In thinking about ways you give love, what are some of the things you do? Write down some of your favorite ways of letting someone know you love them.

Some of my favorite ways of showing love are: _____

_____

_____

_____

Share some of these "ways of loving" with some of the people you love. That way, when you do these things they will understand you are saying "I love you" to them.

Now think about ways you enjoy being loved. When you SEE yourself being loved, what do you see? When you FEEL love, what is happening? Write down some of your favorite ways of being loved.

I feel loved when: _____

_____

_____

_____

Please share some of your "favorite ways of being loved" with your significant others so they will have an opportunity to love you in your favorite way!

Becoming Aware of Our Love Messages

Becoming aware of our beliefs and "love" messages can help us explore and understand better our ideas and expectations about love. Answering some of the following questions can help you understand your love more:

1. When I love someone I should: _____

   _____

2. If love is true, then it will be: _____

   _____

3. When it comes to loving some of my strengths are:

   _____

4. When it comes to loving some of my weaknesses are:

   _____

5. My favorite love song is _____

   The message the song has for me about love is:

   _____

   _____

6. One of my favorite movies is _____

   The message the movie has for me about love is:

   _____

7. Love is always _____

8. Love is never _____

9. Love is _____

10. What advice might you give to others about love?

    _____

SOCIAL NEEDS - TEEN

"I KNOW" - Communicating With Others

Objective: To learn new communication skills that will enhance the ability to get along with others and communicate clearly.

Time: 30 minutes

Procedure:

1. Ask group members to state something about their day that was frustrating or caused them to feel angry. The leader then responds with a typical closed response ("who cares," or "you should have heard what I did today"). Then repeat original feeling statement and respond with open response. (Sounds like you had a rough day or "tell me more about it.")

   a. Discuss how it felt the first and second time.

   b. Discuss whether you felt like talking more to the person after getting closed responses.

   c. Discuss whether you felt understood and accepted following the second response.

2. Discuss "you" messages vs. "I" messages:

   a. One blaming "you" message I constantly <u>get</u> is

   _____

   b. One blaming "you" message I constantly <u>give</u> is

   _____ to _____.

3. Main points of open communicating are:

   a. State how you feel and why, rather than making blaming statements (I feel _____ because _____.
   (behavior or consequence to you).

   b. Look directly at person rather than avoiding eye contact or being in a different room.

   c. Listening is even more important than talking. When have you felt like someone was really listening to you? Who was it and why?

Main points of open listening

a. Reflect feelings of person rather than counter their facts or judge

b. Focus on other person, not yourself

c. Avoid being a know-it-all, judge, or put-downer type

4. Role play. Come prepared with suggestions or ask group members to give ideas of problem situations.

5. Discuss: getting along with other family members.

   How has your relationship changed for the better or worse since becoming a parent? Do you feel that you can talk with members of your family? What makes it easier to talk with some than others? Do you try to communicate in a way that reflects respect yourself.

   Discuss communicating in relationships with...

   Teachers

   Boss

   Baby's Dad

   Friends

SOCIAL NEEDS - TEEN

"I KNOW" - My Self-Portrait

Objective: To increase awareness of parents' own personality, strengths, feelings, and fears.

Time: 20 minutes

Materials: Paper
Pencils
Crayons or Markers
Flip Chart

Procedure: Explain that everyone is going to make their own "Self-Portrait Poem." Ask each group member to complete each line of poetry with their own thoughts. It might be helpful for the leader to write the lines below on a flip chart. Poems do not have to be shared.

Line 1: First name

Line 2: "Who has..." [complete the phrase with three descriptive characteristics - physical or emotional]

Line 3: "Who loves..." [complete the phrase with three favorite things, people or ideas]

Line 4: "Who feels..." (complete the phrase with three emotions]

Line 5: "Who gives to others by..." [complete the phrase with three gifts, talents]

Line 6: "Who needs..." [complete the phrase with three needs]

Line 7: Last name

Ask for volunteers to share their poem. Suggest parents write a poem for their baby.

Discussion: How difficult was it to think of lines for the poem? Which line was the easiest? The most difficult?

SOCIAL NEEDS - TEEN

"I KNOW" - Asking For Help

Objective: To identify sources of social support and community resources available.

Time: 15 minutes

Journal Page: "Community Resources"

(Leaders - develop a list of addresses and phone numbers of necessary and helpful services in your community.)

Procedure:

1. Discussion: When was the last time you asked for help? Where and who did you ask? How difficult was it for you? Were they helpful? How? If they weren't helpful, how come? What do you consider when you ask someone for help?
2. Explain that when problems seem overwhelming or you feel like your life is out of control, it is sometimes helpful to talk with a neutral, third party.
   - How do you know when you should ask for help?
   - What steps do you take when you decide you want to change or need to get some help? (List on flip chart).
   - Who or what kind of places can you turn to? (List on flip chart) Some examples are ministers, social workers, doctor, nurse, friend, relative.
3. Review and discuss "Community Resources" list. Add others if suggested.

SOCIAL NEEDS - TEEN

"I CAN" - The Future

Objective: To clarify plans for future turning points and necessary steps toward making decisions and achieving goals.

Time: 45 minutes

Materials: Paper
Pencils,

Journal Pages: "Decision-Making"
"Self-Contract"

Procedure:

1. On a large sheet of paper, draw time line with birth dates of babies and one year intervals in future.
   a. Ask group to brainstorm some potential turning points in their lives and general time intervals, (i.e., returning to school, getting a job, having another baby, moving out of parent's home, getting married...)
   b. What areas of your life or which of these decisions do you feel you have control over? Why or why not?
   c. Discuss necessary steps to take to promote or prevent certain turning points. Prioritize likely turning points and first steps toward achieving them.

2. Discussion:
   a. Marriage - "Leon and I got married before Mona was born and we've been by ourselves ever since. It's hard. Too many bills, and I have to get a job because Leon doesn't make that much. I

can't do a lot of things I want to do because I have to take care of Mona." (Ellie 17, Mona 11 months).

Discuss related facts, considerations and concerns.

* Deciding whether to marry or not?

* Qualities to look for in a love relationship?

* Can you communicate well with your partner?

b. School and related educational training

* How can completing high school help in the future?

* Options for education and training?

c. Earning Money

* How much does it cost to raise a baby (the 1st year?, 18 years?)

* Who are you dependent on for financial support? How do you feel about that?

* What kinds of jobs are you qualified to get now? What would you like to be able to do if you had the proper training?

d. Day Care

* If you work or go to school, what type of babysitting arrangements are you going to use?

* What priorities do you have for leaving baby with someone else?

3. Review journal page "Decision-Making."

4. Complete journal page "Self-Contract." Share goals with group. If necessary, go through the process step-by-step as a group.

Decision-Making

A Step-By-Step Guide

Here's a description of the steps for planning your personal ways to cope with problems and make decisions. The process is similar for everyone, but the plan you create will be unique, designed for your needs.

1. *Summarize your symptoms.* Symptoms signal that a problem exists. Begin by writing a short description of your "pains."

2. *Define the problem clearly.* Before you can make intelligent changes, you need to define your problem accurately. The definition of the problem points to suggested remedies. Poorly defined problems lead to ineffective attempts at solutions. Write out two or three possible descriptions of the root cause of your distress.

3. *Identify your resources.* What are your strengths? What do you have going for you physically, socially, intellectually, and spiritually? Does your life style offer you strengths or does it add to your problems?

4. *List what you've already tried.* Your previous failures at coping or reaching goals can teach you what will not work and can guide your selection of new alternatives that have a greater chance of being effective.

5. *Check your attitude.* Your attitude toward your problem determines at least 50% of the end result. Make sure your attitude is healthy and positive.

6. *Define your goals clearly.* What do you want? Be as specific as possible. There's no sense designing an elaborate plan if you don't really want to change anything. Make sure your goals are in line with your core values and beliefs, or you'll surely end up sabotaging your plan.

7. *Formulate a specific plan of action.* Choose specific activities that will produce positive lasting rewards. List them out in detail and include a timetable with deadlines.

8. *Spice your plan with creativity.* Add a humorous twist to whatever activities you undertake. The more fun the activity, the more energizing and enriching your experience.

9. *Act: Do it.* No one else and no outside "cure" can ever effectively manage your stress. You must take responsibility for the corrective action yourself.

10. *Evaluate the results and revise the plan.* No plan is forever. Test out your ideas for creative coping. Observe their effects. Continue the ones that work well; drop or revise those that don't. Utilize the feedback you gain from your experience to make mid-course corrections.

****

Whenever distress returns, work through the planning process all over again.

Self-Contract

"You're going to make a contract with yourself about some change you would like to make in your life. It can involve starting something new, stopping something old, or changing some present aspect of your life.

Problem:

What I want to happen?

Resources I have to help solve problem:

Choice I have:

Advantages:

Disadvantages:

Plan of Action:

SOCIAL NEEDS - TEEN

"I CAN" - Feeling Good About Myself

Objective:	To identify ways parents can boost their own self-esteem and energy level in order to feel like a more competent parent and confident person.
Time:	20 minutes
Materials:	Pencils
Journal Pages:	"Things To Do To Make Me Feel Better" "Feeling Good - Just For You" "Self-Esteem"

Procedure:

1. Review and discuss journal page, "Self-Esteem."
2. Utilizing journal page, "Things To Do To Make Me Feel Better," have parents list as least three things. Then share in group and list on flip chart.
3. Review journal page, "Feeling Good - Just For You" and ask group to brainstorm any other ideas. Have group members write down a self-contract they will commit to, "In the next week, I will do _____ for myself."

Things To Do To Make Me Feel Better
My Soul Soothing Ideas

"Feeling Good" - Just For You

1. Take time for yourself -- a bubble bath, a walk, exercise, call a friend...

2. Learn to stop putting things of. Trying to do too many things at one time scatters and drains your energy, and so does doing nothing.

3. Try to get enough sleep (7-8 hours).

4. Improve your eating habits and cut out extra sugar and junk food.

5. Be aware of your use or abuse of alcohol. When do you use it, how often, why?

6. Ask yourself, "What am I worrying about that makes me uptight?" "What do I want to change that will make things better?"

7. Keep a diary -- just write phrases that describe situations that are particularly stressful and how you felt. You can make note of the good times, too.

8. Talk things out -- find someone who you feel comfortable talking to (a friend, relative, o a counselor).

9. Take time to enjoy all that you can do -- look outside yourself and enjoy yourself and enjoy the little things (trees, sunsets, birds, smells, tastes, your talents...)

10. Help others -- do something nice for someone else -- be friendly, smile -- it will make yo Feel Good!

Find time to be yourself!

Self-Esteem

The way we feel about ourselves influences what we choose to do with our lives and the way we relate to others (particularly family and close friends). When we are aware of our strengths and values, we can make better decisions about what we want to do and how we want to relate to others.

Self-Esteem is how you feel about yourself - the picture you have of yourself in your head. Most of us learn self-esteem from the comments made about us as we grow up - from our parents, brothers, and sisters - and later on, from our friends, teachers, and workmates. If you have heard positive things about yourself and you believe it, no doubt you have high self-esteem. If you have heard negative comments all the time, you might have low self-esteem. Did you know that you don't have to agree with those negative remarks? If someone calls you a name, for instance, you're not that negative image unless you actually agree with them.

It's never too late to start feeling better about yourself!!!

A person with low self-esteem tends to make "mountains out of molehills" when something goes wrong. All of us have disappointments. They happen all the time. Our reaction to them is based on how we feel about ourselves. We are what we think.

Your self-image is also related to your ability to be an effective parent with your child. good self-image is important so that you may provide positive feedback to your child. It also provides parents with the confidence to make good decisions about what's good for their kids. All parents at some point in time will question their decision-making skills. Confidence in one's ability to do a job the best they can leaves little room for self-doubt.

Parents must learn to meet their own personal needs in order to be able to provide effective parenting. Parenting can isolate adults from one another. Adults need to be aware o the need to reach out to others for positive strokes (feedback). This can be accomplished

through personal relationships or support groups. Your children are not the only ones who ar growing. You too are growing each day. As growing individuals there is a wealth of information and services to draw upon. These resources can give you a better awareness of your place in the world and your children's life. When giving to children, a parent needs to remember to fill themselves up in order to be able to continue giving. Just as children reach out to you, there is equal need for you to reach out to others.

There are many ways a person may reach out to gain self-confidence and a positive self-image. Take time out of the day for self-reflection. Schedule it in your day as you would your children's nap-time or bedtime story. If you fail to do this, that precious time you claim for yourself won't happen. There must be a BALANCE. Take time to do one thing for yourself that makes you feel better about yourself. It could be a hobby, nurturing a friendship, reading a book, an exercise class, a college extension class, sewing, or something for creativity. By all means don't forget to take time for special times with the significant other person in your life. The balanced self-confident image you project to your children will be the same gift they will reflect to you.

Helpful Hints:

1. Start thinking about yourself in positive ways. Even if you think you can't handle figuring out a problem, say to yourself, "I can deal with this because I've got what it takes." It's OK to ask for help.

2. Replace negative thoughts with positive "image builders."
   If you're not sure what to say, try a few of these phrases. Repeat them to yourself several times a day.

I am successful	I am a good parent
I am organized	I like doing a good job
I am creative	I can learn from others

I like myself *I am OK!*

etc., etc.

3. Set some goals.

High self-esteem means you see yourself as successful - one who gets things done. Be it finishing your homework, doing your chores, trying out for the school team or just making a friend. Successful people set goals and try!

SOCIAL NEEDS - TEEN

"I TEACH" - Playing and Singing

Objective: To enhance interaction between parent and baby using music.

Time: 10 minutes

Materials: Cassette tapes of children's music

Journal Page: "Finger Plays and Silly Songs"

Procedure: Utilizing journal page and cassette tape, spend time in group circle sharing and demonstrating fun ways to play and sing with babies. Ask group members to share their favorites.

Finger Plays and Silly Songs

Where is Thumbkins?
(Point to each finger as mentioned - then march finger behind back)

Where is Thumbkin? Where is Thumbkin?
Here I am, here I am.
How are you today?
Very well, thank you.
Go away, go away.

Where is Pointer? Where is Pointer?
Here I am, here I am.
How are you today?
Very well, thank you.
Go away, go away.

Where is Tall Man? Where is Tall Man?
Here I am, here I am.
How are you today?
Very well, thank you.
Go away, go away.

Where is Ring Man? Where is Ring Man?
Here I am, here I am.
How are you today?
Very well, thank you.
Go away, go away.

Where is Small Man? Where is Small Man?
Here I am, here I am.
How are you today?
Very well, thank you.
Go away, go away.

Eye Winker

Eye Winker	(Point to eyes)
Tom Tinker,	(Point to ears.)
Nose Smeller,	(Point to nose.)
Mouth Eater,	(Point to mouth.)
Chin Chopper,	(Tap chin.)

Chin Chopper, Chin Chopper,
Chin Chopper, Chin.

Eency Weency Spider

An eency weency spider (One hand climbs up arm to shoulder.)
Climbed up the water spout
Down came the rain (Raise hands high in air and drop them down quickly.)
And washed the spider out. (Hand slides down arm.)
Out came the sun (Arms form circle over head.)
And dried up all the rain.
The eency, weency spider (Hand goes back up arm to shoulder.)
Climbed up the spout again.

Hickory, Dickory, Dock

Hickory, dickory, dock!
The mouse ran up the clock;
The clock struck one, The mouse rand down,
Hickory, dickory, dock!

Row, Row, Row Your Boat

Row, row, row your boat,
Gently down the stream,
Merrily, merrily, merrily, merrily,
Life is but a dream

Rockabye, Baby

Rockabye, baby, on the treetop.
When the wind blows, the cradle will rock;
When the bough breaks, the cradle will fall,
And down will come baby, cradle and all.

SOCIAL NEEDS - TEEN

"I CARE" - Caring By Listening

Objective:	To develop listening skills and empathy.
Time:	15 minutes
Materials:	M & M's Candy
Journal Pages:	"How I Feel" "Listening Is Communicating"

Procedure:

1. Review and discuss journal page, "Listening Is Communicating." Discuss ways and times that everyone has felt really listened to or understood.
2. Divide group into pairs and give handful of M & M's to each person. Using journa page, "How I Feel," take turns reading each line and their personal response. While one is sharing, the partner is instructed to listen actively and respond by giving the person sharing an M & M as reinforcement. Trade roles. Repeat for each statement.

How I Feel

1. The reason I am a good person is...

2. I'm a good son/daughter because...

3. I'm a good friend...

4. I am pleased with my...

5. One skill I have is...

6. One thing that people like about me is...

7. One thing I like about myself is...

8. I am really good at...

Listening is Communicating

To understand another person's feelings and experiences, we need to attempt to enter his/her personal frame of reference. However, since it is impossible for us to be the other person, the best we can do is try to understand. At best, we will have a limited understanding of the unique person we are communicating with. This can happen by being an "active listener."

Phrases that are useful for listening:

You feel...
From your point of view...
It seems to you...
From where you stand...
As you see it...
You think...
You believe...
What I hear you saying...
You're... (identify the feeling; for example, angry, sad, overjoyed)
I'm picking up that you...
Where you're coming from...
You mean...

Phrases that are useful when you are having some difficulty understanding the situation clearly, or when it seems that the other person might not be ready for you to listen:

Could it be that...
I wonder if...
I'm not sure if I'm with you, but...
Would you buy this idea...
What I guess I'm hearing is...
Correct me if I'm wrong, but...
Is it possible that...
Does it sound reasonable that you...
Could this be what's going on, you...
From where I stand you...
This is what I think I hear you saying...
You appear to be feeling...
It appears you...
Perhaps you're feeling...
I somehow sense that maybe you feel...
Is there any chance that you...
Maybe you feel...
Let me see if I understand; you...
Let me see if I'm with you; you...
Tell me more about...

By using the above ideas, you will help the person to feel really listened to and cared about.

SOCIAL NEEDS - TEEN

"I LEARN" - D I S C O V E R I E S

(Discuss or write these statements at the end of a group session.)

Today I learned that...

The most helpful thing I learned today was...

Something new that I've discovered about me...

Something new that I've discovered about my baby...

SOCIAL NEEDS/ BABY

SOCIAL NEEDS - BABY

	Activity	Time (Min)	Objective
I FEEL	Messages about discipline p. 272	20	Discipline memories and discipline goals.
I KNOW	Discipline vs. punishment p. 277	25	Meaning of discipline vs. punishment.
I CAN	Prevent violent behavior p. 286	10	Actions that will help prevent violent behavior.
	Setting limits and discipline techniques p. 291	30	Methods of non-physical discipline.
I TEACH	Talking to baby p. 304	15	Encourage positive communication techniques.
I CARE	You are special to me p. 306	20	Creative expression of care, respect and love for baby.
I LEARN	Discoveries p. 307	5	Session wrap-up

SOCIAL NEEDS - BABY

Discipline is a difficult concept to explain to new teen parents. This is partially due to their own continuing independence vs. dependence struggles with their parents. Also, the parents have to sort through their own experiences and the messages they received from adults throughout their life before coming to their own conclusions about disciplining their child.

It is beneficial to enable young parents to identify and express their feelings regarding how they were (and maybe still are) disciplined and/or punished while growing up. This then enhances the parents' ability to identify their own values about how they want to discipline their child, and realize that they have options and the chance to make positive, healthy choices.

This section emphasizes the difference between discipline and punishment, concepts difficult for teens to understand. Definitions and specific examples of each are extremely important as well as discipline techniques which provide an alternative to physical punishment. Toilet training and temper tantrums are given particular emphasis.

The issue of physical punishment and spanking must be discussed carefully, since many teen parents have grown up in a home where physical punishment was the major form of discipline. It is helpful to preface your discussion of this topic with the fact that your experience and the experience of others in the child development field have indicated that there are other, more effective techniques for discipline, which promote a good parent/child relationship while still setting appropriate limits.

Further, the identification of child abuse and neglect and the need to report any suspected harm to children is an important topic in this effort to prevent child abuse and neglect.

SUMMARY OF OBJECTIVES

SOCIAL NEEDS - BABY

After completion of this session, parents will be able to:

1. Identify the various interpretations of "discipline" that contribute to teen parent's disciplinary attitudes.

2. Identify and utilize new disciplinary techniques which promote a good parent/child relationship and positive child behavior.

3. Identify and utilize new ways to handle anger and frustration so that the parent/child relationship remains positive and no physical or emotional harm comes to child.

4. Identify signs and risk factors for child abuse and neglect and ways to prevent such problems from occurring.

SOCIAL NEEDS - BABY

"I FEEL" - Messages About Discipline

Objective:	To visually re-create memories of the teens' own childhood and the ways their parents disciplined and communicated their feelings to them as a child. To learn ideas about disciplining their baby
Time:	20 minutes
Materials:	Paper Pencils Markers Laminated "Feelings" cards
Journal Pages	"What I Hope My Baby Will Be Like"

Procedure:

1. Ask each group member to draw a stick person in the center of their paper, with arrows pointing to it from all directions. Place name by stick person. Write on the arrows, words/messages that they remember about the ways their parents talked and disciplined them. Draw in one face and the feelings of the stick figures afterward.
2. Repeat with a drawing of their baby. Encourage group members to write the words/messages they want and would like their baby to remember about them as a parent when they are their age.
3. Discussion: How much and in what ways are you going to be different from your family? Find a "feeling" card that resembles how you felt often as a child and discuss if desired.

   What did you dislike about the way you were parented?

   How did it make you feel?

   What did you like?

   How do you want your baby to feel?

4. Fill out journal page, "What I Hope My Baby Will Be Like: and discuss their hopes and ideas about the kind of person their child will grow up to be. Also discuss how the parents can assist and guide their child to have these qualities (how to get from "here" to "there").

"Feelings"
(to be written on 3 x 5 cards)

Misunderstand	Appreciated
Lonely	Taken sincerely
Confused	Not taken sincerely
Angry	Proud
Secure	Ashamed
Loved	Worried
Anxious	Over protected
Nervous	Under protected

Resentful

What I Hope My Baby Will Be Like By The Time He/She Starts School

I Hope My Baby Will Grow Up To Be...

SOCIAL NEEDS - BABY

"I KNOW" - Discipline Vs. Punishment

Objective:	To encourage group discussion of the meaning of discipline and punishment. To provide information on toilet training. To help prevent it as being seen as a discipline problem.
Time:	25 minutes
Materials:	"Group A" discipline cards
Journal Pages	"What is Discipline?" "What is Punishment?" "Which is It?" "Toilet Training - When to Start"

Procedure:

1. Distribute "A" cards, one to a person. Take turns reading the statement or question one at a time and enable the reader and other group members to discuss their responses.
2. Review and discuss journal pages, "What is Discipline?", "What is Punishment?" Write the definition of discipline and punishment on flip chart using the group members' words.
3. Complete and discuss the journal page, "Which is It?"
4. Review and discuss the journal page "Toilet Training - When to Start."

Discipline Cards

"Group A"

(Group leaders: write these statements on index cards.)

What does punishment mean?

What is discipline?

Parents who encourage communication with their children only end up listening to complaints.

True or False - Why?

Children learn good behavior through the use of physical punishment like spanking?

True or False - Why?

Parents should slap a young child when he/she has done something wrong.

True or False - Why?

Children should always "pay the price" for misbehaving?

True or False - Why?

What is Discipline?

Discipline is a teaching process in which we help our children gain self-control. We must teach our children to:

- follow safety rules
- respect the rights of others
- not break or damage objects
- learn the rules the adult world operates by

By helping our children learn these concepts they gain a sense of achievement. They can also be trusted to do things without our constant supervision and feel more confident about themselves. This way everyone has more time for fun things!

What is Punishment?

Punishment is a process of getting even with our children. (You broke a rule or did something wrong and therefore you must pay.) Often it is done out of our embarrassment or anger over the child's behavior. Some ways parents punish children include:

<u>Physical Punishment</u> - treating the child harshly by hitting or spanking

<u>Emotional Punishment</u> - calling the child names, threatening to do something to them, or to stop loving them.

<u>Physical</u> and <u>emotional</u> punishment has many negative effects that outweigh their usefulness.

1. It teaches that violence is a way to solve problems.
2. The child may not develop a sense of responsibility because they have already "paid" for their actions.

3. It causes a loss of self-esteem. Punishment tends to attack the child's physical or mental well-being. The action is most often not understood or even related to the misbehavior. This may create more frustration, fear, or anger in the child.

4. Parents do not feel good about such punishment because they are not in control; it is the last frustrated way of controlling the situation and it does little to change behavior.

If punishment is the method of choice you use with your child. Here's the things to remember.

- It should be used only when there is no other way to enforce a rule or communicate a limit.
- It should be done when you are calm not when angry or upset.
- It should be done immediately after the undesirable behavior or action so it is seen as a consequence.
- It should be specific. "If you climb on the table again, I will spank you."
- It should be accompanied by a brief, clear statement in a calm voice. "I said not to climb on the table or I would spank you."

Which Is It?

Try to tell the difference between discipline and punishment in each of the following situations:

Situation	Discipline	Punishment
Danny knocked over a lamp and it broke. His mother spanked him for misbehaving.		
Anna was throwing sand at the other children in the park. Her grandfather came over and told her if she didn't stop she would have to leave the sandbox. When Anna continued to throw sand, grandfather took her firmly by the hand and walked her home.		
Stacy was pulling the canned goods off the shelves in the supermarket. Her father slapped her.		
Vic, who was afraid of the dark, refused to go to bed. His baby-sitter ordered him into his room, shut off the lights, and locked the door. "That will teach you," she yelled.		

Situation	Discipline	Punishment
Dot was told she could attend the party if she was in the house by 11:00 pm. She walked in the door at 1:30 am. Her mother told her she was not acting responsibly and would have to be in the house by 8:00 pm for the rest of the month.		

Toilet Training - When to Start

When to Start:

Children are usually not able to learn bowel and bladder control until around ttwo and half to three years old. Each child is an individual and may be ready a littler earlier than or a little later than three years old. Girls tend to be toilet trained a little earlier than boys.

Early Toilet Training

Sometimes parents say their child was trained before they were one year of age. What this usually means is that the parents learned when to put their child on the toilet and so it seemed the child was trained very early when really the parents were the ones that were trained. Sometimes parents choose to toilet train their child at one and one-half to two years of age. This usually takes a lot of work on the parents part. Sometimes when these children turn two, and are saying no more often, and throwing temper tantrums, they will refuse to use the toilet and begin wetting and soiling their pants again. It is often easier to begin toilet training when children have an interest in toilet training, and are less likely to use wetting and soiling their pants as a weapon against the parents. Another factor that makes it difficult to toilet train is following a recent change - moving, having a new brother or sister born etc. Or if your child has just learned a new skill like walking, running, or throwing a ball. It's hard to practice two things at once. Parents sometimes think if a child is toilet trained early that this is a sign that their child is highly intelligent. This is not true.

There are some simple ways to tell if your child is ready to begin toilet training. Children need to be ready in three areas before you begin toilet training. These areas are: (1) Physical, (2) Motor, and (3) Following directions. Parents can ask themselves:

I. Physical

1. Does my child urinate a good deal at one time or does my child just dribble throughout the day?

Yes No

2. Does my child stay dry for at least 2-3 hours during the day?

Yes No

3. Does my child seem to know when he/she needs to urinate (change of expression, changes in position of body)?

Yes No

If the answers to the first two questions are *Yes* then your child has enough bladder control to be ready for training. (Some children may know when they have to urinate but don't show it.)

II. Motor

1. Can my child pick up small toys easily?

Yes No

2. Can my child walk from one room to another without help?

Yes No

Your child should be able to do both to be physically ready for toilet training.

III. Understanding and following directions

Can your child follow at least 8 out of 10 of these simple orders? Ask your child to show you (point to):

his/her nose

Yes No

his/her eyes

Yes No

his/her mouth

Yes No

his/her hair

Yes No

Ask your child to:

sit on a chair

Yes No

to stand up

Yes No

walk to another room (or special place in a room - do not point to it)

Yes No

to copy you (doing something simple like playing patty-cake)

Yes No

bring you one of his/her toys

Yes No

Put one toy with another toy (example: put the doll in the bed)

Yes No

If your child meets the requirements in <u>all three areas</u> (physical, motor, and following directions), then he/she is probably ready to be toilet trained. If your child is only ready in one or two areas it would be easier to wait two to three months until your child is ready in all three areas. If you have questions about toilet training your child, bring them up with your doctor or with the child development specialist at your local guidance center.

SOCIAL NEEDS - BABY

"I CAN" - Prevent Violent Behavior

Objective: To inform of choices in actions that will prevent violent behavior in children and effective ways for the parent to express anger appropriately.

Time: 10 minutes

Journal Pages "How to Prevent Violent Behavior in Your Child"
"12 Alternatives to Whacking Your Kid"
"What is Child Abuse and Neglect?"

Procedure:

1. Brainstorm ways children behave that are violent (i.e., kicking, hitting, hurting animals, destroying objects, etc.). Review and discuss journal page, "How to Prevent Violent Behavior in Your Child."

Discussion:

- How do you show anger? How do people in your family show/express anger?
- Are there times when you feel angry, but don't show it? What do you do instead?
- Do you have a right to feel angry toward your baby?
- Have you been super angry with your baby yet? When? What did you do? How did you feel?

2. Brainstorm and discuss ways to relieve anger in appropriate ways. Write on flip chart.

   a. Calming techniques - counting to 10, 10 deep breaths, moving to music, getting outside for a walk or on a swing, taking a shower...

b. Anger releases - hitting a pillow, screaming into a pillow, calling a friend, calling Parent's Assistance Center 24-hour hot line number, give baby to someone else, while parent takes a break. Review journal page," 12 Alternatives to Whacking Your Kid."

3. One at a time, have each group member complete the following sentence: "One way I can safely deal with my anger at my child is _____.

4. Review and discuss the journal page "What is Child Abuse and Neglect?" Discuss local reporting, laws, procedures, and phone numbers.

How to Prevent Violent Behavior In Your Child

- People learn violence. Don't be a violent person yourself or your child will imitate you. (Spanking a child as punishment because the child is hitting others is a confusing and bad model.)
- Children will have violent feelings at times, (we all do) but he/she needs to be guided to express them without acting on them ("I'm mad at you and wish you'd go away," vs. hitting the parent). Let them know it's OK to have angry feelings.
- Children need firm limits on their hostile and violent actions toward animals, property or others. ("I cannot let you hit your cousin. You can tell him you're mad, but you must not hit").
- Give child outlets for expressing hostile and violent feelings (Bop-o-Charlie, hitting pillows, outdoor fantasy play, play dough, throwing a ball).
- Load child up on lots of love - physical, verbal, smiles, encouragement, attention.

12 Alternatives To Whacking Your Kid

When the big and little problems of your everyday life pile up to the point where you feel like lashing out - STOP. Take time out. Don't take it out on your kid. Try any or all of these simple alternatives - whatever works for you.

1. Stop in your tracks. Step back. Sit down.
2. Take five deep breaths. Inhale. Exhale. Slowly, slowly.
3. Count to 10. Better yet, 20. Or say the alphabet out loud.
4. Phone a friend. A relative. Even the weather.
5. Still mad? Punch a pillow. Or munch an apple.
6. Thumb through a magazine, book, newspaper, photo album.
7. Do some sit-ups.
8. Pick up a pencil and write down your thoughts.
9. Take a hot bath. Or a cold shower.
10. Lie down on the floor, or just put your feet up.
11. Put on your favorite record.
12. Water your plants.
13. Leave the room and close the door, turn radio on.

For more parenting information, write:

National Committee for Prevention of Child Abuse

Box 2866, Chicago, IL 60690

TAKE TIME OUT.
DON'T TAKE IT OUT ON YOUR KID

What is Child Abuse and Neglect

There are four types of child abuse and neglect you should know about. They are emotional, physical, neglectful, and sexual.

1. Emotional Neglect is when a parent does not give their child attention, support, and affection. They take little or no interest in the child, his feelings, or the child's activities.

   Emotional Abuse is constant name calling or making fun of the child. The child gets criticized for behavior that is normal for their age (i.e., a two year old not being able to dress themselves correctly). Or they get blamed when things go wrong.

2. Physical Abuse is any injury to a child under 18 years old that is not an accident. This may include burns, shaking, beating, human bites, strangling, or putting in scalding water. These actions may cause bruises, welts, cuts, broken bones, internal injuries or even death.

3. Neglect is when a parent fails to take care of their child's basic needs such as food, clothing, a place to live, medical care, sending them to school, protection from danger and appropriate supervision.

4. Sexual Abuse is the use of a child to meet the sexual needs of another person. It includes behaviors such as intercourse, fondling, sodomy, oral-genital stimulation, talking about adult actions which a child has no reason to know about, exposing genitals and using a child in prostitution or pornography. Incest is sexual abuse within a family.

What should you do if you see any of these things happening?

In most states all people are required to report to child abuse authorities any suspected child abuse or neglect. If you don't, in some states you may be breaking the law. Remember whether it's your child or someone else's - a child's life may be at stake!

- Find out the number of your local child abuse and neglect hot-line.

SOCIAL NEEDS - BABY

"I CAN" - Setting Limits and Discipline Techniques

Objective:	To identify methods of different non-physical ways to discipline.
Time:	30 minutes
Materials:	Discipline cards (Group B) Props for role play (optional)
Journal Pages	"Setting Limits" "Discipline Techniques" "Temper Tantrums"

Procedure:

1. Review , complete the sentences, and discuss journal page, "Setting Limits." Brainstorm group members' "House Rules" and other specific rules for child's behavior and write on flip chart.
2. Review and discuss journal page "Temper Tantrums"
3. Review journal page, "Discipline Techniques."
4. Distribute "B" cards one to a person. Take turns reading the situations one at a time and enable the reader and other group members to discuss their responses.

Discipline Cards

"Group B"

(Group leaders write these statements on index cards.)

You want to go out and get away from baby. You finally arrange for your mom to watch baby, and just as you're ready to go, the baby starts screaming for you and clinging.

How do you respond?

You walk into the room and your baby is happily banging blocks on your favorite record.

How do you respond?

Your baby is playing happily with toys and you need to get her dressed so you can go. She throws a tantrum.

How do you respond?

Your baby smears food all over her new outfit and yours too- baby just discovered the pleasures of eating mashed banana.

How do you respond?

Baby has awakened you twice already in the night. She starts screaming again but you know she's probably not hungry.

How do you respond?

Your two year old bites your friend's child.

How do you respond?

You are talking with a friend in your home and your child bugs you to play with them.

How do you respond?

Your child is messing with the knobs on the TV set.

How do you respond?

Your child has dressed self and has shirt on backwards and shoes on the wrong feet.

How do you respond?

Your child just helped you set the table.

How do you respond?

Your child begs for a toy while in the store.

How do you respond?

Your baby keeps hitting you in the face.

How do you respond?

Setting Limits

Young children have a powerful need for parents to like them and approve of them. They will try hard to do the right thing if they know what it is. Children want limits or rules to follow, and feel much safer when they have them.

Some ideas for making limits or household rules:

LIMITS SHOULD BE FAIR:

-- How will you enforce them after you make them?

-- Person making the limit should understand the reason for it. Can you explain the reason for all of your current rules?

IS IT NECESSARY FOR CHILD SAFETY OR WELL BEING OF OTHERS

-- The protection of property

-- Is it still necessary or has the child outgrown that particular rule

-- Is the rule primarily for the convenience of adults. How many of your current rules fall under that category?

-- Rules must be stated in each kind of situation what child may or may not do. Children learn from experience and do not carry over rules from setting to setting. They may know not to jump on the couch at home but not know the rule at a friend's house.

-- Let child help set limits, they often come up with good ideas.

-- Ask child to tell you the limit. Do you know why you can't _____. Because it is dangerous and you might get hurt.

--It is OK to change limits once in a while. Normally it is alright to do _____ but today because of _____ it is only alright to do _____.

-- You communicate nonverbally as well as with words. What does your face and/or tone of voice say to the child?

-- Tell about your feelings even if child is not able to understand the words. Using I messages such as "I feel scared when you run out into the street." Instead of "You did that just to make me mad."

-- Children don't learn the rules the first, second, or third time they hear them. How many times did you say "nose" to your baby before he/she pointed to their nose and then actually said the word? You might have to repeat a rule that many times too before they get it.

Helpful Guidance Techniques

and

Guidelines for Following Through on Limits

These are some basic guidelines that often work with young children. These guidelines or technique should be used in such a way that they are always individualized to fit the needs and development of your child. As you read these, think of ways they may work with your child. Remember what may work with one child or for one parent may not work well for you and your child.

1. Think positive

   Try to make positive rather than negative statements. Let your child know what you want them to do. Say "I need you to walk in the house" instead of "don't run in the house." By changing the "Don'ts into "Do's" you are showing a child a more acceptable way to act. It lets your child know what you want them to do and encourages the behaviors you want. Say "Roll the ball on the floor" instead of "Don't throw the ball." Say "Hold the kitten gently" instead of "Don't squeeze the kitten."

2. Make it easy for your child to be good

   Look for the cause of misbehavior; sometimes it is due to the environment, and a small change will remedy the situation. If a child spills their milk at every meal, give them a different kind of glass, less milk, etc. Keep valuables out of reach.

3. Help your child feel confident

   It is very important for a child to develop a feeling that they are able to do things - that they are a competent person. "Can do" feelings enable a child to try new things with confidence. When your child is trying to help you, give

him/her credit for the attempt. By taking responsibilities they will learn to do things better.

Situation	Response
The child spills the garbage that he is emptying	That's a hard job - next time carry it this way and then it won't spill.
The child cries in frustration because she can't get her shoe on right.	You've been working very hard. Turn it this way and then it will fit.

4. Pay attention to your child while doing something you like.

Throughout the day, pay attention to behaviors you want to see again. Be honest in your praise. The more closely it follows an action the more likely it will be repeated. "I like the way you are playing quietly with your toys." "You did a good job putting your toys away."

(Remember that "punishment" may also be a form of attention. If children are not receiving positive attention, they may seek negative attention.)

5. Planned ignoring.

Ignore behaviors you don't want to see and pay attention to the behaviors you want to see again. For example, ignore a child's whining to get something, and give a child what he/she wants when he/she asks without whining.

6. Give your child a reason for the limit.

Give children logical and honest reasons for requests. Children need to know why something is asked of them. For example, "I want you to keep the water in the bathtub. When I step in the water on the floor, my feet get wet and slippery and I'm afraid I might fall." Reasoning may also involve talking to children and explaining what the problem is without making the children feel guilty or embarrassed.

7. Allow your child to make a choice

Arrange your choices so that either one is acceptable to you but gives the child some opportunity for decision making. "Do you want green peas or green beans?" instead of "Do you want any vegetables?" If there are no choices involved state simply what is expected. "It is time to go in now."

8. Redirecting behavior often solves the child's natural curiosity to get into things.

Sometimes, children need help in seeing that how or what they are doing can be done better in another place, at another time, etc. For example, if a child is throwing a ball too near a window, help him/her find and decide on a safer place where he/she can throw it.

"Here is your favorite toy. Lets play with it instead of the ash trays."

Ask the child to help you in friendly ways. *"I need some help with the laundry. Come and help me."*

9. Logical or natural consequences. Make the consequences of a behavior fit the situation. For example, if a child splashes water out of the bathtub, he has to clean it up. This requires the child to do something to account for or correct his behavior.

10. Removal or "time-out"

When children do something that must be stopped right away, they can be removed from the situation, ideally with little reactions (positive or negative), and given a "time-out" to think about their behavior. When they feel they can change their behavior (e.g., have calmed down, thought about the behavior), they can return and work out the situation in an acceptable way.

11. Let your child know that you don't like what they're doing but you still like them as a person.

"I really become unhappy when you refuse to pick up your toys," instead of "You are naughty." Tell him with words," instead of "stop being mean," "I cannot let you hit him - it hurts.

12. Set a good example

Be a good example. Children watch others (children and adults) and imitate them. Children first imitate, then do it their own way. For example, adults do the same thing in new situations; they watch others for clues to the appropriate behavior.

Parents who show concern for others, who talk through differences in opinion, who respect the rights of children as well as adults, are teaching these ideas to their children.

The parent who always slaps or screams at a child is teaching that this is the way to treat other people.

13. Try to do things the same

If the rules are always changing, your child will become confused. He will test all limits in order to see what he can and cannot do. Dr. Dodson, in How to Parent, gives the following example: This is similar to how successful you would learn to drive if on Monday, Wednesday, and Friday, red meant "stop" and green meant "go" But on Tuesday, Thursday, Saturday, and Sunday, red meant "go" and green meant "stop." This would lead to the same confusion a child experiences if the rules are always changing.

Information adapted from Parent Child Enrichment handouts, Oklahoma State Department of Health Guidance Centers.

Temper Tantrums

WHAT ARE THEY

- Begin when a child wants something or is not getting something they want.
- Your child starts to cry on purpose and works themselves up into uncontrolled crying. Every child's tantrum is different.
- Some children:
    - cry
    - scream and shout
    - throw themselves on the floor
    - kick, hit, pinch
    - hold their breathe (they will not hurt themselves doing this) or bite
    - or a combination of some of the above
- So what started on purpose because they weren't getting their way gets out of child's control
- The child becomes frightened about what is happening and things get worse or further out of control
- At this point, the child is totally beyond reach by talking or trying to reason with them.

NORMAL STAGE OF DEVELOPMENT

- All children have temper tantrums at some time or another - some as early as the first year
- The degree of the tantrum depends on the child
- More than one and half of all two year olds will have them at least once a week
- In young children this is not a sign of a life-long pattern - there is no need to step in and actually stop the tantrum.

- Tantrums will eventually go away unless the child learns they work in getting what you want, then the "brat" syndrome develops.

POSITIVE POINTS

- Those who have a lot of tantrums are usually lively children who may be highly intelligent. They know what they want to do and have many things they want to do, and get upset when someone or something gets in their way.
- They will need some of this behavior later in life, but appropriate ways to express themselves.

CAUSES OF TEMPER TANTRUMS

- They are learning to think on their own
- Thus are trying to make decisions on their own,
- They are often not able to put into words what they want or how they feel
- They are not old enough to have not learned better ways to get what they want
- They get frustrated easy - it is difficult to do all these things, not understanding how the world works yet

OTHER THINGS THAT MAY CAUSE TANTRUMS

- They may be copying behavior often have seen
- They may be over tired
- They may be hungry
- They may be upset if daily routine has changed
- They may be stimulated - too much activity or excitement for one day
- They may be frustrated - too many no's or being told what to do
- They may have had limited exercise and freedom to get rid of pent-up energy
- They could be sick

WHAT TO DO

- Each child is different, what works with one may not work with another
- Distraction may not work when the child is in the middle of being negative or throwing a tantrum
- Wait calmly until the tantrum stops - try to leave the child alone
- Parent being near by is important to help child calm down and not feel so afraid
- Yelling or spanking the child usually will not help, it will probably make things worse
- If you are afraid child may hurt his/her self, other people, or break things - hold gently - do not allow your child to bang their head or object.
- Provide no reward or punishment - that was the child gains nothing, so theres no need to continue tantrum
- When tantrums are paid attention to, the child is more apt to do it again, they learn this is a good way to get what they want
- **WHEN OVER**
- Comfort the child
- Deal with the original problem - like picking up the toys, etc. not the tantrum
- Cooperation is the goal - let the child rejoin activities without punishment - I'm glad you're ready to come back!

SOCIAL NEEDS - BABY

"I TEACH" - Talking to Baby

Objective: To encourage positive communication techniques in the parent/baby relationship

Time: 15 minutes

Materials: Baby books
Mirror
Jack in box
Flip chart
Markers
Don't and Do cards

Procedure:

1. Suggest playing and reading with baby but concentrating on way they talk to baby. Remember tip of talking to child with as much respect as you would to a friend. Divide into pairs and talk/play with each others' babies while partner makes notes of babies' responses.

2. As a group discuss the number of times during a day you say the following to your child.

   - *No*
   - *Don't*
   - *Stop that*
   - *You know better than that*

   Brainstorm list of words that could be used instead - that are more encouraging to your children.

3. Distribute Don't and Do cards, one to a person. Take turns reading the Don't statements one at a time and enable the reader and other group members to discuss how they would change it to a do statement.

Don't and Do Cards

Group leaders: Write these DON'T statements on index cards.

Don't touch that.

Don't yell at me.

Don't run in the store.

Don't throw your food on the floor.

Don't you tell me no.

Don't pull your brother's hair.

Don't draw on the table.

Don't stand on the chair.

Don't you want to wash your hands?

Don't you want to drink your milk?

Don't play with that stick.

Don't dump the toys on the floor.

SOCIAL NEEDS - BABY

"I CARE" - You Are Special To Me

Objective: Creative expression of care, respect and love for baby.

Time: 20 minutes

Materials: Small poster board
Paints
Magazine picture and word cut outs
Material
Scissors
Glue

Procedure:

1. Ask each group member to cut out pictures and words from magazines to create a collage for their baby around the words:

   "I care about you _____
   (baby's name)

   My touch, my gentle voice, love to you is my song, you are special because _____.

   Let each create poster and share posters with others.

2. Who loves you?

   Playing a guessing game with baby.

   Parents name all the people that love the baby.

   When baby is older, he/she can name the people after the question - Who loves you?

SOCIAL NEEDS - BABY

"I LEARN" - Discoveries

(Discuss or write at end of this session)

A way I can better communicate with my baby is _____

_____

Something my baby needs is _____

_____

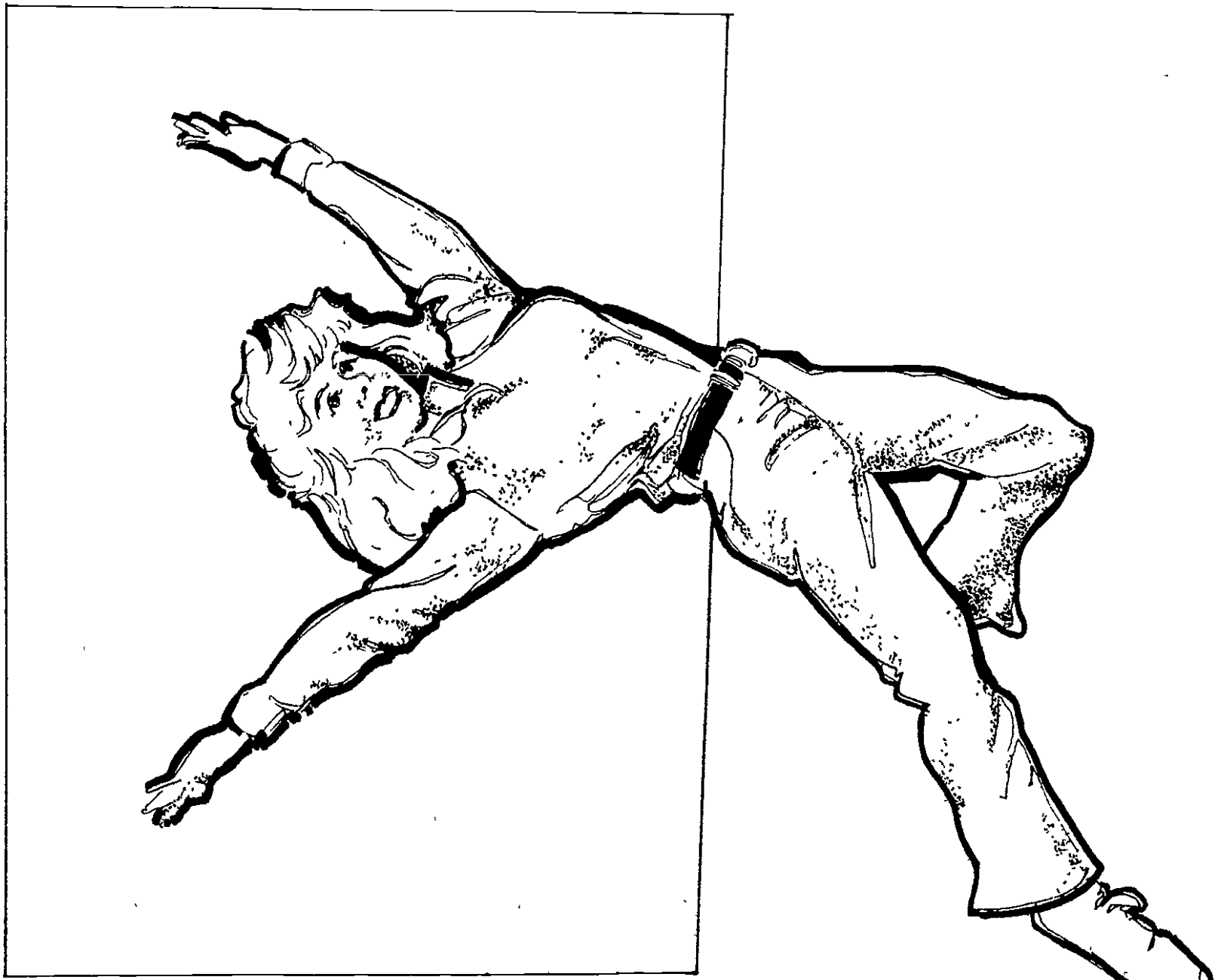
Something I hope for my baby is _____

_____

Something I learned about myself is _____

_____

SPIRITUAL NEEDS/ TEEN



SPIRITUAL NEEDS - TEEN

	Activity	Time (Min)	Objective
I FEEL	My Family Tree p. 310	15	Awareness of connections to family.
	"Towel pull" p. 312	45	Areas of conflict within own family and resolutions.
I KNOW	Confrontation works, criticism hurt p. 315	15	How to deal with conflict.
	Stressed out and nowhere to go p. 320	20	Increase understanding of stress, anger and coping methods.
	My family and me: A closer look p. 326	20	Increase awareness of roles and relationships within teen parents' family.
I CAN	Stress busters p. 329	15	Awareness of new ways to deal with stresses and develop coping strategies.
	Time line p. 330	25	Role of values and planning in choosing one's future.
I TEACH	Group sing p. 333	10	Increase group cohesiveness and playfulness.
I CARE	My personality p. 336	25	Personality strengths and self-esteem
	Values action p. 339	15	Awareness of teen's own values and priorities.
I LEARN	Discoveries p. 342	5	Session wrap-up

SPIRITUAL NEEDS - TEEN

Adolescence is a time of learning who we are and forming an identity. Teenage parents have a particularly difficult task as they are adjusting to the tremendous impact of being parents and having to turn their attention away from themselves and toward the baby. This very well may conflict with their own struggles and needs to develop themselves.

To assist young parents in this process, this section affirms their connectedness to the world, to their family, to the Teen Parent Time group, and to their babies. The stress of being a new parent and dealing with the unresolved issues of adolescence lends itself to a discussion of stress, signs of stress, and ways to reduce stress. Areas of conflict in their relationships with others and appropriate ways to resolve them are identified, as adolescence tends to be a prime time for conflict. Many teen parents face what might seem like insurmountable stresses and are involved in conflictual relationships, whether with family, peers, or the baby's father. Identification of personal values and priorities validates their unique identity, the importance of their influence on their child, and their personal power to make choices for their lives.

SUMMARY OF OBJECTIVES

SPIRITUAL NEEDS - TEEN

After completing this section, teen parents will be able to:

1. Identify signs of stress in their lives, problem areas, and appropriate ways to cope with stress and frustrations.

2. Feel a sense of support and understanding from the Teen Parent Time group.

3. Identify priorities and values in their lives and those which are important to develop with their babies.

4. Have a better awareness of their role in their family and the impact their family has on who they are now.

5. Identify areas of conflict in their lives and with others and healthy ways to resolve conflict

6. Feel more confident and empowered to make choices about who they are and future goals.

SPIRITUAL NEEDS - TEEN

"I FEEL" - My Family Tree

Objective: To increase teen's awareness of their connections with their family and their role in their baby's future.

Time: 15 minutes

Materials: Markers
Easel Pad

Journal Page: Family Tree Chart

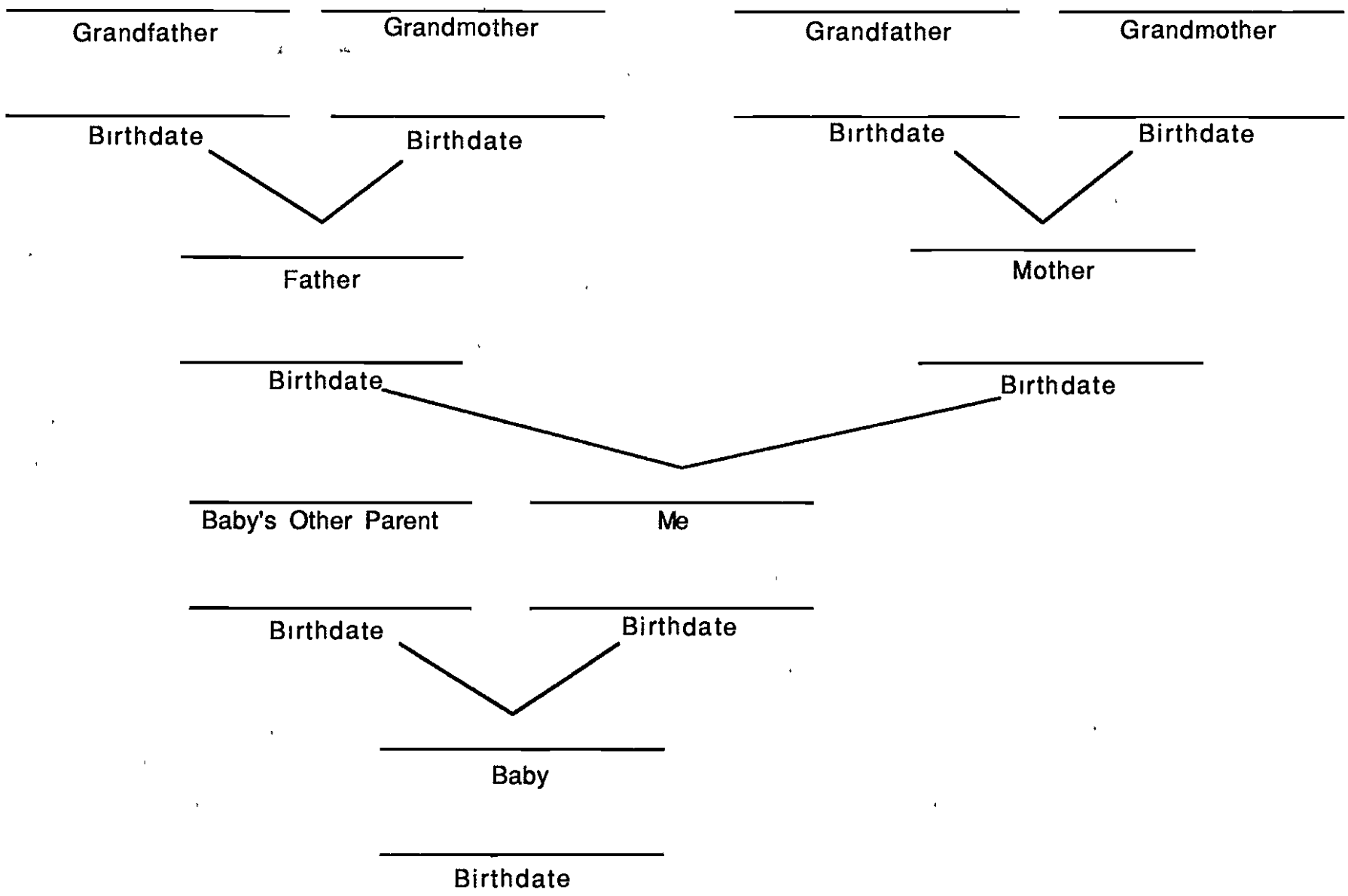
Procedure:

1. Instruct group members to complete their family tree as best as possible. Include birth dates and full names. Ask parents to outline with a different color or circle those who have had the most influence in their life. Suggest that the group members also sketch in step-parents, aunts, uncles, brothers, sisters, etc. as they wish.

2. Discuss how everyone has a family tree. It is important to understand that we are a part of something bigger than ourselves. Conflicts between family members are inevitable as each person struggles to define their values, their identity, their independence - especially during adolescence. What issues do you feel are the ones you're struggling with as a teenager within your own family?

3. Make a group list of family issues, conflicts and values.

My Family Tree



My Family Tree

SPIRITUAL NEEDS - TEEN

"I FEEL" - Towel Pull

Objective: To increase teen's awareness of areas of conflict within their own family and to help resolve areas of conflict.

Time: 45 minutes

Materials: Hand Towels

Procedure:

1. Ask teens to form pairs and to each choose one family conflict area. Try to describe the feelings associated with the conflicts (i.e., mistrust, lack of respect, incapable). Give each pair a towel.
   a. Ask each pair to sit down across from each other on the floor and hold opposite ends of the towel. Have them sit on the floor with their legs outstretched, their feet pressing against each other. One person needs to identify themselves as person A; the other as person B.
   b. Give the instructions: "Person A, this is your towel. You own this towel. But person B wants to take it away from you, even though you own it. When he/she tries to pull the towel away from you, you hang on to that towel, don't let go. You own it, it's yours. Tell that person, 'You can't have it. The towel is mine,' and pull the towel towards you. Person B, don't let go. Don't give in and don't give up. You tell person A, 'You can't have it. I want it. Give it to me,' and pull the towel back towards you."
   c. The group leader may choose to demonstrate the activity. On the count of three, let them begin. Keep it going for about one minute. Then, reverse roles. Person B owns the towel, person A

will try to take it away. On the count of three, let them begin pulling for about one minute. Any parents not participating or without a partner can help observe.

d. Process the experience as a large group with the following:

(1) Were you stronger when you "owned" it or when you "wanted" it?

(2) What was the towel symbolic of? (control)

(3) Did you give in and give up the towel?

(4) What are some of your main concerns regarding autonomy (or independence) and control by your parents?

(5) Was having a baby somehow related to the issue of parental control?

(6) When do children begin to exhibit autonomy (or independence) and want control?

2. a. Tell the group that the towel is only a symbol for an issue that adolescents and parents are in conflict over. Identify an area of conflict from the group list. Example:

Teen wants to stay out later than curfew. Parent says "no."

The towel represents the issue.

Teen: *I want to stay out later. Give it to me now!* (pull back).

Parent: *No, you can't have it* (pull back). *I said so!*

b. Have one person in a pair be the "parent" and the other the "teen." Repeat the "towel pull" activity as before for about one minute.

c. Now, reverse roles. The teenager owns something that the parent wants. The issue is control. The parent wants control; the teenager tries to take it away. Example:

Parent: *I want control* (pull).

Teen: *You can't have it. I own it* (pull).

Parent: *Give me control, it's mine. I want it* (pull).

Teen: *You can't have it. I own it. Give it to me* (pull).

d. Process the experience as a large group with the following:

(1) Were you stronger when "owned" it or when you "wanted" it?

(2) Did you feel any differently doing the activity as a parent or as a "teen"?

(3) Did you give in and give the towel up?

(4) When disagreements over an issue surface, what can be done?

(5) Control and autonomy are important issues for adolescents. Whether the struggle is with parents or with their own children. In discussing issues of control and autonomy, address how their own young children will be struggling with the same issues as they grow and develop.

This activity adapted from Nurturing Program for Teenage Parents and Their Families by Stephen J. Bavolek.

"I KNOW" - Confrontation Works, Criticism Hurts

Objective: To assist teens in utilizing new techniques to express their frustrations and needs to others and enhance their ability to deal with conflict.

Time: 15 minutes

Journal Page: "How to Deal With Conflicts in My Relationships"

Procedure:

1. Discuss differences between criticism and confrontation. According to Webster's Dictionary, a definition of criticism is "to stress the faults of" something or someone. On the otherhand, confront means "to cause to meet: bring face to face."* Criticism may leave a person feeling badly about him/herself. The person feels worthless, terrible, and inadequate as a person. Confrontation leaves a person knowing he or she has done something you don't like, but still feels positive about him/herself. The difference between criticism and confrontation is the feelings the other person has in response.

2. Ask everyone to find a partner. Have one person identify him/herself as person A, the other as person B. Using bad breath or another "neutral" topic as the issue, instruct person A to criticize person B for having bad breath. The person being criticized cannot respond, say anything, or act in any aggressive manner.

   When person A is done criticizing person B for bad breath, switch roles. Person B criticizes person A also for having bad breath.

3. Discuss how they felt being criticized or being critical. Which was easier? Ask members to relate any experience at home when they are criticized by someone and/or when they criticize someone else. Share the feelings of both experiences.

4. Discuss how communication skills are different when you confront instead of criticize someone. Keeping the same pairs, each person will now practice using confrontation. Person B confront A; person A confront B. Remember, confrontation does not tear down people; use "I" messages, focus on behavior not person, etc.

5. Discuss how they felt being confronted or confronting others as opposed to criticism. Was one approach easier or more difficult than the other? If people never confront others, things may happen such as getting walked all over, blowing up at the kids when they're really angry with someone else, or not getting their own needs met. However, if people always are confronting others, bad things may also happen, such as, not having any friends, being viewed as aggressive, being seen as someone who can't say anything positive. So, a balance is necessary.

6. Discuss and review journal page "How to Deal With Conflicts in My Relationships." Affirm the group by emphasizing there was a lot of work this session. If all worked relatively well, members should be open, confrontative, and attempting to work things out. Congratulate the group on a good job!

*Definitions taken from "Webster's Seventh New Collegiate Dictionary," G. & C. Merriam Company, Springfield, Mass., 1971.

How to Deal with Conflicts in My Relationships

Different people use different ways to manage conflict. These ways are learned, usually in childhood, and they seem to go to work automatically. Usually we are not aware of how we act in conflict situations - we just do what seems to come naturally. But we do have reasons for behaving and responding the way we do. This means we also have the ability and power to change and learn more effective ways to deal with conflicts.

When there is a conflict, there are two major concerns:

1. Achieving your personal goals - you are in conflict because you have a goal that conflicts with another person's goal. Your goal may be really important to you, or not very important.

2. Keeping a good relationship with the other person - you may need to continue being around, living, working, or spending time with the other person. This relationship may be really important to you, or not very important.

Stop for a minute and think about your relationships and how you respond to conflict. Do you withdraw or avoid? Maybe you overpower and force your opinion rather than listening to the other's point of view. Do you try to smooth things over without really working things out? Can you confront someone, express your problem openly and work out a solution without losing control? Or, do you feel you always give in?

Here are some tips to communicate in a conflict:

1. Prepare yourself. Be clear about what you think, feel, and want.

2. Check to see if the other person is ready to communicate with you on this topic. If not, reschedule for another time that is convenient for both of you.

3. Be positive. Point out what you like about the situation, your life, or your relationship in general. *Try to phrase what you don't like in positive terms.* For example, instead of saying, "Don't talk to me like that say," "I'd enjoy it much more if you talked to me in a lower voice."

4. Use "I messages" - *Take responsibility for your ideas, feelings, and wishes.* You can reduce confusion greatly by clearly stating your position on an issue. Asking the other person "What do you think about such and such?" before you have stated your position is a cop out.

5. Avoid "you messages." Accusing the other person of not meeting your needs or calling him or her names only creates defensiveness and is more likely to lead to a "win-lose" argument than to honest communication.

6. Be specific You are more likely to get the response you want from the other person if you let him or her know exactly what you think, feel,

and want. For example, rather than saying "I wish you would be more affectionate with me," say "I would really enjoy it if you would hug me more often."

7. Use active listening. *Make sure that the other person has understood what you have said to him or her.* Don't rely on nonverbal signs or the statement, "Yes, I understand." Ask for a summary of what he or she thinks they heard you say. If the summary is wrong, correct their misunderstanding. *Actively listen to the other person.*

8. Stay focused. Keep your goal in mind and when you find that the conversation is wandering to other topics, bring it back to what you originally started talking about.

9. Agree on an experiment. Once you have stated your position on a problem, and you have heard the other person's position on it, come up with a possible solution that is acceptable to both of you. *Agree to try it out for a specified period of time before you talk about it again. Then review how satisfactory it was for both of you.* If it wasn't satisfactory, negotiate a new solution and test it out.

10. Thank the other person for communicating with you about your problem or relationship. Remember that giving them positive feedback for cooperating with you will make him or her more likely to cooperate with you in the future.

Now think about and write down any conflicts you might be having and how you can better approach them. Think of school, work, parents, friends, baby, the phone company, your landlord, etc.

SPIRITUAL NEEDS - TEEN

"I KNOW" - Stressed Out and Nowhere to GO

Objective: To increase understanding of symptoms of stress and anger and coping methods.

Time: 20 minutes

Journal Page: "Stress"

Procedure:

1. Ask group to brainstorm sources of stress and stressful times. Write on flip chart. Then, brainstorm now they feel under stress. Make another list of the ways people cope with stress (include use of drugs and alcohol, over/under-eating, and depression). Discuss likely results if stress is left unattended.
2. Put a star beside healthy coping methods listed or brainstorm other more healthy ways to reduce stress (include exercise, good eating habits, adequate sleep, personal time, being with others, doing something for others).
3. Discuss self-defeating beliefs and attitudes that often promote more stress (i.e., I have to be perfect, I do everything wrong, I'm no good, I'm never going to change, no one cares about me). Brainstorm positive messages we can tell ourselves that will improve our ability to cope better day-to-day.
4. Discuss anger.
   a. How do you show anger? How do people in your family show/express anger?

b. Are there times you feel angry but don't show it? What do you do instead?

c. Do you have a right to feel angry? Toward your baby?

d. Have you been super angry with your baby? What did you do? How did you feel?

5. Brainstorm ways to relieve anger in appropriate ways:

a. Calming techniques such as, counting to 10, 10 deep breaths, moving or listening to music, taking a walk, taking a shower, writing down feelings,...

b. Anger releases such as, hitting a pillow, screaming into a pillow, calling a friend, calling Parents' Assistance Center 24 hour line, give baby to someone else before losing control,...

6. Review and discuss journal page "Stress."

S T R E S S

STRESS IS...

- part of everyone's life today
- different for each person
- an uneasy feeling
- change and the fear of it
- part of a big problem or event
- part of small, everyday happenings
- sometimes good for you

STRESS COMES WITH...

- moving
- getting married, or divorced
- poor health (or an illness of someone close)
- changes on the job
- money problems
- making decisions
- always doing what everyone else wants you to do
- being a parent
- the death of someone close to you

STRESS SIGNALS

From your body

- headaches
- tired feeling
- trouble sleeping
- high blood pressure
- rapid heart beat
- upset stomach and diarrhea
- tense muscles... sore neck, shoulders and back
- increased smoking, drinking and eating

From your feelings

- helplessness, hopelessness
- anger... being mad at the world
- restlessness... being 'keyed up'
- being scared
- being down... often having the 'blues'

WHAT YOU CAN DO

- o talk it over with a friend
- o write your feelings down... both good and bad
- o go away for a while... take a walk, go on a vacation
- o watch what you eat... good eating habits ease stress
- o work off your anger... run, dance, build something
- o spend time with others... do something for them
- o change some of the ways you deal with people and appreciate what they do for you
- o like yourself
- o avoid jumping to conclusions
- o if you still can't strike out stress... it's O.K. to get some professional help (a counselor, social worker, doctor, minister)

Stress Tips

* We need other people to turn to for support. Most people have too few relationships they can count on as sources of support. It is important to have a broad base of support. Everyone needs a place to feel accepted, secure and OK about themselves.

Evaluate your support system to determine how well it meets your needs and identify areas that might need improvement.

A. Family - One of the main functions of the family is for support--if you do not have a family that provides that, it is important to find it some place else.

B. Society - May be church, social club, study club, group of friends, therapy group, parenting group...

C. Work or School - Who do you know at your work or school who would be supportive? How can you get their support when needed?

* If there are situations that you know are stressful and you can avoid them, do so. For instance, if going to a certain friend's house every Saturday is stressful then find some way that situation can be changed. Be sure the change does not create a greater stress. Knocking out small situations that may be stressful will help with the larger ones.

* Be aware of your own self-worth and value and promote self-respect. Cut out self-defeating beliefs and personal put-downs.

* Take time to enjoy your surroundings-- the trees, sunset, etc. Find something that is beautiful and that you can give thanks for each day.

* Help others, especially your children and those you live with at home, to feel of value and worth. It may be with a smile and a greeting or comment of appreciation regarding a task.

* Find time to have FUN.

* Learn to accept what you cannot change. If the problem is beyond your control at this time, try your best to accept it until you can change it. It beats spinning your wheels, and getting nowhere.

* Avoid self-medication. Although there are many chemicals, including cigarettes, drugs, and alcohol, that can mask stress symptoms, they do not help you adjust to the stress itself. Many are habit forming. Any decision to use medicine should belong to your doctor. Using these substances can cause more stress than it solves. The ability to handle stress comes from within you, not from an outside source.

* Get enough sleep and rest and eat right. Make time to do these. See a doctor if you cannot sleep or eat over a period of time. Avoid junk foods or skipping meals.

* Give in once in awhile. If you find the source of your stress is other people, try giving in instead of fighting and insisting you are always right. You may find that others will begin to give in too.

* Take one thing at a time. It is defeating to tackle all your tasks at once. Instead, set some aside and work on the most urgent.

* Make yourself available. When you are bored and feel left out, go where the action is! Sitting alone will just make you more frustrated. Instead of withdrawing and feeling sorry for yourself, get involved. Go to a group, volunteer, go to church, school, visit a neighbor, call another parent and go to the park.

* Take time out for yourself - take a bath, a walk, call a friend, dress up, take a nap, go to a movie.

SPIRITUAL NEEDS - TEEN

"I KNOW" - My Family and Me: A Closer Look

Objective:	To increase awareness of roles and relationships within teen parents' family.
Time:	20 - 30 minutes
Materials:	Large blank paper Markers Big and little cut out circles Tape
Journal Page:	"My Family and Me"

Procedure:

1. Give each group member paper, tape, markers and collection of 10 big and little circles. Ask each to position circles on paper to depict their own family. Position family members by one's closeness to each other, with size of circles representing age or size. Ask group members to draw facial features representing their feelings toward the others. Other details could also be added, i.e., other body parts, props, etc.
2. Have group members complete the journal page "My Family and Me." If time allows, ask group members to share pictures and journal page with one other parent or the whole group.
3. Ask parents to draw lines to those family members in their picture that they would like a better relationship with. Discuss ways we can improve our relationships with others. Have group members write down at least one thing they <u>can</u> do to improve their relationship with someone. Share out loud by saying "I Can

   _____."

Discussion:

Who has the power or control in your family?

How were you disciplined?

How is love shown in your family?

How do you communicate in your family?

Who can you talk to in your family?

What do you wish was different about your family?

My Family and Me

1. As the _____ in my family, I felt
   (oldest, youngest, etc)

   _____

2. My closest relationships in my family were with _____

   _____

3. The things that I resented most about the way I was raised were _____

4. My family expressed their feelings to me by _____

   _____

5. My family made me feel _____

   _____

6. My family controlled me and disciplined me mostly by

   _____

7. A good memory I have from my family life is _____

   _____

8. Something that I learned from my childhood that I want to teach my child is _____

SPIRITUAL NEEDS - TEEN

"I CAN" - Stress Busters

Objective: To increase awareness of new ways to deal with stresses in life and enhance ability to utilize coping skills.

Time: 15 minutes

Materials: Extra handouts on coping, depression and suicide.

Procedure: Group brainstorm a list of new "stress busters" and write on flip chart. Include:

1. Be aware - When you catch yourself feeling down or acting irritable, ask yourself, "what's really bothering me?"
2. Set Realistic Goals - No one is perfect. You can't be liked by everyone. What do I really want?
3. Don't Overreact - Everything is not a life/death matter. Is this problem really worth all this craziness?
4. To Gain Control - Start small. Be specific in trying to regain control, don't try 20 things at once. Realize that you and only you can change your life.
5. Be Good to Yourself
6. Discover your personal stress busters that work for you and use them.
7. When you can't cope alone reach out - There is hope and there are choices. Don't feel alone; find someone to talk to and let them help you. Everybody has to reach out sometimes. It's OK.

Discuss: Depression symptoms and suicide information.

SPIRITUAL NEEDS - TEEN

"I CAN" - Time Line

Objective: To increase awareness of how values and planning play important roles in making choices about the future.

Time: 25 minutes

Journal Page: "My Goals"

Procedure: Draw time line on flip chart (or on individual pieces of paper) divided by current date up to five years.

Now	6 mo	1 yr	2 yr	3 yr	4 yr	5 yr

Discuss what they think will happen for the following areas and the first steps necessary for <u>them to make</u> it happen. Name resources/people who could help them meet goals/obstacles.

a. education

b. work

c. relationships

d. family/children

e. home environment

2. Complete and discuss journal page "My Goals."

My Goals

By the end of the year I want to _____

_____

By next month I'd like to _____

_____

I'd like to have enough money to _____

_____

What I want to change most about myself is _____

_____

One thing I'd like from my boyfriend/girlfriend is (or husband/wife) _____

I'd like to be the kind of friend who _____

One thing I'd really like to try is _____

Some place I'd like to go is _____

_____

One of my good qualities that I'd like to develop further is

_____

I want my baby to _____

Think of a short-term goal

My goal is to

_____

_____

_____

To achieve my goal, I will:

1. _____

_____

2. _____

_____

3. _____

_____

I will try my very best to accomplish this goal by _____*
Date

Signed _____

_____

Date: _____

Now Do It!!

*On this date, evaluate your progress toward meeting your short-term goal. If needed, rethink this goal, how you will achieve it (something different?) and try again. Be realistic and start small. Reward yourself when you've accomplished your goal.

SPIRITUAL NEEDS - TEEN

"I TEACH" - Group Sing

Objective:	To increase group cohesiveness and sense of playfulness with babies
Time:	10 minutes
Materials:	Cassette tapes of children's music
Journal Page:	"Finger Plays and Silly Songs"

Procedure: Form a circle, lead songs with babies on parents' laps. Ask for group selections. Sing and play!

Finger Plays and Silly Songs

Pop! Goes The Weasel

All around the cobbler's bench,
The monkey chased the weasel,
The monkey thought 'twas all in fun,
Pop! goes the weasel.

A penny for a spool of thread,
A penny for a needle,
That's the way the money goes,
Pop! goes the weasel.

One, Two, Buckle My Shoe

One, two-buckle my shoe.
Three, four-knock at the door.
Five, six-pick up sticks.
Seven, eight-lay them straight.
Nine, ten- a good, fat hen

(Count on fingers as verse progresses. Suit actions to words.)

If You're Happy

If you're happy and you know it, STOMP your feet,
If you're happy and you know it, STOMP your feet.
If you're happy and you know it,
then your face will surely show it.
If you're happy and you know it, STOMP your feet.
(Repeat using: CLAP your hands, WIGGLE your nose, etc.)

I'm A Little Teapot

I'm a little teapot, short and stout;
Here is my handle, here is my spout.
When I get all steamed up then I shout,
Just tip me over and pour me out.

This Little Piggy

(Wiggle baby's toes for each line, from Big toe down to Little toe)

This little piggy went to market
This little piggy stayed home,
This little piggy had roast beef,
This little piggy had none,
And this little piggy ran wee, wee, wee
all the way home.

Patty-Cake

Patty-cake, Patty-cake, Baker's man
Bake me a cake as fast as you can
Roll'em up, Roll'em up
Throw them in the pan!

SPIRITUAL NEEDS - TEEN

"I CARE" - My Personality

Objective: To increase awareness of parents' personality and talents and how they can enhance and support the development of their baby's personality.

Time: 25 minutes

Materials: Red construction paper cut in heart shapes
Tape
Markers

Journal Page: "My Personality"

Procedure:

1. Pass out a paper heart to every group member. Instruct them to write their own name vertically on one side of the heart then write their baby's name vertically on the other side. Thinking of their own personality, skills, talents, interests, etc., write something about themselves to correspond with each letter of their name.

   Example: S - Sings
   U - Unique
   E - Energetic

   Do the same for baby's name, thinking of those skills, interests, and personality traits that they are hopeful baby will develop.

2. Discussion:

   a. We all have the ability to make choices about how we act, how we get along with others, and the ways we like to spend our time.

   b. What are ways we can help babies develop positive traits on a day-to-day basis? What are ways we discourage babies?

3. Complete journal page "My Personality." Share with the group or a partner.
4. Ask group to divide into pairs. Add one positive trait to the other person's heart using the first letter of their last name. Write it in a bright color. Tape name tags on each other or on notebook.
5. Ask the group for suggestions on how to end the meeting such as, group hug, group shoulder rub, singing, etc.

My Personality

Being a good friend means to be _____

_____

One thing that people like about me is _____

_____

I'm more _____ than most of the people I know.

When someone compliments me, I usually feel _____

SPIRITUAL NEEDS - TEEN

"I CARE" - Values Auction

Objective: To increase awareness of teen's own values and priorities.

Time: 15 minutes

Materials: Value cards (copy "Value Cards" pages and cut into slips of paper or write on index cards).

Procedure:

1. Write or type value statements on cards. Give 10 value cards to each person and ask everyone to sort them into a) the five they feel strongest about, b) those they feel least strong about, and c) those which they're not sure how they feel.

2. Discuss: How easy/difficult was it to identify your value preferences? What did you base your choices on?

3. Take turns having everyone share the three values they hope to pass on to their child.

Value Cards

Note to Leaders: Write or type these statements onto index cards or colored paper.

1. It is important that my family does things together.
2. I like to make things.
3. I'd like people to know that I've done something well.
4. Having an expensive car is something I'd really like.
5. If I could, I'd like to make a movie that would make people aware of injustice, and would improve the conditions it described.
6. I'd rather be rich than married.
7. I like writing stories, plays, or poetry.
8. I like to try things I've never done before.
9. I enjoy doing different things.
10. It is important to be proud of what I do.
11. If my friends want to do something that I think is wrong, I will not do it.
12. I'd like to accomplish something in life that will be well known.
13. A strong family unit is essential to me.
14. I would disobey a boss who asked me to do something against my principles, even if it meant being fired.
15. It is important to have very good friends.
16. It is more important to stick to my beliefs than to make money.
17. I would rather make less money at a job I know would last than take a chance with a job that might not last but pays more.
18. I would like a lot of expensive possessions.
19. I would rather be free to move around than be tied down by a family.
20. I like to feel that I am in charge in a group.
21. Having children is important to me.
22. I'd like to do something that helps people.
23. I'd like to be famous.

24. I would like a job that gives me plenty of free time to spend with my family.

25. It is important to share activities with friends.

26. Gaining knowledge is important to me.

27. I like to be able to make my own decisions.

28. I'd rather work at a job that is not very interesting but pays a lot, than one that is interesting, but pays little.

29. It is important to share your life with someone.

30. If you don't take chances, you'll never get anywhere, and I like to take chances.

31. I'd rather be a leader than a follower.

32. It is important to try to learn something new every day.

33. I would feel I was doing something worthwhile if I helped a friend with her problems.

34. A close family is important to me.

35. I have strong beliefs about what is right and wrong.

36. I think saving money for the future is very important.

SPIRITUAL NEEDS - TEEN

"I LEARN" - Discoveries

(Discuss or write statement at the end of group session.)

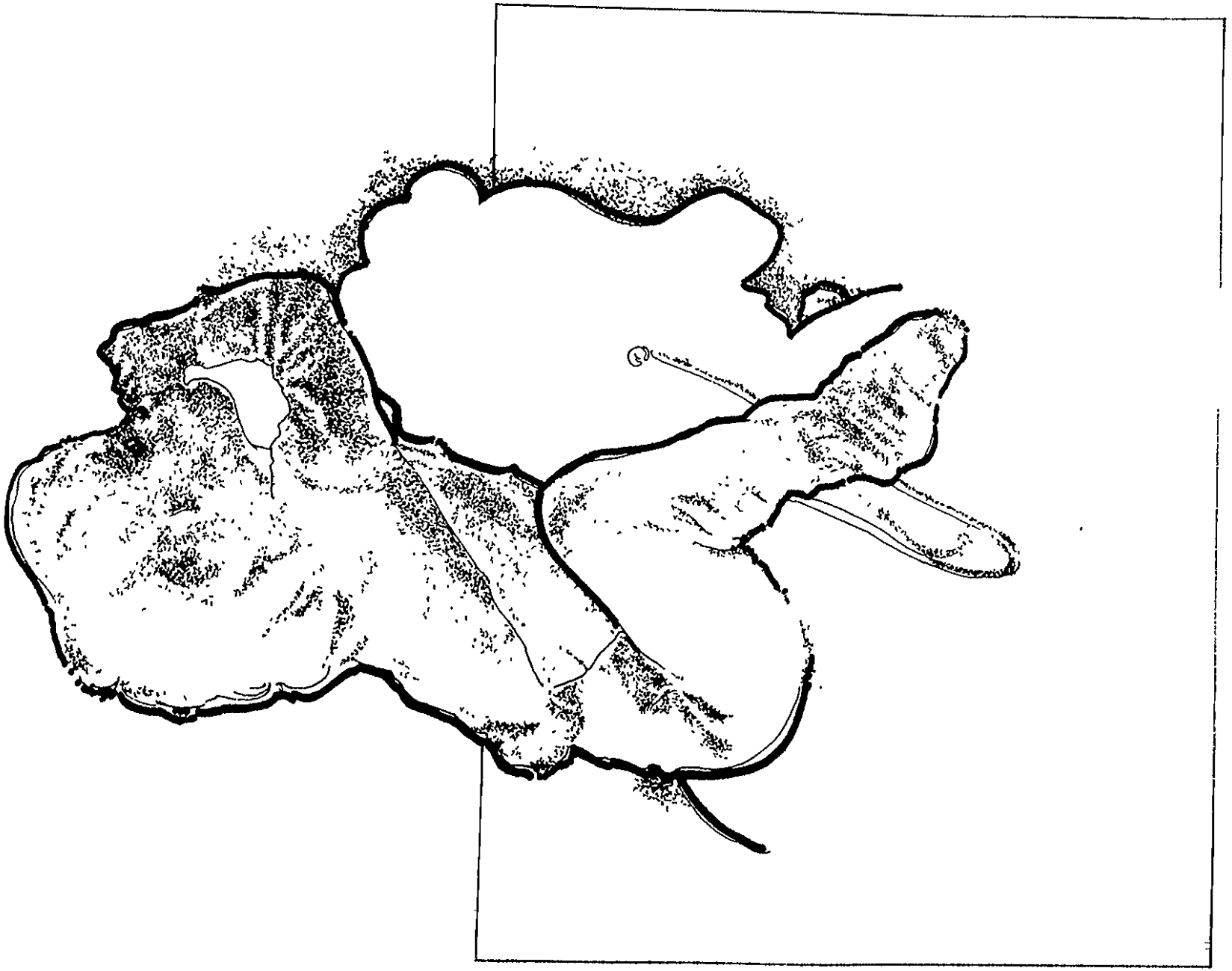
Today I learned that...

The most helpful thing I learned today was...

Something new that I've discovered about me...

Something new that I've discovered about my baby...

SPIRITUAL NEEDS/ BABY



SPIRITUAL NEEDS - BABY

	Activity	Time (Min)	Observation
I FEEL	Goals I want for my child p. 345	15	Awareness of goals and values that teen parent wants to pass on to baby.
I KNOW	How I can break or boost my child's spirit p. 346	15	To increase awareness of concrete ways parents can boost or break their child's spirit.
I CAN	Ways I can talk to my child p. 347	20	To enhance awareness of importance of child's self-esteem and methods of effective communication.
I TEACH	Learning is child's play. p. 357	15	Using playtime to encourage learning and boost self-esteem.
I CARE	Messages I'd like to give my child p. 362	15	To increase awareness of values and goals for child.
I LEARN	Discoveries p. 364	5	Session wrap-up

SPIRITUAL NEEDS - BABY

Teen parents are still developing their own identity, a sense of who they are, and learning about their place in the world. This makes the task of relating to a new, developing baby a difficult one, since the baby totally is dependent on the teen for its well-being.

This section addresses the importance of the development of a child's "spirit," and the significant role that a parent plays in shaping a child's self-esteem. Communication, play, and other means of promoting and developing a positive parent-child relationship provides a solid foundation for enhancing a child's self-image. By doing so, these babies will have a greater chance of breaking the cycle of many of the problems their parents' may have encountered.

SUMMARY OF OBJECTIVES

SPIRITUAL NEEDS - BABY

After completion of this session, teen parents will be able to:

1. Be better aware of the importance of their child's self-esteem and ways to help their child develop a positive self-image.
2. Identify and practice appropriate and positive communication techniques with their baby.
3. Identify and develop play routines with their baby that will promote their parent/child relationship.

SPIRITUAL NEEDS - BABY

"I FEEL" - Goals I Want for my Child

Objective: To increase awareness of goals and values that teen parent wants to pass on to their baby.

Time: 15 minutes

Materials: Paper
Pencils
Magazines
Scissors
Glue

Procedure:

1. Ask each group member to trace their baby's hands on paper. For each finger think of one thing that you want to have happening in your child's childhood. Either write in the word or find a picture in a magazine to cut out and glue around the hand. Regroup. Discuss and write all the ideas on a large hand drawn on paper.
2. Discuss: Which things are the ones that you did or didn't have yourself as a child. Which do you feel are most important? How are you going to insure that your child is touched by the things you choose?
3. Discuss: How different was it to think about the future, about your baby as a child instead of a baby? Consider the importance of thinking ahead, of setting realistic attitudes and goals.

SPIRITUAL NEEDS - BABY

"I KNOW" - How I can break or boost my child's spirit

Objective: To increase awareness of the concrete ways parents can boost or break their child's spirit.

Time: 15 minutes

Materials: Flip chart
Markers

Procedure:

1. Write on flip chart "A baby learns more about her/himself and her/his world during the first three years of life than any other time in life."
   a. Brainstorm and discuss <u>ways a baby's spirit might be broken or boosted</u>. Record ideas.
   b. How can a baby's spirit be broken or boosted
      - during daily routines
      - during our conversations
      - while we're disciplining them
      - when we play with them
      - when we're handling them
      - other ways...
2. Brainstorm and discuss ways that are within your personal power to break and/or boost your child's spirits.

SPIRITUAL NEEDS - BABY

"I CAN" - Ways I can talk to my child and let them know they are special

Objective: To enhance teen parents' awareness of the importance of their child's self-esteem and methods of effective communication.

Time: 20 minutes

Journal pages: "Developing Self-Esteem in Your Child"
"Ways to Encourage Your Child"
"Some Different Ways to Say Good"
"Talking to Young Children"
"Talking With Your Baby"
"How Does Your Baby Talk to You"

Procedure:

1. Discuss concept of self-esteem:
   Self esteem is how you feel about yourself and how you think others feel about you.
2. Review and discuss the journal page, "Developing Self-Esteem in Your Child."
3. Review and discuss the journal page, "Ways to Encourage Your Child."
4. Brainstorm special gifts or something special you can do for your baby just from you. Not just on birthdays or at holidays - just because you like them and think they are neat.
5. Review and discuss the journal pages, "Talking With Young Children" and "Some Different Ways to Say Good."
6. Review and discuss the journal pages, "Talking With Your Baby" and "How Does Your Baby Talk to You."

Developing Self-Esteem in Your Child

It has been said:

* Self-esteem is how you feel about yourself and how you think others feel about you.
* Your child learns who to love and trust and where to look for help as they develop.
* Your child's self-concept includes how they feel about themselves physically as well as mentally and/or emotionally.
* A positive self-concept helps your child feel that they are worthy of love just because they are themselves -- not just because of something they do.
* A positive self-concept helps your child feel that they are competent - able to face the problems of everyday life and to do what needs to be done.

Your child develops self-esteem by:

* Knowing that other people like them -- what they do, how they look, etc.
* Becoming able to have their body do what they want it to do.
* Knowing that they can make friends with other people.
* Being able to figure out what is going on in the world around them.
* Living in a family which not only accepts them just the way they are, but also sets clearly defined limits and enforces them.
* By being cared for by people who have good feelings about themselves -- a good self-concept.

What can you do to help your child's self-esteem

1. Talk, Talk, Talk to your child. Talk about what you are doing, what they are doing, and things going on around them.

2. Use your child's name when greeting, introducing, asking for something, etc. Call your child by name everyday.
3. Listen when your child talks to you. To let your child know you are really listening, stop what you are doing, kneel down and look at them eye to eye while they talk.
4. Let your child know you understand how they feel. "I know that really made you mad" or "I know its hard for you to understand."
5. Take time to visit with your child as often as possible. "We both are wearing red bows in our hair today." "We sure had fun playing ball today."
6. Let your child help you with chores around the house - carrying something for you, setting the table, folding the washcloths. Remember they won't be able to do it as good as you can, but they'll have fun trying and will feel very close to you.
7. Let your child know it is OK to make mistakes. We all do - that's how we learn. Try to turn it into a learning experience. "Blocks are for building not throwing."
8. Be sure to notice the ways your child helps and let them know about it. "It helps me so much when you set the table. Thank you."
9. Hug and smile at your child a lot. This is an easy way to let your child know you love them. It is also important for your child to hear you say "I love you."
10. Above all, relax! You know your child better than anyone else. When you feel comfortable interacting with your child, encouragement and trust are sure to follow.

Ways to Encourage Your Child

Encouragement creates a happy, healthy child. Your child will be more apt to tackle new and challenging situations. Sometimes we need more than the usual "Good" or "Fine." Here are some other ways to say "good." Use different expressions so your child will know you are really thinking about them, that they are really special to you. One authority suggests that you need to say something encouraging five times for every time you say something negative to your child:

You really did a good job washing your hands.

I'm proud to see that you're doing a much better job brushing your teeth.

I feel so happy to see that you picked up your toys all by yourself.

I am proud of you. That was a helpful thing to do.

We really did have a good day today. It was fun being with you.

I appreciate the way you sat on the chair.

You have really been working hard today digging in the sand.

It makes me happy when you talk in a quiet voice.

That's an interesting way to move on the rug.

Look how well you are climbing the ladder.

Keep working at it. You will get better. Some things take a lot of practice.

How many other ways can you think of to encourage your child?

Encouraging expressions:

Way to go!

You're really trying!

Super!

You look like you're really enjoying yourself!

Some Different Ways to Say Good

Everyone knows that a kind word goes a long way. Sometimes we need more than the usual "Good" or "Fine." Here are some other ways to say "Good." Use different ones so your child will know you are really thinking especially about them.

Thank you very much.
WOW!
That's great.
I like the way you are working.
Keep it up.
You really outdid yourself.
That's coming along nicely.
I appreciate your help.
You're on the right track now.
It looks like you put a lot of work into this.
You're doing that much better today.
You've just about got it.
That's the best you've ever done.
Terrific!
Now, you've figured it out.
Now, you've got the hang of it.
You've got it now.
That's an interesting way of thinking
I knew you could do it.
You're really working hard today.
You are very good at that.
You must have been practicing.
You did that very well.
SUPER!

Talking with Young Children

The way we talk to young children is very important. During our day to day conversations, there are several things we can do to get our thoughts and ideas across to them in positive and easy ways to understand. Here are some things to keep in mind:

1. A child is not born knowing what is right and what is not. As parents, we help children learn the difference.
2. Keep your expectations for the child at an age appropriate level.
3. Be aware of your child's feelings, moods, or needs - a tired or hungry child is less likely to be cooperative.
4. You must have your child's attention. Be sure they are not busy doing something else (toys, TV, book).
5. Walk over to your child to talk to them. If you choose to talk from a distance and your child does not do what you ask, you then must go over to them. If you talk from across the room, your child probably won't listen to you.
6. Kneel down and look into your child's eyes to be sure they hear you.
7. Always talk in a slow, calm voice. Sometimes a whisper can work very well to catch your child's attention.
8. Remember that a child still has a small vocabulary. Be sure your child understands what you are saying. If necessary, help him to follow through, i.e., "Lets put the toys on the shelf." as you begin doing so.

   Parents often talk too much.

   Be specific with your directions.

   "I need you to pick up your blocks."

   "In two minutes, lunch will be ready."

"You may roll the ball instead of throwing it."

"Hold the glass with both hands, please."

9. "No" is often a misused, overworked, overused word and it soon loses its importance. If a child repeatedly hears "no" in many situations, he soon learns to ignore it. In an emergency situation, such as a fire, the street, etc., your child may not stop when you yell "no" because he's heard it many other times when it didn't mean anything. Save "no" for important times.

10. Try not to ask "why did you do that?" Children often say they don't know. <u>And that is true - they really don't know</u>. Do you always know why you did something dumb in public?

11. When a direction is reworded in a positive way, children are more willing to cooperate, i.e., "Chairs are to sit on. Please sit down," instead of "Don't stand on your chair."

12. Try not to ask "Do you want to _____?" Most children answer by saying "no."

    "I need you to ..." often works well.

13. <u>Listen</u> when your child speaks. Let the child know you understand their feelings, i.e., "That really made you mad," or "I know it's hard for you to understand."

14. Time warnings sometimes help prevent problems, i.e., "In five minutes it will be time for dinner." The child may not have any idea what five minutes is but you are letting him/her know what is coming.

Talking With Your Baby

All babies are different! They look different! They act different! BUT in many ways all babies are alike! They all need to feel Loved, Cared for and Important.

From the day your baby is born, he/she has ways of letting you know what he/she needs and ways of showing you that he/she loves you! She/he may cry, fuss, coo, smile, move around a lot, get very still, yawn, look at you, turn away from you, and even laugh or scream! Babies aren't all BAD or all GOOD. They react to people and things just like we do.

It's important to learn what your baby is telling you so that you will know what to do because...that shows that you love him/her too! Babies really can tell you things before they even can talk. Be sure to *watch* and *listen*.

How Does Your Baby Talk To You

1. How does your BABY let you know he/she's hungry:(Check all possible answers.)

____ yawns

____ frets or fusses

____ smiles

____ coos

____ cries

____ sucks his/her hand

____ doesn't eat

____ looks at your face

____ turns his/her head away from you

____ moves his/her arms and legs a lot

____ gets very quiet and still

____ sleeps more than usual

2. How does your BABY let you know he/she's wet:

____ yawns

____ frets or fusses

____ smiles

____ coos

____ cries

____ sucks his/her hand

____ doesn't eat

____ looks at your face

____ turns his/her head away from you

____ moves his/her arms and legs a lot

____ gets very quiet and still

____ sleeps more than usual

3. How does your BABY tell you he/she's sleepy:

____ yawns

____ frets or fusses

____ smiles

____ coos

____ cries

____ sucks his/her hand

____ doesn't eat

____ looks at your face

____ turns his/her head away from you

____ moves his/her arms and legs a lot

____ gets very quiet and still

____ sleeps more than usual

SPIRITUAL NEEDS - BABY

"I TEACH" - Learning is Child's Play

Objective:	Using playtime to encourage learning and boost self-esteem.
Time:	10 - 15 minutes
Materials:	Keys Clutchballs Blocks Nesting cups Dolls Stuffed animals Books
Journal Pages:	"Play is Learning" "Things to Remember When Playing With Your Child"

Procedure:

1. Review and discuss the journal pages, "Play is Learning" and "Things to Remember When Playing With Your Child."
2. Have group explore different techniques of gaining their babies attention with play materials. Observe and discuss babies' response to parents efforts. What worked? What didn't work? How could it be done differently?

Spiritual Needs--BABY

"May my Spirit be Unbroken"

"I TEACH"--Learning is Child's Play

Objective: Using playtime to encourage learning and boost self-esteem.

Time: 10 - 15 minutes

Materials:
Keys
Clutchballs
Blocks
Nesting cups
Dolls
Stuffed animals
Books

Journal Pages: "Play is Learning"
"Things to Remember When Playing With Your Child"

Procedure:

1. Review and discuss the journal pages "Play is Learning" and "Things to Remember When Playing With Your Child."
2. Have group explore different techniques of gaining their babies attention with play materials. Observe and discuss babies' response to parents efforts. What worked? What didn't work? How could it be done differently?

Play is Learning

Play is the way children learn. It is a natural part of their life and how they learn about the world around them. Children play for the fun and enjoyment of the activity. Not because they have to or want a finished product. There is no right or wrong way to play. When children play, they become completely involved in their play, trying to learn as much as possible in a short period of time. Play helps children grow and develop in all areas - socially, emotionally, intellectually, and physically.

How does play help your child's social development?

Children are not born knowing how to "get along" or cooperate. This is something they must learn. They begin learning this skill as babies, by exploring their parents' face and body with theirs and by exploring objects - chewing, dropping, throwing, etc. Older toddlers and two-year olds play beside each other doing similar activities but don't play "together." Around three years old, children begin to play together and share materials like building a house together with blocks. Children can not begin this type of sharing until they have learned what is theirs. They are learning this when they say "mine" during their second year. Children somewhere between the years of three and seven learn social skills by playing dress up and make believe.

How does play help your child's emotional development?

Play is the first step in developing a healthy outlook on life. It helps children develop a good self-concept, because they are always successful to some degree in their play, and learn to see themselves as capable. Play allows children to express their feelings and understand the world without using words. It also allows children to act out both happy and unpleasant experiences in a safe setting; helping them better understand the experience and gain control over their feelings.

How does play help your child's intellectual development?

Learning is not the simple process of putting information into a child and then having them spit it back out. A child must play with information in order to understand it. To do this a child uses toys and actions, and learns to solve problems and develop ideas. Babies through two years old need real objects to play with. If they pretend to drink from a cup they need a real cup. Older two-year olds may be able to pretend with something that isn't a cup but looks like one. Around two and one-half to three years, a child can use any object to pretend with. They could use a block to be the cup they are pretending to drink from.

At three to three and one-half years the child no longer needs an object to pretend with. They can just use the action of drinking from a cup. This ability shows real growth and development. Somewhere around three and one-half to four years the child can add other children to their pretend play. Not only can they

pretend to drink from a cup, they can have a tea party with everyone having a make-believe role.

How does play help your child's physical development?

Play helps children understand their bodies and all that it is able to do. They learn through their senses about taste, smell, touch, sight and hearing. Play using their senses helps all those feelings become coordinated. They learn through using their large muscles - crawling, walking, running, balancing, and climbing. And through their small muscles - getting their eyes and hands to work together.

Things To Remember When Playing With Your Child

1. Make this FUN TIME.
2. Keep it light and easy.
3. Don't push too hard if your child isn't interested. Don't feel bad if they don't want to play. Try again later.
4. Spend just A FEW MINUTES each play time.
5. Encourage your child. Smile, laugh, look proud if they do what you are trying to teach them to do. Don't scold if they don't do it. Smile and try again later.
6. Help your child. Don't expect them to do too much on their own. Your child will be more interested in the toys if you are interested in them, too.
7. Talk to your child a lot. Don't feel silly. Don't worry about using "small talk" if it seems like a good thing to do.
8. When your child makes sounds and seems to be trying to talk, answer your child.
9. Say your child's name often. Say their name when you encourage them--"I like the way you wash your face, John."
10. Some of the teaching can be done while you are working (cleaning house or doing dishes). Save a few minutes for you and your child to sit down for a special time.
11. Make up other games using things you have around the house or in the yard, car, etc.
12. Sing to and with your child.

SPIRITUAL NEEDS - BABY

"I CARE" - Messages I'd Like to Give My Child

Objective:	Increase awareness of own values and goals for child and practical steps and decisions that will supplement those goals.
Time:	15 minutes
Materials:	Pens Pencils
Journal Page:	"Messages I'd Like to Give my Child"

Procedure: Review and discuss the journal page, "Messages I'd Like to Give my Child."

"Messages I'd Like to Give My Child"

Consider what messages you would give your child on the importance of success in school, appearance, marriage, career, and raising children. Think about ways that you can say the messages to them briefly:

Success in School: _____

_____

Appearance: _____

_____

Marriage: _____

_____

Career: _____

_____

Children: _____

_____

Adapted from Choices

SPIRITUAL NEEDS - BABY

"I LEARN" - Discoveries

(Discuss or write statements at end of session)

Something important for my baby is _____

_____

A way I can make my relationship with my baby better is _____

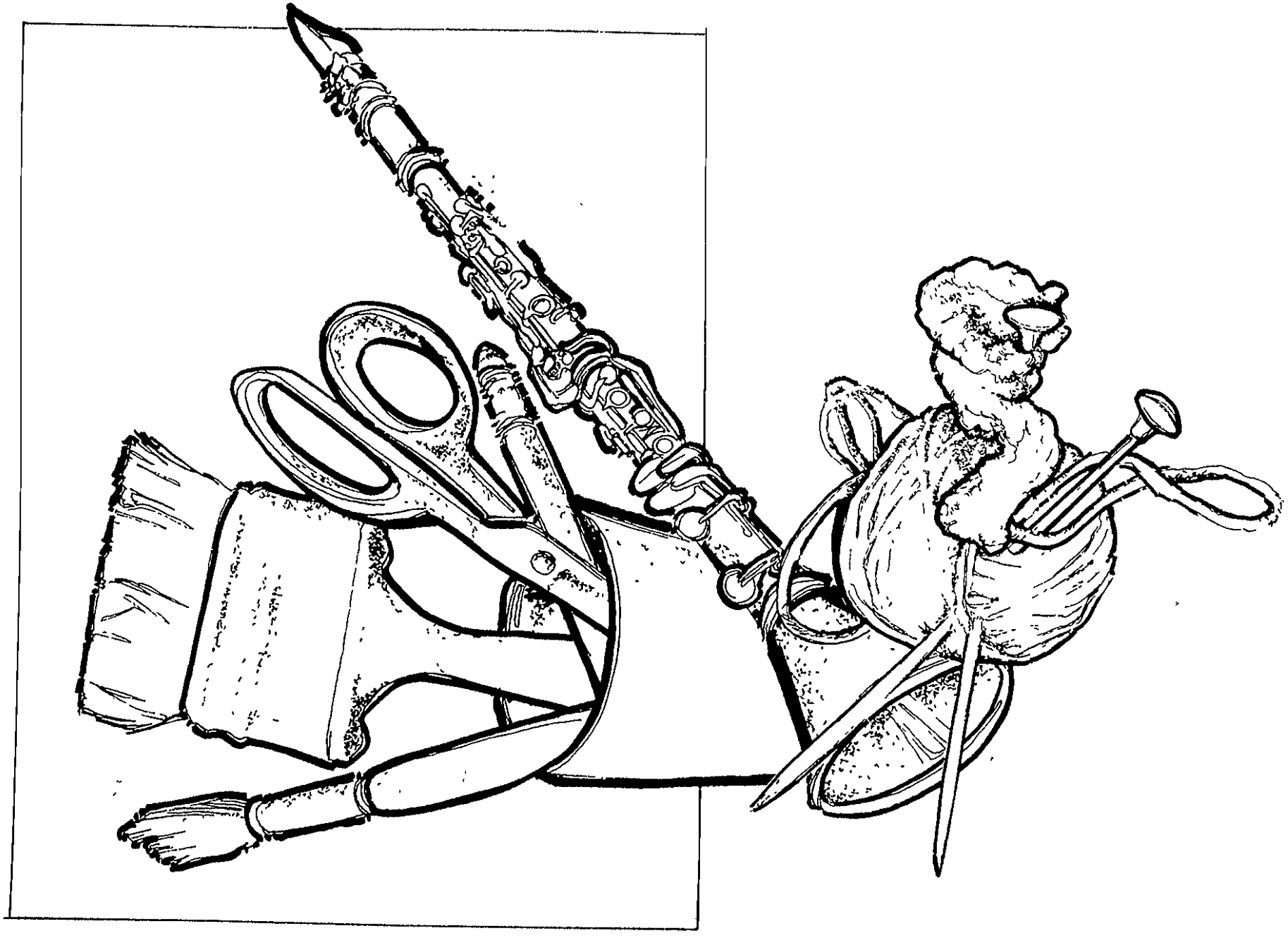
_____

_____

Something I learned about myself is. _____

_____

CREATIVE NEEDS/ TEEN



CREATIVE NEEDS - TEEN

	Activity	Time	Objective
I FEEL	Personal poster p. 367	15	To instill feelings of creativity and personal pride.
I KNOW	My time pie p. 368	20	Increase awareness of how time is spent and how to better use time.
I CAN	My balloon bouquet p. 369	15	Increase awareness and appreciation of skills, talents, and creative expression.
I TEACH	Songs of love p. 371	20	To encourage creative expression and play with baby.
I CARE	Let's write! p. 373	15	Encourage contact between group members and feelings of group support and friendship.
I LEARN	Discoveries p. 374	5	Session wrap-up

CREATIVE NEEDS - TEEN

Creativity is both an expression of one's personality and individuality, and can be a positive way to deal with troublesome or overwhelming feelings. Teen parents, like all parents often have little time for creative outlets between the demands from baby, family, school, and work. Music, art, dance, and poetry are all creative avenues for teen parents to explore on their own and with their babies.

Expressing oneself creatively is one way to feel good about who we are. Teen parents need many opportunities for self-expression and creative time alone, and with their babies.

SUMMARY OF OBJECTIVES

CREATIVE NEEDS - TEEN

After completion of this section, teen parents will be able to:

1. Enjoy their own creativity and have personal sense of pride in their interests, style and talents.
2. Be more aware and appreciative of their own skills, talents, and creative expression.
3. Have a better awareness of how time is currently being sent and how to better use their energy and time.
4. Enjoy creative expression and music with baby.
5. Continue group support, friendship and contacts with other group members.

CREATIVE NEEDS - TEEN

"I FEEL" - Personal Poster

Objective: To instill a feeling of creativity and personal pride in their parents' interests, style and loves.

Time: 15 minutes

Materials: Magazines
Scissors
Glue
Poster board

Procedure: Encourage creative expression of parents' own style, desires, images, etc. by making a poster collage made from magazine pictures and words.

- Title of poster - "A Day in the Life of _____. (name)
- Play recorded music for background to creative time.
- Have someone care for babies in separate area during this activity.

Discussion:

1. Share posters and favorite images.
2. Discuss aspects of their life where they are free to express themselves or that stimulates their creative energy.
3. Share most favorite creative outlets - music, dance, art - how does it make you feel? Most creative times of day? What settings?

CREATIVE NEEDS - TEEN

"I KNOW" - My Time Pie

Objective: To increase awareness of how time is spent and how to better use time.

Time: 20 minutes

Materials: Big sheets of paper
Pencils
Crayons or Markers

Procedure: Draw a huge circle on the paper. This circle represents a day in your life - first we'll look at how you use a typical day. Divide your circle into four quarters using dotted lines; each slice represents six hours. Now estimate how many hours you generally spend on each of the following:

Sleep

School

Work - job where you earn money

Friends - socializing

Homework

Taking care of your baby physically

Playing with your baby, holding baby etc.

Time alone

Household chores

With Family (mealtimes...)

Other pastimes, creative outlets

Color-code sections by how you feel - high or low energy. Red = high energy time, feeling good, Yellow = neutral, Black = dull, boring, low energy time.

Creative Needs - TEEN

"I CAN" - My Balloon Bouquet

Objective: To increase awareness and appreciation of parents' own skills, talents and creative expression.

Time: 15 minutes

Materials: Colored paper cut in balloon shapes
Colorful Balloons
Ribbon or String
Examples of Art
Poetry
Music

Procedure: Read poems and introduce concept of creative expression as a way to deal with troublesome feelings as well as good ones.

"...May there always be sunshine
May there always be blue skies
May there always be Mama
May there always be me."
Child - Age 6

"... Sad feelings of unwantedness
they're haunting me
Nightmares running wild
I wish I could be free"
Teen parent - age 14

- Ask each to decorate/color balloon shapes and to write some of their favorite creative talents or interests inside each balloon, or a short personalized poem about themselves and their babies.
- Use one balloon for their own version of "May there always be...(complete the thought)

  Make real balloon bouquets with curled ribbons for baby's room - write favorite songs, dances, pictures on balloons with markers.

Discussion:

Are you satisfied with the relative size of your slices of time? Ideally, how big do you want each slice to be? Draw your ideal pie. Realistically, is there anything you can do to begin to change your personal time pie? What could you change first?

- Lastly, put a 1, 2, &3 by the areas which you are going to work on, so you can turn some low energy times to high energy time better spent.
- Now draw your revised time pie.

CREATIVE NEEDS - TEEN

"I TEACH" - Songs of Love

Objective: To encourage creative expression and play with baby.

Time: 20 minutes

Materials:
Finger plays
Children's lullabies
Top 40 music lists from radio
Cassette recorder
Examples of favorite children's songs
Prerecorded radio love songs

Handout: "My Song of Love"

Procedure:

- Ask each to share how music affects their life - feelings, associations, type of music, sources, other exposures to music. Discuss kinds of music listened to when happy, sad, etc.
- Use handout to write own version of a Love Song (can be to anyone). Describe type or tempo of music, instruments, who would they get to record it, lyrics, different title.
- Share with everyone if desired.
- Group finger plays with babies or listening to music and dancing with babies.

Discussion:

- Importance of music and other creative outlets in own life and child's.
- Use of music/dancing as stimulation and play with baby.
- Use of music/dancing to relieve stress

"My Song of Love"

Who will sing it?

What type of tune, background music

CREATIVE NEEDS - TEEN

"I CARE" - Let's Write!

Objective: To encourage contact between teen parent group members and feelings of group support and friendship.

TIme: 15 minutes

Materials: Colorful note pads
Stationery
Cards
Stickers
Markers
Envelopes
Stamps
Address Lists.

Procedure: Give each enough stationery and materials to decorate, and to write nice messages to several other group members and babies.

- Collect and agree to mail in two weeks. Make sure everyone will receive one letter by drawing names from a hat.
- Give each an additional piece of stationery and ask to complete the following sentences and to make a self-addressed envelope for leader to mail within the week.

  One good thing about me is _____

  Two good things about my baby are _____

  The color of my mood today is _____

  because _____

  I am confident that _____

  This week, I am going to try to _____

  I am a good parent because _____

CREATIVE NEEDS - TEEN

"I LEARN" - Discoveries

Something I learned I can do is _____

_____

Something I learned I like about myself is _____

_____

Something I learned about someone else is _____

_____

Something I can do with my baby is _____

_____

CREATIVE NEEDS/ BABY

CREATIVE NEEDS - BABY

	Activity	Time (Min)	Objective
I FEEL	My baby's gifts p. 377	15	Increase awareness of baby's uniqueness.
I KNOW	Play is learning p. 378	15	Increase awareness of playful ways to stimulate development and to provide information about toys and TV.
I CAN I TEACH	Creative problem solving p. 395	20	Increase understanding of ways to help baby solve little problems and develop creative thinking.
I CARE	Family portriat/ poem p. 400	20	To express feelings and needs about self and family and to clarify changes as result of participation in group.
	Journal signing p. 401	15	To increase feelings of group support and connectedness.
I LEARN	Discoveries p. 403	5	Session wrap-up

CREATIVE NEEDS - BABY

Teen parents may naturally enjoy playing with their babies, but may not appreciate the importance of their role as their child's first and most important teacher. Play and the informal interactions of daily care are the baby's first tools of learning.

Choosing appropriate play materials, games, and opportunities is one aspect of helping babies learn. Creativity is encouraged through opportunities for exploring in everyday play and through various exposure to music, visual sights, and movement. Television can be used carefully and sparingly as a learning tool. Most importantly, parents are the best role models and playmates for introducing the world of sights and sounds to the baby.

SUMMARY OF OBJECTIVES

CREATIVE NEEDS - BABY

After completion of this section, teen parents will be able to:

1. Appreciate the uniqueness and specialness of their babies.
2. Be more aware of playful ways to stimulate development.
3. Understand ways to help baby solve little problems and develop creative thinking.
4. Express feelings and needs about self and family, about being a teen parent and about other group members.
5. Feel better about selves and other group members.

CREATIVE NEEDS - BABY

"I FEEL" - My Baby's Gifts

Objective: To increase teen's awareness of baby's uniqueness.

Time: 15 minutes

Materials: Small poster board sheets
Cut-out squares of paper representing gift boxes
Colorful wrapping papers or material
Bows
Ribbons
Glue
Markers
Scissors

Procedure: Each teen parent is asked to think about the specialness of their baby and to complete the following sentences on each "gift box" (squares of paper). Then they may decorate their poster and make a peek-a-boo cover for each box by glueing paper or material squares on top edge of each box.

My baby is _____

My baby loves to _____

My baby is special to me because _____

_____

My favorite game with baby is _____

One gift that I'd like to give my baby is

_____

My baby is curious when _____

My baby is sweet when _____

CREATIVE NEEDS - BABY

"I KNOW" - Play is Learning

Objective:	To increase awareness of playful ways to stimulate development and to provide information on choosing and using toys and television.
Time:	15 minutes
Materials:	Toys Simple household items for play
Journal Pages:	"Tips for Parents" "Fun Ideas for Learning"
Handouts:	"Selecting Toys for Children

Procedure: Discuss ways the parents typically enjoy playing with babies - favorite games, toys, pastimes, etc.

- Define their version of "play." Discuss needs for baby to explore, curiosity as important motivation for learning.
- Let each share favorite song, music, or dance with baby.
- Baby games - demonstrate and practice with babies
- Discuss, "Selecting Toys for Children" and safety issues.

Tips for Parents

You Can Help...

With all infants, there are good days and days when they are fussy and you are exhausted and frustrated. But when infants are well-cared for, they are more relaxed, alert and comfortable and attentive to the people and sights around them. You can help by learning how to care for young infants in easy, careful ways that ease their growing pains and help them trust you to care for them well.

Babies love to be talked to, rubbed, rocked and comforted. Young infants have very few abilities to adjust and make themselves more comfortable. You can be aware and make the changes needed to meet babies' needs. Gradually, you and the infants learn to sense and respond to each other in a rhythm of need and care that can give pleasure to you both.

When babies begin to <u>initiate</u> sounds and activities, respond to <u>their</u> overtures. Repeat <u>their</u> sounds, prolong <u>their</u> activities. They will begin to see that they can make things happen, too. They will want to learn other activities for you to repeat!

Realize that when a baby begins to <u>remember</u> people he knows, he will also recognize that some people are strangers that he <u>does not know</u>! The baby who has loved everyone and gone to anyone may suddenly object strenuously to people he does not recognize. It's a little disconcerting to parents and caregivers but it means the baby is developing a memory and learning and growing normally. Gradually, as baby learns to trust his world more generally, the "stranger-anxiety" fades.

Peek-a-boo games help babies <u>remember</u> that things out of sight are not gone forever.

So try simple games with infants that they can imitate. Make these things a game that are fun for both of you. For example, roll a can to a sitting baby and encourage him to roll it to you.

Notice how you feel when you play with baby. Do you feel calm, relaxed, nervous, irritated, rushed? How does baby let you know she's ready to play or when he/she needs a break. Does baby turn his/her head away, fuss and cry, smile, yawn, pull away, sucks hand, get quiet and still, or move arms and legs? Pay attention to your feelings and to your baby's behavior. If play for you or the baby is difficult, try to think of something you could change to make this better. Alternatives might be a different time or place, doing a play activity more slowly or a little at a time to give baby a rest, or try a new game that might be more fun.

One thing I did this week to help my baby feel loved is _____

Other ways were _____

Selecting Toys for Children

- Toys are learning tools for children.
- Children are creative in their play, and even cardboard boxes can becoming racing cars or moving trains in the minds of boys or girls.
- Select toys appropriate for the child. Children's abilities change rapidly during their early years.
- Select toys that allow the child to do the playing. "Play is in the child and not in the toy."
- Select toys that will help the child grow and learn.
- Safety first - at any age.

Here are some additional guidelines for selecting safe toys for children:

- Avoid sharp or rough edges.
- Avoid small parts that could be easily swallowed.
- Avoid brittle, easily broken playthings.
- Avoid small openings that could catch and pinch fingers.
- Avoid all electrical toys that do not have UL (Underwriters Laboratory) markers on the cords and toys.
- Avoid toys that have small parts attached with pins, tacks, or sharp objects.

Things to do with your Baby:

Fun Ideas for Learning

AGE: ONE TO THREE MONTHS

Activities to stimulate baby's growth...

Things to Hear:

1. Snap your fingers while moving your hand from side to side slowly so the infant can follow it.
2. Shake a rattle where he or she can see it moving from side to side.
3. Play an easily understood nursery rhyme record. Play a portion daily until baby is very familiar wit it before adding others.
4. If you do not have a record player, turn on the radio for a short period a day and allow him or her to listen to you hum or sing along as you both rock in rhythm to the music.
5. Give him or her a rattle to shake. After he or she has acquired a familiarity with the rattle, show him or her how to make different noises by shaking, tapping or pounding it on different surfaces.
6. Place two or three noise makers within reach so he or she can choose instruments and make different sounds.
7. Dance to music with him or her in your arms.
8. Tie a little bell on each bootie. Baby will hear the sounds as the feet move. DO NOT leave the bells on when you are not around, as there is a remote chance that a foot might be caught and put in the mouth. Bells are not to taste.
9. Let the baby listen to a clock or watch tick.
10. Ring a small bell from a different part of the room. In this way the baby will begin to look for the direction of sound.

Things to See:

1. Place light-weight rattle in his hand and help him or her shake it. Can feel, hear, and see it even though it will not be held very long. Put rattle in both hands so it can be seen from different positions. You may notice he will look for it as a result of feeling or hearing it.
2. Hold baby up to a mirror frequently and eventually he will recognize himself.
3. Hold baby's hands over his or her eyes so he can begin to learn the difference between having his eyes closed or his view blocked. Play "peek-a-boo" as you do this.
4. Take infant with you shopping and talk about things that he or she sees.
5. Take baby outdoors to observe the surroundings. Put crib in middle of room or in other areas of the home for a change of visual environment. Change and feed infant from alternate sides to insure visual stimulation from different positions.
6. Tie colored ribbons together and hang them above crib. Frequently alternate colorful mobiles and ribbons and occasionally provide nothing at all.
7. Fix a plexiglass sheet across a portion of crib railing and place colorful objects, paper, ribbons, trays, etc. on top so that baby can watch from below. Change frequently.
8. Tie a cord across crib. Hang from a cord a rattle, a plastic ring large enough to grasp, a pacifier, and a ball made of yarn. Use very light-weight elastic to hold objects so that baby can pull them down close.

Things to Feel:

Once he can move his head, toys can be left for him to play with unattended. To give experiences of different textures, provide toys with a variety of tactile surfaces (i.e., wooden, furry, cuddly, but not all plastic).

SAFETY TIPS: The toys you give the baby at this stage should be large enough and sufficiently firmly joined so that he cannot swallow them or any of their parts. Be sure that bells, eyes and buttons are securely attached to dolls and stuffed toys. Do not give painted toys unless they are certified lead-free on label. Do not give colored felt toys (not colorfast). Make certain all wooden and plastic toys are splinter-free and do not have rough edges. Remove all broken toys at once. (Never give babies molded plastic toys like those made at the zoo. They can bite them and choke when unattended.)

1. Fasten a dowel rod across the top of crib; drill holes every six inches in rod: tie different textured objects for him to reach, grasp and feel. Rotate objects every other day.
2. Continue to change infant's position. Move arms and legs gently. Place arms above the head. When infant is on stomach, push gently against the feet.

REMEMBER: The amount of love you display to infant now will help set the tone for future relations. Provide a soft cuddly toy to hold and love, but mostly be a cuddly, loving parent - your baby will love it!

SECOND MONTH GROWTH CHART

MOTOR		LANGUAGE	
Large Muscles:	Small Muscles:	Expressive:	Receptive
Startles spontaneously (reflex) Occasional twitches in hands and feet.	Grasps becoming voluntary Holds object for a few moments longer	Small throaty sounds become cooing, vowel like, but unlike human sounds.	Interested in sounds.

Cycles arms and legs smoothly. On tummy, keeps head in mid-position. Can hold head up at 45-degree angle for a few minutes.	Most vocalizing still crying

AGE: THREE THROUGH FIVE MONTHS

Activities to stimulate baby's growth...

Things to Hear:

1. Play radio, records, music box, T.V. for short periods for baby to hear. Vary or change sound frequently so baby will not learn to "tune out" sounds. Sometimes allow house to become quiet, this will encourage baby to "listen" for interesting sounds.
2. Play and say "Patty-cake"; pat baby's hands in rhythm.
3. Ring a bell from different parts of room when baby is not watching you. He or she will look for sound. Call the baby by name when talking to him or her.
4. Say nursery rhymes or little jingles to baby.
5. Talk to baby. Encourage all members of family to talk to baby. Imitate the sounds he makes, such as the cooing and babbling sounds.
6. Hang a set of "wind chimes" near a doorway so that from time to time baby will hear them.
7. Place a rattle in baby's hand. Baby's natural movement will produce the sound.
8. Place baby on a piece of paper for a few minutes. Wrapping paper is good for this, as baby kicks the paper will make a new and different sound. Crumple paper for baby to hear. Don't let baby eat paper!

Things to See:

1. Give baby a colorful "roly-poly" toy that bounces back up when knocked down; knock it down so that baby can watch it come back up.
2. Continue to hang objects across bed for baby to both see and reach for. Be sure objects are safe for baby to handle and are within reach.
3. Place baby's play pen, high chair, or infant seat in different rooms of the house. This way he or she will learn to look around at new or different surroundings.
4. Begin to play "peek-a-boo with the baby. Hide behind furniture; appear from the side several times so that he/she will look for you. Then appear from other side. This will become a "fun" game.

AGE: SIX THROUGH EIGHT MONTHS

Activities to stimulate baby's growth

Things to Hear:

1. This is a very important time insofar as language is concerned. Continue to talk to infant. Tell him or her what is happening. Begin to label things in his environment, that is, tell baby what the names of things are: "This is a..." or "See the..."
2. Let him play with things that make noise. Squeeze toys are good as are rattles, but be sure that parts will not come out because everything now gets the "taste test."
3. During this period the baby will begin to sit alone and possibly crawl. Empty out a bottom drawer in the kitchen and fill it with pie tins, lids, wooden spoons, jello molds. Let the baby get things out of his or her drawer to play with. Banging is a lot of fun. This will also keep little hands busy while you

are preparing a meal. He will understand more than you think, so talk about "putting things away," and if he puts something back in the drawer, clap and say "good baby." Be very enthusiastic!

4. Laugh a lot with the baby. This will stimulate laughing out loud.
5. Give the baby a bell to play with. Show him the clapper and say, "This makes the noise."
6. When he or she is in the high chair ring the bell from different directions in the room and say. "Where is the bell?"
7. Call his attention to household sounds such as the telephone, door bell, water running, radio, T.V., etc. Tell him what is making the noise.
8. Continue to play "Patty-cake."
9. Imitate the noises that he makes -- babbling, sneezing, etc.
10. Begin saying "please" and "thank you" to the baby.
11. Bounce the baby on your lap in rhythm to music.

Things to See:

1. Play "hide and seek." Hide an object under a pillow, under a box, or behind something, and see if the baby can find it. (Let him or her watch you hide it) Repeat often as baby learns to uncover hidden toys
2. Continue to hang brightly colored toys on the bed or playpen to encourage the baby to reach for objects.
3. Provide the baby with a plastic or wooden framed safety mirror. A highly polished stainless steel pie pan can also serve as a mirror and is less expensive but safe.
4. Provide large balls (Nerf balls are good), for the baby to roll and hit. Roll the ball to the baby and encourage him or her to reach for it. Reinforce each attempt to catch the ball by clapping and saying "good baby."

5. Hang colorful pictures and posters on the walls in the baby's room or around the bed.
6. Play a lot of "Peek-a-boo." This is the first step in learning that he or she can make people "disappear" or reappear.
7. Place a mirror at floor level so he can see himself while crawling.
8. Put floating toys in the bathtub with the baby for him to see and reach.
9. Cut sponges in shapes (such as circle, square, triangle and rectangle) and place in the bathtub with the baby.
10. Try to develop eye-hand coordination by encouraging the baby to change a toy or spoon from one hand to the other. (Introduce toy to already occupied hand.)
11. Give the baby a small block to hold in each hand; see if he will drop one of the blocks when you offer a third. The baby may get angry and cry. If this happens, show him how to put one down so that he can have the third one.
12. Give him plastic dishes to play with when in the high chair.
13. Fill a small plastic jar with dry cereal. The baby will soon learn to empty it out. Then show him how to put the cereal back in.
14. When the baby throws things off the high chair tray, he or she enjoys watching it fall or hearing it land. Do not play the "pick-up" game for too long. Instead: tie a cord or string to the toy and tie the other end to the arm of the highchair. Show the baby how to pull on the string in order to retrieve the object.
15. Tie a string or cord on a brightly colored toy. Place the toy out of the baby's reach. Place the end of the string where the baby can get it. Show him or her how to pull the string in order to get the toy. Later see if the baby can remember to pull the string to get the toy.
16. Provide the baby with a "busy box" to play with and explore.

Things to Feel:

1. When feeding the baby, give him or her a bent handle spoon to use to feed himself. Also, begin giving him finger foods such as dried toast, so that the infant can become accustomed to the feel of different foods. Remember, though it is messy, only with practice can the baby eventually learn to feed himself!!
2. While bathing the infant let him hold the washcloth or a sponge, in order to feel the difference between wet and dry objects. This will also tend to reduce splashing.
3. Provide the baby with a textured ball. These can be made out of yarn, terry cloth, vinyl, or any textured materials.
4. Give the baby plastic objects such as measuring cups to play with in the bath. Fill a cup with water and pour it on his or her hand or foot. He will soon attempt to imitate you by also pouring the water.
5. Provide the baby blocks with finger holes. He will enjoy putting a finger in the hole.
6. Provide the baby with a cloth book so that he can feel the texture. Go through the book with the infant and talk about what is on each page.
7. Give the baby a piece of sticky tape to play with. Gently take it from him after a few minutes and give him something else to do. The tape can become frustrating after a few minutes.

Things and People to Love:

1. During this period the baby may show a fear of strangers. This does not mean that she or he is becoming fearful. It means that memory has developed and the baby does not remember that person. Therefore, at this age the parents

must be loving so that the baby will form an attachment to the parents and learn to love them. When baby learns to love and trust the important people in his life, he will learn to love and trust other people.

2. If the baby is crawling, encourage him or her to follow you around as you clean or perform household duties. Talk about the name of the room, what is in the room and what you are doing.
3. Bring the baby to the table at mealtime. Provide him with a spoon, an empty cup, and a bowl full of finger food such as cereal, crackers, etc. The baby will imitate other family members. This will be a first step toward learning self-feeding.
4. Provide opportunities for the infant to imitate you (both parents). Such opportunities could include: 1) squeezing "squeeze toys," 2) kissing, 3) waving bye-bye, 4) talking on the telephone, 5) clapping in time to music, 6) singing, 7) dancing and many more.
5. When changing or dressing the baby, name his or her body parts and clothing names, as they relate to the activity. Example: "Put your arms in the armhole," "Let's put your head through the hole in your shirt," "Let's put the socks on your feet," etc.
6. Set the baby in front of a mirror and point to the baby's body parts. When you point to a part call it by name. Then begin asking him or her to show you the parts. Example: "Show me (baby's name) eyes."
7. Always call the baby by name when you speak to him or her.
8. Continue to provide soft, cuddly toys to play with and love.
9. Let other people take care of him or her occasionally so that he or she will get used to other people taking care of him or her.

AGE: NINE THROUGH TWELVE MONTHS

Activities to stimulate baby's growth.. (in addition to all previously mentioned)

Things to Hear:

1. Baby will now probably be saying a few words such as "mama," "dada," etc. Always say these words back to him or her. Also say them back in a sentence such as: "Mama, here is mama." In this way, the baby will begin to develop a better understanding of language. This is a very important time for language development. Remember your baby understands far more than you realize, so talk to him or her as much and as often as possible.
2. Continue to say nursery rhymes to baby. Repeat one often, pausing as you come to rhyming words. Example: *"Hickory, dickory dock*
   The mouse went up the...clock."
   This will help the baby begin to hear rhyming words. Before long he or she will say the word with you.
3. Continue to label items around the house. Tell the infant the names of things Do this also when you are outside or when driving the car. When the baby attempts to say the words back to you clap and tell him or her "good."!
4. Call his or her attention to such sounds as those made by cars, trucks, airplanes, fire engines, trains, animals, etc.
5. Encourage the baby to imitate the sounds that he or she hears. Be sure that he or she sees the sound that is heard.
6. Give the baby an opportunity to listen to the ticking of a watch or clock.
7. Begin giving baby instructions such as "Go get Daddy's shoes," or "Get the ball."
8. Begin asking questions such as "Do you want to take a bath?" He or she will soon begin to respond with gestures, and then with yes or no.

9. By this age the baby should be crawling well. Go into different rooms and call to the baby, "(baby's name), Mama is in the kitchen, come find me."

10. Begin watching "Sesame Street" "Mr. Rogers Neighborhood," and "Captain Kangaroo" with the baby for short periods. Talk about what you see and hear.

11. It is time now to begin reading to baby. Begin with picture books. Talk about the pictures. Then begin telling the story, and finally reading the story. Begin with very short reading periods and gradually extend to longer periods. Hold baby on your lap during the reading and story periods. Be sure to read to baby every day.

Things to See:

1. Give the baby the opportunity to watch other children playing. He or she will want to imitate the other children and participate in their play.

2. "Baby proof" the house so that the baby can explore and examine many things in this new and interesting world. Allow baby to be naturally curious!

3. Place a mirror low along the floor so that he or she can observe himself in the mirror.

4. Play ball with the baby. Roll the ball and tell baby to go find it.

5. Show him or her pictures in books and magazines.

6. Show baby pictures of family members. Ask him to tell you who it is.

7. Begin to demonstrate and use directional words. Example: "Put it up here." "Let's go down out of the chair," "Put the toy in the box," etc.

8. As you prepare meals, show the baby the foods that you are using and tell him or her what they are.

9. When eating, help baby fill his or her spoon, and then let him or her put it in the mouth. More will be spilled than eaten but this will help the baby learn to watch what he or she is doing. Don't expect baby to be good or neat yet when self-feeding.

10. Using a small toy, play a game of hide and seek Put the toy under something or wrap it up. When the baby finds it say: "Give it to Mama " The next time hide it in a different place. The baby will usually look where it was found the first time before going on to the new hiding place. Let him or her watch you do the hiding.

11. Give the baby the bottle with the nipple end going away from him or her. See if he or she can figure out how to correct its position.

12. Remember to keep a low drawer or cabinet in the kitchen especially for the baby. Fill it with safe items for him or her to play with, such as wooden spoon,s plastic cups, and bowls, lids, and pie tins. When he or she goes to other cabinets and drawers say "no" and take the baby back to the one that was especially prepared for him or her.

13. Continue to ask the baby to show and tell you his or her body parts. Then ask the baby to show you the body parts on you. Example: "Show me your ear, good. Now show me Mama's ear." Later, begin to ask the baby to show you various body parts on a doll or on a picture of a child.

14. Give the baby a bowl and spoon to play with. Talk about putting the spoon 1) <u>in</u> the bowl, 2) <u>out</u> of the bowl, 3) <u>beside</u> the bowl, etc.

15. Provide the baby two-inch blocks with which to play. Show him or her how to stack one on top of the other. Always do this yourself first and then encourage the baby to imitate.

16. Provide the baby with a chalkboard and chalk. Show him or her how to scribble. (Supervise closely so baby doesn't eat chalk.)

17. During this period the baby will begin to pull up and possibly to walk. This will open up a whole brand new world. There will now be much more to see--- the things on top of low tables. Tell the baby what these things are and if they belong in the "no" class enforce "no" by removing the baby's hand from the object and saying "no." Be sure though to stick with it.

CREATIVE NEEDS - BABY

"I CAN" "I TEACH" - Creative Problem Solving

Objective: To increase understanding of ways to help baby solve little problems and develop creative thinking.

Time: 20 minutes

Materials:
Balls
Baskets
Small Toys
Boxes
Blocks
Cloth Diapers
String
Tape
Pillows

Handouts: "Curosity"
"Tips for Parents"

Journal Page: "My baby knows how to learn through play..."

Procedure:

1. Demonstrate learning games that require baby to search for hidden objects, follow path of moving object, retrieve toy by pulling string, dropping games, toy through a tunnel.
2. Discuss differences in babies' abilities to solve these problems depending on age and opportunities to experiment
   - Point out natural play opportunities and learning in everyday activities
   - Discuss handout "Tips for Parents."
   - Each teen parent writes several ways that their baby learns through play on own journal page - share examples with group and try to demonstrate if desired.

Curiosity

The moment that we come together --as a family, as a crowd on the street, as students in a classroom - conflict is a possibility. Learning to control our actions and to cope with the world around us is part of growing up.

The process begins before baby can talk. He can't tell the difference between a television plug and a teething ring. He wants to explore *everything* - hold it, eat it, bounce it, throw it.

Put your precious items well out of reach and help him to learn what he can and cannot do. Explain that he can use the trash can as a drum outside, but not the kitchen table inside. Encourage toys that can be put together and taken apart, household items that won't break or hurt him.

"What makes the toast pop up?

The older child wants to know how things work. What's inside a clock, for example. The best way to find out is to take it apart. That's curiosity, not destructiveness. Let him explore old locks in a drawer, broken dolls, a box of real junk.

Of course, a four- or five-year-old who breaks something should be helped to repair it. When he makes something - *anything* - praise him for it.

"The window moved!"

Then there is the child whose brain and body don't seem to be working together. He dashes downstairs and bangs into the table, throws a ball at the wall and breaks a window in the other direction.

It's not deliberate. Often it's just an unevenness in development. Use patient and understanding to help him through this time.

"I sat on it - but very gently!"

There is also the child who doesn't know his own strength. And you've got the broken bed springs, bent forks and wobbly end-tables to prove it. If so, it's important to protect the child as well as the world around him. He has to learn the social rules, what's appropriate indoors and outdoors.

"No wrestling inside," is a good rule. You may want others. More importantly, find ways for him to work off his energy. Encourage play with other children and daily time in a playground, school-yard or park.

Encourage the active older child to join in team sports.

Help is available if you need it

Finally there is the child who, on his own, seems wilfully destructive. Unless handled with skill and understanding, his attitudes may settle into a rut of defiance and destructiveness. Don't be too critical. Remember, the outward behavior is only a symptom - a signpost - of deeper worry, hurt or anger.

The first step to find out *why.* The problem may start with jealousy of a sister or brother, unhappiness at school, worry about family fights, feelings of loneliness. Don't be slow to seek help.

Talk to your public health nurse, family doctor, guidance counsellor at school, community youth worker. They can shed light on the problem or suggest further help.

Punishment is not the only answer.

Tips For Parents

Helping Your Children Blossom

To grow into healthy, happy adults, children need more than food, clothing, and shelter. They also need lots of love, positive attention, and freedom to learn.

You can help your children grow and blossom by:

- Listening to your children
- Praising effort, not just success
- Spending a "special time" with your children as often as you can
- Being generous with hugs and kisses.
- Asking your children's opinions
- Letting your children make mistakes without blame
- Letting your children make choices
- Encouraging your children to try new things
- Remembering to say often, "I love you."

Source: Dr. Dorilyn English and Dr. Jill Linden, Office of Psychological Services, Delaware Division of Public Health, D.H.S.S., State of Delaware, 1987.

"My Baby Learns Through Play...

	How Baby Plays	What Baby Learns
1.		
2.		
3		
4.		
5.		

CREATIVE NEEDS - BABY

"I CARE" - Family Portrait/Poem

Objective: To express feelings and needs about self and family; about being a teen and a parent, to clarify changes in needs, feelings, abilities or knowledge as a result of their participation in teen parent group.

Time: 20 minutes

Materials: Make a frame on a piece of paper for portrait page
Markers
Pencils
Poem lines written on flip chart.

a. First name
b. Who has (3 descriptive characteristics)
c. Who loves (3 favorite things, people or ideas)
d. Who feels (3 feelings)
e. Who gives to others by (3 gifts, talents, personal strengths)
f. Who needs (3)
g. Who fears (3)
h. Who now can _____

Procedure: Write the above lines on flip chart and ask each to complete the sentences. With the thoughts or feelings they want to express. Then draw own family portrait on bottom of portrait/frame page.

Discussion: When I look at my family drawing, the one thing that I like most about me now is _____. One thing I am most proud of is _____.

Share poems or different lines from poems with group.

Closure: After the group stops meeting, my hope is

_____.

My fear is _____.

The thing that I'm going to miss most

_____.

Follow up services discussion

Community agency referral information

CREATIVE NEEDS - BABY

"I CARE" - Journal Signing

Objective:	To increase feelings of group support and connectedness.
Time:	15 minutes
Materials:	Markers Pencils
Journal Page:	"Being Part of this Parent Group"

Procedure: Let teen parents complete journal page, "Being Part of this Parent Group."

- Put music on and have journal signing party. Complete with snacks and door prizes.
- Encourage continued contact, use of community resources for baby and self, and continued use of journals on continuing journey with baby.

"Being Part of this Parent Group"

"Some good feelings that I have about this group are

_____.

Something that I learned from others is _____

_____

How I feel about being a parent _____

_____.

CREATIVE NEEDS - BABY

"I LEARN" - Discoveries

(Discuss or write at end of session)

Something I learned my baby can do _____

_____

Something I discovered I can do with my baby _____

_____

Something I learned from this group is _____

_____

Something I'll remember from this group is _____

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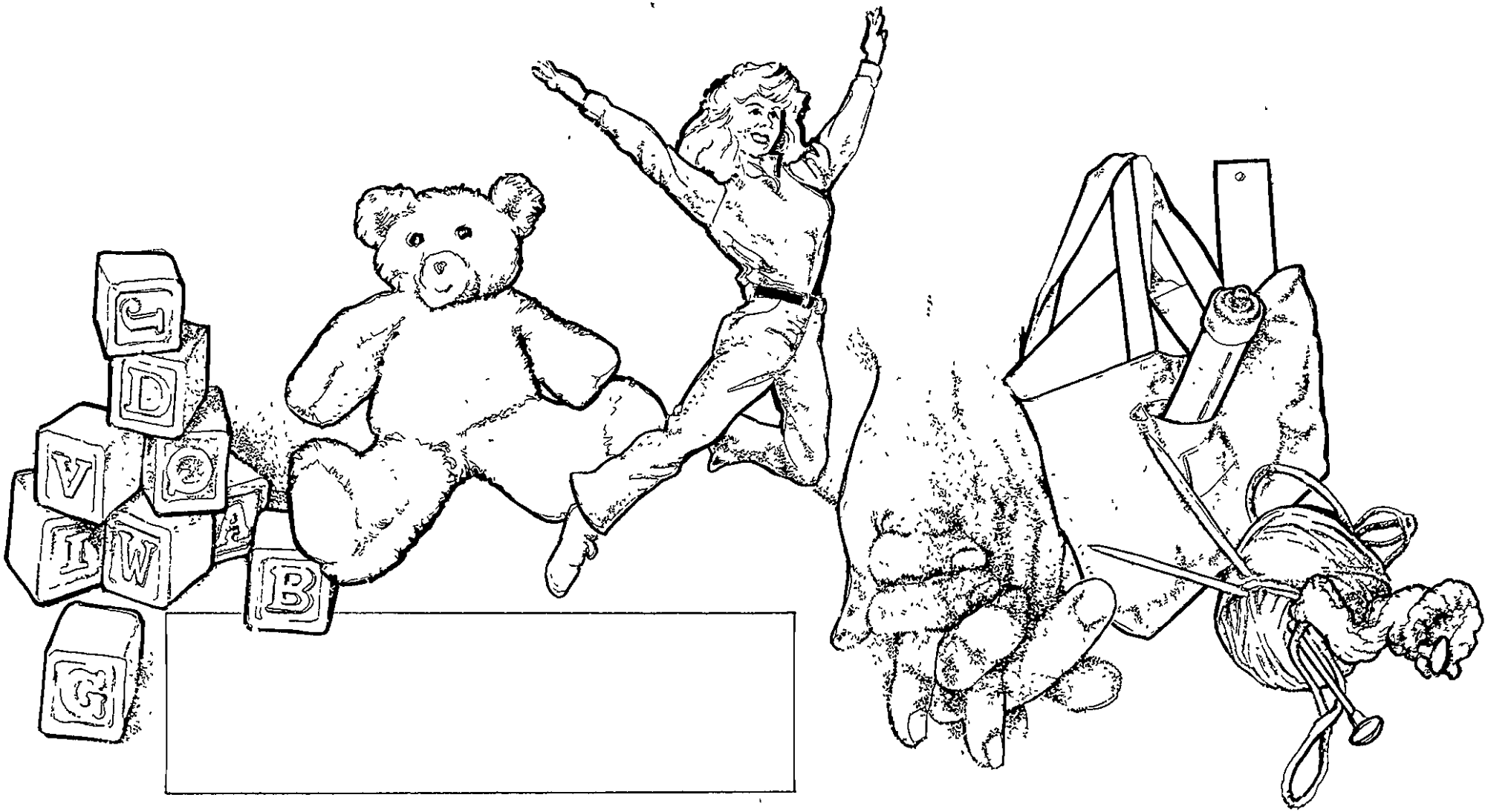
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