

# THE POWER SOURCE PARENTING PROGRAM

## INTRODUCTION

I want to change a lot of things from the way I was brought up. My mom was a good mom in her own way but some things she did wasn't right. When she used to get mad she always screamed and when we really piss her off she would hit us. I don't blame her at times because being a single mom raising two girls is hard and stressful. Now I'm a single mom facing that kind of stress with no money and no apartment of my own but I don't want to take it out on my child. Before I got pregnant with Franklin I was real bad. I never listened, was always sneaking out, getting into fights, getting high and drunk, doing mostly everything I wasn't suppose to do. I think it was because she really didn't pay attention to me. Well she did but not the way I needed. I want to do things different with my son. I want to be the kind of mother who is really there for her child.

18-year-old participant

Anyone who has spent time working with pregnant and parenting adolescents appreciates the enormous challenges they face including higher school drop-out rates, greater levels of depression, and increased odds of living in poverty compared to their non-parenting peers. While many adolescent mothers, particularly those with effective support systems successfully transition to adulthood, the path for many young parents is not as smooth. In fact, recent research suggests that premature parenting is often part of a larger constellation of risk factors such as aggression, risky sexual behavior, deviant peer involvement, and substance abuse. Until adolescents take control of their risk behaviors and develop the skills to effectively manage their emotions and risk behaviors, it is virtually impossible for them to become stable and effective parents. In this way, cycles of risky behavior are transmitted from generation to generation.

Yet despite these hurdles, premature parenthood presents a window of change for many high-risk adolescents. We have heard countless stories from youth who have turned their lives around by leaving gangs, ending their substance use, reunifying with family members, and drawing boundaries around abusive relationships upon learning they were pregnant. Changes they were unable or unwilling to initiate for their own well-being, they are inspired to do on their child's behalf. It is not unusual for a young person with a long history of street involvement to make lasting changes in order to be the kind of parent she never had. For many young people, pregnancy and parenthood reveal an unprecedented motivation and untapped resilience that

had been lying in wait. The Power Source Parenting Program outlined in this manual focuses directly on this moment of opportunity to empower youth to make lasting changes for themselves and their children.

*As you read through this manual, you will notice that we often refer to adolescent parents as “she.” In no way do we mean to underestimate the role of the father in the life of a child. But the reality is that the primary caretakers of most children born to young parents are mothers. And by far, the largest users of the Power Source Parenting Program (PSP) are young women. This does not mean that young fathers won’t benefit from the program – they can and they do. Some programs use PSP as their father education curriculum. And fathers are valued and respected in the program. In fact, we feel that PSP’s concerted effort to involve fathers in the lives of their children is a powerful and unique aspect of the program. Nonetheless, because the largest group of adolescents served by PSP is young women, you will find that we primarily use the pronouns “she” and “her.”*

### ***The Power Source Program***

Before introducing the Power Source Parenting Program, we would like to take a step back and briefly describe how this intervention for young parents came into existence because its history significantly influenced the type of program that evolved. In 2003, The Lionheart Foundation published *Power Source: Taking Charge of Your Life* to help at-risk adolescents and young adults develop the social and emotional skills that are the foundation of productive and balanced lives. These skills include managing intense emotions like anger, disrespect, and shame without resorting to violence or substance use, developing a cohesive sense of self, and examining intergenerational family patterns that often contribute to high-risk and offending behavior. In addition to these core developmental skills, youth utilizing the Power Source (PS) program are guided in developing the perspective taking and empathy skills that stand at the core of victim awareness. To date over 60,000 copies of *Power Source* have been distributed to over 4,500 programs serving at-risk youth.

The Power Source Program is utilized in a wide range of settings serving youth including detention centers, jails, community-based programs, public and private schools, residential treatment programs, outpatient clinics, and many other agencies serving this typically hard to reach and retain population. It is used both as an individual and group treatment program. In some instances, youth do not attend a structured intervention and are simply given the book to read on their own. The book has had a powerful impact on many youth for whom previous programming has had little impact. Below are letters from youth who read *Power Source* while in detention.

To whom it may concern:

I am a youth in a juvenile correction center in Richmond, VA. I started reading this book as a way to pass the time. Upon reading this book I was in a mind to kill myself. I am a kid of very high risks and destructive behaviors. I thought no one else in the world had been through the kinds of things I went through until I read this book. Now I don't feel so alone after reading other peoples' stories. I think this book has helped me a lot spiritually and mentally. Without this book I don't think I could overcome some of my situations. So if you could spare some extra books to this correction facility I would be pleased. I think other kids my age who have gone through bad things could relate to these situations.

16-year-old, Virginia

Your book has been an amazing help for me. I'm learning that I am a wonderful person. Despite all I have done to myself and friends and family. The exercises have been making me grow every time I repeat them. The meditation part has made me more clear and more mature. I've even told my mother about your book so she can give it to my brother who abused me. And she always thought I made my brother do those things to me. But she sees now we were both taught it through our babysitter. I've learned to forgive my brother and others who have hurt me. But most of all I've learned to forgive myself.

Thanks for being the one to show me who I am.

15-year-old, California

### *The Need for Power Source Parenting*

As our work with the PS program expanded, we came across a significant number of court involved and high-risk adolescents who were already parenting. What became clear immediately was that the lack of emotional regulatory skills and inclination toward risk that contributed to these adolescents' offending behavior also undermined their ability to be effective parents. Unfortunately, these risk factors which so powerfully interfere with a teen's ability to successfully navigate the demands of parenthood are rarely a central focus of parenting interventions. In reaching out to adolescent service providers, we began to understand that many young parents could be adequately served by the parenting programs already in existence. But as one director

of a large parenting program told us, “30% of the girls need something different. They can’t handle their emotions. They are constantly angry and fight with everyone. They get into serious trouble time and time again. *So those 30% of the girls end up consuming 85% of our resources.* And still, no program seems to resonate with them.”

The following excerpts are taken from the many letters we receive from youth who have read *Power Source* and give a sense of who the parenting program was designed to reach.

I’ve been in and out of lock up since I was 11 years old. It seems like no matter what I do, I still come back. This time I don’t have any more chances. I want to go home so bad. It’s frustrating! I had a baby when I was 15 years old. I didn’t understand how serious it was. Now I’m 16 and a lot of times I don’t like being a mom. I mean don’t get me wrong I love my son, but he is a lot of responsibility. Girls don’t have kids too soon.

16-year-old, West Virginia

My father was not around and when he was he would bring me something that he stole from someone else. So I was watching him and figure “Hey if he can do it, so can I.” So I would steal from the corner stores and steal loose change from my mom and stepfather. It got to the point where I got suspended from school 12 times in one quarter. Then as I got older I started to sell crack and weed. I’ve stolen cars, robbed people, jumped people and did everything that made me look hard. I had the mentality of “No one can stop me.” Now I have my girl one month pregnant. I want to be there for my child. I don’t want my child to grow up without his father. I’m 16 going on 17 and already I’m gonna be responsible for another human being for the rest of my life.

16-year-old, Illinois

### *The Central Role of Emotional Regulation in Parenting*

As we reflected on the youth served by the Power Source program, we realized there were two significant issues at play that virtually no other parenting program addressed from a skills development perspective: deficits in parental emotional regulation and parental risk-taking. Several programs touch on these topics such as handling stress and the dangers of drugs and alcohol, but few approached these topics with the depth and breadth necessary to truly

modify deeply entrenched patterns of risk and reactivity. The emotional regulation skills many at-risk youth struggle with such as handling frustration, impulse control, anger management, and distress tolerance are the very skills required to become nurturing and safe parents. It is nearly impossible to teach a child to self-soothe without having this capacity oneself. Just as it is highly unlikely that a teen will mete out deliberate, positive, and contingent discipline if she has trouble modulating her own anger. And we have found that teaching parenting skills, no matter how effective these skills may be, without first giving a young person the tools to manage her own emotions is like building a house on quicksand – the building might be structurally sound, but the foundation will have trouble supporting it.

For many high-risk youth, managing their feelings is a constant challenge not due strictly to their developmental stage, but because they did not experience models of emotionally well-regulated caregiving themselves. In their own childhood experiences, parental stress and anger resulted in verbal and physical abuse, partner violence, or caregivers who attempted to regulate their moods through drugs and alcohol. The youth we work with tell us constantly that they don't want to raise their children in the same emotional climate they experienced, but they don't know another way. One young mother in a group told us, "I wake up every morning feeling edgy and stressed. It makes it hard to be a patient mother. One bad thing happens and I snap." Feelings are viewed as events that happen *to you* in an often uncontrollable and capricious manner leaving one feeling helpless and hijacked as a result.

### *Targeting Parental High-Risk Behaviors*

The second central focus of PSP is risk-taking. Not surprisingly, there is a strong link between emotional dysregulation and engagement in high-risk behavior. Substance abuse, interpersonal violence, high-risk sex and stealing become the means by which some youth react to stress and fulfill their unmet psychological needs. In the Power Source Program, we refer to meeting these psychological needs through offending or high-risk activities as "entitlement behavior." The intergenerational transmission of antisocial behaviors is a complex and multidetermined process thought to include a range of environmental and genetic factors (Patterson et al., 1992). However, it is not difficult to imagine, as illustrated by the young father in the prior letter, how watching a parent steal, engage in physical or emotional violence, or sell drugs, creates a powerful blueprint for children.

We had been working with a group of young mothers who spent a year in a program designed to promote work-readiness. Most had gone through a remarkable transformation from being actively street-involved to responsible mothers ready for full-time employment. At the time, we were running three simultaneous groups and considered this group to be the most mature and goal oriented – committed mothers who were looking for some additional parenting strategies. Therefore we were surprised in the first week of the group when 8 out of 11 participants admitted to having stolen something from a store within the last seven days. Half stated that

they had been drunk or high enough to cause concern about their ability to safely care for their babies. And two had been on the verge of a physical altercation with peers while in the presence of their children. When we asked what they thought the impact would be on their children if they witnessed them stealing or fighting, they admitted it had not occurred to them. Once we discussed the likelihood that seeing a parent steal *even once* would send the message that stealing was acceptable behavior, all the parents made a pledge to stop.

This phenomenon happened over and over with various risk factors. For instance, many of the young mothers in a group did not think it was a problem for pornography to be on the television when their young children were awake in the house. Or they encouraged their children to hit when threatened by another child at school in order to deter bullying. In no way were the vast majority of these mothers unloving or unconcerned with their child's well-being. They simply were not convinced that these risk behaviors could lead to social, emotional or behavioral problems for their children. By introducing knowledge as to how risk is transmitted and perpetuated within the family, adolescent parents are empowered to modify their behavior and reduce the likelihood of their own children's causing harm to themselves and others. Beyond these unique aspects of PSP, the program also addresses the types of issues that all teen parents face such as creating healthy bonds to one's child and planning for the future.

### *Utilizing the Power Source Parenting Program*

In its entirety, PSP is designed to be used as a 13-week-group-based program. However, we understand that programs serving young parents vary widely depending on the types of services offered, the length of time young parents will be with the program, where services are delivered (homes, hospitals, schools, residential programs, etc.) staffing constraints, and budgetary demands. Therefore, we have designed PSP to be used across a wide range of treatment modalities and in a flexible manner (in groups, one-to-one, or read alone by parents). A few examples from the field might serve to highlight the adaptable nature of the program.

- A large community-based program in Massachusetts uses PSP as the **parenting education** component of their work entry program for young mothers.
- Teen parenting programs in Oregon incorporate PSP into their **life skills classes**.
- Nurses in Missouri use PSP during **home visits** with young high-risk families.
- Parent involvement coordinators at Head Start Programs in North Carolina are using the book at their **father support meetings**.
- Many high schools offering parenting programs to their students use PSP as a core curriculum.
- PSP is used as the primary **group-based parenting curriculum** in many Teen Living Programs in Massachusetts.
- Counselors in a **child abuse prevention** program in Florida read the book with young mothers in their homes.
- In many programs, PSP is made available through **lending libraries**.



# The Power Source Parenting Facilitator's Manual

A guide for facilitating programs based on the book

***Power Source Parenting:  
Growing Up Strong and Raising Healthy Kids***

■ **BETHANY CASARJIAN, Ph.D.**



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To order the book *Power Source Parenting*, The Power Source Parenting Facilitator's Manual or other resources offered by The Lionheart Foundation see: [www.lionheart.org](http://www.lionheart.org)

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# TABLE OF CONTENTS

	Introduction ■ 5
<b>SESSION 1</b>	Becoming Effective Parents ■ 29
<b>SESSION 2</b>	Handling the Stress of Parenting ■ 47
<b>SESSION 3</b>	Making a Tight Bond ■ 65
<b>SESSION 4</b>	Drugs and Other Risky Behaviors ■ 83
<b>SESSION 5</b>	Risk and Romance ■ 102
<b>SESSION 6</b>	The Baby's Father ■ 124
<b>SESSION 7</b>	Who Am I Really? An Introduction to the Core Self ■ 147
<b>SESSION 8</b>	Families: Where We Come From ■ 168
<b>SESSION 9</b>	Anger ■ 193
<b>SESSION 10</b>	Helping your Baby Deal with Feelings ■ 212
<b>SESSION 11</b>	Healthy Discipline Part 1 ■ 233
<b>SESSION 12</b>	Healthy Discipline Part 2 ■ 253
<b>SESSION 13</b>	Your Future ■ 273
	References ■ 293



- Family preservation therapists in Colorado use PSP in their work with teens whose children have been **removed from their care or are at-risk for removal**.
- The California Department of Transitional and Assisted Living **sends books to the homes** of teen parents receiving benefits.

There are many ways to use the PSP program depending on the needs and resources of your program. Our intention is that this manual will support your work with the young parents you are serving whether it is simply reading the book together with a parent in his or her home or facilitating the entire 13-week-group-based intervention. Although written as a 13-session intervention, with the alternative activities which are offered at <http://lionheart.org/youth/psp-guide>, the program can easily be extended. The realities of working with high-risk young parents such as engaging and retaining participants in services, adjusting interventions to meet the specific social and emotional needs of individuals and the constraints of time often dictate how, when, where, and why a program is carried out. It is our goal to offer a flexible, yet theoretically sound set of tools to strengthen and support your work.

### *Creating Change for Young, High-Risk Parents*

#### **Core Elements of the Power Source Parenting Program**

- Bibliotherapy
- Mindfulness Meditation Practices
- Cognitive Behavioral Therapy
- Parent Management Skills and Positive Discipline

#### *Bibliotherapy*

As we mentioned, therapy through books or bibliotherapy, is a fundamental aspect of all the programming created by the Lionheart Foundation. When we first decided to write the book, *Power Source*, people told us not to waste our time since at-risk youth represent some of the most reluctant readers on the planet. Yet, time and time again, we receive letters from youth who tell us that PS is the first book they have ever read cover to cover. One young man summed up youth's interest in PS perfectly when he said, "This is the first book that had anything at all to do with my life." To some extent the same holds true for PSP in the sense that the stories and issues resonate strongly with adolescent parents and engage them in the material. However, there is one notable difference; young parents tend to have significantly less free time for *anything* including reading than do detained or incarcerated youth who are sometimes in solitary situations for hours at a time. Therefore, we expect that fewer youth will pick up PSP and read it on their own without some staff involvement. That said, we have yet to begin one of our PSP programs in schools, community-based programs, or residential settings without two or three youth telling us, "Hey, I read that book!"

When we examined what was available in terms of parenting books aimed directly at this population, we found little that specifically recognized and reflected their unique social and psychological histories. We came across many books that addressed the “nuts and bolts” of parenting such as feeding, diapering, and child development, but nothing that discussed topics such as using parenthood as a chance to “get straight,” managing three-generational-living, and what to do if your baby is removed from your care.

Below is a story from PSP that gives a sense of the way the first person stories engage the readers and create a vehicle for discussion of some very challenging and emotionally charged topics.

I started drinking when I was 12 'cuz I was hanging out with an older crowd. Real fast it turned into smoking weed, but the alcohol was what really messed me up bad. Pretty soon I was drinking every day, sometimes before school. I'm ashamed of it now, but I was even drinking when I was pregnant with Riah. I knew I shouldn't because the doctors told me how it could hurt her, but even those warnings didn't make me change. When she was born, I was way stressed out. She cried all the time and I was drinking more and more to try and chill out and handle the stress. Those were the worst days of my life 'cuz you can't take care of yourself or a baby when you're drunk or passed out on the couch like I was. Even when I wasn't drunk, I wasn't really there for Riah 'cuz I was always thinking about when I could get a drink. My aunt is a recovering alcoholic and she got all up in my face about it. At first I was pissed off like she had no right tellin' me what to do. Then she threatened to call DSS if I didn't get help. I thank God for that now, but when I was drinkin' I just couldn't see the truth. I thought I controlled the drinkin', but really it controlled me. Worse than that, for a long time it messed up me being a good mother to my daughter.

Louisa, 19-years old

Pages 226 - 227

Over the years we have heard from many programs where the primary intervention involves reading the book with youth and discussing the content either individually or in a group setting. PSP is intentionally designed for this. For example, following Louisa's story, there is a brief psychoeducational statement that addresses the overt and hidden dangers of drug and alcohol abuse for both the parent and child. Directly after that, there is something called a **Stop and Think** exercise which poses a series of self-reflective questions to the reader (e.g., If you grew

up in a house where one or more of your caregivers was using, ask yourself how that felt; Were they able to show up for you as responsible parents?; Or did the alcohol and drugs prevent them from giving you the attention, safety, love and support you needed?; Did you grow up feeling cheated because of your parents' addictions?; Did you have to "act like the parent" sometimes?; Did it leave you feeling ashamed of your family or yourself?) If you are working with a youth individually through home visits or case management, reading the book together and looking at the **Stop and Think** exercises can provide a powerful tool in addressing and processing the skills and concepts found in PSP. This can also be done in group settings as a *Power Source Parenting* "Book Club."

### *Order of the Book Chapters vs. the Manual*

As you read through the table of contents of the book PSP you will notice that it is presented in a different order than the manual. This is primarily done to facilitate the group process in terms of establishing trust and choosing topics in the beginning that require less personal disclosure. However, if you are working individually with a parent and find that certain issues are pressing, it is perfectly advisable to "dip in" to the book, selecting the material that is most relevant to the youth's life.

Because teens and their children often have competing needs, we have found it helpful in the group intervention to focus primarily on the parent's needs and concerns before specifically addressing those of the child. Having a group that focuses initially on adolescents' issues such as losing one's social life, handling stress, and dealing with conflicts with the child's other parent engages participants and helps them come to terms with the fact that their babies' needs have largely eclipsed theirs in terms of priority. Focusing on youths' needs first goes a long way in engaging them in the program.

### *The Role of Mindfulness Skills in PSP*

As with all of the programs developed and produced by the Lionheart Foundation, PSP draws heavily from the field of mindfulness training as a means of improving emotional and behavioral regulation. The benefits of mindfulness meditation have received considerable attention in recent years. Mindfulness meditation has been associated with lowered depression relapse (Segal et al., 2002); reduced aggression in adolescents (Singh et al., 2007); reductions in substance abuse (Bowen et al., 2006); reduction in anxiety and panic (Kabat-Zinn et al., 1992); improvements in attention (Tang et al., 2007) and a wide range of other cognitive and emotional outcomes. Researchers have begun to adapt mindfulness practice for use with younger populations and early results bear promising findings. The new body of work suggests that mindfulness training is an effective approach in helping high-risk adolescents gain control of their behavior (Singh et al., 2007; Zylowaka et al., 2008), manage their anxiety (Semple et al., 2005) and control their weight (Singh et al., 2008).

## DEFINITION OF MINDFULNESS

“paying attention in a particular way: on purpose, in the present moment, and non-judgmentally”

Jon Kabat-Zinn, 1994, p. 4

So what exactly is mindfulness? Mindfulness is paying attention to one’s thoughts, feelings and body sensations in the present moment, without judgment (Kabat-Zinn, 1994). For many at-risk youth with deficits in emotional development and awareness, mindfulness meditation provides an opportunity to “step back” from the thoughts and feelings that are intertwined with their hasty and impulsive reactions to their environment and relate to them in a novel way. With practice, mindfulness leads to a shift in the relationship with one’s thoughts by allowing for a decentering and disengagement from habitual or reactive patterns of thought. Thus, instead of a thought representing an iron-clad truth which must be acted on, thoughts are seen as “just thoughts.” By simply observing one’s thoughts and feelings, individuals respond to internal and external events more reflectively. They are less locked on auto-pilot and have access to a wider range of adaptive responses.

There are many formal and informal activities that constitute mindfulness practices. Guided body scans, walking meditations, intentional eating, and selective listening are all typical practices that are easily adapted to adolescent populations and many of these activities are used in PSP. More formal mindfulness meditation typically involves sitting in silence with closed eyes and bringing one’s attention to the breath or more specifically, to a part of the body where the breath can be observed such as the nose and the sensations as the air enters and leaves the nostrils or the expansion and contraction of the belly. As the mind wanders from the breath, participants are instructed to simply observe that the mind has wandered and bring their attention back to the breath. The act of repeatedly and intentionally shifting the attention is thought to be a key mechanism in mindfulness meditation’s effectiveness in increasing the ability to intentionally direct and sustain attention.

Here’s an example of mindfulness at work. In one of our groups, a young mother told us how every time she saw her baby’s father with his new girlfriend, she would tell herself that he was a “good-for-nothing-low-life.” Other cognitive biases included thoughts such as “by seeing this other girl, he’s choosing her over his baby.” These thoughts would trigger her rage and feelings of rejection. Initially, when she would encounter the couple, she would react on autopilot, yelling and cursing. *In her experience, there was no other possible reaction – it arose naturally.* Her aggressive behavior drew negative consequences from staff at the shelter where she resided, upset her child, and drove the father away to the point that his interaction with his child was almost non-existent. After learning mindfulness techniques

in PSP such as *Freeze, Breathe, And Choose*, the mother was able to step back from her thoughts and create distance between the trigger and her response. For the first time, she was able to slow the chain of events (situational trigger, cognitions, emotions, and behavioral response) and shift her role from “thought victim” to “thought observer/participant.” The space provided by the breathing exercises helped calm her physically and enabled her to better regulate her emotions. Finally, she was able to respond to the circumstance with greater intentionality.

A growing body of work also suggests that training in “mindful caregiving” or heightening the attention given to moment-to-moment child-caregiver interactions, may improve the parent-child bond, increase children’s prosocial behavior and reduce parenting stress (Cohen & Semple, 2010; Singh et al., 2010). In PSP there are many different types of mindfulness skills, but all of them have the same underlying purpose – to increase young parents’ awareness of their emotions and thoughts and encourage an understanding of how these experiences impact their interactions with their children. Each PSP session includes at least one mindfulness exercise. For example, mindful diapering and mindful washing stress the importance of using gentle touch with their children (an experience that most young parents did not have with their own parents). Other exercises include “mindful voice” and “mindful face” activities to help increase parents sensitivity and awareness to the tone of voice and type of affect they use with their babies.

## MINDFULNESS PRACTICE VS. MEDITATION

**Mindfulness practice** refers to any activity such as *walking, eating, breathing, body scanning, listening, seeing* etc. in which an individual is paying attention in a deliberate, non-judgmental, present focused way.

**Meditation** in this program refers to the formal practice of sitting meditation in which one sits in silence paying attention to the breath as it enters and leaves the body.

Many high-risk youth coming from disorganized and abusive homes themselves are at risk for developing impaired attachment with their children. We have heard young mothers talk about how their own mothers used “rough touch.” Legacies of these upbringings include the beliefs that crying babies need to be ignored so they don’t become spoiled and that spanking is the only way to keep control of your child. A large body of research informs us that these harsh and insensitive practices undermine healthy and secure attachment. To complicate matters, many young at-risk mothers are so distracted by their own internal experiences, particularly trauma reactions, that they are not attuned to their infants’ cues, further undermining positive attachment.



To address these attachment issues, PSP uses a multipronged, mindful-caregiving approach to increase parental sensitivity and attachment. First, mindfulness practices are used to help young parents become aware of their own body sensations, thoughts and feelings in an effort to increase emotional regulation. The theory being that emotionally regulated parents are more in control and better able to implement the parenting strategies presented later in the curriculum. Participants are also given practice “tuning in” to their children’s thoughts and feelings. As participants gain practice putting themselves in their children’s shoes, their behavior becomes more responsive and less intrusive.

Practice in these mindfulness activities also increases a participant’s ability to shift her perspective from her own needs to her child’s, increases her empathy toward her child and lays the foundation for a sensitive and nurturing bond to develop.

### *Cognitive-Behavior Therapy*

Cognitive-behavior therapy (CBT) has been shown to be effective at treating a wide variety of high-risk behaviors among youth. These interventions typically teach non-violent problem-solving skills to manage interpersonal situations through role-modeling, practice, feedback, and a reinforcement system. CBT specifically addresses the cognitive biases that many aggressive youth engage in and provides guided opportunities to generate increasingly adaptive and viable solutions in potentially conflictual situations. CBT has been found to effectively treat the behavior symptoms at-risk youth demonstrate such as anger (Beck & Fernandez, 1998) and substance use problems (Robert-Lewis et al., 2009; Waldron & Turner, 2008). These interventions help youth in identifying triggers, using coping self-statements to reframe the situation, relaxation skills, and rehearsal of adaptive social skills.

CBT serves as a fundamental mechanism of change in the PSP program. Whereas mindfulness practices help youth change their *relationship* to their thoughts (decentering and distancing), CBT guides youth in changing their thought *content* through reducing cognitive distortions and replacing irrational beliefs. For example, in PSP youth are asked to examine cognitions that lead to high-risk sexual and substance abuse behavior such as: “I’m not going to get HIV from not using a condom this one time; He looks healthy, so he must be safe; I’ve had a bad day, I deserve to get high; My baby can’t tell the difference whether I’m drunk or not.” By replacing these distorted and sometimes dangerous cognitions with more accurate representations of reality, participants gain greater control over their behavior and reduce their risk involvement. Examples of CBT in PSP include: role plays that examine high-risk situations and prosocial solutions; games exploring cognitive biases about relationships, sex, substances abuse and identity development; and team building exercises that increase participants’ knowledge base about risk behaviors. In addition, most sessions include a “Cool Thoughts/Good Move” list which participants read and discuss. Cool Thoughts are essentially coping statements that help participants reframe a situation and reinforce prosocial behavior. Good Moves provide a repertoire of behavior strategies that promote safe alternatives to potentially risky situations.

Cool Thoughts	Good Moves
"I deserve to be loved and valued - no matter what"	Go slow. Really get to know the person before you get too serious
"My baby deserves better than this"	Listen to what people say about him
"Seeing violence teaches my boys to be violent with women"	Use your parent radar to figure out if the person is safe
"My mother accepted violence in her life and we all paid the price"	Freeze, Breathe, and Choose before you decide to have sex
"As long as I'm with an abuser, I'm <u>not</u> with a decent guy"	End the relationship at the first sign of abuse (see page 85 in PSP)
"Being on my <u>own</u> is a thousand times better than being with an abuser"	If a situation gets violent, try and cool things down. Do it for your baby!
"I owe it to my baby to keep him or her safe"	Have a bag packed. Have a safe place where the abuser can't get you
"Seeing violence actually releases chemicals that hurt her brain"	Get the yourself and the baby OUT of the house if violence happens
"My baby needs a strong, healthy mother"	Call the police and get a restraining order if you have to
"Abusers don't change unless they get a lot of help"	Get a geek (Genuine, Emotionally Mature, Eager to work, Likes Kids!)
"Being in a violent relationship teaches my baby it's ok to get hurt"	Your body belongs to you. Don't let people touch it in ways that make you uncomfortable

### *Integrating Mindfulness Practices and Cognitive Behavioral Interventions*

It has been suggested that mindfulness training and CBT are complementary and synergistic interventions (Teasdale et al, 2003). Although the practice of mindfulness meditation advances no particular goal (non-striving) and encourages acceptance of reality as it is, investigators have established that relaxation is a common outcome (see Baer, 2003 for a review). For the population served by PSP, emotional and physiological stress is extremely common. Histories of abuse, ongoing domestic violence, living with the strain of poverty, managing the demands of parenting and adolescence are just a few of the stressors young parents must contend with. These stressors are linked to impairments in both cognition and affect regulation. As participants gain

greater skills in slowing down, observing their thoughts, and reducing their emotional reactivity, it becomes more likely that they will identify the irrational beliefs that lead to risk behavior. In a sense, mindfulness training creates a quiet platform from which cognitive-behavioral strategies can be launched.

## IMPLEMENTING THE PROGRAM

### *Length of the Course*

The manual is written as a standardized 13-week-facilitator-led group intervention divided into sessions of approximately one and a half hour hours each. Despite the fact that PSP uses many modalities within each session including writing activities, games, mindfulness skills, and group discussion, we have found it difficult to keep young parents' undivided attention for longer than this. Each session consists of rationale sections describing relevant theory and research, detailed explanations of the activities, handouts, and a list of materials needed. In addition to the core exercises, most sessions include optional activities which can be used to lengthen the sessions or to create additional sessions, allowing for a more expansive processing of the materials.

### *Number of Participants*

Although there is no set number of participants for PSP groups, given group management issues, the emotional needs of young parents, and the degree of involvement required of participants, a cap of 10 is recommended. That said, we have run PSP groups in schools where there have been close to 20 participants. However, as the number of participants increases, so too should the number of facilitators in the room.

### *Pregnant Versus Parenting Teens*

In many of the programs where PSP is used, there is a mix of pregnant and parenting teens. Though we never restrict parenting teens from participating in PSP, we have noticed a large discrepancy between the two groups in terms of the way they perceive parenthood and make use of the material. Whether teens acknowledge it or not, being pregnant is all about **them**. For many, pregnancy confers special status at home, at school, and with friends. Their health, their comfort, and their wishes are paramount. Some may never have received so much care and attention. However, once the baby arrives, the young parent's needs and wants take a back seat to those of the child. We have repeatedly seen the "maybe for you, but not for me" looks on pregnant participants' faces when we discuss changes in the father's attitudes after the baby arrives, or the isolation they feel when their friends stop coming by. Adolescent egocentrism causes most pregnant teens to assume that the fate of their peers will not be theirs. This developmental lens informs them that they are special and unique. And then the baby comes. We don't dissuade pregnant teens from participating in the PSP groups. Just know that it will be a very different experience for them.

## *Rules*

We keep the session rules or guidelines simple and similar to those used in most group interventions with adolescents. Participants generate a list of rules during the first session and facilitators write them down on a large sheet of poster board. Typical rules include:

- What is said in here stays in here
- One person talks at a time
- Be respectful
- No shouting
- You have the right to pass during an exercise
- NO PHONES!

The rule that causes the most chafing is the **no phone in the session policy**. The problem with phones of course, is the powerful inclination to “text” at the first sign of boredom or unease. In some of the groups we facilitate, the mothers are off site from their children. They often insist that they need to have their phone on in case the child care workers need to reach them. What we suggest instead is making sure that participants give the facilitator’s phone number to the people responsible for contacting parents should there be an emergency. This sounds complicated but it means that there won’t be cell phones going off or texts coming in during the session. Because this issue is so salient in all the groups and requires constant monitoring, it’s good to assign one facilitator to carry it out. This facilitator should be the support, rather than the primary facilitator – roles we discuss shortly. Another effective option is to have participants put their phones in a bag upon entering the room and retrieve them upon leaving.

## *Confidentiality*

Working with young parents means serving two potentially vulnerable populations: the adolescent mother (or fathers in some cases) and her child. In the first session of every PSP group, it is the facilitator’s responsibility to discuss the importance and limits of confidentiality. Because many PSP groups are held in residential settings, adolescents are often concerned about other participants “knowing their business.” Although nothing a facilitator says can replace the trust that evolves in a group slowly over time, it is important for the facilitator to stress that whatever a participant says in group is belongs to her – whatever she hears belongs to the group and shouldn’t be repeated once she leaves.

Many adolescents fear disclosing information that might lead to a referral to a child welfare agency. Or they will deny the existence of partner violence for fear that staff will restrict visitations with the boyfriend or baby’s father. This is challenging for PSP facilitators because some participants will deny ever feeling angry toward their children or highly stressed out of concern that this disclosure will prompt a referral to a protective agency. However, the very purpose of PSP is to help participants identify and modulate these difficult emotions. Facilitators therefore must

walk a line between normalizing these thoughts and feelings by underscoring that all parents share these experiences to some degree and determining when these thoughts or feelings might precipitate dangerous behavior toward self or child. When in doubt, it is best to err on the side of protecting the safety and well-being of the adolescent and her child. If possible, approach the participant and explain your concern for her safety and describe your plan to help keep her and her child safe whether it's contacting the appropriate staff within the agency or placing an outside referral.

The following situations are explained to participants as times when facilitators are required to break confidentiality:

- We are concerned someone might hurt you.
- We are concerned you might hurt yourself.
- We are concerned that you might hurt someone.
- We are concerned that someone might hurt your baby.
- We are concerned that you might hurt your baby.

## FACILITATORS

### *Suggested Number of Facilitators*

We recommend having a minimum of two PSP facilitators conduct each group for several reasons. First, the logistics of running any well-organized group, from making handouts to getting the snacks ready, lend themselves to more manpower. Second, it's helpful to divide the teaching and activities to provide some variety. But the most compelling reasons for using a dyad have more to do with modeling healthy communication skills and maintaining order within the group.

### *Role of Facilitators*

Shortly, we'll address the differences between some of the groups utilizing PSP and how these differences impact the program. For some of the highest-risk young mothers, particularly those with histories of externalizing disorders such as Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Attention-Deficit/Hyper Activity Disorder (ADHD), as well as those with histories of trauma, running an organized, cohesive group can be a challenge. Because PSP is a skills-based group, meaning that at the end of the 13 weeks participants should be able to identify and use specific skills to regulate their emotions and be more effective parents, PSP contains a significant amount of training and practice. If participants are texting, talking to their peers, or frequently leaving the room, there is little hope these skills will be acquired and maintained.

We appreciate that many programs will have one facilitator to lead groups. However, in our experience the optimal model includes included three facilitators: the lead facilitator and two support facilitators. The lead facilitator is responsible for the bulk of the teaching. This doesn't mean other facilitators can't step in and present various exercises or clarify material presented by the lead facilitator, but by and large, the lead facilitator is responsible for getting through

the session material, keeping track of time, and making executive decisions. This person is responsible for duties outside of the group such as texting participants and organizing handouts or assigning these jobs to another facilitator.

One support facilitator is responsible for helping keep order in the group. Should it be necessary for a participant to leave the room, this facilitator is able to attend to the needs of that participant without derailing the rest of the group.

The second support facilitator is the person responsible for organizing and leading all of the mindfulness activities. Although this role can be filled by either the lead facilitator or the support facilitator, it's nice to have a person whose primary responsibility is to attend to the mindfulness exercises such as the breathing exercises, visualizations and mindful parenting activities. This also works well from a practical perspective. As the program progresses, several times during each session, a bell is rung and participants are asked to engage in the Freeze, Breathe, and Choose sequence. It is helpful if this is done by someone other than the lead facilitator. Again, the program can easily be run by only one facilitator, but our experience suggests that more progress can sometimes be made in each session with additional support.

### *Relentless Positive Regard*

Irrespective of the specific role one assumes, all Power Source and Power Source Parenting facilitators are encouraged to adopt what we refer to as “Relentless Positive Regard.” Anyone who has worked with high-risk adolescents appreciates how many are skilled at testing limits, pushing buttons, splitting facilitators, and evoking strong (and not always positive) emotions. Many youth are uneasy trusting and use negative behavior to drive people away in self-defense. The truth is that these methods are often very efficient in frustrating even the most seasoned and committed professional. But PSP promotes a way of perceiving and relating to the youth we serve based on the model of the Core Self. This model of Self conceptualizes the fundamental nature of all human beings as good, worthy, wise, kind and decent. Childhood experiences of abuse, neglect and interpersonal violence often separate people from these qualities, but the Core Self remains intact and undamaged no matter what. We liken it to a radio station. Sometimes we just hear a lot of static, but that doesn't mean the station is gone. It's still there, waiting for us to “tune in” to it.

Seeing the Core Selves of the young people we work with is simply a choice we make each time we walk into the room. It's a decision to see the light instead of the lampshade. And this “relentless positive regard” applies not just to the facilitator-participant relationship but to the parent-child relationship as well. Beyond a child's outward negative or even destructive behavior, there is an unalterable Core of goodness worthy of love.

### *Class/Culture Issues*

The next two facilitator issues, namely those concerning class/culture and personal disclosure are closely related in that selective personal disclosure can often effectively address some of



the class and cultural tensions that arise when participants and facilitators are of different backgrounds. Parenting practices are largely influenced by class, ethnic, racial, and cultural factors (Spicer, 2010; Supplee et al., 2009). During an early examination of the feasibility and acceptability of the PSP program, participant biases about the social and economic forces shaping their parenthood emerged strongly. One participant expressed her chagrin that her children didn't act "more White," erroneously equating child compliance with race. Other young parents initially expressed beliefs that only middle class parents had the time and energy to use the positive parenting practices taught in PSP. One girl argued that Dominican mothers use "rough touch" and nothing would change that.

Only by respecting and explicitly addressing the cultural and social beliefs that underlie many parenting practices can real and lasting change be effected. This issue is particularly salient when it comes to corporal punishment. Many programs teach that spanking is a harsh and abusive practice that does harm to children and tends to increase externalizing behavior. But what these programs fail to do is explore the hidden beliefs that participants hold about the practice. By taking off the table a practice, such as spanking, that is openly embraced by a group and one in which a certain utility is perceived, a rift begins to form between participants and facilitators. PSP addresses these cultural and social patterns through game playing, motivational interviewing, and open discussion. Well documented social learning theories are explored and the consequences of using verbal and physical punishment are laid out in clear practical terms. By encouraging participants to take a closer look at their beliefs without shaming or judging them, PSP empowers participants to explore any ambivalence about these practices and motivates them for change. Thus, participants can step back from cultural, racial, or social influences and choose effective parenting skills based on their short and long term parenting goals.

### *Disclosure*

Many youth programs advocate limited facilitator personal disclosure. And in fact, we take this position in Power Source, encouraging facilitators to constantly refer back to the central themes of the program when asked personal information. For example, a PS facilitator faced with the question, "Have you ever broken the law," might respond with, "We're here to help you keep *your* power so you don't end up back in a place like this (DYS). Anyone who breaks the law runs the risk of getting caught and losing their freedom, and right now we're working on you making the choices that will help you keep your power and control."

However, this isn't the case with PSP. If you are a facilitator who does not have children, just be honest. Not having children in no way undermines your ability to effectively lead the group. However, if you do have children, we encourage you to selectively share some of your personal experiences when appropriate. This is especially important if you are from a different ethnic, social, or racial background as the participants. Many young, high-risk adolescent parents



hold the belief that there are too many barriers to raising their children the same way people with more resources do. And it is important to acknowledge that people with more means do have greater access to health care, decent schools, adequate nutrition, and safe neighborhoods, which facilitates positive parenting.

But many young parents have carried feelings of “learned helplessness” from other domains of their lives into their parenting. They feel overwhelmed and incapable of the type of parenting that leads to positive child behavior. This is also connected to the belief that parenting is easier for older, educated, and more stable mothers. And to a large extent this is true. But parenting is hard for everyone and it is crucial that participants understand this commonality. It’s not just because they are young, poor, and marginalized that makes it hard. Parenting is hard, period. And it’s hard for **everyone**. Sharing a facilitator’s experience, frustration, and anger toward their own children is a valuable insight for participants. It not only normalizes participants’ feelings, but it demonstrates that one can have these feelings and respond with a wide range of effective, prosocial responses. Participants come to see that even though facilitators sometimes feel angry or frustrated, by using the skills taught in PSP, they can respond in emotionally regulated ways that foster a better relationship with their children, partners and parents. So the question, “Do you ever scream at your kids when they make you mad?” might get the following PSP response: “Most mothers, including me, have screamed at their kids. But I really try not to do it because I know it doesn’t work in the long run. Time outs work. Counting and consequences work. I also do Freeze, Breathe, and Choose before I say or do anything. That helps me scream a lot less.”

### *Facilitators and Mindfulness*

Unlike other interventions, programs that incorporate mindfulness ask facilitators to “practice what they preach” (Segal et al., 2002). Without having first hand experience of a mindfulness practice, it is virtually impossible to inspire another to develop one. Therefore we encourage all PSP facilitators to develop an ongoing meditation practice. This is a good idea even when not running a PSP group as the payoffs of a regular practice are well-documented in terms of mental and physical well-being. But establishing and maintaining a practice is a necessity when conducting PSP groups. First, engaging in a routine practice lengthens your own “emotional fuse” when working with what can sometimes be a challenging population. It prevents the knee jerk reactions to stressful situations that can undermine a group’s trust and take time to repair. Secondly, by having a practice, you become a walking ambassador for meditation – a model of the benefits of slowing down, paying attention, and showing up in the world with more patience and compassion. Robin Casarjian, the founder of the Lionheart Foundation, sums it up best when she says, “I have never been inspired to meditate by people telling me to do it, only by people who are doing it themselves. It’s because I want the peace and calm presence they have.” There are many excellent CDs in the mass market such as Jon Kabat-Zinn’s *Mindfulness for Beginners* and Jack Kornfield’s *Meditation for Beginners*.

## A FEW MORE POINTS ON PSP GROUPS

### *Differences between Groups*

One of the first things we learned in our work is the heterogeneity of adolescent parents. For example, some of the young mothers we've served have come from working class families who were in a position to support the teen financially and with childcare, enabling her to finish high school and sometimes even go to college. These adolescents tended to be motivated to succeed and were well disposed to utilizing the resources available to them both within and outside of group. At the other extreme were young mothers who grew up living in a succession of foster families, shelters and group homes. These young women tended not to have a stable support system, relied on the state for housing and food, and some seemed less goal directed regarding their futures. Of course these are generalizations, but the point is that there can be significant developmental gaps between groups. While the young women we've worked with share many similarities including a desire to love and provide for their children, there are also notable differences in terms of emotional regulation and involvement in risk behavior.

We mention these differences for several reasons. First, some of the exercises will be a better fit depending on the group. For example, less traumatized and older teens have had extremely positive experiences with longer sitting meditations. Some requested it at the start of each group saying it "was one of the few times in their day that was just for them." If this is the case, we encourage you to adapt the program to practice more sitting meditations where the focus is on the breath. More specific guidelines will follow. Risk behavior is another example of this. Some youth, especially those who are still street involved or connected with those who are, may be engaging in higher levels of risk behavior such as sex for money, selling drugs and stealing. Specific, concerted attention should be paid to these behaviors and the impact they have on their children. As a note, we have learned not to assume that because a group appears to be functioning at a higher level that they are not engaging in risk behaviors.

### *Why We don't have Babies and Children in the Room*

There are many interventions that include participants' children as part of the intervention and there are very good clinical reasons for this. Having both the mother and child in the room allows facilitators to observe interactions, model attuned care giving behavior, and provide feedback. But because PSP is predominantly a skills-based, emotional regulation intervention, our focus is largely on the adolescent. We believe that the more automatic and rehearsed these emotional regulation skills become, the more they will generalize to her care giving practices. It is a challenge to have a teen parent focus on acquiring these skills while tending to the needs of her child.

### *Use of Technology*

This generation is one of the first for whom technology is a native language. And while nothing can replace the face-to-face interactions that occur during group or individual sessions,

technology can be a powerful approach to treating younger populations (Riley et al., 2008). At the end of each session outline, there are a series of texts which can be sent in between meetings. The texts are designed to reinforce the main themes of the previous session. Examples include positive coping statements such as: *Tell yourself what an AWESOME mom you are every time you put your baby's needs first!; You have the power to keep your baby safe from risk. Take a moment and thank yourself for being an effective, loving parent!; and No matter what kind of family I come from, I have the power to create a safe and loving family for my child right now.* Texts also include reminders to practice the emotional regulatory skills learned in the program: *Each time you feel stressed, Freeze, Breathe and Choose. Breathe slowly backwards now from 4 to 1. Notice any changes in your body; Take a moment right now to take 4 calming breaths. When you are finished you can go back to your day.* Only one text is designed to elicit a response from participants. This is an abbreviated version of the Emotional Weather Report, which asks them to identify their feelings, the valence of their feeling, and their response to their feeling.

### *When Something Isn't Working*

There are many reasons why exercises don't work on a particular day, with a particular group. Some exercises we've yet to see fail, but others depend largely on the make-up of the group. And typically, when exercises are met with resistance it is because they clash with participants' self or world view. An example of this is when we examine the issue of abuse and neglect. As mentioned previously, there are often significant differences in participants' attitudes and beliefs toward maltreatment depending on teens' own abuse history and culture. For some mothers we work with the message, "hitting your child is not okay" is an already accepted and internalized concept. But for those who have come from families where corporal punishment was the primary means of controlling children's behavior, this message might be dismissed as unrealistic. As you work with some of these exercises you might sense resistance growing before your eyes.

### *Using the Decisional Balance Chart to Handle Resistance*

If open resistance to a concept occurs, we recommend that you stop and take a step back, meeting the group at the lowest common denominator and examining members' beliefs in a non-judgmental way, clarifying their answers, and probing for more details. This is a rough adaptation of Motivational Interviewing (MI) (Miller & Rollnick 2002) where individuals are primed for change by creating ambivalence around existing behaviors, particularly those posing potential harm. With MI, participants are guided in looking at the pros and cons of destructive or harmful behavior. The field of motivation has long recognized that lasting change must be initiated from within. As soon as an exercise starts to get a lot of "push back" from participants, we recommend drawing a decisional balance chart on a white board and filling it in together. Let's take the case of spanking as an example.

In PSP there are some True/False games examining the negative fallout of abusive and neglectful parental behavior. Many participants are confused as to whether slapping a child's hand

when the child hits someone or touches something dangerous constitutes abuse. When this ambivalence arises, rather than telling a participant unequivocally that spanking of any kind is wrong, we pause in the exercise and write a decisional balance chart like the one below and fill it out with participant generated responses. At the end of the exercise, we would explore some of the ambivalence generated by the chart and ask participants where they stood on the issue at the moment. Below is an example of a decisional balance. These do not need to take a large amount of time and can be used at any point in the curriculum to help participants who are in the “pre-contemplation” and “contemplation” stages of change (Prochaska & DiClemente, 1986) to begin examining some of their beliefs and weigh the pros and cons of various positions. The visual nature of the charts is also very helpful in organizing information for participants in a compelling way. Finally, the fact that the answers are generated from the youth helps them “own” the chart in a way that’s different than being “fed” answers from a facilitator.

*Decisional Balance Chart*

WHETHER OR NOT TO SLAP YOUR CHILD’S HAND

Pros of Slapping Hand	Cons of Slapping Hand
<p>Makes kid stop now Shows that you “mean business”</p>	<p>Could hurt child Scares him Makes him not trust you Might learn to hit others Might hit you back You might get used to hitting him Makes you a hypocrite for telling him not to hit Feel bad about it afterwards Doing things your parents did to you that you didn’t like</p>
Pros of Not Slapping Hand	Cons of Not Slapping Hand
<p>Use more effective discipline like GRIP Feel like you are an effective parent Child will still trust you Teaching him the right way Set good example of how to treat people</p>	<p>Some kids might think you’re weak or you don’t mean it Might touch stove and get really hurt</p>

*When completing decisional balance charts, it's helpful to ensure that the prosocial responses (in this case the "Cons of slapping hand" and the "Pros of not slapping hand" outweigh the numbers of behaviors in the more harmful boxes.*

### *Centering the Group*

Sometimes it's not the exercises that need adjusting, rather, the energy level or focus of the group that requires redirection. PSP is created so that there are many transitions during a session to help more active members release some of this energy. But there are times when the entire group can benefit from centering or grounding. An effective technique for this is to **use a meditation bell or other soothing noise such as a rain stick**. Meditation bells can be easily obtained through the internet. We don't recommend clapping, whistles, snapping or any other potentially jarring sound as this will work in opposition to instilling a relaxation response. Whenever the group becomes too restless or unfocused to be productive, ring the bell and guide participants in one of the guided breathing techniques used in PSP. For instance, participants might use the "**comfort pose**" which involves putting one hand over their heart and the other on their abdomen and "feeling their breath through their hands."

Other physical grounding techniques include asking participants to **rub their thumb and forefinger together** and then squeezing them together for five full breath counts (an in breath and an out breath constitute a full breath count). Another physical grounding technique involves having participants **press their feet into the floor**, paying close attention to where they feel pressure on their feet. Ask members to slightly shift the pressure they apply downwards and notice the changing sensations. After using these grounding or centering techniques, remind participants that these can be used any time their feelings or thoughts get "highjacked" meaning that they notice themselves being swept away by strong thoughts or emotions. Focus on neutral sensory stimuli offers a stable, grounding force to channel emotional arousal.

### *Final Thoughts*

Working with young parents is a rich and powerful experience. As mothers, we often marvel at the perseverance, resilience, and hope that participants bring to the monumental task of mothering. We have a deep and profound respect for the young mothers and fathers who, often with little guidance and support, try and lift themselves and their children toward a better life. Time and time again, we have been privileged to work with young parents determined to break cycles of addiction and abuse and watched them use the skills in PSP to do just that. We hope the material you find in PSP supports the meaningful work you are already doing, and provides new avenues and resources to strengthen this mission.