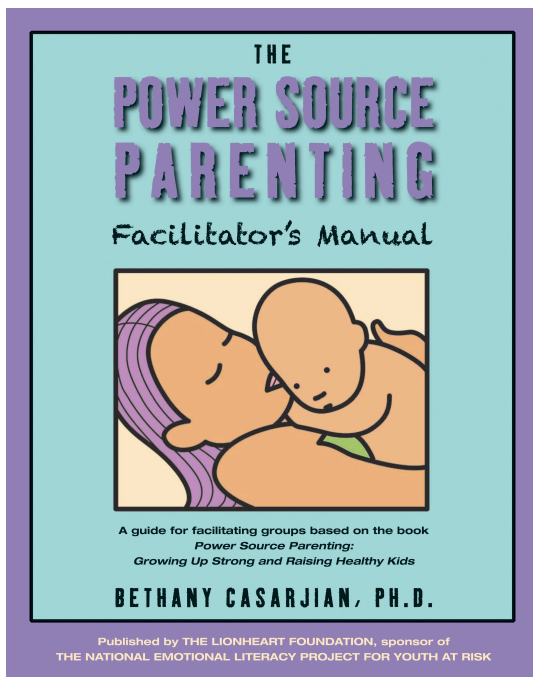


# The Power Source Parenting Facilitator's Manual Supplemental Material

## Extended Rationales, Exercises and Worksheets

Bethany Casarjian, Ph.D.



Published by The Lionheart Foundation, sponsor of  
The National Emotional Literacy Project Youth at Risk for

Copyright © 2011 Bethany Casarjian

Published by  
The Lionheart Foundation ®  
P.O. Box 170115  
Boston, MA 02117  
Sponsor of  
The National Emotional Literacy Project for Youth at Risk

[www.lionheart.org](http://www.lionheart.org)

Full permission is granted to photocopy all worksheets  
for use with *Power Source Parenting* within your program.

Cover Art © by Jan Gerardi  
Interior Illustrations: Elize Nazelie Casarjian  
Interior Layout: Lilian Rosenstreich

## **Session 1: Becoming Effective Parents**

### **Session Rationale:**

*By being a young mother I can't do the things I used to do. Now when my friends call me to go out I can't because I never have a babysitter. It really gets to me sometimes because I feel like I really do need a break just to have that time for myself. Being at work all day then coming home and taking care of my son is tiring and sometimes I don't know what to do. But I just suck it up and deal with it because that's the responsibility I chose. Its really hard because I have bills now and having to buy all the things that my son needs. I thought it was going to be easier, because I never thought my sons father would be in jail for 2 years and me by myself. I'm not saying I regret having my son because I love him but I wonder what my life would have been like if I had a chance to grow up a little slower.*

*18-year-old participant*

*Well a lot of people keep asking me don't you think you were too young to have a baby, don't you think you made a mistake. It actually really bothers me when people say that especially people that I don't know. I'm not saying that I regret having my daughter but I do regret that I didn't wait. Yes I made a mistake but by having my daughter a lot of things changed in my life. I feel that I could've waited, continued going to school, graduate, get prepared for my license. I also would have been able to go to beauty school without having to work. Don't get me wrong I love my daughter but by having my daughter at a young age makes me feel like I lost my teenage years. But a least by having my daughter I don't do a lot of stuff that I did wrong like getting high all the time and stealing. I think that if I didn't have my daughter to make me realize I would've had the worst name out in the streets and I wouldn't be as mature as I am now.*

*17-year-old participant*

The journal entries above illustrate the ambivalence many adolescent mothers feel about their new role as parents. On one hand, motherhood makes it more difficult to achieve goals and transition into productive adult life. And yet for many high-risk youth, motherhood represents a turning point or a window of opportunity in reclaiming their lives. Becoming a mother is a life-altering event regardless of when it occurs in the life cycle, but the experience can be particularly challenging during adolescence before youth are socially, emotionally, and financially equipped to take on this role. From a developmental perspective, the typical stage salient tasks of adolescence include identity development (figuring out who they are), future orientation (figuring out where they're going), and establishing a social network (figuring out who they'll be with). Other tasks include autonomy development and establishing educational and career goals. These are comprehensive and time-intensive tasks and place the vast majority of adolescents' attention on themselves and their own needs.

Parenting by its nature, however, is largely "other-focused". Perhaps the most demanding human endeavor of all, it requires not just time, resources and

energy, but sacrificing one's own needs in the service of one's child. As a result, premature parenting can be developmentally disadvantageous for both the teen and her child as their competing needs often leave both underserved (Coley & Chase-Lansdale, 1998). Furthermore, adolescence is a time of increased focus on a social network that exists away from the home (Micucci, 1998). It is through these relationships that adolescents further define who they are and their role in the world (Erikson, 1950). But these relationships take time to build and sustain. Babies, on the other hand, thrive in child-focused homes where their needs and schedules take precedence. To the extent that teens seek novelty, babies tend to do well with structure and consistency, meaning that the adolescent parent's needs and those of her child are not always in alignment.

The transition to parenthood is monumental with virtually every domain of one's life altered. It's not surprising that the type of self-sacrifice that effective parenting requires is often most difficult for the subgroup of teens who enter early into motherhood (or fatherhood). Not uncommonly, these adolescents come from families where their own nurturance needs went unmet. Many have babies for "someone to love them unconditionally," for a chance to have a "real family" or as a means to escape abusive or neglectful circumstances (Musick, 1993). What they do not expect, but which becomes clear almost immediately, is that having a child is about *giving* rather than *receiving*. To parent well, as most desire to do, one must often suspend one's wants. This realization can be overwhelming. And unlike other adolescent experiences such as the coming and going of romantic relationships, clubs, sports, cliques, or fashion phases, parenting is forever. Just as an adolescent is trying to establish an identity, she enters a role that becomes a permanent and largely defining aspect of who she is.

In *Power Source Parenting (PSP)* a key aspect of becoming an effective parent entails putting the child's needs first. However, it is also important to take into account that most high-risk youth feel as though their own needs for attention, love, support, and guidance have been largely ignored and unmet by their caretakers. Substance abuse, mental illness, emotional unavailability, incarceration or other factors meant that their parents were unable to make these sacrifices for them. Therefore messages about putting one's child's needs first must be tempered by efforts to identify ways that adolescents can attend to their own emotional and social needs at the same time. Participants are guided in specific cognitive and behavioral strategies to help balance the desire to engage in developmentally appropriate activities such as being with friends and developing romantic relationships with the role of motherhood.

**Facilitator Note:** The first part of the PSP manual is set up specifically to focus on the developmental tasks of the teen. Topics such as handling stress and managing the relationships with romantic partners and the child's other parent help her feel as though the group is geared toward her needs and addresses issues that are priorities to her. As the manual progresses, the focus turns toward the child including sessions on teaching child emotional regulation skills and using effective discipline.

## **Session 1 Alternative Exercises and Handouts**

No alternative exercises.

## **Session 2: Handling the Stress of Parenting**

### **Session Rationale:**

*My son has a fever. He woke-up last night throwing up everywhere and an hour after my youngest woke-up with a bad cough. Now its about 10am and both kids are sick. I am very frustrated they take turn crying & whining. I am so tired because, I stayed-up last night just in case my son had a problem breathing. My kids is very important to us but right now I am so stress-out. Its either their crying if not whining their running all over the house & waking the other up. My patience is very low right now and am worried that my son is not getting any better. I am about to flip out! What am I doing wrong. My patience is very low when I am this tired & frustrated. I feel so helpless & suffercated. I admit sometime I don't handle things right & sometime I just sit there & cover my face.*

*18-year-old participant*

*Lately a lot has been going on. I knew having a baby wasn't going to be easy but I didn't know it was gonna be so hard. I must step up-and become extra responsible and independent. My boyfriend that I've been with for 5 1/2 years is incarcerated. He made mistakes in the past & had to pay for it a couple years later. He's been incarcerated for a little over 2 months & will be getting out soon. So for now I must work to get rent & other bills paid. My boyfriend & I are residing with my uncle. So like I mentioned it just gets harder & harder. I got no time now for friends or any fun. I'm mostly stressed because I have to focus on my job, driving school, going to school and my daughter. My mom is not around to help me now so it's a lot on me.*

*18-year-old participant*

*But there were a few times when I'm was having a bad day with my family and at work. I just felt so stressed out and like no one was there to help me only to make it worse or give me a hard time. To make matters worse, a couple a times when I went home and Aisha was acting up and I hit her - pow pow. Then I thought about it and I said to myself that is messed up. That's just what my mother did to me and I felt so bad that I cried. But when your in the moment with all that stress tearing at you, you just want it all to stop.*

*17-year-old participant*

According to the CDC (2009), parenting stress is a major cause of child maltreatment. From an intuitive perspective, this makes perfect sense to anyone who has ever been in the position of parenting under less than ideal circumstances. Parents who are stressed have less patience and emotional resources to handle the demanding and ceaseless challenges of parenting young children. Recent research confirms that high levels of parenting stress are linked to low parental warmth, increased controlling behavior, and harsh discipline practices (McPherson et al., 2009). And becoming an adolescent parent

undoubtedly brings forth an added wave of stressors. As premature childbearing is considered an off-time developmental task, many young parents find themselves unprepared for the physical, emotional and social challenges that having a child involves. Lack of social support, the challenges of completing their education, finding adequate employment, and negotiating the social demands of adolescence as a mother often intensify the stress with which young parents must contend.

Complicating matters is recent research finding that adolescence is a time of increased emotional and behavioral dysregulation (Silk et al., 2009). Greater stress coupled with increases in emotional reactivity leave young parents even more vulnerable to succumbing to the pressures of parenting. Aside from harming their children, another inherent danger of unmanaged stress is that young parents will attempt to manage their mood through drug and alcohol use. Comparing drug data from a sample of PSP participants with those obtained from the 2009 Youth Risk Behavior Survey, striking results emerged. The rate of reported alcohol use in the previous month was nearly double for young parents in PSP groups compared to same age females in Boston where the pilot was conducted (73% vs. 38.5%). The same trend was found for marijuana use with nearly half of the participants (48.6%) reporting use over the last month compared to 18.6% of high school girls in Boston. For many high-risk parenting teens, drug and alcohol experimentation may have started early in life and preceded pregnancy (Zoccolillo et al., 1997). Early onset drug use may prevent youth from learning higher order self-regulation strategies, leaving parenting teens facing tremendous stress with the fewest coping resources.

PSP uses two complimentary approaches to helping young parents manage their perceived feelings of stress: cognitive-behavioral skill building and mindfulness techniques. **Cognitive-behavioral skill building** focuses on changing the “content” of young parents’ thoughts away from beliefs that increase their stress toward cognitions that reframe potentially stressful situations in more manageable ways. For instance, research finds that many high-risk parents believe their children’s challenging behaviors are unique to their child and purposefully disobedient (Azar & Weinzierl, 2005). These negative attributions often increase the mother’s negative and controlling reaction to her child’s behavior. However, using the “Cool Thought,” that all children have temper tantrums normalizes the child’s actions in her eyes and modifies her beliefs about her child, encouraging a more adaptive and measured parenting behavioral response.

Over the past few decades, **mindfulness-based interventions** have been shown to effectively treat a wide range of psychosocial issues. One of the most effective and well-established applications of mindfulness training is as a stress reduction intervention (Kabat-Zinn, 2003). Recently, there has been evidence to suggest that learning mindfulness skills can transfer to the parent-child interaction by increasing parental sensitivity and attunement (Singh et al., 2009). The main purpose of mindfulness involves helping individuals become more

aware of the present moment, particularly of their thoughts, feelings and body sensations. In PSP, by practicing “paying attention in a focused way” through various mindfulness exercises, participants bring a greater level of awareness and sensitivity to their daily actions, particularly those associated with parenting. For example, PSP includes mindfulness activities that sensitize participants to the type of touch they use with their child in typical childrearing activities such as diaper changing and washing.

As importantly, mindfulness promotes stress reduction by helping youth reframe their relationships to thoughts. Rather than perceiving thoughts as truths that must be acted on, thoughts are seen simply as thoughts that may or may not accurately represent reality. By understanding that they can respond to internal stimuli in a range of ways, participants break the overlearned and automatized connections between stress triggers and maladaptive reactions such as lashing out with anger or using substances to self-soothe. Furthermore, mindfulness enables participants to tolerate distressing emotions by providing practice “sitting through” negative feelings without responding. This in turn helps parents respond intentionally to their children rather than react in habitual patterns which often perpetuate cycles of abuse. But most importantly, mindfulness training allows participants access to a place within themselves that is peaceful and free from the constant, daily stressors that fill their lives.



## **Session 2 Alternative Exercises and Handouts**

(Alternative Activity 2.1) The Flex Stance Exercise  
(Alternative Activity 2.2) Cool Thoughts Role Play  
(Alternative Activity 2.3) The Stress Reduction Visualization Activity  
(Alternative Activity 2.4) Freeze, Breathe, and Choose Role Play  
(S2H4 – alt) Role Play Handouts

## Alternate Activity 2.1 The Flex Stance Exercise (5 minutes)

**Objective:** To introduce the concept of dealing with stress with greater flexibility.

### Outline:

- Hand out 2 slips of paper to each participant.
- Ask them to write down something that stresses them on each slip and put them into the paper bag the facilitator is holding.
- **Ask for a volunteer to come to the front of the room.** (Get volunteer's permission to touch/push her prior to the activity.)
- Have her stand with their arms flat by her sides and legs locked together in a rigid position.
- **Present the following scenario:**
- "Imagine that you're having a pretty stressful day already. You're late for work, you had a disagreement with your baby's father, and then this stressful thing happened during your day."
- **Pull a slip of paper out of the bucket and read it aloud.**
- Explain saying, "I'm going to pretend that I **am** this stressful thing that is pushing on you."
- Gently push the volunteer hard enough so that she takes a step forward or is pushed off balance.

### Discussion Questions:

- How would you describe the way she was standing?
  - Tight, rigid, inflexible, stiff
- Do people "stiffen up" or "get tight" when they're stressed?
- Where in their bodies do they hold their stress?
- **Tell volunteer:** "Okay, now I want you to stand like this." (Model an athletic stance. Bend knees, squat down a little bit, put feet a little farther apart, maybe even bounce up and down.)
- Pull another stressful event out of the bucket and read aloud.
- **Push participant again.** (Make sure to push her so that she doesn't fall as far as the first time.)
- **Ask participants what happened this time?**
  - Point out that she didn't get pushed over so easily. She was able to stand up to the stress better and "ride it out."
- Explain that the more flexible we are when we deal with stress, the easier it is for us to deal with.

Exercise adapted from: Dialectical Behavior Therapy for Adolescent with Borderline Features (2008). *In Acceptance and Mindfulness Treatments for Children and Adolescents*. Laurie Greco and Steven Hayes (eds.)

## Alternate Activity 2.2 Cool Thoughts Role Play (10 minutes)

**Objective:** To explore stress triggers and practice using cognitive and behavioral skills to tolerate and manage stress more effectively.

### Outline:

- **Hand out The Freeze, Breathe, and Choose Role Play (S2H4 – alt).**
  - Ask for 4 volunteers and assign to roles.
  - Read “What’s Going On” to set the scene for the role play.
  - Allow the participants 5 minutes to practice their lines.
- 

### What’s Going On:

It’s dinner time and you are trying to get some food ready. The baby, Jimmy, is on the floor crying and grabbing onto your legs. Your mother, Granny, is screaming at you from the next room about how she needs you to take a load of clothes to the laundromat. Your boyfriend, Carlos calls and says he can’t take the baby tonight. You were planning to use that time to study.

### Role Play:

**Granny:** Brenda (screaming from the other room)! I need you to go down to the laundry and do a load. We don’t have anymore towels.

**Brenda:** (Trying to cook at the stove). OK, Ma. In a little bit.

**Jimmy:** (Crying and grabbing onto Brenda’s leg.)

**Brenda:** OK, OK, I’m hurrying little man!

**Carlos:** (Calls on the phone) Hey, sorry Brenda. I’m not going to make it tonight. My cousin’s car broke down and he needs me to drive him to work.

**Jimmy:** (Keeps crying)

**Granny:** (Still yelling) Brenda, are you listening to me?

**Brenda:** (Starting to get really stressed)

Facilitator Rings the Bell and says:

**Freeze!**

**Breathe!**

**Choose!**

- Instruct participant playing Brenda to finish the role play to use Stress Busters (**from handout S2H3**) that would work for her in this situation.
- Discuss the **Cool Thoughts** and **Good Moves** the participant chose.
- Would other people have used different skills?

## **Alternative Activity 2.3 The Stress-Reduction Visualization Activity (10 minutes)**

**Objective:** To provide participants with an opportunity to engage in the mindfulness skill of guided meditation to facilitate stress reduction.

**Outline:**

*Use the following guided meditation script:*

Find a comfortable sitting position.... And once you're settled there, close your eyes.

*Pause.*

Let your body become still.

*Pause.*

Start off by going to a safe place in your mind. It could be somewhere you know or a place you create in your imagination, like a cozy, peaceful room in a house, or a place outdoors like a park or a warm, beautiful beach. Imagine being totally safe and relaxed there. Notice the smells, the colors, and the sounds around you.

*Pause*

If you can't imagine a place, just think of the room you're in right now as you listen to this, because right now you're safe. Just let yourself feel safe and relaxed.

*Pause*

Keeping this feeling of safety and peacefulness with you, put one hand on your belly and one near your heart but in the center of your chest. Feel your belly and chest rising and falling with each breath. Notice how the belly and chest expand as air comes in and sink back down as you breathe out.

*Pause*

Now in your mind, count your breaths as they come in and out of your body. Count backwards from 7 to 1. It will sound like this. In breath 7, out breath 7. (Keep paying attention to the rising and falling movement in your body as you breathe in and out.) Then ... In breath 6, out breath 6. In breath 5, out breath 5. Go ahead and finish on your own.

*Pause*

If you like, you can put your hands by your sides or both on your belly, or wherever they are most comfortable.

*Pause*

Now, imagine that with each in breath, a peaceful relaxing energy enters your body. It starts in your lungs and spreads through your chest, down your arms and legs. It moves up your neck and into your face and scalp.

*Pause*

Take a few more breaths and focus on your body growing lighter and more relaxed each time you breath in this peaceful energy.

*Pause*

With each out breath imagine all the stress of your day leave your body, leaving a peacefulness behind. With each breath you feel calmer and more relaxed. You feel the weight you have been carrying with you all day lighten.

*Pause*

For the next few breaths, focus on this light, peaceful, relaxing energy coming into your body and stress leaving, knowing that you can get back to this place anytime you want just by focusing on your breath.

*Pause*

When you are ready, open you eyes and bring your attention back to the room.

**Discussion Questions:**

- Would anyone like to share what that visualization was like for them?
- How does their body feel after the visualization?
- Any thoughts or feelings that came up during or after the exercise?
- What did you think of visualizing peaceful energy coming into your body?
- Were you able to use the visualization to let the breath carry away some of the stress we hold inside?

## Freeze, Breathe, and Choose Role Play S2H4 - alt

### What's Going On:

It's dinner time and you are trying to get some food ready. The baby, Jimmy, is on the floor crying and grabbing onto your legs. Your mother, Granny, is screaming at you from the next room about how she needs you to take a load of clothes to the laundry mat. Your boyfriend, Carlos calls and says he can't take the baby tonight. You were planning to use that time to study.

### Role Play:

**Granny:** Brenda (screaming from the other room)! I need you to go down to the laundry and do a load. We don't have anymore towels.

**Brenda:** (Trying to cook at the stove). OK, Ma. In a little bit.

**Jimmy:** (Crying and grabbing onto Brenda's leg.)

**Brenda:** OK, OK, I'm hurrying little man!

**Carlos:** (Calls on the phone) Hey, sorry Brenda. I'm not going to make it tonight. My cousin's car broke down and he needs me to drive him to work.

**Jimmy:** (Keeps crying)

**Granny:** (Still yelling) Brenda, are you listening to me?

**Brenda:** (Starting to get really stressed. Fists clenched. Angry look on her face.)

**Freeze!**

**Breathe!**

**And Choose!**

Finish the role play using what would work for you!

## **Session 3: Making a Tight Bond**

### **Session Rationale:**

*Even if I fall asleep when we're watching a family movie I know inside myself that I'm a better mother than my mother was. Because I'll never gamble, or go partying. She never had time for me or my brother. She used to leave us home alone and never really be there for us. Plus she would beat on us and so we never really trusted her on account of that. You can't trust someone you're afraid of. So I wouldn't want my kids to have a life like mine. I want my kids to feel & think that their parents love them and understand. Me & my boyfriend had a very stressful childhood and I want to give my kids a different kind of life. When I was growing-up I didn't have that kind of love. I didn't have anything to lean on, no one to love me. No one had time to talk to me. I want my babies to know they come first and that I will do right by them always.*

*20-year-old participant*

*I feel like kids need a lot of things. They need love, attention, support, discipline, respect. I feel that the most important is love and attention. I feel that when you show your child attention you show them you care. You show them that you do pay attention to what they are doing and how they are doing it. When you show your child you care it means a lot because it means they know they aren't alone like how I always felt.*

*16-year-old participant*

*I was too scared to talk to my mother about things I really needed to talk to her about because she was never there for me like that. But I want my son to be able to talk to me about his problems and come to me when he needs advice. I want him to be able to trust me. I want to have a good relationship with my son something I never had. I want him to have someone he can go to no matter what he is going through. And him to know I'll always be here for him no matter what.*

*17-year-old participant*

It is from children's earliest relationships with their primary caregivers that they derive a sense of whether the world is safe. The most elemental caretaking behaviors expressed through feeding, soothing, comforting, and safe guarding from danger all create an emotional blueprint informing the infant whether he can trust those around him and the world at large. As notable child psychiatrist D.W. Winnicott writes, "It is the luck of most babies to be held well most of the time. On this they build confidence in a friendly world, but more importantly, because of being held well enough they are able to make the grade in their very rapid emotional growth...Babies do not remember being held well – what they remember is the traumatic experience of not being held well enough" (p.51). Here, Winnicott uses the word "hold" as a proxy for the type of sensitive and attuned behaviors that help organize the infant's newly emerging physical and emotional, and cognitive systems.

Similarly, attachment theorists such as John Bowlby and Mary Ainsworth posited that children have a biological need to seek proximity to their caregivers for their survival, but that this biological drive has a profound impact on the infants' emotional growth as well. As the child develops, sensitive and contingent caregivers become the "secure-base" from which they explore their surroundings thereby furthering their development. Infants who do not experience their primary caregivers as consistent, predictable, and available develop either avoidant or anxious attachment relationships with their caregivers (Ainsworth, 1989). For these children, their relationship with their primary caretaker engenders stress rather than comfort, unpredictability rather than a known source of security. For years, psychologists have understood that the quality of attachment status matters greatly in a child's global development. This appraisal of the safety and availability of his mother is a significant determinant in his social competence, learning, self-esteem, initiative and concentration.

The children of adolescent parents have long been observed to face unique social-emotional and behavioral challenges including poor school functioning, increased aggression, and externalizing behavior problems (Brooks-Gunn & Furstenberg, 1986). There are many competing theories explaining these effects including teen parents' limited knowledge of child development, less sensitivity to infant social cues, as well as the influence of overarching factors such as poverty and the teen mother's own truncated education (SmithBattle & Leonard, 2006). It is also argued that it is the highest risk teens, those with histories of trauma and the resulting psychosocial impairment, who enter premature parenthood (Lindhorst et al., 2009). These youth are the least emotionally and behaviorally prepared to make the transition to parenthood and expose their offspring to a wide range of risk variables (Fergusson & Woodward, 1999).

It is reasonable to assume that the emotional dysregulation and engagement in risk behaviors many young mothers demonstrate are fundamentally at odds with the types of sensitive and attuned caregiver behaviors that foster secure attachment. Therefore the PSP program focuses on increasing more nurturing maternal behaviors through mindful caregiving. At its core, mindful caregiving involves bringing young parents' attention to the quality of interactions they have with their children through touch, speech, and facial expressions. It asks young mothers to slow down and "tune-in" to the microsocial processes that are often overlooked, but which color the quality of the mother-child relationship and contribute to the quality of attachment status. For instance, many young mothers explain that just like their own mothers, they have a "rough touch." Program directors frequently express concerns that teen parents handle and play with their children with excessive force. The goal of PSP is to help participants explore the potential impact of rough touch (or any other automatic, habitual pattern) on the relationship they are cultivating with their child. Essentially, mindful parenting empowers a participant to choose the quality of relationship she establishes and builds with her child rather than simply replicating the behaviors of her own caregiver.



## **Session 3 Alternative Exercises and Handouts**

(Alternative Activity 3.1) Tuning In Story (Alternative Activity 3.2) Breaking the Cycle Game (S3H4 – alt) Breaking the Cycle Cards
---

## Alternative Activity 3.1 Tuning In Story (5 minutes)

**Objective:** To introduce and explore the concept of “tuning in,” a mindful parenting skill that involves the parent becoming more observant and responsive to her child’s needs.

### **Outline:**

**Facilitator Note:** When telling these stories, we suggest putting them in the first person to capture participants’ interest. Modifications to the story to make it more relevant to the group you are working with are fine. The most important feature of these stories is to create a person-to-person connection and engage the listener in the core concept.

- Tell participants that you want to share a story.

### **The Tuning-In story:**

Once I was in a park on a really warm, sunny day. There was a mother talking on her cell phone. Her two-year-old son was on the swing. Sometimes she’d get really distracted with her conversation and forget to push him and he’d start screaming. Then, without any warning she grabbed him off the swing and strapped him in the stroller. He started crying. She hung up the phone and asked him if he wanted a juice box. He said “no,” but she opened one anyway and gave it to him. Then she started putting his shoes on and he really freaked out. He was in the stroller, so he wasn’t walking around. The day was warm so it wasn’t like his feet were cold, but she kept fighting to get his shoes on. As soon as she put one on, he would throw it off. Then she got really mad and started yelling at him to keep his shoes on or else. By now it was a battle of wills. They finally left the park. Both of them looked really unhappy.

### **Discussion Question:**

- What are all the ways that this mother wasn’t tuning-in to her child?
  - Would forget to push him
  - Grabbed him off the swing
  - Gave him a juice box after he said “no”
  - Kept putting his shoes on even though he didn’t want them
  - Yelled at him
- **Explain that** sometimes we HAVE to do things our babies don’t want us to do. Like hold them for shots at the doctors or put their diaper back on.
- But a lot of times we’re on autopilot. We do things to our child like dressing, changing, or feeding them without really being AWARE of what we’re doing.
- This is the opposite of “tuning-in.”

**Brainstorm: What are some of the PAY-OFFS of tuning into our children?**

- o Fewer fights with child
- o Parent feels more relaxed
- o Child feels like the parent understands them
- o Children who feel listened to act out less
- o Child trusts you more

## **Alternative Activity 3.2 Breaking the Cycle Game (10 minutes)**

**Objective:** To encourage participants to respond adaptively to developmentally/situationally appropriate behavior in children that is often mislabeled or mishandled by young parents.

### **Outline:**

- Present this game as another chance to explore ways to build trust with your baby. Your baby should feel safe coming to you about anything.
- Explain that as our children grow, the ways we react to “normal kid behavior” either builds or breaks their trust in us.
- Reinforce that children need to know that they can come to us anytime with any problem and we will listen.
- Children who feel like they can talk to their parents about anything without being shamed or rejected have safer and better relationships as they grow older.

### **Discussion Questions:**

- How many people can remember a time when a parent protected them? How did that feel?
  - How many can remember a time when a parent didn't protect them? How did that feel?
- 
- Divide the group into 2 teams.
  - **Give each team 2 “Breaking the Cycle” cards (S3H4 –alt). (Team A gets 1 & 3. Team B gets 2 & 4).**
  - Team A asks Team B Question #1
  - Allow 1 minute for Team B to brainstorm. Then have the team B provide a response.
  - Team B must satisfy the “judges” on Team A that they know the answer. If they satisfy the “judges” they receive a point.
  - Have “judges” read the entire answer after the other team has provided a response to reinforce the target points.
  - Next have Team B ask Question #2 to Team A. Allow team A to brainstorm and respond.
  - Team B decides whether Team A receives a point for their answer.
  - Have “judges” read the entire answer after the other team has provided a response to reinforce the target points.
  - Repeat for Questions #3 and #4.

### **Card #1**

**Your child comes to you and says a friend of the family tried to touch her vagina.**

#### **Answer:**

- Believe her. Not believing a child who is being abused is just as damaging as the abuse.
- Keep her safe from the person.
- Stand your ground. Don't let people pressure you into "forgetting about it."

#### **Facilitator follow-up:**

- How would it feel to be a child and tell a parent you are being sexually abused and have them not believe you?

### **Card #2**

**You see your 18-month-old watching TV and rubbing his penis. Is this normal? What should you do?**

#### **Answer:**

- Yes! This is normal, natural, and healthy.
- Don't shame your child for touching his body.
- You don't have to do anything at all about this when they are little.
- When they are older (like around 2 ½) you can say, "It's your body and it's ok to touch yourself. We do this in a private place."

#### **Facilitator follow-up:**

- Stress the importance of not shaming the child for exploring her body. Touching their genitals can be soothing for little children. It's not sexual.
- It is her/his body. He has the right to touch it.
  - What messages did your family send you about your body?

### **Card #3**

**Your child comes to you and says that a child at school hit him. What should you do?**

#### **Answer:**

- Praise your child for coming to you for help.
- Tell the child he needs to tell the other child to STOP hitting him.
- Tell your child to tell the teacher or an adult.
- Call the teacher yourself and explain the problem.

**Facilitator follow-up:**

- The main point is that your child needs to know that they can come to you for protection.
- Stress that young children should be supervised **AT ALL TIMES** to best protect them and prevent unsafe situations from developing.
- Some parents tell a child “if someone hits you, hit them back.”
  - What do you think of this message?
  - What risks does this message have for your child?

**Card #4**

**Your child asks you why boys have penises and girls don't.**

**Answer:**

- Tell him that's a great question.
- Give him a straight answer like, “Boys and girls each have special parts.” Or “It's just the way we're made. Girls have vaginas and boys have penises.”
- You don't have to get into long, complicated explanations.
- Most important is that you let your child know he can come to you with anything.

**Discussion Questions:**

- On a scale of 1 to 10, how comfortable are you talking about bodies and sex?
- What sorts of things can you tell yourself to make it easier to talk openly to your child about his body?
- Do you think if your parents had talked more to you about sex and relationships you might have made different choices?

## **Breaking the Cycle Cards S3H4 - alt**

### **Card #1**

**Your child comes to you and says a friend of the family tried to touch her vagina.**

#### **Answer:**

- o Believe her. Not believing a child who is being abused is just as damaging as the abuse.
- o Keep her safe from the person.
- o Stand your ground. Don't let people pressure you into "forgetting about it."

### **Card #2**

**You see your 18-month-old watching TV and rubbing his penis. Is this normal? What should you do?**

#### **Answer:**

- o Yes! This is normal, natural, and healthy.
- o Don't shame you child for touching his body.
- o You don't have to do anything at all about this when they are little.
- o When they are older (like around 2 ½) you can say, "It's your body and it's ok to touch yourself. We do this in a private place."

**Card #3****S3H4-alt**

**Your child comes to you and says that a child at school hit him. What should you do?**

**Answer:**

- o Praise your child for coming to you for help
- o Tell your child he needs to tell the other child to STOP hitting him.
- o Tell your child to tell the teacher or an adult.
- o Call the teacher yourself and explain the problem.

**Card #4**

**Your child asks you why boys have penises and girls don't.**

**Answer:**

- o Tell him that's a great question.
- o Give him a straight answer like, "Boys and girls each have special parts." Or "It's just the way we're made. Girls have vaginas and boys have penises."
- o You don't have to get into long, complicated explanations.
- o Most important is that you let your child know he can come to you with anything.



## **Session 4: Drugs and Other Risky Behaviors**

### **Session Rationale:**

*Lately everything has been to hard for me because I realized that I have substance addiction and I want to fix it because I don't want my daughter to grow up seeing her mother in a bad condition because of her addiction. Before I got pregnant I was living la vida loca (the crazy life). I was going out and doing things that a teenager, well nobody is suppose to do. I was drinking, smokin weed, cigarrets, didn't listen to my parents and family. Weed was like a medicine to me because suposesably it helped get away from my problems for a few hours. But as time went by my addiction grew bigger so then I wanted to be high all the time and my big problem is that I want support from my mom but since I was a little child we had issues going between us well she created my big issues plus I didn't grow up in a healthy family.*

*17-year-old participant*

*Before I had my son, I would be fighting all the time. If you look at me the wrong way or disrespect me I would just say okay lets go. I got lock up so many times they put a CHINS on me (Child in Need of Supervision) but my moms still didn't know where I was or what I was doin. I was too wild. But that ain't right to have a child and still be doing mad messed up stuff like that or stealin cars or whatever else. How you gonna teach him right from wrong if you still doing all that?*

*16-year-old participant*

*I've done things wrong and wasn't coming home to my baby girl and I've been neglecting her lately. I been out partying too much because that's where my girls are at. I tell myself that I'm not going to go back to that life but then I have one beer and it turns to three and then I'm smoking with them and next thing I know its 2 or 3 in the morning and my baby been home with my gramother all night and I feel like shit for doing that. So for the past 2 weeks I done a lot of analizing what is the best for my daughter and me & I know I don't want my child to be taken away by D.S.S. She is my everything and because of her I decide to change.*

*19-year-old participant*

Premature parenthood is an event that often coexists within a larger constellation of risk factors. Depression, stable patterns of childhood aggression, conduct disorder and substance abuse have all been linked to adolescent motherhood (Miller-Johnson et al., 1999; Zoccolillo, Myers, & Assiter, 1997). Highlighting the effects of early risk factors were the findings of a study in which 50% of girls classified as aggressive in the fourth grade became pregnant as adolescents compared to 25% of the girls in the non-aggressive group (Underwood,

Kupersmidt, & Coie, 1996). Similarly, stable patterns of aggressive behavior in childhood have been predictive of multiple teen births. Although many teen mothers successfully transition into the roles of young adulthood, those who persist with patterns of risk-behavior place themselves and their children in vulnerable positions.

In fact, recent research suggests that many young mothers continue along a high-risk trajectory even after they become pregnant. One large scale study found that pregnant teens (aged 15 to 17) were significantly more likely to drink alcohol than older pregnant women. Furthermore, they reported drinking more than 3 alcoholic beverages on the occasions they did drink (SAMHSA, 2008). Other findings indicate that substance use does not decline as adolescent mothers enter young adulthood (Gillmore et al., 2006). There is also evidence to suggest that the greater the level of pre-pregnancy use, the more rapidly adolescent mothers resume post-pregnancy use. Thus, helping young mothers change their risk-taking behaviors is a critical, though often overlooked, component to any parenting program designed for this population.

Although this session focuses on a range of risky parenting behaviors, substance abuse takes center stage. The negative impact of parental drug and alcohol use on a child's development is overwhelming and has been robustly linked with higher rates of abuse and neglect, children's mental health problems, impaired social relationships, poor academic functioning, and externalizing behavior problems (National Association for Children of Alcoholics, 2005). Dependence on substances virtually debilitates a parent from effectively caring for her child, impacting every domain of her life from attending to her child's emotional and physical needs to achieving the kinds of educational and vocational goals that will keep her and her child out of poverty. Further, substance use lowers inhibition and impairs judgment and causal thinking, thereby increasing the likelihood that she will engage in other high-risk behaviors. In addition, growing reliance on substances to alter her mood curtails the development of other prosocial problem solving skills. Simply put, parents cannot parent well when they are reliant on drugs and alcohol.

Repeatedly, we have worked with young women who have used their pregnancy as a window of opportunity to rethink their high-risk choices in the hope of providing their children a better start in life than they were given. Included in this transformation is ending their use of substances, desistance from stealing, aligning themselves with a different peer group, refusing to engage in verbal and physical fights, and re-engaging in school. PSP supports this path for young women who have begun their transformation and helps motivate others who are still in the early stages of this change process. In particular, PSP helps participants examine the intergenerational effects of substance abuse, equipping them with emotional regulatory skills to replace reliance on drugs and alcohol as mood moderators, and asking them to weigh the impact of being with substance abusing partners. PSP encourages them to weigh the perceived short-term gains in their risk taking against the long term fallout of these actions including

psychological damage to their child, loss of parenting privileges, addiction, and incarceration. By making these changes in the critical period of their child's early development, young parents protect themselves and their children from the types of risk behavior that undermine the healthy development of both parent and child.

## **Session 4 Alternative Exercises and Handouts**

(Alternative Activity 4.1) Bell Exercise  
(Alternative Activity 4.2) Why Stealing IS a Big Deal  
(Alternative Activity 4.3) Consequence of Drug and Alcohol Game  
(Alternative Activity 4.4) Drug and Alcohol Public Service Announcement  
(Alternative Activity 4.5) High-Risk Role Play  
(Alternative Activity 4.6) Effective Parenting List  
(S4H5 – alt) Consequences to Me If I Use Worksheet  
(S4H6– alt) Consequences to My Baby If I Use Worksheet  
(S4H7 – alt) Public Service Announcement Worksheet  
(S4H8 – alt) High-Risk Role Play  
(S4H9 – alt) Effective Parenting Checklist

## **Alternative Activity 4.1 Bell Exercise (10 minutes)**

**Objective:** To practice a mindful listening skill, designed to increase participants' attentional control.

### **Outline:**

**Facilitator Note:** The following exercise is a means of increasing participants' awareness of and ability to switch their attention. It can be incorporated throughout the program and is a fundamental mindfulness activity. Many participants find mindful listening easier than placing one's attention on the breath. Therefore we recommend it as an introductory mindfulness exercise, but it can be done at any point in the curriculum. It is also an effective exercise to "re-gather" a group that has become momentarily too noisy or unfocused to continue with the curriculum. We have also found that it is an excellent approach to use with groups who are, as a whole, having a difficult time engaging in the breath meditation. Allowing participant to take turns leading the bell exercise can increase group cohesion and "buy in."

### ***Introduce the activity with the following script:***

*Now we're going to do the Bell Exercise.*

*Remember, this helps us pay attention to what is going on in the present moment. It also helps us see that we have the power to put our attention where we want it to be.*

*Because the more we learn to pay attention to what is going on with our thoughts, with our feelings and in our bodies, the more control we have over life.*

*When you stop hearing the bell, raise your hand. Keep it up for 2 or 3 seconds so I can see who no longer hears the bell. Then just put it down again. OK. Ready?*

### **Ring bell two times.**

*Now we're going to do the same thing but with your eyes closed. So everyone go ahead and close your eyes or focus your gaze downward. When you are ready, I will ring the bell three times.*

*Listen as the sound of the bell changes and becomes fainter. When you can no longer hear the sound, raise your hand.*

*Keep your eyes closed the whole time. Each time do the same thing. After the sound of the bell fades the third time, continue to keep your eyes closed.*

### **Ring the bell three times.**

### **Discussion Questions:**

- Tell me a little about what that experience was like for you?
- Do you usually pay that much attention when you're listening?
- Did you notice other sounds in the background?
- Did you notice how you could switch your attention from one sound to another?

- Who has control over where your attention went?

**Points to Reinforce:**

- Just like we switched our attention between sounds, we can switch our attention between thoughts.
- Sometimes our minds chase thoughts like dogs chase cars – out of habit and without really paying attention to what we’re doing.
- During this exercise you chose which sounds to pay attention to.
- Just like in your daily life you can choose which thoughts you pay attention to.
  - Who can tell us how this exercise relates to Cool Thoughts and Hot Thoughts?
- We have the power to decide whether we focus on thoughts that cool us down and make us feel calmer or thoughts that make us stressed and angry.

## Alternative Activity 4.2 Why Stealing IS a Big Deal (10 minutes)

**Objective:** To help participants understand the process behind the intergenerational transmission of risk behavior.

**Outline:**

- Explain to participants that sometimes risk behavior gets passed down in families just like height or hair color.

**Research tells us that:**

We're more likely to **drink** if we see our parents drink.  
We're more likely to **fight** if we see our parents fight.  
We're more likely to be in a **violent relationship** if we see our parents either being an abuser or being abused.

- Ask participants to share something risky they saw their parents do that they then ended up doing themselves.
- Draw a dollar sign on the board.
- Around the sign, write the four following categories. Include arrows. Ask group to complete the chart.

Mom's Thoughts About Stealing: -----→

no one will notice  
I have to steal – I need it  
they have plenty  
everyone steals  
I won't get caught

Child's Thoughts About Stealing:

mom does it so can't be too bad  
no one will care  
she can't get mad at me



Risks to Mom if she steals: -----→

get arrested  
go to jail  
feel guilty  
lose custody  
lose trust of child

Risks to Child if she sees mom steal:

start stealing  
get arrested  
get reputation

**Points to Reinforce:**

- Children learn what they see.
- How many times does a child need to see a mother steal before it starts to get “passed down?” (Only a few)
- Seeing a parent get involved with high-risk behavior makes the world confusing to a child because they see their parent do something they know is wrong.
- Stress that participants have the power to keep their children from high-risk behavior by NOT modeling those behaviors.
- It’s hard to discipline a child for doing something you do.
- Your child watching you do something high-risk chips away at their trust in you.



## Alternative Activity 4.3 Consequences of Drugs and Alcohol Game (10 minutes)

**Objective:** To explore the range of consequences that result from drug and alcohol abuse.

### Outline:

- **Divide group into two teams.**
- **Hand out one Consequences to Me if I Use (S4H5 – alt) and Consequences to My Baby if I Use (S4H6 – alt) worksheet** to each team and have them complete them.
- Flip a coin and have the winning team select which worksheet they want to write on the white board.
- The losing team completes the other column.
- Give each team a different color dry erase marker.
- Ask one representative from each team go to the whiteboard and fill out their side of the T-chart.
- Next, have the opposing team fill in any additional responses in their color marker.
- **Whichever team adds the most responses to the other team's column wins.**

Consequences to Me	Consequences to My Baby

## **Alternative Activity 4. 4 Drug and Alcohol Public Service Announcement (15 minutes)**

**Objective:** To reinforce the negative consequences of drug and alcohol for the participant and her child. To allow participant practice generating cognitive and behavioral coping strategies to deal with drug related triggers.

### **Outline:**

- **Divide group into 2 teams.**
- **Hand out the Public Service Announcement Worksheet (S4H7 – alt)**
- Ask participants to identify **3 risks to self or their babies if they use** from the “Just the Facts” worksheet (**S4H3**)
- Ask them to **identify 3 things they can do to keep from using from the Cool Thoughts/Good Moves worksheet.**
- Give participants 10 minutes to create announcement and draw a poster.
- Tell them to be creative and convincing. Ask them to think about what they could include to make young moms think twice about using.
- Select one person from group to deliver the announcement.

## **Alternative Activity 4. 5 High-Risk Role Play (10 minutes)**

**Objective:** To practice using cognitive coping strategies and behavioral skills to reduce risk behavior.

### **Outline:**

- Ask for 2 volunteers and assign to roles.
- Read “What’s Going On” to set the scene for the role play.
- **Hand out The High-Risk Role Play to participants (S4H8-alt)**
- Allow the participants 5 minutes to practice their lines.
- Tell participants that there are 2 separate role plays.

---

### **What’s Going On:**

You are at a party with some of your friends you used to hang out with but haven’t seen much since you had the baby. You’re one of the last people to show up. A lot of people are drinking and some are getting high. You haven’t gone out much since you had the baby and you’ve really missed hanging out with your friends. Your mom said that when you come home if she can even smell drugs or alcohol on you that she won’t babysit again.

### **Role Play 1:**

**Janelle:** Girl you look good! I can’t even tell you had a baby!

**Brenda:** Well I can. I barely got these jeans on.

**Janelle:** (Hands Brenda a joint.) Here have a hit.

**Brenda:** (Grabs the joint and takes a drag off it.)

**Janelle:** Feels good, right?

**Brenda:** Been a long time since I had any of this.

**Janelle:** You still with Marcus?

**Brenda:** Naw. He doesn't really come around much since the baby was born.

**Janelle:** Well it's good you're getting' back out again. Who knows, maybe you'll find someone you like even better.

**Brenda:** I'm not against a new man. And while we're at it I could use a drink, too.

**Janelle:** Coming up. Hey Darnell, get Brenda a drink! And by the way, if this party slows down, we could try that club near my cousin's house.

**Brenda:** Since I'm out, I might as well make the best of it!

### **Role Play 1 Questions:**

- Besides the marijuana, what other risks is Brenda thinking about.
  - Drinking
  - Hooking Up
  - Clubbing
- What are the possible consequences for Brenda?
  - Get drunk and high
  - Make some unsafe sexual choices
  - Have her mother stop babysitting
  - Not be an effective parent if she's hung over the next day

### **Role Play 2:**

**Janelle:** Girl you look good! I can't even tell you had a baby!

**Brenda:** Well I can. I barely got these jeans on.

**Janelle:** (Hands Brenda a joint.) Here have a hit.

**Facilitator Rings the Bell and says:**

**Everybody...**

**Freeze!**

**Breathe!**

**Choose!**

**(Model for participants and wait for them to use the skill. Then have the actors continue).**

**Brenda:** (Holds up her hand and shakes her head.) Thanks, but I'm good.

**Janelle:** You sure? This stuff is nice.

**Brenda:** Yeah, I'm sure.

**Janelle:** How about a drink?

**Brenda:** If my mom smells that on me she said she won't watch the baby anymore. I probably shouldn't even be standing by you.

(Both laugh)

**Janelle:** What's the point of going out if you can't even have fun.

**Brenda:** Trust me. I'm having fun just being out of the house. And I don't exactly have people beatin' down my door to babysit. Plus, getting up with a baby when you're hung over is not exactly a good time.

**Janelle:** OK. I'll drink and smoke for the both of us.

**Brenda:** Yeah, you do that.

(Both laugh)

**Role Play 2 Questions:**

- What does Brenda "get" out of making these choices?
  - Her mom will probably sit again.
  - She gets to get out of the house and hang with her friends.
  - She's a more effective mom for her baby.
- If Brenda finds out that being at a party where people are drinking and smoking is too much of a trigger for her, what can she do?
  - Hang out with different people.
  - Not go to the party – do something else out of the house like go to the movies.

## **Alternative Activity 4.6 Effective Parenting List (10 minutes)**

**Objective:** To help members identify and reinforce the use of Effective Parenting skills outside of group.

### **Outline:**

- **Hand out Effective Parenting Checklist (S4H9-alt).**
- Ask participants to check off all of the skills on the Effective Parenting Checklist that they did during the week.
- Ask participants to think of an example of this and have them write it at the bottom of the sheet.
- Go around the room and have participants share their responses.

## Consequences to Me if I Use <sup>S4H5 - alt</sup>

Think of all the ways that abusing drugs or alcohol can hurt your life.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## Consequences to My Baby if I Use <sup>S4H6 - alt</sup>

Think of all the ways that abusing drugs or alcohol can hurt your child's life.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

# **Public Service Announcement Worksheet** <sup>S4H7 - alt</sup>

## **“When You Use, Your Baby Uses”**

**Your Public Service Announcement must include:**

**Three Risks to You or Your Baby When You Use**

**1.**

**2.**

**3.**

**Three Cool Thoughts and Good Moves You Can Use to Stay Safe and Keep from Using Substances**

**1.**

**2.**

**3.**



## High-Risk Role Play S4H8 - alt

### What's Going On:

You are at a party with some of your friends you used to hang out with but haven't seen much since you had the baby. You're one of the last people to show up. A lot of people are drinking and some are getting high. You haven't gone out much since you had the baby and you've really missed hanging out with your friends. Your mom said that when you come home if she can even smell drugs or alcohol on you that she won't babysit again.

### Role Play 1:

**Janelle:** Girl you look good! I can't even tell you had a baby!

**Brenda:** Well I can. I barely got these jeans on.

**Janelle:** (Hands Brenda a joint.) Here have a hit.

**Brenda:** (Grabs the joint and takes a drag off it.)

**Janelle:** Feels good, right?

**Brenda:** Been a long time since I had any of this.

**Janelle:** You still with Marcus?

**Brenda:** Naw. He doesn't really come around much since the baby was born.

**Janelle:** Well it's good you're getting' back out again. Who knows, maybe you'll find someone you like even better.

**Brenda:** I'm not against a new man. And while we're at it I could use a drink, too.

**Janelle:** Coming up. Hey Darnell, get Brenda a drink! And by the way, if this party slows down, we could try that club near my cousin's house.

**Brenda:** Since I'm out, I might as well make the best of it!

### Role Play 2:

**Janelle:** Girl you look good! I can't even tell you had a baby!

**Brenda:** Well I can. I barely got these jeans on.

**Janelle:** (Hands Brenda a joint.) Here have a hit.

### **Facilitator Rings the Bell and says:**

**This is the time when you need to...**

**Freeze!**

**Breathe!**

**Choose!**

**Brenda:** (Holds up her hand and shakes her head.) Thanks, but I'm good.

**Janelle:** You sure? This stuff is nice.

**Brenda:** Yeah, I'm sure.

**Janelle:** How about a drink?

**Brenda:** If my mom smells that on me she said she won't watch the baby anymore. I probably shouldn't even be standing by you.

(Both laugh)

**Janelle:** What's the point of going out if you can't even have fun.

**Brenda:** Trust me. I'm having fun just being out of the house. And I don't exactly have people beatin' down my door to babysit. Plus, getting up with a baby when you're hung over is not exactly a good time.

**Janelle:** OK. I'll drink and smoke for the both of us.

**Brenda:** Yeah, you do that.

(Both laugh)

# Effective Parenting Checklist <sup>S4H9 - alt</sup>

☒ Check off all the skills you used this week

## I Was an Effective parent when I:

- ☐ Kept my child physically and emotionally safe
- ☐ Acted patient
- ☐ Respected my children through words and actions
- ☐ Hugged and kissed my child
- ☐ Had empathy for my child (put myself in child's shoes)
- ☐ Forgave my child
- ☐ Knew that all children make mistakes
- ☐ Realized that my child should have her own voice
- ☐ Acted like the grown up, never the child
- ☐ Didn't expect my child to take care of the parent (me)
- ☐ Had a sense of humor
- ☐ Didn't hit/scream at my child
- ☐ Put the needs of my children first
- ☐ Handled stress in healthy ways
- ☐ Thought about the consequences of my actions
- ☐ Worked to have a hopeful attitude
- ☐ Was a good listener
- ☐ Used positive discipline
- ☐ Accepted help

Give an **example** of something you did this week that made you an effective parent \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Session 5: Risk and Romance**

### **Session Rationale:**

*Well I recently went thru a situation where the guy that I was dating started to do or say things that weren't right, I mean he started to drink almost everyday, swear more often, even be a little bit aggressive so I decided that everything had to end for my daughters and my own good. It's not only that she was seeing and learning but the situation was making me feel uncomfortable and guilty because it's wasn't even her dad you know, it was another man basically a stranger to her.*

*17-year-old participant*

*I remember a time I was with my ex-boyfriend and my relation with him was horrible. He beat me about everything that he didn't approve of. One day he got mad over the most stupid thing ever. He started to beat me and my son was there. Then to threaten me. He picked up my son by one hand and acted like he was going to throw him against the wall. I dropped and begged. I never went back to him since then. Its clear to me I got to put my baby first always.*

*18-year-old participant*

*My father moved and I hated being away from my boyfriend so I dropped out of school and lived with my boyfriend in Dorchester. Then I started using drugs. Well one drug was heroine and it progressed. At one point I ended up attempting suicide. I started using because I was lost and scared that if I didn't conform to my boyfriends life style I would lose him. But I lost him anyway. After I went to rehab my boyfriend died while I was there. I hope that Mia doesn't feel like she has to depend on a man. Because I always thought that having a boyfriend was so important. Now that I have Mia I seem to see all the things I thought were important as clearly not important. I think that there are so many things that I have gone through that I don't even want Mia to know about me because I'm scared that she will follow what I did and not what I say.*

*20-year-old participant*

In her seminal text on adolescent pregnancy, Judith Musick writes, "sexual behavior is not like a vocation for which one can be trained or retrained. Rather, it is embedded in an interpersonal relationship and therefore is bound up with one's personal and developmental history" (p.73). In order to understand an adolescent mother's current psychosexual behavior, it is essential to look at the quality of her early relationships and the deeply ingrained messages she carried away from these connections. What did she come to expect from others regarding trust and intimacy? How did these experiences translate in terms of her self-

worth? Were personal boundaries regarding her body and her emotional experiences supported or devalued? Was violence an inherent characteristic of the relationships she witnessed? Research strongly supports Musick's assertion that these early relationships color adolescents' evolving self-identity and powerfully influence her beliefs and expectations regarding partners. Lindhorst and colleagues (2009) found a strong link between adolescent mothers' early experience of parental physical abuse and later victimization by an intimate partner. Experiencing early sexual assault was also found to place young women at higher risk for later sexual re-victimization (Tjaden & Thoennes, 2000). It has been estimated that close to 60% of teenage mothers had early coercive sexual experience including rape by family members, acquaintances, and romantic partners.

Early physically and sexually abusive experiences set up pathways of negative outcomes both for the adolescent mother and her child as well. Not only does early abuse lead many adolescent mothers to enter into relationships where they are re-victimized, but this legacy creates another generation exposed to violence. A meta-analysis examining 118 studies on the psychosocial outcomes of children exposed to various forms of violence found that *children who witnessed domestic violence had as poor outcomes as children who were physically abused themselves* (Kitzmann et al., 2003). This is an especially important finding as many young mothers mistakenly believe that if her child is not hit, he is not harmed. But the deleterious effects of intimate partner violence on child-maternal functioning are complex and just starting to be fully understood. A 2005 study found that domestic violence had a significant independent effect on the quality of maternal attachment to her child (Quinlivan & Evans, 2005). Clearly, mothers consumed with fear about their physical safety are limited in their ability to demonstrate the types of contingent, responsive, and child-focused behaviors that are the foundation of establishing secure attachments.

Potential risks associated with adolescent mothers' intimate relationships extend beyond domestic violence and include substance abuse, gang affiliation, and acquiring STIs. However, many young mothers fail to consider these wider risk factors when selecting partners. For example, many do not view her partner's substance abuse behavior to bear negatively on her child's health and well being. Yet a known precipitant of young mother's initiating or resuming substance use following the birth of a child is being with a partner who also uses (Spears et al., 2010). Additionally, if a mother is with an active substance user, she is exposing her child to additional distal risks such as witnessing the sale of drugs and potentially residing in a home where drugs are stored. Mothers whose partners are gang involved place their children at serious risk for exposure to violence and possible victimization.

PSP takes a comprehensive approach to helping adolescent mothers with the developmental task of forming healthy intimate relationships, while prioritizing her role as a mother. The challenge of developing relationships as a young parent is fraught with questions such as "when should I let this new person meet my

baby; how do I feel about him disciplining my child; and what if he tries to put his needs before the needs of my child?" Questions like these, which are essential to a young mother's ability to balance the competing needs to her own social development and her child's well-being are rarely addressed in typical parenting curricula. Participants are also introduced to a range of healthy relationship behaviors and are asked to examine the potential effects of relationship risks such as physical and sexual abuse and STIs to themselves and their children. Most importantly, the PSP program is designed to help young mothers begin to value themselves as individuals worthy of respect, nurturance, and acceptance in an effort to modify negative self-appraisals. In order to break intergenerational cycles of violence, regardless or perhaps because of their earlier life experiences, young mothers must refuse to accept and tolerate these relationships in their young adult lives.

## **Session 5 Alternative Exercises and Handouts**

(Alternative Activity 5.1) Identifying Healthy Relationship Behaviors  
(Alternative Activity 5.2) Partner Abuse Worksheet  
(Alternative Activity 5.3) Introduction to Trauma  
(Alternative Activity 5.4) The Bell Exercise  
(S5H7 – alt) How People Act in Healthy Relationships  
(S5H8 – alt) Partner Abuse Worksheet  
(S5H9 – alt) The Trauma Worksheet  
(S5H10 – alt) The PSP Way to Deal with Trauma

## **Alternative Activity 5.1 Identifying Healthy Relationship Behaviors (10 minutes)**

**Objective:** To help participants recognize the behaviors associated with healthy relationships and to reinforce that love is based on mutually respectful and nurturing acts.

### **Outline:**

**Facilitator Note:** An abbreviated version of this worksheet can be found on **page 83 of PSP.**

- **Hand out the How People Act in Healthy Relationships worksheet (S5H7 - alt)**
- Explain that this is a list of healthy relationship behaviors.
- Ask participants to check off the behaviors that apply to their relationships now.
- Then go back through and **circle the five behaviors you think are MOST important in a relationship.**
- Allow participants to share their answers. Ask them to justify their responses – why are the behaviors/characteristics they picked the most important?
- Are there others important behaviors that didn't make the list?

### **Points to Reinforce:**

- Love is a **behavior**, not a feeling.
- Jealousy is **NOT** love. Some girls find their boyfriend's controlling or jealous behavior flattering at first. Why do you think this is?
- Feels that he loves her and doesn't want to lose her
- Abusers don't change unless they work at it. Don't fool yourself that he just needs the love of the right girl to be a decent guy.
- Ask participants what is the difference between **infatuation**, **crushes**, and **mature love**?



## Alternative Activity 5.2 Partner Abuse Worksheet (15 minutes)

**Objective:** To help participants process and begin to resolve abusive relationship experiences.

### Outline:

- **Hand out the Partner Abuse Worksheet (S5H8 - alt)** and have participants complete them.
- Ask participants to share their worksheets.

### Discussion Questions:

- Is abuse ever the victim's fault?
  - No. Abuse is never the victim's fault. But we always have the **power** to learn from bad relationships and use that information the next time we get involved in a relationship.
- Are victims helpless?
  - Victims have the **power** to change the relationship by drawing boundaries or leaving. This may not be easy, but it is possible. You may need a LOT of help, but you can do it.
- Why do victims hide their abuse?
  - They are afraid people will try and get them to break up with the abuser.
  - They are ashamed.

**Reinforce:** Don't hide the abuse from people who love you. Let them help.

- Why do some people end up in abusive relationship after abusive relationship?
  - We all make choices about who to be with. Love is not a deck of cards and you get whatever hand is dealt to you. You chose who you are with and you can choose who you leave.
  - People with low self-esteem often think they don't deserve a great and loving partner.

**Reinforce:** Everyone deserves to be in a safe and loving relationship.

- Why do some guys abuse?
  - Abusers act the way they do because of a need for power and control.
  - Most abusive guys come from abusive homes or saw their mom be dominated or their dad dominate other women. They **learned** to act this way.
  - Abusers may be gentle and kind at times.
  - Abusers increase their abusive behaviors over time.

## **Alternative Activity 5.3 Introduction to Trauma (20 minutes)**

**Objective:** To educate participants regarding the origins of trauma, various trauma reactions, and adaptive ways to manage acute trauma symptoms through mindfulness activities.

### **Part 1. Introduction to Trauma**

#### **Outline:**

- Ask if anyone has heard the word **Trauma** before. Ask what the word means to them.
- What kinds of situations might cause a person to experience trauma?
  - Domestic violence/partner abuse between your parents
  - Abuse between you and your partner
  - Being the victim of any kind of physical, emotional or sexual abuse
  - Seeing one of your siblings being abused or hurt
  - Seeing violence in your community or neighborhood
  - Someone breaking into your home and robbing you
  - Getting mugged, jumped, or attacked
  - Being in a war
  - Car accidents
  - Natural disasters
- Explain that people deal with trauma in many different ways and that none is wrong.
- **Hand out The Trauma Worksheet (S5H9 - alt) and review with members.**

#### **Processing the Worksheet:**

- Discuss how being in an abusive relationship can trigger trauma from the past.
- For example, if you experienced domestic violence in your home or were abused, being in another abusive relationship can trigger trauma left over from that earlier experience.
- Some people with a lot of abuse in their childhoods often end up in other abusive relationships either because it feels “normal” or to try and get control over those feelings of helplessness.
- The best way to deal with trauma is to pick safe relationships in the present and to learn some coping skills to handle trauma from the past.
- Allow participants to discuss their own trauma experiences and reactions.

**Facilitator Note:** If after this discussion participants seem distressed, contact the appropriate person within program who can follow up with the participant to make sure she is safe and is able to discuss her reactions to the group.

## Part II. Coping with Trauma

### Outline:

- Hand out the PSP Way to Deal With Trauma Worksheet (S5H10 – alt).
- Read through the steps.
- Inform participants that we're also going to use **Freeze, Breathe, and Choose anytime we get triggered by trauma.**
  - It could be when we have a flashback
  - Or if something reminds us of the trauma when we don't want to think about it – like during a test or when we're driving.
  - We find ourselves freaking out over a small thing.
  - Or we wake up from a nightmare that has to do with the trauma.
- Explain to participants that first we're going to **Freeze** and focus on where we are right now.
- Look at the light in the room. Feel the floor under your feet, the clothes on your back. Run your hands down the leg of your pants. **Anything to remind you that you aren't in that scary situation, but you're right here. Right now.**
- Then we're going to **Breathe**. Really feel the air coming in and leaving your body. Do the comfort pose if you can (if no one is watching you). Really pay attention to the breath until you calm down.
- Next you're going to **Choose a Cool Thought** to calm you down.
- (Read through the **Cool Thoughts** on the list).
- Allow participants to add additional Cool Thoughts that would be helpful to them.
- We're also going to **Choose a Good Move** that will ground us. **Grounding** just means doing something that physically pulls us into the here and now.
- (Read through the **Good Moves** list.)
- Allow participants to add additional Good Moves that would be helpful to them.

### Point to Reinforce:

- You were not safe when the trauma happened.
- But right now you are safe.
- So we're going to remind ourselves of the safety of the present moment by grounding or pulling ourselves into the moment.

## **Alternative Activity 5.4 The Bell Exercise (10 minutes)**

**Objective:** To provide practice with a mindfulness/attentional control exercise. This exercise gives participants a guided opportunity to actively “switch” their attention.

### **Outline:**

*Facilitate the “Bell Exercise” using the following script:*

Sit up straight in your chairs with your feet on the floor.  
I’m going to ring the bell and it’s your job is to listen as closely as you can to the sound the bell and notice everything you can about the sound. When you can’t hear the bell any longer raise their hands, keeping your eyes closed.  
We’re going to practice this once with open eyes.

### **Ring Bell**

Pay attention to the bell the best you can and to bring your attention back to the bell if you get distracted by other sounds or thoughts.

### **Once every hand is raised:**

Thank you. You can put your hands down.

So everyone go ahead and close your eyes or focus your gaze downward now. If you don’t feel comfortable closing your eyes, you can fix their gaze on a spot in front of you. When you are ready, I will ring the bell three times. Listen as the sound of the bell changes and becomes fainter. When you can no longer hear the sound, raise your hand. Keep your eyes closed the whole time. Keep bringing your attention back to the sound of the bell. After the sound of the bell fades the third time, continue to keep your eyes closed until I tell you to open them.

**Ring the bell. Allow enough time in between strikes for all participants to raise their hands. Once all the hands are raised, thank them, tell them to put their hands down and strike the bell again. Do this three times.**

### **Questions for the Bell Exercise:**

- Tell me a little about what that experience was like for you?
- Do you usually pay that much attention when you’re listening?
- Was the bell the only sound you heard?
- What happened with the other sounds?
- Who can remember switching their attention from other sounds back to the bell?
- What did you tell yourself to switch your thoughts?

**Points to reinforce:**

- Just like we switched our attention between sounds, we can switch our attention between thoughts.
- During this exercise you chose which sounds to pay attention to.
- Just like in your daily life you can choose which thoughts you pay attention to.
- Who can tell us how this exercise relates to Cool Thoughts and Hot Thoughts?
- We have the power to decide whether we focus on thoughts that cool us down and make us feel calmer or thoughts that make us stressed and angry.

## How People Act in Healthy Relationships S5H7 - alt



**If you are in a relationship now, use this as a checklist and mark off any of the items that apply to your relationship!**

- ☐ Not too controlling, like always wanting to know where you are and who you're with
- ☐ Shows you, your family and your friends respect
- ☐ Listens when you have something to say
- ☐ Supports you when you need it
- ☐ Not always nagging you about how you don't measure up
- ☐ Accepts you for who you are
- ☐ Understands that your baby comes before anything else in the world!!!
- ☐ Can say they're sorry when they mess up
- ☐ Are generous with time and money
- ☐ Lets go of the little things and doesn't hold grudges against you
- ☐ Is never physically or sexually abusive to you
- ☐ Doesn't act jealous when you talk to other people
- ☐ Lets you grow and change as a person
- ☐ Isn't always looking for some drama
- ☐ Doesn't always put what they want in front of what you want

# Partner Abuse S5H8 - alt



***No One Deserves to Be Hurt***

Looking back, I experienced partner abuse in a relationship when (write about what happened) \_\_\_\_\_

---

---

---

Partner abuse caused me to feel \_\_\_\_\_

---

---

The consequences to my baby if he or she saw this violence would be

---

---

---

If my daughter were ever in a relationship like this, I would tell her this:

---

---

# The Trauma Worksheet

S5H9 - alt

<b>Situations that Can Cause Trauma</b> <ul style="list-style-type: none"> <li>☼ Domestic violence/partner abuse between your parents</li> <li>☼ Abuse between you and your partner</li> <li>☼ Being the victim of physical, emotional or sexual abuse</li> <li>☼ Seeing one of your siblings being abused or hurt</li> <li>☼ Seeing violence in your community or neighborhood</li> <li>☼ Someone breaking into your home and robbing you</li> <li>☼ Getting mugged</li> <li>☼ Seeing your child get hurt by someone</li> </ul>	<b>The Effects of Trauma</b> <ul style="list-style-type: none"> <li>☼ Think about the trauma even when you don't want to</li> <li>☼ Scary dreams</li> <li>☼ Flashbacks</li> <li>☼ Relationships are messed up</li> <li>☼ Block out the trauma (can't remember it)</li> <li>☼ Avoid people or places that remind you of the trauma</li> <li>☼ Seeing people or places that remind you of trauma trigger you</li> <li>☼ Have a hard time concentrating or paying attention</li> <li>☼ Hard time sleeping</li> <li>☼ Your emotions are hard to control</li> <li>☼ You feel numb to everything</li> </ul>
<b>Feelings that Go Along with Trauma</b> <ul style="list-style-type: none"> <li>☼ Scared</li> <li>☼ Nervous</li> <li>☼ Edgy</li> <li>☼ Anxious</li> <li>☼ Alert</li> <li>☼ Terrified</li> <li>☼ Confused</li> <li>☼ Distracted</li> <li>☼ Irritable</li> <li>☼ Upset</li> <li>☼ Angry</li> <li>☼ Helpless</li> <li>☼ Hopeless</li> <li>☼ Afraid</li> <li>☼ Feel like you're going crazy</li> <li>☼ Feel like you caused the bad things to happen.</li> <li>☼ Feel like your life will never be normal again</li> <li>☼ Not sure what's real and what's not</li> </ul>	<b>Unhealthy Ways to Deal with Trauma</b> <ul style="list-style-type: none"> <li>☼ Getting in physical fights</li> <li>☼ Using drugs and alcohol to numb the pain</li> <li>☼ Overreact to small problems</li> <li>☼ Staying awake all the time to avoid bad dreams</li> <li>☼ Having unsafe sex or using sex to make painful feelings go away</li> <li>☼ Cutting or hurting yourself to handle the emotional pain</li> <li>☼ Screaming and yelling a lot</li> <li>☼ Doing high-risk things like stealing or driving without a license to escape painful feelings</li> </ul>



# The PSP Way to Deal with Trauma

S5H10-alt



**Freeze** – Once you feel yourself become triggered, STOP everything. FOCUS ON WHERE YOU ARE RIGHT NOW.



**Breathe** – Take four deep breaths. Feel the air come in and leave your body. The comfort pose can help you really focus on your breath.



## **Choose**

<b>Choose One Cool Thought To Calm Me</b>	<b>Choose One Good Move To Ground Me</b>
I am safe right now	Squeeze my fists and then relax them
The past is the past	Look hard at the colors in the room. Name them.
Nothing can hurt me here	Focus on my breath
I am stronger now	Hum to myself
I'm nobody's victim	Push my feet hard into the floor
I can be scared and still be okay	Call a safe person
1.	1.
2.	2.
3.	3.

## **Session 6: The Baby's Father**

### **Session Rationale:**

*Being a father is very important. Being a father means taking care of your kids, not doing bad things in front of them including doing drugs & swearing. Because I feel like a kids mind is like a sponge they take in every little thing. They always remember. Anyone can be a father but it takes a real man to be a dad.*

*15-year-old participant*

*My daughter does look a lot like with her father. I really don't like when she gets mad and shows it in her face because when her father is mad she makes the same face. I usually just tell her to stop and tell her that she looks just like her father. I just hate that they make the same face when they are mad. I know friends who hate the babys daddy and sometimes take it out on the kid for looking like him. I feel that girls shouldn't do that because it is not the kids fault that the parents are having problems. I think that many parents that end up splitting up for something give the child up to the father just because they feel that the baby looks to much like the father and that bothers them. I don't think I would do that.*

*16-year-old participant*

*Dear Anthony,*

*Because of the mistakes you made my son can't be with his father, and it hurts when I take him up there and when we walk out he always looks back at you like if he's waiting for you to get up and walk out with us, and he keeps on looking until he can't see you no more and that just wants to make me break down and cry. And now I'm out here doing every thing by myself. I have to work about a 10 hour day most every day to support our son. I have to pay all the bills by myself. I have to take care of Junior by myself. I have to deal with daycare when Junior acts up. I have to do everything by myself and it hurts me and stresses me out to the point that sometimes I feel like I can't handle it. I didn't make him by myself so why should I have to raise him by myself. I don't want to hurt your feelings but its true. If you ever think about messing up again once you get out think about the baby and how he is losing out on not having his father around. Because boys need a father figure more then they need a mother figure.*

*19-year-old participant*

(\*Anthony was serving a two year prison term on a weapons charge.)

From a common sense perspective, we know that dads matter. In the last decade, a substantial body of literature has accrued suggesting that paternal involvement plays a crucial role in children's emotional, social, and behavioral adjustment. In their review of scholarship focusing on the effects of fatherhood, Marsiglio and

colleagues (2000) concluded that having an involved, engaged father, even one who does not co-reside, has a positive impact on children's school functioning, externalizing behaviors, self-esteem, depression, and delinquency. Although teenage fathers tend to be less educated and earn significantly less than their older counterparts, at least one study found that teenage fathers' proficiency with parenting and their beliefs about being an involved parent were similar to older fathers (Mollborn & Lovegrove, 2011). Further, continuous involvement with the baby's father has been linked to increased resources for the child, a better home environment, and increased benefits of the father's social network, especially grandparent support (Cutrona et al., 1998). Unfortunately, many fathers discontinue their involvement with the mother and child within the first year of the child's life (Fagan, 2008) and are at-risk for becoming physically and emotionally absent over time (Futris & Schoppe-Sullivan, 2007).

Adverse events in the mother's life (Cutrona et al., 1998), lack of financial stability, and incarceration have all been linked to father's absence or under-involvement in their children's lives (Wilkinson et al., 2009). Intergenerational patterns also play a role with nearly two thirds of young, absent fathers in one study reporting being raised with little or no involvement from their own fathers (Wilkinson et al., 2009). However, perhaps the single greatest barrier of paternal involvement is relationship conflict with the child's mother. Notably with teen fathers as opposed to older men, the perceived quality of the relationship with the mother directly impacts the father's perception of his role as a father. In one investigation, a strong pattern emerged between young fathers who viewed their relationship with the child's mother as "unfriendly" or "negative" and their belief that they held no responsibilities in terms of raising their children. Conversely, being even platonically involved with the child's mother, significantly increases the chances that the father will be involved in caregiving and contribute financially toward the care of the child (Wilkinson et al., 2009).

Staying in a long term, committed relationship is challenging even for adults. But the economic, structural, and social stressors facing young parents can severely undermine the stability of their relationships. There is emerging evidence, however, to support the finding that the quality of the *caregiving alliance* may be more important than the status of the young couples *romantic involvement*. One study found that when the mother-father caregiving alliance was perceived as strong, fathers were more engaged in caretaking responsibilities whether or not they co-resided with the child (Futris & Schoppe-Sullivan, 2007). Given the established importance of fathers' involvement to child well-being how should a program capitalize on the dedication that many young fathers feel toward their children while taking into account the transitional nature of many young parent's intimate relationships?

Interventions aimed at increasing fathers' level of engagement prior to birth have been shown to effectively improve parents' ability to maintain positive co-parenting relationships (Fagan, 2008). While the importance of including fathers in parenting interventions is essential, the reality that most teen mothers serve as

the primary caretaker means that she is often the recipient of services. And while PSP can be effectively used with fathers, we take the perspective that modifying mothers' attitudes and beliefs which serve as barriers to fathers' involvement can be a highly effective approach to supporting fathers. Our work with PSP over the years has shown us that it is often the mothers' (and grandmother's) demands and unrealistic role requests that eventually extinguish young fathers' involvement. Essentially, mothers and grandmothers become gatekeepers limiting fathers' access to children unless certain standards are met. The most common themes for mothers restricting access to their children include: the father not contributing adequate tangible resources; the father dating someone new whom the mother does not like; the father having more social and economic freedom; the father not doing his "fair share" of the work, the father not parenting in a way the mother approves of, yet is safe; the grandmother not approving of the father's behavior; and the mother's new boyfriend being jealous of her relationship with the child's father.

But at the heart of a young mother's exclusion of the father from the baby's life is her deep held belief that the child is her only means of expressing her hurt and disappointment regarding the father's rejection of her. PSP explores these cognitive barriers while reinforcing that as long as the father is safe, meaning he will not physically or emotionally harm the child, his involvement in the child's life is a benefit. The pain of being raised without a father and the impact of the quality of the parents' relationship on a child's feelings of safety and security are explored. Furthermore, participants are taught specific social-cognitive skills to improve communication with the father regardless of the status of their relationship. Finally, participants are asked to identify specific ways they can engage the father in their babies' lives.

## **Session 6 Alternative Exercises and Handouts**

<p>(Alternative Activity 6.1) The Emotional Weather Report (Alternative Activity 6.2) My Parents Relationship (S6H7 – alt.) The Emotional Weather Report (S7H8 – alt.) Letter to My Parents Idea Sheet (S8H9 – alt.) Dear Mom and Dad Letter</p>
--

## Alternative Activity 6.1 The Emotional Weather Report (10 minutes)

**Objective:** To give participants an opportunity to identify triggers leading to high-risk behavior, understand the connection between body sensations, thoughts, feelings, and behavior and to discuss strategies that support increased social competence and emotional regulation.

### Outline:

- **Hand out one EWR to each participant (S6H7-alt)**
- Explain to participants that this sheet is called the Emotional Weather Report.
- We call it that because just like the weather, our thoughts and feelings are always changing. And just like we use technology to help us be prepared for the weather, we can use PSP skills to help us be prepared for our emotional weather.
- The EWR asks you to think of something that happened to you during the week that upset you or triggered you. It could have to do with being a parent, your boyfriend, school, your mother or anyone else.
- The EWR is a chance to take the skills you're learning in the PSP group and use them in the real world. It helps us get a better understanding of how our thoughts, feelings, and behavior are connected. Most importantly the EWR can help us become more **Effective People and Parents**.
- Like we've been talking about, we can't always control what happens around us, but we can control our thoughts and our actions.
- **Read though all of the questions on the EWR checking in with participants to make sure they understand each step.**

- Ask participants to complete the worksheet. Allow about 10 minutes for them to finish.
- To use this time most effectively, the facilitators should walk around the room and assist people in answering the questions while others work quietly. If you suspect that a participant has very limited reading or writing skills, offer to read and fill in the sheet for her. Actively involving yourself with the participants as they complete the form will help normalize this assistance.
- Once participants have finished, ask one person to volunteer to share her responses (offer an incentive if desired).
- Explain that there will be opportunities in the coming sessions to share EWRs.

**Facilitator Note:** The Emotional Weather Report (EWR) can be used as often as time allows. It can be used individually or in groups. The EWR allows for a processing of the interplay between triggering events and consequent body sensations, feelings, thoughts, and reactions. Given its utility in reinforcing self-regulation strategies, we highly recommend incorporating it into the group as frequently as possible.

### **Points for facilitators when using the Emotional Weather Report (EWR)**

- **Question situation selection and situation modification** when discussing triggers. “It seems like being out at parties gets you in trouble with the shelter’s curfew.” “If your friends start drinking and you know that’s a trigger for you, what could you do to change the situation?” “Okay, so you’re about to leave the baby with a friend of yours who you don’t really trust. Now your parenting radar has gone off and your gut is telling you this is a bad idea. What can you do to change the situation?”
- **Suggest using the skills** taught in the curriculum like *Freeze, Breathe, and Choose*. Help participants gain practice in switching from Hot Thoughts to Cool Thoughts. Also point out the benefits of using these strategies. For example, “Reminding yourself that ALL kids do these things makes you less angry and more able to stay in control of the situation.” Another useful PSP skill is to help participants identify safe, trustworthy people they can go to when distressed. For instance, “I’m wondering if there’s someone here you can go to when you’re feeling angry or upset? Someone you trust and who will give you good advice.”
- **Challenge cognitive distortions.** “Are you sure your mother meant you’re a bad parent when she asked you if you’d changed the baby recently?”
- **Reinforce behaviors and strategies** that reflect increased competencies in emotional awareness, coping effectively with distressing emotions, and modifying cognitive appraisals to reduce risk behavior. Reinforce participant behavior where impulsive or risky behavior was inhibited in favor of more modulated responses to risk. Make the connection between positive self-talk and self-control explicit. Tell them in **very specific terms** what’s good about what they did. For example, if a participant says, “*I wanted to slap my baby when she had a tantrum and threw her plate on the floor,*” but then reveals that she took a mom time out, reinforce the connection between this self-control (response modulation) and their thoughts.
  - E.g., “So you felt really angry and disrespected when she threw the plate on the floor. But you were able to remind yourself to take a mom time out until you calmed down. Is that right? It sounds like you really listened to your parent radar that time. Is there anything else that you were telling yourself that made it possible for you to walk away? Were you able to use **freeze, breathe, and choose** like we discussed last week?”
- **Highlight the transitional nature of feelings.** Ask the member how her rating of her feelings has changed over time (e.g., “So, when XX happened, your anger was at 90. What is it now? Notice how it’s less than it was before? That’s because our feelings change over time, with the strong feelings usually becoming less intense as time goes on.”)
- **Build Emotional Vocabulary.** As participants read through the feeling words that they circled, ask if any others apply. Use this as an opportunity to practice and expand their emotional vocabulary.

- **Use the group** to suggest emotional regulation strategies, provide pro-social solutions, and to challenge any Hot Thoughts. For example, if a person gets stuck when identifying Cool Thoughts, facilitators might say, “Okay, so it seems like having the baby’s father not show up for his visit really triggered you. How about we ask the group if they have any ideas about what you might tell yourself to calm down and keep your cool?”

### **Review of Emotional Literacy Skills Built through the Weather Report**

- Identifying external and internal triggers
- Identifying the body sensations associated with the event
- Building an emotional vocabulary by labeling the feelings that arose during the situation
- Rating the intensity of those feelings from a scale of 1 to 100
- Observing how feelings change over time
- Evaluating and modifying their cognitive appraisals – (In other words, *“What thoughts did you have that triggered your response? What could you tell yourself to keep your cool?”*)
- Assessing responses and formulating adaptive responses for future use (In other words, *If you were in this situation again, what could you do differently to keep your cool and stay out of high-risk behavior?*)



## **Alternative Activity 6. 2 My Parents' Relationship (20 minutes)**

**Objective:** To help members explore the quality of their parents' relationship, discuss the impact of this relationship on their well-being, and use this information to help participants make positive relationship choices for their own children.

### **Outline:**

- **Hand out the Letter to My Parents Idea Sheet (S6H8-alt)**
- **Hand out the Dear Mom and Dad Letter Sheet (S6H9-alt)**
- Explain to participants that we learn a lot about relationships from watching the one between our mother and father.
- Even if your mother or father didn't live with you, this relationship can have a big effect on us and we may have strong feelings about it.
- Ask participants to **write a letter to their parents** describing how this relationship impacted them.
- Read through the idea sheet as a group to help participants generate ideas for their letters.
- Once participants have written their letters, allow them to share as a group.

### **Discussion Points:**

- Explore the concept that we have the power to learn from our parents' mistakes.
- Discuss the damage that unhealthy relationships have on children.
- Ask if participants sometimes felt their parents chose other people over them.
- Ask if people want more for their children than they had. In what ways?
- Does some part of them want their parents to apologize for their actions.
- How can we find compassion for our parents and be able to move on?
  - Try and see why their parents made some of the choices they made
  - Look back at their parents' childhoods and see patterns that may have caused them to make these choices
  - Think of sacrifices their parents made for them

## Emotional Weather Report S6H7-alt

1. Think back over the week. What was a situation that stressed you out or upset you (even a little)? Describe what happened. Include people, places, and events.

2. What thoughts did you have when you were triggered? (What was going on inside your mind?)

3. In that stressful situation, what feelings got triggered? Circle the feelings that described your emotions.

annoyed	empty	ignored	pleased
anxious	enthusiastic	intimidated	proud
ashamed	entitled	isolated	rejected
bored	excited	jealous	relieved
calm	fed up	joyful	remorseful
cheated	frightened	left out	restless
cheerful	glad	lonely	sad
confused	guilty	mad	scared
concerned	happy	miserable	stupid
disrespected	helpless	nervous	tense
disturbed	hopeful	overwhelmed	thrilled
edgy	hurt	pained	worried

The strongest feeling I had was \_\_\_\_\_.

The second strongest feeling I had was \_\_\_\_\_.

*Are you feeling the same way now as you were then? \_\_\_\_\_.* S6H7 - alt

*5. What body sensations or signs of physical stress did you experience?  
Circle below.*

Muscle tension    headache    sweating    difficulty breathing  
pounding heart    tingling    numbness    tiredness    hyper or restless  
upset stomach    couldn't sleep    physical pain    dizziness  
body got hot or cold    dry mouth

*6. How did you react - what did you do?*

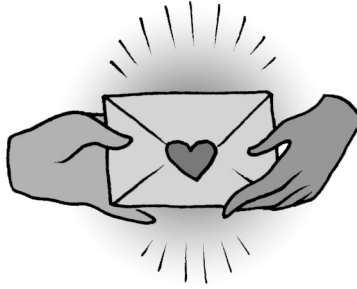
*7. If you face this situation again, what "Cool Thoughts" could you tell yourself to stay in control?*

*8. What "Good Moves" could you use to stay calm and in control? Look at your list of "Effective parenting and people skills" for ideas.*

*9. In this situation, my baby felt \_\_\_\_\_.*

*10. I know this because she or he \_\_\_\_\_.*

## Letter to my Parents Idea Sheet S6H8-alt



Try including some of these things in your letter:

- © What it felt like if they fought a lot.
- © What it felt like if your mom or dad left the family.
- © What it felt like if you watched one of your parents hurt the other.
- © How you felt about yourself because of their relationship.
- © How their relationship affected your siblings.
- © How their relationship influenced the relationship choices you made.
- © How you want your baby's relationship with his dad to be the same or different than the one you had with your dad.
- © Anything for which you are grateful to them.



## S6H9-alt

[illegible]

---

## **Session 7: Who Am I Really? An Introduction to the Core Self**

### **Session Rationale:**

*By becoming a mother it helped me straighten out in a lot of ways. The main way is the hanging out and acting crazy, going to jail all had to stop. The other thing is I thought let me try going to school and also to work. I had to figure out how I was going to do all of this. After a couple a months while I was pregnant I had straighten out. My mom and lots of people were shocked of how well things really were now in my life. For school, I was focused and very into learning. I was getting somewhere I really wanted to be. I felt like my child has to see me as a wise, respectful women. That's how he will always see me now.*

*16-year-old participant*

*Before I became a mother I wasn't as negative about myself as I am now. When I became a mother I became very insecure about the things I do. Such as the house is never clean enough. I need to go to college. And I need to get a job. I always feel like I can never do enough. But even though I'm insecure now I'm also very strong. Looking back at before I had Lucas I don't think I had any will to do anything and now I recognize how important it is to be everything I can be for Lucas. I live not only for myself but for him and in return I hope to gain confidence about being a mother. The other thing I hope to accomplish is to help him be happy in his life and feel positive about who he is.*

*18-year-old participant*

*Before I got pregnant I was a whole different person. I was running the streets drinking, smoking weed, getting into trouble. Doing everything I wasn't suppose to do. I went to school but I didn't do good until the last minute and just barely passed. I was constantly fighting with my mom got kicked out of my house and had to move in my friends house. I went from house to house not knowing where I was going next, not knowing what was going to happen to me. I can actually say I didn't care about myself at all. I just wanted to hang out all the time, be with my friends and my boyfriend and live my life the way I want. I didn't want any one to tell me anything different. Then I find out I'm pregnant. Talk about a smack in the face. Talk about a reality check. When we decided to keep him I knew I had to change my life around. I never had doubts about what kind of mom I was going to be because I always knew I was going to be a good mom and I was going to do whatever possible for my son which I did and what I'm still doing. I'm happy I have my son. He changed me into a better person.*

*17-year-old participant*

Anyone working with young people knows first hand that adolescence represents a time of significant growth and that adjusting to this rapidly unfolding transformation is not always smooth. A quick look at the range of physiological, cognitive, social and emotional changes that span adolescence offers a better understanding as to why many teens struggle with this sometimes turbulent phase of growth. Developmental hallmarks associated with early through late adolescence include: changing cognitive capacities; the move away from family as the primary social network toward peers; integrating gender-related role expectations; exploring sexuality and sexual maturation; increasingly complex moral reasoning; a greater need for autonomy; developing intimate partner relationships; establishing career goals and launching from the family (Miccuci, 1998). But perhaps the most important stage salient task of adolescence is developing a **cohesive self-identity**. This is a particularly challenging process for many highly at-risk youth, particularly those coming from abusive and neglectful backgrounds, where even the most resilient can struggle to create an organized and healthy sense of self. Many of these young people have experienced chronic failures academically, socially, and within their larger communities, leaving them with negative views of who they are and what they are capable of.

The task of identity development is further complicated by premature parenthood. The developmental psychologist, Erik Erikson, framed adolescence as a time when individuals have a crisis of identity, struggling to determine who they are and what they will become in the world. Adolescents who successfully navigate this crisis establish a stable sense of identity which prepares them for the next developmental phase – creating intimacy with others. According to Erikson, those who struggle with this stage experience role confusion, a lack of clarity about the fundamental nature of one's self and purpose. Figuring out "Who am I?" is a complicated enough task for adolescents facing typical developmental experiences. But what is this phase like for an adolescent who enters the off-time role of motherhood? How does her identity as an individual develop in relation to the monumental event of having a child and assuming the role of caretaker? To what extent does motherhood restrict her exploration of other roles? Does motherhood become central or peripheral to her emerging sense of self? Addressing this issue, Coley and Chase-Lansdale (1998) note, "parenthood, with its continual demands and responsibilities, can leave little time for exploration and appropriate individuation in areas of normative teen concern such as peer relations, dating, schooling, and career choices," (p.155).

To facilitate optimal growth PSP promotes the establishment and integration of a dual identity, that is, typical development as an adolescent and emerging adult as well as identity as a mother (Raeff, 1994). To help answer these complex questions that underlie identity formation, we begin by teaching the Core Self model, which separates "doing" from "being" and focuses on the various roles that individuals assume throughout the lifespan, including parenthood. Further,



participants are shown that the Core Self, or one's essential good, wise, peaceful nature is the source of one's "parenting radar." By attuning to this wise inner voice, parents' ability to pause and make safer choices for their children is reinforced, increasing their sense of self-efficacy. Rather than perceiving parenthood as a premature role thrust upon them and one they are not capable of assuming, PSP participants come to see the qualities that are associated with effective parenting such as patience, loving, compassion, and nurturance as aspects of self they already possess. This model of self not only helps participants modify negative self-concepts, but empowers them in assuming the role of parenthood. The same Core Self model is also applied to participant's children and parents are trained to become aware of the "self-messages" they are transmitting to their own children.

## **Session 7 Alternative Exercises and Handouts**

(Alternative Activity 7.1) The Emotional Weather Report

(Alternative Activity 7.2) Poisonous Thoughts about Ourselves

(Alternative Activity 7.3) The Story of the Two Wolves

(S7H6-alt) Emotional Weather Report

## Alternative Activity 7.1 The Emotional Weather Report (10 minutes)

**Objective:** To give participants an opportunity to identify triggers leading to high-risk behavior, understand the connection between body sensations, thoughts, feelings and behavior and to discuss strategies that support increased social competence and emotional regulation.

### Outline:

- **Hand out one EWR to each participant (S6H6-alt)**
- Explain to participants that this sheet is called the Emotional Weather Report.
- We call it that because just like the weather, our thoughts and feelings are always changing. And just like we use technology to help us be prepared for the weather, we can use PSP skills to help us be prepared for our emotional weather.
- The EWR asks you to think of something that happened to you during the week that upset you or triggered you. It could have to do with being a parent, your boyfriend, school, your mother or anyone else.
- The EWR is a chance to take the skills you're learning in the PSP group and use them in the real world. It helps us get a better understanding of how our thoughts, feelings and behavior are connected. Most importantly the EWR can help us become more **Effective People and Parents**.
- Like we've been talking about, we can't always control what happens around us, but we can control our thoughts and our actions.
- **Read through all of the questions on the EWR checking in with participants to make sure they understand each step.**

- Ask participants to complete the worksheet. Allow about 10 minutes for them to finish.
- To use this time most effectively, the facilitators should walk around the room and assist people in answering the questions while others work quietly. If you suspect that a participant has very limited reading or writing skills, offer to read and fill in the sheet for her. Actively involving yourself with the participants as they complete the form will help normalize this assistance.
- Once participants have finished, ask one person to volunteer to share her responses (offer an incentive if desired).
- Explain that there will be opportunities in the coming sessions to share EWRs.

**Facilitator Note:** The Emotional Weather Report (EWR) can be used as often as time allows. It can be used individually or in groups. The EWR allows for a processing of the interplay between triggering events and consequent body sensations, feelings, thoughts and reactions. Given its utility in reinforcing self-regulation strategies, we highly recommend incorporating it into the group as frequently as possible.

## **Points for Facilitators When Using the Emotional Weather Report (EWR)**

- **Question situation selection and situation modification** when discussing triggers. “It seems like being out at parties gets you in trouble with the shelter’s curfew.” “If your friends start drinking and you know that’s a trigger for you, what could you do to change the situation?” “Okay, so you’re about to leave the baby with a friend of yours who you don’t really trust. Now your parenting radar has gone off and your gut is telling you this is a bad idea. What can you do to change the situation?”
- **Suggest using the skills** taught in the curriculum like *Freeze, Breathe, and Choose*. Help participants gain practice in switching from Hot Thoughts to Cool Thoughts. Also point out the benefits of using these strategies. For example, “Reminding yourself that ALL kids do these things makes you less angry and more able to stay in control of the situation.” Another useful PSP skill is to help participants identify safe, trustworthy people they can go to when distressed. For instance, “I’m wondering if there’s someone here you can go to when you’re feeling angry or upset? Someone you trust and who will give you good advice.”
- **Challenge cognitive distortions.** “Are you sure your mother meant you’re a bad parent when she asked you if you’d changed the baby recently?”
- **Reinforce behaviors and strategies** that reflect increased competencies in emotional awareness, coping effectively with distressing emotions, and modifying cognitive appraisals to reduce risk behavior. Reinforce participant behavior where impulsive or risky behavior was inhibited in favor of more modulated responses to risk. Make the connection between positive self-talk and self-control explicit. Tell them in **very specific terms** what’s good about what they did. For example, if a participant says, “*I wanted to slap my baby when she had a tantrum and threw her plate on the floor,*” but then reveals that she took a mom time out, reinforce the connection between this self-control (response modulation) and their thoughts.
  - E.g., “So you felt really angry and disrespected when she threw the plate on the floor. But you were able to remind yourself to take a mom time out until you calmed down. Is that right? It sounds like you really listened to your parent radar that time. Is there anything else that you were telling yourself that made it possible for you to walk away? Were you able to use **freeze, breathe, and choose** like we discussed last week?”
- **Highlight the transitional nature of feelings.** Ask the member how her rating of her feelings has changed over time (e.g., “So, when XX happened, your anger was at 90. What is it now? Notice how it’s less than it was before? That’s because our feelings change over time, with the strong feelings usually becoming less intense as time goes on.”)
- **Build Emotional Vocabulary.** As participants read through the feeling words that they circled, ask if any others apply. Use this as an opportunity to practice and expand their emotional vocabulary.

- **Use the group** to suggest emotional regulation strategies, provide pro-social solutions, and to challenge any Hot Thoughts. For example, if a person gets stuck when identifying Cool Thoughts, facilitators might say, “Okay, so it seems like having the baby’s father not show up for his visit really triggered you. How about we ask the group if they have any ideas about what you might tell yourself to calm down and keep your cool?”

### **Review of Emotional Literacy Skills Built through the Weather**

#### **Report**

- Identifying external and internal triggers
- Identifying the body sensations associated with the event
- Building an emotional vocabulary by labeling the feelings that arose during the situation
- Rating the intensity of those feelings from a scale of 1 to 100
- Observing how feelings change over time
- Evaluating and modifying their cognitive appraisals – (In other words, *“What thoughts did you have that triggered your response? What could you tell yourself to keep your cool?”*)
- Assessing responses and formulating adaptive responses for future use (In other words, *If you were in this situation again, what could you do differently to keep your cool and stay out of high-risk behavior?*)

## **Alternative Activity 7.2 Poisonous Thoughts about Ourselves (10 minutes)**

**Objective:** To help participants modify cognitive distortions and faulty attributions about themselves.

### **Outline:**

- **Hand out a piece of blank 8 ½ X 11” paper to each participant.**
- Ask participants to write one **Poison Thought** they have heard people say about them growing up at the top of the page.
- Next ask them to write the ways that this word or label has influenced the way they think about themselves.
  - How did it impact the choices they made?
  - The people they chose to bring into their lives?
  - What they thought they were worth?
  - What they thought they were capable of?
- Allow participants time to share their answers.

### **Points to Reinforce:**

- None of these Poison Thoughts is part of the Core Self.
  - As children, we act the way we do for a reason.
  - As adults, we have the power to change the way we see ourselves.
  - We have the choice to show up in the world differently.
  - Becoming a parent is a time of great change. It can transform us.
  - Whenever we hear ourselves saying these Poison Thoughts, we need to be mindful and throw them away.
- 
- When participants are finished processing their sheets, ask them to crumple them up. Walk around with a trash can and allow participants to “toss away these Poison Thoughts.”

**Facilitator Note:** Make sure that these papers are confidentially disposed of after the group adjourns.

## Alternative Activity 7.3 The Story of the Two Wolves (10 minutes)

**Objective:** To reinforce and apply the concepts of the Core Self.

**Outline:**

- Tell participants you'd like to share a parable with them.
- Explain that a parable is a story with a lesson.

### The Story of 2 Wolves

One evening an old Cherokee Indian told his grandson about a battle that goes on inside people. He said, 'My son, the battle is between two 'wolves' inside us all. One can be Destructive. It is rage, envy, jealousy, sorrow, greed, arrogance, self-pity, resentment, inferiority, lies, false pride, superiority, and ego.

The other is Good. It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith.

The grandson thought about it for a minute and then asked his grandfather: 'Which wolf wins?'

The old Cherokee simply replied, 'The one you feed.'

### Discussion Questions:

- Point to the Core Self Poster.
  - Ask participants how this story relates to the Core Self.
  - Where would the qualities like greed, anger, and jealousy go?
    - In the circles around the star

### Write these qualities down on the poster.

- Where would the qualities like empathy, peace, love, joy, and hope go?
  - Inside the Core Self star
- What sorts of things feed our anger, jealousy, and greed?
  - Acts like lying, stealing, hurting others
- What sorts of things feed peace, love, compassion?
  - Acts like doing the right thing, meditating, kindness, selflessness
- Explain how if a person spends all their time feeding their anger, hatred and greed, they will get stuck way out in one of these circles.
- That doesn't mean that the Core Self is gone, but they will have to work hard to get back in touch with that Core Self.
- Review with participants ways to get in touch with the **Core Self using worksheet (S7H5).**

## Emotional Weather Report S7H6-alt

1. Think back over the week. What was a situation that stressed you out or upset you (even a little)? Describe what happened. Include people, places, and events.

2. What thoughts did you have when you were triggered? (What was going on inside your mind?)

3. In that stressful situation, what feelings got triggered? Circle the feelings that described your emotions.

annoyed	empty	ignored	pleased
anxious	enthusiastic	intimidated	proud
ashamed	entitled	isolated	rejected
bored	excited	jealous	relieved
calm	fed up	joyful	remorseful
cheated	frightened	left out	restless
cheerful	glad	lonely	sad
confused	guilty	mad	scared
concerned	happy	miserable	stupid
disrespected	helpless	nervous	tense
disturbed	hopeful	overwhelmed	thrilled
edgy	hurt	pained	worried

The strongest feeling I had was \_\_\_\_\_.

The second strongest feeling I had was \_\_\_\_\_.



*Are you feeling the same way now as you were then? \_\_\_\_\_.* S7H6-alt

*5. What body sensations or signs of physical stress did you experience?  
Circle below.*

Muscle tension    headache    sweating    difficulty breathing  
pounding heart    tingling    numbness    tiredness    hyper or restless  
upset stomach    couldn't sleep    physical pain    dizziness  
body got hot or cold    dry mouth

*6. How did you react - what did you do?*

*7. If you face this situation again, what "Cool Thoughts" could you tell  
yourself to stay in control?*

*8. What "Good Moves" could you use to stay calm and in control? Look at  
your list of "Effective parenting and people skills" for ideas.*

*9. In this situation, my baby felt \_\_\_\_\_.*

*10. I know this because she or he \_\_\_\_\_.*

## **Session 8: Families: Where We Come From**

### **Session Rationale:**

*Well not everyone follows their mom's footstep but then again 70% of girls I know got pregnant young because their mom was a young mother. My mom got pregnant at 17 had my sister at 18 and that's the same age I got pregnant and had my son.*

*19-year-old participant*

*I got no support from my mom, and it stressed me out by thinking that this is the moment that I need her the most. I understand that she's upset at me for what I did in the past, but that is not an excuse for her not to support me, or help me out on nothing. All I want is for her to be there for me or at least try like my dad is doing, helping me out. I think that she's like that because probably my grandmother was like that with her when she first got pregnant. My grandmother was mean to her, and in my country, El Salvador, parents believe that you can only get pregnant if you're married, but not before that. But, I try to understand her, because she still believes in all them sayings. I didn't grow with her, I grow up with my grandparents, and on my teenage years, I grow up in DSS. But when I was with mom for couple of years, she never support me, everything I do was wrong for her, but I never had support of her, I had more support from friends then her or my family. I just wish she could be there for me now the baby is here.*

*18-year-old participant*

*I feel that the only thing is I wouldn't bring my son up the way I was or my sisters. I'm not saying my mom was bad its just that I think she made the wrong decisions about things. She didn't have time for us and was always putting mens in her life ahead of us. To me I feel if she paid us more attention my life would be different today. I probably would've finished school would've never had a child. For so many years she never gave us a thought, like we weren't even her flesh and blood. But since the baby come, she wants to get back in my life and spend time with her grandchild. I think she's trying to make up for the way she raised us. I'm glad for the help, but sometimes I think where was you when I was a kid?*

*18-year-old participant*

*I think its really hard to live with your parents trying to raise a child because they try to tell you what to do with your child. And you want to raise your child your own way different from the way your parents raised you. Because when I be doing stuff with my son my mom will say something like "No your doing it wrong" or "No I don't like it that do it like this" and I get mad so I be yelling at my mom telling her to leave me alone that he's my son I'll do what I want with him. I be telling my mom she raised me so let me raise my son. I love my mom and everything but she made some mistakes raising me and I just want to raise my son my own way and make my own mistakes.*

*17-year-old participant*

The support offered by the families of young parents can vary widely and there is some debate as to *how much* and *what kind of* support is most beneficial. In general, research suggests that social, financial, and parenting support is linked to the type of adjustment both young mothers (Letourneau et al., 2004) and fathers (Fagan, 2007) make to parenthood. The majority of research indicates that positive family involvement promotes a range of adaptive outcomes including increased educational attainment for the mother (Beers & Hollo, 2009), parenting satisfaction (Letourneau et al., 2004), and increased nurturing skills (Hess et. al., 2002). Given that teen parents are less prepared financially and emotionally to assume the responsibilities and challenges of childrearing on their own, three-generational living is a common experience (Coley & Chase-Lansdale, 1998). The creation of TANF (Temporary Assistance for Needy Families), which required minors to live in an adult-supervised home in order to receive benefits increased the likelihood of teen mothers residing with their parents. While this arrangement has considerable merit, there is some evidence suggesting that co-residing may negatively effect young mothers' parenting skills, cause confusion regarding parenting roles (Eshbaugh, 2008) and increase teen-mother conflict (Coley & Chase-Lansdale, 1998). The question then becomes, if a grandparent is willing and able to help her child navigate the challenges of early parenthood, what type of role and support is most beneficial?

In an examination of the roles that black urban grandmothers typically assume when their teenage daughters become young parents, researchers found four distinct categories: The Parental Replacement Model; The Parental Supplemental Model, The Supported Primary Parent Model; and The Parental Apprentice Model (Apfel & Seltz, 1991). The authors posit that all four subtypes possess inherent strengths and weaknesses. For example, in the model where the grandmother replaced the mother as the primary caretaker, the adolescent mother was able to continue on a more typical developmental track with minimal interruption of education and vocational pursuits. The risks of this model include impaired attachment between mother and child and significant sacrifices on the part of the grandmother. They conclude that although each family must be evaluated individually to assess their unique strengths and needs, by and large *grandmother relationships that support the mother as the primary caretaker, while offering parenting guidance and emotional support* may be the most advantageous. PSP uses this framework in helping grandmothers identify and assume a role that best benefits the social and emotional development of her child and grandchild.

An issue that often emerges in this section is the intergenerational dynamic of early teen parenthood. It is estimated that daughters of teen mothers are 66% more likely to enter premature parenthood themselves even after accounting for other risk factors (Meade & Ickovics, 2008). The legacy of early pregnancy presents several complex psychological issues that not only interfere with the adolescent successfully individuating from her mother, but potentially jeopardize her transition into the role of motherhood. The first occurs when grandmothers

consciously or unconsciously envision her daughter's pregnancy as a "second chance" to correct the childrearing choices she made with her own children. Many grandmothers see a newborn as an opportunity to undo the mistakes of their pasts and gain a sense of mastery and control over their own experiences of premature parenting. When this occurs, the grandmother often assumes the primary caretaking role (The Parental Replacement Model) and relegates her daughter to an ancillary position.

A second problem related to the intergenerational effects of early parenthood comes from the daughter's psychological experience of her mother's caregiving. Though many teen mothers are capable and loving parents, it has been noted that a significant number exhibit difficulty in appropriately responding to their children's needs and using sensitive and contingent discipline (Koniak-Griffin et al., 1992). These mother-child interactions can become increasingly negative and coercive, resulting in child behavior problems and parental withdrawal. When a young teen is chronically unsuccessful in reengaging an absent or psychologically unavailable mother, pregnancy is often a drastic though effective approach. In a journaling project we conducted prior to writing PSP, several young mothers noted that they purposely acted out through delinquency, substance misuse, and relationship crises to draw their mothers back into their lives, but it wasn't until they became pregnant that they were successful in fully commanding her attention. Thus, many neglected adolescents become mothers in order to be mothered.

On the other end of the continuum are the young mothers who, as a result of the abuse and neglect they experienced within their families of origin, psychologically "cut-off" after the birth of their child. While this reaction to years of hurt, fear and pain is understandable, there are costs both for the adolescent parent and her child. As Aylmer (1989) notes, "cutoff robs families of their essence and vitality and contributes to a sense of hollowness and vulnerability to the individual members it launches, but does not support" (p. 203-204). While adolescent mothers whose own mothers failed to nurture and protect them have every right to be angry, cutting off and withholding their children as a form of retaliation leads to its own legacy of pain and alienation. So long as family members are psychologically and physically safe, PSP encourages young parents to accept from their parents what they can give. The birth of a child is an opportunity for healing and change and the PSP program attempts to capitalize on this as a means of helping young parents be open to repairing relationships and accepting help.

PSP takes a two-tiered approach to family relationships in the context of new motherhood. One goal is to help young mothers navigate the complicated relationships they share with their mothers, including managing their expectations regarding the grandmother's level of involvement. It is common for many adolescent mothers to overestimate the scope and amount of support from family members and be disappointed with the actual help provided. To help adolescent mothers balance asking for and accepting help from their mothers

while establishing their role as the primary caretaker, specific social-cognitive communication skills are developed. The second approach involves engaging the grandmother directly by having her read Chapter 10 in PSP which is written expressly for grandmothers or others who are supporting a young mother in raising her child. Topics include the pitfalls of assuming a primary caretaking role rather than a support role, addressing one's desire to have "a second chance" to raise this baby better than she raised her own, and "gate keeping," in which grandmothers attempt to keep the baby's father away from the mother and the child. Of note, one study found that grandmothers tended to endorse qualities in young fathers such as involvement through financial contributions and emotional support that many had trouble providing given their age and economic opportunities (Krishnakumar & Black, 2003). By thoughtfully addressing the strengths and challenges of three-generational living clinicians can help young mothers heal rifts in relationships, seek and accept the support and guidance they thrive on, and ensure the healthy development of the youngest generation born into the family.

## **Session 8 Alternative Exercises and Handouts**

<p>(Alternative Activity 8.1) My Mother's Strengths</p> <p>(Alternative Activity 8.2) My Baby's Childhood Exercise</p> <p>(Alternative Activity 8.3) How Wee See It</p> <p>(S8H8-alt) My Mother's Strengths and Challenges Worksheet</p> <p>(S8H9-alt) My Childhood Worksheet</p> <p>(S8H10-alt) My Child's Childhood Worksheet</p>
---

## **Alternative Activity 8.1 My Mother's Strengths (15 minutes)**

**Objective:** To encourage participants to identify the strengths their mothers possess as well as the challenges they experience as a means of establishing a reality-based picture of their mother. A major developmental task of adolescence is individuation and autonomy development. Gaining an accurate assessment of one's mother facilitates these processes.

### **Outline:**

- Explain that all mothers are human beings first and mothers second. Like all humans, they have strengths and they have challenges.
- Some mothers face more challenges than others and this makes it hard to be an effective parent.
- **Hand out My Mother's Strengths and Challenges Worksheet (S8H8-alt) and ask participants to complete it.**
- Allow participants to share their responses.

## Alternative Activity 8.2 My Baby's Childhood Exercise (15 minutes)

**Objective:** To create a distinction between the participant's own early childhood experiences and her child's as a means of reinforcing the potential for interrupting negative intergenerational cycles.

### **Outline:**

- **Hand Out the My Childhood Worksheets (S8H9-alt)**
- Ask participants to draw a picture of what their own childhood felt like to them.
  - Include **people, activities, events, or places** that show what your early life was like.
- Explain to participants that this exercise isn't a drawing contest and it doesn't have to be a great work of art. Just capture the *feeling* of your childhood.
- Then underneath write 5 words that *describe* what your childhood was like.
- **Hand out the My Child's Childhood Worksheets (S8H10-alt)**
- Ask participants to draw what they want their baby's childhood to be like.
  - Include the people you want in his or her life, the types of experiences you want him or her to have, and anything else you think is important.
- Then underneath, write the 5 words that you MOST want to describe your child's life.

### **Processing the Worksheet:**

- Ask participants what they included in their drawings.
- What stood out most in their memories?
- What words did they use to describe their childhoods?
- What words did they use to describe how they want their babies' lives to be?
- In order for you to create the type of childhood you want for your baby, what effective parent skills can you use? (They can use an effective parent skills sheet, **S8H1**, to answer this question.)
- Put both pictures side by side. Is there anything from your childhood picture that you see carrying over into your child's picture either positive or negative?
- If participants identify negative aspects of their childhoods carrying over, ask them what effective parenting skills they can use to break the cycle.



## **Alternative Activity 8.3 How We See It (10 minutes)**

**Objectives:** To use optical illusions to reinforce the cognitive reframing concept that there is always another way to “see” a situation.

**Outline:**

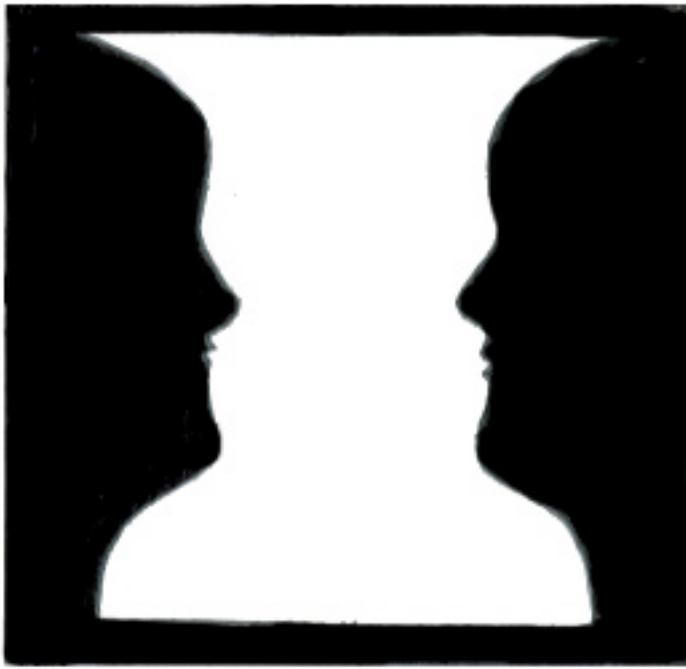
- **Show the following images and ask the questions that correspond to each picture.**



**Ask participants what they see first.  
Can they see both an old and a young woman?**



**Ask participants what they see first.  
Can see both a young woman and a musician?**



**Ask participants what they see.  
Can they see both two faces and a vase?**



**Ask participants what they see.**  
**Can they see both the word EVIL and the word GOOD?**

Source for last image: National Institute of  
Environmental Health Sciences  
<http://kids.niehs.nih.gov/illusion/illusions.htm>

### **Processing the Worksheet:**

- Ask participants to think about the pictures they just saw. What did they notice about all of these pictures?
  - More than one image in each drawing.
- Explain that for most of us, **one image is dominant**. Meaning that one image popped up before the other.
- That can be true for the thoughts that pop up in our minds. **But just because it pops up first, doesn't mean it's necessarily the right or only way to see a situation.**
- And just like we changed the image we saw, **we can change how we see situations in our lives.**
- It might not be easy to do this at first. It might take practice. But we can do it if we try.
- When we use **Cool Thoughts**, we are literally changing the way we see the world and that can make us feel very differently.

# My Mother's Strengths and Challenges S8H8-alt



My mother's strengths as a mother were \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Her challenges as a mother were \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What, if any, qualities of your mother would you like to bring to your mothering? (If your mother did not raise you, write about the person who did raise you. It's ok to leave this section blank if you want.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the things that your mother did that you do not want to do with your own children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

S8H8-alt

# My Childhood worksheet

**My childhood felt like this:** <sup>S8H9-alt</sup>

---

**Five words that describe my childhood:**

---

---

---

---

---

---

---



# My Child's Childhood Worksheet

**I want my baby's childhood to feel like this:**

---

**Five words that I want to describe my baby's childhood:**

---

---

---

---

---

---

## **Session 9: Anger**

### **Session Rationale:**

*Well the only thing that I had to tell my boyfriend all the time is to stop yelling at the kids so much. Its ok to tell them to stop doing something but he pushes it. When something is not a big deal he screams & make it seem like its murder! He loses control of hisself when he's angry. Like he snaps. The only goal that I have to set for myself is that I always throw things when am mad & that really needs to stop. I notice that my kids is following my footstep my girls throw things when their upset & my son is doing it now also they scream & yell when they need something or want something. So the things me & my boyfriend need to change is his screaming & my throwing objects.*

*19-year-old participant*

*Nobody in my family handles their anger in a good way. My whole life we just scream and yell at each other over the smallest little thing. And my anger has got me in a lot of trouble like fighting and getting suspended and arrested. Now I see its coming out on my daughter. She does something and I just lose it. My mother was like that and her mother was like that so I guess its just in our genes. But I want to get more control over my anger because I don't want my daughter to grow up and act out of control like I did. I want her to be able to express her anger in a good way and have some peace with it.*

*17-year-old participant*

*Imagine the following scenario: Michelle, a seventeen-year-old mother of an 18-month-old son, Jamie, yells at him and shakes him roughly after he pulls a newspaper off the counter that had a cup of coffee on it. Coffee spills everywhere, including on her child who is luckily not burned. Cleaning up the spill and changing her son make her late for school, which causes her to be even angrier at her son because according to Michelle, "he should have known better than that." Once Michelle is angry, she has difficulty shifting her mood and continues the day irritable and tense, leading her to get into a verbal altercation with a teacher. Michelle's anger is triggered again that evening when she learns the director of the shelter revoked her weekend pass because she shook her child during the incident. Michelle spends the night in her room screaming at staff who are trying to help her calm down and shouting that the director is "out to get her and trying to get her baby taken away."*

For many high-risk adolescent parents like Michelle, anger and aggressive behavior pose problems not only to their own social and emotional adjustment as they enter adulthood, but to the health and development of their children as well. Aggressive adolescents are at risk for a range of poor outcomes including substance abuse, school drop out, criminal activity, and inadequate parenting (Farmer et al., 2002). In terms of child functioning, maternal anger and

aggressiveness have been linked to increases in child physical abuse (Stith et al., 2009) as well as externalizing behaviors in their children (Nix et al., 1999). Before continuing, it is helpful to clarify the terms used in this section. Here, *anger* refers to the internal, subjective experience of an emotion; whereas the term *aggression* indicates a behavioral act which can cause psychological or physical harm to another (Nelson et al., 2006). What determines how anger is managed and whether it is expressed as aggression or even violence hinges on the resources an individual has to effectively respond to and regulate distressing emotions.

Multiple factors have been shown to be associated with childhood aggression including genetic influences, self and emotion regulation capacities, witnessing domestic violence, poor parental discipline, poverty, co-morbid psychiatric disorders such as Attention-Deficit Hyperactivity Disorder, and peer and community influences (Patterson et al., 1992; Reid et al., 2002; Tremblay, 2000). Perhaps contributing more than any single determining factor to whether an individual will express her anger prosocially or will act out in dangerous and destructive ways is the model for emotional expression set by her primary caregivers. If youth are raised in families where adults explode with every minor provocation and verbal and physical abuse are common interpersonal events these patterns become normalized and replicated. In these daily, coercive interactions aggression is learned and reinforced. At the same time, children's inner, emotional lives are being shaped by the stressors of the poverty, negative parental affect, and abuse they experience. One young mother in a PSP group remarked, "Every day I wake up angry and pissed off at someone. I don't remember a time when I wasn't angry."

The risk factors leading to the development of externalizing behaviors in childhood appear to set the stage for premature parenthood. In one non-clinical sample, nearly one-third of the pregnant and parenting teens were diagnosed with conduct disorder (Zoccolillo et al., 1997). Further, girls who are more aggressive in childhood are not only more likely to have children as teenagers, but to have them at a younger age than less aggressive girls (Miller-Johnson et al., 1999). Although aggressive behavior tends to decline in girls over time, highly aggressive girls continue to be at-risk into adulthood. Broidy and colleagues (2003) suggest that unlike aggressive boys who are at greater risk for antisocial behavior in adulthood, a history of disruptive behavior in girls may translate to more internalizing behaviors such as early pregnancy, disordered eating, depression, and substance misuse as they enter adolescence. A substantial body of literature supports these assertions, demonstrating that adolescent mothers are in fact at greater risk for both substance use (Spears et al., 2010) and depression (Lanzi et al., 2009), factors which powerfully undermine their ability to be responsive and effective caretakers. A final risk factor is that anger and aggression seem to be contagious across relationships. Slep and colleagues (2005) found a high degree of co-occurrence between parent-to-parent aggression and aggression directed toward the couple's children. Findings such as these suggest that aggressive families create fertile ground for the

intergenerational transmission of anger as well as its expression through violence, coercion, and antisocial acts.

At stake with the young mother who “wakes up feeling angry every morning,” is her ability to modify her negative emotions in order to be responsive to and nurturing with her child. **Cognitive behavioral therapy** (CBT) has long been an effective approach to help youth manage their anger and externalizing behaviors (Kazdin et al., 1989). PSP integrates the potent mechanisms of change in CBT such as modifying automatic and irrational thoughts, teaching problem solving skills, altering the types of hostile and negative child attributions that lead to harsh parenting, providing affective education, and teaching adaptive social skills. PSP also integrates new findings from the field of **emotion regulation** such as increasing *effortful control* by helping youth *shift attention* away from anger inducing thoughts, *inhibiting dominant aggressive responses*, and *avoiding and modifying situations* that trigger anger. PSP integrates a core set of attentional and response modulation skills such as Freeze, Breathe, and Choose and the integration of Cool Thoughts and Good Moves to help participants inhibit the patterns of anger and aggression that place them and their children at risk.

CBT has been shown to be extremely effective in modifying thought content – that is, *what* is being thought about. But recently, it has come to light that *how* we view our thoughts might be equally important in terms of managing anger and regulating affect. **Mindfulness meditation**, the cultivation of intentional and non-judgmental awareness (Kabat-Zinn, 2003) helps individuals shift their relationship to their thoughts. Rather than perceive thoughts (or hostile attributions such as “this child pulled the coffee down on purpose,”) as truths which intensify distressing emotions, they learn to recognize thoughts as just thoughts. By perceiving their thoughts as internal phenomena which can be responded to or not, believed or not, and reframed or not, a wider repertoire of options becomes available. With practice, the dominant cognitive and behavioral response patterns that in the past may have triggered their anger begin to shift. In addition, some argue that responses to anger may be so dominant and rapid, that the cognitive system may not have time to be engaged before the emotional system reacts (Wright et al., 2009). Thus, over time, mindfulness activities create a “gap” or a space between the trigger and the reaction. The wider the gap becomes, the more time individuals have to access the content of the cognitive skills they have learned. Anger and aggression for many young mothers are multidetermined and overlearned processes, requiring a comprehensive treatment approach and opportunities for repeated practice to change the way they experience and manage distressing emotions.

## **Session 9 Alternative Exercises and Handouts**

<p>(Alternative Activity 9.1) The Emotional Weather Report (Alternative Activity 9.2) Dealing with Anger Differently Game (Alternative Activity 9.3) The Anger Worksheet. (Alternative Activity 9.4) Anger Visualization (Alternative Activity 9.5) Accepting Our Anger Story (S9H7 – alt) Emotional Weather Report (S9H8 – alt) The Anger Worksheet</p>
--

## Alternate Activity 9.1 The Emotional Weather Report (15 minutes)

**Objective:** To give members an opportunity to understand the connection between body sensations, thoughts, feelings and behavior and to discuss strategies that support increased social competence and emotional regulation. This EWR will focus on the emotion of anger.

### Outline:

- **Hand out one EWR to each participant (S9H7 – alt)**
- Ask participants to complete the EWR, noticing that the emphasis this week is on anger. They should think of a situation over the last week or so that caused them to feel irritated, frustrated, ticked off, enraged or some other degree of angry.
- Ask for a volunteer to share her worksheet.

### **Points for facilitators when using the Emotional Weather Report (EWR)**

- **Question situation selection and situation modification** when discussing triggers. “It seems like being out at parties gets you in trouble with the shelter’s curfew.” “If your friends start drinking and you know that’s a trigger for you, what could you do to change the situation?” “Okay, so you’re about to leave the baby with a friend of yours who you don’t really trust. Now your parenting radar has gone off and your gut is telling you this is a bad idea. What can you do to change the situation?”
- **Suggest using the skills** taught in the curriculum like *Freeze, Breathe, and Choose*. Help participants gain practice in switching from Hot Thoughts to Cool Thoughts. Also point out the benefits of using these strategies. For example, “Reminding yourself that ALL kids do these things makes you less angry and more able to stay in control of the situation.” Another useful PSP skill is to help participants identify safe, trustworthy people they can go to when distressed. For instance, “I’m wondering if there’s someone here you can go to when you’re feeling angry or upset? Someone you trust and who will give you good advice.”
- **Challenge cognitive distortions.** “Are you sure your mother meant you’re a bad parent when she asked you if you’d changed the baby recently?”
- **Reinforce behaviors and strategies** that reflect increased competencies in emotional awareness, coping effectively with distressing emotions, and modifying cognitive appraisals to reduce risk behavior. Reinforce participant behavior where impulsive or risky behavior was inhibited in favor of more modulated responses to risk. Make the connection between positive self-talk and self-control explicit. Tell them in **very specific terms** what’s good about what they did. For example, if a participant says, “*I wanted to slap my baby when she had a tantrum and*

*threw her plate on the floor,”* but then reveals that she took a mom time out, reinforce the connection between this self-control (response modulation) and their thoughts.

- E.g., “So you felt really angry and disrespected when she threw the plate on the floor. But you were able to remind yourself to take a mom time out until you calmed down. Is that right? It sounds like you really listened to your parent radar that time. Is there anything else that you were telling yourself that made it possible for you to walk away? Were you able to use **freeze, breathe, and choose** like we discussed last week?”
- **Highlight the transitional nature of feelings.** Ask the member how her rating of her feelings has changed over time (e.g., “So, when XX happened, your anger was at 90. What is it now? Notice how it’s less than it was before? That’s because our feelings change over time, with the strong feelings usually becoming less intense as time goes on.”)
- **Build Emotional Vocabulary.** As participants read through the feeling words that they circled, ask if any others apply. Use this as an opportunity to practice and expand their emotional vocabulary.
- **Use the group** to suggest emotional regulation strategies, provide pro-social solutions, and to challenge any **Hot Thoughts**. For example, if a person gets stuck when identifying **Cool Thoughts**, facilitators might say, “Okay, so it seems like having the baby’s father not show up for his visit really triggered you. How about we ask the group if they have any ideas about what you might tell yourself to calm down and keep your cool?”

## Alternative Activity 9.2 Dealing with Anger Differently Game (5 minutes)

**Objective:** To illustrate the concept of responding to anger triggers flexibly and in novel ways.

### Outline:

#### Pre-game Quiz (ask for a show of hands)

- Ask how many participants feel as though they have a problem managing their anger.
  - Ask how many people feel that how they deal with their anger is just part of who they are and they won't be able to change it.
  - Ask how many people feel **motivated** to change how they deal with their anger?
- 
- Explain to participants that **anyone can change the way they respond to their anger**. It just takes practice.
  - No matter what **anger style** you have, you can always change how you deal with triggers.
  - Explain to participants that you are going to do an anger demonstration.
  - Ask for a volunteer to stand about 7 feet in front of you.
  - Without any warning, gently throw at her a paper ball at her (a crumpled up 8 1/2 X 11" piece of paper).
  - Let her respond how she "normally" would.
  - Tell her you're going to throw another piece of paper at her, but this time she has to respond to the paper differently. (For example, if she caught it the first time, she can't catch it again. She can kick it, swat it, duck away from it, scream at it or anything else, but she can't catch it.)
  - Then throw another piece of paper toward her.
  - This exercise can involve as many "rounds" of throwing as the facilitator would like.

#### Processing the Exercise:

- Ask participant what determined the first way she responded to the paper.
  - Probe to see if it was reflexive.
- What was different about the second way she responded to the ball?
  - Probe to see if it involved some type of thought.
  - What was the thought? (e.g., This time I'll duck.)
- Make the connection between our **natural impulses** toward situations and the fact that **we always have the choice** to deal with situations differently.
- These new ways of dealing with situations, like anger triggers, might not come as naturally, but we can make these changes if we're motivated.
- Using the skills we've learned in PSP like **Freeze, Breathe, and Choose** help us deal with our anger differently.



## Alternative Activity 9.3 The Anger Worksheet (10 minutes)

**Objective:** To illustrate the connection between anger triggers, cognitions, feelings, reactions and consequences. A secondary aim is to help participants understand which aspects of this cycle they have control over.

### Outline:

- Hand out the Anger Worksheet (S9H8 – alt) and draw a similar chart on the dry erase board.
- Explain to participants that you need a volunteer to help you fill out this chart. Think of a time when you got angry and DIDN'T handle your anger well.

### **If no participant volunteers, use the following example:**

Your mother promised to take the baby for the day so you could go shopping with some friends.

Her boyfriend called and she backed out on you last minute.

This made you really angry because your whole life she's been breaking promises to you.

You ended up swearing at her on the phone and telling her she was a crappy grandmother for always putting her boyfriends ahead of her own daughter.

She refused to talk to you for a week and didn't help out with the baby.

<b>A. The Trigger</b>	<b>B. Your Thoughts</b>	<b>C. Your Feelings</b>	<b>D. Your Reaction</b>	<b>E. The Consequences</b>
<i>The last time I got really angry was...</i>	<i>Any thoughts I had about the situation.</i>	<i>ALL the feelings I had</i>	<i>What I did...</i>	<i>What happened to me, my baby, and anyone else because of how I expressed my anger...</i>
<i>My mom backed out on babysitting</i>	<i>"She's always doing this crap to me!"</i>	<i>Angry, hurt, rejected, unworthy, not respected, unloved</i>	<i>Yelled at her</i>	<i>She won't talk to me. She hasn't taken the baby all week.</i>

- Using the provided example or one from a participant, fill out the chart on the dry erase.

- What two things we have control over?
  - Our Thoughts and Our Actions.

**Circle these 2 columns on the chart (B and D)**

**Processing the Worksheet:**

- What are some **Cool Thoughts** we could have used in this situation?
  - If I lose it with her, it will only hurt me in the end
  - She helps me out a lot. I need to remember that
  - I can't control what other people do. Her choices are her choices
  - Taking care of this baby is really not her responsibility. It's mine
- What are some **Good Moves** we could have used in this situation?
  - Change your plans to another day
  - Do something fun with your baby and some friends
  - Use the time to catch up on chores you've needed to do so you can go out when she does have time to take the baby
- Emphasize that **Cool Thoughts** and **Good Moves** are the keys to keeping our power and control. Don't have as many negative consequences. Better role models for our babies.

## **Alternative Activity 9.4 Anger Visualization (10 minutes)**

**Objective:** To help participant identify positive coping strategies for and reactions to anger through mental imagery.

### **Outline:**

- Have participants sit on the floor with their legs crossed.

**Facilitator Note:** As you do the following body scan, a good way to pace the flow of the exercise is to take a breath in or out before you move on to the next body part.

### **Use the following script for the visualization:**

*With your eyes still closed or your gaze downward, take a moment to notice whatever is happening in your body. Start at your feet and I'll guide you to slowly move your attention up through your body. Now, put all your awareness on your feet (pause). Feel the weight of your feet pressing against the floor. Keeping your thoughts to yourself, can you feel the socks around your feet? Do you notice whether your feet are warm or cool? Pay really close attention to the sensations in your feet. What do you notice when you really focus on your feet?*

Pause

*Now I'm going to guide you to other body parts. Your job is to pay complete attention to the sensations in those places - sensations you might not normally even notice. Now bring all your attention to your legs— be aware of your legs – if you notice any sensations like tingling or an itch, or cold or heat, your job is just to be aware of them but don't do anything to change them. Just observe them.*

Pause

*Now bring all your awareness to your stomach..... then up to your chest and lungs..... and now your back..... Remember, your job is to put all your awareness on each of these parts of your body and really pay attention to what is going on there. Now move up to your shoulders..... Do you notice any tension there? Now put your full awareness on your hands.....and then your lower arms.....and upper arms. Now to your shoulders again..... and then be aware of your neck..... your jaw.....your face..... and your eyes..... Do you notice sensations that you normally don't notice? Now place all of your attention on your forehead ..... and scalp. If you come across any tension or stress, just observe how it feels in your body. Simply be aware of any sensations as you bring your attention to your whole body.*

*Keeping your eyes closed, think of a time recently when you got really angry. Remember what the anger felt like in your body. Remember any thoughts and*

*feelings that you had. What were the feelings underneath the anger? How did you respond to your anger?*

*Now imagine being in this situation again. But this time imagine your anger as a large wave on the ocean. The wave gets bigger and bigger. In the past, you have been swept away by the wave of your anger. But this time, rather than being crushed by the wave or pulled under, you ride the top of it.*

*You feel the power of the anger wave, but you are stronger. This time you do not fall off. You keep your head above water. You focus on riding the wave and staying in control.*

*Soon you notice the anger wave getting smaller. As it heads towards shore it starts to dissolve. You feel proud that you have stayed focused, stayed on top, and made it safely to shore. Soon the anger wave is nothing more than a gentle ripple on the shore. You jump onto the solid sand and watch the water get pulled out to sea.*

*You realize the power you have to ride your anger. You realize that anger doesn't have to swallow you up or pull you down. You have the power to simply ride it out until the anger gets smaller and fades away. Congratulate yourself for riding the wave of your anger and staying in control.*

*When you are ready, open your eyes.*

**Discussion Questions:**

- Who'd like to share their experience?
- Ask participants what other strong emotions they think they could "ride out?"
- Are there other images that people have used as a way to help manage their anger?

## Alternative Activity 9.5 Accepting Our Anger Story (10 minutes)

**Objectives:** To further explore the concept of recognizing and accepting anger.

### **Outline:**

- Explain that how we **react** to anger has a lot to do with what we **tell** ourselves.
- For example, you might think that you get so mad that you **need** to do something.
- But sometimes, just **accepting** that you feel angry and letting it dissolve on its own **IS** the best way to deal with it.
- Tell participants that you want to share a story. Let participants know that this is a true story told by a girl in a PSP group.

### **Juliana's Story:**

Juliana was in the supermarket getting diapers for her daughter. As she was reaching to grab the pack off the shelf, she saw her baby's father come around the corner. He was with his new girl who was pregnant. This was a big surprise for Juliana. Instead of stopping to see his daughter, he kept right on walking like she and the baby didn't even exist. Juliana could feel her face get hot and her stomach knot up. Then some thoughts started racing through her mind like, "I should kick his ass right here in the store," and "I can't believe he did not stop and say hello to his own flesh and blood!" In the past, Juliana would have caused a scene in the store. But this time, she did nothing. She felt the anger in her body get stronger, **but she did nothing except breathe**. After a few minutes, she felt like she had control over her anger and she wouldn't do anything crazy. Her anger went from a 10 to a 6 and she felt like she was back in her safe zone. She kept on buying the diapers and left the store.

### **Discussion Questions for Juliana's Story:**

- What do you think of the way Juliana **handled this situation**?
- What **physical signs** of anger did Juliana have?
  - Face got hot, stomach knotted up
- What were the **consequences** of her actions?
  - Kept control of herself
- How did her **actions affect her daughter**?
  - Her daughter did not see her lose control of herself.
- What would the **consequences** have been if she had **started a fight with him** in the store?
  - Might have been arrested
  - Could have gotten hurt if the fight was physical
  - Would have scared her baby
  - Father might avoid the mother and avoid the baby too
- What **anger lessons** would she have taught her daughter?

- That it's OK to lose control of yourself when you're angry
- Would flipping out in the store have made the baby's father a **better dad**?
  - No
- What **feelings do you think were underneath** Juliana's anger?
  - Sadness
  - Hurt
  - Disappointment
- Walking away from the situation, Juliana told herself some "**Cool Thoughts**" to make herself feel better. Can anyone guess what they were?
  - He'd a jerk for getting another girl pregnant, but that's not in my control
  - By keeping my cool, I keep my power
  - He's not worth it

## Emotional Weather Report S9H7-alt

1. Think back over the week. What was a situation that made you angry (even a little)? Describe what happened. Include people, places, and events.

2. What thoughts did you have when you were triggered? (What was going on inside your mind?)

3. In that stressful situation, what feelings got triggered? Circle the feelings that described your emotions.

annoyed	empty	ignored	pleased
anxious	enthusiastic	intimidated	proud
ashamed	entitled	isolated	rejected
bored	excited	jealous	relieved
calm	fed up	joyful	remorseful
cheated	frightened	left out	restless
cheerful	glad	lonely	sad
confused	guilty	mad	scared
concerned	happy	miserable	stupid
disrespected	helpless	nervous	tense
disturbed	hopeful	overwhelmed	thrilled
edgy	hurt	pained	worried

The strongest feeling I had was \_\_\_\_\_.

The second strongest feeling I had was \_\_\_\_\_.

Are you feeling the same way now as you were then? \_\_\_\_\_.

5. *What body sensations or signs of physical stress did you experience?*

*Circle below.*

Muscle tension    headache    sweating    difficulty breathing  
pounding heart    tingling    numbness    tiredness    hyper or restless  
upset stomach    couldn't sleep    physical pain    dizziness  
body got hot or cold    dry mouth

6. *How did you react - what did you do?*

7. *If you face this situation again, what "Cool Thoughts" could you tell yourself to stay in control?*

8. *What "Good Moves" could you use to stay calm and in control? Look at your list of "Effective parenting and people skills" for ideas.*

9. *In this situation, my baby felt\_\_\_\_\_.*

10. *I know this because she or he \_\_\_\_\_.*



# The Anger Worksheet S9H8-alt



<b>A. The Trigger</b>	<b>B. Your Thoughts</b>	<b>C. Your Feelings</b>	<b>D. Your Reaction</b>	<b>E. The Consequences</b>
<i>The last time I got really angry was...</i>	<i>Any thoughts I had about the situation.</i>	<i><b>ALL</b> the feelings I had</i>	<i>What I did...</i>	<i>What happened to me, my baby, and anyone else because of how I expressed my anger...</i>

## **Session 10: Helping Your Baby Deal with Feelings**

### **Session Rationale:**

*You can tell what I'm feeling right away just by looking at my face. If I'm angry or sad or happy you'll know it. But my boyfriend says that concealing your feelings is necessary because you can't be ruled by them. Robert is nothing like me no matter the situation he is calm and can conceal his emotions right away. I'm not sure which way is right, to hide your feelings so they don't control your life or to let them out in the open. But I hope we can teach Emily how to handle her feelings so she doesn't bottle them up inside until she feels like she'll explode or do drugs like I did.*

*17-year-old participant*

*I want my daughter to be able to come to me with her feelings so I can help her. I never had that person in my life and I did a lot of unhealthy things to try and run from my feelings that came from being abused when I was little like eating too much and drinking. For awhile I even tried cutting myself. But those things didn't really help with my feelings because underneath they were still there no matter how much I tried to ignore them or cover them up and in the end they just caused me more pain. I want better for my daughter than that.*

*19-year-old participant*

*Feelings in my family was a strange thing. If we were sad people would tell you to cut it out or other things like we'd get slapped for laughing at the table. And with my mother, you never knew what would set her off so you were always walking around on eggshells trying not to make her explode. Mostly I just kept my feelings to myself, which is why I think I got pregnant so young because I was looking for someone to be able to share my feelings with and be able to tell how I was feeling. That was just something we never did in my house.*

*18-year-old participant*

Being able to regulate emotions is a critical aspect of children's development with success in this area impacting functioning across virtually all domains. If we think of people who are happy in their relationships, successful in their careers, who seem resilient to setbacks, are goal directed and motivated, and are able to adapt to a variety of settings, we often find them to be emotionally competent. This quality has garnered increased focus from researchers in the last decade and has been referred to by many names which often map onto to a similar set of skills. Carolyn Saarni (1999) defines emotional competence as the "emotion-related capacities and abilities an individual needs to deal with that changing environment such that he or she emerges as more differentiated, better adapted, effective, and confident," (p. 4). She lists the following 8 skills as pivotal to emotional competence:

1. Awareness of one's emotional state
2. The ability to discern others' emotions
3. The ability to use emotional vocabulary
4. The capacity for empathy and sympathy
5. The ability to understand that inner emotional states and the outer expression of emotions do not always correspond
6. The capacity for coping with distressing emotions through self-regulatory strategies
7. Understanding how emotions influence relationships
8. The capacity for emotional self-efficacy (i.e. the acceptance of one's emotional experience)

A similar construct is *emotional regulation* which can be defined as, “behaviors, skills, and strategies, whether conscious or unconscious, automatic or effortful, that serve to modulate, inhibit, and enhance emotional experiences and expressions” (Calkins & Hill, 2007, p. 229). Taken together, these two approaches include the **what** (emotion knowledge defined as an understanding of emotional states, an emotion vocabulary, and an understanding of the connection between emotions and relationships) as well as the **how** (modulating, enhancing, inhibiting, distracting, and discerning) of understanding and managing emotions. Importantly, emotional regulation includes skills that apply to both “positive” and “negative” emotions. For example, in terms of building and maintaining peer relationships, it is equally important for a kindergartener to “down-regulate” his expression of anger when he loses a game of tag as it is for an anxious child to “up-regulate” her demonstration of happiness and excitement at a birthday. Fitting in with others requires that our emotions are appropriate in valence, intensity, duration, and expression for the environment at hand.

The impact of a child's emotional competence impacts virtually every domain of his life and differences in these early skills have the potential to alter children's developmental trajectories. From personal experience we understand that emotional regulation skills lay the ground work for developing rewarding and positive interpersonal relationships. Children who can effectively read the emotional cues of others tend to demonstrate positive social behavior and cultivate more stable friendships (Izard, 2001). Emotionally competent preschoolers have been shown to be more socially successful in kindergarten (Denham et al., 2003), encouraging both teacher and peer acceptance. Children who have a harder time reading teachers' social cues and managing their own emotions in relation to the complex social demands of a busy classroom may not elicit the type of teacher warmth that is a correlate of academic success. Further, a well established body of literature finds that aggressive, angry, and disruptive children are more likely to be rejected by their peers (Vitaro et al., 2007) and that these differences emerge early in a child's life. Deficits in understanding emotions at three-years-old are predictive of classroom anger and aggression the following year (Denham et al., 2002).

There are many individual-level factors related emotional regulation such as temperament, cognitive skills, and differences in neurobiology. However, as expected, socialization may play the most significant role in what children learn about emotions and how they manage and express them. For the first few years of life, our emotions are largely organized and regulated by others (Stegge & Terwogt, 2007). Infants require others to soothe their distress, allay their fears, protect them from too much stimulation, and generate joy. In fact one study found that face-to-face play where mothers responded animatedly to their infants' positive expressions increased rates of infant joy over the first year and laid the ground work for emotional regulation (Malatesta et al., 1986). Maternal hostile and negative moods have been shown to alter children's emotional regulation during family interactions (Dagne & Snyder, 2011). One study found that parents who used harsh coping strategies in response to their children's negative emotions tend to have children who express their feelings in intense ways that thwart social competence (Fabes et al., 2001). These findings are particularly important for adolescent mothers who often engage in harsher communication styles and punishment with their children. In addition, depression, which is thought to be a disruption in emotional regulation and which is experienced by a relatively high percentage of teen mothers, leads parents to be less sensitive to infants' cues. This diminished responsiveness, in turn, undermines their own offsprings' emotional regulatory development (Thompson & Meyers, 2007).

The question then becomes, what are the mechanisms through which parents help create emotionally regulated children? Researchers suggest that the extent to which parents make the invisible dynamics behind emotional regulation "visible" through explicit conversation about emotional states and modeling strategies to alter inner states, helps children's emotional regulation become internalized. Gottman and his colleagues (1997) call this process which includes helping children label and cope with their feelings "emotion coaching." Rather than dismissing or shunning their children's negative emotions, coaching families use these as opportunities to make an "emotional connection" with their children, express empathy, and teach emotional regulatory skills. They found that children with "emotion coaching" versus "emotion dismissing" parents had better relationships with peers, were more socially skillful, performed better in school, and had fewer behavior problems – the same skills found to be present in emotionally regulated children.

Many of the challenges facing teen parents such as greater emotional dysregulation (Silk et al., 2009), less sensitive parenting styles (Deutscher et al., 2006), and histories of abuse and neglect (Quinlivan & Evans, 2005) threaten their ability to become effective emotion coaches. Most teens' self-regulatory systems are taxed managing their own stressful lives, leaving them with few resources to effectively coach their children and to simultaneously contain their own and their children's feelings. Compounding their challenge is Gottman's finding of a strong association between parents' awareness of their own emotions and their awareness of their children's emotions. Given that many high-risk

mothers with emotional competence deficits have difficulty accurately discerning the emotions of others, knowing how one's child is feeling may pose a significant challenge. The question arises, however, of whether or not at-risk teen mothers are simply *not* emotion coaching or if they are emotion coaching in a unique way that is responsive to their social environment.

This is best illustrated by the fact that many young mothers inform us that if their child ever came to them saying someone hit them, they would teach their child the importance of hitting back, "to send the message not to mess with you." Not equipping the child with this particular social skill would be irresponsible in many teen mothers' minds, setting the child up for future victimization. And in fact, one study showed that mothers from a low income neighborhood of South Baltimore sought to toughen their daughters by coaching them on how to demonstrate and manage their anger in ways that were adaptive to their subculture (Miller & Sperry, 1987). Rather than teaching their children to talk about their feelings and express their sadness or fear, their reading of the rules and tenets of their environment led them to coach their children to hit back. And while this may be adaptive in some situations, unless children develop a more comprehensive repertoire of self-regulatory and social skills, the consequences of this type of emotion coaching can be devastating, leading to school failure, physical harm, loss of job opportunities, and even incarceration.

The goal of PSP was to tailor emotion coaching to meet the social and developmental needs of the young parents we are serving. Because so many of the young mothers we work with struggle with their own emotional regulatory skills, we approach emotion coaching by first *building parents' ability to tolerate their own distressing emotions*. As Thompson and Meyer (2007) write, "when children must cope with frequent, intensive negative emotion from other family members, particularly when it is directed at them, it can overwhelm their capacity for emotion management." (p. 257). Therefore, the first step in helping children manage their emotions is to help parents control theirs. This is done by teaching explicit self-regulatory skills such as Freeze, Breathe, and Choose, reducing emotional reactivity through mindfulness activities, modifying cognitive distortions that fuel emotional distress (Cool Thoughts), and helping participants understand differences in developmental needs (teenagers often enjoy social drama whereas babies do not).

Furthermore, mindfulness helps participants become more aware of their emotions and states of arousal so emotions can be monitored and regulated. By increasing parents' distress tolerance to their children's negative emotions, teens slowly learn to create a holding environment for their children's expression of a wide range of feelings. This in turn, helps build children's emotional regulatory knowledge and skills and strengthens the attachment bond between the pair. In addition to meditation, PSP uses analogies such as having "room in one's emotional cup" to contain one's child's emotions. Participants are encouraged to reframe their children's expression of frustration and anger as normal developmental occurrences rather than attempts to control, upset, or spite them.

Normalizing tantrums and equipping participants with the skills to manage them greatly increases their effectiveness as emotional coaches. Rather than being overwhelmed by their children's outbursts, which leads to a sense of helplessness and resentment, parents gain a sense of mastery. PSP also encourages parents to build their children's emotional vocabularies, identify their feelings, and express distressing feelings in prosocial ways. The importance of validating and respecting emotions, an experience that many teen parents were not afforded by their own parents, is stressed. The complementary goals of increasing young parents' emotion management skills and becoming effective emotional coaches to their children sets the stage for the next section of the program, which is discipline.

## **Session 10 Alternative Exercises and Handouts**

(Alternative Activity 10.1) Feelings True/False Race to the Front of the Room Game

(Alternative Activity 10.2) Anger Role Play

(Alternative Activity 10.3) Introduction to Coping Chants

(Alternative Activity 10.4) Dealing with Feelings Magnets

(S10H8-alt) Billy Hits Troy Role Play

## **Alternative Activity 10.1 Feelings True/False Race to the Front of the Room Game (10 minutes)**

**Objective:** To review basic emotional knowledge.

### **Outline:**

- Ask participants to line up at the back of the room.
- For every question they get right, they get to take a step forward toward the front of the room.
- At the end of the game, the person closest to the front wins.
- Facilitators should read the answer in its entirety and discuss answers before moving onto the next question.

### **#1 Babies have the same basic feelings as teens and adults.**

**True:** Even babies feel happiness, fear, sadness, and frustration. Many of these feelings are connected to how their bodies are feeling. Your job is to keep your baby warm, fed, safe, and nurtured.

### **#2 A feeling can be wrong, especially if it hurts another person.**

**False:** Feelings are never wrong. But there are limits on how we express our feelings. Children have the right to feel what they feel. But as parents we have to teach them that there are safe and not safe ways to express their feelings.

### **#3 Some feelings are so strong that they can last forever.**

**False.** All feelings change. Think of something that made you angry last week. Chances are you don't feel that way now. Or even if you do still feel that feeling, you probably don't feel it as strongly. If we just wait, our feelings will change.

### **#4 Some babies experience more negative emotions than other babies.**

**True.** Some babies come into the world with temperaments that cause them to feel more frustration and discomfort than other babies. These babies need extra patience and guidance in learning how to deal with their feelings.

### **#5 Babies and children have less control over their feelings than teens and adults.**

**True.** Self-control takes a long time to develop. Be patient with your child when it comes to feelings. It takes practice to learn to control our feelings of anger, frustration and disappointment.



**#6 If your child's anger or sadness is driving you crazy, you should get them to knock it off.**

**False.** Denying someone's feelings won't change them, it just makes them feel misunderstood and even angry. Our job as parents is to become really good listeners when it comes to our children's feelings.

## **Alternative Activity 10.2 Anger Role Play (15 minutes)**

**Objective:** To provide participants practice responding sensitively and effectively to their child's anger.

### **Outline:**

- **Hand out the Billy Hit Troy Role Play (S10H8-alt)**
- Ask for volunteers, assign to roles and read the background story.
- Allow the participants 5 minutes to practice their lines.

### **Discussion Questions:**

- What do you think about this role play?
- Could you see yourself doing this?
- What are the pros?
- What are the cons?
- What feelings do you think the mother in this role play had?
  - **Angry** at the other boy for being mean to her son.
  - **Frustrated** that her son keeps hitting other kids.
  - **Worried** about him not being able to go to day care.
- Did the mom yell at the other boy or show her stress to Billy or did she have room in her **Emotion Cup**?
- Where can we go to share our feelings that come up from parenting?
  - Friends
  - Other wise, experienced parents

## **Alternative Activity 10.3 Introduction to Coping Chants (5 minutes)**

**Objective:** To provide participants with an alternative skill for managing their frustration and inhibiting negative and destructive reactions toward their children.

### **Outline:**

- Ask participants to raise their hands if they like to sing.
- Ask for two volunteers. Tell them they don't have to be great singers. They just have to be loud!
- Write the following phrase on the board:  
**I'm gonna get through this  
I'm gonna get through this  
There's nothing I can't stand  
I'm gonna get through this**
- Have volunteers choose a tune to go with the words. *Row, Row, Row Your Boat* and *Happy Birthday to You* work, however, participants can choose any melody they like.
- Ask participants to imagine that your child is having the biggest, longest meltdown you can imagine. You feel like snapping. **You do Freeze, Breathe, and Choose.**
- Then you sing. And you don't just sing, you sing LOUD. Loud, but peacefully. Because it gets you in touch with the Core Self – that peaceful, quiet calm place that is always there No Matter What.
- Ask the two volunteers to sing.
- Now ask the whole group to sing.
- Do this about 10 times.

### **Processing the Exercise:**

- How many people think that singing would work for them? Why or why not?
- What reaction do you think your child would have?
- What would be better as your child's emotion coach, to sing or shout?
- Is there another song that could be your "emergency song" – a song you could sing instead of flipping out when you're stressed?

## Alternative Activity 10.4 Dealing with Feelings Magnets

**Objective:** To reinforce effective parenting strategies to help children cope with their feelings.

### Outline:

- Hand out **Dealing with Feelings cards (S10H5)**, **magnetic strips and glue**. (Virtually any magnet that is smaller than the card will work.)
- Ask participants to glue the Dealing with Feelings card to the magnet.
- Ask participants to put these magnets up somewhere you'll see them often to remind you to really listen to your child.
- These magnets will remind you to make room in your Emotion Cup for your child.
- Read through steps together.

**Dealing with Feelings!** (Adapted from Faber and Mazlish, 1980)

**Really listen – look at her, nod your head**

**Show you know – Hmmmm, I see, Okay, I get it**

**Name that feeling**

**Give his wish in fantasy**

### Discuss the importance of each step.

- **Really Listening** and **Showing You Know** make the child feel validated, respected, and like you are accepting how they feel.
- **Name that Feeling** helps a child learn an emotional vocabulary and helps her communicate feelings.
- **Give His Wish in Fantasy** helps a child transition out of negative affective state or “let go of tough feelings.”
  - An example is if your child wants Cheerios, but you don't have any, tell him you know how much it stinks that you are all out and you wish you had 10 boxes to give him!

## **Billy Hits Troy Role Play** S10H8-alt

**Background:** Billy, your son, is playing with his friend Troy at your house. They are building a giant tower out of blocks. Just when it gets really high, Troy gives it a karate kick. Billy is very, very angry. Like a flash he runs over and shoves Troy as hard as he can. You help pick Troy up, make sure he's not hurt, in a calm voice tell him that wasn't nice, and then put him in front of the TV. Then you give Billy a time out. By the way, Billy's teacher has already called twice this month because he has hit other kids. They said if he doesn't stop he might have to leave day care.

**This Role Play Starts After the Time Out for hitting...**(we'll talk about the right way to give a time out in 2 weeks).

**Important for MOM:** While Billy talks, mom looks him in the eye, nods her head, and uses a face that shows she "gets" how Billy is feeling.

**Mom:** What happened in there?

**Billy:** (Crying) He pushed my blocks over.

**Mom:** I see that.

**Billy:** I hate him.

**Mom:** You seem really angry.

**Billy:** (Keeps crying and wipes his nose on his shirt.)

**Mom:** I don't blame you for feeling angry. I would be mad too if someone did that to my tower. But you can't hit no matter how angry you get. Do you remember Freeze, Squeeze, and Breathe? First you freeze, then you squeeze your hands together as hard as you can. Then you take 4 deep breaths. Like this (shows him).

**Billy:** (Nods head.) But he wrecked it.

**Mom:** I know. That's sad, you worked hard on that. But hitting is not okay. Let's walk Troy home now and when we get back I'll help you build another tower. A way better one. How does that sound?

**Billy:** (Nods his head yes.)

**Mom:** (Hugs Billy)

## **Session 11: Healthy Discipline: Part I**

### **Session Rationale:**

*What else is stressful about being a mom is I don't know how to discipline my son because every time he does something wrong I tell him NO like screaming it a couple of times till he cries. And while he's crying he's still touching it. Then he stops and cries some more and I start feeling bad about yelling at him so I pick him up.*

*16-year-old participant*

*Well today has been a very stressful day. My son has been acting up today alot and sometimes I feel like I really don't know how to handle it. My son knows he's not suppose to play with the TV but he always does it because he loves to push my buttons. But I want to teach him right from wrong. I want him to understand sometimes the things he does isn't right and he needs to know so he won't do it again. Before when he use to act up I would tell him no and if he didn't listen then I would smack his hand. But I don't want to do that no more because that ain't teaching him nothing. I really don't know what to do to make him understand.*

*17-year-old participant*

*I admit that there would be times that I let my anger get in the way and I snap & scream & theres times that I notice my kids face, they look sad and hurt. Like when my daughter kept on crying & screaming & we were running late!! So I snapped & smacked her on the mouth!!! She looked at me with this eye of hurt & pain like she hated me!! After that happened I couldn't even think right, I pulled her aside & told her how sorry I was, but even if I already said sorry, it feel like she didn't care to hear. To her what's done is done & she hate me & that's it!!! This really hit me hard because that exact thing happened to me and my sisters. My mother and father would get angry and slap us and we would hate them!!! I don't want this to go on with my child.*

*18-year-old participant*

"If there is one core theoretical proposition that guides research on personality and parenting it is that psychologically healthier or more psychologically mature parents should care for their children in a more sensitive, responsive, authoritative (as opposed to authoritarian or permissive), and child-centered manner, whereas the opposite should be true of less psychologically healthy or mature parents. This proposition itself is implicitly based on the premise that to parent in such a skilled and growth-promoting manner one needs to be able to decenter from the self, consider the world from the child's perspective, regulate one's emotions, especially negative affect, and thus be tolerant and patient with

children rather than impulsive and excessively controlling or neglectful and detached.” (Belsky, 2002, p. 423)

Prominent parenting researcher, Jay Belsky’s assessment of what makes an effective parent highlights a set of complex skills including perspective-taking, distress tolerance, and regulating one’s affect and emotions in the face of arousal. But perhaps the most difficult of all is decentering from one’s self in order to understand the difference between one’s child’s psychological needs versus one’s own and then responding appropriately. Just looking at this list, it is clear that emotional competence and regulation skills are at the core of what Belsky refers to as a parent’s “psychological resources.” And although Belsky’s model of parenting includes social support and child characteristics as contributing to how effectively a parent meets the demands of her role, the psychological resources she has at her disposal including the types of cognitive attributions she makes, the emotional regulatory skills she employs, her perspective taking ability, the extent to which she possesses an internal locus of control, and whether she demonstrates generally positive affect (as opposed to being irritable and anger-prone) make the largest contribution. Within this framework, if sensitive and nurturing caregiving is dependent on emotional regulatory skills, many teen parents are at a disadvantage.

In the two discipline sessions of Power Source Parenting, we operate under the basic assumption supported by decades of research that in general sensitive, consistent, and nurturing parenting promotes positive child development. Conversely, harsh, inconsistent, and overly controlling behavior leads to a wide range of poor childhood outcomes. Parental physical maltreatment has been linked to many child problems such as higher levels of externalizing behavior (Fine et al., 2004) increases in anxiety (Shackman et al., 2007) and aggression, mental health issues, and antisocial behavior (Gershoff, 2002). High-risk teen parents seem to be at particular risk for harsh parenting for several reasons, with the first related to environmental and contextual stressors. Letourneau (2001) proposes that multiple stressors, many of which teen mothers are known to experience, such as poverty, poor nutrition, substance abuse, social isolation, a lack of structural support, and disruptive family environments become “synergistic” rather than merely additive, meaning that the presence of multiple stressors can exponentially increase the harm of other existing risk factors. Teen mothers are often forced to juggle the many demands of childrearing, school, and work, depleting the reservoir of emotional regulatory skills left over to be patient parents. Although teenage mothers are statistically at higher-risk for abusing their children, these findings are largely confounded by the environmental factors discussed above (Coren et al., 2003).

Secondly, there are individual-level factors, that place teen mothers in danger of engaging in harsh and ineffective discipline to manage their children’s behavior including deficits in their knowledge of typical child development (Britner & Reppucci, 1997), a tendency to be less sensitive to their children’s cues and distress (Koniak-Griffin et al., 1992) and unrealistic expectations about their

children's capacities (Thomas, 2004). Further, abusing parents, share some of the emotion regulation deficits that high-risk teen parents demonstrate including aggression and impulsivity (Belsky, 2002). But what may place a teen parent most at-risk for engaging in harsh discipline are the cognitive processes that appear to precipitate abuse. In their work, Azar and Weinzierl (2005) found that parents who maltreat their children make negative attributions toward their child's aversive behavior contributing to overly harsh responses. An earlier investigation found that not only did mothers' hostile attribution tendencies predict their use of harsh discipline practices, but also predicted children's externalizing behaviors in school, suggesting the intergenerational transmission of these aggressive behavior patterns of (Nix et al., 1999). Thus, at the core of parental maltreatment are cognitive attributions in which the mother assumes that the child's behavior was intentionally negative, manipulative, or aversive.

Strikingly, the same negative attributional style found with maltreating parents has been demonstrated with high-risk youth who make negative attributions regarding neutral social stimuli often resulting in their use of aggressive behavior (Dodge, 2006). Dodge postulates that early in life some youth develop distorted and self-threatening schemas most likely as a result of living in abusive homes and dangerous environments. This schema development results in the failure to learn what he calls a *benign attributional* style. An example of this is when a classmate accidentally bumps into a threat-prone adolescent at school and she automatically assumes the hit was intentional and is ready to fight. The same often happens with young at-risk mothers. For example, a mother may take her child to the mall for a long shopping trip. When the child has a tantrum because she hasn't eaten or slept as a result of the outing, the parent may interpret the child's tantrum as an intentional attempt to spoil her fun. If she is unable to regulate her anger that this misattribution has triggered, she may use physical punishment once they get into the parking lot. Rather than understanding that all children melt down, her lack of a benign attributional style coupled with deficits in child development knowledge and inappropriate expectations cause her to believe that only *her* child throws fits.

When working with teen parents, it is also important to keep in mind specific psychological perspectives unique to adolescence which place them at risk for harsh parenting. David Elkind (1967) described a type of adolescent egocentrism he refers to as *imaginary audience*. Imaginary audience entails the belief that the adolescent is "on stage" for the entire world to see, and what's more, she is convinced that the entire world is actually *interested* in looking at her. The pimple on her nose becomes an object of humiliation because everyone on the train is staring at it. Likewise, she believes that her child's misbehavior brings attention to the pair in a very social and humiliating way. In short, a young parent not only assigns negative attributions to the behavior itself (her child is doing this on purpose), but the phenomenon of imaginary audience leads her to misinterpret how that event is read by others. Further, among high-risk populations, parents with perceived low-control are more likely to use harsh discipline practices presumably fearing that they have little direct control over



their child which then escalates their use of force (Martorell & Bugental, 2006). It is not difficult to see how these patterns would fit teen parents many of whom are insecure about their ability to parent adequately given their age and experience and give them a heightened sense of being scrutinized and criticized. Elevating the risk of abuse is the tendency for maltreating parents to think that physical punishment is effective and something a parent “should do” (Azar & Weinzierl, 2005).

The first PSP discipline session focuses primarily on educating participants regarding behaviors considered abusive and neglectful, examining beliefs and attitudes regarding harsh discipline, presenting four types of positive discipline, normalizing typical aversive child behavior, and helping participants understand the importance of regulating their own emotions in the process of discipline. Many high-risk adolescent mothers come from abusive backgrounds and are vulnerable to developing problematic relationships with their own children (Milan et al., 2004). As social learning theory suggests, parents’ behaviors and cognitive schema reflect what they have learned about child rearing from their own caregivers (Bandura, 1986). And for some, harsh parenting practices have been repeated intergenerationally and therefore, normalized. Kneeling on rice, being hit with objects, and experiencing a lack of parental supervision from a young age are stories often told in the groups. Because many participants are in the pre-contemplative or early contemplative stages of change regarding their use of physical punishment, PSP uses motivational interviewing types of exercises to explore and modify these belief systems (Miller & Rollnick, 2002). Research has demonstrated that attempting to foist a new belief system on a person who is not ready to change their behavior can increase resistance and prolong the change process. Therefore, cognitive, cultural and emotional barriers to replacing physical punishment with positive discipline are explored and in a non-confrontational style through decisional balances and guided discussions.

Learning effective positive discipline strategies is an essential element of improving parents’ feelings of competence (Martorell, 2006) and reducing stress (Kissman, 1992). The core of PSP’s positive discipline is a series of skills called “GRIP,” which stand for **G**oing through the house to make it safe, **R**edirecting unsafe behavior, **I**gnoring annoying behaviors, and **P**raising positive behaviors. All of these skills are derived largely from Parent Management Training (PMT) a social-learning based parenting intervention which promotes effective parenting as a means of reducing behavioral and emotional problems in children (Forehand & McMahon, 1981; Kazdin, 2005; Patterson, 1968). Teaching the use of rewarding and attending behaviors (i.e. praise) prior to punishment (i.e. time out) is strongly encouraged by leading PMT researchers to create a nurturing and supportive environment for children which aids in cooperation (McMahon & Forehand, 2003).

In addition, many high-risk parents are already predisposed to using punishment as opposed to modifying behavior through praise and rewards. Safeguarding the environment by going through the house and removing dangerous objects and

redirecting unsafe, but typical child behavior are both supervision skills designed to reduced child accidents which occur more frequently with young parents with a history of risk-taking (Peterson & Brown, 1994). Recently, as we were walking into a group we found the 2-year-old child of a participant sitting unattended on a counter next to a hot stove. When we asked her if this was a safe place, she replied that he “knew better” than to touch the burner. The variety of harmful consequences from falling off the counter to being scalded if the pot of pasta boiled over did not raise red flags.

Other parent skills include mindfulness training to help participants “decenter” from their child’s behavior and become aware and in control of their own emotional response to the event. This gap allows them an opportunity to examine hostile attributes and respond to their child with greater patience. Only by helping young parents first gain control over their own thoughts and feelings in response to their children, can they be in a position to use discipline in a positive and effective manner. On a final note, it is essential to bear in mind that the most important aspect of discipline is a secure and loving parent-child bond. The types of maternal behaviors associated with secure attachment such as sensitivity, nurturance and attunement are in direct opposition to those behaviors resulting in the use of harsh discipline. Given the fact that many of the parents in PSP groups have very young children, the foundation of any intervention that includes effective discipline should focus primarily on promoting realistic expectations, self-regulation, gentle touch, and developing a mature and loving approach toward one’s child.

## **Session 11 Alternative Exercises and Handouts**

<p>(Alternative Activity 11.1) Dangerous Thoughts about Discipline (Alternative Activity 11.2) The Spanking Pros and Cons List (Alternative Activity 11.3) The Spanking Speed Dating Game (S11H6 – alt) Dangerous Thoughts about Discipline Worksheet</p>
---

## **Alternative Activity 11.1 Dangerous Thoughts about Discipline (10 minutes)**

**Objective:** To modify cognitive misattributions regarding discipline and abuse.

**Outline:**

- **Divide participants into pairs.**
- **Hand out the Dangerous Thoughts about Discipline Worksheet (S11H6 – alt).**
- Ask participants to provide a **True** statement for each **False** one.
- After the pairs have finished, read through each question and ask for volunteers to read their answers.

**Below is a list of examples should participants get stuck:**

- #1 I didn't like being hurt or abused as a child. It hurt me.
- #2 All my actions as a parent matter.
- #3 In the long run, hitting doesn't stop behavior problems, it creates them
- #4 All hitting sends the message that it's okay to deal with your problems using force or violence

## **Alternative Activity 11.2 The Spanking Pros and Cons List (10 minutes)**

Objective: To explore participants' personal beliefs and cultural values regarding corporal punishment.

**Facilitator Note:** If your group seems particularly resistant to the idea of not spanking, a decisional balance done as a pros and cons list might be an effective exercise to begin modifying their beliefs and behaviors.

When completing the chart, it's important to listen carefully to the reasons behind participants' endorsement of physical punishment. For instance, many participants have been reinforced by the child's immediate desistance once physical punishment is used. The problem is that they don't believe that the long-term consequences of hitting outweigh the short-term benefits.

Your role in this exercise is simply to make sure that the lists for the Cons of Hitting and the Pros of Not Hitting are longer than those for the Pros of Hitting and the Cons of Not Hitting. Be careful not to get locked into a power struggle, but simply to keep probing and supplying prompts if participants get stuck.

### **Outline:**

- Ask participants to help complete the following chart through brainstorming.

**Sample of completed chart:**

<b>Pros of Hitting</b>	<b>Cons of Hitting</b>
<ul style="list-style-type: none"><li>• Child usually stops behavior right away</li></ul>	<ul style="list-style-type: none"><li>• Child could get physically hurt</li><li>• Child learns that hitting is OK</li><li>• Child doesn't trust you</li><li>• Child feels angry at you</li><li>• Doesn't teach child what he <b>should</b> do.</li><li>• Feel guilty for hitting your child.</li><li>• Your child can be removed from your care.</li><li>• Children who are hit have more psychological and learning problems.</li><li>• Sometimes have to use more and more physical discipline to get kid to listen.</li></ul>
<b>Pros of Not Hitting</b>	<b>Cons of Not Hitting</b>
<ul style="list-style-type: none"><li>• Child trusts you more</li><li>• You feel good about yourself</li><li>• You can use more effective discipline instead, like time-outs</li><li>• Child learns to solve problems without violence</li><li>• Stop the cycle of abuse you may have experienced as a child</li><li>• Leads to a healthier, less aggressive child</li></ul>	<ul style="list-style-type: none"><li>• Your parents or others might judge you because it's different than how they raised you.</li></ul>

## **Alternate Activity 11.3 The Spanking Speed Dating Game (10 minutes)**

**Objectives:** To reinforce the negative consequences of using physical punishment with children.

### **Outline:**

- **Divide participants into two groups.**
- Group A is **expectant mothers**.
- Group B is **experienced mothers** who are making a case to the new mothers as to why they **shouldn't spank their children**.
- (Allow group B to have 3 minutes to write down their reasons.)
- The experienced mothers have 15 seconds to make their cases to each new mother.
- After 15 seconds participants in Group B move on to the next mothers and make their case again.
- After every experienced mother (Group B) has had an opportunity to speak with every new mother (Group A), then each new mother chooses the experienced mother she thought was most convincing.
- Experienced mothers can be chosen by more than one new mother.

### **Discussion Questions:**

- What did your top "Experienced Mother" say that made her the most convincing?
- Did she say anything that you hadn't thought about before?
- What reasons for not spanking your child do you find the most important?
- Do you have any concerns about NOT spanking your child?
  - Might do something we regret like hit or scream.

## Alternative Activity 11.4 Values and Rules (15 minutes)

**Objective:** To draw the connection between personal values and establishing household rules.

### **Outline:**

**Facilitator Note:** This exercise is geared toward participants with older children.

- Explain that we have rules in our house for many different reasons.

### **Brainstorm: Why do we have rules in our house?**

- For safety (Don't touch the stove)
- To be respectful to others (No loud music late at night)
- To be fair (share the TV)
- Point out that another reason we have rules is to raise decent people.
- In order to raise decent kids, they need to have morals and values.
- (Or if someone already identified raising decent people as a reason for having rules, inform participants that you're going to talk a little bit more about that.)

### **Brainstorm :What are some of the values you would like your child to grow up with?**

- Honesty
- Kindness
- Fairness
- Responsibility
- Respectfulness
- Ask participants to choose three of the most important values from the brainstorming and write in the chart below under “**Values**”
- For each value, write down some **House Rules** that reflect that value.
- For example, if my family value is **honesty**, what should a **family rule** be?

<b>Values</b>	<b>Rules</b>
<b>Honesty</b>	<ul style="list-style-type: none"><li>▪ Tell the truth even when it's hard</li><li>▪ Don't steal or cheat</li></ul>
<b>Respect</b>	<ul style="list-style-type: none"><li>▪ Don't call people names</li><li>▪ Don't hit anyone</li><li>▪ Don't touch people's things without permission</li></ul>
<b>Responsibility</b>	<ul style="list-style-type: none"><li>▪ Put your toys away</li><li>▪ Help with the chores</li></ul>

### **Discussion Questions:**

- What rules did you have in your house growing up?
- Why did your caregivers have these rules?



- Were they good rules? Did they make sense?
- What happens when parents have too many rules?
  - Children stop listening to them.
  - There are power struggles.
- Remind participants to ask themselves **“Why do I have this rule?”**
- Explain to participants that to **avoid Power Struggles**, it can be helpful to try the mantra ***If the answer is no, let it go*** before they say “no” to their child.
- **BEFORE YOU SAY “NO” ask yourself....Does it REALLY matter?**
  - **Does it really matter if he walks through that puddle?**
  - **Does it really matter if he wears two different shoes?**
  - **Does it really matter if he takes all the pots and pans out to play drums?**
- **If the answer is no, let it go!**
- **Have the group repeat 4 times together as a chant.**

# **Dangerous Thoughts about Discipline**

**#1 False: I got hit/slapped/punched and I survived.**

**True:** \_\_\_\_\_

**#2 False: Even if I hit him, he'll get over it.**

**True:** \_\_\_\_\_

**#3 False: It's the only way to get him to behave/listen.**

**True:** \_\_\_\_\_

**#4 False: I never really hit him. I just slap his hand - that's different.**

**True:** \_\_\_\_\_

**Never hit, shake, or hurt your baby!**

## **Session 12: Healthy Discipline: Part 2**

### **Session Rationale:**

*One time I actually hit my daughter for hitting me. I felt really disrespected. At first I tried to tell her not to do that and then she flipped out on me and started hitting so I hit her. I felt that I hit her kind of hard. I actually started crying and I told her that I was very sorry but then she started acting up again, so that made me learn that no matter how much I hit her she wouldn't stop doing it. I think that if I hit her it is not going to help out. I don't want to hit my child because I went through that. My mom used to hit me a lot but no matter how much I got hit that didn't make me change.*

*17-year-old participant*

*I been dealing with my son swearing and I don't know where he learned it from. Everytime he swears I tell him NO but it just keep on getting worst! Now he's getting violent with his siblings & school mates. I keep on thinking if he starts acting like that now it's gonna lead to him getting older & going to jail or becoming a murderer one day. Or if it's something kids go through in their stage of life & it all will stop one day! I'm so worried about it to be honest. I try my best to raise my kids with respect & to have good manner but I feel like I'm failing. I don't know if he's just looking for attention but it need to stop because I don't want it to lead to something that will ruin his future...*

*19-year-old participant*

The second positive discipline session of PSP builds upon the GRIP skills taught in the previous session by helping parents of older children manage disruptive behavior. Because many high-risk parents attempt to end *all* aversive child behavior, particularly anything they experience as irritating, annoying, or embarrassing through direct force (Pearl, 2009), PSP labels the types of behavior that require punishment as those which are *dangerous* or *destructive*. All other forms of mildly aversive behavior such as tantrum throwing, whining, and yelling are managed through redirection, ignoring, and issuing consequences such as removing a ball if children refuse to stop throwing it in the house. Attending to and praising the “positive opposite” of the aversive behavior (Kazdin, 2005) is also stressed to promote prosocial behavior. For example, picking up toys is the positive opposite of ignoring mom's requests to help clean up before dinner. In PSP, we refer to this as “catching children being good.” In this context parents are taught specific ways to request behavior (i.e., issuing clear instructions) and use praise effectively (e.g., touching or hugging child when praising, addressing specific prosocial behaviors such as, “great job clearing your plate when I asked you to,” and using a warm, excited tone of voice). This represents a slight departure from some parent training programs which use punishment for milder forms of acting out behavior such as talking back and whining. However, given that many teens have young children (for whom punishment is not appropriate) and their overreliance on punishment, we emphasize a first line use of positive social learning strategies.

As mentioned in the previous rationale section, PSP draws from one of the most efficacious and well-researched parenting programs, Parent Management Training (PMT). PMT has been shown to help a wide range of child behavior problems, improve parent-child interactions, ameliorate parent mental health, and generalize to non-referred siblings (Golding, 2000). While many different programs for various populations are derived from PMT, most share a few core features including the use of social learning techniques, training in positive reinforcement strategies such as praise and rewards, training in extinction techniques (ignoring) and instruction in mild punishment such as time outs (McMahon and Forehand, 2003). PMT programs also typically incorporate modeling, role playing, and parent feedback to teach and reinforce these skills. PSP integrates these approaches by including reward systems in the form of “Star Charts,” and systematized Time Outs to reduce negative behavior. A “Counting and Consequences” skill is introduced to help participants reduce irritating or annoying behavior that does not meet the threshold of requiring a Time Out.

Much of what has become PMT evolved from the groundbreaking work of Gerald Patterson and his colleagues who in the 1960s began looking at the specific parenting behaviors and social interactional exchanges that promoted and maintained aggressive child behavior (Patterson, 1982). This became known as coercion theory. In short, coercion theory postulates that typical child aversive behavior is cultivated and maintained by the way parents respond. For example, a child whines in the store for candy. The mother says “no.” The child escalates his or her whining and begins yelling. The mother says “no” again. The child begins pulling things off the racks and the mother gives in to the child to get him to stop making a scene. The mother’s “escape” behavior is reinforced because the child stops yelling immediately. The child is reinforced for his coercive and aggressive behavior because he receives a reward - candy. Over time, the child learns that if his behavior becomes aversive enough, he will get what he wants.

Without more effective parenting skills in her repertoire, the mother not only loses control over her child, but falls into a pattern where his oppositional and aggressive behavior is maintained because she withdraws each time his negative behavior escalates. Children from coercive families often generalize this behavior to other setting such as school and peer relationships. By bringing awareness to these patterns that initiate and maintain many problematic externalizing behaviors and equipping parents with strategies that reduce aggression and non-compliance, parents can interrupt these devastating patterns that often result in lifelong dysfunction. While most teen parents participating in PSP groups have infants or young children, exposing them to these principles is important. In fact research has shown that parents who are taught explicit social learning principles are more satisfied with the training, generalize parenting skills better, and perceive their children more positively than parents who do not receive the training (McMahon and Forehand, 2003).

Why are teen parents particularly at risk for engaging in coercive behavior with their children, thereby contributing to ongoing behavior problems? Patterson and colleagues (1992) make some interesting observations about families most vulnerable to these types of exchanges. First, they note that coercion training usually involves parents who initiate aversive interactions at a high-rate. This is often true for young high-risk parents who because of their own stress and emotional regulation difficulties tend to initiate exchanges, such as requests, less sensitively. The second feature they have noticed is that parents who engage in coercion training tend to withdraw or escape from their children's aversive behavior reliably. The child comes to know that her parent will predictably stand down if she increases her negative behavior. Interestingly, these researchers have found this occurs most in families where the rules and roles of family members are not clearly defined and where parents and children "have relatively equal power" (p. 42). Given that many teen parents experience role confusion regarding motherhood, have a limited range of discipline strategies, and possess an external locus of control, it is easy to see how this dynamic evolves. Without effective ways to manage their children's aversive behavior, many parents eventually experience a sense of learned helplessness which ultimately causes them to use excessive force or withdraw from their child.

Over time these patterns become automatic and part of an unconscious way that mother and child respond to one another. Further entrenching young parents in these patterns is the fact that mothers with histories of conduct problems prior to age 15 are more likely to have children who also demonstrate disruptive behaviors (van der Molen et al., 2011). What this means for an at-risk teen mother is that she is likely in the midst of a relationship with her own mother marked by these coercive exchanges, which are automatic and familiar. Though she may not want to engage with her child in this way, she may find herself unintentionally replicating the behaviors she has learned from years of training with her parents. While PMT has been shown to be an effective intervention (Hagen et al., 2011) researchers are beginning to look to other avenues to treat these highly automatized and intractable family processes. And the path that some are finding to be the most promising is mindfulness training.

As discussed earlier, mindfulness is paying attention to the thoughts, feelings and body experiences one is having in the present moment in a non-judgmental and accepting way. As a result of paying attention directly to the experience at hand, mindfulness helps us read situations more accurately and allows for greater flexibility and less reactivity in the way we respond to these events (Duncan et al., 2009). In essence, mindfulness is the direct *opposite of automaticity*. Rather than reacting to old cognitive schema or being hijacked by our emotions, we gain distance from the event which ultimately allows us to respond with greater intentionality. We stop being imprisoned by our automatic responses. It is striking how often young mothers in PSP groups are unaware of their affect and tone of voice when interacting with their child, yet these factors significantly impact the degree of warmth and safety a child feels toward the parent. By bringing awareness to the thoughts, feelings, and circumstances that maintain

our habitual responses, we become empowered to alter our behavior and therefore the quality of our relationships.

Dumas (2005) proposes Mindfulness-Based Parent Training (MBPT) as an adjunct to PMT to modify the automatized transactional procedures (ATPs) which lead to disruptive behavior in children. She summarized ATPs as parent-child behaviors performed with little or no awareness, that provide continuity and stability to the relationship, and which are highly resistant to change. All of these observations apply equally to the coercive patterns well-documented by Patterson and colleagues (1992). MBPT consists of 3 core elements: *Facilitative listening* helps parents attend to their thoughts and feelings; *Distancing* encourages parents to disengage from overlearned and maladaptive ways of coping, and *Motivated Action Plans* direct parents in choosing effective goals for themselves and their children. All three of these components are embedded in the PSP program. Participants receive practice becoming aware of the thoughts, body sensation, and feelings that precipitate certain responses. They are taught to observe thoughts and affect in a more decentered way. And they are given considerable practice identifying ways to cope effectively with the challenges of parenting. But perhaps most importantly, through focused mindfulness exercises such as meditation, parents are provided an opportunity to build their response “gap.” This “gap” provides the extra time or added space which allows parents to respond to their child in a more regulated manner, thereby breaking the cycle of coercive communication that is at the root of the problems facing many high-risk families.

## **Session 12 Alternative Exercises and Handouts**

(Alternative Activity 12.1) Introduction to Star Charts

(Alternative Activity 12.2) Using Your Star Charts!

(Alternative Activity 12.3) Cultural Beliefs of Child Behavior and Discipline Discussion

(Alternative Activity 12.4) Making Mistakes

(Alternative Activity 12.5) To Hit or Not to Hit Discussion

(Alternative Activity 12.6) The Consequences of Aggression Worksheet

(S12H5 – alt) Star Chart Tips Sheet

(S12H6 – alt) My Star Chart Handout

(S12H7 – alt) Learning from Our Mistakes Worksheet

(S12H8 – alt) The Consequences of Aggression Worksheet

## Alternate Activity 12.1 Introduction to Star Charts (15 minutes)

**Objective:** To introduce participants to the behavior modification strategy called the Star Chart, which teaches participants to identify and selectively reinforce positive behaviors in order to increase their frequency.

### Outline:

- Ask for a volunteer to read page 212.

### Discussion Questions:

- Ask if anyone can tell what the mother used with the child?
  - An Oreo
  - Oreos can even be used to talk about changing your child's behavior.
- What did the mother start off doing?
  - Praising what the child does well.
- Then what did she do?
  - Talked about the behavior they were going to work on changing.
- Explain that today we're going to talk about changing behavior with Star Charts.

### Points to Address:

- Start Charts are **Praise with Prizes**.
- Start Charts are for things you want kids to **start doing or do more of**.
- Star Charts **really work** if you stick with them!
- Point out to participants that **pages 212 to 220** list everything you need to know about doing a Star Chart.
- **Hand out Star Chart Tips Sheet (S12H5– alt) and review.**

### **1) Choose specific behaviors.**

**Not Specific:** Be a good boy.

**Specific:** Put all your toys in the basket.

- What is the problem with writing **be a good boy** on a start chart?
  - Too general
  - Might mean one thing to the boy and something else to the mother
  - The child won't know exactly which behaviors he'll get rewarded for

### **2) Choose no more than three behaviors to work on at a time.**

(Any more and it gets too confusing for kid and mom!)

### **3) Reward every time they do the behavior.**

### **4) Reward right away.**

### **5) Make a big deal when they get a star.**



**6) Make sure the prize is not too hard to get or too easy to get.**

**7) If they earn the prize, they get it NO MATTER WHAT – even if they’re having a bad day.**

**8) Star Charts work if you stick with them!**

**Brainstorm: STAR Chart Behaviors.**

### **Star Chart Behaviors**

Stand still while brush teeth	Pick up your toys before bed	Put pajamas on
Stay in bed	Share with a friend	Clear your plate
Get dressed	Put on shoes	Leave the park the first time I ask
Go to the store without whining for something	No splashing in tub	Turn off TV first time asked

## Alternative Activity 12.2 Using Your Star Charts! (10 minutes)

**Objective:** To provide participants practice identifying child behaviors to use with Star Charts and providing guidance in applying the Star Charts effectively.

### Outline:

- Explain to participants that the next exercise will give them an opportunity to think about what behaviors they would like to see their child do more of.
- Explain that if their child is too young to use a start chart (under 2) that's OK. They'll use them in the not so distant future.
- **Hand each participant 2 My Star Chart Handouts (S12H6 – alt)** to each participant.
- Ask them to identify one or two behaviors that they would like their child to engage in **more frequently**.
- Write these behaviors in the **left side of the chart**.
- Select one participant to use as an example and review with group.

### Points to Address:

- Behaviors should be **specific** and **observable**.
- Examples of too general and hard to observe behaviors
  - Be good
  - Do what I say
  - Don't sass me
- **The criterion** (how many stars you need to get the prize) **should be lower at first** so the child can be successful.
- The criterion can increase as the child becomes more capable/compliant.
- **Prizes should change** so the child doesn't lose interest.
- **Tip:** Have the prizes in the house so the child gets the prize shortly after getting the required number of stars.
- The child gets the prize once he or she earns the stars **NO MATTER how bad a day they might be having**. (This is often the most difficult aspect of Star Charts for young parents to accept.)

## Alternative Activity 12.3 Cultural Beliefs of Child Behavior and Discipline Discussion (10 minutes)

**Objective:** To explore participants' beliefs regarding the influence that race, economic status and culture bear on their children's behavior and parental discipline strategies.

### Outline:

**Facilitator Note:** Many young parents hold the belief that their children's normal challenging behaviors are associated with racial, socioeconomic or environmental influences. For example, we have had many young mothers express the belief that wealthier children "behave better". While these covert beliefs are rarely discussed, they can have a powerful impact on how participants perceive their children's behavior and respond to it.

### Discussion Questions:

- Ask whether participants believe that **children's behavior is associated with how much money they have, ethnicity, or race.**
  - Highlight fact that all kids engage in challenging behaviors regardless of race/culture/wealth it's *how we respond to these behaviors* that makes the difference in the way they grow up.
- What are some differences between the way people of **different classes, races, and cultures approach discipline?**
- Do you feel **pressure to have your children act cooperatively** in public because of your race, culture, or economics?
  - If so, what thoughts are going through your head when this happens?
- People say that **being young or not having money puts more stress on parents.** Do you agree?
- If you have these added sources of stress, **what can you do to help you deal with that?**
  - Use Cool Thoughts
  - Use Effective Parent Skills
  - Use Freeze, Breathe, and Choose
  - Remind participants that being young or poor does not mean you can't be just as loving and effective a parent as someone older and more settled.
- What can you do if you come from a culture **that uses a discipline strategy you don't feel comfortable with like spanking or kneeling on rice?**
  - Emphasize that it's important for parents to do what their parent radar tell them is right for their child.
- In some countries, **hitting your child is illegal.** What do you think of a law like this?

## Alternative Activity 12.4 Making Mistakes (5 minutes)

**Objective:** To introduce parents to the concepts of apologizing to their children and forgiving themselves for parenting mistakes as a means of improving parent responsibility taking and self-efficacy.

### Outline:

- Explain that **we all make mistakes** as parents.
- And when we do make a mistake, it's important that we **take responsibility** and make it right.
- **Review Dealing with Mistakes on pages 239 to 241 of PSP.**
- Ask a different participant to read each of the 6 sections and discuss as a group.

### **The 6 Steps of Dealing with Your Mistakes**

1. Congratulate yourself for realizing you made a mistake
2. Take full responsibility for your mistake
3. Apologize and talk it through
4. Make it right
5. Make a plan for next time
6. Forgive yourself

- **Hand out Learning from Our Mistakes Worksheet (S12H7 – alt)**
- Go around the room and ask participants to share their answers.

### Processing the Worksheet:

- Address situational/contextual/emotional factors that lead to parenting mistakes.
  - Were they stressed, late, tired, angry, in a conflict with boyfriend?
- Probe for specific effective parenting skills they could use in the future to avoid making the same mistake. Refer to Parent Skills Checklist in folder.
- Ask if they can remember a parent apologizing to them?
  - How did that make them feel?

**Facilitator Note:** The intent of this exercise is not to elicit incidents of child maltreatment. However, if it becomes clear to you during this exercise that a parent has hurt her child and that the child **remains at-risk for injury**, appropriate steps must be taken to safeguard the well-being of the child. A situation of child endangerment represents an exception to confidentiality and the appropriate agencies or persons within your agency should be notified immediately.

## **Alternative Activity 12.5 To Hit or Not to Hit Discussion (10 minutes)**

**Objective:** To explore the situational and contextual factors prompting parents to teach their children to engage in preemptive and retaliatory aggression.

### **Outline:**

**Facilitator Note:** Violent neighborhoods and schools where the threat of harm is persistent and real, prompt many parents to encourage their children to protect themselves through physical aggression. Adolescent mothers often express fears that if their children do not stand up to attacks and establish their strength they will be targeted and victimized. While it is important to respect the danger that many youth face on a daily basis, it is equally important to help young parents fully realize the inherent risks of relying on violence to handle interpersonal conflict. Without developing prosocial tools to manage these environments, their children will be fated to repeat cycles of at-risk behavior and suffer the crippling consequences that often result.

- Explain that many parents aren't sure what to tell their child when he or she gets hurt or bullied at school or on the playground.
- We have heard stories of parents telling their children that if someone hits you, hit them back twice as hard.

### **Discussion Questions:**

- If your child came home and said that someone hit him or her, what would your response be?
  - What are some of the feelings you might be having?
  - What are some of the thoughts?
  - Why do you think some parents teach their child to fight back?
    - Afraid child will be victimized in the future
    - Don't want him to seem soft
    - Learned from their own experience that you have to protect yourself
  - Are there times when you do have to defend yourself?
    - Ask for examples.
  - Are there times when you can handle conflict or trouble without violence?
    - Ask for examples.
- 
- Explain that there is a saying, "If you only give your child a hammer, he'll try to fix everything by banging on it."
    - Ask what that saying means.
      - He'll only have one tool that he knows how to use.
  - Remind participants that our job as parents is to give our children **more tools** so they can be successful in life.
  - Point out that we are not saying that as a teen or adults there are NEVER situations when they will have to defend themselves with force, especially in dangerous neighborhoods.

- But teaching them better ways to deal with conflict now means that they **have more tools in their tool boxes.**

**Brainstorm: What are some positive ways to help your child deal with someone hitting them that don't involve hitting back?**

- ALWAYS supervise young children so **you can protect them**
- Teach them to be assertive (not aggressive).
  - Saying “no” to things they don't want or like
  - Understanding that bullying or being bullied is not okay
- Tell a teacher or responsible adult
- Get away from a situation where there is hitting or fighting
- Let them know that you will always support and protect them

## **Alternative Activity 12.6 The Consequences of Aggression Worksheet (10 minutes)**

**Objective:** To encourage participants to view the long term consequences out of teaching their children to engage in physical violence.

### **Outline:**

- When we look at people in our lives who have been hurt by violence, we often don't stop and think about how it all began.
- If we don't teach our kids **not to use violence**, then we are setting them up to be the very people who use violence.
- We may think we're protecting our children by teaching them to be tough and street smart, but we need to ask ourselves what the consequences of those lessons will be in the future.
- **Divide participants into pairs.**
- **Hand out The Consequences of Violence Worksheet (S12H8– alt)**
- Allow teams to complete the worksheets and discuss.

### **Discussion Questions:**

- Are there any life stages where the pros of violence or aggression outweigh the cons?
  - No
- Do the consequences for being aggressive change over time?
  - Get more serious.
- If a child uses aggression does it set them on a path to be aggressive adults? Why or why not?
- What can we do as parents to keep our children from using aggression?
  - Don't model aggressive behavior
  - Use effective discipline for aggressive behavior like time outs
  - Don't encourage them to be aggressive
  - Keep them away from aggressive peers
  - Supervise, supervise, supervise

# Star Chart Tips

- ★ Choose **specific** behaviors.

Not Specific: Be a good boy.

Specific: Put all your toys in the basket.

- ★ Reward **Every Time** they do the behavior.

- ★ Reward **Right Away**.


- ★ Make sure the prize isn't too hard to get or too easy to get.

- ★ If they earn the prize, they get it **NO MATTER WHAT** – even if they're having a bad day.

★ Star Charts work if you stick with them!



# My Star Chart

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Write behaviors you want in these boxes							

## Tips for Success!

- ✿ Choose specific behaviors.
- ✿ Reward every time.
- ✿ Let the child put the star on the chart!
- ✿ Change the reward if they get bored with it.
- ✿ Don't make it too easy or too hard to get the prize.
- ✿ If they earned the prize, give it even if she's having a bad day.

# Learning from Our Mistakes

What's one parenting mistake that you would like to forgive yourself for?

Why do you think this parenting mistake happened?

What PSP skills will you use to keep this from happening in the future?

---

(cut here)

# Learning from Our Mistakes

What's one parenting mistake that you would like to forgive yourself for?

Why do you think this parenting mistake happened?

What PSP skills will you use to keep this from happening in the future?

# The Consequences of Aggression

If he uses aggression as a kid the pros and cons are:



If he uses aggression as a teen the pros and cons are:



If he uses aggression as a man the pros and cons are:



## **Session 13: Your Future**

### **Session Rationale:**

*Around here I feel like its nothing new when teen age girls have kids. Its like when you don't see someone for a long time and then you bump into them and they see you with a kid. Its like oh you have a kid that's good. I know my friends don't look at me different because most of my friends have kids. Around here, that's just life.*

*16-year-old participant*

*My plan for the next year is that I'm going to be living with my boyfriend and our baby in our own apartment. But if we still have no money then we will stay with my father longer. And hopefully I'll have my GED and a job. Hopefully I would start going to college with the help of my dad and the baby's father. With the help of God I will do what I have planned for next year. Someday I would have my career which is being a social worker or a probation officer. And I would have to be in my 30s or 40s to have more kids.*

*18-year-old participant*

*I want to give my kids a brighter future. If my mother had had more time for me & had girl talk maybe I wouldn't be pregnant at a young age. I think her mother didn't have time for her either because she got pregnant at 15 and so did I. I know I'm gonna have time for my 2 little girls because I want them to grow-up to be strong independent women that have a bright future. Also they will have a man in their life & that's their father to teach them about bad men. My son will grow-up to be a man that respects women & not to hit them & call them names. If my father was to have more time for me & my brother we would be better people. My brother wouldn't be so violent to girls. I will continue to raise my kids the best way I know how. I will keep on giving until I can't give no more so they have a good future. That means if I have to go 12 midnight or walking in the blizzard.*

*20-year-old participant*

The writings that begin all of the rationales in this manual come from the original journaling project that was part of developing *Power Source Parenting*. The project ultimately led to the stories that fill PSP with first person accounts of teen motherhood. On the last day, members were asked to write about their futures. Themes touched upon the normalization of teen pregnancy in their communities, the intergenerational cycles of early parenthood, and the belief that the lack of support and nurturance they received from their own families restricted their personal growth and role exploration. At the same time, their histories fueled many of the girls' desire to give their children more than they received – to love them better, support them more, and guide them with a steadier hand. In short,

virtually every young mother in the project shared a similar theme regarding the future. Each one expressed the desire for her child to be more prepared and have greater opportunities in the future than she experienced.

Along with autonomy development and identity formation, developing a future orientation is a basic task of adolescence. Nurmi (1991) describes this as a three-stage process that involves goal setting, planning, and evaluating one's progress in attaining set goals. Unfortunately, the structural impediments that many poor, young mothers contend with including ineffective and poorly funded school systems, few extracurricular activities, restricted health care, and limited access to early work experiences negatively impact the development of clearly defined goals. By adolescence, girls who are low achieving in school tend to express fewer future related goals than high achieving girls and discuss the goals they do have in less concrete terms, making it harder to actualize them (Honora, 2002). The two primary domains adolescents tend to think about regarding their future are school and work (Nurmi, 1991). However, many young parents who have experienced early and chronic failure in school do not perceive higher education as an option. In fact, one of the largest predictors of future education orientation is self-efficacy beliefs (Kerpelman et al., 2008). In order to establish higher educational goals, one must believe she has the capacity to successfully meet those challenges. And there is perhaps no group more at-risk for early school withdrawal than young mothers, with nearly 1/3 dropping out before they become pregnant (Coley & Chase-Lansdale, 1998). Thus, with few concrete educational or vocational goals and negative self-efficacy beliefs, many at-risk teenagers find themselves, "drifting into motherhood" (SmithBattle & Leonard, 2006).

Another powerful influence on the development of future oriented goals is the set of "normative standards" established by one's peers and parents (Nurmi, 1991). The intergenerational legacy of young motherhood has been well-documented. Growing up in a family or neighborhood where early pregnancy is common, as one 16-year-old PSP participant wrote was the case in her neighborhood, sends the message that having a child young is a viable alternative to achieving educational and employment goals. In fact, the mechanism by which this message is conveyed may take a more powerful form than simple observational learning. In her book, *Young, Poor and Pregnant*, Judith Musick (1993) notes that there is significant pressure on teen mothers to alter their success orientation and goals to fit in with those of the women in their social network. By "doing better" than others in their network, adolescents run the risk of alienating their support system and facing a future, while more measurably successful, is less accepted by those who may feel rejected by or envious of her success. Musick argues that "adolescent mothers will not shift to more success-engendering modes of behavior unless the psychological benefits substantially outweigh the costs. If not, then why not have another child?" (p.221).

Perhaps nothing is so detrimental to setting and achieving future goals that will result in economic stability and personal growth as secondary pregnancy. The

economic, social, and educational impact of secondary pregnancy is profound for both the adolescent parent and her children (Corcoran & Pillai, 2007). Some estimates place repeat pregnancy for teen parents within 18-24 months of the first birth to be as high as 42-63% (Beers & Hollo, 2009). In one study, fewer than 5% of adolescents who became pregnant again planned on having their next child within two years (Raneri & Weimann, 2007). In the same study, individual factors associated with secondary pregnancy included having peers who were also adolescent parents, not being enrolled in school, and being in an abusive intimate partner relationship (Raneri & Weimann, 2007). Other factors such as positive attitudes toward childbearing, ambivalence about contraceptive use, and feelings of limited educational opportunities have been connected to secondary pregnancy and led Raneri and Weimann (2007) to state that lacking a firm resolve to avoid pregnancy may be as much of a risk-factor as an “overt intention to become pregnant” (p. 45).

The lowered self-efficacy beliefs that interfere with adolescent mothers’ ability to identify specific goals regarding their educational future apply equally to their reproductive futures. A construct related to self-efficacy is locus of control – the sense of being able to effectively exert power over one’s self and environment. Girls who experience early childhood abuse tend to feel less internal control versus girls never maltreated and those maltreated only in adolescence (Bolger & Patterson, 2001). Maltreated children, unable to defend themselves or stop the actions of their abusers develop a sense of powerlessness and lack of self agency. Over time they come to see the events of their environment as something that happen to them rather than as a setting for their own goals and desires to be enacted. Many of the teen parents in PSP groups have histories of significant childhood abuse and, consequently, many have developed an external locus of control. Once we asked participants to raise their hands if they believed whether or not they got pregnant in the future was something in their control. Out of 14 girls, not a single hand was raised. When we pressed them for an answer, the response was unanimous: “things happen.”

So how does a young person begin to generate a sense of efficacy and control over her body, her relationships, her educational goals, and her broader future? Awakening an individual to her power often starts simply by telling her that she has the potential to control her life course. Next, encouraging her to modify her expectations and helping her conceive of a future that is safe, productive, and malleable is a vital step. But more is needed for a long lasting change to take hold. In order to feel powerful and competent, young people need to experience success in those domains. To experience success at work, in relationships, with her own child, and with family young people must first acquire the skills specific to those domains. The emotional regulatory skills taught throughout the curriculum such as Freeze, Breathe, and Choose, selecting Cool Thoughts and Good Moves (Cognitive Change and Response Modulation), and mindfulness skills can be considered the foundation for success in all areas of life. Other skills such as the Oreo Cookies improve social skills and effective discipline strategies increase child functioning and parenting competence. As participants learn and practice

these skills, they see changes in their lives that translate into a greater sense of control over themselves and their environments. Helping participants connect vague hopes and desires about their futures with concrete goals and plans is another key part of building a future orientation. Only by experiencing success first hand, will young people begin to modify their self-efficacy beliefs and see a future that is filled with potential, promise, and hopefulness.

## **Session 13 Alternative Exercises and Handouts**

(Alternative Activity 13.1) Dealing With Setbacks

(Alternative Activity 13.2) The Bell Exercise

(S13H7-alt) Cool Thoughts and Good Moves for Dealing with Setbacks Worksheet



## Alternative Activity 13.1 Dealing with Setbacks (10 minutes)

**Objectives:** To identify coping statements and adaptive responses to handle setbacks in connection to goal setting.

**Outline:**

- Explain that everyone who has ever set a goal has probably experienced a setback.

**Facilitator Note:** Share an example of a set-back from your life. It could be not getting not being hired for a job you wanted or finding out the day care you planned to send your child to was full. Make sure to choose an incident that's relatable for participants. Share some of the thoughts and feelings you initially had in response to this set-back. Next share the **Cool Thoughts** and **Good Moves** you used to deal with this set-back.

**Brainstorm:** What are some of the feelings and thoughts we have when we experience a setback?

- Rejection
  - Hopelessness
  - Failure
  - Like a loser
  - Never change your life or get anywhere
  - Anger
  - Frustration
  - Sadness
- 
- Discuss the importance of dealing with these thoughts and checking to see how truthful they are so they don't sabotage you moving forward with your goals.
  - Point out that we all have setbacks in life. What's important is how we handle them. Getting back on our feet and trying again is more important than the fact that we may have stumbled or been disappointed.
  - It's called being **resilient**. And everyone in this room is **resilient**.
  - **Hand out Cool Thoughts and Good Moves for Dealing with Setbacks Worksheet (S13H7-alt).**
  - Read through sheet and discuss.

**Use the example of a young mom not being hired for a position she applied for.**

- What would be some **Hot Thoughts** (thoughts that would sabotage her goals?)
  - People are always more qualified
  - I don't deserve this job
  - Nobody is going to hire me
  - What made me think I could do this?

- I'll never get a good job
- What would be some **Cool Thoughts** (thoughts that would help her stay motivated and try again?)
  - Not getting one job doesn't mean anything
  - Maybe they were looking for something different. That's okay.
  - I'm proud of myself for trying
  - The more jobs I apply for the better my chances of getting one
  - I can do this – I have what it takes

## **Alternative Activity 13.2 The Bell Exercise (5 minutes)**

**Objective:** To practice a mindful listening skill designed to increase participants' attentional control.

### **Outline:**

■ **Use the following script for the Bell Exercise:**

*Now we're going to do the bell exercise. Go ahead and close your eyes or focus your gaze downward. When you are ready, I will ring the bell three times. Listen as the sound of the bell changes and becomes fainter. When you can no longer hear the sound, raise your hand. Keep your eyes closed the whole time. Pay as much attention to the sound of the bell as you can.*

*If your mind wanders or you get drawn to other sounds in the room, just bring your attention back to the sound of the bell.*

*After the sound of the bell fades the third time, continue to keep your eyes closed.*

**Ring the bell three times, allowing it to fade between each strike.**

*Without opening your eyes, we're going to shift our attention onto our breath. Take a few deep, letting go breaths. Notice how your body feels.*

*Now we're going to count backwards from 10 to 1. Start by saying in breath 10. Out breath 10. In breath 9. Out breath 9.*

*Good job. Now keep going until you get to one. If you lose track, no big deal. Just pick up where you think you left off.*

*Pause.*

*When you get to one, just keep your attention on your breath. Pick a spot in your body where you can really pay attention to the breath. It could be your nose. The air might feel cooler as it enters your nostrils and warmer as you breathe out. Or it might be your belly. Feel your belly expand as you breath in and feel it get smaller as the air leaves your body. Just focus on your breath, wherever it is easiest for a few minutes.*

*If your attention starts to wander. No big deal, just bring your attention back to the breath.*

**Allow participants to meditate silently for 3 minutes.**

**Prompts for Silent Meditation:**

- If your mind wanders, no big deal, just bring your attention back to the breath.
- If you hear noises, that's okay. While the sounds come and go in the background focus your attention back to your breath.
- Pay attention to the breath in one part of the body. Notice how your body changes as air comes in and goes out.

**Discussion Questions:**

- Tell me a little about what that experience was like for you?
- Do you usually pay that much attention when you're listening?
- Who had control over where your attention went?

## Cool Thoughts and Good Moves For Dealing with Setbacks



Cool Thoughts	Good Moves
Setbacks happen to everyone.	Examine what happened.
As bad as it may seem, it's not the end of the world.	Take another look at your plan. Is it reasonable?
This won't look or feel so bad in a day, a week, a month...	Use baby steps. Break big goals into smaller ones.
We all get knocked down, but it's what you do next that matters.	Get help – no one can succeed alone.
I'm strong. I can handle this.	Be flexible - sometimes small changes make a big difference.
No matter what challenges or disappointments I face, I am strong, wise, and worthwhile.	Prepare for next time by learning from any mistakes. Knowledge is power.
I always have the choice to try again.	Ignore put downs from others. Be your own biggest fan.
I can't control the world, only what I do and what I think.	Keep trying! Don't let one or two setbacks convince you to give up!

## **REFERENCES**

- Ainsworth, M. (1989). Attachment beyond infancy. *American Psychologist*, 44, 709-716.
- Allen, S., & Daly, K. (2002). The effects of father involvement: A summary of the research evidence. *Newsletter of the Father Involvement Initiative*, 1, 1-11.  
[http://www.ecdip.org/docs/pdf/IF%20Father%20Res%20Summary%20\(KD\).pdf](http://www.ecdip.org/docs/pdf/IF%20Father%20Res%20Summary%20(KD).pdf)
- Azar, S., & Weinzierl, K. (2005). Child maltreatment and childhood injury research: A cognitive behavioral approach. *Journal of Pediatric Psychology*, 30, 598-614.
- Baer, R. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143.
- Bandura, A. (1986). *Social functions of thought and action: A social cognitive theory*. NJ: Prentice-Hall.
- Beck, R. & Fernandez, E. (1998). Cognitive-behavioral therapy in the treatment of anger: A meta-analysis. *Cognitive Therapy and Research*, 22, 63-74.
- Beers, L., & Hollo, R. Approaching the adolescent-headed family: A review of teen parenting. *Current Problems in Pediatric Adolescent Health Care*, 39, 216-233.
- Belsky, J. (1993). Etiology of child maltreatment: A developmental-ecological analysis. *Psychological Bulletin*, 114, 423-434.
- Belsky, J. (1984). The determinants of parenting. *Child Development*, 55, 83-96.
- Bolger, K., & Patterson, C. (2001). Pathways from child maltreatment to internalizing problems: Perceptions of control mediators and moderators. *Development and Psychopathology*, 13, 913-940.
- Bolger, K., Patterson, C., & Kupersmidt, J.B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development*, 69, 1171 – 1197.
- Botvin, G. & Botvin, E. (1992). Adolescent tobacco, alcohol, and drug use: Prevention strategies, empirical findings, and assessment issues. *Journal of Developmental and Behavioral Pediatrics*, 13, 290-301.
- Bowen, S., Witkiewitz, K., Dilloworth, T., Chawla, N., Simpson, T.L., Ostafin, B., Larimer, M., Blume, A., Parks, G., & Marlatt, G. (2006). Mindfulness meditation and substance abuse in an incarcerated population. *Psychology of Addictive Behaviors*, 20, 343 – 347.

- Britner, P. & Reppucci, N. (1997). Prevention of child maltreatment: Evaluation of a parent education program for teen mothers. *Journal of Child and family Studies*, 6, 165-175.
- Brooks-Gunn, J., & Furstenberg, F. (1986). The children of adolescent mothers: physical, academic, and psychological outcomes. *Developmental Review*, 6, 224-251.
- Calkins, S., & Hill, A. (2007). Caregiver influences on emerging emotion regulation. In J. Gross (Ed.), *Handbook of emotion regulation* (pp. 229-248). New York: The Guilford Press.
- Centers for Disease Control and Prevention (2009). *Child maltreatment: Risk and protective factors*. Retrieved October 14, 2010 from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>.
- Centers for Disease Control and Prevention (2009). Youth Risk Behavior Survey. Retrieved May 11, 2011 from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.
- Cicchetti, D., & Rogosch, F. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology*, 9, 797-815.
- Coley, R. & Chase-Lansdale, P. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist*, 53, 152-166.
- Corcoran, J., & Pillai, V. (2007). Effectiveness of secondary pregnancy prevention programs: A meta-analysis. *Research on Social Work Practice*, 17, 5-18.
- Cohen, J. & Semple, R. (2010). Mindful parenting: A call for research. *Journal of Child and Family Studies*, 19, 145-151.
- Cutrona, C., Hessling, R., Bacon, P., & Russell, D. (1998). Predictors and correlates of continuing involvement with the baby's father among adolescent mothers. *Journal of Family Psychology*, 12, 369-387.
- Dagne, G., & Snyder, J. (2011). Relationship of maternal negative moods to child emotion regulation during family interaction. *Development and Psychopathology*, 23, 211-223.
- Dumas, J. (2005). Mindfulness-based parent training: Strategies to lessen the grip of automaticity in families with disruptive children. *Journal of Clinical Child and Adolescent Psychology*, 4, 779-791.
- Duncan, L., Coatsworth, J., & Greenberg, M. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Clinical Child and Family Psychological Review*, 12, 255-270.
- Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, 38, 1025-1034

Erikson, E. H. (1950). *Childhood and society*. New York: W.W. Norton and Company.

Eshbaugh, E. (2008). Potential positive and negative consequences of coresidence for teen mothers and their children in adult-supervised households. *Journal of Child and Family Studies*, 17, 98-108.

Faber, A., & Mazlish, E. (1980). *How to talk so kids will listen and listen so kids will talk*. New York: Avon Books.

Fabes, R. Leonard, S., Kupanoff, K., & Martin, C. (2001). Parental coping with children's negative emotion: Relations with children's emotional and social responding. *Child Development*, 72, 907-920.

Fagan, J. (2008). Randomized study of a prebirth coparenting intervention with adolescent and young fathers. *Family Relations*, 57, 309-323.

Fagan, J., Bernd, E., & Whiteman, V. (2007). Adolescent fathers' parenting stress, social support, and involvement with infants. *Journal of Research on Adolescence*, 17, 1-22.

Farmer, E. Compton, S., Burns, B., & Robertson, E. (2002). Review of the evidence for treatment of childhood psychopathology: Externalizing disorders. *Journal of Consulting and Clinical Psychology*, 6, 1267-1302.

Fine, S., Trentacosta, C., Izard, C., Mostow, A., & Campbell, J. (2004). Anger perception, caregivers' use of physical discipline, and aggression in children at risk. *Social Development*, 13, 213-228.

Forehand, R., & McMahon, R. (1981). *Helping the non-compliant child: A clinician's guide to parent training*. New York: Guilford.

Futris, T., & Schoppe-Sullivan, S. (2007). Mother's perceptions of barriers, parenting alliance, and adolescent father's engagement with their children. *Family Relations*, 56, 258-269.

Gershenson, H.P., Musick, J.S., Ruch-Ross, H.S., Magee, V., Rubino, K., & Rosenberg, D. (1989). The prevalence of coercive sexual experiences among teenage mothers. *Journal of Interpersonal Violence*, 4, 204-219.

Gershoff, E. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539-579.

Gottman, J., Katz, L., & Hooven, C. (1997). *Meta-Emotion: How families communicate emotionally*. New Jersey: Lawrence Erlbaum Associates.



- Hagen, K., Ogden, T., & Bjornebekk, G. (2011). Treatment outcomes and mediators of parent management training: A one year follow-up of children with conduct problems. *Journal of Clinical Child and Adolescent Psychology*, 40, 165-178.
- Hess, C., Papas, M., & Black, M. (2002). Resilience among African American adolescent mothers: Predictors of positive parenting in early infancy. *Journal of Pediatric Psychology*, 27, 619-629.
- Honora, D. (2002). The relationship of gender and achievement to future outlook among African American adolescents. *Adolescence*, 37, 301-316.
- Izard, C., Fine, S., Schultz, D., Mostow, A., Ackerman, B., & Youngstrom, E. (2001). Emotion knowledge as a predictor of social behavior and academic competence in children at risk. *Psychological Science*, 12, 18-23.
- Izard, C., King, K., Trentacosta, C., Morgan, J., Laurenceau, J., Krauthamer-Ewing, S., & Finlon, K. (2008). Accelerating the development of emotion competence in Head Start children: Effects on adaptive and maladaptive behavior. *Development and Psychopathology*, 20, 369-397.
- Johnson, R., Kotch, J., Catellier, D., Winsor, J., Dufort, V., Hunter, W., & Amaya-Jackson, L. (2002). Adverse behavioral and emotional outcomes from child abuse and witnessed violence. *Child Maltreatment*, 7, 179 – 186.
- Kabat-Zinn, J. (1994) *Wherever you go, there you are*. New York: Hyperion.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144-156.
- Kabat-Zinn, J., Massion, A.O., Kristeller, J., Peterson, L.G., Fletcher, K. E., Pbert, L., Lenderking, W.R., Santorelli, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *The American Journal of Psychiatry*, 149, 936 – 943.
- Kazdin, A. (2005). *Parent management training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*. Oxford: Oxford University Press.
- Kazdin, A., Bass, D, Siegel, T., & Thomas, C. (1989). Cognitive-behavioral therapy and relationship therapy in the treatment of children referred for antisocial behavior. *Journal of Consulting and Clinical Psychology*, 4, 522-535.
- Kissman, K. (1992). Parent-skills training: Expanding school-based services for adolescent mothers. *Research on Social Work Practice*, 2, 161-171.

- Kitzman, K.M., Gaylord, N.K., Holt, A.R., Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*, 339-352.
- Koniak-Griffin, D., Verzemnieks, I., & Cahill, D. (1992). Using videotape instruction and feedback to improve adolescents' mothering behaviors. *Journal of Adolescent Health, 13*, 570-575.
- Krishnakumar, A., & Black, M. (2003). Family processes within three-generation households and adolescent mothers' satisfaction with father involvement. *Journal of family Psychology, 17*, 488-498.
- Lanzi, R. Bert, S., Jacobs, B., & The Centers for the Prevention of Child Neglect (2009). Depression among a sample of first-time adolescent and adult mothers. *Journal of Child and Adolescent Psychiatric Nursing, 22*, 194-202.
- Letourneau, N., Stewart, M., & Barnfather, A. (2004). Adolescent mothers: support needs, resources, and support-education interventions. *Journal of Adolescent Health, 35*, 509-525.
- Lindhorst, T., Beadnell, B., Jackson, L., Fieland, K., & Lee, A. (2009). Mediating pathways explaining psychosocial functioning and revictimization as sequelae of parental violence among adolescent mothers. *American Journal of Orthopsychiatry, 79*, 181-190.
- Malatesta, C., Grigoryev, P., Lamb, C., Albin, M., & Culver, C. (1986). Emotion socialization and expressive development in preterm and full-term infants. *Child Development, 57*, 316-330.
- Marsiglio, W., Amato, P., Day, R., & Lamb, M. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family, 62*, 1173-1191.
- Martorrel, G. & Bugental, D. (2006). Maternal variations in stress reactivity: Implications for harsh parenting practices with very young children. *Journal of Family Psychology, 20*, 641-647.
- McPherson, A.V., Lewis, K. M., Lynn, A.E., Haskett, M. E., & Behrend, T.S. (2009). Predictors of parenting stress for abusive and nonabusive mothers. *Journal of Child and Family Studies, 18*, 61– 69.
- Meade, C., Kershaw, T., & Ickovics, J. (2008). The intergenerational cycle of teenage motherhood: An ecological approach. *Health Psychology, 27*, 419-429.
- Micucci, J. A. (1998). *The adolescent in family therapy: Breaking the cycle of conflict and control*. New York: The Guilford Press.

- Milan, S., Lewis, J., Ethier, K., Kershaw, T., & Ickovics, J., (2004). The impact of physical maltreatment history on the adolescent mother-infant relationship: Mediating and moderating effects during the transition to early parenthood. *Journal of Abnormal Child Psychology*, 32, 249-261.
- Milan, S., Lewis, J., Ethier, K., Kershaw, T., & Ickovics, J. (2004). The impact of physical maltreatment history on the adolescent mother-infant relationship: Mediating and moderating effects during the transition to early parenthood. *Journal of Abnormal Child Psychology*, 32, 249-261.
- Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: The Guildford Press.
- Miller, P., & Sperry, L. (1987). The socialization of anger and aggression. *Merrill-Palmer Quarterly*, 33, 1-31.
- Miller-Johnson, S., Winn, D., Coie, J., Maumary-Gremaud, A., Hyman, C., Terry, R., & Lochman, J. (1999). Motherhood during the teen years: A developmental perspective on risk factors for childbearing. *Development and Psychopathology*, 11, 85-100.
- Mollborn, S., & Lovegrove, P. (2011). How teenage fathers matter: Evidence from the ECLS-B. *Journal of Family Issues*, 32, 3-30.
- Musick, J. (1993). *Young, poor and pregnant: The psychology of teenage motherhood*. New Haven, CT: Yale University Press.
- National Association for Children of Alcoholics (2005). *Children of Addicted Parents: Important Facts*. Retrieved March 16, 2010 from [http://www.hopenetworks.org/addiction/Children of%Addicts.htm](http://www.hopenetworks.org/addiction/Children%20of%20Addicts.htm)
- Nelson, W., Finch, A., & Ghee, A. (2006). Anger management with children and adolescents: Cognitive-behavioral therapy. In P. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (pp. 114-165). New York: The Guilford Press.
- Nix, R., Pinderhughes, E., Dodge, K., Bates, J., Pettit, G., & McFayden-Ketchum, S. (1999). The Relation between mothers' hostile attribution tendencies and children's externalizing behavior problems: The mediating role of mothers' harsh discipline practices. *Child Development*, 70, 896-909.
- Nurmi, J. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review*, 11, 1-59.
- Patterson, G. (1982). *Coercive family process*. Eugene, OR: Castalia Publishing.
- Patterson, G. (1968). *Living with children: New methods for parents and teachers*. Champaign, IL: Research Press.

- Patterson, G., Reid, J., & Dishion, T. (1992). *Antisocial boys: A social interactional approach*. Eugene, Oregon: Castalia Publishing.
- Peterson, L. & Brown, D. (1994). Integrating child injury and abuse-neglect research: Common histories, etiologies, and solutions. *Psychological Bulletin*, 2, 293-315.
- Prochaska, J. & DiClemente, C. (1986). Toward a comprehensive model of change. In W. Miller and N. Heather (Eds.), *Treating addictive behaviors: Processes of change* (pp. 3-27). New York: Plenum Press.
- Raeff, C. (1994). Viewing adolescent mothers on their own terms: Linking self-conceptualization and adolescent motherhood. *Developmental review*, 14, 215-244.
- Raneri, L., & Weimann, C. (2007). Social and ecological predictors of repeat adolescent pregnancy. *Perspectives on Sexual and Reproductive Health*, 39, 39-47.
- Riley, W., Obermayer, J., and Jersino, J.M. (2008). Internet and mobile phone text messaging intervention for college smokers. *Journal of American College Health*, 57, 245 – 248.
- Roberts-Lewis, A., Parker, S., Welch, C., Wall, A., & Wiggins, P. (2009). Evaluating the cognitive and behavioral outcomes of incarcerated females receiving substance abuse treatment: A pilot. *Journal of Child & Adolescent Substance Abuse*, 18, 157-171.
- Saarni, C. (1999). *The development of emotional competence*. New York: The Guilford Press.
- Segal, Z., Williams, M., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: The Guilford Press.
- Semple, R., Reid, E., Miller, L. (2005). Treating anxiety with mindfulness: An open trial of mindfulness training for anxious children. *Journal of Cognitive Psychotherapy*, 19, 379-392.
- Shackman, J., Shackman, A., & Pollack, S. (2007). Physical abuse amplifies attention to threat and increases anxiety in children. *Emotion*, 7, 838-852.
- Silk, J.S., Siegle, G.J., Whalen, D. J., Ostapenko, L.J., Ladoucer, C.D., & Dahl, R.E. (2009). Pubertal changes in emotion information processing: Pupillary, behavioral, and subjective evidence during emotional word identification. *Development and Psychopathology*, 21, 7-26.
- Singh, N., Lancioni, G., Joy, S., Winton, A., Sabaawi, M., Wahler, R., & Singh, J. (2007). Adolescents with conduct disorder can be mindful of aggressive behavior. *Journal of Emotional and Behavioral Disorders*, 15, 56-63.

- Singh, N., Lancioni, G., Winton, A., Singh, J., Singh, A., Adkins, A., & Wahler, R. (2010). Training in mindful caregiving transfers to parent-child interactions. *Journal of Child and Family Studies*, 19, 167-174.
- Singh, N., Lancioni, G., Singh, A., Winton, A. Singh, J., McAleavey, K., & Adkins, A. (2008). A mindfulness-based health wellness program for and adolescent with Prader-Willi syndrome. *Behavior Modification*, 32, 167-181.
- SmithBattle, L. & Leonard, V. (2006). Teen mothers and their teenaged children: The reciprocity of developmental trajectories. *Advances in Nursing Science*, 29, 351-365.
- Spears, G.V., Stein, J.A., & Koniak-Griffin, D. (2010). Latent growth trajectories of substance use among pregnant and parenting adolescents. *Psychology of Addictive Behaviors*, 24, 322-332.
- Spicer, P. (2010). Cultural Influences of Parenting. *Zero to Three*, 4, 28 -32.
- Stegge, H. & Terwogt, M. (2007). Awareness and regulation of emotion in typical and atypical development. In J. Gross (Ed.), *Handbook of emotion regulation* (pp. 269-286). New York: The Guilford Press.
- Stith, S., Liu, T., Davies, L., Boykin, E., Adler, M., Harris, J., Som, A., McPherson, M., & Dees, J. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, 14, 13-29.
- Stouthamer-Loeber, M., Loeber, R., Homish, D.L., & Wei, E. (2001). Maltreatment of boys and the development of disruptive and delinquent behavior. *Development and Psychopathology*, 13, 941-955.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008, September 11). *The NSUDH report: Alcohol use among pregnant women and recent mothers: 2002 to 2007*. Rockville, MD: Author.
- Supplee, L., Skuban, E., Shaw, D., & Prout, J. (2009). Emotion regulation strategies and later externalizing behavior among European American and African American children. *Development and Psychopathology*, 21, 393 – 415.
- Tang, Y., Ma, Y., Wang, J., Fan, Y., Feng, S., Lu, Q., Sui, F., Rothbart, M., Fan, M., & Posner, M. (2007). Short-term meditation training improves attention and regulation. *Proceedings of the National Academy of Sciences*, 104, 17152 -17156.
- Teasdale, J., Segal, Z., & Williams, J. M. (2003). Mindfulness training and problem formulation. *Clinical Psychology: Science and Practice*, 10, 157-160.

Thomas, D. & Looney, S. (2004). Effectiveness of a comprehensive psychoeducational intervention with pregnant and parenting adolescents: A pilot study. *Journal of Child and Adolescent Psychiatric Nursing*, 17, 66-77.

Thompson R. & Meyer, S. (2007). Socialization of emotion regulation in the family. In J. Gross (Ed.), *Handbook of emotion regulation* (pp. 249-268). New York: The Guilford Press.

Tjaden, P & Thoennes, N. (2000). Full Report of the prevalence, incidence and consequences of violence against women. *Research Report: National Institute of Justice* (NCJ 183781). Washington, DC.

Tremblay, R. (2000). The development of aggressive behavior during childhood: What have we learned in the past century? *International Journal of Behavioural Development*, 24, 129-141.

Underwood, M.K. Kupersmidt, J. B., & Coie, J.D., (1996). Childhood peer sociometric status and aggression as predictors of adolescent childbearing. *Journal of Research on Adolescence*, 6, 201-223.

U.S. House of Representatives. *Personal responsibility and work opportunity reconciliation act of 1996*. Conference Report HR 3734. Washington, DC: US Government Printing Office, 1996. Report No. 104-725.

Van der Molen, E., Hipwell, A., Vermeiren, R., & Loeber, R.(2011). Maternal characteristics predicting young girls' disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*, 40, 179 – 190.

Vitaro, F., Pedersen, S. & Brendgen, M. (2007). Children's disruptiveness, peer rejection, friends' deviancy, and delinquent behaviors: A process-oriented approach. *Development and Psychopathology*, 19, 433-453.

Waldron, H. & Turner, C. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child and Adolescent Psychology*, 37, 238-261.

Wilkinson, D., Magora, A., Garcia, M., & Khurana, A. (2009). Fathering at the margins of society: Reflections from young, minority, crime-involved fathers. *Journal of Family Issues*, 30, 945-967.

Winnicott, D.W., (2002). *Winnicott on the Child*. MA: Perseus Publishing.

Woodberry, K., Roy, R., & Indik, J. (2008). Dialectical behavior therapy for adolescents with borderline features. In L. Greco & S. Hayes et. in Hayes and Greco (Eds.), *Acceptance and mindfulness treatments for children and adolescents* (pp. 115-138). Oakland: New Harbinger Publications.

Zoccolillo, M., Meyers, J., & Assiter, S. (1997). Conduct disorder, substance dependence, and adolescent motherhood. *American Journal of Orthopsychiatry* 67, 152-157.

Zylowska, L., Ackerman, D., Yang, M., Futrell, J., Horton, N., Sigi Hale, T., Pataki, C., & Smalley, S. (2008). Mindfulness meditation training in adults and adolescents with ADHD. *Journal of Attention Disorders*, 11, 737-746.