Intergenerational Connectedness in Families with Parenting Teens

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Objectives

• Summarize key foundational theories related to family systems, intergenerational dynamics, and young parenthood.

• Identify and apply critical Motivational Interviewing techniques to improve treatment engagement and adherence, and intergenerational family connections.

• Develop action plans for improving outcomes for adolescent parents through augmenting connections between families and providers and supporting advocacy efforts in the community.
Background

• Despite a general decline in US teen pregnancy rates (Romero et al., 2016), there are still a significant number of youth who enter parenthood (Santelli & Melnikas, 2010).

• Adolescence is a crucial developmental period characterized by:
  – Marked physiological changes (i.e., hormonal, cognitive)
  – Role transitions
  – Greater autonomy with more reliance on peer networks than family (Steinberg & Silk, 2002)

Intergenerational Co-Parenting

• Circumstances where more than one generation of adult are involved in childrearing and parenting together
  – Unique dynamic for teen parents who are still minors themselves

• Co-parenting theory includes three core components centering on childrearing: solidarity and support, dissonance and antagonism, and individual engagement in child rearing (McHale, 2004).

• Dissonance and conflict in dyadic co-parenting has direct implications for child socio-emotional adjustment.

Intervention Example

- Families and Schools Together [FAST] babies
  - Community-based, multi-family group intervention
  - One goal is to reduce intergenerational conflict
  - Decreased total parenting stress, decreased family conflict, and improved the relationship; also improved teens’ moods

Goals for Teen Parents

• Education
  – High school diploma or GED
  – College or vocational program
    • Improve employability and wage

• Family planning
  – Prevention of unintended pregnancy
  – Delay of subsequent pregnancy
  – Early engagement in prenatal care for healthy outcomes
  – STIs prevention
Goals for Teen Parents

• Increase self-reliance
  – work towards independent living

• Improve social supports
  – Nurture continued adolescent development
  – Improve developmental outcomes for their children

• Increase healthy relationships
  – With partners or co-parents, parents and peers
Tips for Working with Parenting Teens

- Ensure your site provides easy access to care
  - Late hours, walk-ins, flexible policies
- Respectful attitudes towards clients
  - Cultural competence
- Prioritize Confidentiality
  - Reproductive health
  - Mental health
- Engage youth and their families in care
  - Group programs
  - Parenting resources
Cultural Competence

• Examine our own views and biases about teen parenthood
• Respect beliefs and practices
  – Learn about the teen’s culture early in your therapeutic relationship
  – Ask when uncertain
• Recognize and value cultural variations
• Be responsive to the teen’s/family’s culture
  – Customize interventions to fit with their culture
  – Involve the teen in determining their needs and tailoring interventions or treatments
Culture and Parenting Style

• Parenting style is based on personal and cultural beliefs and behaviors

• Teen parents adapt their parenting style to incorporate mainstream societal needs with their parents’ indigenous culture and belief system
  – May be a source of familial conflict

Using a Trauma-Informed Approach with Under-served Teen Parents and Families

- Socioeconomic and historical community environment
- Immigration status / language barriers
- Generational gang involvement / incarceration
- Lack of opportunity for employment and education
- Multiple adverse experiences / chronic trauma
- Ageism, gender, and “teen parent” stereotyping
- “Shaming” within social support system
General Principles of MI

1. Express empathy
2. Roll with resistance
3. Develop discrepancy
4. Avoid argumentation
5. Support self-efficacy
## Spirit of MI

<table>
<thead>
<tr>
<th>Partnership/Collaboration</th>
<th>Acceptance/Autonomy</th>
<th>Compassion/Empathy</th>
<th>Evocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working against each other (Wrestling)</td>
<td>Working in Partnership (Dancing)</td>
<td>In the room together, not much is happening (Standing)</td>
<td></td>
</tr>
<tr>
<td>Struggle with the client’s and/or press the client to change (Directing)</td>
<td>Recognizing and honor client’s choices, including no change (Accepting)</td>
<td>Indifferent to client’s wishes or choices (Observing)</td>
<td></td>
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<tr>
<td>Outcomes are more important than client needs (Detached)</td>
<td>Active and subjective promotion of client’s needs (Empathetic)</td>
<td>Reaction to client’s needs is influenced by emotion (Sympathetic)</td>
<td></td>
</tr>
<tr>
<td>Providing the reasons and plan for change (Advocating)</td>
<td>Drawing out the client’s views on change (Guiding)</td>
<td>Letting the session go wherever it will (Following)</td>
<td></td>
</tr>
</tbody>
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MI with Teen Parents: Developmental Considerations

• More limited capacities to form long-term goals and experience ambivalence
• Level of self-understanding and insight
• Increasing readiness to change
• Supporting autonomy, developing independent living skills, and promoting adherence to health regimen
  – Ask, don’t tell - take off our “expert hat”
• With multigenerational families, focus on increasing connections, communication, and collaboration
MI Techniques

• O - Open-ended questions
• A - Affirmations
• R - Reflective listening
• S - Summaries

• Reframing
• Asking Permission
• Therapeutic Paradox
Open Ended Questions

• Must be answered in >1 word
• Allows teen to express themselves
• Creates trusting environment
• Drives conversation towards a goal

• “GOAL - reflect at least ONCE for every question”
  -Dr. Brogan

Affirmations

• Complimentary statements
• Identify strengths and link them to actions
• For adolescents, focus on values as actions can be impulsive especially early in the therapeutic relationship and when ambivalence is high
• Emphasize autonomy
• Avoid “I” statements

Reflections

• “You” statements
• Recount teen’s:
  – Feelings
  – Strengths
  – Abilities
  – Efforts
• Simple versus complex
  – Reflect in an understandable level of complexity
  *Refer to electronic handout provided

Summaries

• Synthesize information collected from prior statements
  – Use a series of reflections

• Illustrate active listening by reflecting ideas

• Close with an open-ended question to invite feedback

MI Activities/Tools

- Pros/Cons
- Readiness to Change Ruler/Confidence Ruler
- Decisional Balance Exercise
- Values Exercise
- Exploring Goals
- Looking forward/Looking back
- Change Plan Worksheet
Change Talk & Commitment

• Desire         I want to...
• Ability        I could...
• Reason         I have good reason to...
• Need           I need to...

• Commitment     I will...
• Action         I am...
• Taking steps   I did...
How to Evoke Change Talk

• Explore goals and values
• Ask open-ended questions that must be answered with change talk.
• Explore decisional balance
  – Ask about pros related to current status
  – Ask about cons
• Request elaboration
  – When you hear change talk, ask for more details
    • In what ways?
    • Tell me more.
    • What does that look like?
How to Evoke Change Talk

• Request examples
  – When you hear change talk, request specific examples.
    • Describe the last time this happened. What else?

• Look Back
  – How were things before you had this concern?

• Look Forward
  – What will happen if things stay the same?
  – What would life look like if you were able to make this change?
  – If you had a magic wand, how would this be different?
How to Work with Change Talk

• Importance Ruler
  – On a scale of 1 to 10, how important is it to you that _____. Great, what makes it a X and not Y (lower number than X)?

• Confidence Ruler
  – On a scale of 1 to 10, how confident are you that you can make this change? Great, what makes it a X and not Y (lower number than X)?
Rolling with Resistance

• Emphasize that the youth has the decision making power
  – Revisit this whenever you encounter discord
  – Emphasize personal control
    • “No one can make you do this and no one can do it for you.”

• Shift focus
  – Change the subject to a topic of agreement or less resistance
    • “You may never agree with your parents on this. Tell me more about your goals with your partner.”

TIME TO PRACTICE!
Scenario 1

- Selena (16) and Mark (17) have a 10 month-old with a chromosomal deletion syndrome and complex medical needs.
- Selena is ambivalent about starting birth control. She understands the need but is upset by her parents’ insistence for LARC use.
Scenario 2

• Janet’s (14) 28 week premature baby is in the NICU. The baby’s father is not present or involved.

• Janet has difficulty allowing her mother, Mrs. Anderson, to be part of her child’s medical decision-making.

• The medical staff has grown concerned regarding Janet’s parenting capacities as she is unable to recall medical information provided by the NICU staff and is having difficulty following medical recommendations.
Scenario 3

• Hiro (18) and Tiffany (18) parent their 1 year-old, Brandon. They both come from traditional Japanese households and live with their respective parents.

• They are hoping to move in together with Hiro’s family to more easily co-parent their child as there is additional space.

• Hiro’s parents, Mr. and Mrs. Morimoto are upset and conflicted about their son living with a woman while unmarried, and are unsure about having Tiffany move in with them. Additionally, Mr. and Mrs. Morimoto have made it clear that they have specific expectation on how Brandon will be raised.
Regrouping

• What factors about your teen did you take into consideration?
  – Ethnic background
  – Family dynamics
  – Developmental considerations

• What MI tools did you apply? Which worked well?

• What MI tools could you use in your practice?
Initial Action Plan Ideas
What can we do?

Trauma-Informed:
- Cultivate an environment of safety, trust, and collaboration between provider and client
- Support building empathy and understanding
- Challenge impact of past adverse experiences

Teen-Centered Care:
- Recognize and support teens’ rights as parents
- Work collaboratively with teens and families
- Create a safe, non-judgmental clinic environment

MI Training:
- Provide brief trainings and booster sessions for providers and staff on MI principles and techniques
- Focus on promoting family engagement and positive relationships

Capacity Building/Outreach:
- Provide opportunities for multigenerational workshops on parenting
- Get involved in local or national campaigns, such as #NoTeenShame
- Seek grants for program development
Resources

• The National Campaign to Prevent Teen and Unplanned Pregnancy
  – Resources for professionals, teens, and parents

• Office of Adolescent Health
  – Pregnancy Assistance Fund Resource Center
  – Teen Parenting and Early Childhood Resources
  – For Parents: Talking with Teens
Clinical Care Resources

• **#NOTEENSHAME**
  – Free graphics/posters to support your organization’s youth
• University of Michigan [Adolescent Health Initiative](#)
  – [Webinars/trainings](#) and [starter guides](#) to improve adolescent-centered care
• Healthy Teen Network
  – Best Practices for Working with Parenting Teens [Tip Sheet](#)
• [National Fatherhood Initiative](#)
  – Complete Fatherhood Program Kits, online trainings, and free resources
Legal Resources

- **National Women’s Law Center**
  - Pregnant and Parenting Students’ Rights [Toolkit](#)
- **National Center for Youth Law**
  - [Teen Health Law](#)
Advocacy Resources

• Advocates for Youth
  – Training and Strategic Assistance for Professionals
  – Policy, Advocacy and Activist Resources

• Healthy Teen Network
  – Advocacy Resource Guides

• National Latina Institute for Reproductive Health
  – Section on Young Parents: Reproductive Justice Resources

• Physicians for Reproductive Health
  – Advocacy Action Center

• URGE: Unite for Reproductive & Gender Equity
  – Issue Briefings, Factsheets, and Resources
Questions?

THANK YOU