Office of Adolescent Health

Breaking the Cycle of Intergenerational Teen Pregnancy Using a Trauma-Informed Approach

Deborah Chilcoat, Jeanette Pai-Espinosa, Barbara Burton, Suzanne Banning, and Melanie Taylor Prummer

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Presenters

Jeanette Pai-Espinosa

Image source: http://nationalcrittenton.org/who-we-are/staff-and-board/
Presenters

Image source: http://www.flocritco.org/sites/default/files/logo_0.png

Suzanne Banning
Presenters

Barbara Burton, MNA

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Presenters

Melanie Taylor Prummer, MA

Image courtesy of Melanie Taylor Prummer
PAF Resource Center

Pregnancy Assistance Fund Resource Center

The Pregnancy Assistance Fund Resource Center provides training materials and resources for OAH grantees working to help expectant and parenting teens, women, fathers, and their families. It offers e-learning modules, informative podcasts, webinars and training materials.

SPOTLIGHT ON ENGAGING YOUNG FATHERS
Use this training topic to learn key considerations for serving males and young fathers.

SPOTLIGHT ON EARLY CHILDHOOD RESOURCES
Find resources on how young families can access services to support young children.

JOIN THE GROUP FOR SUPPORTING PREGNANT & PARENTING TEENS

TRAINING TOPICS
- Engaging Diverse Populations
- Building Collaborations
- Strategic Communications
- Performance Management
- Sustainability
- Young Fathers

EVIDENCE-BASED PROGRAMS FOR TEEN PREGNANCY PREVENTION
Learn more

TALKING WITH TEENS Our Site for Parents and Other Adults

Let the world know what you think.
Objectives

- At the conclusion of this Webinar, attendees will be able to:
  - Define three (3) key terms: 1) Intergenerational Teen Pregnancy, 2) Adverse Childhood Experiences (ACEs), and 3) Trauma-Informed Approach;
  - Identify at least three (3) correlates between adverse childhood experiences, as reported in the Adverse Childhood Experiences Study (ACES), and intergenerational teen pregnancy; and
  - List at least three (3) strategies that effectively and positively influence teens’ ability to break the cycle of teen pregnancy.
How often do you work with young people who have family members who have also experienced a teen pregnancy?

- Always
- Often
- Sometimes
- Never
Typically, what is the relationship between the young person you work with and the family member who experienced pregnancy during adolescence?

- Mother
- Father
- Sister
- Brother
- Cousin
- Other
Intergenerational Teen Pregnancy

- Daughters of teen mothers were 66% more likely to become teenage mothers themselves.\(^1\)
- Younger siblings of teen parents are 2-6 times more likely to become pregnant as teens themselves.\(^2\)

Images courtesy of Healthy Teen Network
Intergenerational Teen Pregnancy

Society
- Social and cultural norms
- Access to comprehensive sexuality education
- Youth- and minority-friendly policies

Community
- Quality of schools
- Exposure to violence
- Access to employment

Relationship
- Parenting styles/supervision and monitoring
- Friend groups

Individual
- Adverse childhood experiences
- Access to health care
- Access to education
The ACE Study

Adverse Childhood Experiences

Disrupted Neurodevelopment

Social, Emotional, and Cognitive Impairment

Adoptions of Health-Risk Behaviors

Disease, Disability, and Social Problems

Early Death

Death

Conception
<table>
<thead>
<tr>
<th>CHILDHOOD EXPOSURE</th>
<th>SUBCATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Psychological</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
</tr>
<tr>
<td>Household Dysfunction</td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td>Mental illness</td>
</tr>
<tr>
<td></td>
<td>Intimate partner violence</td>
</tr>
<tr>
<td></td>
<td>Criminal behavior</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
</tr>
<tr>
<td>Neglect</td>
<td>Emotional</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
</tr>
</tbody>
</table>
# Health Outcomes and Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>HEALTH RISK BEHAVIORS</th>
<th>MENTAL HEALTH CONDITIONS</th>
<th>PHYSICAL HEALTH CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>Depression</td>
<td><strong>Cardiovascular Disease</strong></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Anxiety</td>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>Drug Abuse/Illlicit Drug Use</td>
<td>PTSD</td>
<td><strong>Emphysema</strong></td>
</tr>
<tr>
<td>High Risk Sexual Behavior</td>
<td>Hallucinations</td>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Suicide</strong></td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liver Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Headaches</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Autoimmune Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td></td>
<td></td>
<td>Self-Reported Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fetal Death</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mortality</td>
</tr>
</tbody>
</table>

Health outcomes highlighted in **pink** are among the top ten leading causes of death in the US.
### The Crittenton Foundation ACE Study

<table>
<thead>
<tr>
<th>Group</th>
<th>4+</th>
<th>5+</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original CDC study women</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All girls supported by Crittenton agencies (n=916)</td>
<td>53%</td>
<td>42%</td>
<td>3%</td>
</tr>
<tr>
<td>All young mothers at Crittenton agencies (n = 253)</td>
<td>61%</td>
<td>48%</td>
<td>4%</td>
</tr>
<tr>
<td>Young mothers in the juvenile justice system at Crittenton (n=59)</td>
<td>74%</td>
<td>69%</td>
<td>7%</td>
</tr>
<tr>
<td>Young mothers in the child welfare system at Crittenton (n=42)</td>
<td>63%</td>
<td>48%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Sample data from First Crittenton Pilot of ACE (2013)
ACE Scores for Females with First Pregnancy at Age <18

- 0 to 3: 9%
- 4 to 7: 23%
- 8 to 10: 48%

ACE Scores for Females with at Least One Child

- 0 to 3: 6%
- 4 to 7: 28%
- 8 to 10: 43%
The Crittenton Foundation ACE Study

ACE Score for Children

ACE Score

0
1
2
3
4
5
6
7
8
9

0 5 10 15 20 25

Prevalence (%)
The National Crittenton ACE Study

Average Child ACE Score

Age

0 to 6 years
7 to 10 years
10 to 18 years
Increased number of ACEs leads to an increased risk of adolescent pregnancy.

Many risk factors for teen pregnancy are ACEs.  

Teens experiencing ACEs may also not be exposed to protective factors for teen pregnancy.  

One third of teenage pregnancies could be prevented by eliminating exposure to ACEs.
What the Research Saw

- **Abuse**
  - Teen who are abused are more likely to experience pregnancy.\(^6\)
  - Low-income adolescents experiencing interpersonal violence are at risk for rapid repeat pregnancy.\(^7\)

- **Household dysfunction**
  - Teen mothers have a higher incidence of postpartum depression.\(^8\)
  - Children of teen mothers are less likely to live in a two parent household.\(^9\)

- **Neglect**
  - Teen mothers are more than twice as likely to have a child placed in foster care during the first five years after a birth.\(^10\)
  - Teen mothers are twice as likely to have a reported case of abuse or neglect as women who had a first birth at age 20-21.\(^11\)
ACEs & Intergenerational Teen Pregnancy

<table>
<thead>
<tr>
<th>Category of Trauma</th>
<th>All Crittenton young mothers</th>
<th>Young mothers in juvenile justice</th>
<th>Young mothers in child welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological abuse (by parents)</td>
<td>56%</td>
<td>65%</td>
<td>58%</td>
</tr>
<tr>
<td>Physical abuse by parents</td>
<td>41%</td>
<td>39%</td>
<td>54%</td>
</tr>
<tr>
<td>Sexual abuse (contact with anyone)</td>
<td>42%</td>
<td>49%</td>
<td>40%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>50%</td>
<td>37%</td>
<td>48%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>30%</td>
<td>35%</td>
<td>27%</td>
</tr>
<tr>
<td>Alcoholism or drug use in home</td>
<td>63%</td>
<td>67%</td>
<td>54%</td>
</tr>
<tr>
<td>Loss of biological parent from home</td>
<td>42%</td>
<td>83%</td>
<td>60%</td>
</tr>
<tr>
<td>Depression or mental illness in home</td>
<td>51%</td>
<td>46%</td>
<td>48%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>42%</td>
<td>56%</td>
<td>48%</td>
</tr>
<tr>
<td>Imprisoned household member</td>
<td>37%</td>
<td>49%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Individual ACE Prevalence for Children

- Care provider mental illness
- Care provider substance abuse
- Incarcerated care provider
- Parental separation
- Domestic violence in home
- Physically abused
- Emotionally abused
- Sexually abused
- Emotionally neglected
- Physically neglected

Prevalence (%)
Which category of ACEs do you address most with your clients?

Answers include:

- Abuse
- Household Dysfunction
- Neglect
A program, organization, or system that is trauma informed\textsuperscript{12}:

- Realizes the impact of trauma and paths for recovery;
- Recognizes the signs and symptoms of trauma;
- Responds by fully integrating knowledge about trauma into everything they do; and
- Seeks to actively resist re-traumatization.
A Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs

What is a Trauma-Informed Approach?

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being." SAMSHA defines "a program, organization, or system that is trauma-informed as one that: 1) Realizes the widespread impact of trauma and understands potential paths for recovery; 2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) Seeks to actively resist re-traumatization."

For resources on Incorporating Trauma-Informed Approaches into your program, please visit:
http://www.hhs.gov/ashbahrnah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed-Care

References:

Introduction to a Trauma-Informed Approach

While a teen pregnancy prevention (TPP) program generally focuses on providing sexual health education, ensuring access to youth-friendly health care services, and engaging youth, families, and communities, a trauma-informed approach (TIA) is a way of addressing vital information about sexuality and well-being that takes into consideration adverse life experiences and their potential influence on sexual decision-making. A trauma-informed approach to sexual health is critical in promoting healthy
The six principles of trauma-informed care are:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues
Applying a Trauma-Informed Approach

The National Crittenton Foundation Policy and Practice Implications:

<table>
<thead>
<tr>
<th>Finding</th>
<th>Policy Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>There’s a group of girls for whom ACEs are normative</td>
<td>We must focus on reducing overall exposure to ACEs and other forms of adversity</td>
</tr>
<tr>
<td>Girls’ ACE scores are higher than boys’, and there are differences in</td>
<td>A gender lens should be used in all systems to better understand appropriate service responses for girls</td>
</tr>
<tr>
<td>the prevalence of individual ACEs</td>
<td></td>
</tr>
</tbody>
</table>
### Applying a Trauma-Informed Approach

#### The National Crittenton Foundation Policy and Practice Implications:

<table>
<thead>
<tr>
<th>Finding</th>
<th>Policy Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children of parents with high ACEs experience adversity at young ages</td>
<td>A two- or multi-generational approach offers the best opportunity for parents with high scores to break the vicious cycle of childhood adversity, trauma, poor outcomes, and poverty.</td>
</tr>
<tr>
<td>Initial results suggest a connection between ACE scores and well-being</td>
<td>Further work on how to increase connections for young people, research on a wider range of well-being domains, and follow-up research to explore which interventions work to promote well-being.</td>
</tr>
</tbody>
</table>
Administering the ACE Survey Within Your Organization

- Objectives of ACE survey administration:
  - To obtain an ACE score for each young person you serve
  - To aggregate data within and across agencies

- Why administer the ACE study at your organization?
  - To support screening, assessment, treatment, and self-empowerment
  - To further refine the interventions for young people at the agency level
  - To educate the broader community
  - To inform public policy
Who We Serve

- 120 teen moms and 100 children ages six weeks through Pre-K at any given time (about 240 teen moms per year)
- 73% of teen moms have one or two parents who did not graduate high school, and 55% are the children of teen mothers.
- 82% of our teen moms are Hispanic, and 91% are youth of color

Image courtesy of Florence Crittenton Services of Colorado
Who We Serve

- 83% of teen moms are ages 18 and younger
- 30% are English Language Learners
- 50% had irregular attendance or had dropped out before coming to Flo Crit

Image courtesy of Florence Crittenton Services of Colorado
Florence Crittenton Service’s 2Gen Program Model

Image courtesy of Florence Crittenton Services of Colorado
Growth Assessment Framework

Skill Areas
- Prioritizing Education
- Emotional Intelligence
- Positive Relationships
- Navigating Resources & Advocacy
- Health and Wellness
- Parenting and Early Learning

Stages of Growth
- Stabilization
- Engagement
- Preparedness
- Empowerment
Results 2015-2016

- 85% of eligible seniors graduated (as compared to 38% national average)
- 98% of children showed growth in all development dimensions
- 100% of children were up-to-date on immunizations and well-child checks

Image courtesy of Florence Crittenton Services of Colorado.
Results 2015-2016

- 100% of teen mothers stayed connected to school while on maternity leave
- 100% of teen mothers showed increased knowledge of parenting and parenting skills
- 110 mothers and 103 children served at the campus health center—844 visits, or 4 visits per patient
Strategies to Apply

- Train all campus staff to understand the trauma-informed approaches. When staff understand the trauma-informed approach, they can:
  - Be aware of possible triggers for a teen mom or child and avoid them.
  - Use consistent language that is strengths-based and positive for the teen mom and child.
  - Be aware of internal biases or assumptions that we have around teen parents.
  - Model for our young moms how positive relationships look.
Strategies to Apply

- Offer mental health counseling on-site for both mom and children, which can be through partnerships or hired staff.
- Train all staff to recognize secondary trauma and self-care in order to do the best we can for our teen moms and their children.
Barbara Burton, MNA
About Florence Crittenton Montana

- Provides residential treatment for pregnant and parenting teen mothers and young women 21 years and under. Services include:
  - Mental Health Therapy
  - Life Skills
  - Parenting Support.
  - Prenatal Care
  - Support Groups
  - Engaging fathers
The Two-Generation Continuum

Child screening
Attachment focused
Protected environment

Pre, post education, lactation support, attachment therapy, parenting support groups, assessments for special needs services and supports for children with special health care needs, home visiting services

Childcare, case management (accessing community services such as SNAP, TANF, medical care, housing)

Trauma-informed, mental health treatment, access to high-quality medical care, educational support and career training, financial literacy education, subsidized work programs

Child-focused

Child-focused with parent elements e.g., parenting skills or family literacy

Parent-focused with child elements e.g., child care subsidies or food assistance

Parent-focused

How ACE Data Informs Practice

- **Client Services**
  - ACE data forms initial cornerstone for further assessment and treatment

- **Organizational Direction and Program Decisions**
  - Scores can influence program content and decisions regarding treatment modalities

- **Community Advocacy**
  - Montana has active ACE community initiatives
  - Family approaches to trauma-informed care are still minimal
  - ACE data in parenting programs helps advocacy efforts
Tips for Using a Trauma-Informed Approach

- Train all staff on trauma and trauma-informed practices – everyone from the CEO to the maintenance person
- Understand this is a way of interacting with other human beings – not a program or a treatment. It is about having a relationship and being thoughtful, kind and understanding
- Remember – it’s not about you
- Have supports in place for your staff
“Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking”.

- **Participant Level** - Provide women greater access to advocacy services by locating advocates on site at child welfare offices, public health departments and local health care clinics.
- **Provider Level** - Train child welfare staff and health care providers on how to identify, respond and effectively intervene on behalf of women affected by IPV.
- **Program Level** - Develop organization capacity and advocate skill in delivering services and providing training in child welfare and health care systems.
- **Policy Level** - Change how child welfare and health care systems understand and respond to IPV. Develop strategic partnerships to support the vision and work of the project. Establish a diverse and reliable funding base to sustain the project beyond the grant cycle.
About Safer Futures

- Population eligible to receive services:
  - Women of any age who are pregnant at the time they become victims of intimate partner violence; and
  - Women of any age who are pregnant during the one-year period before they became victims of intimate partner violence.
Advocacy Services

- Screening, intervention, and referrals
- Emergency assistance and transportation
- Peer counseling/support services
- Support groups
- Prenatal yoga
- Doula services
- Accompaniment to medical appointments
- Court advocacy and accompaniment
- Community resource and referral
Addressing ACES

- Individual level – understand trauma history
- Provider level- training and practice shifts
- Organizational/Policy level – apply trauma-informed principles.
Using an Intergenerational Approach

- Work with mothers to provide education and tools
- Work across sectors, including educators and healthcare providers, to empower parents and work with children through a trauma-informed lens
Project Action Steps and Lessons Learned

- Implement meaningful comprehensive assessments rather than adding another screening
- New providers are informed; e.g., ACEs and trauma-informed approach are included in new employee orientation
- Provide information about “Resiliency” – using both surveys
Project Action Steps and Lessons Learned

- Understanding client involvement across systems and their experience with trauma-informed systems
- ACEs is the “unifying science” creating a common language and practice across systems (holistic care)
- Create opportunities to educate across systems; e.g., using expert witnesses within the court system
Additional Strategies

- Regular professional development opportunities for all staff on trauma
- Recognize the signs and symptoms of trauma in clients and staff
- Understand how trauma impacts families
- Integrate knowledge about trauma into all policies and procedures

Image courtesy of Healthy Teen Network
Presenters’ Contact Information

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- Suzanne Banning, Florence Crittenton Services of Colorado, sbanning@flocritco.org
- Barbara Burton, Florence Crittenton in Montana, Barbb@florencecrittenton.org
- Melanie Taylor Prummer, Safer Futures (OR), melanie@peaceathome.com
Closure and Feedback

- Upcoming events
- Technical assistance
- Feedback
Look in the chat box for a link to the feedback form.
Resources

- The National Crittenton Foundation Beyond ACES Webinar
- The National Crittenton ACE Toolkit
- SAMHSA Guiding Principles of Trauma-Informed Care
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www.youtube.com/teenhealthgov
Endnotes


Endnotes


Endnotes


