

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Growing Up Together: A Strengths-Based Approach to Supporting Adolescent Parents and Their Children

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Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



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Acknowledgments & Disclosure

- Mentors & Minding the Baby Home Visiting Team
 - Shifting the Paradigm
 - Clinical Excellence
- Research Participants
 - The True Experts

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Learning Objectives

Trends

- Analyze the current prevalence data and persistent inequities in adolescent parenting

Systemic Drivers

- Identify how to mitigate common clinical biases bias by understanding adolescent development and shifting from a deficit-based lens

Dual-Development

- Apply the Dual-Development framework to clinical assessment and intervention planning

Implement Strengths-Based Interventions

- Utilize clinical tools to identify protective factors (e.g., social support) and techniques from select evidence-based interventions (e.g., home visiting)
- Promote long-term positive outcomes for parent and child

Adolescent Pregnancy and Parenthood



ADOLESCENT PREGNANCY

- U.S. has highest adolescent birth rate among industrialized countries



MATERNAL & CHILD RISKS

- Adverse health, life course, and parenting outcomes
- Adverse health and attachment outcomes



DEVELOPMENTAL DEMANDS

- Adolescents have competing developmental and parenting demands

Adolescent Parenting: The Current Landscape

79%

Drop in U.S. Birth Rate

For ages 15–19 since the 1991 peak

12.7

Births per 1,000 Adolescents

Ages 15–19 in 2024

1.5%

Share of All U.S. Births

Adolescent births in 2023

While overall numbers are historically low, significant inequities across race, geography, and socioeconomic status persist.

What's Driving the Decline?

- Improved sex education programs
- Shifting cultural norms and media influence
- Greater adolescent agency in reproductive decisions

What's Driving the Persisting Inequities?

- Limited healthcare access
- Systemic and structural inequities
- Insufficient culturally responsive prevention strategies

Adolescent Fathers - Often Overlooked

8%

of men become fathers before age 20

Why does this matter in our work?

- Young fathers are frequently excluded from clinical conversations, parenting programs, and support services...despite evidence that their involvement profoundly shapes child outcomes
- Early father engagement can alter trajectories

Maternal Outcomes



Economic Instability

- Young parents face higher rates of poverty and underemployment, compounding stress on family unit



Postpartum Depression

- Adolescent mothers experience PPD at elevated rates, often undiagnosed and/or untreated



Social Isolation

- Peer networks shift dramatically, leaving many young parents without adequate emotional support



Educational Attainment

- High school completion gap and limited postsecondary access without targeted support
- Systemic barriers, not simply lack of motivation

Child Outcomes

Developmental Delays

- Children may experience developmental delays in cognitive and language skills

Perinatal Complications

- Higher rates of preterm birth and low birth weight increase the risk for chronic health conditions

Educational Challenges

- Lower academic achievement

Behavioral and Emotional Outcomes

- Increased risk for behavioral problems and emotional difficulties

"Dual Development"

Recognizes that both parent and child are in critical growth periods

Supporting one (mother or child) means supporting both (mother and child)

The Adolescent

- Identity formation, executive function development, emotional regulation, peer orientation

The Infant

- Attachment formation, sensory processing, neural pathway development, trust building

(Sadler & Catrone, 1983)

When Development Collides

**They were teenagers before they became parents*

1. Adolescent Developmental Needs

- Autonomy, peer connection, identity exploration, risk-taking

2. Caregiver Demands

- Consistency, selflessness, routine, emotional regulation, requires abstract thinking

The tension between these developmental demands is not a deficit but rather a predictable challenge that clinicians can anticipate and support!

(Adapted from Moriarty, Sadler & Reynolds, 2013; Sadler & Cowlin, 2003)

Key Adolescent Developmental Factors

Risk-Taking Behaviors

- Limbic system matures before prefrontal cortex, driving impulsivity

Executive Function

- Planning, decision-making, and impulse control are still developing into the mid-20s

Identity Formation

- Adolescents are actively constructing their sense of self, now layered with a parenting identity

Shifting Social Relationships

- Friendships may fracture as priorities diverge
- Young parents may feel isolated
- Support groups and parenting programs can fill the gap, creating peer bonds rooted in shared experience

Key Infant Developmental Factors

Critical Window

- First 1,000 days represent an explosive period of neural development

Foundation for Emotional Responses

- Responsive caregiving during this window shapes lifelong emotional and cognitive trajectories

We grew up together

"I basically grew up with him too. As parents, we grow.

We grow with our kids, and we learn as well."

Deconstructing Assumptions and Reframing

Deconstructing Assumptions

- Research consistently demonstrates that poor outcomes attributed to adolescent parenting are more strongly predicted by systemic inequity than by age alone

Deficit ("At-Risk") vs. Strengths-Based Lens

- **Deficit Lens:** Focuses on problems, challenges, and risks associated with adolescent parenting
- **Strengths-Based Lens:** Recognizes the inherent resilience, capabilities, and protective factors present in adolescent parents and their families

Stigma & Discrimination

"And I was just like in shock...I never once told you that I wasn't gonna keep my baby, and she was just like, well, you're 16...She's like, what future can you really provide for this child? And I remember I just kind of held my tears back, and I was just like, well, I'm gonna keep my baby."

My Child Saved Me

"I was never good enough...Since everyone didn't care about me, I didn't care about anyone else. I was partying a lot...I was into some kind of fight or something along the line. There used to be about, maybe, seven girls that I used to always hang out with. At least four of them have been incarcerated. She just came at the right time."

Identifying Implicit Bias: A Self-Reflection Tool

Pause

- Before engaging in a clinical encounter, notice any assumptions

Question

- Ask: "Would I approach this differently if the parent were older?"

Reframe

- Replace deficit assumptions with curiosity about strengths and context

Act

- Adjust your language, tone, and care plan to reflect respect and partnership

Language Matters

Stigmatizing Term	Empowering Alternative
"Teen mom"	"Adolescent parent" or "young parent"
"Kids having kids"	"Young families"
"At-risk youth"	"At-promise youth"
"Broken home"	"Non-traditional family structure"
"Failed to use contraception"	"Experienced a barrier to access"

Identifying Existing Strengths

Strategies for Clinicians

Observe Parent-Child Interactions

- Notice moments of responsiveness, affection, and attunement during visits

Ask Open-Ended Questions

- Encourage reflection with questions like, "What do you enjoy most about being a parent?" or "What are you proud of?" (self-assessment of strengths)

Recognize Protective Factors

- Identify existing support systems such as family involvement, educational goals, stable housing, or current employment

Acknowledge Resilience

- Validate their efforts and capacity to navigate difficult situations
- Highlight challenges adolescent has overcome

Listen for Motivation

- Pay attention to their aspirations for themselves and their child
- Listen for their commitment to their child's wellbeing

Reframe Challenges as Growth

- Managing difficulties can lead to developing new skills and deeper understanding of themselves as parents

Putting kids first

"I didn't care if I had go through hell and back. She was gonna get what she needed. It was just I don't know, just instinct. It's just like a mama bear protecting her cub."

Support over time

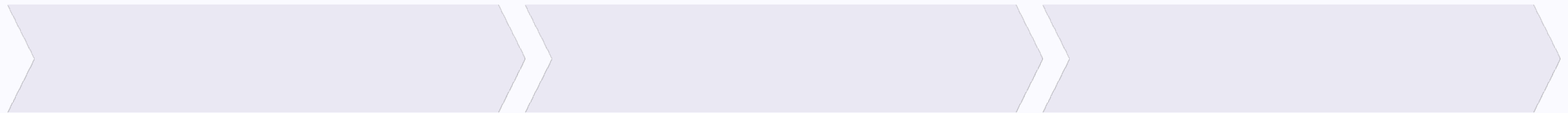
"My mom's been my backbone throughout my whole life."

"I feel like, in a certain way, Minding the Baby is still there."

Balancing Act

"I sacrifice just some me time and getting myself together for my kids. Going to school, I sacrificed a lot of sleep and sanity, because I was working full-time."

Long-Term Outcomes: Breaking Intergenerational Transmission of Parenting



Targeted Support

- Integrated clinical care, home visiting, and educational retention programs

Strengthened Families

- Improved parenting confidence, economic stability, and mental health

Intergenerational Health

- Breaking cycles and promoting well-being across generations

Clinical Interventions

Integrated Care Models

Pediatrics

Well-child visits, developmental monitoring

OB/GYN

Prenatal care, contraception counseling, postpartum follow-up

Behavioral Health

PPD screening, trauma-informed therapy, coping skills

Home Visiting Programs

Evidence-Based Models

- Programs like Nurse-Family Partnership and Healthy Families America deliver care directly to the home

Relationship-Centered

- Consistent home visitors build trust over time, becoming a reliable support anchor

Proven Outcomes

- Reduced preterm births, improved school readiness, and lower rates of child maltreatment

Supporting All Families in Early Parenting

Integrated Health Care

- Address infant and parental well-being
- Screen for parental depression, anxiety, and IPV
- Parents' mental health impacts infant development

Teachable Moments

- Enhance parental understanding in every interaction
- Demonstrate reading infant cues and responsive care
- Explain developmental milestones

Support System Assessment

- Regularly assess support networks (partners, family, community)
- Connect families to needed resources
- Isolation increases parenting difficulties and mental health risks

Mental Health Prevention

- Normalize adjustment challenges
- Provide anticipatory guidance on stressors
- Early identification prevents escalation

Reflective Coaching

- Help parents understand their infant's internal experience
- Build parental reflective functioning

Anticipatory Guidance

- Prepare families for upcoming developmental changes and challenges
- Reduce overwhelm by addressing predictable transitions

Building Nurturing Relationships

Attachment Security

- Consistent caregiving builds secure attachment, fostering emotional regulation
 - Responsive eye contact and vocalization
 - Consistent soothing and holding
 - Sensitivity to infant cues
 - Playful engagement and mirroring

Responsive Communication

- Meaningful conversation supports language and cognitive development

Reflective Functioning

- Recognizing and responding to children's emotions develops emotional intelligence

Reflective Functioning in Practice

Understanding the internal world of both parent and child is crucial for healthy attachment!

What is Reflective Functioning?

- Mental capacity to understand that one's own behavior and the behavior of others (especially the infant) are motivated by internal mental states like feelings, thoughts, and intentions

The Goal in Practice

- Helping the adolescent parent "see" their baby's mind, directly improves attachment, strengthens the parent-child bond, and enhances the quality of their interactions

Reflective Parenting in 2 Minutes

Minding the Baby - Reflective Functioning

- Watch how the parent notices and responds to subtle cues about the child's internal experience
- Observe the difference in child responses when parents acknowledge feelings versus focusing only on behavior
- Notice how reflective responses strengthen the parent-child connection and support emotional development

"Serve and Return" Interactions

1

Child Serves

- Child initiates interaction (e.g., cooing, pointing, crying, asking questions)

2

Adult Returns

- Caregiver responds with eye contact, words, or actions
- Response is timely, appropriate, and acknowledges the child's signal

3

Brain Building

- Each exchange strengthens neural pathways for communication, emotional regulation, and social skills
- Repeated, contingent responses support healthy brain architecture and activate reward pathways

"When caregivers are sensitive and responsive to a young child's signals and needs, they provide an environment rich in serve and return experiences." - Center on the Developing Child, Harvard University

Strategies to Encourage Reflective Functioning

Speaking for Baby/Parent

- Articulate child's possible experiences or help parents identify their own feelings during interactions
- Model language that gives voice to internal states: "It seems like baby might be feeling overwhelmed by all these new faces" or "You look worried about whether you're doing this right."

Link to Developmental Capacities

- Help parents understand age-appropriate expectations and responses

Promoting Curiosity

- "How do you think this made them feel?"
- "I wonder...what she might be thinking when she turns away like that?"

Applying Reflective Functioning

**Especially important among adolescent parents*

Speaking for Baby/Parent

- Model reflective functioning by verbalizing the parent's observed mental states
- Validating their feelings equips them to understand their child's

Highlighting Infant "Serves"

- Point out the baby's cues (gestures, sounds) immediately
- Frame these as communication attempts, showing the parent what the baby is "telling" them

Reframing Misbehavior

- Help parents shift perspective from "bad behavior" to "overwhelmed feelings" in their child, targeting underlying mental state

Positive Reinforcement of "Returns"

- When a parent responds to their child's cue, name and celebrate it: "Did you see how she smiled when you copied her sound?"

Promoting Curiosity

- Ask open-ended questions to build the parent's reflective capacity
- Instead of telling, ask: "What do you think she's trying to tell us?" or "How do you think this made them feel?"
- "I wonder...what she might be thinking when she turns away like that?"

Practical Takeaways

Empathy & Non-Judgment

- Acknowledge the unique challenges and inherent strengths of adolescent parents
- Actively challenge implicit biases in every interaction

Strengths-Based Approach

- Identify and amplify the existing strengths, resilience, and protective factors within adolescent parents and their families

Integrated, Long-Term Support

- Advocate for and facilitate ongoing, holistic care that addresses both immediate needs and evolving developmental stages of parent and child

Foster Reflective Functioning

- Guide parents to understand their own and their baby's internal states (feelings, thoughts, intentions) to build deeper, more attuned connections

Champion "Serve & Return"

- Point out infant cues and model responsive caregiving
- Emphasize how these exchanges build the baby's brain architecture and emotional resilience

Keep Development in Mind

- Honor the dual developmental processes
 - Tailor communication in developmentally-appropriate way
 - Bridge the gap between developmental capacity and demands of infant/child care

Questions?

Thank you for your thoughtful participation and commitment to supporting adolescent parents and their children.

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