

PAT TRAINING SESSION 4-27-06: NOTES AND RECOMMENDATIONS

For your convenience we have included email addresses for each presenter in case you wish to contact them with questions or to obtain further information regarding their workshop:

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PAT HR Survey

A small group explored the results of the PAT Human Resources Inventory. The discussion focused on two issues: (1) how to provide high quality training and support to PAT workers and (2) what the survey topics rated highest imply about the specifics of training wanted by PEs.

The “how to train” question revisited programs’ desire for accessible training, available near to the counties of the programs. There was a request for more frequent training through SDE in the PAT curricula so that workers can begin their work or strengthen their knowledge and skills. It was pointed out that any locality with a sufficient number of persons to be trained can arrange local training through a PAT trainer. This discussion was very brief and left most topics for future consideration.

The “priority topics” question produced revealing responses and comments. Julie Horne had field-tested the HR survey with her staff who asked what the topics meant specifically. She had wisely advised them to respond according to their own definitions so that the state-level surveyors could come back to seek elaboration regarding the priorities. This elaboration is exactly what took place in the small group discussion. The group offered their suggestions for what PEs want to learn about the top-rated topics: #1 Discipline and Behavior Management; #2 Adult Literacy. When asked if the Discipline and Behavior Management issue was about spanking (“whipping”) versus the recommendation of PAT and other curricula for adult-child corrective dialogue, consequence-setting, time-out, etc., the group responded that what the PEs really want to know is information to guide parents who don’t know what to do when their child misbehaves or tantrums in public. A similar discussion explored needs for Adult Literacy training.

Diagnosis	Prescription
<ol style="list-style-type: none"> 1. PAT programs do not have the opportunity to receive training that <ol style="list-style-type: none"> a. is accessible and b. covers more than basic curricula or specific topics 2. The topics for priority training are not known with enough specificity to plan the training wanted by workers. 	<ol style="list-style-type: none"> 1. P/FL & S programs should collaborate to develop a plan for convenient/accessible training covering priority topics of greatest interest to parenting/family workers 2. State-level P/FL & S program leaders should carry out an active dialogue with local workers to identify: <ol style="list-style-type: none"> a. priorities for training and b. specific needs for each high priority topic

Hispanics

This topic produced a very lively discussion with an avalanche of questions from the audience. PAT supervisors and First Steps EDs came eager to learn about the growing phenomenon of Hispanic families in their communities. While Census data estimates that Hispanics constitute 3.4% of children under age 18, birth certificate records for 2003 reported Hispanics as 6.6% of all babies delivered. There are several counties with a very large Hispanic share of births: Saluda 35%, Jasper 21%, Beaufort 20%, Newberry 16%, Greenville 11%, Greenwood 9%, and Spartanburg, Horry and Oconee at 8%. Birth certificate records show that 60% of Hispanic mothers giving birth have not completed high school, as compared with 20% for other mothers giving birth in South Carolina.

Participants wanted basic information about Hispanics: Who are they? Why did they come and why are they staying now in large numbers? Where did they come from? Other questions related to their problems and how PAT might serve them efficiently.

Lexington First Steps presented and led the discussion. Sandra Butler and Lilia Cameron oriented the audience to the language and communication challenges that create serious problems for families who speak little or no English. They emphasized that the essential need for PAT programs in serving Hispanic families is a Parent Educator fully fluent in Spanish. Such PEs must be trained not only for PAT but also regarding the extensive array of family, economic, health, and life necessity issues that they must mediate for their Hispanic families. Their Lexington presentation was summarized succinctly in their handout:

Diagnosis	Prescription
1. Many PAT workers and EDs feel that they need to learn a lot about the increasing numbers of Hispanic families with young children in their counties.	1. FS, SDE, and their ECCS partners should collect and disseminate information to their state and local workers regarding Hispanics.
2. The specific information needed regarding Hispanics has not been adequately identified.	2. FS, SDE, and their ECCS partners should survey and hold meetings with their workers to identify the priority topics for information dissemination and training.
3. PAT and other P/FL & S workers want training about the needs and effective practices for serving Hispanics.	3. FS, SDE, and their ECCS partners should organize accessible training for their workers in collaborative meetings at the state and local levels.
4. PAT and other P/FL & S programs need fully fluent Spanish-speaking workers to serve Hispanics.	4. FS, SDE, and their ECCS partners should organize a recruitment, screening, and placement service to make qualified job candidates available to local programs

PAT Training and Leadership Dialogue – Spring 2006
Family Support Strand

Family Support – Economics session - PE=Parent Educators

Summary of content: Gilda Kennedy, DSS state office - shared information about curriculum used in the Family Independence classes that are mandatory for TANF recipients. She reviewed the Core Program contents and described specific activities from content areas demonstrating how this curriculum could be used in both groups and individual settings. Information about how to obtain this FREE curriculum was shared. Also discussed Electronic Benefits Transfer cards – what they are for, how they are used and some upcoming changes that will increase the use of these EBT cards.

Diagnosis	Prescription
PE's work with families who have little to no experience with budgeting their finances and who have very few resources- financial and otherwise. They need training on ways to incorporate adult education content for Parenting with limited resources.	FS/SDE/ECCS Partners should provide information to PAT/Parenting Education Providers re: Curriculum used by DSS Family Independence classes that is free and can be ordered online - http://www.fdic.gov/consumers/consumer/moneysmart/trainthetrainer.html Works as a lesson done on 1-to-1 basis or with groups. Good to use in Adult Ed. Portion of Family Literacy classes.
PE's have multiple training backgrounds and some lack understanding about the culture of poverty – which effects their ability to work effectively with poor and high risk families.	FS, SDE, and ECCS partners need to provide PE's training content related to the culture of poverty. The book Framework for Understanding Poverty – Ruby K. Payne was mentioned as a good reference.
PE workers have varying levels of understanding re: family support resources available, how federal poverty level is used to determine differing eligibility standards and how services/programs can be planned using poverty and other risk factor information to target most intensive needs.	FS, SDE, and ECCS partners need to Provide all PE providers education about the Federal Poverty level and how % of poverty is used to establish guidelines for eligibility to certain services. Working together at the state level to develop an annual “cheat sheet” for eligibility criteria across programs determined by % of poverty would be a good product to share across multiple settings. See example attached.

Family Support – Domestic Violence session DV= Domestic Violence

Summary of Content: Presenter, Donna Privette – USC Center for Child and Family Studies. Provided a Power Point Presentation on Domestic Violence, covering signs/symptoms of DV one would identify in a home visit, discussed behaviors in a home where DV is present and how the affect child development, shared SC data and statistic re: DV – (#6 cause of death to women in SC) and research showing that 40-60% of men who abuse women also abuse children. She shared local contacts for Domestic Violence support and encouraged PE programs to visit shelters and staff to learn more about what they offer since it is more than shelter – also counseling and help finding other needed services. Discussed contract to do this training with Child Care providers.

Diagnosis	Prescription
PE staff varies greatly in their knowledge about Domestic Violence issues and consequent local referral sources in their area.	FS/SDE/ECCS partners should provide routine training on Domestic Violence using this presentation as a model – with special focus on how a PE home visitor could encounter signs/symptoms of DV. Including state and local statistics about DV is very important to prevalence and outreach to families. Annual updates to area resources/ local contacts should be a standard protocol for Parenting/family support providers to maintain knowledge of support programs and to assure that support programs are aware of Parenting support available.
Child Care centers are now required by DSS to have DV training. They don't understand what this training should look like or why they need to participate ie: What they are supposed to do when they suspect domestic violence is occurring.	FS/SDE/ECCS partners should work with DSS to expand their DV training efforts for PEs. One suggestion would be to expand the Center for Child and Family Studies trainings to include all PE providers.
Supervisors of HV programs and CC Centers need to understand if written protocols for staff should be developed re: dealing with DV (or child abuse) and what a protocol should look like.	FS/SDE/ECCS partners should provide PE program supervisors with training on development of protocols/policies re: suspicion of DV and/or child abuse/neglect.

Family Support - Teen Issues session – Presenters: Sherry Poole, SC Campaign to Prevent Teen Pregnancy and Donna Privette, USC Center for Child and Family Studies

Summary of Content: Sherry Poole shared that their agency works with PROVIDERS who work with teens and can provide a variety of resources including: curricula that are research-based for work with teens, public awareness activities/campaign materials re: the prevention of teen pregnancy; the Summer Institute on working with teens to be held in Charleston, information for Parents talking to teens, Regional roundtables, educational information available via the March of Dimes; and a curriculum for working with victims and others regarding the topic of sexual abuse called “Darkness to Light”. More information about their services can be sought at their website: www.teenpregnancysc.org. Donna Privette followed with a presentation focused on unique factors related to Domestic Violence in the teen population.

Diagnosis	Prescription
PEs across the state have multiple ways of targeting the parent population they provide service for. Some PEs work exclusively with Teens – Others PE’s target teens but also target other populations of parents.	<p>FS/SDE/ECCS partners should define PE program target populations in the state and assess program efforts along a continuum of prevention (Supports), early intervention (services), and intervention (treatment)</p> <p>FS/SDE/ECCS partners should determine how families most at risk can be served with limited dollars and unduplicated effort.</p>
Relationship between PE workers and Teen pregnancy councils is not well defined.	FS/SDE/ECCS partners should engage in collaboration with teen pregnancy prevention efforts to address repeat teen pregnancies – particularly where data shows high incidents of repeat teen mother births
Some PEs have identified community apathy regarding the prevalence and effects of teen pregnancy in their community.	FS/SDE/ECCS partners should support Teen Pregnancy Prevention awareness efforts as they relate to children born into an at-risk situation.
PE workers often have expectations for response and change based on their own ethnic/cultural background that does not fit with the culture they are serving.	FS/SDE/ECCS partners should consider a basic educational standard for PE workers, along with an ongoing comprehensive system for personnel development. Supervisors for PE workers should also have a standard for basic education to assure for adequate guidance and supervision of staff.
PE workers need training specific to teen population and resources available to teens.	FS/SDE/ECCS partners should include training specific to working with teen parents in a curriculum of personnel development. Training should include guidance about finding and utilizing state/county statistics related to teen pregnancy.
PEs in some areas are interested in engaging fathers as well as mothers. One interest area specific to fathers is focusing on financial responsibilities of fathers.	FS/SDE/ECCS partners should provide information on research-based, successful programs working with teen fathers and any exemplary demo sites in SC.

PAT Training and Leadership Dialogue – Spring 2006

HEALTH Strand

Presenter(s): Elin Holgren and Maxine McNeil-Johnson **Summary of Content:** Discussed importance of prenatal care for healthy child outcomes. Presenters reviewed signs/symptoms of Baby Blues vs. Post Partum Depression. Discussed that Domestic Violence increases or appears during pregnancy. They also discussed health risks for poor/inadequate prenatal care. In addition they discussed data about mothers who stop smoking during pregnancy to benefit the health of the baby often start back once baby is born and do not recognize the health risks to the child from second hand smoke. PEs could include education about the effects of second hand smoke in their work with smoking mothers. Discussed value of linking with DHEC Post Partum/Newborn Home visit program to coordinate services and to build referrals for new babies/moms at birth. Maxine McNeil-Johnson shared information about the toll free DHEC CARE line and the resources that can be provided through contacting the CARE line.

Diagnosis	Prescription
PE workers have limited understanding of DHEC services.	FS/SDE/ECCS partners should build a system of personnel development that provides information on opportunities for local collaboration across state agencies as well as those unique to communities. Training should include specifics about state agency resources available.
Unclear how many PE programs target women during pregnancy	FS/SDE/ECCS partners should collect and maintain data about target groups served and data used to select target groups. Training could be better planned and focused once the target groups are defined and quantified.
PE workers have questions about working with DHEC and HIPAA laws.	FS/SDE/ECCS partners should determine guidelines at the state level that offer guidance to agencies and PE workers about collaborative strategies in compliance with HIPAA laws.
Some PE workers do not understand their responsibility to refer children with special needs to the appropriate IDEA resources. There is a disconnect between Early Intervention services under IDEA and many PAT programs.	FS/SDE/ECCS partners should develop and maintain guidelines for PE programs about referring for IDEA services (ie: BabyNet 0-2 and DOE at age 3) and how children move into a different level of service upon eligibility under IDEA. There should also be a link for reciprocal referrals between children referred for IDEA services but who are found ineligible for BabyNet or School Services covered by the IDEA but could benefit from a PE program.
PE workers encounter pregnant women with no pre-natal care, who seem to have no avenue for care.	FS/SDE/ECCS partners thru the training suggested above can assure that resources to access care are known to every PE worker.

Medical Homes – What are they?

Presenter: Kathy Semon, DHEC **Summary of Discussion:** Shared definition of a medical home “A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.

In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.” She also shared information about the DHEC Integrated Systems Grant to provide the concept of the Medical Home in the state.

Diagnosis	Prescription
Many PE providers have no formal connection or expectation to connect with primary care providers for the children they serve.	FS/SDE/ECCS partners at the state level should develop standardized guidelines for PE programs regarding accessing primary care or medical homes for children they serve as well as for outreach to medical homes for referrals and information sharing (ex: PEs complete ASQ screens at regular intervals which could be shared with primary care providers, with parent permission)

Children with Special Health Care Needs – Presenters: Paige Griffin, DHEC and Norma Donaldson-Jenkins, DOE **Summary of Presentation:** Discussed screening for developmental delays and what to do if the screen reveals a suspicion of delay. Gave attendees a training CD on developmental screening with specific instructions for how to use the ASQ and the ASQ-SE (Social Emotional) developed by TECS (Training for Early Childhood Solutions- at USC School of Medicine). Reviewed the ASQ SE.

Diagnosis	Prescription
Some PE workers have not used the ASQ-SE and would need training. PE workers are not clear about what to do with screening that reveals developmental lags.	FS/SDE/ECCS partners should collaborate with BabyNet on their Infant-Toddler Credentialing process and their CSPD (Comprehensive System for Personnel Development) to merge early childhood system training and referrals for dealing with both children at high risk for delay and those with confirmed developmental delays. This systemic training for Early Intervention service providers includes ASQ and ASQ- SE screening. Free DVDs are available thru TECS for ongoing training needs.
PE workers have problems dealing with parents who do not engage and participate in parenting sessions with the child.	FS/SDE/ECCS partners should stress the importance of a supervisory system of support for PEs for guidance, review of practice, and problem solving with staff.
PE workers have difficulty finding Mental Health support for Hispanic families.	FS/SDE/ECCS partners should explore the frequency and nature of mental health issues presented within the Hispanic population to explore potential solutions – perhaps through the Mental Health focus group of the ECCS.

Building Early Literacy and Child Development Skills

Dr. Susi Long began by introducing herself and giving information about her background, including work in training literacy coaches in schools across the state.

Her presentation began by emphasizing the key importance of **empowering parents** and **empowering children:** ie., making them see what they already know and how important that is as a starting point for literacy. She told a story about understanding the differences in classroom behavior as opposed to other areas of life. Her story focused on one of her college students who had the assignment of observing a child’s success in a church based setting where the child felt valued and important as opposed to the school classroom where he had been disruptive and causing problems. The same skill sets to be successful were required and they were used in the church setting but not at school. The question then becomes why? Teachers need to understand and value what is important to the child and his/her family. In teaching, begin by valuing what parents/families do and what children already know. Susi stressed the idea of finding letters and words that children know without even realizing it – like the “M” in McDonalds.

Various ways of using this philosophy of teaching reading were presented:

- Literacy Walks
- Literacy Interviews
- Literacy Digs
- Writer Conversation

Techniques to use for children who have problems in reading were also discussed. Good readers think about MEANING first. They do not sound out. If you come upon a problem word, ask the question: what would make sense? Look at pictures, skip the word and go on for more meaning, then go back to the word. When asking what would make sense for a word you don’t know, do 3 things: 1) check the beginning, 2) check the end, and 3) look for familiar chunks. That is why rhyming books and books that use word patterns are good books for children. Other advice Dr. Long offered included:

- Use predictable books for young children
- Use books that reflect the child’s world

She ended by reading the book, Honey, I Love

Comments and Suggestions: Needed longer session, not much discussion – but this was more of a class with very useful and practical information. This would be a good session to do at a conference for a room full of parent educators – very explicit and easy to implement ideas.

Diagnosis	Prescription
1. Since literacy is an essential body of knowledge and skills for school readiness, PEs with limited understanding of emerging literacy cannot be adequately effective in promoting child and family literacy.	1. FS, SDE, and ECCS partners should develop basic and advanced training in literacy for PEs.
2. Many PAT programs are not linked to literacy coaches and other literacy support systems.	2. FS, SDE, and ECCS partners should develop literacy support systems for PAT programs.

Assessing and Enhancing Child Development

Presenter: Dr. Mac Brown

Discussion began regarding problems involved with trying to measure or assess very young children – inappropriateness of testing for younger ages. Dr. Brown described the effort underway through First Steps to develop a “Readiness Index” for South Carolina that would take into account data from a number of sources to gauge our progress in school readiness. The group was asked to share what they were currently using to assess child development within their programs. The Ages and Stages Questionnaire was mentioned most often. One of the problems brought up is that there is no standard instrument to assess speech – except observation of parent educator. If a speech problem is perceived and the child is under age 3, they can be referred to Baby Net, but no resources are available if over this age until entering school. Another problem discussed frequently is that there is no pre/post measure for young children being served in PAT. The current instruments – DIAL or ASQ – are not designed to be used as pre/post. The Peabody Picture Vocabulary Test (PPVT) is for 2 ½ years or older. Discussion then moved to OUNCE – which many had heard of but had received no training or opportunity for training. Dr. Brown talked about the curriculum developed by High Scope that involved a 1)Pre-school child observation record, 2)Parent Guide, and 3) Authentic observation instructional tool. It was pointed out that the developmental milestones of PAT, the work sampling of the SCRA and the questions raised in Ages and Stages – are all essentially drawn from the same data set about human development. The concept that needs to be better understood by those wanting to measure school readiness is that human development is the beginning of learning – it does not start when the child enters school.

Discussion then moved to how to assess risk and determine which children are in need of services. Beaufort mentioned the Stressor’s Index (developed by Healthy Families America) which is administered to parents when they are seen by a pediatrician in Beaufort – if a family scores above a certain # they are referred for parenting services. Dr. Brown told of a study done on 4th grade boys who were intellectually and demographically the same but 50% had succeeded in school and 50% had not (PhD dissertation of Willie Ross). The conclusion of the study was that two critically important elements for success were 1) **expectations** of parents or mentors and 2) **community support** systems. Conversation about other factors that determine success included learning the concept of delayed gratification. If the child does not get the message “I can do it” from their home environment, then they need reinforcement from somewhere other than home. Final discussion turned to problems with recruiting families. How do parent educators reach those most in need of services who are often not receptive to their message?

Comments from Debbie Robertson: as recorder and observer of this discussion – the key question I see coming from this session is what training occurs for PAT educators regarding the social/emotional elements that impact school success? Do they understand the critical role EXPECTATIONS can play in a child’s development? Is this something they are trained to talk with parents about? Are they trained in ways to empower parents and show them how critical their encouragement and support can be in their child’s development?

Comments and suggestions: Future training needs - OUNCE, Creative Curriculum. Supervisors need to recognize specific training needs of their educators (for example – dealing with teen parents) and budget for training.

Diagnosis	Prescription
1. PEs have widely varying backgrounds and training about child development. Each dimension of child development/readiness has critical complexities that many PEs do not understand adequately.	1. FS, SDE, and ECCS partners should provide basic and advanced training for each dimension of child development/readiness.
2. PEs are not sure what instruments are most effective and practical for assessing and monitoring child development.	2. FS, SDE, and ECCS partners should recommend specific instruments for use by PAT programs. The recommended instruments should include both general instruments for all dimensions of development/readiness and instruments for specific dimensions such as language/speech or social/emotional status.

Media Literacy

Presenter: Frank Baker

After retiring from South Carolina ETV, Frank Baker has worked as a media literacy consultant. His current projects include working to integrate media literacy into the state teaching standards. Mr. Baker believes that media use by our children should be considered a public health issue. Mr. Baker discussed how medical organizations and child advocacy groups recommend that parents and caregivers take an active role in helping children understand the role the media plays in their lives. It is important for all of us to understand the messages and values transmitted to our children through the overwhelming number of media sources. The American Academy of Pediatrics recommends that children before 2 years of age do not watch TV at all and children two and older should be limited to 1 to 2 hours per day. Workshop participants were given an opportunity to present their understanding of the term, “media literacy”. All acknowledged the large role that media – TV, movies, cell phones, computers, billboards, newspapers, and magazines, play in constructing reality for all of us – most importantly our children.

Suggested web site resources:

Media Literacy Clearinghouse – critical thinking about media messages

<http://medialit.med.sc.edu>

National Institute for Media & The Family

<http://www.mediafamily.org>

Common Sense Media

<http://www.common Sense Media.org>

Managing Media in the Home (Cable Industry)

<http://www.ciconline.org/Enrichment/parents/default.htm>

Kids First <http://www.kidsfirst.org/>

Diagnosis	Prescription
1. PAT workers are not sufficiently familiar with the impact of media on the brain and literacy development of young children.	2. FS, SDE, and ECCS partners should provide training for media influences and appropriate media use.