Programs, inventories, and materials to assess, prevent and treat child abuse and neglect by promoting and building nurturing skills in families.

> PARENTS AND CHILDREN **BIRTH TO FIVE YEARS**

PARENTS AND CHILDREN **4 TO 12 YEARS**

PARENTS AND ADOLESCENTS 12 TO 18 YEARS

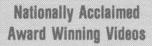
> **TEENAGE PARENTS** AND THEIR CHILDREN **BIRTH TO FIVE YEARS**

FOSTER AND ADOPTIVE FAMILIES AND THEIR CHILDREN

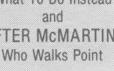
PARENTS WITH SPECIAL LEARNING NEEDS AND THEIR CHILDREN

> ADULT-**ADOLESCENT PARENTING INVENTORY** (AAPI)

Measures "high risk" parenting attitudes



SPANKING What To Do Instead and AFTER McMARTIN:





Family Development Resources.

Inc.

Continuing Program Development

Nurturing Programs for Southeast Asian Families

Work is currently underway in translating and validating the Nurturing Program for parents and adolescents for Vietnamese, Cambodian, and Hmong families. Extensive field testing will occur during the next two years. Family Development Resources, Inc. is working cooperatively with Fresno County Department of Social Services in the development, translation, and validation of the program. The project has received the endorsement of the Hmong Council of Fresno, the Lao Family Community of Fresno, Inc., and the Asian Pacific American Coalition USA. For more information, write or call Family Development Resources.

School-Based Nurturing Skills Program

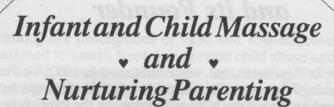
Extensive work is currently underway in field testing a Preschool and K-12 school-based nurturing skills curricula. The curricula offered as health education focuses on building nurturing in self, children, family, and community. Activities engage children and adolescents in daily instruction in building nurturing skills, handling feelings, substance use prevention, AIDS prevention, appropriate ways to express anger, stress management, family rules, sexism, racism, and building self-concept and self-esteem. It is anticipated the program will be available for the 1991 school year.

Nurturing Programs for Hispanic Families

Nurturing Programs for Parents and Children Birth to Five Years and 4 to 12 Years are now available for Hispanic families. See pages 66 and 67 for more details.

Nurturing Programs are being implemented throughout the world. Family Development Resources, Inc. is committed to developing programs and materials that are culturally sensitive to the various communities of the world.







The essence of nurturing parenting is promoting a world that embodies positive regard for all life and our environment. Systematically teaching adults and children to use gentle touch through the application of massage techniques has clinically shown to increase parent-child bonding, and to prevent the use of hurting touch such as shaking, hitting, and spanking children.

The Nurturing Programs for Parents and Young Children Birth to Five Years, Teenage Parents and Their Children, and Foster and Adoptive Parents teach moms and dads to use massage as an integral part of their nurturing parenting. Facilitators of the Nurturing Programs and parents utilize the Nurturing Book for Babies and Children as a guide to teaching massage techniques. The book was written in cooperation with the International Association of Infant Massage Instructors.

The International Association of Infant Massage Instructors, located in Portland, Oregon, has played a significant role in promoting positive parent-child interactions through massage. The organization provides four day training workshops designed to certify professionals as infant and child massage instructors.

BECOME AN INFANT MASSAGE INSTRUCTOR

CONTACT:

International Association of Infant Massage Instructors
Corporate Headquarters
P.O. Box 16103
Portland, OR 97216-0103
(503) 253-9977





Family Development Resources and its Founder

Family Development Resources, Inc. was established in 1982. The corporation began in Eau Claire, Wisconsin. Professionals who participated in the initial research in the development of the Nurturing Program for Parents and Children 4 to 12 Years saw the need to make the program available to colleagues in social services, mental health, education, and the numerous organizations promoting parenting education. Hence, a group of 23 people pooled their resources and began Family Development Resources, Inc.

In 1990, FDR relocated its headquarters to the majestic Uinta mountain range in Park City, Utah. Our new facility is designed to continue developing and validating effective programs and inventories to help adults, children, and families develop and utilize nurturing attitudes, beliefs, feelings, and skills. The staff at Family Development Resources and all our certified consultants believe strongly in promoting and developing a nurturing world.

Stephen J. Bavolek, Ph.D., founder and president of Family Development Resources, is a recognized leader in the fields of child abuse and neglect treatment and prevention, and parenting education. Born and raised in Chicago, Dr. Bavolek's professional background includes working with emotionally disturbed children and adolescents in schools and residential settings, and abused children and abusive parents in treatment programs. Dr. Bavolek has conducted extensive research in the prevention and treatment of child abuse and neglect. He received his doctorate at Utah State University in 1978 and completed a post doctoral internship at the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, Colorado. He has held university faculty positions at the University of Wisconsin - Eau Claire, and at the University of Utah. Dr. Bavolek has received numerous international, national, state and local awards for his work, including induction in 1989 into the Royal Guild of the International Social Work Round Table in Vienna, Austria, and selection in 1983 by Phi Delta Kappa as one of 75 young educators in the country who represent the best in educational leadership, research and services. He has conducted over 700 workshops, has appeared on more than 30 radio and television talk show programs, and has published numerous books, articles, programs and newsletters. He is the principal author of the Nurturing Programs®, programs designed to prevent and treat child abuse and neglect, and the Adult-Adolescent Parenting Inventory (AAPI), an inventory designed to assess high risk parenting attitudes. Dr. Bavolek is also Executive Director of the Family Nurturing Center.

Dear Colleague:

Within this catalog are descriptions of valid and cost-effective programs and inventories designed to assess, treat, and prevent child abuse and neglect. Those of us who work with abusive families know that treating and preventing child abuse are no easy tasks. The problems are many, the dysfunction is multigenerational, and the needs are great. The effort that we put forth to help change families has to be able to compete with those factors or problems that are inherited by their children and passed on to yet another generation.

The focus of my professional efforts as well as those of my colleagues, is to embrace the problems of child abuse and neglect by providing families with opportunities to learn new attitudes and skills not only about parenting, but also about themselves and the world they live in. Clinical experiences and research indicate this can be most effectively and efficiently accomplished through reparenting family members with nurturing. In essence, old unwanted abusive patterns of interacting are replaced by newer, healthier nurturing interactions. The programs and assessment tools described in this catalog were created for that purpose.

The Nurturing Programs are validated, cost-effective approaches to helping treat and prevent child abuse and neglect. Each of the programs has been well researched and tested throughout the country. Each program has and will continue to make a significant contribution to the overall health and functioning of families.

I invite you to look through the catalog and become acquainted with the philosophy of the Nurturing Programs. If you like the philosophy, I know you will like the programs.

I am proud of the programs and strategies described within and of their general acceptance throughout the United States, Canada, and parts of Europe and South America. Helping the world to become a more secure nurturing place to live and grow is not an impossible or improbable task. It does, however, take time, dedication, and conviction. Actually, it all boils down to what a person believes in and what he or she will do on its behalf. That we share a common bond in helping families has already made the world a better place.

Burlik

Sincerely,

Stephen J. Bavolek, Ph.D.

President



CAN MAG MOSA

Stephen C. Hartman, LCSW

Nurturing Program Trainer and Coordinator

CONT

1123 N. Eutaw Street - Suite 312 Baltimore, Maryland 21201

BY FAX:

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3Y TELEPHONE:

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1-800-688-5822 8:00 a.m. to 4:00 p.m. MST.

ORDERING BY MAIL:

Family Development Resources, Inc. 3160 Pinebrook Road Park City, UT 84060

DELIVERY:

Orders are shipped UPS ground services in the continental United States. Special shipping requests will be billed to the customer.

PREVIEW OF MATERIALS:

Materials are not sent out for preview. See Returns Policy.

RETURNS POLICY:

Any item may be returned within 21 days if you are not satisfied. Please include a copy of your invoice. Returns made after 21 days will be subject to a 15% restocking charge. A credit memo will be issued for the amount of the original invoice if the return is made within 21 days. All materials returned for credit must be undamaged and in excellent saleable condition. Family Development Resources has the right to refuse the return of all damaged materials.

TERMS:

Net 30 days.

PRICES:

All prices subject to change without notice. Customers will be notified if there is more than a 10% increase in any item before the order is processed.

PRICE QUOTES:

Our staff will be happy to prepare a quote for you. Quotes are valid for 60

FOR MORE INFORMATION ON ORDERING, SEE PAGE 72.

NOTE: Please note our new location in Park City, Utah.

Nurturing Program Training

Family Development Resources, Inc. sponsors Nurturing Skills Workshops throughout the United States, Canada, and Europe. These 2-3 day workshops are designed to help professionals and paraprofessionals increase their nurturing skills. Participants will learn about the nurturing program philosophy, how to help families develop appropriate expectations, empathic awareness, alternatives to physical and emotional abuse, develop positive self-esteem and self-concept, and how to implement the Nurturing Programs. Training in the various Nurturing Programs can be accomplished in three ways:

- 1. Your agency can co-sponsor a community or state-wide workshop with Family Development Resources, Inc. We set the fees and pay all workshop expenses with the revenue generated from registrations. As a co-sponsor, your obligations would be to provide us with a mailing list for brochures, select an appropriate training site and date, serve as the local contact agency, and provide assistance on registration day. For your efforts, you receive five full scholarships for members of your staff to attend the workshop.
- 2. You can contract with a nationally Certified Consultant and have a training workshop for your staff and invited participants. All costs would be set and paid for by the sponsoring agency. Listed on the next page are nationally Certified Consultants available to assist you. For more information regarding program training and consultation, call our office at (801) 649-5822.
- 3. You can attend a workshop sponsored by Family Development Resources, Inc. Workshops are offered throughout the country during the spring and fall of each year. Contact Family Development Resources for more information.

Certified Nurturing Program Consultants

Family Development Resources, Inc. has certified a cadre of agencies and professionals in mental health, social services, and education throughout the world who are capable of providing training and technical assistance in implementing the Nurturing Programs. Agencies and professionals who serve as Certified Consultants have extensive experience in implementing the Nurturing Programs and believe strongly in the philosophy of nurturing parenting. Each of the Certified Consultants is available to assist your agency in implementing the Nurturing Programs.

Nationally Certified Consultants are listed by geographic region. The numbers following their names are identification numbers and help us for accounting purposes. Use these numbers when placing an order if your agency has worked with one of our Certified Consultants.

Certified Consultants

Northeast

Robert E. Baber/24 2805 Oneida ST Utica, NY 13501 (315) 735-2307

Donna M. Elefante/02

Family Nurturing Center of New York 2805 Oneida ST Utica, NY 13501 (315) 735-2307

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Contact: Conee Nelson 124D Senatorial DR Wilmington, DE 19807 (302) 654-1102

Parents Anonymous of Maine/37

Contact: Ronni Blunt 1066 Kenduskeag AV Bangor, ME 04401 (207) 941-2911

Parents Anonymous of Maryland/15

Contact: Elaine Fisher, Exec. Director Bonnie Elward, R.N. Stephen C. Hartman, L.C.S.W. 1123 North Eutaw ST, Suite 312 Baltimore, MD 21201 (301) 728-7021

Parents Anonymous of New York

State Resource Office/22 Contact: Rick Bartell

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Sharon Shay, Ph.D./65

Massachusetts Committee for Children & Youth 14 Beacon ST, Suite 706 Boston, MA 02108 (617) 742-8555

Cille Tyler, L.C.S.W./39

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The Vermont Center for the Prevention of Child Abuse/27

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Family Resources Center/95

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Robert A. Isaacson, ACSW, LSW/51

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Beverly Buncher, M.A./70

9600 Hillock CT Burke, VA 22015 (703) 323-5742

Committee for Kids/45

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Georgia Council on Child Abuse/36

Contact: Emily Herbst 1401 Peachtree ST NE, Suite 140 Atlanta, GA 30309 (404) 870-6565

Gayle Holten/44

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Rebecca L. Kessler/72

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J. William Lindeman/93

10100 Idlebrook DR Richmond, VA 23233 (804) 741-7625

Virginians for

Child Abuse Prevention/73

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Lessie Artis, Ph.D./12

Route 1, Box 215B Fremont, NC 27830 (919) 242-4394

Ideas, Inc./86

Contact: Donna Church 2421 E Mall DR Fort Myers, FL 33901 (813) 275-9541

Mattie Rena Ingraham/67

10300A Brownie DR Austin, TX 78753 (512) 832-8328

Louisiana Council on Child Abuse/07

Contact: Sherry Spivey 333 Laurel ST, Suite 875 Baton Rouge, LA 70801 (504) 346-0222

Kate McPhillips, M.O.T., O.T.R./03

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Velvet Nixon/40]

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Mark Perlman, M.A./04

1622 Stickney Point RD #202 Sarasota, FL 34231 (813) 922-8860

Gail Rice, M.S.W./68

1214 E 52 ST Austin, TX 78723 (512) 453-3583

Jennifer L. Tolle, M.A./06

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YWCA/66

Contact: John Chacon 115 Davis El Paso, TX 79905 (915) 859-0276

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Parents Anonymous of Arizona/74

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Parents Anonymous of Arizona/82

Contact: Deanna Webb 2708 N 4th ST Flagstaff, AZ 86004 (602) 526-0810

West Coast

Ollie P. Campbell, M.Ed./75

2220 Pattiglen AV LaVerne, CA 91750 (714) 599-8881

Center for the Improvement of

Child Caring/35

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County of Fresno

Social Services Department/83

Contact: Howard Himes 1404 L ST Fresno, CA 93721 (209) 453-4518

Kathleen Doris Morgan, M.S.W./77

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Stanislaus County Department of Public Health-North/38

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Mildred (Millie) Tseng/85

Santa Clara County Public Health Nursing 720 Empey Way San Jose, CA 95128 (408) 299-6120

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Pat Cardy/100

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Family Center, Inc./8

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Tess Osborne/47

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Thomas Naki/88

The Institute for Family Enrichment 615 Piikoi ST, Suite 105 Honolulu, HI 96814 (808) 523-5878

Europe

Larrie D. Wanberg, Ph.D./41

Erlenweg 22 6900 Heidelberg Frankfurt, Germany

Applications to become a Certified Consultant are available from Family Development Resources, Inc. Call (801) 649-5822 and talk with the Coordinator of Consultant Certification.

THE NURTURING PROGRAMS

The Nurturing Programs are validated approaches for working with parents, infants, children, and adolescents in reducing dysfunction and building healthy, positive interactions. The programs have been extensively field tested nationwide and are being implemented throughout the United States. Currently there are six separate Nurturing Programs:

Nurturing Program for Parents and Children Birth to Five Years ®
Nurturing Program for Parents and Children 4-12 Years ®
Nurturing Program for Parents and Adolescents ®
Nurturing Program for Teenage Parents and Their Families ®
Nurturing Program for Parents with Special Learning Needs and Their Children™
Nurturing Program for Foster and Adoptive Families™

The Philosophy of the Nurturing Programs

Parenting is learned. The way we raise our children is directly influenced by the way we were raised. Some families get along well because the parents had positive learning experiences as children. Unfortunately, many families get along poorly. The preparation these parents had as children in learning ways to interact and live with others was to some degree abusive or neglecting. The result is observable physical and emotional abusive interactions between parents and their infants, children, and adolescents.

The nurturing philosophy of raising healthy infants, children, and adolescents adheres to six major learning principles:

- 1. The family is a *system*. Involvement of *all members* is essential to change the system. Parents, infants, children, and adolescents participate together in group-based and home-based programs.
- 2. The major focus of the Nurturing Programs is to build *empathy* among all family members. Empathy is the ability to be aware of the needs of others and to value those needs. Empathy is the single most desirable quality in nurturing parenting. When empathy is high among family members, abuse is low. The behaviors are incompatible.
- 3. All parenting exists on a continuum. All families experience healthy and unhealthy interactions to some degree. Building positive, healthy interactions between family members is an appropriate key to reducing family violence.
- 4. Adults, children, and adolescents *learn on two levels*: the *cognitive* (knowledge) level and the *affective* (feeling) level. To be effective, education and/or intervention must engage the learner on both levels.
- 5. Adults who feel good about themselves as either men or women stand a better chance of being nurturing parents. Children and adolescents who feel good about themselves as boys and girls are more capable of being nurturing sons and daughters. A major goal of the Nurturing Program is to help men, women, boys and girls increase their positive self-esteem and self-concept.
- 6. Given a choice, all families would rather display happy, healthy interactions than abusive, problem interactions.

Program Development

The goals, objectives, and activities of the Nurturing Programs have been developed from years of extensive clinical and empirical research in identifying the parenting and nurturing needs of families exhibiting interaction difficulties. Four distinct patterns of inappropriate parenting contribute to these difficulties:

- Inappropriate developmental expectations of children and adolescents.
- · Lack of an empathic awareness of the needs of children and adolescents.
- Strong belief in the use of corporal punishment.
- · Reversing parent-child/adolescent family roles.

When expressed over a period of time, these parenting behaviors can lead to a negative self-concept, lowered self-esteem, increased frustration, lack of communication, role confusion among family members, and child abuse.

Program Validation

Extensive pretest and posttest data have been gathered on each of the Nurturing Programs to assess the effectiveness of building the nurturing capabilities of parents, children, and adolescents. Generally, the data show that family members completing the Nurturing Programs:

- Increase their ability to become empathically aware of the needs of others.
- Develop a non-hitting attitude and use nurturing parenting skills.
- · Increase their self-concept and self-esteem.
- Recognize and express their feelings with verbal and non-verbal communication skills.
- · Learn to have fun as a family.

A detailed report describing the effectiveness of the Nurturing Programs is available. See page 48 for information on ordering the report.

Long-Term Program Goals

To compete with the negative impact of inappropriate parenting, the following long-term goals form the basis of the programs' activities:

- To develop positive self-concept and self-esteem in all family members.
- To build empathic awareness of the needs of others.
- To teach alternatives to hitting and yelling.
- To increase awareness of self-needs, strengths, and weaknesses.
- To increase family communication and expressiveness.
- To increase awareness of the developmental needs of other family members.
- To substitute nurturing parenting behaviors for abusive parenting practices.
- To promote healthy physical and emotional development of self and others.
- To build family support and cohesion.
- To learn to have fun as a family.

Intended Populations

The Nurturing Programs have been field tested with families at risk for abuse and neglect, families identified by local social services as abusive or neglecting, and adults seeking to become adoptive or foster parents. As such, a primary use of the Nurturing Programs is to treat and prevent child and adolescent maltreatment and to prevent its recurrence.

An additional use of the Nurturing Programs is to promote nurturing parenting in all families. Families who want to increase their positive interactions find success in enhancing their skills, knowledge and feelings of cohesion.

Primary Program Users

Professionals and paraprofessionals working in mental health, social work, education, Head Start, child development, and parent education successfully implement and utilize the Nurturing Programs throughout the country.

Instructional Strategies

It shouldn't have to hurt to learn. The Nurturing Programs employ creative means to help infants, children, adolescents, and adults learn. Discussions, role play, psychodrama, infant and child massage, food, music, puppets, painting, audiovisual programs, coloring books, games, and visualizations are ways family members learn during each session.

Instructional Materials

All programs come with an Implementation Manual, Audio/Visual Programs, games, assessment materials, and Activities Manuals describing in detail the goal, objectives and procedures of each session activity. In addition, each parent and adolescent receives his/her own handbook.

Implementation and Training

The session activities of the Nurturing Programs are presented in a manner that allows skilled agency personnel to implement the programs without extensive training. Professionals have indicated, however, that training in learning program philosophy and practice in conducting program activities is helpful. To facilitate program implementation, a four hour training tape is available for purchase. See page 43 for more information.

How the Nurturing Program Differs from Other Programs

The Nurturing Programs are family-based programs and are all extensively field tested and validated on families throughout the country. Both parents, their children, or adolescents are involved in activities that focus on building a positive regard for self and for others. Cognitive and affective activities are presented which engage all family members in having fun as well as learning new skills.

Rates of re-abuse are extremely low. Long-term follow-up studies of families indicate new skills and attitudes that were learned have been maintained. All Nurturing Programs come with assessment tools designed to measure pretest and posttest changes.



NURTURING PROGRAM FOR

PARENTS &

CHILDREN

BIRTH TO FIVE YEARS®

Stephen J. Bavolek, Ph.D. & Juliana Dellinger Bavolek, M.S.E.



HOME-BASED AND GROUP-BASED PROGRAM MODELS

FEATURED ON NATIONAL TELEVISION AND UTILIZED BY HUNDREDS OF AGENCIES WORLDWIDE

Parents learn about recognizing and understanding feelings, infant and child massage, nurturing parenting routines, alternatives to hitting, child development, and ways to empower children by building their self-esteem and self-concept.

Additionally, parents increase their own self-awareness, self-esteem, self-concept, and learn ways to nurture themselves as men and women.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

HOME-BASED PROGRAM DESCRIPTION

- Forty-five 1-1/2 hour sessions which meet one day a week for 45 consecutive weeks.
- Parents meet with the home visitor for the first hour to learn a new concept regarding self and parenting.
- Parents and children are engaged in Family Nurturing Time for the remaining 30 minutes learning new skills, discussing ideas, practicing infant and child massage, and having fun.
- One home visitor conducts each home session.

HOME-BASED PROGRAM FORMAT

Parents' Program

The first hour is spent with the parent engaged in one-to-one instruction with the home visitor. Children will be in and out of the room and infants will need to be managed, but the focus is primarily on parents and the home visitor. The following format is consistent in each home session:

Icebreaker and Home Practice Check-In

(10 minutes). A time for parents to increase their awareness of self, to introduce the concept for the session, and to review their success in completing their home practice exercise.

Parenting Skills and Self Nurturing Activities (45 minutes). Parents and the home visitor engage in role play, discuss new ideas, view AV programs, and express self through art. Home sessions alternate the focus on nurturing parenting skills and nurturing self skills.

Home Practice Exercise (5 minutes). Parent activities end with a home practice exercise for parents to complete for the following session.

HOME-BASED PROGRAM FORMAT

Family Activities

During Family Nurturing Time, parents and children learn new skills and how to have fun. Depending on the age of the child, the following format is followed:

Infant Activities (birth to 15 months). Activities include finger plays, infant massage, and play.

Toddler Activities (15 months to 3 years). Activities include finger plays, hand-eye motor, large muscle movement, sensory discovery, language development, and child massage.

Preschooler Activities (3 years to 5 years):

- Hello Time: A chance for everyone to talk, sing, and have fun.
- Big Motor Time: Activities to promote movement and large muscle exercise.
- Circle Time: A time for family members to talk about a topic. Puppets and games are used to facilitate learning.
- Art Time: Family members work together and individually to create projects.

Family Hug (5 minutes). Each home visit ends with the home visitor, parents, and children engaged in a family hug.

Parents learn to use massage techniques to teach children gentle touch.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

GROUP-BASED PROGRAM DESCRIPTION

- Twenty-three 2-1/2 hour sessions which meet one day a week for 23 consecutive weeks.
- Two separate groups: one for parents and one for children which meet concurrently.
- Two facilitators run the parents' group; two facilitators plus two volunteers run the children's group.
- Parents and children engage in a 30-minute Family Nurturing Time which includes games, songs, infant and child massage, and snack.

GROUP-BASED PROGRAM FORMAT

Parents' Program

Icebreaker and Home Practice Check-In (20 minutes). The icebreaker allows each parent the opportunity to share their thoughts and feelings and introduces the concept for the session. Home practice check-in provides parents an opportunity to share their successes in trying out new concepts and skills

Parenting Skills Activities (40 minutes). Parenting skills, nurturing routines, and behavior encouragement techniques are presented through AV programs, discussion, art activities, and role play.

Family Nurturing Time (30 minutes). Parents, their children, and group facilitators engage in activities, games, songs, infant and child massage while enjoying snacks and beverages. Facilitators model, instruct, and supervise parents in practicing new skills.

Self Nurturing Activities (50 minutes). Parents increase their self-awareness and self-growth, and learn ways to nurture themselves through discussion, role play, and art activities.

Parents' Program

Home Practice Exercise (5 minutes). Parents are given a brief home practice exercise related to the session concepts to practice during the week.

Group Hug (5 minutes). Each session ends with a group hug. The intent of the hug is to increase group cohesion, offer praise, and experience positive touch.

GROUP-BASED PROGRAM FORMAT

Children's Program

Infant Activities: The facilitators employ activities which include finger plays, infant massage, and play with infants while parents attend their group. Parents and children meet for 30 minutes during Family Nurturing Time where families practice songs, games, and infant massage techniques.

Toddler Activities: Children 15 months to 3 years engage in games, songs, large muscle movements, sensory discovery, language development, and child massage while parents attend separate group. During Family Nurturing Time, parents and children engage in fun cooperative family activities.

Preschooler Activities: Children 3 - 5 years participate in a schedule of activities which include Hello Time, Big Motor Time, Circle Time, Art Time, Puppet Time, and Closing Group Hug. Like the infants and toddlers, preschoolers get to spend 30 minutes with their parents having fun and playing games during Family Nurturing Time.

Note: The activities for preschoolers are presented in the home-based activities manual.

Family members all learn comparable skills and attitudes to enhance family cohesion.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

PROGRAM VALIDATION

Families enrolled in Head Start programs in a seven-county area in Wisconsin participated in the validation of the Nurturing Program for Parents and Children Birth to Five Years. Pretest and posttest data were gathered to assess the effectiveness of the program to increase the nurturing capabilities of both parents and children. Parents were administered the Adult-Adolescent Parenting Inventory (AAPI), the Nurturing Quiz, and a program completion evaluation questionnaire. Ninety percent (N=234) of the adults who enrolled in the programs in northwestern Wisconsin were females. Data gathered from the parents indicated:

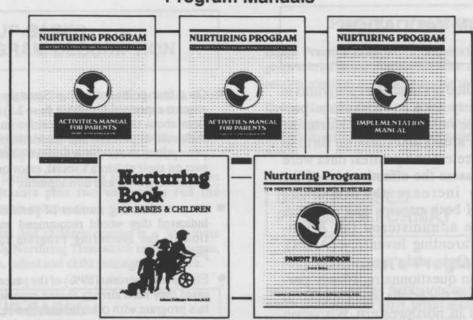
- A total of 260 adults were pretested in homebased and center-based programs. Sixty-six percent (N=171) participated in the posttest assessment. A number of parents lost their eligibility to continue in Head Start or moved from the area which accounted for the low posttest completion rate.
- Parents demonstrated a significant increase (p< .05) in their ability to be empathically aware
 of their children's needs.
- Parents expressed significant decreases (p < .05) in their beliefs regarding the value of corporal punishment as a means of punishing behavior, and in reversing parent-child role responsibilities.
- Parents showed a significant increase (p < .05) regarding appropriate expectations they have toward the capabilities of their children.
- Test results further indicated parents made significant increases (p < .05) in their knowledge of appropriate alternatives to corporal punishment.

- On a four-point scale (4 = Strongly Agree), parents expressed favorable (x = 3.3) perceptions about the program's positive impact on their role as parents, and favorable (x = 3.1) perceptions about the program's positive impact on their children's social, emotional, and cognitive growth and development.
- An overwhelming number of parents (97%) indicated they would recommend participation in the Nurturing Program to other parents.
- Eighty-nine percent (89%) of the parents indicated they have already shared experiences in this program with other friends and relatives.

A complete and extensive report is available on the validation of all the Nurturing Programs including the program for Parents and Children Birth to Five Years. See page 48 to order the report entitled Research and Validation Report of the Nurturing Programs: Effective Family-Based Approaches to Treating and Preventing Child Abuse and Neglect.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

Program Manuals



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Parents Home-Based Program

Program activities for conducting the parents' program in a home setting. Activities are presented in 46 weekly sessions each 1-1/2 hours in length. Each professional conducting the home-based program should have their own copy.

Activities Manual for Parents Group-Based Program

Program activities for conducting the parents' program in a group setting. Activities are presented in 23 weekly sessions each 2-1/2 hours in length. Each professional conducting the group-based program should have their own copy.

Parent Handbook

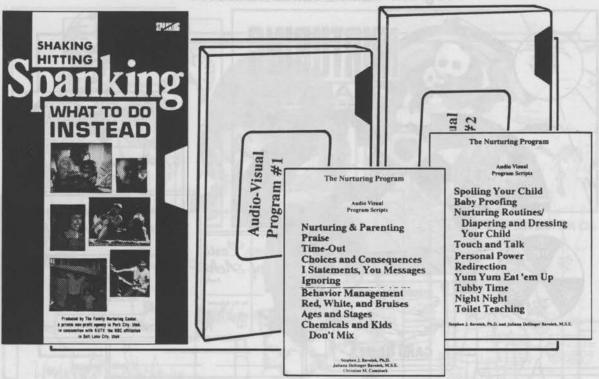
A 144-page informational guide for parents describing nurturing parenting techniques and weekly Home Practice Assignments. Each parent should receive a Handbook to participate in the program.

Nurturing Book for Babies and Children

Families receive services either in home or group settings.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

Audio-Visual Materials



Audio-Visual Program #1

Contains 10 individual programs each approximately 9 to 15 minutes in length. AV #1 presents information on ways to help children manage their behavior without the use of corporal punishment.

Nurturing & Parenting
Praise
Time-Out
Choices and Consequences
I Statements, You Messages
Ignoring
VHS1

Behavior Management
Red, White, and Bruises
Ages and Stages
Chemicals and Kids
Don't Mix
295.00

Spanking: What To Do Instead

A three time national award winning interactive video program presenting four parent-child situations that often lead to the use of corporal punishment. Parents have an opportunity to view typical parent-child problems and to offer their suggestions and alternatives to corporal punishment. Four families (Black, White, Hispanic and Asian) present alternatives taught in the Nurturing Program.

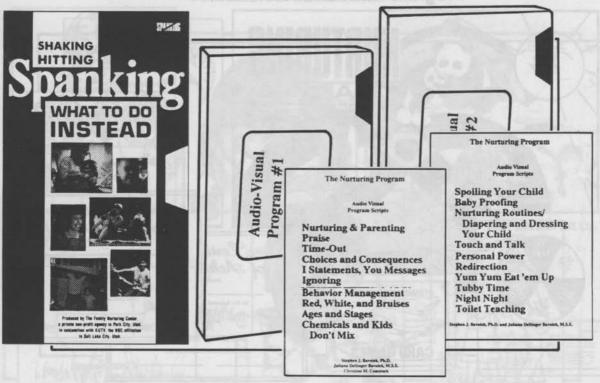
Audio-Visual Program #2

Contains 10 individual programs each approximately 10 to 17 minutes in length. AV #2 presents information on establishing nurturing parenting routines, child proofing the house, and developing personal power.

Spoiling Your Child Baby Proofing Nurturing Routines/ Diapering and Dressing Your Child Touch and Talk VHS2 Audio-Visual Programs present nurturing parenting techniques parents can easily understand and practice.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

Audio-Visual Materials



Audio-Visual Program #1

Contains 10 individual programs each approximately 9 to 15 minutes in length. AV #1 presents information on ways to help children manage their behavior without the use of corporal punishment.

Nurturing & Parenting Praise Time-Out Choices and Consequences I Statements, You Messages Ignoring

Behavior Management Red, White, and Bruises Ages and Stages Chemicals and Kids Don't Mix

Spanking: What To Do Instead

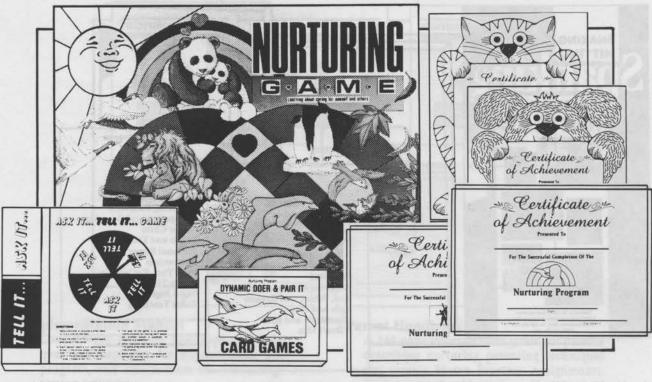
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Spoiling Your Child Baby Proofing Nurturing Routines/ Diapering and Dressing Your Child Touch and Talk VHS2 Audio-Visual Programs present nurturing parenting techniques parents can easily understand and practice.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS®

Program Games and Certificates



The Nurturing Game

Game for adults and children, ages four years and older, to increase self-awareness, appropriate use of personal power, and communication skills. Participants respond to questions regarding awareness of self, feelings, giving and receiving praise, and practice appropriate touch.

Each Nurturing Game contains cards and directions that are published both in Spanish and English.

Dynamic-Doer/Pair-It Card Games

Two separate card games for parents and children 4 years and older. Cards show nurturing interactions that players have to match. The object is to become the dynamic doer. (set/2)

DD 8.50

Ask It, Tell It Game

Players spin the arrow and either respond to the question on a Tell It card, or engage another player in discussion with an Ask It card.

ASK 9.00

Awarded to adults and children who complete the program.

Children's Certificates (pkg/20) CERC	00
Parent's Certificates (pkg/20) CERP	00
Facilitator's Certificates (pkg/20) CERF	00
Volunteer's Certificates (pkg/20) CERV	00

The Nurturing Programs teach family members how to use gentle touch and gentle words.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS®

Instructional Aids



Nurturing Coloring Book

The Nurturing Coloring Book helps children learn about gentle touch, sharing, expressing feelings, and caring for others. (pkg/15)

Ellie and Benny

A picture story about Ellie the elephant and Benny the bird who experience accidental physical hurting touch.

Scary Touch Dolls

Male and female paper dolls of various racial backgrounds with moveable arms. The dolls are used for discussion of scary (inappropriate) sexual touch. (pkg/6) **Feeling Faces**

Photographs (11" x 14") of babies and children with varying expressions of feelings. (pkg/15)

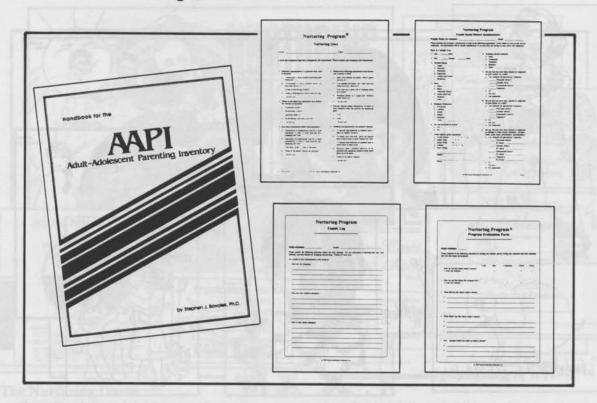
Our Bodies Pictures

Pictures of nude male and female children of various races used to discuss body part recognition and ways to say "NO" to unwanted touch.

Our Bodies Pictures now portray Black, White, Hispanic, and Asian young male and female children.

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS®

Program Assessment and Evaluation



Adult-Adolescent Parenting Inventory (AAPI)

A norm-referenced standardized inventory designed to assess parenting and nurturing attitudes. See pages 68-71 for description and ordering information.

Nurturing Quiz (NQ)

Family Social History Questionnaire (FSHO)

Program Evaluation

Parents evaluate the quality of each group session. Used in group-based program only. (pkg/120)

Family Logs

(All assessment inventories are given during the first and last sessions of the program.)

ORDER TOLL FREE 1-800-688-5822

NURTURING PROGRAM FOR PARENTS AND CHILDREN BIRTH TO FIVE YEARS ®

Complete Program Materials

Manuals	Assessment Tools								
2 Implementation Manuals @ 11.00 ea	1 AAPI Handbook								
1 Activities Manual for Parents	1 AAPI Test Form A (pkg/20) 9.50								
Home-Based	1 AAPI Test Form B (pkg/20) 9.50								
2 Activities Manuals for Parents Group-Based @23.00 ea	1 AAPI Profile Worksheet (pkg/40) 7.00								
12 Parent Handbooks @12.00 ea 144.00	1 AAPI Form A Scoring Stencil 4.00								
12 Nurturing Books for Babies and Children	1 AAPI Form B Scoring Stencil 4.00								
@12.00 ea 144.00	1 Nurturing Quiz (pkg/20) 10.00								
Audio-Visual Programs	1 Family Social History Questionnaire (pkg/20)								
1 VHS1 295.00	Instructional Aids								
1 VHS2 295.00	1 Nurturing Coloring Books (pkg/15) 22.50								
1 CPV Spanking: What To Do Instead 69.95	1 Ellie and Benny picture story 3.00								
10000	1 Scary Touch Dolls (pkg/6) 6.00								
Games	1 Feeling Faces (pkg/15) 20.00								
1 Nurturing Game	1 Our Bodies								
1 Dynamic-Doer/Pair-It Card Game (set/2) 8.50	Certificates								
2 Ask It, Tell It Games @ 9.00 ea 18.00	1 Children's Certificates (pkg/20) 4.00								
Evaluation Forms	1 Parent's Certificates (pkg/20) 4.00 1 Facilitator's Certificates (pkg/20) 4.00								
2 Program Evaluation Forms	1 Volunteer's Certificates (pkg/20) 4.00								
(pkg/120) @9.00/pkg Group-Based Program ONLY 18.00	1 Political & Certificates (pregizo) 4.00								
2 Family Logs (pkg/120) @9.00/pkg 18.00									
21 anni 2063 (prej 220) @ 2.00 prej 10.00									
Complete Program Price									
DISCOUNT PRICE for Complete I									

Save 5% off regular prices by taking advantage of our complete program discount. When ordering individual items, the cost per program would be \$1286.95. When ordering the complete program, with the discount, your cost would be \$1222.60, or a savings of \$64.35. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP2. The complete program contains all the items presented above. Effective March 1, 1991, all audio-visual components of the Nurturing Programs will be offered on VHS tape only. A limited supply of filmstrip programs are in stock. Please call for special discounted price.

NURTURING PROGRAM FOR

PARENTS & ADOLESCENTS®

Stephen J. Bavolek, Ph.D.



NATIONALLY ACCLAIMED FOR EFFECTIVELY HELPING FAMILIES RESOLVE AND PREVENT CONFLICTS BETWEEN PARENTS AND TEENAGERS

Families learn nurturing communication strategies; how to recognize each other's needs; how to understand the period of adolescence; and ways to build their own personal power, self-esteem, and self-concept. Families also discuss pregnancy delay, sex, sexuality, AIDS, suicide, chemical use, and peer pressure.

PROGRAM DESCRIPTION

- Twelve 3-hour sessions which meet one day a week for 12 consecutive weeks.
- Parents and their teenage children (ages 12 to 19 years) attend the program together.
- Each 3-hour session is designed for adults and adolescents to meet in two separate groups for the first 70 minutes.
- The 20-minute snack time allows parents and adolescents to spend the first 10 minutes as they wish and the remaining 10 minutes sharing snacks and beverages.
- The following hour and a half is spent with parents and adolescents together in one large group.
- Each group is facilitated by two professionals for a total of four.

Parents and adolescents overwhelmingly agreed participation in the program brought them closer together.

PROGRAM FORMAT

Parent and adolescent groups follow the same weekly program format:

Icebreaker and Check-In (20 minutes). Openended statements designed to increase self-awareness and empathy, and build group cohesion. An opportunity for participants to share their successes and failures in trying out new concepts and skills. Also, participants are asked to share family or individual experiences and changes which occurred since the last meeting.

Nurturing Self Activities (50 minutes). A concept is presented and discussed as a group. Parents and adolescents participate in separate groups.

Snack Time (20 minutes). Twenty minutes of free time with snack and beverage provided by the agency, facilitators, and/or participants.

Parenting and Communication Skills Activities (80 minutes). Parents and adolescents meet together in the same room to discuss issues, share ideas, perceptions and feelings, and learn new skills. Some weeks parents and adolescents view an A/V presentation before the discussion.

Visualization (5 minutes). Nine sessions include visualizations recorded on cassette tape. The visualization is a brief relaxing exercise to increase positive feelings about self and family.

Home Practice and Hug (5 minutes). Parents and adolescents are given their individual and family home practice exercises. The session ends with everyone participating in a large group hug.

PROGRAM VALIDATION

A total of 156 parents and 155 teenagers from 15 sites throughout the country participated in the field testing of the Nurturing Program for Parents and Adolescents. Seventy percent (70%) of the adults were female; 30% were male. Forty-nine percent (49%) of the adolescents were female while 51% were male. Fifty-two percent (52%) of the adults were married; 48% indicated they were single, separated, or were living with another mate. Eighty-four percent (84%) of the parents were Caucasian; 11% Black; 1% Native American; 2% Asian; and, 3% Hispanic. Religious affiliations represented the full spectrum with no single preference predominant. Sixty-five percent (65%) of the parents indicated they completed high school; 29% completed four years of college; 6% indicated they completed post-college degrees. Thirty-six percent (36%) of the adults indicated they were unemployed. Sixty-one percent (61%) indicated their family income was \$20,000 or below.

Parents and adolescents were required to complete a series of pretests and posttests and attend every weekly session. The results of the extensive evaluation of the program yielded the following results:

- Parents had significantly (p < .001) decreased their belief in corporal punishment and family role reversals, while they significantly increased their empathic awareness of adolescents' needs and appropriate expectations as measured by the AdultAdolescent Parenting Inventory.
- Parents had significantly (p < .001) increased their knowledge of appropriate strategies in behavior management.

- Parents expressed a significant (p < .05) increase in their family cohesion, autonomy, and communication and expressed a significant decrease (p < .05) in family conflict and anxiety as measured by the Family Environment Scale.
- Parents overwhelmingly (98%) indicated the program had made a positive impact in their relationships with their teens.
- Adolescents also expressed significant increases (p < .001) in empathy and appropriate expectations while expressing significant (p < .001) decreases in their belief in corporal punishment and reversing family roles as measured by the Adult Adolescent Parenting Inventory.
- Adolescents significantly (p < .001) increased their knowledge of non-abusive forms of behavior management and also expressed overwhelming support (97%) of the positive impact the program had in increasing the quality of their relationships with their parents.
- Adolescents expressed a significant decrease in family conflict (p < .002) and significant increase (p < .002) in the intellectual/cultural activities of their family as measured by the Family Environment Scale (FES).

A complete and extensive report is available on the validation of all the Nurturing Programs including the program for Parents and Adolescents. See page 48 to order the report entitled Research and Validation Report of the Nurturing Programs: Effective Family-Based Approaches to Treating and Preventing Child Abuse and Neglect.

Program Manuals



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Parents

Program activities for conducting the parents' program. Activities are presented in 12 weekly sessions each 3 hours in length. Each professional conducting the program should have their own copy.

Activities Manual for Adolescents

Program activities for conducting the adolescents' program. Activities are presented in 12 weekly sessions each 3 hours in length. Each professional conducting the program should have their own copy.

Parent Handbook

A 93-page informational guide for parents describing nurturing parenting techniques and weekly Home Practice Assignments. Each parent needs a Handbook to participate in the program.

Adolescent Handbook

An 85-page informational guide for adolescents describing nurturing techniques and weekly Home Practice Assignments. Each adolescent needs a Handbook to participate in the program.

PARENTS AND ADOLESCENTS WORK TOGETHER TO BUILD STRONGER RELATIONSHIPS

Audio-Visual Materials and Certificates



Audio-Visual Program #3

Contains 10 individual programs each approximately 10 to 20 minutes in length. AV #3 presents information to teach parents and adolescents empathy, communication, nurturing skills, and self-awareness

martaring skins, and ser	1-awai Circos.
Parents and Adolescents Working Together	A Good Day to Praise Communicating Thoughts
The Hit Parade	and Feelings
Adolescents: Visitors from	Do As I Say
Another Planet?	That's All Guys Want
Personal Power	Sayin' No - Walkin' Cool
The Problem with Parents These Days	
VHC3	205.00

Visualization Tape

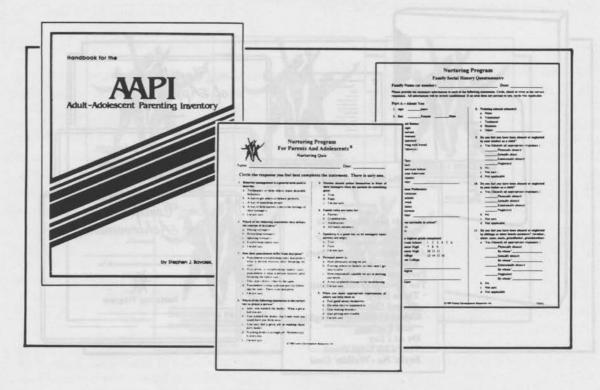
Nine visualizations recorded on one cassette tape for use in program activities. Awarded to parents and adolescents who complete the program.

Adolesses the Court of the

CERA	0
Parent's Certificates (pkg/20) CERP 4.0	0
Facilitator's Certificates (pkg/20) CERF	0

TO ORDER MATERIALS, CALL 1-800-688-5822 OR **SEE PAGE 72 FOR** MORE INFORMATION

Program Assessment



Adult-Adolescent Parenting Inventory (AAPI)

A norm-referenced standardized inventory designed to assess parenting and nurturing attitudes. See pages 68-71 for description and ordering information.

AAPI (discount price) 48.45

Nurturing Quiz (NQ)

(All assessment inventories are given during the first and last sessions of the program.)

Family Social History Questionnaire (FSHQ)

Years of national research and program validation increase the probability for successful family participation and growth.

NURTURING PROGRAM FOR PARENTS AND ADOLESCENTS ®

Complete Program Materials

Manuals	Assessment Tools
2 Implementation Manuals	1 AAPI Handbook
@11.00 ea	1 AAPI Test Form A (pkg/20) 9.50
2 Activities Manuals for Parents @23.00 ea	1 AAPI Test Form B (pkg/20) 9.50
2 Activities Manual for Adolescents	1 AAPI Profile Worksheet (pkg/40) 7.00
@23.00 ea	1 AAPI Form A Scoring Stencil 4.00
12 Parent Handbooks @12.00 ea 144.00	1 AAPI Form B Scoring Stencil 4.00
12 Adolescent Handbooks	2 Nurturing Quiz (pkg/20) @ 10.00 pkg 20.00
@12.00 ea 144.00	2 Family Social History Questionnaire (pkg/20) @ 10.00 pkg 20.00
Audio-Visual Programs	
1 VHS3 295.00	Certificates
1 Visualization Tape	1 Adolescent's Certificates (pkg/20) 4.00
a de premientale en su ma entrache de la con-	1 Parent's Certificates (pkg/20) 4.00
	1 Facilitator's Certificates (pkg/20) 4.00

Complete Program Price														.810.00
5% Discount for Complete	P	ro	gr	an	n I	Pu	rcl	na	se					. 40.50

Save 5% off regular prices by taking advantage of our complete program discount. When ordering individual items, the cost per program would be \$810.00. When ordering the complete program, with the discount, your cost would be \$769.50, or a savings of \$40.50. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP3. The complete program contains all the items presented above. Effective March 1, 1991, all audio-visual components of the Nurturing Programs will be offered on VHS tape only. A limited supply of filmstrip programs are in stock. Please call for special discounted price.

NURTURING PROGRAM FOR

TEENAGE PARENTS & THEIR FAMILIES®

Stephen J. Bavolek, Ph.D. & Juliana Dellinger Bavolek, M.S.E.



GROUP-BASED AND HOME-BASED PROGRAMS

COMPREHENSIVE FAMILY PROGRAM FOR TEEN PARENTS, GRANDPARENTS, AND CHILDREN

Teenage parents learn infant and child massage, developmental milestones of growth, how to have fun with children, nurturing parenting routines, and ways to help children build their self-esteem and self-concept.

Teens also learn about ways to delay pregnancy and issues of peer pressure, sex, sexuality, date rape, personal power, and ways to build their own positive feelings toward self.

HOME-BASED PROGRAM DESCRIPTION

- Forty 1-1/2 hour sessions which meet one day a week for 40 consecutive weeks.
- Parents meet with the home visitor for the first hour to learn a new concept regarding self and parenting.
- Parents and children are engaged in Family Nurturing Time for the remaining 30 minutes learning new skills, discussing ideas, practicing infant and child massage, and having fun.
- One home visitor conducts each home session.
- Grandparents can be included in home-based sessions.

HOME-BASED PROGRAM FORMAT

Parent Activities

The first hour is spent with the teen parent engaged in one-to-one instruction with the home visitor. Children will be in and out of the room and infants will need to be managed, but the focus is primarily on teen parents and the home visitor. The following format is consistent in each home session:

Icebreaker and Check-In (10 minutes). Teen parents respond to an icebreaker, check-in regarding their week, and review home practice exercises.

Parenting Skills and Self Nurturing Activities (50 minutes). Teen parents and the home visitor engage in role play, discuss new ideas, view AV programs, and express self through art. Home sessions alternate the focus on nurturing parenting skills and nurturing self skills.

Family Nurturing Time (30 minutes). Teen parents, their children, and the home visitor engage in activities, games, songs, and snack. The home visitor supervises, models, and instructs teen parents on practicing new parenting skills.

Home Practice and Hug (3 minutes). Teen parents and the home visitor discuss the home practice exercise for the next session. Each session ends with a family hug.

HOME-BASED PROGRAM FORMAT

Family Activities

During Family Nurturing Time, teen parents, grandparents, and children learn new skills and how to have fun. Depending on the age of the child, the following format is followed:

Infant Activities (birth to 15 months). Activities include finger plays, infant massage, and play.

Toddler Activities (15 months to 3 years). Activities include finger plays, hand-eye motor, large muscle movement, sensory discovery, language development, and child massage.

Preschooler Activities (3 years to 5 years).

Activities include songs, large muscle exercises, art activities, and discussion using puppets.

Together teen parents

and
grandparents learn
infant and child massage
and
nurturing routines for
feeding,
bath,
dressing,
and
bed times.

GROUP-BASED PROGRAM DESCRIPTION

- Twenty 2-1/2 hour sessions which meet one day a week for 20 consecutive weeks.
- Parents meet with the home visitor for the first hour to learn a new concept regarding self and parenting.
- Infants, toddlers, and preschoolers are engaged in age-appropriate activities in a separate group that meets concurrently.
- Parents and children are engaged in Family Nurturing Time for the remaining 30 minutes learning new skills, discussing ideas, practicing infant and child massage, and having fun.

GROUP-BASED PROGRAM FORMAT

Parents' Program

Icebreaker and Check-In (20 Minutes). Teen parents respond to an ice-breaker, check-in with their peers regarding their week, and review home practice exercises.

Parenting Skills Activities (50 Minutes). Parenting skills, nurturing routines, and behavior encouragement techniques are presented through AV programs, discussion, art activities, and role play.

Family Nurturing Time (30 Minutes). Teen parents and their children engage in activities, games, songs, infant and child massage while enjoying snacks and beverages. Staff supervises, models, and instructs teen parents on practicing new parenting skills. Family Nurturing Time ends with family hug.

Self Nurturing Activities (50 Minutes). Teen parents increase their self-awareness and self-growth, and learn ways to nurture themselves through discussion, role play, and art activities.

Home Practice and Hug (3 Minutes). Teen parents meet as a group and discuss the home practice exercise for the next session. Each session ends in a group hug.

GROUP-BASED PROGRAM FORMAT

Children's Program

Infant Activities (birth to 15 months). The facilitators employ activities which include finger plays, infant massage, and play with infants while parents attend their group. Parents and children meet for 30 minutes during Family Nurturing Time where families practice songs, games, and infant massage techniques.

Toddler Activities (15 months to 3 years). Activities include games, songs, large muscle movements, sensory discovery, language development, and child massage while parents attend separate group. During Family Nurturing Time, teen parents and children engage in fun cooperative family activities.

Preschooler Activities (3 to 5 years). Activities include songs, large muscle exercises, art activities, and discussion using puppets.

The Nurturing Book for Babies and Children helps teen parents learn how to enjoy spending time alone with their children.

PROGRAM VALIDATION

The Nurturing Program for Teenage Parents and their Families was validated by twelve agencies providing parent education to teenage parents throughout the country. A total of 178 teen parents (94% moms; 6% dads) participated in home-based and group-based programs. Eighty percent (80%) of the teen parents were single. Seventy-five percent (75%) indicated they were Caucasian, 18% indicated they were Black, the remaining teens indicated they were Hispanic (4%) and American Indian (3%). No single religious preference was dominant among the teens. Eighty-eight percent (88%) of the teen parents indicated they were unemployed while 33% indicated their family income was below \$8,000.

Twenty-one percent (21%) of the teens indicated they were abused or neglected by their mother and 22% indicated they were abused or neglected by their father. Of this group, 4% indicated they were sexually abused. Additionally, 47% of the teens indicated they have been abused by their boyfriends and/or girlfriends.

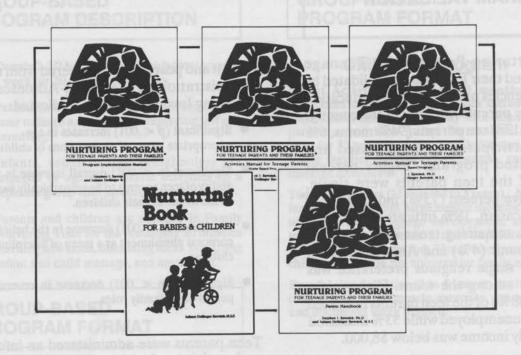
Pretest and posttest data gathered from the administration of the Adult-Adolescent Parenting Inventory (AAPI) indicated:

- Significant (p < .001) increases in ageappropriate parental expectations of children.
- Significant (p < .001) overall increase in the ability of teen parents to be empathically aware of the needs of their children.
- Significant (p < .001) decrease in the belief of corporal punishment as a mean of disciplining children.
- Significant (p < .001) decrease in reversing parent-child family roles.

Teen parents were administered an informal multiple choice quiz on behavior management. Pretest and posttest assessment indicated a significant (p < .001) overall increase in knowledge of appropriate techniques to manage the behavior of young children.

A complete and extensive report is available on the validation of all the Nurturing Programs including the program for Teen Parents and Their Families. See page 48 to order the report entitled Research and Validation Report of the Nurturing Programs: Effective Family-Based Approaches to Treating and Preventing Child Abuse and Neglect.

Program Manuals



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Teen Parents Home-Based Program

Program activities for conducting the parents' program in a home setting. Activities are presented in 40 weekly sessions each 1-1/2 hours in length. Each professional conducting the home-based program should have their own copy.

Activities Manual for Teen Parents Group-Based Program

Program activities for conducting the parents' program in a group setting. Activities are presented in 20 weekly sessions each 2-1/2 hours in length. Each professional conducting the group-based program should have their own copy.

Parent Handbook

Nurturing Book for Babies and Children

Information on infant and child massage, activities for infants, toddlers, and preschoolers, medical information, child growth and development, and special day activities. Each parent should receive a Nurturing Book to participate in the program. Facilitators working with infants and/or toddlers also need a copy to engage the youngsters in age appropriate activities.

PROGRAM VALIDATION

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Pretest and posttest data gathered from the administration of the Adult-Adolescent Parenting Inventory (AAPI) indicated:

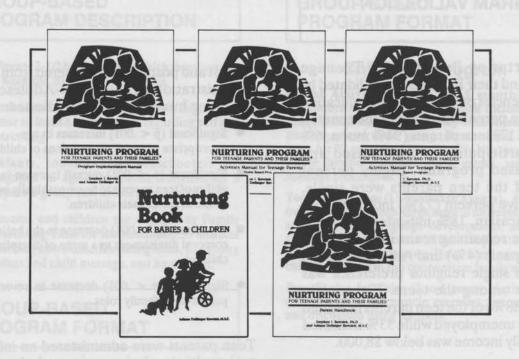
- Significant (p < .001) increases in ageappropriate parental expectations of children.
- Significant (p < .001) overall increase in the ability of teen parents to be empathically aware of the needs of their children.
- Significant (p < .001) decrease in the belief of corporal punishment as a mean of disciplining children.
- Significant (p < .001) decrease in reversing parent-child family roles.

Teen parents were administered an informal multiple choice quiz on behavior management. Pretest and posttest assessment indicated a significant (p < .001) overall increase in knowledge of appropriate techniques to manage the behavior of young children.

A complete and extensive report is available on the validation of all the Nurturing Programs including the program for Teen Parents and Their Families. See page 48 to order the report entitled Research and Validation Report of the Nurturing Programs: Effective Family-Based Approaches to Treating and Preventing Child Abuse and Neglect.

NURTURING PROGRAM FOR TEENAGE PARENTS AND THEIR FAMLIES®

Program Manuals



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Teen Parents Home-Based Program

Program activities for conducting the parents' program in a home setting. Activities are presented in 40 weekly sessions each 1-1/2 hours in length. Each professional conducting the home-based program should have their own copy.

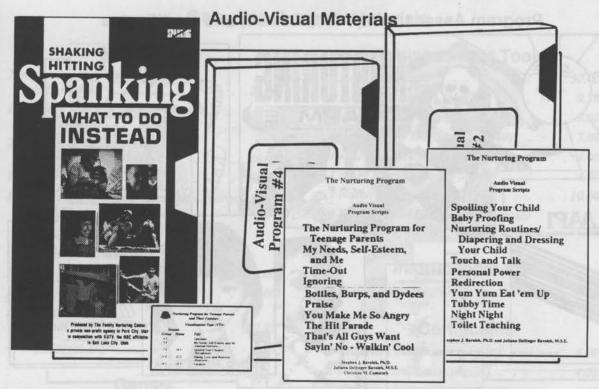
Activities Manual for Teen Parents Group-Based Program

Parent Handbook

Nurturing Book for Babies and Children

Information on infant and child massage, activities for infants, toddlers, and preschoolers, medical information, child growth and development, and special day activities. Each parent should receive a Nurturing Book to participate in the program. Facilitators working with infants and/or toddlers also need a copy to engage the youngsters in age appropriate activities.

NURTURING PROGRAM FOR TEENAGE PARENTS AND THEIR FAMILIES ®



Audio-Visual Program #2

Contains 10 individual programs each approximately 10 to 17 minutes in length. AV #2 presents information on establishing nurturing parenting routines, child proofing the house, and developing personal power.

Spoiling Your Child
Baby Proofing
Nurturing Routines/
Diapering and Dressing
Your Child
Touch and Talk
VHS2

Personal Power
Redirection
Yum Yum Eat 'em Up
Tubby Time
Night Night
Tollet Teaching
. 295.00

Spanking: What To Do Instead

 Audio-Visual Program #4

Contains 10 individual programs each approximately 10 to 15 minutes in length. AV #4 presents information on alternatives to hitting, using drugs, meeting self and children's needs, and understanding sexual behavior.

The Nurturing Program for Teenage Parents My Needs, Self-Esteem, and Me Time-Out Ignoring VHS4

Bottles, Burps, and Dydees Praise You Make Me So Angry The Hit Parade That's All Guys Want Sayin' No - Walkin' Cool

Visualization Tape

Five visualizations recorded on one cassette tape for use in program activities.

VT48.00

To order materials, call toll free 1-800-688-5822 or see page 72 for more information.

NURTURING PROGRAM FOR TEENAGE PARENTS AND THEIR FAMILIES ®

Program Assessment, Aids, Games, and Certificates



Adult-Adolescent Parenting Inventory (AAPI)

A norm-referenced standardized inventory designed to assess parenting and nurturing attitudes. See pages 68-71 for description and ordering information.

AAPI (discount price)48.45

Nurturing Quiz (NQ)

A multiple choice quiz with scoring key and profile sheet on parenting children birth to 5 years. Given pretest and posttest. (pkg/20)

Family Social History Questionnaire

A questionnaire designed to gather demographic data and perceptions of personal childhood. Given pretest and posttest. (pkg/20)

(All assessment inventories are given during the first and last sessions of the program.)

Feeling Faces

Photographs (11"x14") of children and babies with varying expressions of feelings. (pkg/15)

Nurturing Game

Game for adults and children, ages four years and older, to increase self-awareness, appropriate use of personal power, and communication skills. Participants respond to questions regarding awareness of self, feelings, giving and receiving praise, and practice appropriate touch.

Each Nurturing Game contains cards and directions that are published both in Spanish and English.

Awarded to adults and children who complete the program.

Children's Certificates (pkg/20)
CERC 4.00

Parent's Certificates (pkg/20)
CERP 4.00

Facilitator's Certificates (pkg/20)
CERF 4.00

NURTURING PROGRAM FOR TEENAGE PARENTS AND THEIR FAMILIES ®

Complete Program Materials

Manuals	Assessment Tools
2 Implementation Manuals @11.00 ea	1 AAPI Handbook
Audio-Visual Programs 1 VHS2	Instructional Aids 1 Feeling Faces (pkg/15)
Complete Program Price	

Save 5% off regular prices by taking advantage of our package discount. When ordering individual items, the cost per program would be \$1187.95. When ordering the complete package, with the discount, your cost would be \$1127.55, or a savings of \$59.40. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP4. The complete program contains all the items presented above. Effective March 1, 1991, all audio-visual components of the Nurturing Programs will be offered on VHS tape only. A limited supply of filmstrip programs are in stock. Please call for special discounted price.

SPANKING: WHAT TO DO INSTEAD

Formerly released as

Corporal Punishment: What To Do Instead

Winner of three National Media Awards in Chicago, New York, and Cincinnati

An interactive video with a handbook that presents positive, nurturing parenting techniques and attitudes that work more effectively than corporal punishment in promoting healthy desirable behaviors in children.



Professional adult and child actors present difficult and challenging family situations that often lead to the use of corporal punishment. At the moment of confrontation and the use of corporal punishment, the video is stopped. Leader led discussions encourage the viewers to discuss what they have observed going on in the family, what might have led up to the situation the parent and child find themselves in, and what options the parent and child have to diffuse the situation and the use of corporal punishment. Viewers engage in role playing the alternatives presented by the group.

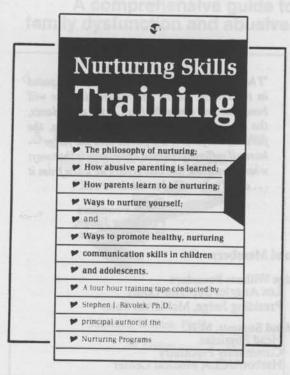
The video is resumed and nurturing parenting techniques are presented by the actors. Rationale for the use of the alternatives, plus an historical perspective on why hitting is often used is presented by the narrator.

- An ideal compliment to the sessions on alternatives to hitting presented in the Nurturing Programs.
- Excellent resource for all parenting education classes and programs.
- Superb instructional training tool for professional and para-professional staff, foster parents, and high school parenting programs.
- Additional professional resource for advocating the nonsanctioned use of corporal punishment as a parenting and teaching strategy.

Developed and produced by KUTV, NBC affiliate in Salt Lake City, Utah, and the Family Nurturing Center in Park City, Utah. Consultant to the program: Dr. Stephen J. Bavolek, recognized authority in child abuse prevention and leading proponent in the use of nurturing parenting, attitudes, and techniques.

NURTURING SKILLS TRAINING

A six hour training tape conducted by Stephen J. Bavolek, Ph.D., principal author of the Nurturing Programs



Dr. Stephen Bavolek has conducted over 700 workshops throughout the United States, Canada, and Europe on developing nurturing self and parenting skills. This tape is edited from two workshops conducted in Palm Springs and Las Vegas, focusing on:

The philosophy of nurturing;

How abusive parenting is learned;

How parents learn to be nurturing;

Ways to nurture yourself;

and

Ways to promote healthy, nurturing communication skills in children and adolescents.

Professionals and paraprofessionals will find the tape extremely useful for:

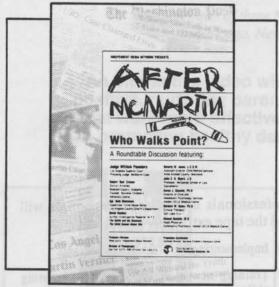
- Implementing the Nurturing Programs
- Training new staff in nurturing parenting philosophy
- Foster and adoptive parent training
- Inservice training for positive mental health

Thousands of professionals and paraprofessionals have enjoyed his workshops. Spend six hours with Dr. Bavolek having fun learning to be nurturing. To order, use code SJBTT.

(Rental	fee	wi	ll b	e ap	plie	ed	t	OW	va	r	l	ou	ır	ch	ase)
RENTAL	L (1	er	we	ek)											.30.00
SJBTT			٠,							,		•			175.00

AFTER McMARTIN ... Who Walks Point?

A professional training tape for the investigation and prosecution of child sexual abuse cases.



As the longest, costliest criminal trial in history, the conclusion by acquittal and subsequent mistrial of the Manhattan Beach case sent shock waves across the country for field professionals, the judiciary, and the public. When jurors said they believed children had been molested but case prosecutors had not proven it "beyond a shadow of a doubt," everyone questioned what went wrong.

After McMartin is a roundtable discussion, conducted by experts in the fields of law, law enforcement, social work, and mental health, of the McMartin preschool child sexual abuse case. The video is ideally used as a training tape for all professionals investigating, prosecuting, and treating child sexual abuse.

The Leader's Guide facilitates group discussion by examining children's credibility in the courtroom, statistics on false allegations, children's developmental abilities to describe the abuse in therapy and in the courtroom, and the perpetrators responses to treatment. To order use code MCM.

"I hope that the suffering of us who participated in the system during the McMartin case will benefit society down the line . . . the defendants, the attorneys, the witnesses, the children, the parents, the jurors, the public and the judge — have all suffered. Human experience is that way: when something like this occurs we learn from it . . . and I'm gratified to think we will."

Judge Pounders Presiding Judge, McMartin Case

Panel Members:

Judge William Pounders
Los Angeles Superior Court
Presiding Judge, McMartin Case

Roland Summit, M.D.

Head Physician

Community Psychiatry

Harbor/UCLA Medical Center

Karen J. Saywitz, Ph.D.

Director of Child Abuse and Adolescent
Psychology Services
Harbor/UCLA Medical Center

Sgt. Beth Dickenson Supervisor, Child Abuse Detail Los Angeles County Sheriff's Dept.

John E. B. Myers, J.D.
Professor, McGeorge School of Law
Sacramento

Robert E. Cramer
District Attorney
Madison County, Alabama

David Hechler
Author/Investigative Reporter, N.Y.C.
"The Battle and the Backlash:
The Child Sexual Abuse War"

Beverly W. Jones, L.C.S.W.
Asst. Dir., Child Welfare Services
Anne Arundel County, Maryland

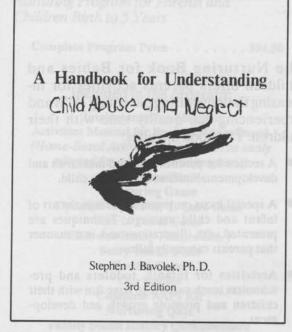
Dr. Barbara W. Snow Clinical Therapist Salt Lake City

A HANDBOOK FOR UNDERSTANDING CHILD ABUSE AND NEGLECT

3rd Edition

Stephen J. Bavolek, Ph.D.

A comprehensive guide to a thorough understanding of family dysfunction and abusive and neglecting parenting practices.



This handbook has been adopted by numerous colleges and universities for classes in social work, child welfare, and child abuse and neglect. It is an excellent addition to your professional library for understanding dysfunctional parenting and child rearing practices. To order, use code CAH.

Stephen J. Bavolek, Ph.D. is recognized nationally as a leader in the field of child abuse prevention and treatment. He has worked extensively with abused children and adolescents, as well as abusive and neglecting parents.

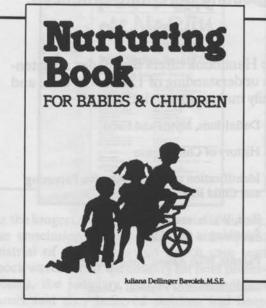
The Handbook offers the reader an extensive understanding of 17 areas of child and family maltreatment, including:

- Definitions, Myths and Facts
- History of Child Abuse
- Identification of Known Abusive Parenting and Child Rearing Practices
- Red, White, and Bruises: Spanking in the U.S.A.
- Parents Who Abuse Their Children
- Identification of Physical Abuse
- Identification of Emotional Abuse
- Identification of Child Neglect
- Sexual Exploitation and Abuse of Children
- Adolescent Abuse
- The Effects of Maltreatment on Children's Development
- Spouse and Partner Abuse
- The Maltreatment of Children with Handicaps
- The Nurturing Parenting Programs:
 Effective Family-Based Treatment
- Assessing High Risk Parenting Attitudes and Family Characteristics
- Prevention Strategies and Models
- The Roles of Agencies

NURTURING BOOK FOR BABIES AND CHILDREN

Juliana Dellinger Bavolek, M.S.E.

A book for all parents of infants, toddlers, and preschoolers.



Juliana Dellinger Bavolek, M.S.E., is a parent-child training specialist. Her professional background includes extensive experience with pre-school handicapped children and their families, both as a classroom teacher/home visitor and as a facilitator of support groups for parents of infants and toddlers with special needs. Ms. Dellinger Bavolek is also affiliated with the International Association of Infant Massage Instructors. She teaches Infant Massage techniques to parents and coordinates training workshops for professionals on Infant Massage who are implementing the Nurturing Program for Teenage Parents and Their Families. Ms. Dellinger Bavolek co-authored the Nurturing Program for Parents and Children (Birth to Five) and Nurturing Program for Teenage Parents and Their Families.

The Nurturing Book for Babies and Children offers parents activities for increasing their nurturing parenting skills and experiencing fun quality time with their children. The book includes:

- A section for parents to record memories and developmental milestones of their child.
- A special focus on teaching parents the art of infant and child massage. Techniques are presented with illustrations and in a manner that parents can easily follow.
- Activities for infants, toddlers and preschoolers teach parents to have fun with their children and promote growth and development.
- Activities to celebrate special days like birthdays and holidays.
- Information on many of the common illnesses of young children for quick and easy reference as well as an immunization schedule.

To order, use code NBBC.

TO ORDER, FAX IT!
1-801-649-9599
SEE PAGE 72 FOR MORE
INFORMATION ON HOW TO ORDER

NURTURING PROGRAMS® Available For HISPANIC FAMILIES

The Nurturing Programs for Parents and Children Birth to 5 Years and 4 to 12 Years are available in Spanish.

CRIANZA CON CARIÑO PROGRAMA PARA PADRES Y NIÑOS (DEL NACIMIENTO A 5 AÑOS)

Nurturing Program for Parents and Children Birth to 5 Years

Complete Program Price 394.50

Included in the program:

Implementation Manual
Activities Manual for Parents Home-Based
(Home-Based Activities Manual can be easily
adapted for a group-based program.)

Parent Handbook Nurturing Game Dynamic-Doer/Pair-It Card Game

Dynamic-Doer/Pair-It Card Game Ask It Tell It Game

Ellie and Benny Picture Story Scary Touch Dolls

Feeling Faces
Our Bodies

Complete AAPI Kit

Nurturing Quiz

Family Social History Questionnaire Evaluation Forms

Family Logs

Program Participation Certificates

CRIANZA CON CARIÑO PROGRAMA PARA PADRES E HIJOS (DE 4 A 12 AÑOS DE EDAD)

Nurturing Program for Parents and Children 4 to 12 Years

Complete Program Price 436.50

Included in the program:

Implementation Manual
Activities Manual for Parents
Activities Manual for Children 4-12

Parent Handbook Nurturing Game

Dynamic-Doer/Pair-It Card Game

Ask It Tell It Game

Ellie and Benny Picture Story Love Charts

Scary Touch Dolls

Feeling Faces

Our Bodies

Complete AAPI Kit

Nurturing Quiz

Family Social History Questionnaire

Evaluation Forms

Family Logs

Program Participation Certificates

For a complete listing of the item quantities and prices included in the program, see pages 66 & 67.

All manuals, games, instructional materials, and assessment tools for these two programs have been translated and field tested with Hispanic families of Cuban, Mexican, Puerto Rican, and South American origin.

Program concepts and language have been carefully edited and reviewed by Hispanic professionals in human services to ensure that nurturing parenting concepts are culturally sensitive, appropriate, and accurately presented.

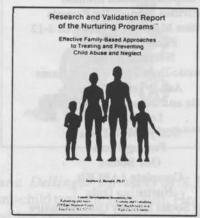
Agencies may consider ordering additional materials in English for bilingual staff and families.

RESEARCH AND VALIDATION REPORTS

of the NURTURING PROGRAMS®

ADULT-ADOLESCENT
PARENTING INVENTORY
(AAPI)

Ideal for writing grant proposals, seeking funding for program support, and supporting the effectiveness of family-based parenting programs for treating and preventing child abuse and neglect.



Research and Validation Report of the Nurturing Programs®: Effective Family-Based Approaches to Treating and Preventing Child Abuse and Neglect

A comprehensive detailed description and bibliography of current studies and research establishing and supporting the effectiveness of the Nurturing Programs is available for purchase. This book provides the technical details of the research designs, sample populations, and statistical analysis utilized in studies funded by the National Institute of Mental Health (NIMH), Department of Health and Human Services (DHHS), Children's Bureau, and private corporations. To order, use code VALNP.

Research and Validation Report of the Adult-Adolescent Parenting Inventory (AAPI)

Used by professionals to assess the parenting and child rearing attitudes of adults and adolescents, the AAPI has been utilized in numerous studies to determine parenting risk levels. This book provides a review of past and current studies establishing and supporting the validity and realiability of the AAPI. To order, use code VALAA.

Research and Validation Report of the Adult-Adolescent Parenting Inventory (AAPI)



T-SHIRTS and SWEATSHIRTS

Children's Sizes and Colors

Sizes: S M L

Colors: White, Gray

with navy print and logo.

Children's crewneck t-shirts
50/50 cotton/poly knit 8.00

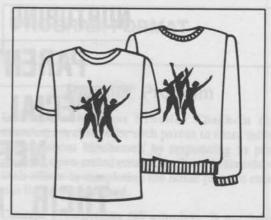
Sizes: 3 2-4 4-6 6-8 10-12 14-16 18

Militermitie

Colors: Red, Light Blue, Green, Turquoise, Purple, Pink

with logo.

Adults' Sizes and Colors



Sizes: S M L XL

Colors: White, Gray

with light blue/orange print and logo

When ordering, please specify adult or child sizes and colors.

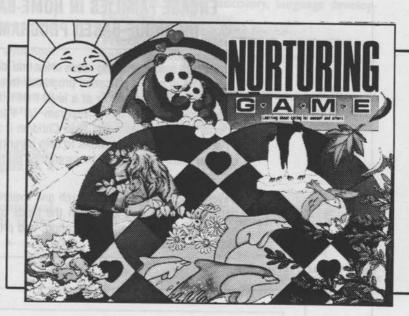
NURTURING GAME

An exciting new look to our family game. Adults and children four years and older weave their way through a nurturing path learning more about themselves and others, sharing gentle touch and praise, and exploring ways to use personal power in positive ways.

Each Nurturing Game contains cards and directions that are published both in Spanish and English.

To order, use code NG.

NG 20.00



PARENTS WITH SPECIAL LEARNING NEEDS & THEIR CHILDREN™

Alexander J. Tymchuk, Ph.D., Linda Andron, M.S.W., Stephen J. Bavolek, Ph.D., Anne S. Quattrociocchi, M.S.W., and Hester L. Henderson, Ph.D.



OR GROUP-BASED PROGRAMS

Adults with special learning needs often find it difficult to participate in parent education programs. Information is either presented too fast or at a level that is difficult to understand. The Nurturing Program for Parents with Special Learning Needs and Their Children is a series of 31 specially designed sessions to help parents and their children learn basic skills in parenting, nurturing, and self-growth.

Developed from years of research and experience from nationally recognized leaders in the fields of developmental disabilities, parent education, and programs for the handicapped.

NURTURING PROGRAM FOR PARENTS WITH SPECIAL LEARNING NEEDS AND THEIR CHILDREN™

PROGRAM DESCRIPTION

- Thirty-one 2 hour sessions that can be implemented in small groups or one-to-one in home visits.
- Size of group depends on capabilities of parents.
- Parents and children birth to 7 years attend separate groups for 90 minutes which meet concurrently.
- Parents and children share 30 minutes of fun and snack together practicing their new skills.
- Concepts are presented utilizing pictures, role playing, and repetition.
- No reading or writing is required from the parents to successfully participate in the program.
- Pretest and posttest is conducted utilizing an interview to gather childhood history and information about self and family. Parents also view pictures of parent-child interactions and respond verbally indicating what they notice and how they would handle the situation.

INTENDED POPULATIONS

- The Nurturing Program for Parents with Special Learning Needs and Their Children is designed for adults with mild or moderate learning disabilities, emotional problems, and intellectual handicaps who need to learn self nurturing and parenting skills.
- The program is also ideal for adults who cannot read or who are learning english as a second language.
- Children with and without developmental delays can successfully participate in the program's activities.

PROGRAM FORMAT

Parents' Program

Icebreaker & Home Practice Check-In (20 minutes). A chance for each parent to share information about him/herself by responding to preplanned, open-ended statements. Parents also share their efforts in completing the home practice exercise if one was assigned.

Concept Presentation (65 minutes). A nurturing parenting or nurturing self concept is presented in a series of activities.

Home Practice and Hug (5 minutes). Parents review their home practice exercise for next session and end with a group hug.

Family Snack Time and Hug (30 miutes). This time provides parents an opportunity to practice new skills, have fun with their children, and for program facilitators to monitor the progress of the family. Each session ends with a family hug.

Children's Program

Infant Activities (birth to 15 months). Activities include finger plays, infant massage, and play.

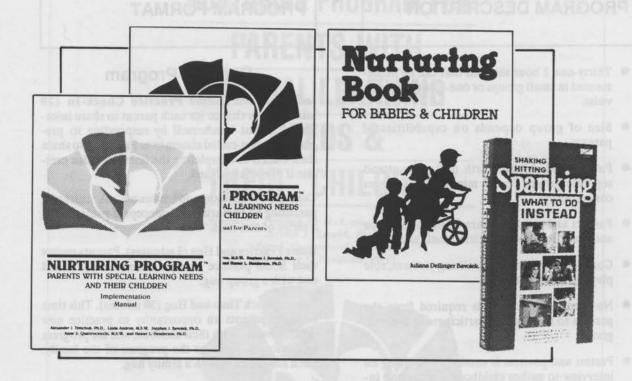
Toddler Activities (15 months to 3 years). Activities include finger plays, hand-eye motor, large muscle movement, sensory discovery, language development, and child massage.

Preschooler Activities (3 to 7 years). Children engage in music, art, and games appropriate to their abilities.

Family Snack Time and Hug (30 minutes). Parents and children practice new skills, have fun together, and enjoy snacks and beverages. Each session ends with a family hug.

NURTURING PROGRAM FOR PARENTS WITH SPECIAL LEARNING NEEDS AND THEIR CHILDREN™

Program Manuals and Audio-Visual Materials



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Parents

Nurturing Book for Babies and Children

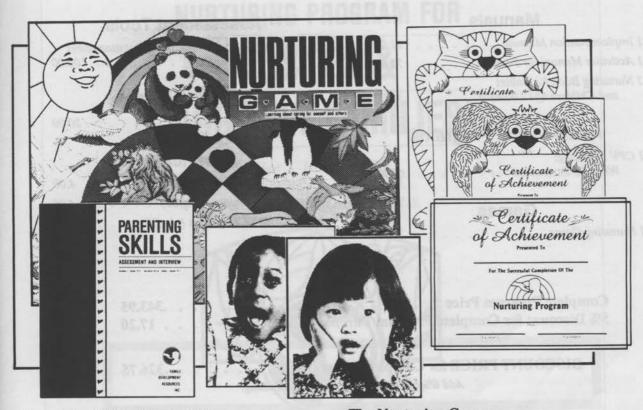
 Spanking: What To Do Instead

A three time national award winning interactive video program presenting four parent-child situations that often lead to the use of corporal punishment. Parents have an opportunity to view typical parent-child problems and to offer their suggestions and alternatives to corporal punishment. Four families (Black, White, Hispanic and Asian) present alternatives taught in the Nurturing Program.

TO ORDER MATERIALS, CALL TOLL FREE 1-800-688-5822 OR USE OUR FAX # 1-801-649-9599

NURTURING PROGRAM FOR PARENTS WITH SPECIAL LEARNING NEEDS AND THEIR CHILDREN™

Program Assessment, Aids, Games, and Certificates



Parenting Skills Assessment and Interview

An informal assessment tool designed to measure parents' perceptions of children's behaviors presented in pictures, and ways they would respond to the behaviors. Demographic data, as well as information regarding experiences as a child and relationships with their parents is gathered in one-to-one interviews.

PISQ 5.00

(All assessment inventories are given during the first and last sessions of the program.)

Feeling Faces
Photographs (11"x 14") of children with varying expressions of feelings. (pkg/15)

The Nurturing Game

Game for adults and children, ages four years and older, to increase self-awareness, appropriate use of personal power, and communication skills. Participants respond to questions regarding awareness of self, feelings, giving and receiving praise, and practice appropriate touch.

Each Nurturing Game contains cards and directions that are published both in Spanish and English.

Awarded to adults and children who complete the program.

NURTURING PROGRAM FOR PARENTS WITH SPECIAL LEARNING NEEDS AND THEIR CHILDREN™

Complete Program Materials

Manuals	Assessment Tools
1 Implementation Manual	0.500 (1.100)
3 Nurturing Book for Babies and Children @12.00/each	.36.00 Instructional Aids
Audio-Visual Programs	1 Feeling Faces (pkg/15) 20.00
1 CPV Spanking: What To Do Instead	.69.95 Certificates 1 Children's Certificates (pkg/20) 4.00
Games 1 Nurturing Game	1 Parent's Certificates (pkg/20) 4.00 1 Facilitator's Certificates (pkg/20) 4.00 .20.00
Complete Program Price . 5% Discount for Complete Pr	
DISCOUNT PRICE for	Complete Program

Save 5% off regular prices by taking advantage of our package discount. When ordering individual items, the cost per program would be \$343.95. When ordering the complete package, with the discount, your cost would be \$326.75, or a savings of \$17.20. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP5. The complete program contains all the items presented above.

Parents with special learning needs practice establishing nurturing parenting routines, learn about personal hygiene, communicating feelings, child development, anger management, and issues related to sex, sexuality, and dating.

NURTURING PROGRAM FOR

FOSTER &

ADOPTIVE FAMILIES

Stephen J. Bavolek, Ph.D., Larrie D. Wanberg, Ph.D. and Kathryn A. Dravage, M.S.



TWO COMPREHENSIVE PROGRAMS FOR TEACHING NURTURING PARENTING ATTITUDES AND SKILLS TO:

FOSTER PARENTS, THEIR FOSTER CHILDREN,
AND BIRTH CHILDREN
AND/OR
ADOPTIVE PARENTS, THEIR ADOPTED CHILDREN,
AND BIRTH CHILDREN

Twelve group sessions help adults, adolescents and children develop their self-concept and self-esteem; deal with attachment, separation and loss issues; learn ways to integrate foster and adopted children into their family; understand the importance of bi-racial and bi-cultural placements; and learn nurturing, non-violent parenting attitudes and skills. Specialized programs for foster parenting or adopting infants, school age children or teenagers.

PROGRAM DESCRIPTION

- Twelve 2-1/2 hour sessions that meet one day a week for 12 consecutive weeks.
- All parents and children learn ways to nurture themselves as well as nurturing parenting and family skills.
- Curricula can be implemented for foster families only; adoptive families only; or a combination of foster and adoptive families.
- Foster parents, their birth children, and foster children participate.
- Adoptive parents, their birth children, and adopted children participate.
- Three separate programs: parents and children birth to 7 years of age; parents and children 8 to 12 years; and parents and adolescents.
- An effective screening program for adoption and foster placements.
- A comprehensive program that allows agencies to meet their needs to enhance the quality of out-of-home placements.
- In combination with Nurturing Programs offered to abusive parents, children in foster placements are afforded a smooth, logical transition back home.

Programs requested by parents adopting children and

those offering their homes and families as foster placements.

PROGRAM FORMAT

Parents' Program

During the first 70 minutes, all foster and adoptive parents learn how to: nurture themselves as men and women; increase their awareness of why they are or want to become foster or adoptive parents; integrate foster and adopted children into their family; and deal with attachment, detachment, loss and separation issues. Each session follows an identical format:

Icebreaker and Home Practice Check-In (20 minutes). The icebreaker allows each parent the opportunity to share their thoughts and feelings and introduces the concept for the session. Home practice check-in provides parents an opportunity to share their successes in trying out new concepts and skills.

Self Nurturing Activities (50 minutes). Parents increase their seir awareness and self-growth, and learn ways to nurture themselves through discussion, role play, and art activities.

Family Nurturing Time (20 minutes). Foster/adoptive parents, their birth children and foster/adoptive children enjoy each other with games, songs, snacks and beverages.

The time spent after Family Nurturing Time is devoted to learning parenting skills. Three separate program activities are provided which focus on the age and developmental levels of three separate developmental periods of childhood: birth to 7 years of age; 8 to 12 years of age; and 13 to 18 years of age. Agencies can choose to offer one program focusing on one age group, or three separate programs focusing on all three age groups. Separate programs allow foster and/or adoptive parents to learn specific parenting skills for a specific developmental period of childhood. Each of the three programs follows the same format:

Parenting Skills Activities (55 minutes). Foster and/or adoptive parents learn nurturing parenting skills, ways to help manage and encourage children's behaviors, and appropriate developmental expectations of children.

Home Practice Assignment and Group Hug (5 minutes). Parents review their assignment for next session and close with a group hug.

PROGRAM FORMAT

Children's and Adolescents' Programs

Children and adolescents attend separate programs that meet concurrently with the parents' program. Each of the three children's programs are presented as individual curriculum.

Children Birth to 7 Years

Infants and toddlers engage in activities appropriate to their developmental level. Activities presented in the Nurturing Book for Babies and Children are utilized by facilitators to increase motor, language, cognitive and social skills.

Children 3 to 7 years follow a similar format with each session designed to increase their emotional, social, physical and intellectual development:

- Hello Time
- Circle Time
- Art Time
- Big Motor Time
- Family Nurturing Time (with parents)
- Puppet Power
- Games, Drama, Play Time
- Group Hug

Children 8 to 12 Years

Children 8 to 12 years meet in a separate group which meets concurrently with the parents' group. Each session follows a similar schedule:

- Welcome Time
- Rap Time
- Art Time
- Family Nurturing Time (with parents)
- Drama Time
- Games and Play Time
- Group Hug

Adolescents 13 to 18 Years

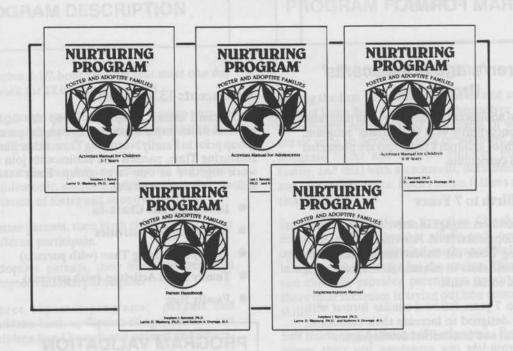
Adolescents attend a separate group the first 70 minutes which meets concurrently with the parents' group prior to Family Nurturing Time. After Family Nurturing Time, parents and adolescents join and work together as one large group. Each session follows a similar schedule:

- Icebreaker and Check-In
- Nurturing Self Activities
- Family Nurturing Time (with parents)
- Family Skills Activities (with parents)
- Family Hug

PROGRAM VALIDATION

The Nurturing Program for Foster and Adoptive Families was extensively field tested in three sites: Utah, Wisconsin and New York. A total of 76 families enrolled in the program during a two year period with 71 families completing all 12 sessions for a participation rate of 93%. Parents were administered three inventories: the Adult-Adolescent Parenting Inventory (AAPI); the Nurturing Quiz; the Family Social History Questionnaire (FSHQ). Data generated from the administration of the AAPI found a significant (p. <05) increase in an empathic awareness toward children's needs; significant (p.<01) decreases in belief in the use of corporal punishment, reversing parent-child roles, and in inappropriate expectations toward children. Posttest scores showed a significant increase (p.<001) in knowledge of nurturing behavior management techniques as measured by the Nurturing Quiz. Posttest demographic data gathered on the Family Social History Questionnaire indicated 53% of the families were White, 40% were Black, and 7% were Hispanic. Sixty-one percent (61%) of the parents were female; 49% were male. Average age of the mothers was 43 years; fathers 52 years. On an average, fathers completed 13 years of education; mothers 12 years.

Program Manuals



Implementation Manual

Overview of program philosophy, techniques and strategies for implementing the program, and information on conducting session activities.

Activities Manual for Parents

Contains activities for three separate programs located in four sections:

Section One:

Activities to nurture self (all parents)

Section Two:

Parenting skills for children birth to 7 years

Section Three:

Parenting skills for children 8 to 12 years

Section Four:

Parenting skills for adolescents 13 to 18 years

Section One is combined with either Sections Two, Three or Four and offered to parents for 2-1/2 hours.

Activities Manual for Children 3 to 7 Years

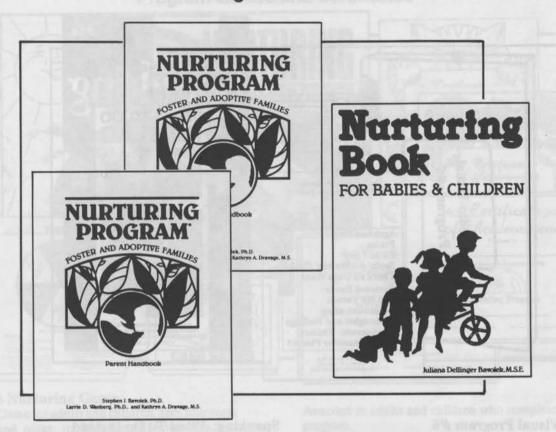
Program activities for conducting the program for children 3 to 7 years in a group setting. Activities are presented in 12 weekly sessions each 2-1/2 hours in length. This Activities Manual is used in conjunction with the Activities Manual for Parents.

Activities Manual for Children 8 to 12 Years

Activities Manual for Adolescents 13 to 18 Years

Program activities for conducting the program for adolescents in a group setting. Activities are presented in 12 weekly sessions each 2-1/2 hours in length. This Activities Manual is used in conjunction with the Activities Manual for Parents.

Program Manuals



Parent Handbook

Adolescent Handbook

 Nurturing Book for Babies and Children

ALL NURTURING PROGRAMS ARE
COST EFFECTIVE, VALIDATED APPROACHES
TO HELPING ALL FAMILY MEMBERS

Audio-Visual Materials



Audio-Visual Program #6

Contains 9 individual programs each approximately 10 minutes in length. AV #6 presents information on ways to communicate thoughts and feelings, establish family rules, understand children's and adolescents' development, and become aware of drug use and sexual activity among adolescents. Specify VHS or filmstrips/cassettes (FSC).

Ages and Stages
Praise
Do As I Say
Sayin' No Walkin' Cool
That's all Guys Want
Praise
The Hit Parade
Communicating
Thoughts and Feelings
Adolescents: Visitors
From Another Planet?

Spanking: What To Do Instead

Vigualization Tons

Visualization Tape

AV PROGRAMS FACILITATE LEARNING NEW PARENTING ATTITUDES AND TECHNIQUES

Program Games and Certificates



The Nurturing Game

Game for adults and children, ages four years and older, to increase self-awareness, appropriate use of personal power, and communication skills. Participants respond to questions regarding awareness of self, feelings, giving and receiving praise, and practice appropriate touch.

Each Nurturing Game contains cards and directions that are published both in Spanish and English.

Dynamic-Doer/Pair-It Card Games

Two separate card games for parents and children 4 years and older. Cards show nurturing interactions that players have to match. The object is to become the dynamic doer. (set/2)

DD 8.50

Ask It, Tell It Game

Players spin the arrow and either respond to the question on a Tell It card, or engage another player in discussion with an Ask It card.

Awarded to adults and children who complete the program.

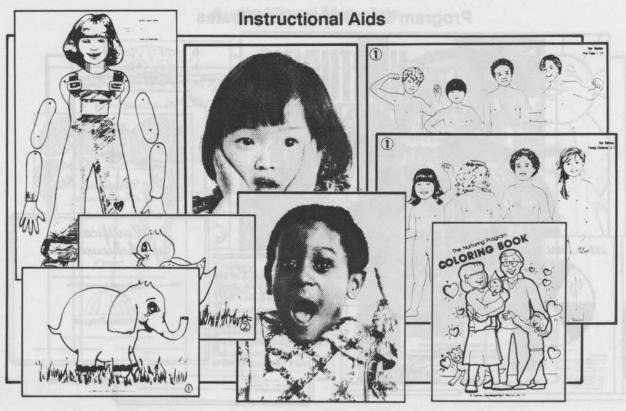
Program. Children's Certificates (pkg/20)

Adolescent's Certificates (pkg/20)
CERA 4.00

Parent's Certificates (pkg/20)
CERP 4.00

NURTURING PROGRAMS ARE SHIPPED WITHIN 48 HOURS OF YOUR ORDER!

Allow 10 days for delivery.



Nurturing Coloring Book

Ellie and Benny

A picture story about Ellie the elephant and Benny the bird who experience accidental physical hurting touch.

Scary Touch Dolls

Male and female paper dolls of various racial backgrounds with moveable arms. The dolls are used for discussion of scary (inappropriate) sexual touch. (pkg/6)

SD 6.00

Feeling Faces

Our Bodies Pictures

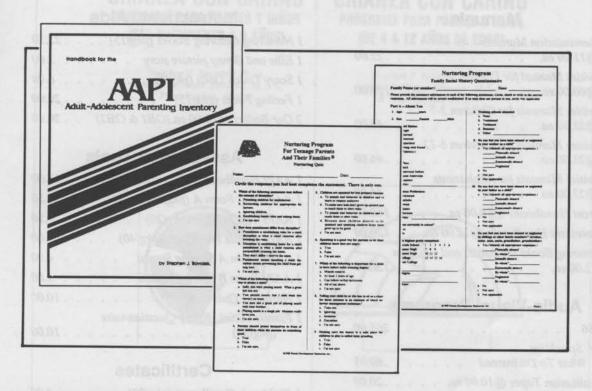
Pictures of nude male and female children of various races used to discuss body part recognition and ways to say "NO" to unwanted touch.

OB1 - pre-teens 8 to 12 years10.00

OB2 - young children 3 to 7 years 10.00

FOSTER AND ADOPTED
CHILDREN LEARN
NURTURING PARENTING
SKILLS

Program Assessment and Evaluation



Adult-Adolescent Parenting Inventory (AAPI)

A norm-referenced standardized inventory designed to assess parenting and nurturing attitudes. See pages 68-71 for description and ordering information.

AAPI (discount price)48.45

Nurturing Quiz (NQ)

Family Social History Questionnaire (FSHQ)

Questionnaire to gather demographic da

(All assessment inventories are given during the first and last sessions of the program.)

TO ORDER: FAX NUMBER 1-801-649-9599 OR CALL TOLL FREE 1-800-688-5822

Complete Program Materials

Manuals	Instructional Aids				
2 Implementation Manuals @11.00 ea	1 Nurturing Coloring Books (pkg/15) 22.50 1 Ellie and Benny picture story 3.00				
2 Activities Manual for Parents	1 Scary Touch Dolls (pkg/6) 6.00 1 Feeling Faces (pkg/15) 20.00 2 Our Bodies @10.00 ea.(OB1 & OB2)				
2 Activities Manuals for Children 8-12 @23.00 ea	Assessment Tools				
2 Activities Manuals for Adolescents	1 AAPI Handbook				
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What To Do Instead	Certificates 1 Children's Certificates (pkg/20) 4.00				
Games 1 Nurturing Game	1 Adolescent's Certificates (pkg/20) 4.00 1 Parent's Certificates (pkg/20) 4.00 1 Facilitator's Certificates (pkg/20) 4.00 1 Volunteer's Certificates (pkg/20) 4.00				
am Di ce C le D					

Save 5% off regular prices by taking advantage of our complete program discount. When ordering individual items, the cost per program would be \$1243.95. When ordering the complete program, with the discount, your cost would be \$1181.75, or a savings of \$62.20. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP6. The complete program contains all the items presented above. Effective March 1, 1991, all audio-visual components of the Nurturing Programs will be offered on VHS tape only. A limited supply of filmstrip programs are in stock. Please call for special discounted price.

Add 6% of total for shipping and handling.

CRIANZA CON CARIÑO PROGRAMA PARA PADRES Y NIÑOS

PROGRAMA PARA PADRES Y NINOS (DEL NACIMIENTO A 5 AÑOS)

Stephen J. Bavolek, Ph. D., Juliana Dellinger Bavolek, M.S.E., Fran Kaplan, M.S.W.

CRIANZA CON CARIÑO PROGRAMA PARA PADRES E HIJOS

PROGRAMA PARA PADRES E HIJOS (DE 4 A 12 AÑOS DE EDAD)

Stephen J. Bavolek, Ph. D., Juliana Dellinger Bavolek, M.S. E., & Fran Kaplan, M.S. W.





NURTURING PROGRAM FOR PARENTS & CHILDREN BIRTH TO FIVE YEARS® NURTURING PROGRAM FOR PARENTS & CHILDREN 4 TO 12 YEARS®

HOME-BASED AND GROUP-BASED PROGRAM MODELS

Parents and children increase their empathy, learn nurturing ways to encourage appropriate behaviors, child development, and ways to empower children by building their self-esteem and self-concept.

Additionally, parents increase their own self-awareness, self-esteem, self-concept, and learn ways to nurture themselves as men and women.

Program concepts and language have been carefully edited and reviewed by professionals in human services to ensure that nurturing parenting concepts are culturally sensitive, appropriate, and accurately presented.

CRIANZA CON CARIÑO PROGRAMA PARA PADRES Y NIÑOS (DEL NACIMIENTO A 5 AÑOS)

Nurturing Program for Parents and Children Birth to Five Years®

Complete Program Materials

Assessment Tools				
1 AAPI Handbook (SP-AAHB) 17.00				
1 AAPI Test Form A (SP-AATA) (pkg/20) . 9.50				
1 AAPI Test Form B (SP-AATB) (pkg/20) . 9.50				
1 AAPI Profile Worksheet (SP-AAPW) (pkg/40) 7.00				
1 AAPI Form A Scoring Stencil (SP-AASA) 4.00				
1 AAPI Form B Scoring Stencil (SP-AASB) 4.0				
1 Nurturing Quiz (SP-NQ7) (pkg/20) 10.00				
1 Family Social History Questionnaire (SP-FSHQ) (pkg/20)				
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Instructional Aids				
1 Ellie and Benny picture story (EB) 3.00				
1 Scary Touch Dolls (SD) (pkg/6) 6.00				
1 Feeling Faces (FF) (pkg/15) 20.00				
1 Our Bodies (OB2)				
Evaluation Forms				
2 Program Evaluation Forms (SP-EF)				
(pkg/120) @9.00/pkg Group-Based Program ONLY 18.00				
2 Family Logs (SP-FL) (pkg/120) @9.00/pkg				
Program				

Save 5% off regular prices by taking advantage of our complete program discount. When ordering individual items, the cost per program would be \$414.50. When ordering the complete program, with the discount, your cost would be \$393.80, or a savings of \$20.70. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP7. The complete program contains all the items presented above. (PLEASE NOTE: Audio-visual programs are not included in the programs for Hispanic families.)

CRIANZA CON CARIÑO PROGRAMA PARA PADRES E HIJOS (DE 4 A 12 AÑOS DE EDAD)

Nurturing Program for Parents and Children 4 to 12 Years®

Complete Program Materials

Manuals	Assessment Tools					
2 Implementation Manuals (NP7/8-IMP)	1 AAPI Handbook (SP-AAHB) 17.00					
@11.00 ea	1 AAPI Test Form A (SP-AATA) (pkg/20) . 9.50 1 AAPI Test Form B (SP-AATB) (pkg/20) . 9.50 1 AAPI Profile Worksheet (SP-AAPW) (pkg/40) 7.00					
2 Activities Manuals for Parents						
(NP8-AMP) @23.00 ea						
12 Parent Handbooks (NP8-PHB)	1 AAPI Form A Scoring Stencil (SP-AASA) 4.00					
@12.00 ea 144.00	1 AAPI Form B Scoring Stencil (SP-AASB) 4.00					
	1 Nurturing Quiz (SP-NQ8) (pkg/20) 10.00					
Games 1 Nurturing Game (NG)	1 Family Social History Questionnaire (SP-FSHQ) (pkg/20) 10.00					
1 Dynamic-Doer/Pair-It Card Game (DD)						
(set/2)	Instructional Aids					
2 Ask It, Tell It Games (SP-ASK)	1 Ellie and Benny picture story (EB) 3.00					
@ 9.00 ea	1 Love Charts (SP-LOVE) (pkg/20) 3.0					
	1 Scary Touch Dolls (SD) (pkg/6) 6.00					
Certificates	1 Feeling Faces (FF) (pkg/15) 20.00					
1 Children's Certificates (SP-CERC) (pkg/20) 4.00	2 Our Bodies (OB1 & OB2) 20.00					
1 Parent's Certificates (SP-CERP)	Evaluation Forms					
(pkg/20)	2 Program Evaluation Forms (SP-EF) (pkg/120) @9.00/pkg 18.00					
1 Volunteer's Certificates (SP-CERV) (pkg/20)	2 Family Logs (SP-FL) (pkg/120) @9.00/pkg 18.00					
Complete Program Price	Program					

Save 5% off regular prices by taking advantage of our complete program discount. When ordering individual items, the cost per program would be \$456.50. When ordering the complete program, with the discount, your cost would be \$433.70, or a savings of \$22.80. Materials cannot be substituted, but additional materials can be added at the discount prices if you order the complete program. When ordering the complete program, use code NP8. The complete program contains all the items presented above. (PLEASE NOTE: Audio-visual programs are not included in the programs for Hispanic families.)



THE ADULTADOLESCENT PARENTING INVENTORY (AAPI)

Stephen J. Bavolek, Ph.D.

A VALID AND RELIABLE INVENTORY DESIGNED TO ASSESS HIGH RISK PARENTING AND CHILD REARING ATTITUDES AMONG ADULTS AND ADOLESCENTS

Based on ten years of research and development.

Validated on over 2,000 adults and 6,500 adolescents throughout the country.

Utilized in numerous empirical and clinical research studies.

Responses to the AAPI provide information about specific parenting strengths and weaknesses on four patterns of behavior:

- · Developmental expectations of children
- · Belief in the use of corporal punishment
- Empathetic awareness of children's needs
- Reversing parent-child family roles

THE ADULT-ADOLESCENT PARENTING INVENTORY (AAPI)

PURPOSE OF AAPI

The AAPI is used to assess the parenting attitudes and child rearing practices of adolescents and adults. Responses to the AAPI permit the identification of high risk child rearing and parenting practices that could lead to physical or emotional abuse, or neglect of children.

RESEARCH FINDINGS

Research findings with the AAPI indicate:

- Abusive parents express significantly (p. < .001) more abusive attitudes than non-abusive parents in all four parenting constructs.
- Males express significantly (p. < .001) more abusive attitudes than females in all four parenting constructs regardless of their age or background.
- Abused adolescents express significantly (p. < .001) more abusive attitudes in all four parenting constructs than non-abused adolescents.

A complete and extensive report is available on the development and validation of the AAPI and the findings from years of empirical and clinical studies. See page 48 to order the report.

NORMATIVE INFORMATION

Over 2,000 abusive and non-abusive adults and over 6,500 abused and non-abused adolescents from around the country participated in the standardization of the AAPI. Normative data are provided by age (adult/adolescent); sex (male/female); status (abusive/non-abusive; abused/non-abused); and race. Individual responses can be compared to the responses of abusive parents or to abused adolescents to determine degree of risk for abuse.

WHAT THE AAPI MEASURES

The AAPI is a well constructed inventory developed from the known behaviors of abusive and neglecting parents. Years of research in identifying specific abusive and neglecting parenting behaviors produced four measurable and observable types of dysfunctional parent-child interactions:

- Inappropriate Developmental Expectations of Children. Abusive parents demand children to perform specific behaviors that exceed the child's developmental capability. When the child is incapable of meeting the parent's inappropriate demands, abuse or neglect may occur.
- Lack of Empathic Awareness of Children's Needs. The inability of parents to be empathically aware of the needs of their children often leads to abuse and neglect. Children's needs are not recognized or valued. Consequently, normal demands children make on parents are viewed by abusive parents as demanding and inconsiderate of the needs of the parents.
- Strong Parental Belief in the Use of Corporal Punishment. The use of corporal punishment as a means of disciplining children often leads to physical abuse. Many abusive parents feel that hitting, spanking, and slapping children teach them right from wrong and help them develop healthy characters.
- Reversing Parent-Child Family Roles. Abusive parents often look to their children for satisfaction of their own emotional needs. Children are expected to be the source of comfort and care and be responsible for much of the happiness of their parents. When children fail to live up to their surrogate adult roles, abuse is likely to occur.

Responses on the AAPI provide a profile of parenting strengths and areas needing improvement.

USE OF AAPI INFORMATION

Information from the AAPI can be used:

- To provide pretest or posttest data to measure treatment effectiveness.
- To assess the parenting and child rearing attitudes of parents and adolescents prior to parenthood.
- To design specific treatment and intervention parenting education programs.
- To design nurturing experiences for parenting and adolescents whose attitudes indicate a high risk for child maltreatment.
- To screen foster parent applicants, child care staff, and volunteers for education and training purposes.

INSTRUMENT DESCRIPTION

Developed on a five-point Likert scale ranging from Strongly Agree, Agree, Uncertain, Disagree, to Strongly Disagree, responses to the items of the inventory provide an index of risk for practicing abusive and neglecting parenting and child rearing behaviors. The inventory items are written at the fifth grade reading level and can be administered orally to non-readers. Form A and Form B provide alternate test forms to reduce the practice effect in completing the inventory in a short time period.

Scoring is completed by placing a stencil over the test items and recording the numerical value of each response (1-5 points). The AAPI worksheet and table of norms located in the handbook easily convert raw scores to standard scores for developing a risk profile on the worksheet. A respondent's attitudes in each of the four subscales can be compared with the parenting and child rearing attitudes of known abusive parents or abused adolescents. Tables convert raw scores by race (Black or White), status (abusive or non-abusive; abused or non-abused), sex (male or female), and age (adults or adolescents).

COMPUTERIZED VERSION OF AAPI

The AAPI is also available for use on the computer. Reusable diskettes are ideal for professionals in education, mental health, and social work who have access to a computer. No formal computer knowledge is necessary to use the computerized version of the AAPI. The computer tells the person exactly what to do and when all the items are completed. Comprehensive analyses and parenting profiles are obtained in a matter of minutes. All calculations and analyses are conducted by the computer. A profile of indivdual parenting strengths and weaknesses provides valuable information to begin formal education for parenthood.

The computerized version of the AAPI is available for Apple IIc, Apple IIe with 80 column card, Apple II+ with 64K or 80 column card, or IBM compatible. A printer is required for a printout of the results, but not for taking the AAPI.

A complete reusable computerized version of the AAPI includes disks, in addition to the printed AAPI Test Handbook.

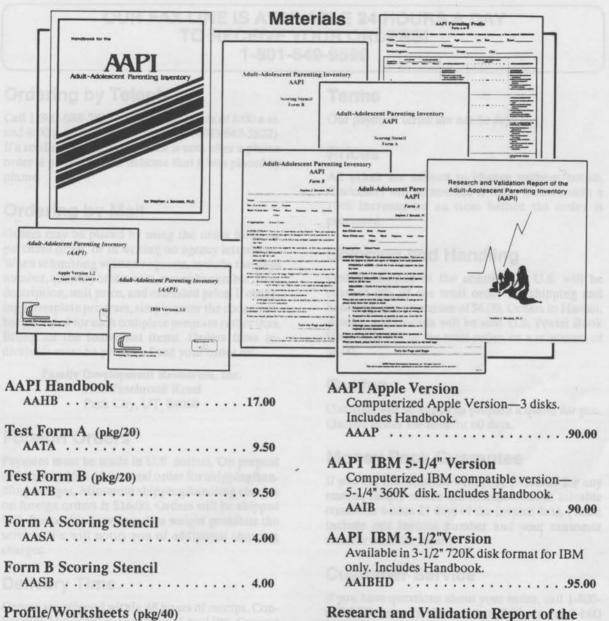
RESEARCH AND VALIDATION REPORT OF THE AAPI

A complete and extensive report is available specifying past and current research studies comprising the validity and reliability of the AAPI.

See page 48 for more information.

The AAPI has been normed on 8,500 adults and adolescents.

THE ADULT-ADOLESCENT PARENTING INVENTORY (AAPI)



Complete AAPI Kit

AAPW 7.00

Adult-Adolescent Parenting Inventory
(AAPI)

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Ordering by Mail

Orders may be placed by using the order form, by purchase order, or in writing on agency letterhead. When submitting written requests, include the page number, quantity of the item, our code number, item description, unit price, and extended price. If ordering a complete program, simply enter the code number provided for each complete program rather than listing all the individual items. Orders from individuals must be prepaid. Send your order to:

Family Development Resources, Inc. 3160 Pinebrook Road Park City, UT 84060

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Payment must be made in U.S. dollars. On prepaid orders, add 16% of the total order for shipping/handling charges. Minimum shipping/handling charges on foreign orders is \$16.00. Orders will be shipped U.S. Postal Air Service unless weight prohibits the service. We will notify you of additional shipping charges.

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Orders are shipped within 48 hours of receipt. Continental U.S. orders are shipped by UPS Ground Service. Allow 10 days for delivery.

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If you are not satisfied with your purchase for any reason, simply return the merchandise in saleable condition within 21 days of the invoice date. Please include our invoice number and your customer number with the return.

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If you have questions about your order, call 1-800-688-5822 between the hours of 8:00 a.m. and 4:00 p.m. MST, or write to our Customer Service Department. We will be happy to help you any way we can.

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- · children's groups and child care
- · training and community education
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- development of special programs and services to prevent and treat child abuse and neglect.



TO CONTACT THE PARENTS ANONYMOUS CHAPTER NEAREST YOU, CALL:

- the P.A. State Office 728-7021
- 24-Hour Parent Stress Line—243-7337 (Collect calls accepted)

or

· your local P.A. contact-



Parents Anonymous is a non-profit organization. The work of your Parents Anonymous chapter is supported by a network of volunteers, professionals and parents in your community, who staff the "Parent Stress Line," assist in chapter meetings, provide child care, rides, publicity and donations.

831587

Place Stamp Here

Maryland Action to Prevent Child Abuse, Inc. PARENTS ANONYMOUS—STATE OFFICE 1123 North Eutaw Street, Suite 312 Baltimore, Maryland 21201

some
facts
you
should
know
about
parents
anonymous

a guide for professionals

What is Parents Anonymous?

Parents Anonymous (P.A.) is an international organization for the prevention and treatment of child abuse and neglect. Since 1975, P.A. of Maryland has provided self-help groups designed to give parents the support they need to prevent them from hurting their children. The program promotes positive relationships between parents and children.

How does Parents Anonymous work?

Using the self-help model, P.A. offers parents the opportunity to help themselves and each other in a safe and confidential environment. Parents meet weekly with a human service professional to support one another as they discuss their feelings about themselves and their role as parents. P.A. is a kind of "extended family" where parents can learn good parenting skills through modeling; rebuild their self-image by sharing; and grow by reaching out to others.

Who attends Parents Anonymous meetings?

Parents under stress who are in need of improving their relationship with their children are appropriate P.A. group members. Groups may include parents who have abused, or are afraid they may abuse their children, either physically or verbally. Some parents are self-referred; others are referred by therapists, counselors, social workers, health care professionals, teachers, friends, family or the courts.

Does Parents Anonymous really help parents become better parents?

Yes. Numerous studies have proven the effectiveness of the Parents Anonymous self-help model. One study determined that the frequency of abuse episodes, both verbal and physical, decreased dramatically following involvement in the P.A. program. Other research has documented additional benefits of participation in P.A. They include a significant increase in self-esteem and in knowledge of child behavior, a decline in feelings of social isolation, an improved ability to deal effectively with crisis situations, and a marked growth in more

positive attitudes toward social service and mental health systems. However, P.A.'s success can best be measured in the words of the parents themselves. "What helped me was just being able to go and cry and have someone put an arm around me and say they understood." "Parents Anonymous changed my life. It is the family I never had."

What is the role of the professional in Parents Anonymous?

Although groups are parent-run, P.A. relies on specially trained volunteers from the professional human services field to act as facilitators. These sponsors provide understanding and insight into the dynamics of abuse and help parents develop their parenting skills. Sponsors are available to parents in times of crisis and they "link" the parents to additional community resources.

Is Parents Anonymous a duplication of counseling?
Parents Anonymous does not take the place of individual or family therapy. It is an important adjunct to counseling which allows parents the opportunity to share common experiences and supports them socially and emotionally so that they can participate in other services.

Q Can I get attendance reports from Parents Anonymous?

Parents Anonymous meetings are confidential and information cannot be shared without the written consent of the parent. If a parent is referred to P.A. by the courts or child protective services, the sponsor, with the consent of the parent, may provide attendance information and a general assessment of the family's progress.

What about reporting child abuse?

The Parents Anonymous Reporting Policy places the welfare of children above all other considerations and states, in part, (from the P.A. Parent Handbook) "all group information is confidential. The one exception to this rule is when it becomes clear that a child's welfare

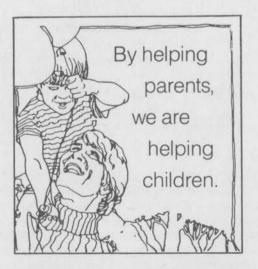
is at stake . . . then the parent, other group member, or leader must assume responsibility for reporting . . ."
P.A. sponsors are legally mandated to report child abuse. After the report is made, the P.A. group offers its support to the parents through the legal process.

How do I refer someone to Parents Anonymous?

Calling your P.A.contact is your first step. We encourage you to explain P.A. as a place where parents can talk with other parents who understand. You may refer parents directly to the P.A. contact, and with the parents' permission, the P.A. contact will get in touch with them. Parents may also make the initial call themselves, although most individuals are apprehensive about groups and taking the first step. Keep in mind that we reach out to parents patiently and with understanding. (See back flap for P.A. contact and State Office phone numbers.)

How can I become a Parents Anonymous sponsor?

Specialized training on the P.A. self-help model and ongoing support is provided by the State Office. Simply call the P.A. State Office for more information.



Call or write for:

- · someone to talk to,
- · finding your closest chapter,
- · getting a speaker for your group,
- · discovering ways to volunteer, or
- · information on setting up a chaper.

Parents Anonymous of Maryland 1123 North Eutaw St. Suite 312 Baltimore, MD 21201

OFFICE: 728-7021 24 HOUR HOTLINE: 243-7337

(Collect Calls Accepted)



Being a parent is one of the toughest jobs in the world!

APAREMTS Anonymous

...hope, when being a parent gets too tough

- 1. Are you a troubled or nervous parent who has no place to get help?
- 2. When you are ready to blow up is it you and the children who bear the brunt of it?
- 3. Do you feel confused, guilty and frightened about your parental behavior and feelings?
- 4. Do you believe that you were treated indifferently or cruelly as a child and that now you're repeating some of the 'past'?
- 5. Do you want your relationship with your children to be different... your family life more fulfilling... less explosive and tense... more loving?

Did you answer yes to one or more of the above questions? We did. We are a group of parents called **PARENTS ANONYMOUS**. We came for help because we were having a difficult time coping with our children. We wanted to enjoy being parents, but were unprepared for the responsibilities of parenthood. When we "lost our cool" with our kids, the whole family suffered...



Before we came to **PARENTS ANONYMOUS**, most of us felt we were the only ones having these problems... We no longer feel so alone. Through P.A. we work at changing our attitudes and learn new ways to tackle old

problems. We are learning how to enjoy ourselves and our children.

We meet once a week at **PARENTS ANONYMOUS CHAPTERS** to talk about our common problems. We meet in a safe place... away form other agencies. Only first names are necessary. Complete confidentiality is maintained.

Don't wait to see if all your problems will just up and disappear. Remember, your problems didn't go away yesterday when you wished they would.

PARENTS ANONYMOUS has no magic cures or answers, nor do we believe there are any magic answers available. We do have a common purpose, a unity of goals, and a sincere interest in helping each other. We are parents who want to improve our relationship with our children, and thus provide a better life for our families.

Why don't you join **PARENTS ANONYMOUS?** It has worked for us. We are here waiting to help... **THE REST IS UP TO YOU.**

PARENTS ANONYMOUS CHAPTERS

are located throughout Maryland.

24 HOUR HOTLINE: 243-7337

FICTION: As child neglect worsens, it becomes child abuse.

FACT: Child neglect and child abuse are not on the same continuum. A person who neglects a child does not necessarily move on to abusive behavior. A simple rule of thumb may be helpful. Child abuse generally involves an act of commission (striking, threatening, name calling) while child neglect generally involves an act of omission (withholding, abandonment). It is true, however, that both abuse and neglect may be present in the same household.

FICTION: Child abuse and neglect occur only in the home.

FACT: Child maltreatment can affect children in a number of settings. Children in day care homes and centers, schools, foster and group homes, as well as residential facilities are protected under the law in the same way that children in their own homes are protected.

As increasing numbers of parents are dependent on outof-home care, it becomes imperative for them to screen potential providers before placing their children.

FICTION: Maltreatment is a private family matter and no one should try to interfere.

FACT: While parents do have the right to discipline their children as they see fit, they do not have the right to discipline or punish them in an abusive manner. Everyone is legally and morally obligated to protect children and to report any suspected incident of abuse or neglect to the local department of social services or to the police.

Maltreatment is a social as well as family problem. The consequences are too far reaching for it to be considered strictly a private family matter. Research has shown that children who have been maltreated are at high risk for developing learning or behavior disorders. Severe abuse may also lead to permanent brain damage and mental and/or physical retardation. Another sobering fact is that large numbers of our prison population were abused and/or grossly neglected as children.

For some adults, acting out their abusive tendencies is their way of asking for help. They may recognize that they have a serious problem but, at the same time, feel powerless to change their behavior. Only through outside intervention can these individuals receive the help they need. Your call could connect them with the resources they require to assist them.

FICTION: Nothing can be done to help parents who maltreat their children.

FACT: Many abusing and neglecting parents are under the misconception that being a good parent comes as naturally as becoming one. They do not realize that effective parenting is learned behavior and that they can learn to alter their pattern of negative behavior with skilled, professional help. Services such as family planning, marriage counseling, parent effectiveness training and individual and group therapy can be beneficial in assisting the parents with their difficult role.

For those seeking alternatives to professional assistance, volunteer parent aides, and Parents Anonymous — a self-help group modeled after the successful Alcoholics Anonymous program — are also available. Local departments of social services can provide additional information on these and other available resources.

FICTION: When an individual makes a report, their name is given to the family.

FACT: The names of persons making referrals concerning maltreatment are kept in the strictest confidence. Individuals who make reports are encouraged to give their names and telephone numbers to the person taking the referral so that additional information may be obtained from them at a later date, if necessary. If someone does not wish to reveal their name, the report may still be made anonymously.

LOCAL DEPARTMENTS OF SOCIAL SERVICES

(Office Hours 8:30 A.M.-4:30 P. M.)

Allegany County 777-5550 (After hours dial 911)

Anne Arundel County 974-8700 (After hours 787-2011)

Baltimore City 361-2235 (all hours)

Baltimore County 887-2800 (After hours 832-7263)

Calvert County 535-4700 (After hours 535-3400)

Caroline County 479-4628 (After hours 479-2515 or dial 911)

Carroll County 848-8880 (After hours 848-8778)

Cecil County 398-1414 (After hours 398-3344)

Charles County 934-2700 (After hours 934-2222)

Dorchester County 543-6900 (After hours 334-1911)

Frederick County 694-2464 (After hours 694-2100)

Garrett County 334-9461 (After hours 334-1911)

Harford County 839-4920 (After hours 836-6600) Howard County 461-0268 (After hours 313-2200 or dial 911)

CHILD

ABUSE

NEGLECT

and

Fiction

and

Kent County 778-0820 (After hours 758-1101 or 911)

Montgomery County 217-4417 (all hours)

Prince George's County 422-5336 (After hours 699-8605)

Queen Anne's County 758-0440 (After hours 758-1101

St. Mary's County 475-4700 (After hours 475-8016)

Somerset County 651-0311 (After hours 651-9225)

Talbot County 822-1617 (After hours dial 911)

Washington County 791-4044 (After hours 791-4045)

Wicomico County 543-6900 (After hours 543-6900)

Worchester County 632-2705 (After hours 911)

Statewide (Toll Free) 1-800-332-6347

Child Protective Services 333-0226



State of Maryland William Donald Schaefer, Governor Department of Human Resources Carolyn W. Colvin, Secretary

DRR PUB/SGA 1038 Rev. 3/91

MARYLAND'S LAW

(Subtitle 7 of the Maryland Family Law Code Annotated)

The abuse and neglect of children is a serious problem which requires the involvement of all private citizens and professionals in the community for the purpose of prevention, identification, and treatment. In Maryland, the child abuse and neglect law requires that all persons, including all professionals, are mandated to make a report as soon as possible to the department of social services, when they SUSPECT a child has been or is being mistreated. (In cases of child abuse, a report may be made to Social Services or the police department.)

Any professional who knowingly fails to make a required report of child abuse may be subjected to certain professional sanctions. The professionals identified in Maryland law include: health practitioners, police officers, educators, and human service workers. Telephone numbers for reporting child abuse or neglect are listed on the back of this brochure.

Child Abuse is defined as the physical injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child's health or welfare is significantly harmed or at risk of being significantly harmed; or sexual abuse of a child whether physical injuries are sustained or not. Sexual abuse means any act that involves sexual molestation or exploitation of a child, and includes: fondling, incest, rape, or sexual offense in any degree, sodomy, and unnatural or perverted sexual practices.

Child Neglect is defined as the failure to give proper care and attention to a child including the leaving of a child unattended, by the child's parents, guardian, or custodian under circumstances that indicate that the child's health or welfare is significantly harmed or placed at risk of significant harm.

The law provides immunity from any civil liability or criminal penalty when a report is made in good faith. The law also provides immunity for persons who participate in an investigation or a resulting judicial proceeding. FICTION: Child abuse occurs so infrequently that it is not a serious problem.

FACT: State laws are not uniform throughout the country, so the total number of child abuse incidents is difficult to measure accurately. It is estimated, however, that during 1988 approximately 2.2 million children, nationwide, were reported to have been abused or neglected.

Yet this figure takes into account only reported incidents. No one can determine how many times a child suffers maltreatment before'receiving help, or the number of victims who never come to the attention of the proper authorities.

In addition, national figures indicate that reported cases of child death resulting from maltreatment remain high — totalling over 1,200 annually. This alarming statistic indicates that an average of more than three children die each day as the result of abuse or neglect.

FICTION: Abusive parents are "sick."

FACT: Recent research has shown that only a small percentage (approximately 10 percent) of adult perpetrators of reported incidents of child abuse can be categorized as mentally ill.

People who mistreat their children usually have low selfesteem and poorly-controlled hostility. Frequently, they are immature, self-centered, impulsive and hypersensitive, often displaying a low tolerance for stress or crisis situations. Unable to identify solutions to their difficulties, they often strike out. Sadly, a child may be the target of their anger.

FICTION: Child abuse is a willful act committed by "bad" parents.

FACT: Rarely is child abuse pre-meditated or intentional. Instead, a crisis or failed expectation can trigger a violent, uncontrollable reaction in some people. The vast majority of abusing parents want to be able to restrain their violent behavior. However, this may be a very difficult task for many.

Child maltreatment is often a by-product of a parent's emotional instability and inadequate preparation for parenthood. To some extent, people bring up their children as they themselves were raised. Many abusive parents report that they were abused as children. It is not uncommon, therefore, for abusive tendencies to be passed on from one generation to the next. A pattern develops that is hard to break unless those individuals receive proper guidance in channelling their reactions to stressful situations.

FICTION: Child abuse occurs mainly in low income and socially disadvantaged families.

FACT: Abuse is not confined to any one group. Parents who mistreat their children come from every economic, religious and ethnic background. They may have little schooling or advanced degrees; they may live in large metropolitan areas, small towns or in rural communities.

Undoubtedly, economic and social difficulties do create tremendous stress and contribute to behavior that otherwise might not surface. However, these external factors only serve to intensify an already existing potential for abuse. They are not, in themselves, the cause of abusive actions.

FICTION: Severe bruises and broken bones are the usual signs of child abuse.

FACT: Fractures and visible bruises are familiar types of abuse. Taken together, they represent the phenomenon known as the "battered child syndrome." But other forms of maltreatment are occurring with alarming frequency. Children may be burned with cigarettes or electric irons, scalded by hot liquids, strangled, suffocated, shaken violently or locked in a confining space such as a closet. Some suffer repeated verbal assaults which, over a period of time, greatly reduce their selfesteem.

Sexual abuse is also occurring at a startling rate. At one time, sexual abuse was a "taboo" subject. Authorities are now discovering the sexual abuse of children, committed most often by members of the child's immediate family or by someone known to the family, may be the single most common form of abuse.

FICTION: Older children are rarely the target of maltreatment.

FACT: Statistics indicate that approximately one third of abuse reports involve children between the ages of 12 and 18. Statistics also suggest that 75 percent of all teenage runaways have been victims of maltreatment. Abuse often begins when a child is young and continues into adolescence. Abuse of teens often escalates as parents grow more frustrated in their efforts to alter teenage behaviors. Corporal punishment, once effective to discipline their small child, becomes less effective as the child grows up. The continued use of inappropriate discipline, coupled with the parents' sense of powerlessness, often leads to chronic abuse situations.

For some children the onset of abuse does not occur until they have reached adolescence. Most people perceive teenagers as individuals capable of taking care of themselves. However, abuse during the teen years can be just as devastating and traumatic as it is for a younger child. Abuse can affect self-esteem and the ability to develop emotionally, regardless of age.

FICTION: The effects of neglect on a child are temporary and usually minimal.

FACT: Child neglect is a major problem. Although not always as physically apparent or dramatic as abuse, neglect occurs more frequently. National statistics have indicated that fatalities resulting from child neglect were as frequent as those resulting from child abuse. Rejection by parents, various stages of starvation, lack of medical care, improper clothing and unsanitary living conditions are some of the ways children are neglected. Left to fend for themselves and lacking the necessary parental guidance and supervision, children may suffer longlasting physical, mental and emotional deficiencies. We have seen that neglected children are more likely to be below average in height and weight, have substandard performance in school and become delinquent. They are also more prone to be angry and hostile and to manifest these feelings in antisocial or self-destructive behaviors.

PROJECT A.C.T.: ADOLESCENTS COPING TOGETHER

A Program of Parents Anonymous of Maryland

Program Profile

Project History

Project A.C.T. was developed in 1990 by Parents Anonymous of Maryland in an attempt to meet the needs of young at-risk adolescents. Support for the initial stages of program development was secured from The Abell Foundation and the Maryland Children's Trust Fund.

Project A.C.T.'s mission is to address some of the factors which contribute to the development of at-risk behavior in adclescents including: physical and/or emotional abuse in the family, substance abuse in the family, physical neglect of the child, lack of parental involvement (i.e. role modeling), and conditions of poverty. When one or more of these factors exist, the adolescent will often respond to their feelings of vulnerability, anger, worthlessness and despair with anti-social behavior. This anti-social behavior shows its face in many ways: poor school performance, physical and emotional maltreatment of others, truancy, delinquency, substance abuse, and juvenile crime. Project A.C.T. is designed to prevent these behaviors from occurring or re-occurring.

Project Goals

In order to address the factors described above, Project A.C.T. is dedicated to assisting at-risk youth with achieving true self-empowerment. Adolescents participating in Project A.C.T. will:

- o Develop healthy interpersonal skills
- o Develop the ability to recognize, communicate and express their needs and feelings in appropriate ways.
- o Learn to nurture themselves and meet their needs positively.
- o Learn to nurture others by developing empathy, communication and listening skills.
- o Develop feelings of self-worth and self-esteem.
- o Learn problem solving skills.
- o Learn to respect the rights of others.

Project Description

- o Project A.C.T. is school-based and is offered in partnership between Parents Anonymous of Maryland and public middle and elementary schools.
- o Project A.C.T. serves at-risk adolescents ages 10-14.
- o Project A.C.T. groups meet weekly during the school day in school buildings for the duration of one school year.
- O Project A.C.T. groups are facilitated by trained volunteer group leaders (two per group) who are recruited, trained and supervised by Parents Anonymous of Maryland staff. The recruitment is focused on individuals who have acquired skills in working with the adolescent population through previous educational and/or practical experience.
- o Project A.C.T. group leaders are trained to implement a twosemester curriculum (ACT I and ACT II) which was designed by Dr. Stephen Bavolek, author of the nationally validated Nurturing Program, specifically for Project A.C.T. The curriculum is based on the Nurturing Program for Adolescents. Parents Anonymous of Maryland is the only agency in the state certified by Dr. Bavolek in the Nurturing Program.
- o Project A.C.T. volunteer group leaders provide a safe environment in which they encourage the children to participate in the curriculum's exercises, role playing situations and the subsequent discussion periods. They strive to promote an atmosphere that encourages open communication and trust.
- o Project A.C.T. volunteer group leaders are offered frequent inservice trainings and ongoing support from Parents Anonymous of Maryland staff.
- o Project A.C.T. receives its referrals of adolescent group members from personnel of the schools hosting the groups, from Department of Juvenile Services personnel and from local community organizations.
- o Project A.C.T. group members are linked to other local resources as needed; educated on the availability and purpose of other services through exposure to guest speakers and printed material; and participate in several recreational activities throughout the school year.
- o Project A.C.T. works to involve the parents of the at-risk youth (thereby creating a more family-focused program) by offering ongoing weekly support groups for parents and the Nurturing Program for Parents and Adolescents. These groups are all sponsored and implemented by Parents Anonymous of Maryland.

Project Outcome

In addition to providing direct services to at-risk youth, Project A.C.T.:

- o Creates a partnership between the public schools, the Departments of Juvenile Services, Parents Anonymous of Maryland and other community organizations.
- O Creates a more integrated and coordinated community-based service delivery system aimed at addressing the needs and behaviors of at-risk youth, and ameliorating the effects of long-term family dysfunction and abuse.

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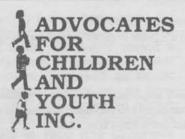
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ChildWatch

Vol. 2 No. 1 Fall 1991

300 Cathedral Street, Suite 140, Baltimore, MD 21201 (301)547-9200

Is National Health Insurance on America's Horizon?

"He who has health, has hope; and he who has hope has everything."

-Arabian Proverb

In beginning their discussion on the importance of health to our nation's children, the report of the National Commission on Children cited the above quotation, noting the wrenching consequences of poor health and the limited access to medical care suffered by too many of our nation's children. Among this report's major recommendations was the call for government and employers to develop a universal system of health insurance coverage for all pregnant women and children through the age of 18.

The National Commission on Children joins the swelling ranks of those calling for a solution to our national health care crisis. As the only developed nation outside of South Africa without universal health care as part of its public policy, the United States is being pushed from all sides to address this critical issue. Support for a universal system of health insurance coverage has come from such diverse sectors of our society as the American Medical Association, the labor unions, the CEOs of the top 500 American corporations, and the National Governors Association.

An abundance of proposals have been - and continue to be - advanced for con-

sideration, including seven major national health insurance bills introduced before the U.S. Congress. The next issue of ChildWatch will review the major health insurance proposals being considered at the state and federal levels. Even the most comprehensive of these proposals, however, has both strong and weak points. Given the complexity of issues, our nation's goal should be to combine the best elements of these proposals into a strong, effective package which does the most good for children and families.

Which proposals are the best for children and families?

The chief goal of national health insurance is coverage of all Americans up to an equitable level. Every proposal being considered should be examined to make sure it meets the health care needs of all children and families, regardless of employment status, race, income, geography or medical condition.

The Children's Defense Fund (CDF), a national organization which speaks out for America's children, suggests the following standards be used in evaluating these proposals:

- 1. It guarantees health insurance for everyone:
- It uses a simplified enrollment procedure;
- Its coverage is affordable, and provides financial assistance to low-income families in meeting their premium costs;
- No exclusions for preexisting (con't. on page 6)

Maryland's Uninsured

"It Could Be You"

A well-known jingle touting your chances of winning the State lottery goes, "It could be you!" This same statement, unfortunately, could be the refrain for the average Maryland citizen's chances of being uninsured for health care — and the odds are a lot better for having no health insurance in our State and nation than for winning any lottery.

Over a half million people in Maryland have no health insurance. Contrary to popular belief, being uninsured is not a problem faced only by the poor or people who are unemployed. The great majority of people without health insurance in our State — 74% — are working

or live in families headed by someone who works. Over half live in homes where the family income is \$20,000 or more.

Having no health insurance is not only a problem of minorities. While a higher percentage of blacks and other minorities are uninsured (19.5% of the total minority population in Maryland have no health insurance), the majority of Marylanders without insurance — over 307,000 — are white.

(con't. on page 4)

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Communications Director

ChildWatch is a triannual publication of Advocates for Children and Youth (ACY). ACY is a statewide organization providing a strong and effective voice for Maryland's children who cannot vote or speak for themselves. Our goal is to encourage investment in children before they get sick, are abused, drop out of school, or get into trouble. For information call ACY at (301)547-9200.

Please Send Me the Following Publications: ☐ 1991 Children's Legislative Agenda - A Guide to Public Policy Developed by 16 child-serving agencies, presents a guide to public policy concerning the critical issues facing Maryland's children. \$5.00 A City At Risk A review of Baltimore City Public School System's suspension and expulsion policies. A City At Risk presents case histories and makes recommendations for improving policies and procedures, with the ultimate goal of reducing a student's lost instructional time. \$5.00 ☐ Ten Years of Broken Promises To Emotionally Disturbed Children 1979- 1989 A review of the Mental Hygiene Administration's unmet program promises over a decade, \$1.00 ACY's Testimony Before the Governor's Commission on Health Care Policy and Financing - Committee on Long Term Care Detailed report documenting the critical issues facing children with serious emotional problems and recommendations for the development of effective programs to meet their needs. \$2.00 ☐ 1990 Status of Maryland's Children Report detailing the status of the well-being of Maryland's children and Maryland's investment in its children. The report also presents solutions to problems in health care, nutrition, mental health, child welfare, education, child care, juvenile services, housing and substance abuse. \$2.00 ☐ Baltimore's Unhealthy Children: "Is There a Doctor in the House?" A study of the primary and preventive health needs of Baltimore's children. It looks at what services currently exist and what should exist, the barriers to effectively meeting our children's health needs and an advocates agenda for ensuring change. It is intended as a source book for advocates and decision makers, \$15.00 **Expenditure Analysis and Recommendations for State** Revenues and Expenditures Study Group ☐ Education (15 pages) \$1.50 ☐ Juvenile Justice (50 pages) \$5.00 ☐ Child Welfare (25 pages) \$2.50 Health and Mental Health (37 pages) \$3.25 Housing and Lead Abatement (33 pages) \$3.00 Fact Sheets: \$1.00 Each ☐ WIC as a Cost-Effective Investment of Public Funding (2/14/91) ☐ Smoking and Children's Health (2/12/91) ☐ Cigarette Vending Machines and Children (2/13/91) ☐ Maryland's Crisis in Health Insurance: Its Effect on Our Children (2/21/91) Lead Poisoning (3/7/91) ☐ Child Wellness Services (3/11/91) ☐ Infant Mortality in Maryland (3/12/91) Name: Address: State: Zip: City: Organization:

Enclose check and return to ACY, 300 Cathedral Street, Suite 140, Baltimore, MD 21201

I have enclosed a check (made payable to ACY) for \$

The Campaign for Kids' TV

While many homes can escape the immediate consequences of life in a violent world, few avoid seeing it depicted on television -- sensationalism disguised as news; bloodshed as drama; sex as love. Today 98% of all American homes have a television set, compared to only 9% in 1950 (the Children's Defense Fund). Half of these homes have three or more sets. We live in a

media world which rewards violent behavior, relies on immediate gratification, and promotes self-fulfillment through using alcohol, drugs, sex, and violence. A threeyear study estimated that during prime time there are five to six violent acts each hour: half of all the major characters on television are involved violence; ten percent of all major characters are involved in killing; Saturday and a favorite among young children,

contain a violent act every other minute.

According to the Campaign for Kids' TV children 2-5 years old watch an average of 27.49 hours of television a week; 6-11 year olds watch and average of 23.39 hours a week; 12-17 year-old girls watch 21.16 hours of television a week; and 12 - 17 yearold boys watch 22.18 hours of television a week. The effects on our children have been staggering. The American Academy of Pediatrics concluded that prolonged television viewing is one cause of violent and aggressive behavior, and in a survey of 536 urban elementary students, they listed their biggest fear as violent crime.

In response to a nationwide concern about the quality of programs our children and youth are watching, The Children's Television Act of 1990 was adopted and becomes law on October 1, 1991 in an attempt to turn children's TV time into "quality time." The Children's Television Act requires all commercial television stations --as a condition for license



morning cartoons. Cartoon printed with permission from Dana Summers and the Orlando Sentinel.

renewal -- to provide programming that "serves the educational and informational needs of children" aged 2 - 16. When it takes effect, the Children's Television Act will create an unprecedented window of opportunity for improving the variety and quality of programs viewed by America's 100 million children.

The Campaign for Kids' TV is an organization launching a nationwide campaign this fall to gain broad public support and participation in ensuring the Children's Television Act becomes a reality. During the next two years, the Campaign will:

The Campaign for Kids' TV will launch a nationwide public

education campaign to encourage educators, parents, health professionals, religious, and civic leaders to take an active role in developing community projects around children's television. They have been endorsed by the National PTA, American Psychological Association, and Action for Children's Television.

- The Campaign will also work in 3 5 key cities, helping them to develop initiatives that are uniquely suited to the needs of their communities.
- Kids' TV will conduct a nation-wide market study to determine the law's impact on production and programming opportunities for the creation of quality children's programming.
- Several conferences, organized by the Campaign, will bring together leaders of key child advocacy organizations with broadcasters, producers, and advertisers.
- The Campaign will work to find and implement ways of using television to serve the needs of children at risk and to identify areas where television could play a positive role in children's lives.

For more information about Campaign for Kids' TV, contact the Center for Media Excellence (301)270-3938.

Maryland's Uninsured (con't.)

Bill and Mary earn a combined income of \$25,000 through his full-time job as a construction worker and her part-time secretarial position. Bill's employer does not provide health insurance, so the young couple receive no regular medical care, even after Mary becomes pregnant. They are desperately trying to save the \$8,000 they will need for hospital and delivery costs. So, Mary goes without prenatal care and they put every cent aside to pay for their child's birth. During her eighth month, Mary goes into pre-term labor. Their new son must be treated in the neonatal intensive care unit for almost a week. The total hospital bill ends up being more than \$17,000.

Being uninsured, however, does affect children and families the hardest. A significant proportion of those without insurance (147,000 or almost 28%) in Maryland are children under the age of 18, with 52,000 of these children being younger than 6 years old. Over a quarter of a million of our State's uninsured are individuals ages 18-34, their prime child-bearing years.

What do these statistics mean to us and to our State? For those without health insurance, the costs can be devastating: on their health and well-being, their personal finances, and their self-esteem. But there is a high price tag for all of us — both those with and without insurance — in financial, social and economic terms. It is important to understand why so many people do not have health insurance, as well as the consequences of lacking basic health care coverage, so we can develop solutions to this critical problem.

Why are so many people uninsured?

Unlike other Western nations, which sponsor health benefits through public programs, Americans obtain their health benefits primarily through their employer. The percentage of Americans - including Marylanders -- covered by employment-related health insurance, however, has been declining. Health care costs have risen more than twice the earnings of working Americans in the past decade. This has contributed to increased insurance costs and a decrease in employers' ability to purchase coverage for their workers. With increased employee cost-sharing reguirements, many workers can't afford to participate, even if their job offers health insurance.

Insurance costs have risen for other reasons as well, particularly for small businesses with less than 25 employees. The "business" of insurance companies is risk: the risk is

that the total premiums collected from individuals they insure will more than cover the health care costs of those same individuals in any given year. To control their risks, insurance companies may use medical underwriting to review the health status and medical histories of potential clients. People judged to be "high" risk are usually treated differently, charged higher premiums, and frequently denied health coverage for specific health conditions, termed preexisting conditions. Preexisting conditions commonly include cerebral palsy, diabetes, epilepsy, cancer, mental illness, and other health conditions present at the time of enrollment in a health insurance plan. Pregnancy may also be considered "preexisting" by some insurance companies; consequently, prenatal and maternity benefits may be denied if a woman changes health insurance coverage during her pregnancy.

Simultaneously, as insurance costs have risen, the business community has been shifting away from industry-based jobs to more growth in the service sector and small businesses. These businesses -- service industries and retail trade and businesses with fewer than 100 employees -- are among the least likely to offer health benefits.

The last major factor contributing to the growth of uninsured Marylanders most directly affects our State's children. With the increase in single-parent families and other changes in family structure, fewer persons are eligible for dependent coverage. In addition, more and more businesses are participating in coverage for their employees but requiring full payment for dependent coverage, if it is offered at all.

What are the consequences of not having health insurance?

At a recent health conference in Baltimore City, it was noted that "roughly half of the beds at Johns Hopkins Hospital at any one time are occupied by people suffering from illnesses which could have been prevented." When you don't have health insurance, you often don't seek medical attention until it becomes a medical emergency. As a consequence, the emergency room in Maryland has become the family physician for a large number of children and families throughout the State. For children and pregnant women, this type of "crisis" health care is particularly harmful.

As compared to adult care, which is usually remediative, most children's care is preventive. Child wellness visits, immunizations, and regular pediatric consultations promote and support the normal healthy development of children. When children don't receive medical attention until they are sick, the costs for medical care are much higher. The cost of a measles vaccination, for example, is approximately \$8; hospitalization for a child with measles can be \$5,000.

Prenatal care for pregnant women offers similar cost benefits. The American Academy of Pediatrics reported that between \$2 to \$10 is saved for every dollar spent on prenatal care. The average cost for prenatal care over nine months is \$600; medical care for an extremely premature baby is \$2,500 per day.

How does this affect people who do have health insurance?

Maryland has a unique hospital financing system, the "all-payors" system, whereby uncompensated care provided to uninsured and underinsured persons is paid for on an equitable basis by all payors through an increase in hospital rates. Any uninsured Marylander arriving at a hospital with an injury or illness which presents an immediate threat to life or limb cannot be denied care. One tenth of the total amount of uncompensated care (\$115 million in 1990) is paid for by the State from general tax dollars. The remainder is passed on to health care consumers in increased hospital rates and insurance premiums.

A SNAPSHOT OF THE UNINSURED IN MARYLAND

- Approximately 74% of Maryland citizens without health insurance have jobs or are non-working dependents of employed persons.
- Almost half of the uninsured in our State live in homes with a family income of \$20,000 or more.
- In 1987, 527,000 Marylanders had no health insurance for the entire year.
- Over 147,000 (28%) of those without insurance were children under the age of 18; 52,000 were younger than 6 years old.
- Over a quarter of a million people in their prime child-bearing years (18-34) had no health insurance coverage.
- The majority of uninsured Marylanders are white.

Source: Governor's Commission on Health Care Policy and Financing, October 26, 1990 Report

We are already paying for most of the health care provided to uninsured people in our State through higher hospital charges, insurance premiums, and taxes. The hidden costs, both monetary and human, are not so easily quantifiable — special education for a child whose disability could have been prevented, public assistance for a family whose child's illness and medical bills wiped out their savings and cast them into debt, the fathers and mothers who can't change jobs for fear of losing coverage for a child's preexisting condition.

Our system of health insurance isn't working — in our State and in other states throughout the country. Too many people, particularly children and families, are unable to afford basic primary and preventive health care. People who do have health insurance are paying more for health care due to current insurance practices and in order to subsidize the costly crisis-driven medical services now used by those without health insurance coverage.

Your action is needed now! ACY invites you to join with us in seeking solutions to the health insurance crisis:

- Write or call your elected representatives and let them know you support a public policy that guarantees basic health care for all citizens.
- Share your concerns with friends, neighbors, colleagues, and family members and encourage them to get involved with this issue.

Oops...

In our last edition of Child-Watch, on the Kids' Count
Graph (page #1) we incorrectly
listed Mean Household Income as Mean Household Insurance and the correct percent
of minority population in Baltimore City is 60.1% and in
Maryland it is 28.3%.

Health Insurance (con't.)

conditions and no long waiting periods;

5. All children are eligible, regardless of the family structure;

 The basic child wellness benefits, including regular immunization, vision, dental, and hearing care, are covered:

7. There are supplemental benefits for chronically ill and disabled

During an evening game of tag football, 12-year old Johnny takes a hard hit to his side. He's in pain but brushes away any help from his friends and walks home. Johnny, not wanting his mother to see him, comes in the back door and goes up to bed. Later, his cries of pain wake his parents. They rush him to a hospital and learn that Johnny had a ruptured appendix and could have died. Because they have no health insurance, the boy was fearful of revealing his injury to his parents. His fear and apprehension almost cost him his life.

children whose families incur high out-of-pocket expenses; and 8. Comprehensive reproductive health benefits are covered, including maternity care.

Insurance alone will not guarantee that adequate health care will be available and appropriate for everyone. Millions of Americans—disproportionately children—will continue to be isolated from health care by racial, cultural and geographic barriers. The final plan to address our nation's health care crisis must include funds for the development, staffing and operation of health providers with expertise in reaching and caring for children and families whose basic health care needs are not being met.

The 1991 Child Advocate Award

Presented by Advocates for Children and Youth, Inc.

Advocates for Children and Youth, Inc. (ACY) established The Child Advocate Award to recognize an individual in Maryland who has made outstanding contributions to improve the lives of Maryland children. ACY's goal is to encourage investment in children before they get sick, are abused, drop out of school, or get into trouble. As such, nominations for The Child Advocate Award should be individuals who have shown extraordinary dedication and commitment to moving children's needs and issues to the forefront of the public agenda.

Who may nominate?

Anyone can nominate an individual they feel worthy of this award.

How do we nominate an individual?

Complete the form below and return to ACY, 300 Cathedral St., Suite 140, Baltimore, MD 21201. Nominations must be postmarked by October 15, 1991. For additional forms or information, contact ACY at (301)547-9200.

Nominee Information:

City:	State:	Zip	AND THE REAL PROPERTY.
Daytime Phone:()		
Please attach a brief n or achievement (max			utstanding contribution
Nominator Informat	ion:		
Name:			
Name:Address:			
		State:	Zip:

The Pro Bono Counseling Project

The Pro Bono Counseling Project, sponsored by the Maryland Conference of Social Concern, provides a mechanism to link clinicians who will provide mental health care at no cost with low income individuals and families. The goal of the project is to enlist mental health professionals who are willing to provide high quality mental health care for a family or individual for a period of time or to work on a specific problem with them. This project offers clinicians the opportunity to "use your unique skills to help the disadvantaged, to provide access to a service that would otherwise be denied."

For more info about the Pro Bono Counseling Project call (301)235-5779.

Lending a Hand....

Help ease the stress on a family affected by homelessness as a volunteer in the YWCA's Family Mentoring Program. You can give a family the help they need to help themselves.

Consistent support. Knowledge. Self-confidence. Trust. Friendship. Hope. These are the most important things you can give and get from a family.

The YWCA is looking for people willing to work with a family as they strive to regain control of their lives and become self-sufficient. A conference to present this program will be held on October 26, 1991 at the Church of the Incarnation. For more info call the YWCA (301)685-1460, ext.284.

Designate your United Way Contribution to ACY!

....Just a reminder that Advocates for Children and Youth can be designated for your annual United Way contribution by listing our complete name and address on your donor card. To designate your contribution to ACY, our name and address should be listed as:

Advocates for Children and Youth, Inc. 300 Cathedral Street, Suite 140 Baltimore, MD 21201.

Rebound Awarded Hickey Contract

ACY applauds Maryland's efforts to privatize the Charles H. Hickey School, formerly a state-run facility for serious juvenile offenders. Earlier this year the General Assembly, horrified by a report about conditions at Hickey School, cleared the way for a private vendor to run the facility.

Nancy Gras- Statistics show that during mick, Secretary, Department of Juvenile Services at that time, announced on July 18,1991 that Rebound, which runs a national program for iuvenile of-

fenders in Brush, Colorado, was the unanimous choice for the three year, \$50 million contract to operate Hickey School. Rebound impressed the two selection committees with its emphasis on involving the community, its education programs, and vocational training.

Its Brush center, the High Plains Youth Facility, works with 180 boys from 33 different states, including two from Maryland. It serves boys who have a history of serious offen-

> ses and failed placements. Statistics show that during Rebound's threeyear history, only 30% of the youths who left the facility ended up in trouble again, compared to 50% of Hickey alum-

"The residents there are divided into groups of 12, which are expected to

work together and function as a family," said Nancy Grasmick after visiting the High Plains Youth Facility in July, "Education and vocational training are important components of the program as well."

Rebound's three-vear history, only 30% of the youths who left the facility ended up in trouble again, compared to 50% of Hickey alumni.

Will Maryland "Spend It on Kids?"

People who work with children and families have long known that Maryland has not adequately funded services so that all children can have access to health care, quality education services, and needed economic family supports.

Last year the Linowes Commission proposed a tax package of new and expanded taxes that would have generated \$800 million in new money for the State. Legislators, fearful of voters' anti-tax feelings, rejected this proposal.

Maryland is now in the position of facing a \$365 million deficit by June, 1992 and a \$600 million shortfall in the following year. In response, the legislature formed a study group this summer, which asked citizens and organizations to tell the government how the state should change the way it spends tax dollars, where money can be saved, whether there is a need for additional money, and where money should be spent on citizens with the greatest need. ACY used this opportunity to brief the legislature on concerns relating to

the needs of children and families in Maryland.

Spending and Taxes Studied Separately

The Revenues and Expenditures Study Group's work is being conducted in two stages. The first stage, which concluded in August, examined State spending in three major groups: 1) education, social services, and juvenile justice; 2) health, housing, economic development and environmental issues; and 3) public safety and transportation. Each group was assigned to a small committee of legislators charged with identifying the State's needs in these areas. These committees received information and recommendations from legislative staff as well as citizens and organizations -such as ACY -- on which Statefunded programs were effective, which were not, and where citizens were not receiving adequate services. These committees then reported their findings to the full study group on State spending through the year 2000.

ACY provided these committees with extensive research and recommendations which emphasized prevention and early intervention services as the best investment of State tax dollars. In the areas of health, education, social services, and juvenile justice, we outlined effective programs that needed additional funding. ACY's recommendations were well received and many of the legislative recommendations reflected our proposals. Copies of the materials ACY developed are available (see publication listing on page 2).

Study Shifts into Tax Mode

The second half of the study will focus on how Maryland currently taxes its citizens, whether these taxes and fees are fair to all State residents, and whether and where

Findings of the "Spending" Committees

A summary of the major findings of the spending committees affecting children and their families is presented below:

Education:

- No reduction in current State level of spending for education.
- State aid to education should be used to develop and expand effective, high quality programs that improve student performance.
- Direct additional State funding to poorer school systems who have a high percentage of children performing below State educational standards, with focus on grades K-3.

Social Services:

- Redirect at least 10% of current funds from services which remove children from their homes to in-home, intensive family support services.
- Eliminate duplicative services through coordination of State programs serving children and their families and assure, through a Statewide tracking system, that services are delivered.
- State-funded services should emphasize and support preservation of the family unit.

Juvenile Justice:

- Redirect at least 10% of current funds from juvenile incarceration programs to prevention programs (i.e., community support services, educational programs, and home surveillance).
- Redirect increasing amounts of State funds to community-based programs for at-risk children and adolescents.

Health:

- Strengthen prevention services in substance abuse and maternal and child health services.
- Increase State funding to prevent unwanted births, reduce infant mortality and morbidity, and education and outreach efforts to minorities and other at-risk populations.
- Create State health insurance program for uninsured children and adolescents.
- Reduce hospital-based psychiatric services and redirect funding to community services.

Public Safety & Transportation:

Create an alternative judicial process for children who may have been neglected but who do not need to be removed from their homes. changes should be made to fund services through the year 2000. Once again, small legislative committees will examine State revenues and financial aid to the counties and Baltimore City. Information and recommendations by legislative staff, as well as citizens and organizations, will be reviewed and findings presented to the full study group by the end of October. This study group will issue a draft report in mid-November for public comment. This draft report will contain recommendations on how the State should spend its funds through the end of this century and how to fund these services.

How You Can Make Maryland "Spend it on Kids:"

5 Easy Steps

1. Call and write your state legislators to express your support of funding for education, health care services, and family preservation services.

2. Have at least one friend or family member do the same.

 Attend one or both public hearings to express your support to the Revenue and Expenditure Study Group.

 Bring at least one friend or family member to the public hearing with you.

5. Call and write to Governor Schaefer to express your support as well: The Honorable William Donald Schaefer, State House, Annapolis, MD 21401.

For background information, see ACY publication list on page 2

Your Voice Needed at Public Hearings

The next few months will be crucial in determining what, if any, additional funds will be spent on the urgent needs of our State's children and families. Without a clear mandate from Maryland citizens to support

education, health, and other critical services, we risk deep cuts in current programs and the loss of future reforms. The next opportunity to comment will be: Public Hearing on Taxes, Tuesday, September 24, 1991, 1 - 5 p.m., Lowe House Office Building, Room 110, Annapolis, MD.

The final opportunity for citizens concerned about children and families in Maryland to voice our views and recommendations on the spending priorities of the state will be the public hearings on the draft report of the Expenditures and Revenues Study Group, to be held at locations around the state in mid- to late-November.

This is the first time in 25 years the State has openly looked at the government's responsibility to serve its citizens in relation to the tax burden each citizen must bear to guarantee a basic quality of life for all Marylanders. Legislators need to know that citizens are willing to pay more for improved services to children and their families.



Congratulations to Claudette Brown, ACY Staff Attorney, on her son Joseph Conrad.

Wish List

The Baltimore Project, operated by the Baltimore City Health Department in the Sandtown-Winchester area of Baltimore, is working to reduce Baltimore's high infant mortality rate through an aggressive outreach campaign to find pregnant women and help them take care of themselves and their unborn babies. The Baltimore Project needs the following items to support their efforts. Can you help? If so call the Baltimore Project at (301)728-7539.

Wish List

Jumbo Lego Blocks Children's Books Tape Recorder/Player Television



VCR Infant Formula Similac/Infamil Crib **Pampers** Projector Video Camcorder Monitor Passenger Van Tax Deductible Cash Donations Bassinet Children's Table/Chairs Toys for Children's Playroom Children's Nap Cots Early Childhood Specialist Volunteers Car Seats **Baby Carriers** Cloth Diapers Non-Perishable Food Items **Rocking Chairs** Baby Scale Adult Scale

New Concept in Human Service Delivery Available in Baltimore

Talent & Technology has developed a computerized resource directory detailing human services and programs available in Baltimore City. This directory is a catalogue of programs and services including health, counseling, mental health services, substance abuse programs, children and youth services, etc. This easy to use comprehensive directory is updated by T&T on a regular basis and accessible with one phone call.

To inquire about bringing this unique resource to your organization, call (301)783-5488.

Maryland's Law of Love Expanded

Dads Magic Sealbelt

As of July 1, 1991, anyone transporting a child under the age of four and/or weighing 40 pounds or less must properly position and secure the infant or child in a child safety seat. Children over 40 pounds and/or 4 -10 years old must also be

transported in a child safety seat and/or secured by a seat belt. ex-This panded legislation brings Maryland's Child Passenger Protection Law up to

standards recommended by the American Academy of Pediatrics and National Highway Traffic Safety Administration.

"Car seats are virtually a vaccine against the leading cause of death to kids," said Chuck Hurley from the Insurance Institute of Highway Safety. The problem with the old law was that many parents were remov-

ing their three year-olds from a child safety seat and just using a safety belt, regardless of the child's weight.

Motor vehicle crashes are the leading cause of death for children 5 - 10 years old. "There is no longer any

CONTRACT.

question that all children ridina in automotive vehicles should be protected from possible impact trauma through the use of appropriate restraining devices," say

K a t h l e e n Weber, a leading child passenger safety expert. Drivers will be cited a \$25 fine (plus court fee) for noncompliance with the law. If you have any questions concerning the safest way to transport children, call Maryland KISS - Kids In Safety Seats, at (301) 225-1376.



The Family Preservation Initiative of Baltimore City began in March, 1991. The Initiative plans to serve 300 children and their families as part of the Prevention of Out-of-Home Care Component. Services to these families include intensive, in-home interventions, flex dollars, and step down services as needed. Since June, 5 children have been returned and 1 child's placement out-of-state was prevented.

One child returned by the Initiative is Derrick, age 17. Derrick has been in an out-of-state placement for 3 1/2 years. He returned to his family in June and initially appeared to be depressed and very withdrawn. He

would generally speak in monosyllables and avoided direct eye contact.

Since June, Derrick and his family have received case management services from the Initiative's Family Care Coordinator. The coordinator is available 7 days a week, 24 hours a day. They deal with issues of conflict resolution, communication skills, positive assertiveness, and employment.

Derrick was enrolled in the summer program at Loyola College and involved in individual and group therapy. He has also been closely involved with a youth advocate and is now enrolled in a Level V public school. Derrick will also be starting a part-time job soon. With the help of his coordinator, Derrick is also exploring the possibility of independent living.

Although Derrick's return has presented frequent challenges, it is clear, even at this initial stage, that his coping skills and self-confidence increase day by day.

If you know of a program that is working to help Maryland's children and families, please let ACY know. Send your success stories to ACY, 300 Cathedral St., Suite 140, Baltimore, MD 21201.

Announcements

September 29, 1991 "Septemberfest '91"

1:00p.m. - 5:00p.m

Sponsored by the Mid-Town Churches Community Association to benefit their work with Baltimore's homeless. An outdoor festival including games, food, live entertainment, and taping of the live radio talk show, "Clash of the Talk Show Titans II." featuring Allan Prell, Dan Rodricks, and Ron Smith. \$25 adult ticket includes gourmet box lunch, door prizes, street performers, and live entertainment. Children under 10 years old, \$15. Friends School Grounds, 5114 North Charles Street. Contact Esther Reaves (301)889-3001

October 10,1991 "Supporting the Family: Loss and Recovery"

8:30a.m. - 3:30p.m. Sponsored by Maryland Department of Juvenile Services. Statewide youth conference educating human service workers, nurses, educators, and counselors about suicide, prevention, and its effect on families. Annapolis Holiday Inn. Contact Jeff Maszal (301)531-6006 or Henry Westray (301)225-5060. CEU's will be awarded to National Certified Counselors through MSDE.

October 23, 1991

"A Practical Approach: Teaching Family Problem Solving and Managing the Stress of a Stressful Occupation."

2:00p.m. - 5:00p.m. Featuring Donald Meichenbaum, Ph.D. Sponsored by the Woodbourne Board of Trustees in cooperation with the College of Notre Dame of Maryland to honor John Hodge-Williams, Ed.D. for a decade of outstanding service.

LeClerc Auditorium, The College of Notre Dame of Maryland. Contact Linda Smeyne (301)433-1000. \$10.00

October 25, 1991

"Parent-Child, Play and Pretending" A "0...1...2...3" Seminar

9:30a.m. - 11:30a.m. sponsored by Friends of the Family, Inc. with funding from the Morris Goldseker Foundation. Dr. Marilyn Segal will identify ways to encourage playful interactions between parents and children in the home and in the daycare center. She will also explain how a child's play behavior reflects his/her level of development. Contact Debbie Barnes (301)659-7701. \$15.

November 14, 1991 5:30-8:30p.m. AND

November 16, 1991 9 a.m. - Noon "Shop 'til You Drop"

To benefit ACY. Join ACY at the largest retailers of women's fashions in the country -- ALL marked 35%-70% below retail prices! Get great deals on Evan Picone, JH Collectibles, Anne Klein, Jones of New York, and over 300 more! Bring the pass from the back cover with you. Share one with a friend and help ACY get 8% commission on all sales. Call Kathy at (301)547-9200 for details. No Charge.

November 19, 1991 Advocates for Children and Youth's Annual Meeting.

5:30p.m. - 8:00p.m. Wine and Cheese reception, followed by invited guest speakers. The First Annual "Advocate Award" will also be presented. Westminster Hall. Contact Kathy for reservations (301)547-9200. RSVP by October 31, 1991. No Charge.

Send calendar announcements to Kathy Worthington, 300 Cathedral St., Suite 140, Baltimore, MD 21201.

An Evening With.....

Mark Your Calendar Now!



Saturday, February 29, 1992

The Joseph Meyerhoff Symphony Hall 8:00p.m. To Benefit:

Advocates for Children and Youth,

CASA Court Appointed Special Advocates,

Maryland Friends of Foster Children Foundation

(Entertainer to be announced in October!)

Back by popular demand... Advocate power shopping!

If you missed all the fun on August 17 with ACY at A.A. Wholesale, don't worry. ACY has scheduled 2 more shopping trips--just in time for the holiday season.

When: Thursday, November 14 5:30p.m. - 8:30p.m. AND Saturday, November 16 9:00a.m. - Noon

Where: A.A. Wholesale, 7111 Windsor Blvd.

How: Bring a pass with you (share the extra ones with a few friends), shop the largest retailer of women's fashions in the country, while saving 35% - 70% off retail prices and ACY receives up to 8% commission on all sales! Liz Claiborne, Evan Picone, JH Collectibles, Jones of New York and over 300 designer labels! Call Kathy at ACY (547-9200) for more details. Make copies of these passes and share one with a friend!

Warehouse Shopping Pass

Date:

Nov. 14, 1991 5:30 - 8:30p.m. Nov. 16, 1991 9:00a.m. - 12 Noon

Sponsor: ACY

Where:

A.A. Wholesale, 7111 Windsor Blvd.

Warehouse Shopping Pass

Date

Nov. 14, 1991 5:30 - 8:30p.m. Nov. 16, 1991 9:00a.m. - 12 Noon

Sponsor: ACY

Where:

A.A. Wholesale, 7111 Windsor Blvd.

Directions

Take 695 to Exit 17. From 695 South follow sign to Rolling Rd. (left branch of ramp). From 695 North follow sign to West Rolling Rd. (right branch of ramp). Turn right onto Belmont Rd. Follow to Rutherford Rd. and turn right. Follow to Windsor Blvd. and turn right. A.A. Wholesale is the last building on the right #7111.

Advocates for Children and Youth 300 Cathedral Street Suite 140 Baltimore, MD 21201

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BALTIMORE Crisis Response, Inc.



The city's shadows only Someone sits feeling helpless as hour. It's 3 a.m. and the silence is

bustle of a major metropolitan area,
hide. The scene is mercilessly repeated
across America — in stories of
who have nowhere to turn. Individuals
substance, and physical abuse, the

far too many people

the benefit of any support. That's why

was created: to help

face the on-going mental health the need for immediate

help is only a

compound the loneliness.

the clock moves painfully toward another

overpowering. Even in the

there is nowhere to run or

thousands of times each day in cities all

people in need

with mental illness, victims of sexual,

depressed, the homeless ... there are

who fall through the cracks without

Baltimore Crisis Response, Inc. (BCRI)

the community

crises of individuals. In an age when

psychiatric intervention is at a premium,

phone call away.





BCRI helps individuals in crisis by providing effective and timely intervention. BCRI accomplishes this by using innovative and alternative approaches that shift the burden of care from local hospitals and other emergency services to those within the community.

a phone call a

The Hotline

The backbone of BCRI is the dedicated staff of professionals and volunteers who devote their time to determining the individual's needs. Each counselor undergoes an intensive 40 hours of training that translates into a unique continuum of crisis services for Baltimore City residents.



The information and referral "Hotline" sets everything into action. Dialing 752-2272 (TTD capabilities are also accessible by dialing 752-2259) provides emergency emotional support for first-time callers as well as those with a history of chronic mental illness. As a result of BCRI's extensive network, Hotline counselors are able to quickly connect the caller with other social services within the community such as substance abuse programs, shelters, and food.

The Hotline Coordinator is certified by the American Association of Suicidology and has followed its protocol to develop the BCRI staff training program. In addition to training the Hotline personnel, BCRI has trained all 21 members of the Baltimore Police Hostage Negotiation Team, as well as many other providers of community mental health services.

"Baltimore Crisis Response, Inc. has laid a solid foundation for responding to the crisis needs of persons with mental illnesses in Baltimore City."

Frances Lentz, President

The Alliance for the Mentally III

of Metropolitan Baltimore, Inc.

Mobile Crisis Team

If additional immediate assistance is required, the professionals and volunteers working the Hotline will contact the Mobile Crisis Team, a mobile emergency unit consisting of a psychiatrist, a nurse, a mental health professional, and a case associate.

BCRI is the result of a long-term study conducted by the Crisis

Task Force, which developed the program through the Baltimore

Mental Health Systems. The Task Force concluded that Baltimore

City needed an integrated model for mental health crisis services.

The team responds to crisis situations anywhere in the community — in private homes, in health facilities, or even on the street. The Mobile Crisis Team can be on the scene within minutes, evaluate the problem, and take the most appropriate and least restrictive measures required. The goal is to stabilize the individual and provide the connection to other community resources. If the individual needs to be transported to a hospital, the mobile unit can provide immediate transportation.





In-Home Support Services

BCRI is unique in providing Mental Health Support Workers who support persons in their own homes for up to 48 hours. This service helps to ease the transition from treatment program to home, or allows individuals to deal with other difficult situations while in the comfort of their own surroundings.

"To BCRI, I owe a debt which I can never repay, and to them I will be eternally grateful. They are indeed life savers, for surely they saved mine."

Clint [BCRI client]

"To the folks at BCRI—I most likely would have been dead if it weren't for the way you talked to me and helped me to build a new foundation. I thank all of you."

Bob [BCRI client]

The goal of the model was to avoid unnecessary duplication of existing services and to create new resources including a Crisis Hotline,

Mobile Crisis Teams, and In-Home Support Services. As a result,

BCRI opened its telephone banks on May 3, 1993, and had an almost

Way...



Crisis Residential Units

Crisis Residential Units are a last alternative to hospitalization, a way to work through a crisis without the necessity of institutionalization. BCRI owns a home with three Crisis Beds, which are staffed by trained personnel 24 hours a day. BCRI plans to increase this service to nine beds. Clients stay an average of 4.5 days.

After receiving care in the nurturing, homelike environment of the Crisis Residential Units, fewer than a handful of clients require hospitalization.

Crisis Home Providers

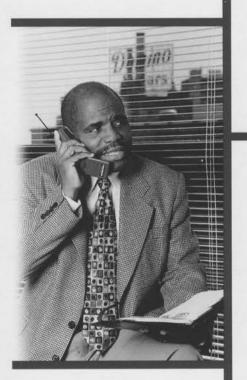
Currently, BCRI is recruiting and training families as Crisis Home Providers. Crisis Home Providers assist individuals who cannot stay in their own home environments by placing them in a stable family environment. This method greatly speeds up the client's crisis resolution.

"BCRI is a long overdue component
of a comprehensive mental health
delivery system. BCRI's mobile crisis
services, community crisis beds, and
a 24-hour Hotline provide mental
health consumers a valuable alternative
to hospitalization."

Mike Finkle, Executive Director On Our Own of Maryland, Inc.



immediate impact on the city's distressed. The response was so great that after handling more than 1,200 callers in less than 8 months of operation, the service expanded from 8 to 24 hours a day to address the demands of the community.



"In a short period, BCRI has established itself as a valuable psychiatric crisis service for the citizens of Baltimore.

BCRI offers a full range of community-based crisis services that frequently can prevent unnecessary hospitalizations and offer community-based alternatives. I am confident that BCRI will continue to grow and provide quality services."

Steve Baron, President

Baltimore Mental Health Systems, Inc.

"The staff's interventions are creative, compassionate, and community-oriented. Thank you to Edgar and his staff, for bringing BCRI to life in Baltimore City."

Diane Cabot, Executive Director Mental Health Association of Metropolitan Baltimore

BCRI'S Future

BCRI's short-term goal is immediate crisis intervention. However, in the long run BCRI intends to place individuals with other agencies within the community for on-going aftercare, which will be far less restrictive and costly than hospitalization.

BCRI plans to extend its operations throughout the entire city, with more mobile crisis response teams and a system of homes for on-going care. But despite funding from Baltimore Mental Health Systems, BCRI, like other non-profit community-based providers of care, needs your help.

Says Edgar Wiggins, Executive Director of BCRI, "Clearly there is a need for a coordinated system of community-based mental health crisis care for Baltimore City. We are looking to expand our resources and broaden our impact."

BALTIMOR Crisis Response, I1 1414 Key Highway, Suite 320 Baltimore, MD 21230



A Total School Program

DISCIPLINE IS . . .

- Training that enables students to make appropriate choices in a climate of warmth and support.
- Clearly defined school rules and classroom limits with incremental incentives and consequences consistently carried out.
- Effective communication techniques that foster positive relationships.
- · Specific reinforcement of desired behaviors.
- Self-management in a variety of environments.

OUR PHILOSOPHY ...

- · Children can behave appropriately.
- All children have human dignity and worth.
- Persuasion is more powerful than fear.
- · Influence is greater than control.
- Rationale and knowledgeable approach is more productive.
- · Behavior is maintained by its consequences.
- Consider what kids do outside of your shadow as well as what they do when you are present.

OUR PROGRAM INCLUDES...

- Emphasis on recognition of appropriate behaviors.
- Progression from extrinsic to intrinsic rewards; the older the child, the less extrinsic rewards.
- Detail classroom management plans for all children.
- · Student orientation.
- Written behavior agreements for children who repeatedly demonstrate inappropriate behavior.
- · Emphasis in . . .
 - ... anticipation training
 - ... concentration training
 - ... moral and ethical training
 - ... conflict/resolution training
 - ... responsibility training

PROHIBITED BEHAVIORS

- Defiance of authority/deliberate classroom disruption.
- Assault verbal or physical threat or action against another person.
- · Fighting.
- Drugs using, possessing, or selling any dangerous or illegal drug.
- Alcohol using or possessing any alcoholic beverage.
- Gambling wagering or betting money or other stakes on the outcome of any activity.
- Theft stealing property of another person or of the school.
- Vandalism deliberate destruction of or damage to property of another person or of the school.
- Smoking use of tobacco, except in designated areas established by schools.
- Weapons possession of any item, including firearms, knives, and other dangerous objects, which could cause injury to any person.
- Harassment or intimidation of students or staff members.

A SHARED RESPONSIBILITY . . .

It is to our collective advantage to develop self-disciplined people.

THE STUDENT IS RESPONSIBLE FOR

- 1. Respecting the authority of teachers, principals, and other school staff to enforce district policy and school rules and regulations regarding student discipline and moral conduct.
- 2. Behaving in classrooms and on school campuses in a manner that does not disrupt or interfere with the rights of other students to learn.

Abiding by the school and classroom limits established by the school.

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4. Attending assigned classes daily on time and for each full term.

THE PARENT IS RESPONSIBLE FOR

- 1. Reinforcing children at home who demonstrate appropriate behavior.
- 2. Reviewing school discipline rules and regulations with family members to ensure that all are familiar with and understand the standards of conduct expected by school authorities.
- 3. Cooperating with school officials in carrying out appropriate discipline penalties when such action is necessary.
- 4. Seeking out when necessary, and with the advice and guidance of district personnel, appropriate community agencies for assistance in correcting misbehavior of the student.

THE TEACHER IS RESPONSIBLE FOR

- 1. Assisting in the development and enforcement of the school rules.
- 2. Developing concise classroom limits that clearly communicate to student and parent what's needed in order to teach.
- 3. Establishing a classroom management program and atmosphere that elicits proper behavior and which gives every student full opportunity to pursue their studies without disruption.
- 4. Communicating with students and parents regarding . . .
 - ... behavior successes
 - ... behavior problems and proposed solutions.
- 5. Developing four-way behavior agreements for people-wise kids: teacher-parent-administrator of discipline-child.

THE PRINCIPAL IS RESPONSIBLE FOR

- Eliminating vagueness from rules, expectations and responsibilities.
- 2. Supporting teachers by developing behavioral agreements on disruptive students and by holding conferences with parents to get commitments to agreements.

- 3. Coordinating a system of reminders for people in following established rules and limits.
- 4. Defining the referral procedures and everyone's part in that procedure.
- 5. Enforcing this discipline plan within the existing district, state, and federal laws.

SCHOOL RULES

- 1. Remain in assigned area.
- 2. Keep hands, feet and objects to self.
- 3. Complete all work assigned.
- Use common sense if you think there's a chance you might get hurt or hurt someone else, "Don't Do It!"
- 5. Use only kind words toward others. No killer statements will be allowed (making fun of a person's name, appearance or abilities).

Develop A Positive Attitude



Catch kids being good

conference and the organization of the conference of the transfer of the conference of the conference