



Encouraging Family Participation in a Family Planning Setting

Title X guidelines state that Title X providers must “*encourage family participation in the decision of minors to seek family planning services.*” This document provides information and identifies resources that can assist family planning providers and their agencies to enhance their ability to encourage family participation.

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Encouraging Family Participation in a Family Planning Setting Suggested Language for Developing a Policy

The following is information and suggested language to use when developing a policy on Encouraging Family Participation in a Family Planning Setting. Agencies are welcome to adopt the language found in this document, or modify the content to develop a policy that best meets their needs.

1. RATIONALE: Why is it important to do this work? :

Encouraging family participation in the family planning setting can provide a valuable source of support to youth and their families. Supporting family planning staff by providing a framework in which to work with teens can serve the dual purpose of assisting parents or caregivers in developing healthy and connected relationships and improving compliance and communication between the teen and family planning provider. Research in the field of teen pregnancy and sexuality continually reports that the quality of parents' relationships with their teenagers can make a significant difference in the decision that their children make about sex. Overall closeness between parents and their children or "parent/child connectedness" is positively associated with a reduced risk of early sex and teen pregnancy. In fact, teens who reported having a close connection to their parents demonstrated a stronger commitment to abstinence, later onset of sex, fewer partners and greater consistency in the use of contraception. (National Campaign to Prevent Teen Pregnancy. Feb. 2004 *Science Says: Parental Influence and Teen Pregnancy*. & Blake, Susan M, Simkin; Linda, Ledsky, Rebecca; Perkins, Cheryl; & Calabrese, Joseph M., *Effects of a Parent-Child Communications Intervention on Young Adolescents' Risk for Early Onset of Sexual Intercourse*. *Family Planning Perspectives*, p. 52 Vol. 33, Number 2, March/April 2001).

2. DEFINITIONS:

A. Who is "Family"?

Family can be defined in many ways. When working with teens, the staff member should determine who are the positive adult influences in the teens' life? Often, it

may be one or both of the teens' parents or a legal guardian. However, it may be an older sibling, a grandparent, aunt or uncle, or a close family friend.

When working with young teens, exploring who they can talk to about their visit can offer the provider valuable information about the teen's support system and their decision making process. Further, it is important to be sensitive to the cultural differences that impact communication within a family. Values, attitudes, and beliefs, levels of knowledge, and communication patterns about health, sexuality, relationships, contraception, and childbearing vary significantly across cultural and ethnic groups and from family to family. Tailoring programs to the cultural background(s) of participating youth increases the program's effectiveness. (Moore KA, Sugland BW. *Approaches to Preventing Adolescent Childbearing: Next Steps*. Washington, DC: Child Trends, 1995). Social norms, religion, background or history, values and factual knowledge may all influence a teens' ability to talk to a family member about their sexuality.

B. What do we mean by “Family Participation”?

Title X guidelines speak to both the issues of family participation and confidentiality. The Title X Statute, Section 1001, mandates “To the extent practicable, entities which receive grants or contracts under this subsection shall encourage family participation in its projects assisted under this subsection.” This requirement is reinforced in the *Program Guidelines for Project Grants for Family Planning Services* dated 1980 and as revised in 2001. In the latest edition, the Guidelines state in Section 8.7 Adolescent Services, “Adolescents must be assured the counseling session are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individual. However, counselors should encourage family participation in the decision of minors to seek family planning services ...”

As noted in the guidelines, family planning providers are not *required* to inform or notify parents or receive parental consent. Rather, it directs family planning providers to encourage *family participation in the decision of minors to seek family*

planning services ...”. Consistent with providing individualized client-centered counseling, it is the role of the family planning provider to explore family participation with each teen, while maintaining respect for the individual circumstances of the teen and assuring confidentiality.

In Family Planning settings, supporting the notion of “Family Participation” implies that we value the role families can take in helping their teens make healthy decisions in their lives. Therefore, by “encouraging” family participation, it is in an effort to support open and honest communication between teens and their families.

3. HOW TO ...

A. Encourage Family Participation:

Every time a teen visits a family planning health center is an opportunity to encourage family participation. There are numerous ways this can be achieved, which include, assessing who is accompanying the teen, by creating an environment that promotes family participation, examining the role staff can play in encouraging family participation, and having resources that are available for both teens and parents. Often staff express concern over the time involved in exploring family participation, knowing they have limited time to see the client and other important issues to discuss. This model is intended to be brief, while at the same time promoting enhanced communication between teens and their families. It is important to remember that this is a process, and can be addressed with the teen and revisited over more than one visit.

B. Assessing who is with the teen:

It is common practice, and often recommended that all clients, including teens, be seen individually when they are initially called for their visit. At this time, the provider can explore who accompanied the teen to the visit, who knows the teen is at the health center, and whether or not the teens’ family is aware of the visit. In addition, this is an opportunity to further explore the significant relationships the teen has in her/his life, who else they may want to include in some part of the visit, or to

provide the teen with some skill building/suggestions on how to approach talking to a family member if they wish to do so.

C. When a family member accompanies a teen:

A family members presence at the health care visit is an opportunity to support and encourage family participation with both the teen and the family member. This can be done with the teen and family member individually or if the teen is comfortable including the family member in part of the visit, it can be done with both together.

Any time a family member accompanies a teen to the health center is an opportunity to both affirm their presence, and to offer counseling, educational resources and support for maintaining and/or building health connectedness with the teen. If the teen prefers to be seen alone for their visit, there is still an opportunity for a staff member to reach out to the family member, supporting their decision to be there with the teen and to offer resources, while respecting the teen's wishes to not include them in the visit and without breaking confidentiality.

When inviting a family member to join the teen for part of the visit, the provider will want to be welcoming and explain what will be discussed. The provider has limited time, and wants to be sure to define the nature of the discussion, as agreed upon with the teen. This is not intended to be a therapy session, but rather an opportunity to share some information and encourage effective communication.

D. When a teen comes to the health center alone:

When a teen comes to the center alone staff is encouraged to explore with the teen, who else knows they were coming for the visit. It is important to do this in a supportive manner while simultaneously assuring confidentiality. If the teen expresses interest, this is an opportunity to offer language the teen can use to talk to her/his family, invite the teen to bring the family member to the next visit, and/or role-play or practice what a discussion with the family member might be like.

Depending upon the structure of the health center, the staff addressing family participation might include the receptionist, health educator, counselor, nurse, nurse practitioner and/or physician. It is important that the health center establish a written or clearly understood policy as to how to address family participation within their site.

4. WHO should address family participation:

Regardless of who on staff directly addresses family participation with the teen, all staff can play a role in encouraging family participation. It can be done by establishing a welcoming environment, by helping a teen with language she/he can use with parents, or by offering family members opportunities to learn and develop skills in communicating effectively with their children both from a young age and as teens.



Things to Know about Title X

To enable persons who want to obtain family planning care to have access to services, Congress enacted the Family Planning Services and Population Research Act of 1970 (public Law 910572), which added Title X, "Population Research and Voluntary Family Planning Programs" to the Public Health Service Act. The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

Federal Guidelines for the implementation of these family planning services have been established and modified over the past 30 years.

Regulations included in Title X (*Program Guidelines For Project Grants for Family Planning Services*, US Department of Health and Human Services, January 2001), which are particularly relevant to this training, include:

Confidentiality:

Every project must assure client confidentiality and provide safeguards for individuals against the invasion of person privacy, as required by the Privacy Act. No information obtained by the project staff about individuals receiving services may be disclosed without the individual's written consent, except as required by law or as necessary to provide services to the individual, with appropriate safeguards for confidentiality.

Adolescent Services:

Adolescents must be assured that the counseling sessions are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individual. However, counselors should encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities. Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X family planning services.

In spending bills in 1998/1999 language was added which specifies:

None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (P.L. 105-227; P.L. 105-227)

Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest.

As a Title X provider, it is your responsibility to adhere to all Title X guidelines.

Factors Affecting Adolescent Sexual Decision Making

Biological Growth and Development

- Average age of menarche for girls is 12.5 years (African American girls 12.3)
- Average age of maturation (emission of sperm) for boys is 13.5
- Historically, initiation of intercourse has been closely associated with the onset of puberty except in societies where there were strong societal constraints against such behavior

Cognitive Development

- A primary task of adolescence is the mastery of thought
- It is not until middle or late adolescence that a young person moves from the concrete thinking pattern that characterizes childhood to the abstract thinking capabilities that characterizes adulthood
- The way an adolescent behaves sexually is directly related to the way in which he or she processes information. Therefore:
 - Choice about behaviors may be made without fully understanding possible consequences
 - Being planful about behavior is much more difficult for youth than adults
 - Most youth are unable to take full responsibility for any negative outcomes of their behavior

Moral Development

- Adolescent moral development is dependent on cognitive development and stimulation from the social environment
- Moral development not only affects the establishment of the value systems of adolescents, but also how they learn to interact with other people
- Moral development proceeds by sequential steps from absolute rights and wrongs to abstract prioritized concepts
- During pre-adolescence the ability for abstract reasoning begins developing. It is at this time that a correlation can be found between the consciousness of rules, beliefs and values and the practice of them
- Morality exerts its greatest influence in sexual decision making when there is a conflict between social expectations and personal values. In such cases, morality can either swing the balance in favor of social expectations or in favor of one's inner feelings and values

Gender Identity

- Sexuality in the adolescent is inseparably related to perceptions of gender identity (What it means to be a male or female) and the development of gender roles (How I am to behave as a male or female)
- One's gender identity is an important influence in determining one's self-esteem and self-identity
- Gender roles provide for the adolescent the social script of his/her gender identity and synthesizes with his/her social environment

Psychosocial Development

- The culture in which adolescents live, influences the moral rules around which their sexual behavior is organized
- Adolescents have four main tasks to complete during this phase of their development:
 - Establish independence from parents
 - Establish their sexual identity
 - Develop their own value system
 - Make career/vocational choices
- There are three stages of adolescent development, with each having a major task to be accomplished:
 - Task of early adolescent is becoming comfortable with bodily changes
 - Task of middle adolescent is establishing independence
 - Task of last adolescence is establishing identity
- Conditions in society important for smooth accomplishment of these tasks include:
 - Meaningful adult roles
 - Clearly defined transition points for change in status (rites of passage)
 - Stability and consensus of societal values

Social and Peer Influence

- Social and peer pressures are among the strongest influences on youth sexual decision making today
- Current society compounds adolescent difficulties with respect to management of sexual behaviors:
 - There are more divergent values and behaviors than in previous generations
 - Standards and guidelines for behavior are blurred
- The media and other impersonal influences have risen in importance in adolescent's lives

WORKING WITH ADOLESCENTS - General Guidelines

From *Short Tern Relationship Counseling* by Terry Bereford, Planned Parenthood of Maryland, 1977

Establish connection:

The burden for initiating the interaction and establishing the relationship lies with the counselor.

Tips: Talk about self, about job, type of counseling you do, what kinds of problems the people who usually come to help have, reveal yourself before asking client to reveal themselves.

Build trust:

Small behaviors may foster trust.

Tips: Letting the client see the medical record, watch you complete forms, demonstrate by your mannerisms and questions that you will avoid judgments about the client.

Caring but firm alliance:

Be warm and responsive, but distinguish your role. The more clearly the client understands your role as counselor, the better able they will be to trust the professional relationship; therefore, you want to share your knowledge, especially knowledge about counseling.

Try to understand the client's view of the world:

At the same time, remain detached from the client's distortions of reality. View the client's world through adult eyes, without implying judgment or criticism of their view.

Have faith in the client's worth as a person:

Your faith in the client helps them to have faith in themselves.

Help the client understand the naturalness of one's feelings:

The client needs to know that these feelings are normal, that they are not crazy.

Help the client acknowledge fears of separateness and loneliness

Assure the client that adults also have these feelings – validate them.

Help the client try to understand the feelings of others:

Their parental and peer relationships (example: "how do you think so-and-so feels about ...").

Support the client's right to make their own decision:

Explain that your job is to help clarify choices and how they feel about them; once the client feels they do not have to defend their position, they are free to explore it with you.

Family Involvement

The role of the family in sexuality education begins at birth. How each family decides to teach sexuality to young children will vary due to religious and cultural beliefs, societal norms, previous experience, and individual comfort with sexuality. There are some children, including adolescents, who are comfortable asking their parents questions about sexuality and therefore tend to be more comfortable with their own sexuality. Adolescents who are not able to discuss sexuality in the home may be less comfortable asking providers questions. Further, their parents may become upset at the thought of other people teaching their children about sexuality. (Emory University Regional Training Center – 2003)

Things for the Health Care Professional to consider:

- Do you see parents who bring in their teenage daughters for a visit or birth control? Why or why not?
- Do you see them together or separately?
- If a client comes in alone and says her parent(s) know she is there, how do you follow up with the client?
- If a client comes in alone and says her parent(s) do NOT know she is there, how do you follow-up?
- Are there circumstances where you would encourage family involvement?
- Are there circumstances where you would not encourage family involvement?
- Do you offer support to the teen and/or her/his parent(s) for good communication and efforts made?

Questions to use with minors to help explore family involvement:

- When was the first time you discussed sexuality with your parents? Were they comfortable? Were you?
- With which parent did you speak with most about sexuality?
- What information did your parents share with you about sexuality?
- After the initial discussion, did you feel you could continue to ask them questions?
- How do you think your parents would feel about your being here today?
- Have you thought about talking to your parent(s) about your sexuality?
- How might you begin a conversation with your parent(s) about your visit today? What do you think would happen?

ENCOURAGING FAMILY PARTICIPATION

Suggestions for Staff

It is important when exploring family participation that teens have established some level of trust and safety with the provider. Some ways to achieve a level of trust and safety is by: explaining to the teen what are their rights to confidentiality, and by providing client centered counseling, which includes asking open ended questions, active listening, and being non-judgmental.

Questions and Statements Staff Can Ask to Explore Family Participation:

- Who in your life knows you are here today?
- Who would you like to talk to about your visit?
- What might your mom or dad say if they knew you were here today?
- What is it like talking with your parents?
- What has your experience been in talking to your parents about sensitive or difficult issues? ... How have they responded?
- Is there another adult in your life who you trust/can talk to?
- We want you to have the best quality health care we can provide. A parent or other adult might be able to help you with that.
- These are some big decisions and a parent, family member or other adult might be able to help you.
- If you'd like, I can help you talk with them
- Sometimes it can be hard to have a secret from your parents. They might actually be really glad you came to them and be proud of you.
- Can you tell them, "I need you to listen?"
- If/when you become a parent, what kind of relationship would you like with your teenager?
- If we invite your parent to join us, what kind of information would you be comfortable discussing with your family member in the room?

Issues Staff Should Consider:

- Are you exploring family participation with teenage girls AND teenage boys?
- How comfortable are you in talking with teens and their parents together?
- Do you know your staff laws around parental notification and mandated reporting requirements?
- Do you have resource materials available to both teens and their parents?
- Do you have a private place where you can talk to teens?
- Are you sensitive to different cultural issues?
- Do you have additional training needs to assist you in doing this work on Encouraging Family Participation?
- Have you received training on counseling teens and assessing for sexual coercion?

The handout: *Tips for Teens in Talking to Their Parents*, is a good tool to use when working with teens who want help in talking with their parent(s). Helping the teen practice the communication skills with you and reporting back at a later visit can help you foster more effective communication between parents and their teens.

REMEMBER! Family involvement is an important public health issue. Increasing family involvement can increase compliance and increase overall communication among teens and adults who care about them.

TIPS FOR TEENS IN TALKING TO THEIR PARENTS ABOUT SEXUALITY

Although you may talk with your parents all the time, you may need some help about talking with them about sexuality. The following are some suggestions for talking with them.

- 1. Define the Topic:** Think through what you want to talk about. Do you want information, do you want to share your feelings, do you want help with a problem, or do you just want a listening ear?
- 2. Pick the Right Timing:** Find a time when you both are free to listen and talk with one another. It could be a time when you often talk, like while preparing or sitting down to dinner. Or, you may want to set a date to talk or wait until your parent has some quiet time when they aren't focusing on work or household chores when things are not too hectic. You could say, "I have some things I want your opinion on. Could we find some time this evening to talk?" Find a time that feels comfortable for both of you.
- 3. Talk Clearly:** State clearly what you are thinking, feeling or concerned about. You might start the conversation by saying something like: "Lately I've been thinking about," or "Sometimes I've been worried about, and then say as clearly as you can what is on your mind. It is okay to not always have the right words or to fumble a bit. Everyone has trouble talking about personal topics. Just say it the best you can. Sometimes as we talk, our thoughts and feelings become more clear.
- 4. Ask for What You Want:** This step relates to Step #1. Do you want help from your parent, or do you just want them to listen and hear what you are thinking or feeling? If you can tell them early in the conversation what you want from them, you're much more likely to get it. Parents often are in the role of telling their kids what to do and often automatically take on that role. Therefore, if you just want someone to listen and not to have the answers or tell you what to do, you may have to make that request early in the conversation.
- 5. Listen:** The final step to good communication is listening. Listen to what your parent has to say and follow up later when necessary. Often we are busy thinking about the next thing we want to say instead of carefully listening to the other person. Good listening means you focus on the other person and try to understand what they are thinking and feeling. Sometimes your parents say things you don't agree with or don't want to hear. The most successful communication happens when people not only say clearly what they think and feel but also try to understand what the other person is thinking and feeling.

REMEMBER: Both you and your parents may not say everything you want to in one conversation. Therefore, it is important to follow up with another conversation later as new thoughts and feelings emerge. You might later follow-up the conversation by saying something like: "Remember when we were talking about ...? Well, since then I've been thinking ..."

And ... if you are not used to talking to your parents about sensitive issues, like sexuality, your health care provider is a good person to talk to and practice these skills with. So if you want some help from your family planning provider ... practice step "3 ... "ask for what you want."

Grateful acknowledgement is made to: ReCAPP, ETR's Resource Center for Adolescent Pregnancy Prevention, *Communicating With Your Parent About Sexuality and Relationships* 2004

TIPS FOR PARENTS in: Helping Your Children to Build Healthy Sexual Relationships

As a parent, what can you do to help your child build healthy sexual relationships? Here are a few practical, research-based tips and communication suggestions for parents:

1. **Be clear about your own sexual attitudes and values.** Communication with your children about sex, love and relationships is often more successful when you are certain in your own mind about these issues. You are the strongest influence in your child's life. Share your values, but understand and accept that your child may not share your attitudes and values about sex.
2. **Talk with your children early and often about sex and be specific.** Initiate the conversation, and make sure that it is honest, open, and respectful. It is okay if you don't have all the answers, you can help your child find the answers.
3. **Get to know your child.** It is hard to talk about sex with someone who you don't already talk to about other things. If you start early and have ongoing conversations with your child, talking about sexuality will be a much easier conversation. .
4. **Don't assume that if your child asks questions about sex, he or she is necessarily thinking about having sex.** Research shows that teens that have talked to their parents about sex are more likely to postpone sex. It is natural for teens to have questions.
5. **Set a good example.** Children are constantly watching and listening to their parents. Is your behavior consistent with your values and verbal messages you are giving your child?
6. **Leave age-appropriate articles or books about teenage sexuality around the house.** These can help spark conversations on issues that may be particularly sensitive or hard for you to talk about.
7. **Don't wait for your child to start the conversation.** Many adolescents would like to talk to their parents about sex, but feel uncomfortable asking questions.
8. **Talk to sons as well as daughters.** Sons as well as daughters need to know that teen pregnancy has serious consequences for them too. Talk with girls AND boys about consequences, responsibility, sex, love, and values.
9. **Reassure your child that not everyone is having sex.** Teenagers often overestimate the percentage of their peers who are sexually experienced. Let them know that it is okay not to have sex, and that the decision to be sexually active is one they should make by assessing their own values and feelings.
10. **LISTEN!** When talking with your child it is important to listen to what they are saying. It helps you learn what they are thinking and what further information or discussion may be helpful.

TIPS For Parents ... continued

In addition ... How a parent communicates with their child may open up or encourage communication, or close down or discourage communication. Below are a few examples of statements that can either "open" the door or "close" the door on communication:

Door Closers:

- ✓ "If you say (do) that again, I'll ..."
- ✓ "That's none of your business."
- ✓ "I don't care what your friends are doing!"
- ✓ "We'll talk about that when you need to know."
- ✓ "That's just for boys (girls)."
- ✓ "Why are you asking me that?"
- ✓ "You're too young to understand"

Door Openers:

- ✓ "What do you think?"
- ✓ "Do you know what that means?"
- ✓ "This is why I feel that way ..."
- ✓ "That's a good question."
- ✓ "I don't know, but I'll find out"
- ✓ "How do you feel about that?"
- ✓ "Tell me more about ..."

Developed with material from: The National Campaign to Prevent Teen Pregnancy, *Parent Power: What Parents Need to Know and Do to Help Prevent Teen Pregnancy*, from Campaign for Our Children, Inc., *Talking to your Kids about Sex and Opening the Doors of Communication*

Resources for Encouraging Family Participation

Advocates for Youth

1025 Vermont Avenue, N.W.
Suite 200
Washington, D.C. 20005
202 347-5700

www.advocatesforyouth.org

- *Ten tips for Talking about the Facts of Life*
 - *Tips for Talking with Sexually Active Teens about Contraception*
 - *Components of Promising Teen Pregnancy Prevention Programs*
 - *Parent-Child Communication Basics*
- ... And more

Campaign for our Children
120 West Fayette Street
Baltimore, MD 21201
410 576-9015

www.cfoc.org

- How To Talk with Your Kids About Sex

Center for Applied Research and Technical Assistance, Incorp. (CARTA)

1800 North Charles
Suite 902
Baltimore, MD 21201-5987
410 625-6250

www.carta.org

- *Engaging Parents and Families as Partners in Adolescent Reproductive Health and Sexuality: A Guide for Reproductive Health Providers*
- *Engaging Parents and Families in Adolescent Reproductive Health*
- *Connecting the Dots: How Practitioners Engage Parents, Families, and Youth Around Reproductive and Sexual Health*

Center for Health Training

www.centerforhealthtraining.org

- *Helping Parents Engage: Encouraging Family Involvement in Adolescents' Relationship and Family Planning Decisions*

Department of Health and Human Services: Office of Population Affairs:

Office of Family Planning Office of Adolescent Pregnancy Programs
301-594-4008 301-594-4004

<http://opa.osophs.dhhs.gov/opainfo.html>

- *Information on Federal Title X Regulations*

Engender Health

440 Ninth Ave.
New York, NY 10001
212 561-8000

www.engenderhealth.org

- *Youth – Friendly Services: A manual for Providers*

ETR Associates (Education, Training and Resource Center: for Adolescent Pregnancy Prevention)

4 Carbonero Way
Scotts Valley CA 95066
831 438-4060

www.etr.org

- *Research and articles on Parent-Child Connectedness*

Healthy Teen Network (formerly NOAPPP)

Healthy Teen Network, Inc.
509 2nd Street, NE
Washington, DC 20002
202 547-8814

www.healthyteennetwork.org

- *Family & Parental Involvement in Reproductive and Parenting Decisions of Teens*
- *Teen & Family Relationships: Development of Sexuality*

National Education Association Health Information Network

www.neahin.org/canwetalk

- *Can we Talk?*

Sexuality Information and Education Council of the United States (SIECUS)

SIECUS NY Office
130 West 42nd Street, Suite 350
New York, NY 10036-7802
212 819-9770

SIECUS DC Office
1706 R Street NW
Washington, DC 20009
202 265-2405

www.siecus.org

- *Numerous articles on Teenage Sexuality*

The Alan Gutmacher Institute

120 Wall Street
21st Floor
New York, NY 10005
212 248-1111

1301 Connecticut Avenue
Suite 700
Washington, DC 20036
202 296-4012

www.agi-usa.org

- *Publication: Family Planning Perspectives*

The National Campaign to Prevent Teen Pregnancy

1776 Massachusetts Avenue, NW

Suite 200

Washington, DC 20036

202 478-8500

www.teenpregnancy.org

- *Parent Power: What Parents Need to Know and do to help Prevent Teen Pregnancy*
- *Talking Back: What Teens Want Adults to Know About Teen Pregnancy*

VIDEO and AUDIO RESOURCES:

Encouraging Family Involvement

TRAINING 3, Family Planning Council

2005

Approximate running time: 20 minutes

This video demonstrates 2 counseling sessions, both addressing the issue of family participation. The first scenario is with a 15 year-old client who comes to the health center with her mother, the other, a 15 year-old client coming to the health center alone. A facilitators guide accompanies this video.

Audio:

Encouraging Family Participation in a Family Planning Setting

TRAINING 3, Family Planning Council

5/11/05

Approximate running time: 90 minutes

This is the audiotape of a teleconference, presented by TRAINING 3 to address the topic of Encouraging Family Participation. The presenters for this conference were: Jane Detwiler, Barbara Sugland, and Shelley Miller.

For copies of these resources, contact TRAINING 3 by telephone at 215-985-2645, or by e-mail at training3@familyplanning.org.