



**Healthy
Families NY**

HFNY Curriculum Manual

September 2022 edition

Produced by



CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY State University of New York

Contents

INTRODUCTION AND DEFINITIONS	4
CHAPTER 1: PRIMARY CURRICULA	5
1.1: Growing Great Kids Next Generation (Prenatal through 36 Months) – Approved Primary.....	5
1.2: Growing Great Kids Classic (Prenatal through 36 Months) – Approved Primary	9
1.3: Partners for a Healthy Baby by Florida State University (PHB/FSU) – Approved Primary	14
1.4: Parents as Teachers (PAT) – Approved Primary	18
1.5: San Angelo – (Not Approved as of 2/2022).....	23
CHAPTER 2: SUPPLEMENTAL GENERAL CURRICULA	25
2.1: Baby TALK (Prenatal-Age 5) – Approved Supplemental.....	25
2.2: Just In Time (Prenatal-Age 5) – Approved Supplemental	31
2.3: UNICEF and ISSA Curriculum – Non-Approved Resource to Engage Parents	33
CHAPTER 3: CURRICULA FOR 3-5 YEAR OLDS.....	36
3.1: GGK Next Generation for Preschoolers (Ages 3-5) – Approved Primary	36
3.2: GGK Play With Me! (Ages 3-4) – Approved Supplemental.....	40
3.3: PAT Foundational 2 (Ages 3-6) – Approved Primary	43
3.4: Baby TALK (Prenatal-Age 5) – Approved Supplemental	48
3.5: Just In Time (Prenatal-Age 5) – Approved Supplemental	48
3.6: PAT: Partnering with Teen Parents (Prenatal-Age 5)	49
CHAPTER 4: PRENATAL CURRICULA	52
4.1: Great Beginnings Start Before Birth (GBSBB) – PCANY 2019 Hybrid – Approved Supplemental.....	52
4.2: Growing Great Kids Prenatal through 36 Months (GGK P36) – Approved Primary	54
4.3: Partners for a Healthy Baby/Florida State University (PHB/FSU) – Approved Primary .	54
4.4: Parents as Teachers (PAT) – Approved Primary	54
4.5: Baby Talk (Prenatal-Age 5) – Approved Supplemental	54
4.6: Just In Time (Prenatal-Age 5) – Approved Supplemental	54
CHAPTER 5: FATHERHOOD-FOCUSED CURRICULA.....	55
5.1: 24/7 Dad– Approved Supplemental	55
5.2: Nurturing Fathers– Approved Supplemental	60
5.3: Partners for a Healthy Baby/Florida State University (PHB/FSU) – Approved Primary .	62

5.4: Understanding Dad (A National Fatherhood Initiative Curriculum)– Approved Supplemental.....	63
5.5: Mom as Gateway – Approved Supplemental.....	67
5.6: Parents as Teachers (PAT): Partnering With Teen Parents – Approved Supplemental .	68
CHAPTER 6: TEEN PARENTS CURRICULA	69
6.1: Parents as Teacher (PAT): Partnering With Teen Parents – Approved Supplemental...	69
6.2: 24/7 Dad Adaption for Teen Parents – Approved Supplemental	72
6.3: Baby TALK (Prenatal-Age 5) – Approved Supplemental	75
CHAPTER 7: CHILDREN WITH DISABILITIES CURRICULA.....	76
7.1: Parents as Teacher (PAT): Interactions Across Disabilities – Approved Supplemental .	76
7.2: Parents as Teacher (PAT): Partnering With Teen Parents – Approved Supplemental...	77
7.3: FACE (The Family and Child Education) – Other (non-approved) Resources to Engage Parents.....	77
CHAPTER 8: ADVERSITY-TRAUMA-RESILIANCE CURRICULA	78
8.1: Mind Matters: Overcoming Adversity & Building Resilience – Approved Supplemental	78
CHAPTER 9: NATIVE AMERICANS – TRIBAL COMMUNITIES PROGRAM	84
9.1: FACE: (Family and Children Education) Program – Other (non-approved) Resources to Engage Parents	84
CURRICULA AT A GLANCE.....	87
General Curricula.....	87
Specialized Supplemental Curricula	89
REFERENCES	91

INTRODUCTION AND DEFINITIONS

This document serves as a summary of the HFNY Curriculum Committee's efforts to review, categorize, and compare the current available home visiting curricula that might be relevant for HFNY programs and staff. We hope this document will help programs make decisions about curricula selection, especially for choosing supplementary curricula to serve their particular populations.

In September 2022, NYS OCFS sponsored trainings for all interested HFNY programs and staff for Growing Great Kids Next Generation (see Chapter 1.1). While programs have not been mandated to use GKG as their primary curriculum, many have chosen to do so, given this opportunity to have their initial training costs and the cost of the curriculum covered. As such, the information on supplemental curricula and more specialized curricula may be of more use at this point.

Each curriculum explored is broken into the following sections:

- **Contact Information and Other General Information**
 - This section provides the curriculum's website and contact information for any key individuals or for the curriculum as a whole.
- **Costs**
 - Cost is broken down by curriculum and digital material costs and any renewal fees; training costs and training extent, and any annual licensing fees.
- **Languages Available**
- **Overall Summary**
 - This section includes summary information on the curriculum's overall approach, and notes on its perceived usefulness, comprehensiveness, and timeliness (e.g., whether anything is out of date). It may also include feedback from programs or states currently using the materials.
- **Virtual Training and Delivery Options**
- **Special Interest Groups Served, if any**
- **Evidence-informed or Evidence-based**
 - Many curricula are at least informed by research evidence (evidence-informed) or have evidence for their effectiveness (evidence-based), though some do not. This section summarizes the research behind the curriculum, if any.
- **Cultural Sensitivity**, particularly whether the curriculum is appropriate for the families HFNY serves, and why or why not
- **Educational/Cognitive Appropriateness**, again whether the curriculum is appropriate for educational and cognitive backgrounds of the families HFNY serves

The information in this document was last updated in September 2022.

CHAPTER 1: PRIMARY CURRICULA

1.1: Growing Great Kids Next Generation (Prenatal through 36 Months) – Approved Primary

Contact Information and Other General Information

www.greatkidsinc.org

Amber Green at agreen@greatkidsinc.net or (715) 679-8381

Costs

OCFS now covers the cost of this curriculum and associated training. Please contact your OCFS Program Contract Manager for more information.

Curriculum and Digital Materials, Renewal Fees

The average cost of the GGK Next Generation P36 Curriculum Package for non-certified home visitors is between \$2,050 (to increase to \$2,200 as of 7/1/2023). For those who are already certified in GGK Classic, there is a transition package that costs \$475-\$850 per participant. Please contact your OCFS Program Contract Manager for more information on having the cost of this curriculum and its training covered by OCFS.

Trainings

Trainings are required and included in the cost of the curriculum. Trainings are 5 days with 6 hours of instructor-led virtual instruction and approximately 18 hours of independent, online learning.

Annual Licensing Fee

No

Languages Available

Parent handouts, activities for families, and curriculum manuals all available in English and Spanish.

Does not meet needs for Haitian-Creole and Russian populations.

Overall Summary

GGK Next Generation Prenatal through 36 Months (GGK Next Generation P36) is a research-informed, strength-based, and solution-focused curriculum, which is very comprehensive and up to date. It is followed by GGK Next Generation for Preschoolers (3-5 years) or GGK Play With Me! (3-4 years) (both of which are separate purchases – see 3-5 Years tab). (GGK Play With Me! does not require an additional training).

GGK Next Generation P36 includes a Jump Start Manual with conversation guides for introducing the Key Ingredients and several introductory family modules, a Key Ingredients Ring, 6 Development-Based Manuals: (1) Prenatal, (2) Birth to 6 months, (3) 7 to 12 months, (4) 13 to 18 months, (5) 19 to 24 months, and (6) 25 to 36 months, a Fidelity Guide which serves as a reference guide for home visitors to teach them the “Best-Practice Recommendations” and give more detail about several important topics, and the Growing Great Families Manual which focuses on strengthening families, stress management, life skills, building protective buffers, and promoting parental resilience. GGK Next Generation P36 includes electronic access to many additional resources, including parent handouts, documentation checklists, key ingredients certificates, and the GGK GPS Tool.

GGK Next Generation P36 focuses on fostering secure attachment relationships and developmentally enriched, empathic parenting that supports families to reduce their stress and build protective buffers for their children. It especially aims to cultivate 6 protective factors: nurturing and attachment, social and emotional competence of children, knowledge of parenting and child development, parental resilience, social connections, and concrete supports for parents. It also teaches home visitors to support parents in growing their understanding of early childhood development, building essential parenting skill sets, bolstering their resiliency, growing skills and support networks for managing stress, while taking ownership for solving their problems, and strengthening family foundations. It is culturally humble and father-inclusive. Aligned with HFA model and endorsed by HFA. It is comprehensive and generally kept current.

Virtual Training and Delivery Options

All trainings are now virtual.

Special Interest Group Served

1. Prenatal families
2. Serves pregnancy through 36 months of age; but GGK then offers two additional purchases to serve ages 3-4 and ages 3-5 - See the "3-5-Year-Olds" section (Chapter 3). The Play With Me! curriculum for ages 3-4 is a separate \$375 purchase but does not require a training for those already GGK-certified. There is also a more expensive GGK for Preschoolers, which is for ages 3-5, and does require a training. Contact your OCFS Program Contract Manager for information about OCFS covering the cost of these additional curricula.

Evidence-informed or Evidence-Based

Yes. GGK was founded with an extensive Research Base, and thus is Evidence-Informed. Additionally, there is also a significant Evidence Base, although some of these studies cannot differentiate between the role of the GGK curriculum and home visiting more generally because their comparison group (control group or pre-test group) did not receive home visiting, so the positive outcomes observed could be attributed to home visiting more generally, rather than the GGK curriculum.

Evidence-Informed:

For a summary of how GGK is evidence-informed, see in-depth description and bibliography of research literature used to inform the GGK curriculum at <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Understanding the Research Base: Theoretical & Empirical Foundations."

GGK is Evidence-Informed; it is based in decades of theoretical and empirical foundations regarding the kinds of interventions most effective for children ages prenatal to 5 years. It is based on Attachment Theory which holds that if a child does not form a secure attachment during the critical 0-5 years period, s/he will suffer developmental consequences. The focus of GGK is to help HVs cultivate the development of secure attachment between parents and their children. A lot of research supports the premise that healthy child development is connected directly to the quality of the early attachment relationship, including cellular and epigenetic research. GGK also aims to provide parents with nurturing responses to help children develop the ability to control their own emotions (i.e., to help parents provide children with external regulatory capacity (co-regulation) until children are able to regulate their own emotions (self-regulation)). It is designed to increase executive functioning in parents, which results in better problem solving, stress management, and other life skills.

GGK also focuses on building six protective factors shown by research to help prevent child abuse: (1) Nurturing and Attachment; (2) Social and Emotional Competence of Children; (3) Knowledge of Parenting and Child Development; (4) Parental Resilience; (5) Social Connections; and (6) Concrete Supports for Parents. In summary, GGK supports parents to (1) foster the growth of secure attachments and support the social and emotional development of their infants and young children; (2) develop parental empathy and respond sensitively to their child's needs; (3) grow in their understanding of early childhood development; (4) build essential parenting skill sets; (5) bolster their resiliency; (6) grow skills and support networks for managing stress, while taking ownership for solving their problems; and (7) strengthen family foundations.

GGK has 6 Core Principles in its Research Foundations, which are all firmly based in research. They are: (1) Human relationships establish the foundation of healthy development; (2) Self-regulation is critical for positive childhood development in all domains of behavior; (3) Children develop due to the basic human drive to explore and master one's environment; (4) Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood; (5) Family interventions during early childhood that change the balance between risk and protection can shift the odds in favor of more adaptive development outcomes; and (6) Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development."

GGK Next Generation P36 is aligned with the HFA model and *endorsed by HFA*. Also see <https://www.greatkidsinc.org/about-great-kids/model-alignment/> "Pathways to Positive

Outcomes " for a description of how GGK is aligned with five domains of the Head Start Early Learning Outcomes Framework: (1) Approaches to Learning Domain; (2) Social and Emotional Domain; (3) Language and Communication Domain; (4) Cognition Domain; and (5) Perceptual, Motor, and Physical Development Domain.

Evidence Base:

See <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Program Partners: Research Publications" for a list of relevant evidence-based publications. There is significant evidence that HFA programs that use GGK show improvements in their participants vs. non-treated families, or pre-post-test analyses. It is important to note, however, that the comparison group or pre- group in these studies did not receive home visiting; thus, we cannot discern whether the positive results they observe are due specifically to the GGK curriculum or to home visiting more generally.

For example, in an RCT of HF Arizona (HFAz), where the intervention group received HFAz + GGK and the control group received child development assessments only (LeCroy & Davis, 2017), researchers found the intervention group showed significant improvements compared to the control group in: (1) implementation of more safety practices in the home; (2) use of more resources to meet family needs; (3) increased breastfeeding; (4) improved parenting attitudes and practices (quality of the home environment to support the child's learning, use of regular routines with the child, reading more to the child); (5) significantly higher mental health survey measures; and (6) significant differences in several linguistic dimensions (more positive emotions and less negative emotions, less sadness, more feeling expressions, enhanced cognitive mechanisms, and greater insight, cause, and certainty). They also found that families in the intervention group who *received more home visits* showed significantly better improvements in several areas: increased social support, reduced depression, increased role satisfaction, increased breastfeeding, better problem-solving and better mental health survey measures. Further, Lecroy & Lopez (LeCroy & Lopez, 2018) found many of these measures extended from 6-month to 1-year follow-up.

Cultural Sensitivity

GGK Next Generation Prenatal-36 includes a Fidelity Guide, which includes a 92-page section on Cultural Humility, addressing the difference between cultural humility and cultural competence and highlighting how home visitors can be culturally humble in their engagement of families.

Educational/Cognitive Appropriateness

GGK Next Generation P36 may be more difficult to use with families who have children with special needs or parents with cognitive or intellectual disabilities.

1.2: Growing Great Kids Classic (Prenatal through 36 Months) – Approved Primary

Contact Information and Other General Information

www.greatkidsinc.org

Amber Green at agreen@greatkidsinc.net or (715) 679-8381.

Costs

Curriculum and Digital Materials, Renewal Fees

\$1695 per Home Visitor, which includes all print materials and the 4.5-day training. No renewal fees. \$795 additional for supervisor training and digital copies of all parent handouts and online training subscription. Additional costs associated with travel if you are not able to hold a seminar at your facility. Virtual curricula and trainings are now available.

Florida's CA purchases all curriculum for all their programs. Some of their training team has become certified GKG trainers (costs \$40,000). They currently provide a GKG training every four weeks, doing 13-14 per year for their over 500 home visitors. They spend \$100,000 per year to replace manuals. Sites do not have to include anything curriculum-related in their budgets.

Trainings

GKG Classic P36 trainings are no longer available as of January 1, 2022, and all new staff will be required to be trained in GKG Next Generation P36. GKG Classic P36 can still be used by existing staff and supervisors already trained in the GKG Classic P36 curriculum after January 1, 2022. It is advantageous for supervisors to be trained in GKG Next Generation P36 if they have new staff trained in GKG Next Generation P36, as there are significant differences between GKG Classic and GKG Next Generation.

GKG Classic P36 required a 4.5-day training for all individual HVs within 4 months of starting the role. Can use web-based "Great Kids-Great Start" as "stop-gap" for trainings (included in cost of training, so need to sign up for GKG training, then can access).

Annual Licensing Fee

No.

Languages Available

English and Spanish. Parent educational materials are also available in French.

Does not meet needs for Haitian-Creole and Russian populations.

Overall Summary

GKG Classic Prenatal through 36 Months (GKG Classic P36) is a research-informed, strength-based, and solution-focused curriculum, which is very comprehensive and up to date. It is

followed by GGK Next Generation for Preschoolers (3-5 years) or GGK Play With Me! (3-4 years) (both of which are separate purchases - see 3-5 Years tab). (GGK Play With Me! does not require an additional training).

GGK Classic P36 includes manuals, digital parent handouts, child development activities (on CD), and Growing Great Families modules/conversation guides. It focuses on attachment and the parent-child relationship, infant mental health and child development, family strengthening and life skills, reducing toxic stress, co-regulation, and building protective factors. Describes itself as "culturally-competent and father-inclusive." Aligned with HFA model. It is comprehensive and generally kept current, and home visitors are required to use it on every home visit. It is designed for children and their parents who have been exposed to Adverse Childhood Experiences (ACEs) and are living in highly stressed home environments.

For every three months of a child's development, there are conversation guides that address: (1) Basic Care; (2) Social and Emotional Development; (3) Cues and Communication; (4) Physical and Brain Development; (5) Play and Stimulation; and (6) Successes and Next Steps. Additionally, there are four Growing Great Families (GGF) units: (1) Strengthening Family Foundation and Motivating Growth; (2) Reducing Stress: Tools for Stress Management; (3) Discipline and Special Parenting Circumstances; and (4) Blueprints for Emergent Practice; these help guide workers in the home visits.

GGK is Florida's only approved curriculum currently. MA does not use this curriculum because of its cost and rigidity.

Programs have offered several perspectives: Staff like the "Growing Great Families" portion of it. GGK is a good curriculum, but it is set up as a script that is supposed to be read verbatim (although this requirement has been relaxed recently), and it is difficult and time-consuming for workers to master the GGK manual. It also requires more planning, is more intricate to use, and doesn't flow as well when the workers first start using it. At the beginning, workers may come across to families as if they don't know what they're talking about. Also, visits take longer. Some feel the activities are very hands-on and open conversations. All materials on CHEERS and other information workers are required to document are included. Some programs need to adapt its presentation, as GGK tells you to read the lessons word for word, and this often makes families feel like they are being talked down to. Some programs feel it only has "some" good handouts and a "few" good activities. Some FSSs feel this curriculum needs to be supplemented with another because they run out of material.

[Virtual Training and Delivery Options](#)

Virtual GGK Classic P36 Training is no longer available, as of January 1, 2022. Only GGK Next Generation P36 Trainings are available.

In the past, virtual GGK Classic P36 Trainings could be scheduled if had 6 participants. It is a 5-day virtual training certification which REPLACES the face-to-face GGK Training. (FSSs & supervisors will NOT need to be trained again.) To use this option, the supervisor must already

be GGK-trained or must take the virtual training, as well. FSS will receive GGK books delivered to her/his home. The supervisor will receive discs that can be uploaded to a shared drive for everyone to access, and these handouts can be emailed to FSSs & families. The group minimum for a training is 6, and the maximum is 12.

While waiting to receive the GGK 5-day Virtual Training, FSSs & supervisors can receive a FREE stop-gap training, good for 4 months, which makes GGK-like materials available. To use these GGK-like materials, the supervisor must also be GGK-trained. See contact information for more details.

Special Interest Group Served

1. Prenatal families - some workers run out of prenatal curriculum, whereas they say this is not an issue for FSU.
2. Serves pregnancy through 36 months of age; but GGK then offers two additional purchases to serve ages 3-4 and ages 3-5 - See the "3-5-Year-Olds" section (Chapter 3). The curriculum for ages 3-4 is a separate \$375 purchase but does not require a training for those already GGK-certified. There is also a more expensive GGK for Preschoolers, which is for ages 3-5, and does require a training.
3. Not the best for fathers – There are only 3 specifically father-focused handouts, and some staff and fathers find this curriculum too "girly" and "crafty".

Evidence-informed or Evidence-Based

Yes. GGK was founded with an extensive Research Base, and thus is Evidence-Informed. Additionally, there is also a significant Evidence Base, although some of these studies cannot differentiate between the role of the GGK curriculum and home visiting more generally because their comparison group (control group or pre-test group) did not receive home visiting, so the positive outcomes observed could be attributed to home visiting more generally, rather than the GGK curriculum.

Evidence-Informed:

For a summary of how GGK is evidence-informed, see in-depth description and bibliography of research literature used to inform the GGK curriculum at <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Understanding the Research Base: Theoretical & Empirical Foundations."

GGK is Evidence-Informed; it is based in decades of theoretical and empirical foundations regarding the kinds of interventions most effective for children ages prenatal to 5 years. It is based on Attachment Theory which holds that if a child does not form a secure attachment during the critical 0-5 years period, s/he will suffer developmental consequences. The focus of GGK is to help HVs cultivate the development of secure attachment between parents and their children. A lot of research supports the premise that healthy child development is connected directly to the quality of the early attachment relationship, including cellular and epigenetic research. GGK also aims to provide parents with nurturing responses to help children develop

the ability to control their own emotions (i.e., to help parents provide children with external regulatory capacity (co-regulation) until children are able to regulate their own emotions (self-regulation)). It is designed to increase executive functioning in parents, which results in better problem solving, stress management, and other life skills.

GGK also focuses on building six protective factors shown by research to help prevent child abuse: (1) Nurturing and Attachment; (2) Social and Emotional Competence of Children; (3) Knowledge of Parenting and Child Development; (4) Parental Resilience; (5) Social Connections; and (6) Concrete Supports for Parents. In summary, GGK supports parents to (1) foster the growth of secure attachments and support the social and emotional development of their infants and young children; (2) develop parental empathy and respond sensitively to their child's needs; (3) grow in their understanding of early childhood development; (4) build essential parenting skill sets; (5) bolster their resiliency; (6) grow skills and support networks for managing stress, while taking ownership for solving their problems; and (7) strengthen family foundations.

GGK has 6 Core Principles in its Research Foundations, which are all firmly based in research. They are: (1) Human relationships establish the foundation of healthy development; (2) Self-regulation is critical for positive childhood development in all domains of behavior; (3) Children develop due to the basic human drive to explore and master one's environment; (4) Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood; (5) Family interventions during early childhood that change the balance between risk and protection can shift the odds in favor of more adaptive development outcomes; and (6) Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development."

GGK Next Generation P36 is aligned with the HFA model and *endorsed by HFA*. Also see <https://www.greatkidsinc.org/about-great-kids/model-alignment/> "Pathways to Positive Outcomes " for a description of how GGK is aligned with five domains of the Head Start Early Learning Outcomes Framework: (1) Approaches to Learning Domain; (2) Social and Emotional Domain; (3) Language and Communication Domain; (4) Cognition Domain; and (5) Perceptual, Motor, and Physical Development Domain.

Evidence Base:

See <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Program Partners: Research Publications" for a list of relevant evidence-based publications. There is significant evidence that HFA programs that use GGK show improvements in their participants vs. non-treated families, or pre-post-test analyses. It is important to note, however, that the comparison group or pre- group in these studies did not receive home visiting; thus, we cannot discern whether the positive results they observe are due specifically to the GGK curriculum or to home visiting more generally.

For example, in an RCT of HF Arizona (HFAz), where the intervention group received HFAz + GGK and the control group received child development assessments only (LeCroy & Davis, 2017), researchers found the intervention group showed significant improvements compared to the control group in: (1) implementation of more safety practices in the home; (2) use of more resources to meet family needs; (3) increased breastfeeding; (4) improved parenting attitudes and practices (quality of the home environment to support the child's learning, use of regular routines with the child, reading more to the child); (5) significantly higher mental health survey measures; and (6) significant differences in several linguistic dimensions (more positive emotions and less negative emotions, less sadness, more feeling expressions, enhanced cognitive mechanisms, and greater insight, cause, and certainty). They also found that families in the intervention group who *received more home visits* showed significantly better improvements in several areas: increased social support, reduced depression, increased role satisfaction, increased breastfeeding, better problem-solving and better mental health survey measures. Further, Lecroy & Lopez (LeCroy & Lopez, 2018) found many of these measures extended from 6-month to 1-year follow-up.

Cultural Sensitivity

GGK has 6 Core Principles in its "Research Foundations." One is: "Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development." This is informed by a great body of research. They emphasize that home visiting program staff must "facilitate policy planning, staff training, and community participation to ensure culturally competent services." They also emphasize that children who become bilingual from birth are not slowed in their development.

Specific modules are designed to encourage families to learn more about their cultural values and traditions, and to explore how they may use their culture to strengthen their family's and child's sense of well-being.

Some staff in Florida do not like it for men, describing it as too "girly" and "crafty".

Does not meet needs of Florida staff working with Russian and Haitian-Creole families.

Educational/Cognitive Appropriateness

GGK is more difficult to use with families with children who have special needs.

GGK recommended to Florida to "slow it down" for families with cognitive and intellectual disabilities, which helps but it is not sufficient. They say something with pictures only would be better.

Other Comments

Florida's biggest struggle with GGK is with supervisors who after they get trained don't keep using it so they can't be helpful with staff in terms of selecting modules, etc. with staff.

Florida does their own supervisor training, not GGK's, as GGK's would be too expensive.

1.3: Partners for a Healthy Baby by Florida State University (PHB/FSU) – Approved Primary

Contact Information and Other General Information

<https://cpeip.fsu.edu/phb/phb13.cfm>

Christine Chiricos, Associate in Research, at cchiricos@cpeip.fsu.edu or (850) 922-1300, or Sarah Mullane at smullane@fsu.edu or (850)-922-1300.

Costs

Curriculum and Digital Materials, Renewal Fees

- (1) Four Book Set (Prenatal through 36 Months) - \$600;
- (2) Digital Curriculum Subscription for 1 Year (\$400) - must be renewed annually (renewal price is discounted to \$300); Requires a unique license key for each home visitor - two people cannot be logged into the same license key at the same time or the first will be bumped off; https://cpeip.fsu.edu/phb/phb7_1.cfm. FSU/PHB has also developed a texting format to serve families through virtual home visits, which accompanies the digital curriculum.
- (3) Four Book Set Plus Digital Curriculum 1 Year Subscription (2022) - \$850;
- (4) Custom Handouts - Order only the handouts you want for each stage (prenatal through age 3) requires that you purchase a certain number of handouts (ex. 25+ identical handouts);
- (5) Finding the Gold Within - \$40 - an addendum to the curriculum - a 190-page guide to nurturing your inner capacity for resiliency to quickly and gracefully recovering from life's challenges; & fosters resiliency in children.

See also:

<http://02a5a37.netsolstores.com/partnersforahealthybabyhomevisitingcurriculum.aspx>.

FSU is open to providing us with a deal if we have a lot of people.

MA's CA purchased copies of books for each supervisor. They have 60 supervisors and 200 home visitors. Each supervisor has 1 to 2 online digital accounts; programs don't have to include it in their budgets.

They do have discounts down to \$300 per digital curriculum if we have >50 people purchasing the digital curriculum.

Trainings

There are three different options for training:

- Virtual Training – \$9750
2-day training for up to 30 participants. Each participant needs to have either a set of curriculum books or access to the digital curriculum. The training is conducted via Zoom, so it works best when each participant is on their own computer and in their own office or space.

- Small Group In-person Training – \$19,500

2-day training for up to 20 participants. This cost includes trainer fees, travel arrangements, audio-visual equipment, and all training materials (not including the curriculum). HFNY would be responsible for securing a training space and any refreshments or food we wish to provide. Trainees are required to purchase a set of curriculum books or a digital subscription for every 2-3 participants (with the in-person training it is fine for people to share).

- Large Group In-person Training - \$22,500

2-day training for up to 50 participants. This cost includes trainer fees, travel arrangements, audio-visual equipment, and all training materials (not including the curriculum). HFNY would be responsible for securing a training space and any refreshments or food we wish to provide. Trainees are required to buy a set of curriculum books or a digital subscription for every 2-3 participants (with the in-person training it is fine for people to share).

FSU is open to providing us with a deal if we have a lot of people. They are willing to put together a proposal for what it would take to provide training - Christine Chiricos will put together a proposal for us regarding what they need, costs, etc. They do not have a formalized "Train the Trainer" program, but they have done something with a few states that is a little more formalized. (Good contact info: Christine Chiricos - cchiricos@cpeip.fsu.edu ((850) 922-1300) or Sarah Mullane - smullane@fsu.edu (850)-922-1300). These trainings are far less expensive than GGK. MA says their "Train the Trainer" cost is very inexpensive (about \$300). **See also Virtual Options.**

Annual Licensing Fee

Yes, the digital curriculum must be purchased annually. Renewal is only \$300 instead of \$400. They do not provide discounts for the annual renewal fee. Some programs have requested a 3-year subscription, and they are working on a price for that.

Languages Available

English; Spanish handouts - (digital add-on key - \$100)

Overall Summary

PHB/FSU is a "two-generational" curriculum that addresses needs of both parents and the child, covering a wide array of issues for prenatal times to age 36 months in almost 700 handouts with illustrations and easy-to-understand language. It was developed by an interdisciplinary team of experts and is founded in an extensive literature base. Updated in 2017, with minor corrections as of January 2018, so quite up-to-date - Need to buy the updated version to stay up-to-date. Can print handouts from the digital curriculum to give to families to keep neatly in a binder. Can also leave handouts for the father even if he is not present - there are 30+ father-focused handouts. Requires a unique license key for each home visitor for the digital curriculum

(but not for the binders) - two people cannot be logged into the same digital license key at the same time or the first will be bumped off. PHB/FSU sequence is easier to use than GGK, and many workers have it memorized, which facilitates the bond between families and workers. Other advantages include: can add families to website and track which curricula you're bringing. Samples at https://cpeip.fsu.edu/phb/phb3_1.cfm.

Florida is considering adding this as a second approved curriculum. They also purchase "Finding the Gold Within" every year.

This is MA's primary curriculum. MA feels PHB/FSU increases hands-on play between children and parents.

Virtual Training and Delivery Options

PHB/FSU now offers a texting option with their digital curriculum. Some programs find this easier to use than the regular curriculum. There is a 7-day free trial period.

See: <https://cpeip.fsu.edu/resourceFiles/digitaltexting.pdf>

PHB/FSU now offers (optional) virtual trainings for \$475/person. It is a 2-day training.

See: https://cpeip.fsu.edu/phb/phb5_1.cfm. See "Trainings" section (above) for detailed virtual group training information.

Special Interest Group Served

1. Incorporates Fathers (30+ specifically father-focused handouts).
2. Prenatal families (an entire binder is dedicated to the prenatal period)
3. Appropriate for Young Parents though does not specifically address their specific needs, as PAT: Partnering with Teen Parents does. Appropriate for young parents because it is geared for someone with an eighth-grade educational level, has fewer words, and is visually attractive.
4. Lower Literacy Families - made for parents with an eighth-grade educational level
5. Only for pregnancy through age 36 months; does not serve ages 3-5.

Evidence-informed or Evidence-Based

Yes, PHB/FSU is Evidence-Informed, but not clearly Evidence-Based. This Evidence-Informed Parenting curriculum was developed by a multidisciplinary FSU faculty team with expertise in obstetric medicine, early childhood development, psychology, infant mental health, social work, and early intervention, using the latest research and clinical guidelines to compile evidence-based strategies for home visitors to use with families. Updated in 2017, with minor revisions in January, 2018. The specific center involved is the Center for Prevention and Early Intervention Policy at FSU (FSU CPEIP).

PHB/FSU advertises itself as "Evidence-Based", but the studies and unpublished manuscripts it cites have a comparison group (control group or pre-test group) that did not receive home visiting; thus, it is difficult to discern the effect of the PHB/FSU curriculum from the effect of home visiting more generally. Also, some studies they cite may not have used the PHB/FSU

curriculum at all. Nevertheless, PHB/FSU in combination with home visiting has been evaluated in several studies (see bibliography in this link): <https://cpeip.fsu.edu/phb/phb9.cfm>. Some positive outcomes documented in these general home-visiting studies include: decreased incidence of LBW deliveries, fewer small-for-gestational-age babies, fewer repeat pregnancies, reduced rates of abuse and neglect, increased rates of up-to-date immunizations and enrollment in a medical home, significantly greater likelihood mothers will read to their children, improved child development outcomes, increased maternal responsiveness of teen mother, reduced rates of maternal depression, increased rates of breastfeeding, and increased safe sleep practices.

There is some evidence that mothers who received the PHB/FSU curriculum only, compared to those who received only some or no curriculum content, have significantly decreased maternal depression scores over time ($p=0.023$). In this study, using only the PHB/FSU curriculum for the two topics, *Maternal Depression and Mom's Well-Being*, and *Support Systems*, yielded a statistically significant decrease in depression scores over a 4-month postnatal time period, whereas the use of only some of the PHB/FSU curriculum or none of it for the two topics resulted in an increase in depression scores over this time period. (See Unpublished Policy Brief by D. Perry at <https://cpeip.fsu.edu/phb/phb9.cfm>, which describes the study of two HV programs, MOMobile and Early Head Start (EHS), delivered through the Maternity Care Coalition (MCC) in Philadelphia, Pennsylvania which uses solely the PHB/FSU curriculum) (Perry, 2015; Hadley, et al., 2014).

Cultural Sensitivity

Many different ethnicities and family types are represented, including pictures of different races. (Ex. Includes handouts for a wide variety of families, such as incarcerated parents, military parents, parents who are going back to work, etc.) Very little representation of same-sex couples. Meets the needs of teen parents very well. Good diversity in pictures and models.

Educational/Cognitive Appropriateness

Works well with young and limited/lower literacy parents as it has fewer words and is visually attractive and was designed for parents with an eighth-grade educational level. Staff do not need to use the exact handout, but just need to know some/most of the information on the handout and "meet the family where the family is." Especially if a parent has a developmental delay - a specific handout's information may still be the right fit.

Other Comments

FSU is no longer linked with Learning Games, which used to supplement FSU. Learning Games is still available through Teaching Strategies but, is not a stand-alone curriculum.

1.4: Parents as Teachers (PAT) – Approved Primary

Contact Information and Other General Information

<https://parentsasteachers.org>

Kelly McNerney, Curriculum Product Editor, at kelly.mcnerney@parentsasteachers.org or (314) 432-4330, ext. 1247.

Training Business Team: Trainingbusiness@parentsasteachers.org for information about training and materials.

Costs

Curriculum and Digital Materials, Renewal Fees

Annual Certification is required for HVs and supervisors. There are 2 PAT Foundational Curricula - Foundational 1 (Prenatal - 36 months of age) and Foundational 2 (3-6 years of age). To purchase the online/digital curricula (there is no book form), you must also attend the training to become certified. Annual Recertification is then required for HVs and supervisors. You have the option of becoming certified/trained in only Foundational 1 or being trained in both Foundational 1 and 2. Due to the COVID-19 pandemic, PAT has currently suspended all on-ground training. For "Curriculum Subscribers", there is a virtual option for both Foundational 1 (\$975) and Foundational 2 (\$600), but they fill up fast. Foundational 1 is a 30-hour certification/training (See: <https://ebiz.patnc.org/eBusiness/Education/ViewCourse.aspx?CourseID=540>). It includes 6 2-hour live online sessions, over 7 business days, 6 (5-6 hours each), and self-paced modules & assignments. To complete or pass the training, participation in the live sessions, submission of the daily assignments, and the completion of an integrating assignment are required. When you purchase the virtual training for Foundational 1, you also receive the online/digital subscription for 1 year. Foundational 2 is a 10-hour certification/training, and a prerequisite is successful completion of Foundational 1 (See: <https://parentsasteachers.org/trainingcurriculagallery#PAT-CORE-TRAINING>). At the end of the year, you must recertify. The cost of recertification is \$265 pp for Foundational 1 and \$55 pp for Foundational 2. It is unclear when in-person, on-ground trainings/certifications will resume. Contact Trainingbusiness@parentsasteachers.org for assistance.

In the past, in-person, on-ground trainings/certifications for "Curriculum Subscribers" have taken the following form. In total, it is a 5-day training, 3 days for Foundational 1 and 2 days for Foundational 2 (can do only Foundational 1; Foundational 1 is a prerequisite for Foundational 2). \$975 pp for Foundational 1 (Prenatal - 3 years of age - 3,000 pages); \$600 for Foundational 2 (3-6 years of age) plus travel costs. Annual Renewal to subscription for Foundational 1 is \$265 pp. and for Foundational 2 - \$55 pp. If certification lapses for over one year, you have to repeat the Foundational Training. Only digital, online curricula are available, and the annual renewal/certification fee covers these digital curricula for the next year. Digital curriculum allows you to print out handouts and activities to bring to families. Trainings are offered in

various states and require a minimum of 16 and maximum of 40 people to have a training outside of St. Louis. (<https://parentsasteachers.org/trainingcurriculagallery#tools-products>)

It is also possible to become a "PAT Model Affiliate." See " PAT Pricing Sheet" attached to website.

Trainings

Training and Annual Recertification are required to purchase the curriculum. See prior section re: costs for "Curriculum Subscribers" and " PAT_2021_PricingSheet" attached to the website.

It is also possible to host a training in NY once in-person, on-ground trainings resume. PAT does sometimes offer discounts to large groups (contact the training business team at Trainingbusiness@parentsasteachers.org), but they cannot give an estimate of a rate without more information. The process for hosting a training is elaborate.

It is also possible to certify an HFNY representative as a PAT Trainer through an elaborate process. No "Train the Trainer" model. To become a PAT trainer, two trainers-to-be have to be sent. These two trainers-to-be must have Master's degrees, have experience with the PAT program, and then submit resume and letters of support. Trainees have to go to St. Louis and pay \$1,000 trainee fee plus travel costs, then observe two trainers who become their trainers moving forward. Then trainees must go with trainers wherever they're going, and trainees then administer half of the program. Guaranteed \$2500 plus travel and lodging. NJ just sent someone to PA to become a trainer, and it cost \$6,000. Trainers are then required to present minimum 4 trainings/yr.

For PAT Supervisors, the training is the same as it is for home visitors. PAT Supervisors must also recertify annually; if their certification lapses for more than one year, they must repeat the training. 20 hours of home visiting with PAT is required annually for recertification with PAT. The Supervisor's Institute has just introduced a 2-day, non-required training.

Becoming a PAT Model Affiliate is also an option. It requires a 2-day Model Implementation Training. There is an \$4100 New Model Affiliate Fee (\$4500 starting 7/1/21), followed by a \$1850 Annual Affiliate fee (\$2000 starting 7/1/21) for each HFNY program that wants to be a PAT Affiliate. Affiliates also must submit an annual report every August, which is a relatively automated process through the PAT Penelope Data System. Sometimes being a PAT Affiliate helps programs to secure additional funding, ex. through RWJF, but the costs may outweigh the benefits. See Pricing Document. Also, for further information, see <https://parentsasteachers.org/evidencebased-home-visiting-model#aboutebm>.

Annual Licensing Fee

Annual Recertification is required for HVs and Supervisors - \$265 pp for Foundational 1, and \$55 pp for Foundational 2. Required Annual Renewal Fee to access the digital curriculum and to obtain recertification. Recertification requires only that you have completed 20 hours of PAT

home visiting during the past year, in addition to the fee(s). They recommend always recertifying because if a home visitor/supervisor lapses for more than one year, they are required to complete the whole Foundational Training(s) again.

Languages Available

Dual access to English and Spanish is included through the costs mentioned - digital curriculum allows you to toggle between English and Spanish for each handout and activity.

Overall Summary

Through a Research- and Evidence-Based early childhood home visiting model, PAT's goals are to: (1) prevent child abuse and neglect, (2) increase parent knowledge of early childhood development, (3) improve parenting practices, increasing children's school readiness and success, (4) provide early detection of developmental delays and health issues, and (5) help states, territories, and tribal entities develop and implement home visiting programs that improve the health and well-being of families with young children. Foundational Trainings emphasize PAT's approach to working with families, building relationship-based competencies for providing personal visits, and strengthening protective factors to improve parenting behaviors and maximize child outcomes. It focuses on the following content areas: (1) child development, (2) parenting behaviors, (3) parent-child interaction, (4) development-centered parenting, (5) family well-being. Online digital curriculum is continually updated. A Sample Packet of the Foundational Curriculum is attached to the website. Curriculum is comprehensive and a great way to help parents focus on development. Activity sheets are very helpful, and some programs mostly use those.

PAT substantially expanded and changed their curriculum around 2011-2012, so studies referred to prior to that time reflect the PAT program as it was first implemented beginning about 1985. The digital, online curriculum is continuously updated.

Virtual Training and Delivery Options

Yes, this curriculum is offered online digitally. Due to COVID-19, the required trainings for Foundational 1 and 2 are also offered online.

Special Interest Group Served

1. Can be difficult to use with young families because it is wordy.
2. Has a Foundational Curriculum (Foundational 2) for ages 3-kindergarten, and few curricula do so.
3. Prenatal Section in developmental section & also a section called healthy births - 20-30 parent handouts and activities for prenatal period.
4. Not designed to meet the full needs of special education children.

Evidence-informed or Evidence-Based

Yes, PAT is Research-Based (Evidence-Informed). It is based on extensive expert knowledge and developed by experts (verifiable, trustworthy information). It is based on an elaborate Logic

Model. However, many of the Evidence-Based studies (studies of effectiveness) regarding PAT do not address PAT specifically, but rather home visiting (HV) more generally, as the control group generally does not receive a HV program but instead may receive "normal community services" (which could include HV or case management in some cases). Thus, while PAT advertises itself as an "Evidence-Based Home Visiting Model," this evidence base cannot disentangle the effect of the curriculum from the effect of HV more generally. See <https://parentsasteachers.org/research-and-quality-improvement-index#research-results> under "Bibliography" for a list of studies updated 1/6/2022.

Nevertheless, these studies demonstrated many positive outcomes of HV + PAT and are described in the following summary. Schaub et al. (2019) conducted an RCT (ZEPPELIN 0-3) in Switzerland and found that children enrolled in PAT vs. a control group who had access to normal, non-PAT community services had improved adaptive behavior, developmental status, and language skills at 3 years of age, and that problem behavior was reduced in families with the highest risk. When comparing PAT-participating students vs. non-PAT-participating students (the assumption was that few if any children in the control group accessed any other types of HV programs), Lahti et al. (2019) found PAT was associated with significant improvement in math achievement, reading ability, decreases in absenteeism, decreases in suspensions, and improvements in parenting skills. Chaiyachati et al. (2018) found that a CT-based home-visiting program that used the PAT curriculum (vs. a comparison group that was a cohort of families who were eligible for the HV program but did not participate) had a similar percentage of families with CPS investigations, but a 22% decreased likelihood of CPS substantiations after propensity score matching.

Neuhauser et al. (2018) found that the effects of PAT on receptive and expressive language at 24 & 36 months were mediated by maternal sensitivity at 12 months. They also showed that the effects of PAT and also specific mediation effects increase with the level of psychosocial stress the family endures. Zigler et al. (2008) found that "the PAT program improved parenting practices in ways that promote both school readiness and subsequent academic achievement. The direct effect of length of PAT attendance was significant and of meaningful magnitude in both models." They suggest that parents' childrearing practices were changed in beneficial ways not assessed in this study which mediated the effect of PAT on school readiness and academic achievement. As they point out, "[i]t is well established that positive parenting is extremely important for healthy child development...", and positive parenting is a major goal of HFNY. Pfannenstiel & Zigler (2006) found that for families enrolled in the PAT program vs. families who were not (the control group did not receive HV services), "parents in the PAT program read to their children more often and were more likely to enroll them in preschool, both of which increased school readiness." This also "suggest[ed] that parents' childrearing practices were changed in other beneficial ways beyond those assessed in this study. The most striking finding was that when a preschool program followed PAT, children from impoverished homes entered school with readiness scores that equaled those of children from more affluent homes."

Carroll et al. (2015) found in a longitudinal pre-post cohort study of an enhanced PAT program (that integrated reflective questioning and routine use of data in maternal health literacy promotion and tailoring the HV plan to a family's specific needs into the regular PAT HV program), that from project start to 6 months and from 6 months to 12-18 months, maternal Health Care Literacy and Self-Care Literacy scores significantly increased, and that the proportion of mothers with an estimated reading skill level at or below a 6th-grade level decreased from 62% to 37%. Some studies also compare PAT with an enhanced PAT program (PAT+ or HEALTH), mainly showing significant decreases in maternal obesity and gestational weight gain during pregnancy or weight gain after pregnancy in enhanced PAT vs. PAT alone in women with overweight or obesity at the start of pregnancy (enhanced PAT – PAT+ or HEALTH are better) (Cahill et al., 2018; Haire-Joshu et al., 2019). While these studies primarily focus on the comparison between enhanced PAT and PAT (and find that enhanced PAT is better), Cahill et al. also found that gestational weight gain (GWG) in the standard PAT group was approximately 40% less than what they had previously observed in a similar patient population in their obstetric clinic between 2008 and 2010, suggesting that standard PAT alone also significantly and importantly reduces maternal GWG (Cahill et al., 2018). Haire-Joshu et al. (2019) did not examine this comparison, so it is unclear from this study whether PAT alone also had a significant effect on weight gain in overweight or obese women postnatally.

It is possible for HFNY to sign up to conduct a Parents as Teachers evaluation, if desired.

Cultural Sensitivity

The PAT Foundational Training Model includes several modules on cultural competency, encouraging home visitors to understand the cultures of the families served to provide culturally appropriate parent education. Note the emphasis is on cultural competency rather than cultural humility. Programs and home visitors describe PAT as culturally neutral; not offensive to any parties.

Educational/Cognitive Appropriateness

Some say the main PAT curriculum is wordy, and workers sometimes have a hard time using it with young and limited families - it is better for families who like to read. Also, PAT includes special information about children with autism and children who have disabilities or at risk for them, although it is not designed to meet the full needs of special education children.

1.5: San Angelo – (Not Approved as of 2/2022)

Contact Information and Other General Information

Costs

Curriculum and Digital Materials, Renewal Fees

No longer available.

Trainings

No longer available.

Annual Licensing Fee

No longer available.

Languages Available

English and Spanish

Overall Summary

Primary goal is to encourage “positive, nurturing interaction between the parent and the child.” States that the curriculum provides programs with the “foundation you need to achieve positive outcomes ...by providing detailed information on healthy parent-child relationships, developmental stages, health and safety needs, brain stimulation, and building positive self-esteem.” Some programs like this curriculum, while others find it condescending and outdated. There is debate about whether this should continue to be an HFNY-approved primary curriculum. Outdated because it does not actively encourage breastfeeding and describes safe sleep practices as placing the baby on his/her side. The curriculum was updated in 2018, but most programs have the outdated version that is 17 years old. One strength is it can be used online. Great for Level 4 clients because each topic covers 3 months of development at a time.

Virtual Training and Delivery Options

No longer available

Special Interest Group Served

1. Fathers - includes "his & hers" binder/organization
2. Speaks to ages 3-5, and few curricula do so, so some programs feel they need this curriculum, although GKG for Preschoolers and PAT Foundational 2 are also good options for this age group.

Evidence-informed or Evidence-Based

No evidence found

Cultural Sensitivity

Includes curriculum for fathers but some programs note it could be considered condescending. Language is accessible.

Educational/Cognitive Appropriateness

Yes, appropriate for all families.

Other Comments

San Angelo program closed as of 2019. Curriculum is no longer available for purchase and is no longer HFNY-approved as of 2/2022.

CHAPTER 2: SUPPLEMENTAL GENERAL CURRICULA

2.1: Baby TALK (Prenatal-Age 5) – Approved Supplemental

Contact Information and Other General Information

www.babytalk.org

Contact: (217) 475-2234 or contact@babytalk.org

Baby TALK emphasizes that they are happy to talk with HFNY representatives to give them an overview of the curriculum and to answer any questions.

Costs

Curriculum and Digital Materials, Renewal Fees

The cost of the curriculum with the required 5-day virtual training is \$910/person. If there is a large group, they will try to reduce the cost per person. Trainees receive hard copy materials in a canvas bag along with some items to enhance the experience that they usually put on their training tables. After the training, participants have unlimited access to the portal; all documentation is printable and included in the cost. For participants who may have trouble with WiFi, Baby TALK also provides a flash drive so that all participants will have access to electronic documentation.

They have never provided the curriculum without training because they believe the approach is so important. Trainings may remain virtual even after COVID to cut down on travel costs. The curriculum covers prenatal through age 5; there is a general activity and then an extension for 3-5-year-olds.

Trainings

Baby TALK now (9/2022) has 5-day virtual CORE Trainings with live zoom sessions daily and some self-study. Baby TALK has never provided the curriculum without training because they believe the approach is so important. Training goes from theory to practice; they first discuss Critical Concepts and how to focus on building our relationship with families; then they move to what curriculum might fit. There is time for reflection. For virtual Core Trainings, they have individual introductions between facilitators and trainees ahead of the training so that the relationship is developed better - they try to get to know the trainee, the trainee's background, what the trainee is looking for, any concerns the trainee may have. They also have a pre-facilitation session to make sure virtual delivery can be seamless. Trainees receive the complete Baby TALK Curriculum, the Baby TALK Trustworthy System of Relationships, Baby TALK's approach to "coming alongside families", and the Baby TALK Critical Concepts. Trainees also create a strategic plan for implementation in their own community. If an agency has 15+ professionals they can offer a shorter training for 14-18 total hours.

Baby TALK also has three train-the-trainer sites nationwide and are open to discussing this path with HFNY.

Baby TALK also offers several additional trainings, which are now provided virtually due to COVID. When in-person, trainings take place in Decatur, IL, Chicago, IL, or can be brought to your region if you have 15 or more participants. These additional trainings include:

1. An Early Intervention Training for working with New Immigrant Populations - The PI for the RefugeeOne RCT helped develop this training. If there is interest, Baby TALK would bring her in to tailor a training, etc. to our specific population's needs.
2. A 2-day in-person Newborn Encounter Training (\$600), which includes two follow-up visits as a home visitor moves from theory into practice delivering a newborn encounter. One of Baby TALK's objectives is to "cast a net" to hospitals providing obstetric services, meet every family in these hospitals and provide universal screening to assess their unique needs.
3. A 3-day "Touchpoints Training", which helps renew and refocus home visitors in their work with vulnerable families, teaching them to reduce parental frustration and self-doubt while fostering parenting skills and parental enjoyment of their child. This training is based on Dr. T. Berry Brazelton's Touchpoints Training.
4. A 2-day Early Intervention Family Engagement Training with a focus on family engagement using the Baby TALK Model. Trainees will learn Baby TALK's Critical Concepts and gain strategies for building relationships with families and engaging parents in the process of their child's development.
5. A 3-day Early Head Start Certification Training (\$650) for home visitors and others.

For further information about current training offerings, call (217) 475-2234.

[Annual Licensing Fee](#)

Yes, there is an annual licensing fee of \$250 per professional per year. Any time they develop new curriculum materials, the professional has online access to those new materials.

[Languages Available](#)

English, Spanish, and Arabic. Programs can work with Baby TALK Curriculum authors to have the curriculum translated into additional languages; HF San Diego is currently doing so.

[Overall Summary](#)

Through a Research- and Evidence-Based early childhood intervention model, Baby TALK's goals are to nurture families in support of optimal early childhood development, apply a developmental approach to family engagement, facilitate parent-child interaction, affirm parental competence, use active listening, reflection, and strength-based strategies, and build

community connections. When used with absolute model fidelity, it begins with a *universal screen* of families of young children; this could be adapted, however, to fit the HFNY model – the universal screen is not required. Baby TALK has been serving families with young children since 1986 and has been updated multiple times, most recently in 2017 with new prenatal and trauma-informed sections; recently, authors have been working on virtual and group-based updates.

It includes both home visiting services for the prenatal period through 6 years of age and center-based programming, including classroom teachers, for children ages 3 to 6 and their families. The center-based programming is not required. There are 90+ preschool Domain-based activities for children ages 3 through 6; the Developmental Domains included are creative arts, language arts, math, social studies, physical development & health, and science. There are also preschool handouts for social/emotional development, language development, cognitive/school readiness, motor development, discipline and moral development, and role in the family. There are also ~30 handouts that discuss parenting issues for any age.

Baby TALK embodies many "Critical Concepts" including: (1) Parallel process - at every level of relationship, the same processes occur, and the same strategies work; (2) "Tell me about your baby" - Establishes the parent as expert and our openness/willingness to go where the parent needs the conversation to go; (3) Becoming Even Better – Continuing growth as professionals - they maintain a Professional Association Network with 1 annual conference and 2 regional meetings annually; (4) "Coming alongside parents" – "We want to join parents in the task of raising children – partnership, not advice-giving."

The prenatal portion of the curriculum includes weekly topics for discussion and a topical journaling activity for expectant parents.

For each month from birth to 36 months, the curriculum includes 3 perspectives: (1) the child's perspective – a first-hand account from the perspective of one child at this age, seeing the world as one child may see it; (2) the parent's perspective – a first-hand account of how a parent may react to developmental challenges and opportunities his/her child presents at this age and information for parents to support their child's development and manage family life at this age; and (3) the professional's perspective – a narrative for professionals to reflect on the opportunities for the parent and child of this age.

Baby TALK, Inc. is an Illinois 501 (c) 3 non-profit committed to a collaborative model and working together with community hospitals, schools, libraries, health clinics, and literacy programs to deliver services to families.

Baby TALK began working with HF San Diego a year and a half ago, and they also interact with some HF programs in IL.

Virtual Training and Delivery Options

Baby TALK now has a 5-day virtual CORE Training with live zoom sessions daily and some self-study. All additional trainings are also offered virtually.

Every trainee/participant has access to unlimited printing from the online portal. Additionally, all home visitors receive a flash drive with all documentation in case WiFi access through the portal is a problem. Handouts can be shared with families via email or hand delivery.

Baby TALK is also developing new curricula specifically designed for virtual use.

Special Interest Group Served

Baby TALK addresses ethnically diverse families, including new immigrant and refugee families. There is an RCT that found the Baby TALK curriculum to be effective in several child and parental outcomes with new immigrant and refugee families.

Baby TALK also has a special training for working with new immigrant populations. They are willing to work with us to adapt this training to meet the specific needs of the families we serve through our diverse programs.

Baby TALK also has many handouts (20+) geared specifically for teen parents.

Evidence-informed or Evidence-Based

The Baby TALK curriculum has some Research Base (is Evidence-Informed). The original author of the curriculum is founder, Claudia Quigg, M. Ed. She is an author and faculty at Millikin University. She included input from Katie Gross, Head of the Children's Division at Decatur, IL Public Library for the early literacy materials. In addition, references within the curriculum include T. Berry Brazelton, the Harvard Center for the Developing Child, and The Newborn Behavioral Observations (NBO) system.

In 2017, the Learning Institute team and their national office's direct service professionals provided input to create activities in alignment with the Illinois Early Learning Guidelines for birth to 3 and the Illinois Early Learning and Development Standards for ages 3-5. Additionally, their adolescent parenting section has a long bibliography.

The Baby TALK curriculum/model also has several Evidence-Based studies which have evaluated its effectiveness and found many favorable results.

The RefugeeOne RCT (Hilado et al., 2018) has several impressive findings after 12 months in a study of 200 either refugee or undocumented immigrant status families with children between the ages of 3-36 months. This includes statistically significant: (1) improved social-emotional development in the treatment compared to control group (ASQ-SE2 scores) ($p=0.00$); (2) improved children's language development in the treatment compared to control group (Preschool Language Scales 5) ($p=0.02$); and (3) improved parenting skills in the treatment

group (not measured in control group) ($p=0.00$). They also found: (1) significantly decreased parental stress in both the treatment and control groups (Parenting Stress Index, 4th Ed., Short Form); (2) a trend toward improved family economic self-sufficiency in the treatment compared to the control group; and (3) a trend toward increased access/coordination to community referrals in the treatment compared to the control group. Neither group improved significantly on their parental trauma scores (Refugee Health Screener-15). This RCT recruited 200 families from the RefugeeOne Wellness Program in Chicago, IL and randomly assigned 101 parents to Baby TALK home visiting services; 99 parents were assigned to the control group which did not receive home visiting services. It should be noted that this study has the same flaw as the majority of the "evidence-based" curriculum studies we have reviewed: the comparison (control) group did not receive home visiting services, so we cannot discern whether the positive results seen in the Baby TALK experimental group are due to the Baby TALK curriculum or home visiting services more generally. Nevertheless, the findings are impressive, and this study is critical because it addresses a little-studied group – refugees and undocumented immigrants. Five nationalities were represented in this study: Iraq, Syria, DR Congo, Burma, and Mexico.

Additionally, a 2016 RCT (Garcia, et al., 2016) (final sample for analysis $N=41$; babies ages 3-26 months) had several important findings after 9 months: (1) lower levels of parental stress in lower income families and younger parents (but not overall) (Parenting Stress Index, 4th Ed. Short Form); (2) better children's language development, especially among children of younger parents and parents with a high school or higher education; and (3) less defensive parental responses to standardized instruments, which could be attributed to the relational approach of the Baby TALK model. They also found that Baby TALK families did NOT report: (1) better parenting skills; (2) better parent-child engagement outcomes; and (3) increased family resources. The lack of positive findings for all outcome measures assessed could partly be due to the very small sample size (the sample size and power for the study were smaller than intended) and the fact that most families did not receive the Baby TALK model to fidelity (had less than 2 visits per month).

Further, an RCT conducted in 2015 to evaluate the Baby TALK Newborn Encounter program found significantly improved parental competence, parental stress, and community connectedness; families assigned to the control group did not receive home visiting services in 191 new mothers and their infants.

The curriculum was most recently updated in 2017 when most of their prenatal activities were updated. Some core features of the curriculum have remained since inception. In 2017, they also updated the curriculum to be more trauma-informed for the home visitor, helping the home visitor to address domestic violence, death in the family, mental illness, substance abuse, etc. They are also developing new curricula for virtual work.

Cultural Sensitivity

Yes, Baby TALK has a specific training dedicated to its use with ethnically diverse families, including new immigrant populations. This includes strategies for engaging new immigrant

families using the Baby TALK model, and general methods for supporting new immigrant parents around engagement, preparing families around school readiness, and enhancing positive developmental outcomes for children. They are willing to adapt this training to fit the needs of the specific families we serve.

Baby TALK fundamentally believes in cultural humility. They emphasize that most child-rearing is cultural, and there are only some developmental theories.

[Educational/Cognitive Appropriateness](#)

Yes, Baby TALK provides a guide for home visitors to use, but it does not provide parent handouts, which may be more difficult for home visitors to navigate. The guides for home visitors are more a narrative which take some time to read and learn.

2.2: Just In Time (Prenatal-Age 5) – Approved Supplemental

Contact Information and Other General Information

www.jitp.info

Costs

Curriculum and Digital Materials, Renewal Fees

Free.

Trainings

No training available.

Annual Licensing Fee

No. Free.

Languages Available

English and Spanish. Free.

Overall Summary

Just In Time Parenting (JITP) is a free newsletter delivered straight to parent's email but can also be downloaded by staff. Newsletters are organized by trimester when Prenatal. A Newborn edition is followed by monthly editions during the first year and bi-monthly the 2nd, 3rd, 4th and 5th year of the child (a total of 40 handouts). You can browse all newsletters here:

<https://jitp.info/#newsletters>.

Virtual Training and Delivery Options

Yes, Just In Time is a virtual platform offered as a newsletter by email or on the website.

Special Interest Group Served

1. Prenatal Families
2. Bi-monthly newsletter/handout emails for 3-, 4-, and 5-year-olds
3. Fathers are pictured in the newsletters, but there are no specifically father-focused handouts.

Evidence-informed or Evidence-Based

This series of newsletters (JITP) were developed in 2008 and updated several times by a national network of Extension Family Life Specialists, who adapted parenting newsletter materials from 11 states: California, Delaware, Georgia, Iowa, Kentucky, Maine, Tennessee, Nevada, New Hampshire, New Mexico, and Wisconsin. It is designed to teach parents during developmental transitions with research-based information about pregnancy, parenting, and child development. It is Research-Based (Evidence-Informed), formed by a partnership of

educators and researchers from land-grant universities across the U.S. It is founded on research about pregnancy, parenting, child development, health, safety, nutrition, school readiness, family stress management, and couple relationships.

A 2019 Annual Report Evaluation (JITP, 2019) has shown improvement in parents' knowledge of child development and parenting self-confidence. Parents reported the strongest impact of JITP was increased knowledge about what to expect their child to be able to do at each age. Respondents rate the JITP newsletters as "very useful" more frequently than any other source of parenting information, including health professionals and family/friends. This 2019 parent survey had a small sample size (N=336), and most respondents were white, married, college-educated, and in their 30s, thus not matching the demographics of HFNY. Prior Annual Reports for JITP had similar positive results. Also, prior research with other age-paced newsletters has shown improvement in parents' knowledge of child development, parenting self-confidence, ability to be nurturing, and other positive parenting behaviors. The electronic JITP newsletters were designed to reach more parents and meet the needs of contemporary parents.

Cultural Sensitivity

Yes, babies/children of many races and ethnicities are pictured in the newsletters, as are both mothers and fathers.

Educational/Cognitive Appropriateness

Yes, the language in the newsletters is simple and easy to follow.

Other Comments

They provide an additional free text message service with health tips: To sign up, text BABY to 511411 or go to www.text4baby.org.

2.3: UNICEF and ISSA Curriculum – Non-Approved Resource to Engage Parents

Contact Information and Other General Information

https://www.issa.nl/modules_home_visitors

Zorica Trikić at ztrikic@issa.nl

Costs

Curriculum and Digital Materials, Renewal Fees

Free download of modules.

English: https://www.issa.nl/knowledge-hub?tid%5B%5D=146&tid_3=All (scroll down for modules)

Serbian: <https://www.unicef.org/serbia/podrska-porodicama-za-podsticajnu-negu-dece-ranog-uzrasta> (scroll down for modules)

Trainings

The free training is more of a toolkit:

<https://icdi.nl/media/uploads/downloads/homevisitingtoolkit-icdi-part12-compressed.pdf>

Annual Licensing Fee

No annual licensing fee.

Languages Available

English and Serbian.

For Serbian, see: <https://www.unicef.org/serbia/podrska-porodicama-za-podsticajnu-negu-dece-ranog-uzrasta>

Overall Summary

NOTE: This curriculum provides information, self-assessment opportunities, references, and links to videos that could be useful as a supplement to any primary curriculum. Please consult with your supervisor before sharing any activity with families.

The resource modules do not constitute a "stand-alone" course for HVs but complement existing education and training materials. Set of 18 modules intended to equip HVs with the latest knowledge and tools. The modules can be used to train workers on Child Development.

It follows the UNICEF universal home visiting model and I wonder if it might confuse HFNY visitors.

Virtual Training and Delivery Options

Yes, the modules are downloadable online for free; and the free training toolkit is also available online.

Special Interest Group Served

Yes:

1. Integrated Management of Childhood Illness
2. Infant and Young Child Feeding
3. Engaging Fathers
4. Postnatal Depression - links to videos including male Postpartum depression
5. Children with Disabilities
6. Child Abuse and Neglect (CAN)

Evidence-informed or Evidence-Based

Yes, it is Evidence-Informed (Research-Based): The modules have been developed based on the most recent scientific evidence, through a consultative process that involved international and regional experts from the WHO.

Module 1: The Early Childhood Years – a time of endless opportunities

Module 2: The New Role of the Home Visitor

Module 3: IMCI, IyCF and Care for Child Development – Existing WHO and UNICEF Material

Module 4: Falling in Love – Promoting Parent-Child Attachment

Module 5: Engaging Fathers

Module 6: The Art of Parenting – love, talk, play, read

Module 7: Parental Wellbeing (they use other depression scales)

Module 8: Common Parenting Concerns – crying, sleeping, etc.

Module 9: Home Environment and Safety

Module 10: Caring and Empowering Communication Skills for Home Visitors

Module 11: Working Against Stigma and Discrimination – Promoting Equity, Inclusion and Respect for Diversity

Module 12: Children who Develop Differently

Module 13: Developmental Monitoring and Screening

Module 14: Keeping Young Children Free from Violence, Abuse and Neglect

Module 15: Working with Other Services

Module 16: Responsive Feeding

Module 17: Supervision

Module 18: Gender Socialization and Dynamics in Families

Cultural Sensitivity

Yes. The modules address many key aspects of child development globally and is based on the premise that all parents want what is best for their children.

Educational/Cognitive Appropriateness

Yes. The generic modules can be adapted, take a strength-based approach, and empower parents.

Other Comments

The modules have Self-Assessments to measure knowledge and links to more information. They also provide answers at the end of each module. There are a lot of learning resources such as video clips on Child Development Milestones and Case Studies that feature different scenarios.

CHAPTER 3: CURRICULA FOR 3-5 YEAR OLDS

3.1: GGK Next Generation for Preschoolers (Ages 3-5) – Approved Primary

Contact Information and Other General Information

Amber Green at agreen@greatkidsinc.net or (715) 679-8381.

www.greatkidsinc.org

Costs

Contact your OCFS Program Contract Manager to inquire about OCFS covering the cost of the curriculum and training for your home visitors and supervisors.

Curriculum and Digital Materials, Renewal Fees

There are 2 options: Preschool Advanced (for those certified in GGK Prenatal-36 (P36)); and Preschool Standard (for those not certified in GGK P36). The training seminars come with all of the curricula materials.

Preschool Advanced is \$1240/HV and (\$1240 + \$795)/Supervisor. It is 3 days; 3 hrs. live, virtual; 2 hrs. independent learning assignments.

Preschool Standard is \$1555/HV and (\$1555 + \$795)/Supervisor. It is 5 days (M-F); 3hrs. live, virtual; 2 hrs. independent learning assignments.

For both, supervisors receive downloadable Preschool Handouts, downloadable GGF Parent Handouts, downloadable Play With Me! 3&4 Parent Handout/Child Development Activities. HVs receive the written curriculum & manuals. For both, minimum of 6; maximum of 12.

Trainings

Yes, training is required. See previous.

Annual Licensing Fee

No recurring licensing fees or costs. GGK certified supervisors have unlimited licensure for reproduction of GGK Parental handouts for their certified staff.

Languages Available

Parent handouts and activities for families available in English and Spanish. Curriculum manuals are still in the process of being translated into Spanish as of May 2023.

Overall Summary

GGK Next Generation for Preschoolers (ages 3-5) follows GGK's Foundational Curriculum (Prenatal-36 months (P36)). It replaced GGK Classic for Preschoolers, which is no longer

available. It aims to form in children secure attachment relationships, strong self-esteem, curious minds capable of creative and critical thinking, proficient receptive and expressive language/communication, cooperative peer relationships, age appropriate impulse control, habits foundational to making healthy life choices, and social & academic building blocks for school success. There are 7 learning domains: approaches to learning, social and emotional development, language and communication, literacy, scientific reasoning, mathematics, and perceptual, motor, and physical development.

GGK Next Generation for Preschoolers contains:

1. GGK Next Generation for Preschoolers Curriculum Manual – Includes 24 parent education modules, aimed at expanding parental understanding of the needs and development of preschool children, while cultivating their parenting skills.
2. Growing Great Families (GGF) Curriculum Manual – Offers Research-Based tools for strengthening family foundations, enhancing stress management and problem-solving skills, and forming protective family- & community-based buffers for protecting children from the effects of childhood trauma.
3. Play With Me! 3&4 Manuals & Handouts – Activities for 3- and 4-year-olds and their families. The full set contains over 400 child development activities, grouped into 7 Learning Domains to support the creation of joyful interactions between parents and children.
4. Downloadable Parent Handouts & Activities with reproduction license.

Virtual Training and Delivery Options

Yes, see previous. Virtual trainings offered. All activities and handouts are downloadable from Supervisor's materials, and thus can be distributed by email.

Special Interest Group Served

Children ages 3-5.

Evidence-informed or Evidence-Based

GGK for Preschoolers is Evidence-Informed (Research-Based). It is modeled from the same theoretical and empirical foundations as the GGK Prenatal-36 Months (P36) Curriculum, which does have some Evidence Base. However, there are no outcome evaluations (Evidence-Based Studies) specific to GGK for Preschoolers, so it is not Evidence-Based.

GGK for Preschoolers is Evidence-Informed; it is based in decades of theoretical and empirical foundations regarding the kinds of interventions most effective for children ages prenatal to 5 years. It is based on Attachment Theory which holds that if a child does not form a secure attachment during the critical 0-5 years period, s/he will suffer developmental consequences. The focus of GGK is to help HVs cultivate the development of secure attachment between parents and their children. A lot of research supports the premise that healthy child development is connected directly to the quality of the early attachment relationship, including cellular and epigenetic research. GGK also aims to provide parents with nurturing responses to

help children develop the ability to control their own emotions (i.e., to help parents provide children with external regulatory capacity (co-regulation) until children are able to regulate their own emotions (self-regulation)). It is designed to increase executive functioning in parents, which results in better problem solving, stress management, and other life skills. GGK also focuses on building six protective factors shown by research to help prevent child abuse: (1) Nurturing and Attachment; (2) Social and Emotional Competence of Children; (3) Knowledge of Parenting and Child Development; (4) Parental Resilience; (5) Social Connections; and (6) Concrete Supports for Parents. Further, GGK supports parents to (1) foster the growth of secure attachments and support the social and emotional development of their infants and young children; (2) develop parental empathy and respond sensitively to their child's needs; (3) grow in their understanding of early childhood development; (4) build essential parenting skill sets; (5) bolster their resiliency; (6) grow skills and support networks for managing stress, while taking ownership for solving their problems; and (7) strengthen family foundations.

GGK has 6 Core Principles in its Research Foundations, which are all firmly based in research. They are: (1) Human relationships establish the foundation of healthy development; (2) Self-regulation is critical for positive childhood development in all domains of behavior; (3) Children develop due to the basic human drive to explore and master one's environment; (4) Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood; (5) Family interventions during early childhood that change the balance between risk and protection can shift the odds in favor of more adaptive development outcomes; and (6) Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development."

See in-depth description and bibliography of research literature used to inform the GGK curriculum at <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Understanding the Research Base: Theoretical & Empirical Foundations." See also <https://www.greatkidsinc.org/about-great-kids/model-alignment/> "Pathways to Positive Outcomes – Preschool" for a description of how GGK is aligned with five domains of the Head Start Early Learning Outcomes Framework: (1) Approaches to Learning Domain; (2) Social and Emotional Domain; (3) Language and Communication Domain; (4) Cognition Domain; and (5) Perceptual, Motor, and Physical Development Domain.

Evidence Base: There is significant evidence that HFA programs that use GGK show improvements in their participants vs. non-treated families, or pre-post-test analyses. It is important to note, however, that these studies are not for GGK Next Generation for Preschoolers but rather for Prenatal-36 Months and that the comparison group or pre- group in these studies did not receive home visiting; thus, we cannot discern whether the positive results they observe are due specifically to the GGK curriculum or to home visiting more generally. See <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Program Partners: Research Publications" for a list of relevant evidence-based publications.

Cultural Sensitivity

GGK for Preschoolers describes itself as "culturally competent and father-inclusive." Also, GGK has 6 Core Principles in its "Research Foundations." One is: "Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development." This is informed by a great body of research. They emphasize that home visiting program staff must "facilitate policy planning, staff training, and community participation to ensure culturally competent services." They also emphasize that children who become bilingual from birth are not slowed in their development.

Educational/Cognitive Appropriateness

Some say the GGK P36 curriculum is wordy and cumbersome to use at first. GGK for Preschoolers may present a similar problem, but home visitors are able to overcome any problems with GGK P36.

3.2: GGK Play With Me! (Ages 3-4) – Approved Supplemental

Contact Information and Other General Information

Contact Amber Green at agreen@greatkidsinc.net or (715) 679-8381.

www.greatkidsinc.org

Costs

Curriculum and Digital Materials, Renewal Fees

The cost is \$375 for the bundle set. There are no recurring costs, licensing fees, or recertifications. To purchase, you must be certified in GGK Prenatal-36 or in GGK for Preschoolers (it is included in GGK for Preschoolers).

Trainings

Training is not required for those already trained in the Prenatal through 36 months Foundational curriculum. If training is desired, if you have 5 or more participants, trainers will come to you; if <5 participants, you have to travel to them.

Annual Licensing Fee

There are no recurring costs, licensing fees, or recertifications.

Languages Available

English and Spanish

Overall Summary

GGK Play With Me! (which serves ages 3-4) is available to those certified in either GGK Prenatal-36 months or in GGK for Preschoolers. It is included in the purchase of GGK for Preschoolers (below). It is very comprehensive and up-to-date. It offers over 400 developmentally appropriate activities to support joyful interactions between children and their parents. It includes modules/conversation guides, manuals, digital parent handouts, and child development activities (on CD). It focuses on attachment and parent-child relationships, infant mental health and child development, family strengthening and life skills, reducing toxic stress, and building protective factors. There are 7 learning domains: approaches to learning, social and emotional development, language and communication, literacy, scientific reasoning, mathematics, and perceptual, motor, and physical development. Describes itself as "culturally-competent and father-inclusive." Aligned with HFA model.

Virtual Training and Delivery Options

Yes, the Play With Me! handouts are downloadable and so can be distributed by email.

Special Interest Group Served

Children ages 3 and 4

Evidence-informed or Evidence-Based

GGK Play With Me! 3&4 is Evidence-Informed; it is based in decades of theoretical and empirical foundations regarding the kinds of interventions most effective for children ages prenatal to 5 years. It is based on Attachment Theory which holds that if a child does not form a secure attachment during the critical 0-5 years period, s/he will suffer developmental consequences. The focus of GGK is to help HVs cultivate the development of secure attachment between parents and their children. A lot of research supports the premise that healthy child development is connected directly to the quality of the early attachment relationship, including cellular and epigenetic research. GGK also aims to provide parents with nurturing responses to help children develop the ability to control their own emotions (i.e., to help parents provide children with external regulatory capacity (co-regulation) until children are able to regulate their own emotions (self-regulation)). It is designed to increase executive functioning in parents, which results in better problem solving, stress management, and other life skills. GGK also focuses on building six protective factors shown by research to help prevent child abuse: (1) Nurturing and Attachment; (2) Social and Emotional Competence of Children; (3) Knowledge of Parenting and Child Development; (4) Parental Resilience; (5) Social Connections; and (6) Concrete Supports for Parents. Further, GGK supports parents to (1) foster the growth of secure attachments and support the social and emotional development of their infants and young children; (2) develop parental empathy and respond sensitively to their child's needs; (3) grow in their understanding of early childhood development; (4) build essential parenting skill sets; (5) bolster their resiliency; (6) grow skills and support networks for managing stress, while taking ownership for solving their problems; and (7) strengthen family foundations.

GGK has 6 Core Principles in its Research Foundations, which are all firmly based in research. They are: (1) Human relationships establish the foundation of healthy development; (2) Self-regulation is critical for positive childhood development in all domains of behavior; (3) Children develop due to the basic human drive to explore and master one's environment; (4) Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood; (5) Family interventions during early childhood that change the balance between risk and protection can shift the odds in favor of more adaptive development outcomes; and (6) Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development."

See in-depth description and bibliography of research literature used to inform the GGK curriculum at <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under "Understanding the Research Base: Theoretical & Empirical Foundations." See also <https://www.greatkidsinc.org/about-great-kids/model-alignment/> "Pathways to Positive Outcomes – Preschool" for a description of how GGK is aligned with five domains of the Head Start Early Learning Outcomes Framework: (1) Approaches to Learning Domain; (2) Social and Emotional Domain; (3) Language and Communication Domain; (4) Cognition Domain; and (5)

Perceptual, Motor, and Physical Development Domain.

Evidence Base: There is significant evidence that HFA programs that use GGK show improvements in their participants vs. non-treated families, or pre-post-test analyses. It is important to note, however, that these studies describe the Prenatal-36 Months curriculum rather than the Play With Me! curriculum and that the comparison group or pre- group in these studies did not receive home visiting; thus, we cannot discern whether the positive results they observe are due specifically to the GGK curriculum or to home visiting more generally. See <https://www.greatkidsinc.org/about-great-kids/research-based-curriculum/> under “Program Partners: Research Publications” for a list of relevant evidence-based publications.

Cultural Sensitivity

GGK has 6 Core Principles in its "Research Foundations." One is: "Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development." This is informed by a great body of research. They emphasize that home visiting program staff must "facilitate policy planning, staff training, and community participation to ensure culturally competent services." They also emphasize that children who become bilingual from birth are not slowed in their development.

Educational/Cognitive Appropriateness

Yes, GGK Play With Me! Includes over 400 developmental activities to facilitate joyful interaction between parents and children ages 3-4.

3.3: PAT Foundational 2 (Ages 3-6) – Approved Primary

Contact Information and Other General Information

Kelly McNerney, Curriculum Product Editor, at kelly.mcnerney@parentsasteachers.org or (314) 432-4330, ext. 1247.

<https://parentsasteachers.org>

Training Business team: Trainingbusiness@parentsasteachers.org.

Costs

Curriculum and Digital Materials, Renewal Fees

Annual Certification is required for HVs and supervisors. There are 2 PAT Foundational Curricula - Foundational 1 (Prenatal - 3 years of age) and Foundational 2 (3-6 years of age). To purchase the online/digital curricula (there is no book form), you must also attend the training to become certified. Annual Recertification is then required for HVs and supervisors. You have the option of becoming certified/trained in only Foundational 1 or being trained in both Foundational 1 and 2. You cannot be trained in only Foundational 2 (you must take the training for both Foundational 1 & 2 if you want to purchase Foundational 2). Due to the COVID-19 pandemic, PAT has currently suspended all on-ground training. For "Curriculum Subscribers", there is a virtual option for both Foundational 1 (\$975) and Foundational 2 (\$600), but they fill up fast. Foundational 1 is a 30-hour certification/training (See: <https://ebiz.patnc.org/eBusiness/Education/ViewCourse.aspx?CourseID=540>). It includes 6 2-hour live online sessions, over 7 business days, 6 (5-6 hours each) self-paced modules & assignments, and a final integrating assignment. When you purchase the virtual training for Foundational 1, you also receive the online/digital subscription for 1 year. Foundational 2 is a 10-hour certification/training, and a prerequisite is successful completion of Foundational 1 (See: <https://parentsasteachers.org/trainingcurriculagallery#PAT-CORE-TRAINING>). At the end of the year, you must recertify. The cost of recertification is \$265 pp for Foundational 1 and \$55 pp for Foundational 2. It is unclear when in-person, on-ground trainings/certifications will resume. Contact: the training business team that at: Trainingbusiness@parentsasteachers.org for assistance.

In the past, in-person, on-ground trainings/certifications for "Curriculum Subscribers" have taken the following form. In total, it is a 5-day training, 3 days for Foundational 1 and 2 days for Foundational 2 (can do only Foundational 1; Foundational 1 is a prerequisite for Foundational 2). \$975 pp for Foundational 1 (Prenatal - 3 years of age - 3,000 pages); \$600 for Foundational 2 (3-6 years of age) plus travel costs. Annual Renewal to subscription for Foundational 1 is \$265 pp. and for Foundational 2 - \$55 pp. If certification lapses for over one year, you have to repeat the Foundational Training. Only digital, online curricula are available, and the annual renewal/certification fee covers these digital curricula for the next year. The digital curriculum allows you to print out handouts and activities to bring to families. Trainings are offered in various states and require a minimum of 16 and maximum of 40 people to have a training

outside of St. Louis. (<https://parentsasteachers.org/trainingcurriculagallery#tools-products>)

It is also possible to become a "PAT Model Affiliate". See "PAT_2020_PricingDocument" attached to website.

Trainings

Training and Annual Recertification are required to purchase the curriculum. See prior section re: costs for "Curriculum Subscribers" and "PAT Pricing Sheet" attached to the website.

It is also possible to host a training in NY once in-person, on-ground trainings resume. PAT does sometimes offer discounts to large groups (contact the training business team Trainingbusiness@parentsasteachers.org), but they cannot give an estimate of a rate without more information. The process for hosting a training is elaborate.

It is also possible to certify an HFNY representative as a PAT Trainer through an elaborate process. No "Train the Trainer" model. To become a PAT trainer, two trainers-to-be have to be sent. These two trainers-to-be must have Master's degrees, have experience with the PAT program, and then submit a resume and letters of support. Trainees have to go to St. Louis and pay \$1,000 trainee fee plus travel costs, then observe two trainers who become their trainers moving forward. Then trainees must go with trainers wherever they're going, and trainees then administer half of the program. Guaranteed \$2500 plus travel and lodging. NJ just sent someone to PA to become a trainer, and it cost \$6,000. Trainers are then required to present minimum 4 trainings/yr.

For PAT Supervisors, the training is the same as it is for home visitors. PAT Supervisors must also recertify annually; if their certification lapses for more than one year, they must repeat the training. 20 hours of home visiting with PAT is required annually for recertification with PAT. The Supervisor's Institute has just introduced a 2-day, non-required training.

Becoming a PAT Model Affiliate is also an option. It requires a 2-day Model Implementation Training. There is an \$4100 New Model Affiliate Fee (\$4500 starting 7/1/21), followed by an \$1850 Annual Affiliate fee (\$2000 starting 7/1/21) for each HFNY program that wants to be a PAT Affiliate. Affiliates also must submit an annual report every August, which is a relatively automated process through the PAT Penelope Data System. Sometimes being a PAT Affiliate helps programs to secure additional funding, ex. through RWJF, but the costs may outweigh the benefits. See PAT Pricing Sheet (attached to this website). Also, for further information, see <https://parentsasteachers.org/evidencebased-home-visiting-model#aboutebm>.

Annual Licensing Fee

Annual Recertification is required for HVs and Supervisors - \$220 pp for Foundational 1, and \$55 pp for Foundational 2. Required Annual Renewal Fee to access the digital curriculum and to obtain recertification. Recertification requires only that you have completed 20 hours of PAT home visiting during the past year, in addition to the fee(s). They recommend always

recertifying because if a home visitor/supervisor lapses for more than one year, they are required to complete the whole Foundational Training(s) again.

Languages Available

Dual access to English and Spanish is included through the costs mentioned - digital curriculum allows you to toggle between English and Spanish for each handout and activity.

Overall Summary

Through a Research- and Evidence-based early childhood home visiting model, PAT's goals are to: (1) prevent child abuse and neglect, (2) increase parent knowledge of early childhood development, (3) improve parenting practices, increasing children's school readiness and success, (4) provide early detection of developmental delays and health issues, and (5) help states, territories, and tribal entities develop and implement home visiting programs that improve the health and well-being of families with young children. Foundational Trainings emphasize PAT's approach to working with families, building relationship-based competencies for providing personal visits, and strengthening protective factors to improve parenting behaviors and maximize child outcomes. It focuses on the following content areas: (1) child development, (2) parenting behaviors, (3) parent-child interaction, (4) development-centered parenting, (5) family well-being. Online digital curriculum is continually updated. A Sample Packet of the Foundational Curriculum is attached to the website. Curriculum is comprehensive and a great way to help parents focus on development. Activity sheets are very helpful, and some programs mostly use those.

PAT substantially expanded and changed their curriculum around 2011-2012, so studies referred to here prior to that time reflect the PAT program as it was first implemented beginning about 1985. The digital, online curriculum is continuously updated.

Virtual Training and Delivery Options

Yes, this curriculum is offered online digitally. Due to COVID-19, the required trainings for Foundational 1 and 2 are also offered online.

Special Interest Group Served

1. Can be difficult to use with young families because it is wordy.
2. Serves children ages 3-6.
3. Not designed to meet the full needs of special education children.

Evidence-informed or Evidence-Based

Yes, PAT is Research-Based (Evidence-Informed). It is based on extensive expert knowledge and developed by experts (verifiable, trustworthy information). It is based on an elaborate Logic Model. However, many of the Evidence-Based studies (studies of effectiveness) regarding PAT do not address PAT specifically, but rather home visiting (HV) more generally, as the control group generally does not receive a HV program but instead may receive "normal community services" (which could include HV or case management in some cases). Thus, while PAT

advertises itself as an "Evidence-Based Home Visiting Model," this evidence base cannot disentangle the effect of the curriculum from the effect of HV more generally. See <https://parentsasteachers.org/research-and-quality-improvement-index#research-results> under "Bibliography" for a list of studies updated 1/6/2022. Also, note that all of these studies refer to PAT Foundational 1, *not* PAT Foundational 2.

Nevertheless, these studies demonstrated many positive outcomes of HV + PAT and are described in the following summary. Schaub et al. (2019) conducted an RCT (ZEPPELIN 0-3) in Switzerland and found that children enrolled in PAT vs. a control group who had access to normal, non-PAT community services had improved adaptive behavior, developmental status, and language skills at 3 years of age, and that problem behavior was reduced in families with the highest risk. When comparing PAT-participating students vs. non-PAT-participating students (the assumption was that few if any children in the control group accessed any other types of HV programs), Lahti et al. (2019) found PAT was associated with significant improvement in math achievement, reading ability, decreases in absenteeism, decreases in suspensions, and improvements in parenting skills. Chaiyachati et al. (2018) found that a CT-based home-visiting program that used the PAT curriculum (vs. a comparison group that was a cohort of families who were eligible for the HV program but did not participate) had a similar percentage of families with CPS investigations, but a 22% decreased likelihood of CPS substantiations after propensity score matching.

Neuhauser et al. (2018) found that the effects of PAT on receptive and expressive language at 24 & 36 months were mediated by maternal sensitivity at 12 months. They also showed that the effects of PAT and also specific mediation effects increase with the level of psychosocial stress the family endures. Zigler et al. (2008) found that "the PAT program improved parenting practices in ways that promote both school readiness and subsequent academic achievement. The direct effect of length of PAT attendance was significant and of meaningful magnitude in both models." They suggest that parents' childrearing practices were changed in beneficial ways not assessed in this study which mediated the effect of PAT on school readiness and academic achievement. As they point out, "[i]t is well established that positive parenting is extremely important for healthy child development...", and positive parenting is a major goal of HFNY. Pfannenstiel & Zigler (2006) found that for families enrolled in the PAT program vs. families who were not (the control group did not receive HV services), "parents in the PAT program read to their children more often and were more likely to enroll them in preschool, both of which increased school readiness." This also "suggest[ed] that parents' childrearing practices were changed in other beneficial ways beyond those assessed in this study. The most striking finding was that when a preschool program followed PAT, children from impoverished homes entered school with readiness scores that equaled those of children from more affluent homes."

Carroll et al. (2015) found in a longitudinal pre-post cohort study of an enhanced PAT program (that integrated reflective questioning and routine use of data in maternal health literacy promotion and tailoring the HV plan to a family's specific needs into the regular PAT HV program), that from project start to 6 months and from 6 months to 12-18 months, maternal

Health Care Literacy and Self-Care Literacy scores significantly increased, and that the proportion of mothers with an estimated reading skill level at or below a 6th-grade level decreased from 62% to 37%. Some studies also compare PAT with an enhanced PAT program (PAT+ or HEALTH), mainly showing significant decreases in maternal obesity and gestational weight gain during pregnancy or weight gain after pregnancy in enhanced PAT vs. PAT alone in women with overweight or obesity at the start of pregnancy (enhanced PAT – PAT+ or HEALTH are better) (Cahill et al., 2018; Haire-Joshu et al., 2019). While these studies primarily focus on the comparison between enhanced PAT and PAT (and find that enhanced PAT is better), Cahill et al. also found that gestational weight gain (GWG) in the standard PAT group was approximately 40% less than what they had previously observed in a similar patient population in their obstetric clinic between 2008 and 2010, suggesting that standard PAT alone also significantly and importantly reduces maternal GWG (Cahill et al., 2018). Haire-Joshu et al. (2019) did not examine this comparison, so it is unclear from this study whether PAT alone also had a significant effect on weight gain in overweight or obese women postnatally.

It is possible for HFNY to sign up to conduct a Parents as Teachers evaluation, if desired.

[Cultural Sensitivity](#)

The PAT Foundational Training Model includes several modules on cultural competency, encouraging home visitors to understand the cultures of the families served in order to provide culturally appropriate parent education. Programs and home visitors describe PAT as culturally neutral; not offensive to any parties.

[Educational/Cognitive Appropriateness](#)

Some say the main PAT curriculum is wordy, and workers sometimes have a hard time using it with young and limited families - it is better for families who like to read. Also, PAT includes special information about children with autism and children who have disabilities or at risk for them, although it is not designed to meet the full needs of special education children.

3.4: Baby TALK (Prenatal-Age 5) – Approved Supplemental
See Section 2.1

3.5: Just In Time (Prenatal-Age 5) – Approved Supplemental
See Section 2.2

3.6: PAT: Partnering with Teen Parents (Prenatal-Age 5)

Contact Information and Other General Information

Angelique Bey at Angelique.bey@ParentsAsTeachers.org and (314) 432-4330 x1256

<https://parentsasteachers.org/products/partnering-with-teen-parents/>

Costs

Curriculum and Digital Materials, Renewal Fees

{A} Curriculum Digital Download (\$315): (1) Digital Download of the Partnering With Teen Parents Curriculum, and (2) A printable version of the Partnering With Teen Parents Toolkit (special cards home visitors can bring to families - easy resource to use; round around the corners so kids can chew on them; laminated).

{B} Curriculum USB (essentially the same thing as the digital download) and Toolkit (\$315): (1) USB Drive; (2) Toolkit ; (3) Toolkit bolt (holds together the toolkit cards so you can flip through them quickly and not lose them).

{C} Toolkit Only (\$15) (Not ideal) Includes the Partnering with Teen Parents Toolkit and the Toolkit Bolt. (no longer for sale).

{D} If you want the optional Two-Day Training in St. Louis Included, as well (\$395) - This \$395 fee includes either: {A} the Digital Curriculum and the Toolkit; or {B} USB drive and Toolkit (essentially the same thing). Trainings can also be arranged in New York, although prices may vary. Contact Kelly McNerney regarding this if there is interest.

See also: <https://ebiz.patnc.org/eBusiness/ProductCatalog/Product.aspx?ID=3012>

Trainings

Optional Two-day Training in St. Louis, or they will come to us - prices may vary if they come to us. Note: All in-person trainings have been temporarily suspended due to the COVID-19 pandemic, and there are only virtual training options for PAT Foundational 1 & 2, not for PAT: Partnering with Teen Parents.

Total Cost is \$395 for either: {A} Training, Digital Curriculum, and Toolkit; or {B} Training, USB drive, and Toolkit; but travel expenses are also needed.

Training covers: (1) Developmental characteristics unique to adolescents including adolescent brain development; (2) Mutual influences and potential impacts of the parallel developmental needs of adolescents and young children; (3) Practical parenting principles that contribute to healthy lifestyles for teen parents and their children; (4) Techniques to enhance teen parents' feelings of confidence and competence and strategies to equip the adolescent's ongoing

transition into adulthood while parenting; and (5) Multigenerational issues and Strategies to facilitate father involvement.

Annual Licensing Fee

No renewal fee. USB Drive and Toolkit.

Languages Available

Spanish translation includes more than 500 pages of parent-facing materials. It is intended to be used in conjunction with the English Partnering With Teen Parents curriculum. (\$85 for digital download. No renewal fee.)

Overall Summary

1,100 pages of resources for professionals, parent handouts, and activity pages specifically geared for young parents.

Topics focus on: (1) Adolescent development of life skills as they approach adulthood; (2) Parallel development needs of teens and their infants/young children; (3) Important role of the father, whether he is in a relationship with child's mother or not; and (4) Mindfulness techniques for focusing attention during parent-child interaction.

Four main areas: (1) family well-being, (2) parent-child interaction, (3) skill development, and (4) child development.

If you are comfortable with the Parents as Teachers (PAT) Foundational Curriculum (1 or 2), it translates really well to the Partnering with Teen Parents Curriculum. Covers children prenatally to kindergarten. See the website (<https://parentsasteachers.org/partnering-with-teen-parents>), which contains a further description of the curriculum outline.

Virtual Training and Delivery Options

The curriculum is available as a digital download or USB, which lends itself to virtual use, as handouts can be emailed or mailed to families. Note: purchase the digital download to have the toolkit cards available electronically. There is no virtual training option for this curriculum, and in-person trainings have been suspended due to COVID, but training is optional. PAT does have a virtual training for the Foundational 1 and 2 curricula.

Special Interest Group Served

1. Teen Parents
2. Teen Fathers - contains 8 handouts on Teen Dads
3. Prenatal Families
4. Serves prenatal to age kindergarten
5. Children with Special Needs - 4 handouts

Evidence-informed or Evidence-Based

This curriculum is Research-Based (Evidence-Informed), but it has no Evidence Base (studies evaluating its effectiveness). It was created by multidisciplinary experts in the field who used an extensive research base. The Professional Resources (strictly for home visitors) contain very detailed guidance and a lot of references to support the guidance given. They are based in ample scientific research. It should be noted that this curriculum follows very well for those already trained in the Foundational 1 or 2 Parents as Teachers (PAT) trainings.

Cultural Sensitivity

Yes, this curriculum was designed by experts to be especially sensitive to needs facing teen parents.

Educational/Cognitive Appropriateness

The Parent Handouts are structured in chart format with bullets to make it easier to follow along. They do tend to have a lot of information on one page which could make it difficult for lower literacy teen parents. A common criticism of PAT Foundational 1 and 2 is that it is "too wordy." The Parent Handouts lack pictures, which would be helpful. The Professional Resources (strictly for home visitors) are extremely well done and quite complex, containing a lot of references to inform the guidance given.

CHAPTER 4: PRENATAL CURRICULA

4.1: Great Beginnings Start Before Birth (GBSBB) – PCANY 2019 Hybrid – Approved Supplemental

Contact Information and Other General Information

Ellen Butowsky: ebutowsky@preventchildabuseny.org

Lisa Galatio: lgalatio@preventchildabuseny.org

Isabel DaSilva: idasilva@preventchildabuseny.org

Costs

Curriculum and Digital Materials, Renewal Fees

The manual is available electronically on the HFNY website at:

<https://www.dropbox.com/sh/4qzgof15ws6p95s/AACmiRWeY7JGL-tp4MBIKRVra?dl=0>. There are also a limited number of hard copies available (as of 1/2021). Programs can contact Tina Tison at hfnystaff@preventchildabuseny.org to request one.

Trainings

Training is not required to use this curriculum. However, prenatal training, including this HFNY-GBSBB 2019 hybrid curriculum, can be accessed at:

<https://www.healthyfamiliesnewyork.org/Staff/training.htm>.

Annual Licensing Fee

There is no annual licensing fee.

Languages Available

Almost all the participant handouts are provided in both English and Spanish.

Overall Summary

The original Great Beginnings Start Before Birth (GBSBB) was created by Healthy Families America to serve two purposes – to function as a training participant companion for an HFA Prenatal Training and to offer handouts/curriculum for home visitors to use with program participants. Healthy Families New York was among the original state systems to pilot the training and curriculum (3 sites in early 2000).

Over the years, the HFNY training team has greatly modified both the training and the curriculum that it thought were outdated or missing. In 2016, HFA updated GBSBB, and the training team was still dissatisfied with the content, especially materials related to father involvement and strength-based work. In 2019, the training team created an HFNY-GBSBB hybrid version of HFA's 2016 materials and our own materials.

The manual contains broad information about working with prenatal families (Stages of Helping Relationships, Maternal and Paternal Tasks of Pregnancy, Understanding Prenatal Visits, etc.), as well as trimester-specific information (Lifestyle Effects on Prenatal Growth, Stress Management Techniques, Nutrition, Preterm Labor Signs, Preparing for Baby's Arrival, Birth Plan, Preconceptual Health for Men and for Women). For the most part, the information is ordered to correspond with how a home visitor might cover it with prenatal families, but it doesn't need to be used in that order.

The manual contains information for home visitors to learn about their role (and staying within it) when working with prenatal families, and in most sections, there are handouts for them to share with participants, as well as activities to do related to the various topics.

In training evaluations over the years, program staff have reported excitement about having the curriculum as a resource. In recent years, much time was spent pointing out materials that were out-of-date; this will not be necessary with the recent 2019 update by HFNY.

Virtual Training and Delivery Options

Yes, the manual is available electronically.

Special Interest Group Served

Yes, prenatal families. There are also useful handouts for families with newborns.

Evidence-informed or Evidence-Based

The materials are Research-Based (Evidence-Informed), but no formal evaluation was done to determine effectiveness of the original GBSBB; thus, they are not Evidence-Based. When the curriculum was first distributed, staff reported that it gave them additional tools to use early in pregnancy with families, and they saw how it increased family engagement. Prior to this, the state system did not have much in the way of prenatal curricula. (This was prior to the development of current resources such as PHB/FSU and GSK). In 2019, PCANY members revised and updated this curriculum extensively. It has been distributed to all HFNY programs.

Cultural Sensitivity

Generally, the manual is culturally sensitive. The tone of the materials is generally supportive and leaves room for individual and cultural differences when discussing topics, such as nutrition and lifestyles. While the HFNY version deleted the "shoulding" contained in the HFA manual, there are one or two places where it remains. This may be off-putting to some.

Educational/Cognitive Appropriateness

Yes, it seems appropriate. In one prenatal training, a participant shared that she wished it was a little more detailed/sophisticated for her more highly educated families.

4.2: Growing Great Kids Prenatal through 36 Months (GGK P36) – Approved Primary

See Sections 1.1, 1.2

4.3: Partners for a Healthy Baby/Florida State University (PHB/FSU) – Approved Primary

See Section 1.3

4.4: Parents as Teachers (PAT) – Approved Primary

See Section 1.4

4.5: Baby Talk (Prenatal-Age 5) – Approved Supplemental

See Section 2.1

4.6: Just In Time (Prenatal-Age 5) – Approved Supplemental

See Section 2.2

CHAPTER 5: FATHERHOOD-FOCUSED CURRICULA

5.1: 24/7 Dad– Approved Supplemental

Contact Information and Other General Information

<https://store.fatherhood.org/24-7-dad-programs/>

Jacquie Hannan, Resource Director, at (240) 912-1263 or jhannan@fatherhood.org.

Ave Mulhern, Program Implementation Specialist, at (240) 912-1263 or amulhern@fatherhood.org.

Costs

Curriculum and Digital Materials, Renewal Fees

Complete AM Program Kit 3rd Ed. - \$779

Complete PM Program Kit 3rd Ed. - \$779

Bundle: AM & PM Program Kits 3rd Ed. - \$1359

AM with Booster Sessions for Non-Custodial Dads 3rd Ed. - \$989

PM with Booster Sessions for Non-Custodial Dads 3rd Ed. - \$989

Additional Fathering Handbooks (for fathers) in English or Spanish 3rd Ed. - \$11.99 each

One Kit Includes:

1. 1 Facilitator's Manual (Program Guide - to understand the theoretical underpinnings of the program and how to facilitate effectively; and Session Guide - step-by-step procedures for running each session)
2. 10 Fathering Handbooks (Dads will write in & keep) - extra English and Spanish Handbooks available for purchase (\$11.99 each)
3. 10 Quick Reference Cards (tear-out cards Dads can keep to remind them of traits of a 24/7 Dad & 10 affirmations for their kids)
4. 1 Flash Drive which contains evaluation tools in English & Spanish, marketing resources, videos to enhance & incorporate into program delivery

See: store.fatherhood.org/24-7-dad-programs/

Trainings

Training is not required, but highly encouraged. Modification of the curriculum to the one-to-one home visiting format is covered in the training.

There are several webinar trainings offered per year for as low as \$249/person, which last from 10am-3pm.

There are also customized 1- and 2-Day Trainings for up to 30 people (who can come from multiple programs). The 1-Day Training includes either facilitating sessions or implementation,

while the 2-Day Training includes both. The 1-Day Training is \$9,999 at your location; the 2-Day Training is \$12,499 at your location.

You can also purchase the Webinar Training for many people for \$3,999 (1-day) or \$6,999 (2-day).

All trainings also require the purchase of the curriculum.

See: store.fatherhood.org/trainings

Annual Licensing Fee

No annual licensing fee. Programs will only need to purchase additional Fathering Handbooks for fathers, as needed.

Languages Available

Facilitator's Manuals, Fathering Handbooks, all handouts, pre- and post-surveys, and checklists are available in English and Spanish. Only the online and App version of the checklist, as well as the videos, are only available in English.

Additional Fathering Handbooks in Spanish are \$11.99 each.

To purchase, see: store.fatherhood.org or call Resource Center - (240) 912-1263.

Overall Summary

24/7 Dad is a National Fatherhood Initiative curriculum that teaches fathers to be involved, responsible, and committed dads. It is a 12-week group program which meets weekly for 2 hours and is ideally led by two co-facilitators, who can be male or female (female is encouraged). The curriculum can also be adapted to the one-to-one home visiting format. There is also a shortened 4-week version with model fidelity and an adaptation for teen dads (free): <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>. Curriculum can also be adjusted to fit another timeframe. The main program goals are to develop these five characteristics in fathers: self-awareness, caring for self, fathering skills, parenting skills, and relationship skills. Topics covered include family history, meaning of being a man, showing and handling feelings, men's health, communication, the father's role, discipline, child development, getting involved, co-parenting, and work.

This curriculum is firmly grounded in research; the 3rd Edition came out in 2015, the 2nd in 2010, the 1st in 2003.

Comes in 2 versions: AM & PM. AM is a basic fathering program for dads struggling with what it means to be a father. PM is more advanced and addresses some more difficult topics. Both programs start with a focus on developing the man first and then a focus on developing fathering skills. Both programs come with 30 optional videos (20 animated videos and 10

stories of impact); samples can be found at www.fatherhood.org/247-Dad-3rd-Ed-Resources or www.fatherhood.org/stories-of-impact.

AM Topics are: Family History; What It Means to be a Man; Showing & Handling Feelings; Men's Health; Communication; The Father's Role; Discipline; Children's Growth; Getting Involved; Working with Mom and Co-Parenting; Dads and Work; and My 24/7 Dad Checklist.

PM Topics are: Fathering & the 24/7 Dad; Boyhood to Manhood; Dealing with Anger; Knowing Myself; Family Ties; Sex, Love, and Relationships; Power and Control; Competition and Fathering; Improving My Communication Skills; Fun with Kids; Stress, Alcohol, and Work; and My 24/7 Dad Checklist.

Further information about the program can be found at: <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>.

There is a very helpful free webinar overview at: <https://www.fatherhood.org/247-dad-3rded-webinar?hsCtaTracking=c4c7e309-1119-4edc-8f3b-93a722a6f50f%7C7e7d6298-02d1-4bce-877a-187b57789965>.

24/7 Dad is currently listed in the MIS, but it is not currently an "HFNY-approved" curriculum. There is an adaptation for teen dads (free) - <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>.

Virtual Training and Delivery Options

Guidance for Virtual Program Delivery from the National Fatherhood Initiative is available at: <https://www.fatherhood.org/program-delivery-covid-19>.

Special Interest Group Served

1. Father-focused specifically.
2. There is an adaptation for teen dads (free) - <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>.
3. No significant benefit in coparenting relationship quality (See Understanding Dad and Mom as Gateway for curricula that improve coparenting relationship quality).

Evidence-informed or Evidence-Based

The 24/7 Dad curriculum has a strong Research Base, which was strengthened in its 2015 3rd Edition. First, the authors have included more information on behavior change theories that contribute to the framework of the program. This curriculum is based on the Transtheoretical Model (Stages of Change) and how this relates to helping dads become more responsible and committed. This Model holds that habitual behavior change occurs continuously through a cyclical process. It posits that individuals move through 5 stages of change: precontemplation, contemplation, preparation, action, and maintenance. The 3rd Ed. also places great emphasis on habit formation to establish the "habit" of being an involved and responsible father, a

principle also based in research.

Additionally, the 3rd Ed. includes a “My 24/7 Dad Checklist” which Dads customize at the end of each session and at completion of the curriculum. The incorporation of the checklist is based on research in several fields that has shown that checklists help individuals ingrain prosocial, pro-healthy habits.

24/7 Dad also does have a preliminary Evidence Base, although it pertains to classroom programs rather than home visiting programs. This is described in the Lewin-Bizan preliminary evaluation (Lewin-Bizan, 2015). This study was a randomized controlled trial with a treatment and control group evaluated pre-program, post-program, and 6 weeks after program end. The control group did not receive the 24/7 Dad program but may have received other instruction and services. In this study, neither group received home visiting; 24/7 Dad participants received the curriculum in a group setting. Despite randomization, there was imbalance in three factors between intervention and control groups (single status, hours of employment, and co-residence with first-born child), and these imbalances were not controlled for in the analysis; however, these differences would bias the results toward the null so do not explain the effectiveness of the program observed. This study found significant improvement in the father’s knowledge and skills, increased father involvement, and improved father’s relationship with his children when evaluating the treatment group pre- and post-intervention, and in comparison with the control group.

Specifically, when comparing the treatment and control groups pre- and post- intervention, Lewin and Bizan found significantly increased reading and doing homework with the child from baseline to post-test and from baseline to 6-week follow-up in the treatment but not the control group, a significant increase in the level of support to the mother of the child and in the level of disciplining the child from baseline to 6-week follow-up in the treatment but not in the control group, significantly increased level of happiness about being a parent from baseline to post-test in the treatment but no change in the control group, and significantly increased level of quality of relationship with the first-born child from baseline to post-test and from baseline to 6-week follow-up in the treatment but not the control group.

Another pre-post-test preliminary evaluation conducted by Perry (2019) studied 508 non-resident fathers 16+ years of age enrolled in the 4 Your Child Program in Louisville, KY. This program used the 24/7 Dad AM 3rd Ed. program and some of the Together We Can curriculum in 28 hours of parent education over 7 weeks and up to 6 months of case management. The study found significant improvements in fathers’ parenting knowledge and conflict resolution skills, with moderate and small effect sizes, respectively. It found no difference in parenting self-efficacy and coparenting relationship quality. The authors hypothesize that to improve coparenting relationship quality, moms would need to be involved in the program.

Additionally, see several other evaluations of the 24/7 Dads Curriculum, which often use 24/7 Dad in combination with other curricula: <https://www.fatherhood.org/free-resources/topic/evaluations>.

Cultural Sensitivity

Yes, the designers of the curriculum created 30 optional videos for both the AM & PM programs which feature diverse dads' points of view. They did this because of research that shows that people in general are more likely to participate in programs that impact people like them. There are 20 animated videos and 10 stories of impact from graduates of the program for both the AM & the PM curricula.

Educational/Cognitive Appropriateness

Yes, this curriculum is even appropriate for teen dads.

5.2: Nurturing Fathers– Approved Supplemental

Contact Information and Other General Information

nurturingfathers@gmail.com; Mark Perlman, Author

Costs

Curriculum and Digital Materials, Renewal Fees

There are 2 purchase options: (1) The Starter Kit for \$399, or
(2) The Complete Nurturing Father's Program for \$650 (which is the same as the Starter Kit except it contains more participant journal/workbooks).

The \$399 Starter Kit includes 10 participant journals/workbooks (this journal is an interactive workbook containing weekly home activities for each group member to complete), one Facilitator Manual with step-by-step instruction, 1 Posters/PowerPoint CD to be used as teaching aids, 1 audio CD with prerecorded, guided visualization activities, and 1 Forms CD (with Confidentiality Agreements, Program Evaluation forms, and Certificates of Achievement).

The Complete Nurturing Father's Program for \$650 includes 2 Facilitator Manuals, 20 participant journals/workbooks, and all other materials.

Additional participant journals can be ordered for \$22, and a digital e-journal is also available for \$13.

The course itself is 13 weeks, with 2.5-hour classes each week. The course can also be conducted in one-to-one, in-home visit format, rather than the group format - the participant journal/workbook is also self-instructional (as well as the Facilitator Manual).

Trainings

No special training is required. The included Facilitator Manual provides step-by-step instruction. Facilitator training is available upon request. To attend these trainings, see <https://nurturingfathers.com/training/> or <https://nurturingfathers.com/training/scheduled-trainings/>.

Trainings are currently virtual due to COVID but have previously been in-person.

Annual Licensing Fee

There are no re-licensing or renewal fees. After the facilitator is trained, the only recurring costs are the participant journals at \$15 each.

Languages Available

English and Spanish

Overall Summary

The Nurturing Fathers' Program (NFP) brings together men from all family circumstances (custodial, non-custodial, stepfathers, new fathers) and teaches them how to improve their interactions with their children. It gives participants the tools to respond to the needs of their families and instill discipline in a safe, respectful way. Topics include: the roots of fathering, self-nurturing skills, male nurturance, fathering without violence or fear, fun and games for fathers and children, communication and conflict resolution, and teamwork with spouse/co-parent. The NFP is an experiential group-based program; it also has a self-instructional journal/workbook that is used for one-to-one, in-home application. It was originally published in 1998; the next update will be available in early 2021. The course includes 13 weeks, with 2.5-hour classes each week.

Virtual Training and Delivery Options

The trainings are now offered virtually due to COVID (but are still not required). In-person trainings will resume when the pandemic allows.

Special Interest Group Served

1. Father-focused specifically.
2. Coparenting
3. Latino Fathers

Evidence-informed or Evidence-Based

Yes, NFP was developed using research by Dr. Stephen Bavolek (author of The Nurturing Parents Program) and research by the Kempe Center. It is an adaptation to the Nurturing Parents Program developed by Dr. Stephen Bavolek.

Additionally, it was listed as "evidence-based" as an adaptation to the Nurturing Parents Program (www.nurturingvalidation.com) on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) prior to the discontinuation of this database by the Trump administration in 2018.

NFP does also have some evidence base in two manuscripts that were not published (thus, not peer-reviewed.) They are evaluations of classroom programs, however, rather than home visiting programs. These two pre-post test studies conducted by Dr. Andrew Daire have evaluated the NFP using the Adult-Adolescent Parenting Inventory 2 (AAPI-2). This scale evaluates 5 constructs that indicate risk of parents for child maltreatment. The 2 studies found that fathers who participated in the NFP had improved scores in all 5 constructs and in their overall score. These results could be interpreted to suggest that, as the authors state, "...the results suggested overall improvement in parental attitudes and behaviors that were known to contribute to child abuse and neglect." The 5 constructs evaluated by the AAPI-2 are: (1) Expectations – fathers' understanding of the developmental capabilities of children; (2) Empathy – fathers' ability to demonstrate empathy toward the needs of their children and their own needs; (3) Corporal Punishment – fathers' reported use of alternate strategies to corporal

punishment; (4) Role-Reversal – fathers' understanding and acceptance of the needs of self and children; and (5) Power and Independence – the value fathers place on children feeling empowered. These results were seen for African Americans, Latino Americans, and Caucasian Americans alike. See <https://nurturingfathers.com/research-validation/> for further summaries and for copies of these manuscripts.

Cultural Sensitivity

Yes, the program has already been implemented successfully in schools, Head Start, churches, state DSS, prisons, halfway houses, prevent child abuse programs, parenting and counseling centers, military programs, community action agencies, and many others. There have been proven results in the above places despite educational background.

One study also found that NFP improved scores in the AAPI-2 for Caucasian, Latino, and African American participants. Additionally, Latino fathers had significantly better scores in appropriate expectations than both African American and Caucasian fathers. Latinos had significantly better scores in empathy and role reversal than African Americans, but not Caucasians. Caucasian participants had significantly better scores for corporal punishment. The authors suggest this program might be particularly beneficial for Latino fathers.

Educational/Cognitive Appropriateness

Yes, the curriculum is appropriate for and has been used with people of all types of educational backgrounds. It has also been used in all 50 states since its inception in 1998.

Other Comments

There is an extension to this curriculum: it is a 10-week adaptation entitled "Marriage & Parenting Program" ("MA&PA") that is designed for work with couples (married or unmarried).

5.3: Partners for a Healthy Baby/Florida State University (PHB/FSU) – Approved Primary

See Section 1.3

5.4: Understanding Dad (A National Fatherhood Initiative Curriculum)– Approved Supplemental

Contact Information and Other General Information

<https://store.fatherhood.org/complete-program-kit-understanding-dad/>

Jacquie Hannan, Resource Director, at (240) 912-1263 or jhannan@fatherhood.org.

Ave Mulhern, Program Implementation Specialist, at amulhern@fatherhood.org.

Costs

Curriculum and Digital Materials, Renewal Fees

\$602 - Understanding Dad with Mom as Gateway Booster Session

\$549 - Complete Understanding Dad Program Kit

\$9.99/each - Additional Mother's Handbook for the Understanding Dad Program

1 Kit Includes:

- (1) 1 Facilitator's Manual
- (2) 10 Mother's Handbooks for use during the program that moms can keep
- (3) 1 DVD with video content for some sessions
- (4) 1 Flash Drive with supporting resources: pre- and post-surveys, certificate of completion, and marketing materials

See: <https://store.fatherhood.org/understanding-dad-an-awareness-program-for-moms/>

Trainings

Training is optional. The Program Guide in the Facilitator's Manual provides all necessary facilitator information to run the program successfully. There are 2 training options, if desired:

- (1) 1-Day Training at your location - \$6,999 for up to 30 people (participants can be from different programs)
- (2) Webinar Training - \$2,999

See: www.fatherhood.org/training-website

Annual Licensing Fee

No annual licensing fee.

Languages Available

English only.

Overall Summary

Created by the National Fatherhood Initiative (NFI), Understanding Dad is an awareness and communication program for moms to help prevent maternal gatekeeping. This curriculum was developed after NFI found increased demand for additional mother education programs to facilitate coparenting after implementation of NFI's Mom as Gateway curriculum addendum to prevent maternal gatekeeping.

Understanding Dad™ is a unique program that helps mothers improve the relationships they have with fathers, for the benefit of their children. This program helps mothers better understand the importance of involving dad in their children's lives, and how to better communicate with the father(s) of their child(ren).

Oftentimes, the mothers' gatekeeping behavior can prevent or reduce fathers' access to their children – when fathers' involvement in their children's lives would benefit their children. This program encourages self-awareness and helps moms improve the communications skills they need to improve their relationships with the fathers of their children.

Understanding Dad™ raises mothers' awareness about the importance of father involvement in the lives of their children. It helps mothers to reflect on how their own developmental histories have and continue to influence their relationships with the fathers of their children. It also teaches mothers communication skills to improve the partnership between them and the fathers of their children in raising their children (e.g., coparenting when mothers and fathers are no longer together)." (See: <https://store.fatherhood.org/complete-program-kit-understanding-dad/#tab-0>)

A sample of the Facilitator's Manual states: "[Moms learn] how similar and different they are from the fathers of their children as people and parents, and they explore the impact of the similarities and differences on their children. They start to see the relationships they have with their children's fathers through the eyes of their children."

The Understanding Dad Program can be used in a group setting, delivered by a facilitator, or in a one-to-one home-visiting format. It consists of 8 sessions, approximately 2 hours each.

Topics covered include: (1) My Life as a Mom; (2) My Father's Impact; (3) My Mother's Impact; (4) Me and My Children's Father; (5) The Impact on My Children; (6) Patterns of Communication; (7) Open, Safe Communication; and (8) How to Listen.

For a free webinar, see: <https://www.fatherhood.org/free-resources/understanding-dad-curriculum-overview>.

Virtual Training and Delivery Options

The Mother's Handbook can be mailed to the mother and sessions can be completed virtually in this manner.

Webinar trainings are offered (but optional).

Guidance for Virtual Program Delivery from the National Fatherhood Initiative is available at: <https://www.fatherhood.org/program-delivery-covid-19>.

Special Interest Group Served

1. Mothers who act as gatekeepers, preventing fathers from being involved in their children's lives.
2. Coparenting.

Evidence-informed or Evidence-Based

There is some Evidence Base for the Understanding Dad Program, although these were evaluations of classroom programs rather than home visiting programs. A 2020 quantitative and qualitative study (Pearson et al., 2020) found several positive outcomes. In 105 mother participants and 73 father participants (low-income, non-resident parents), the study found mothers reported significantly improved confidence in their ability to coparent with the father, significant improvements in perceived communication, and significantly fewer disagreements with the father. Also, fathers reported significantly less undermining by the mother. The qualitative part of this study was small with interviews and focus groups with only 17 mothers and 12 fathers. However, in this qualitative element, mothers reported learning emotional and practical tools, including being more aware of their own behavior, holding fewer unrealistic expectations of the other parent, interacting with decreased levels of emotion, considering the fathers' perspectives, and feeling more empathy for the fathers' situations. There was likely considerable selection bias in this study, as only 45% of targeted moms agreed to participate, and only 38% attended classes and completed pre- and post-surveys; these moms might be more open to changing behaviors and considering the fathers' perspectives than the 62% of moms who ultimately did not participate; alternatively, the moms who chose to participate may have needed greater assistance in their relationships with their children's fathers. This study is important because it shows that engaging mothers in their own program, rather than engaging moms and dads together (which can be difficult for nonresident parents), can still have positive outcomes for coparenting. It should be noted, however, that in this study, some dads were also enrolled in their own fatherhood programs, which could partly explain the positive results in ability to coparent.

Also, a prior pilot study by Temple University (Fagan et al., 2015) found significant improvements in 34 mothers pre- to post-test in several outcomes: mothers' awareness and attitudes regarding how their relationships with fathers influence paternal involvement with children, knowledge of healthy pro-relationship skills, and relationship self-efficacy, with large effect sizes for knowledge and self-efficacy and a moderate effect size for attitudes. All of these qualities are associated with more skillful mother-father coparenting relationships, although there was no assessment of actual maternal and paternal coparenting behaviors.

The Understanding Dad Program was created out of increased demand for additional mother

education programs to facilitate coparenting due to a dearth of fatherhood programs that involve mothers and a growing recognition in the research that mothers play a critical role in facilitating the father-child relationship, especially in higher risk families (such as low-income families, single-parenting families, or families with incarcerated parents). Researchers, practitioners, and program developers suggested that interventions were needed to help mothers address their own attitudes and behaviors that influence the coparenting relationship. The creation of the Understanding Dad Program was based on: (1) findings of intervention studies demonstrating that relationship education programs can have a positive result on women's attitudes about their partner relationships; and (2) findings that interventions to address relationship skills positively affect relationship satisfaction and reduce conflict, which can influence mothers' support of paternal involvement.

In general, the Understanding Dad Program was created to focus on 3 main areas to improve coparenting: increasing mothers' awareness of the quality of the relationship with the father (including their influence on fathers' involvement with children), effective communication with the father, and conflict resolution.

Cultural Sensitivity

Yes, the Mother's handbook pictures families of different races/ethnicities, different professions (construction workers, migrant workers), and different family situations (such as incarcerated fathers). It sensitively addresses moms who may have children by more than one dad or who may have more than one recent partner.

Educational/Cognitive Appropriateness

Yes, the Mother's Handbook uses simple language and offers places to fill in the blanks so it is not "too wordy." It also features periodic pictures. One section offers analogies to animals with pictures to help describe different ways the moms handle conflict. There are sections that ask the mom to fill in multiple sentences, which might be difficult for very low literacy moms; but this could easily be addressed by having the FSS fill in these sections.

5.5: Mom as Gateway – Approved Supplemental

Contact Information and Other General Information

<https://store.fatherhood.org/fathertopics-booster-session-mom-as-gateway-download/>

Jacquie Hannan, Resource Director, at (240) 912-1263 or jhannan@fatherhood.org.

Ave Mulhern, Program Implementation Specialist, at (240) 912-1263 or amulhern@fatherhood.org.

Costs

Curriculum and Digital Materials, Renewal Fees

\$52.99 for downloadable PDFs that are available to download, print, and reference at your convenience. A workshop manual is also included. Other free resources are also provided.

Trainings

No training required or offered.

Annual Licensing Fee

No renewal fees.

Languages Available

English only.

Overall Summary

This is not a curriculum but is intended for use as booster sessions to another fatherhood curriculum, especially 24/7 Dad. It was developed by the National Fatherhood Initiative in 2008. Moms attend three 1-hour workshops, designed to address what is known as Maternal Gatekeeping – when a mother’s beliefs about a father, as well as her behaviors, hinder a father’s involvement with his children. Workshops emphasize the importance of paternal involvement and aim to facilitate co-parenting by breaking down barriers between mothers and fathers.

Topics covered include: The Role of The Gatekeeper, Power & Control Between Men & Women in Relationships, and Minimizing Excessive Gatekeeping. When used in combination with 24/7 Dad, mothers often meet while fathers are completing their 24/7 Dad classes. But Mom As Gateway's universal principles and flexible format mean it can be used with any fatherhood curriculum.

Virtual Training and Delivery Options

Yes, the PDFs can be emailed to families and then reviewed virtually with families by phone or video.

Special Interest Group Served

1. Father-focused specifically by helping to engage moms and prevent moms from acting as gatekeepers.
2. Coparenting

Evidence-informed or Evidence-Based

Mom as Gateway is not Evidence-Based, but it is Evidence-Informed, using information collected by the National Fatherhood Initiative. It does receive a Level I (Proven Effective) from the Healthy Start Epic Center, a program sponsored by the Health Resources and Services Administration (HRSA). The Healthy Start Epic Center states: "Evidence-based practices - have been rigorously evaluated and shown to be effective by MCH experts."

<https://www.healthystartepic.org/resources/evidence-based-practices/>. However, it is difficult to find these studies/evaluations.

Cultural Sensitivity

Culturally sensitive and includes diverse father populations, such as those who are incarcerated or absent. It is directed toward mothers and is appropriate for split families working to improve the co-parenting relationship.

Educational/Cognitive Appropriateness

Yes, the program instructor (or home visitor) can adapt the language in the program to be appropriate for the cognitive abilities of the parents.

5.6: Parents as Teachers (PAT): Partnering With Teen Parents – Approved Supplemental

See Section 6.1

CHAPTER 6: TEEN PARENTS CURRICULA

6.1: Parents as Teacher (PAT): Partnering With Teen Parents – Approved Supplemental

Contact Information and Other General Information

<https://parentsasteachers.org/partnering-with-teen-parents?rq=Partnering%20with%20Teen%20Parents>

Kelly McNerney, Curriculum Product Editor, at kelly.mcnerney@parentsasteachers.org or (314) 432-4330, ext. 1247.

Costs

Curriculum and Digital Materials, Renewal Fees

{A} Curriculum Digital Download (\$315): (1) Digital Download of the Partnering With Teen Parents Curriculum, and (2) A printable version of the Partnering With Teen Parents Toolkit (special cards home visitors can bring to families - easy resource to use; round around the corners so kids can chew on them; laminated).

{B} Curriculum USB (essentially the same thing as the digital download) and Toolkit (\$315): (1) USB Drive; (2) Toolkit ; (3) Toolkit bolt (holds together the toolkit cards so you can flip through them quickly and not lose them).

{C} Toolkit Only (\$15) (Not ideal) Includes The Partnering with Teen Parents Toolkit and the Toolkit Bolt.

{D} If you want the optional Two-Day Training in St. Louis Included, as well (\$395) - This \$395 fee includes either: {A} the Digital Curriculum and the Toolkit; or {B} USB drive and Toolkit (essentially the same thing). Trainings can also be arranged in New York, although prices may vary. Contact Kelly McNerney regarding this if there is interest.

See also: <https://ebiz.patnc.org/eBusiness/ProductCatalog/Product.aspx?ID=3012>

Trainings

Optional Two-day Training in St. Louis, or they will come to us - prices may vary if they come to us. Note: All in-person trainings have been temporarily suspended due to the COVID-19 pandemic, and there are only virtual training options for PAT Foundational 1 & 2, not for PAT: Partnering with Teen Parents.

Total Cost is \$395 for either: {A} Training, Digital Curriculum, and Toolkit; or {B} Training, USB drive, and Toolkit; but travel expenses are also needed.

Training covers: (1) Developmental characteristics unique to adolescents including adolescent brain development; (2) Mutual influences and potential impacts of the parallel developmental needs of adolescents and young children; (3) Practical parenting principles that contribute to healthy lifestyles for teen parents and their children; (4) Techniques to enhance teen parents' feelings of confidence and competence and strategies to equip the adolescent's ongoing transition into adulthood while parenting; and (5) Multigenerational issues and Strategies to facilitate father involvement.

Annual Licensing Fee

No renewal fee. USB Drive and Toolkit.

Languages Available

Spanish translation includes more than 500 pages of parent-facing materials. It is intended to be used in conjunction with the English Partnering With Teen Parents curriculum. (\$85 for digital download. No renewal fee.)

Overall Summary

1,100 pages of resources for professionals, parent handouts, and activity pages specifically geared for young parents.

Topics focus on: (1) Adolescent development of life skills as they approach adulthood; (2) Parallel development needs of teens and their infants/young children; (3) Important role of the father, whether he is in a relationship with child's mother or not; and (4) Mindfulness techniques for focusing attention during parent-child interaction.

Four main areas: (1) family well-being, (2) parent-child interaction, (3) skill development, and (4) child development.

If you are comfortable with the Parents as Teachers (PAT) Foundational Curriculum (1 or 2), it translates really well to the Partnering with Teen Parents Curriculum. Covers children prenatally to kindergarten. See the website (<https://parentsasteachers.org/partnering-with-teen-parents>), which contains a further description of the curriculum outline.

Virtual Training and Delivery Options

The curriculum is available as a digital download or USB, which lends itself to virtual use, as handouts can be emailed or mailed to families. Note: purchase the digital download to have the toolkit cards available electronically. There is no virtual training option for this curriculum, and in-person trainings have been suspended due to COVID, but training is optional. PAT does have a virtual training for the Foundational 1 and 2 curricula.

Special Interest Group Served

1. Young Parents
2. Teen Fathers - contains 8 handouts on Teen Dads

3. Prenatal Families
4. Serves prenatal to age kindergarten
5. Children with Special Needs - 4 handouts

Evidence-informed or Evidence-Based

This curriculum is Research-Based (Evidence-Informed), but it has no Evidence Base (studies evaluating its effectiveness). It was created by multidisciplinary experts in the field who used an extensive research base. The Professional Resources (strictly for home visitors) contain very detailed guidance and a lot of references to support the guidance given. They are based in ample scientific research. Note that the majority of Evidence-Based studies about the effectiveness of PAT are focused only on the Foundational Curriculum; they do not refer to PAT: Partnering with Teen Parents. It should be noted that this curriculum follows very well for those already trained in the Foundational 1 or 2 Parents as Teachers (PAT) trainings.

Cultural Sensitivity

Yes, this curriculum was designed by experts to be especially sensitive to needs facing teen parents.

Educational/Cognitive Appropriateness

The Parent Handouts are structured in chart format with bullets to make it easier to follow along. They do tend to have a lot of information on one page which could make it difficult for lower literacy teen parents. A common criticism of PAT Foundational 1 and 2 is that it is "too wordy." The Parent Handouts lack pictures, which would be helpful. The Professional Resources (strictly for home visitors) are extremely well done and quite complex, containing a lot of references to inform the guidance given.

6.2: 24/7 Dad Adaption for Teen Parents – Approved Supplemental

Contact Information and Other General Information

For free guide, see the website or sign up here: <https://www.fatherhood.org/247-dad-teen-guide?hsCtaTracking=bcee685e-de73-456e-8ff5-1f3d42a608bd%7C4bbf4eb6-ade8-4547-8d4b-2dfc46512be8>

Contact: Jackie Hannan, Resource, Resource Director, at (240) 912-1263 or jhannan@fatherhood.org

Ave Mulhern, Program Implementation Specialist, at (240) 912-1263 or amulhern@fatherhood.org.

fathersource@fatherhood.org

Costs

Curriculum and Digital Materials, Renewal Fees

Complete AM Program Kit 3rd Ed. - \$779

Complete PM Program Kit 3rd Ed. - \$779

Bundle: AM & PM Program Kits 3rd Ed. - \$1359

AM with Booster Sessions for Non-Custodial Dads 3rd Ed. - \$989

PM with Booster Sessions for Non-Custodial Dads 3rd Ed. - \$989

Additional Fathering Handbooks (for fathers) in English or Spanish 3rd Ed. - \$11.99 each

One Kit Includes:

1. 1 Facilitator's Manual (Program Guide - to understand the theoretical underpinnings of the program and how to facilitate effectively; and Session Guide - step-by-step procedures for running each session)
2. 10 Fathering Handbooks (Dads will write in & keep) - extra English and Spanish Handbooks available for purchase (\$11.99 each)
3. 10 Quick Reference Cards (tear-out cards Dads can keep to remind them of traits of a 24/7 Dad & 10 affirmations for their kids)
4. 1 Flash Drive which contains evaluation tools in English & Spanish, marketing resources, videos to enhance & incorporate into program delivery

See: store.fatherhood.org/24-7-dad-programs/

Trainings

Training is not required, but highly encouraged. Modification of the curriculum to the one-to-one home visiting format is covered in the training. There are several webinar trainings offered per year for as low as \$249/person, which last from 10am-3pm.

There are also customized 1- and 2-Day Trainings for up to 30 people (who can come from multiple programs). The 1-Day Training includes either facilitating sessions or implementation, while the 2-Day Training includes both. The 1-Day Training is \$9,999 at your location; the 2-Day Training is \$12,499 at your location.

You can also purchase the Webinar Training for many people for \$3,999 (1-day) or \$6,999 (2-day).

All trainings also require the purchase of the curriculum.

See: <https://store.fatherhood.org/trainings>

NFI recommends its optional "Effective Facilitation Certificate" for guidance on how to keep dads on topic and bring them back quickly when they digress. This is especially recommended for teen dads because they often have difficulty staying on topic. See: www.fatherhood.org/training-and-resources for this optional training and certificate.

While the 24/7 Dad Program/Curriculum is intended for the small group format, it can be easily adapted to the one-to-one home visiting format, as advocated by NFI. The optional training for 24/7 Dad includes information on how to adapt the Program/Curriculum to the one-to-one format.

Annual Licensing Fee

There is no annual licensing fee. See 24/7 Dad under the "Fatherhood-Focused" tab for detailed information.

Languages Available

Facilitator's Manuals, Fathering Handbooks, all handouts, pre- and post-surveys, and checklists are available in English and Spanish. Only the online and App version of the checklist, as well as the videos, are only available in English.

Additional Fathering Handbooks in Spanish are \$9.99 each.

To purchase, see: store.fatherhood.org or call Resource Center - (240) 912-1263.

Overall Summary

24/7 Dad is a National Fatherhood Initiative curriculum that teaches fathers to be involved, responsible, and committed dads. It is a 12-week group program which meets weekly for 2 hours and is ideally led by two co-facilitators, who can be male or female (female is encouraged). The curriculum can also be adapted to the one-to-one home visiting format. There is also a shortened 4-week version with model fidelity and an adaptation for teen dads (free): <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>. Curriculum can also be adjusted to fit another timeframe. The main program goals are to

develop these five characteristics in fathers: self-awareness, caring for self, fathering skills, parenting skills, and relationship skills. Topics covered include family history, meaning of being a man, showing and handling feelings, men's health, communication, the father's role, discipline, child development, getting involved, co-parenting, and work.

This curriculum is firmly grounded in research; the 3rd Edition came out in 2015, the 2nd in 2010, the 1st in 2003.

Comes in 2 versions: AM & PM. AM is a basic fathering program for dads struggling with what it means to be a father. PM is more advanced and addresses some more difficult topics. Both programs start with a focus on developing the man first and then a focus on developing fathering skills. Both programs come with 30 optional videos (20 animated videos and 10 stories of impact); samples can be found at www.fatherhood.org/247-Dad-3rd-Ed-Resources or www.fatherhood.org/stories-of-impact.

AM Topics are: Family History; What It Means to be a Man; Showing & Handling Feelings; Men's Health; Communication; The Father's Role; Discipline; Children's Growth; Getting Involved; Working with Mom and Co-Parenting; Dads and Work; and My 24/7 Dad Checklist.

PM Topics are: Fathering & the 24/7 Dad; Boyhood to Manhood; Dealing with Anger; Knowing Myself; Family Ties; Sex, Love, and Relationships; Power and Control; Competition and Fathering; Improving My Communication Skills; Fun with Kids; Stress, Alcohol, and Work; and My 24/7 Dad Checklist.

Further information about the program can be found at: <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>.

There is a very helpful free webinar overview at: <https://www.fatherhood.org/247-dad-3rded-webinar?hsCtaTracking=c4c7e309-1119-4edc-8f3b-93a722a6f50f%7C7e7d6298-02d1-4bce-877a-187b57789965>.

24/7 Dad is currently listed in the MIS, but it is not currently an "HFNY-approved" curriculum. There is an adaptation for teen dads (free) - <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>.

Virtual Training and Delivery Options

Guidance for Virtual Program Delivery from the National Fatherhood Initiative is available at: <https://www.fatherhood.org/program-delivery-covid-19>.

Special Interest Group Served Teen Dads

Evidence-informed or Evidence-Based

The 24/7 Dad Program/Curriculum has not been evaluated specifically with teen dads, but it is Evidence-Informed (Research-Based) and has some Evidence Base in use with fathers more generally. See 24/7 Dad under the "Fatherhood-Focused" tab for detailed information.

Also, this Guidance document for the 24/7 Dad Teen Adaptation was informed by feedback from facilitators of the 24/7 Dad program who have used the program with teen dads. This Guidance document consists of a series of tips of how to adapt the curriculum/program to use with teen dads and what sessions/handouts to use to address specific issues teen dads often face.

Cultural Sensitivity

Yes, the designers of the curriculum created 30 optional videos for both the AM & PM programs which feature diverse dads' points of view. They did this because of research that shows that people in general are more likely to participate in programs that impact people like them. There are 20 animated videos and 10 stories of impact from graduates of the program for both the AM & the PM curricula.

Educational/Cognitive Appropriateness

Yes, this curriculum is even appropriate for teen dads.

6.3: Baby TALK (Prenatal-Age 5) – Approved Supplemental

See Section 2.1

CHAPTER 7: CHILDREN WITH DISABILITIES CURRICULA

7.1: Parents as Teacher (PAT): Interactions Across Disabilities – Approved Supplemental

Contact Information and Other General Information

<https://parentsasteachers.org/interactions-across-abilities?rq=Interactions%20Across%20Abilities>

Kelly McNerney, Curriculum Product Editor, at kelly.mcnerney@parentsasteachers.org or (314) 432-4330, ext. 1247.

Costs

Curriculum and Digital Materials, Renewal Fees

The price is \$300 for a USB drive, a Toolkit (special cards home visitors can bring to families - easy resource to use, round around the corners so kids can chew on them, laminated), and a Toolkit bolt (holds together the toolkit cards so you can flip through them quickly and not lose them).

(<https://ebiz.patnc.org/eBusiness/ProductCatalog/Product.aspx?ID=3255>).

See: "PAT Interactions Across Abilities Sample Curriculum" attached to the website for a sample of this curriculum.

Trainings

The training is not required. There is, however, a two-day training available for this specialty curriculum. The cost is \$395 for the training and the entire curriculum described previously. Trainings have temporarily been suspended due to the COVID-19 pandemic.

Annual Licensing Fee

No renewal fee. USB Drive and Toolkit.

Languages Available

English and Spanish - the curriculum includes the Spanish translation of the parent handouts and activity pages.

Overall Summary

Designed for children who have disabilities or who are at risk for them. The curriculum guides home visitors through the diverse types of special conditions and challenges families often encounter and how to effectively support them. The curriculum includes the Spanish translation of the parent handouts.

There are 13 sections: Introduction, Terminology, & Resources; Promoting Development and Recognizing Red Flags; Diagnosis-Related Basics; Service Continuum; Parenting Behaviors - Nurturing; Parenting Behaviors - Designing/Guiding; Parenting Behaviors - Responding; Parenting Behaviors - Communicating; Parenting Behaviors - Supporting Learning; Parent-Child Interaction Activity Pages; Adaptations and Assistive Technology; Parent-Professional Relationships; and Conditions, Disorders, & Disabilities.

Virtual Training and Delivery Options

Yes, the Parent Handouts can be downloaded from the USB drive and emailed to families.

Special Interest Group Served

Children with disabilities or who are at risk for them.

Evidence-informed or Evidence-Based

This curriculum is Research-Based. It was created by multidisciplinary experts in the field who used an extensive research base. Note that most research studies about the effectiveness of PAT are focused only on the Foundational 1 Curriculum that follows the Model.

Cultural Sensitivity

Yes, this curriculum pictures many types of families, including families of different races/ethnicities, mixed race/ethnicity families, single-parent families, and same-sex couples.

Educational/Cognitive Appropriateness

This curriculum is specifically designed for children with disabilities or who are at risk for disabilities.

7.2: Parents as Teacher (PAT): Partnering With Teen Parents – Approved Supplemental

See Section 6.1

7.3: FACE (The Family and Child Education) – Other (non-approved) Resources to Engage Parents

See Section 9.1

CHAPTER 8: ADVERSITY-TRAUMA-RESILIENCE CURRICULA

8.1: Mind Matters: Overcoming Adversity & Building Resilience – Approved Supplemental

Contact Information and Other General Information

<https://www.dibbleinstitute.org/our-programs/mind-matters/>

RelationshipSkills@DibbleInstitute.org or call (800) 695-7975

Authors: Carolyn Curtis, PhD, and Charles Stolzenbach, LMFT

To request a 30-day review copy of this curriculum, see:

<https://www.dibbleinstitute.org/request-review-copy/>

Costs

Curriculum and Digital Materials, Renewal Fees

There are several purchase options:

1. Instructor's Kit, Participant Journal, and Downloadable Lesson Power Points (\$325)
2. Additional Participant Journals (Pack of 10 -\$100 or digital version \$9 each)
3. 2-Year Digital Access (\$159)
3. 5-Year Digital Access (\$325)

Trainings

Training is optional but "mostly necessary" for those who are new to trauma education.

Training also includes staff self-care. Trainings give trainees the experience of working with the trainer and others working in trauma; trainings build confidence. Also, training covers how to adapt the group session format to the one-to-one home visiting format, as described in the Appendix of the Instructor's Manual.

All trainings will be held in an online format until after the COVID pandemic ends. Such virtual trainings are held for 5 consecutive days (M-F) for 3.5 hours per day; trainees will also be given pre-work and daily assignments. Tuition for single trainees virtually is \$949. Each trainee must have also purchased the most recent print version of the instructor's manual; it is also permissible to just use the digital curriculum, but this may be cumbersome.

Mind Matters Now is also available (\$49 for complete lesson series): an on-demand set of self-directed lessons available in the full 12 lesson series or in a 3 shorter 4-lesson series (4 lessons for each of 3). In the Appendix, it presents the lessons as 21 lessons with 15-20 minute classes to be used in the one-to-one home visiting format. Additionally, the author, Carolyn Curtis, and

a colleague present the curriculum online in Mind Matters Now, which serves as a good model for how our FSSs can deliver this curriculum virtually during COVID.

During non-COVID times, trainings are held for 3 days. There is a group training fee (\$6,775) that entitles your organization to 25 training seats, which can, for example, train 10 trainees immediately, and the remaining 15 seats can be used throughout the year as new staff are hired, etc.

The authors emphasize that it is critical for the success of the curriculum that the home visitor be experienced in Mind Matters skills before attempting to deliver the curriculum. The authors recommend that home visitors learn and practice such skills and be able to model such skills with participants.

Additionally, the authors emphasize that each lesson should follow the same basic outline to increase participants' sense of comfort and safety. The basic outline is:

1. Begin with a self-regulation; self-soothing exercise
2. Review previous session's activities
3. Introduce a new skill with a mini-lecture
4. Learn and practice the new skill
5. Briefly review the benefit and use of the skill
6. Complete a practice plan to implement the skill beyond the classroom
7. Conclude with a self-regulation/self-soothing exercise

For more information to schedule trainings, call (800) 695-7975 or email RelationshipSkills@dibbleinstitute.org.

[Annual Licensing Fee](#)

If you purchase the printed Instructor's Kit and Participant Journals, there is no annual licensing fee (just the additional cost of any additional participant journals - \$100 for 10; \$9 each for digital version).

If you purchase the 1-year or 3-year digital subscription, you will have to renew after the time period ends (\$159 for 2-year; \$325 for 5-year).

[Languages Available](#)

English only.

[Overall Summary](#)

This psychoeducational curriculum teaches people ages 12 and up to respond to negative experiences with innovative methods based on current research and neuroscience. It could be useful to use with the parents and other adults we serve; it is not specifically designed for young children. The Mind Matters authors also recently developed "Mind Matters Minutes," 10 free, short videos specifically for young people ages 13+, which can be found at:

<https://www.dibbleinstitute.org/mind-matters-minutes/>. Each video presents a skill to reduce reactivity and build resilience.

The Mind Matters curriculum for ages 12+ gives individuals skills that help them take charge of their emotions and improve their states of mind. Participants learn to address their physical, relational, and mental health needs. People experiencing trauma and toxic stress often have difficulty regulating their emotional responses when facing challenges in school, life, and relationships. This curriculum helps participants to no longer see themselves as victims, but instead gives them important strategies and skills to cope effectively with the adversity they face in their lives and cultivate healing.

It is delivered in 21 one-to-one sessions that are 15-20 minutes each or in 12 group lessons that are an hour each. The Appendix describes how to adapt the curriculum to the one-to-one home visiting format and is encouraged for home visiting. This adaptation is also taught in the optional, but strongly recommended, training. It was Kathleen Strader, head of HFA, who recommended the authors adapt this curriculum to the one-to-one home visiting format.

The curriculum focuses on the following 6 topics:

1. Self-Soothing and Regulating Emotions: Cultivate a mindfulness practice. A series of exercises to reduce reactivity & increase self-soothing skills (e.g., peripheral vision exercise; focused breathing; 5-4-3-2-1 grounding/mindfulness exercise – 5 items what you see, 4 items what you hear, 3 what you touch, 2 what you smell, 1 what you taste).
2. Developing and Observing Self – what are you doing and why are you doing it? Do a body scan; develop emotional competence - identify & label emotions; distinguish emotions from thoughts.
3. Relationship Skills - Developing Empathy: Improve interpersonal communications – Build and strengthen relationships and minimize time with toxic relationships; Change the people with whom you surround yourself.
4. Compassion for the Hijacked brain – Have self-compassion for whatever has happened to you & remember that whatever you did to cope was appropriate and can also be changed
5. Self-Care
6. Intentionality – Creating a Code of Honor to develop a life of intention – Build your life with direction and purpose; smaller goal setting; Code of Honor Worksheet to create goals and intention in one's life

This curriculum also helps the home visitor use a trauma-informed lens - "What has happened to this person, not what is wrong with this person?" The 12 Group Lessons are: (1) Self-Soothing; (2) Discover Emotions – Body Scan; (3) The Difference Between Emotion & Thought and The Internal Journal; (4) Empathy; (5) I Get By with a Little Help from My Friends & Wheel of Awareness; (6) Compassion for the Hijacked Brain – have self-compassion for whatever has happened to you & remember that whatever you did to cope was appropriate and can also be changed; (7) Trauma Containment and Rhythm; (8) Tapping & Efficient Sleep; (9) Let's Get Moving; (10) Life of Intention; (11) Code of Honor & Asking for Help; (12) Ongoing Journey.

The authors do emphasize that this curriculum is not designed as a group therapy and should not be used to replace psychotherapy. When using this curriculum, the home visitor should have a list of such mental health resources available for their participants. Additionally, the authors warn that discussion of specific traumatic incidents is likely to retraumatize, and therefore, there should be no discussion of specific personal traumatic events. Also, the curriculum itself delays discussion of trauma itself, more generally, until Lesson 6, after participants have learned self-soothing methods, developed an observing self, and established a relationship with the home visitor.

Virtual Training and Delivery Options

Virtual training options are now available (See Trainings column).

Participant journals can be hand-delivered or mailed to families, and then the sessions can be held by video or telephone. Also, some items found in the Instructor's Manual can be sent to families ahead of time.

It is also recommended that programs purchase a copy of Mind Matters Now (<https://www.dibbleinstitute.org/mind-matters-now-ce/>). Here, the author, Carolyn Curtis and another colleague teach the curriculum online, and this can serve as a good example for how to deliver Mind Matters virtually.

Special Interest Group Served

Yes, individuals ages 12+ who have been exposed to trauma/adversity.

Evidence-informed or Evidence-Based

This curriculum has a solid Research Base (is Evidence-Informed); it is built on research in neuroscience and the work of a long list of leaders in trauma care. It is also evidence-based with several studies showing its effectiveness, although in a classroom setting, not a home visiting program. Both the research base and the evidence-based studies can be found here: <https://www.dibbleinstitute.org/research-evaluations/#1635271170950-c1a3b63b-caf1>.

In particular, Mind Matters is based on the groundbreaking work of Dr. Vincent Felitti and Dr. Robert Anda on Adverse Childhood Experiences (ACEs) and toxic stress (Felitti et al., 1998). They found that childhood trauma is linked to later health, social, and economic risks and early death. Examples of ACEs are emotional, physical, and sexual abuse; parental substance abuse or behavioral health disorder; exposure to intimate partner violence; parental discord, such as divorce or abandonment; a family member's incarceration; and physical and emotional neglect.

This curriculum was also informed by two other research studies. The first showed that psychotherapy is an effective treatment for post-traumatic stress disorder, and that there were no differences in effectiveness between different types of psychotherapies (Cloitre et al., 2009). The second analyzed 54 trauma therapy studies and found the most highly effective strategies for healing from trauma were: (1) emotion-regulation strategies; (2) cognitive restructuring; (3)

anxiety and stress management; (4) interpersonal skills; (5) meditation; and (6) mindfulness (Benish et al., 2008). The authors incorporated all of these research-based skills for trauma recovery into the Mind Matters curriculum, realizing that a psychoeducational curriculum such as this one could teach these important skills.

However, the authors also warn that this is not a group therapy or designed to replace psychotherapy. Additionally, the authors warn that discussion of specific traumatic incidents is likely to retraumatize, and therefore, there should be no discussion of specific personal traumatic events.

Also, the curriculum itself delays discussion of trauma itself, more generally, until Lesson 6, after participants have learned self-soothing methods, developed an observing self, and established a relationship with the home visitor.

There is some preliminary evidence of an Evidence Base for the Mind Matters curriculum through a pilot study conducted by the University of Louisville in 2019-2020. See a free webinar of the University of Louisville's pilot RCT of the Mind Matters curriculum, featuring some preliminary results: <https://www.dibbleinstitute.org/event/webinar-the-impact-of-mind-matters-results-from-the-university-of-louisvilles-pilot-study/>. This information can also be found at <https://www.dibbleinstitute.org/research-evaluations/#1635271170950-c1a3b63b-caf1> in "Mind Matters Technical Report May 2020." This webinar and report describe 86 youth from 2 participant centers (the ultimate sample will be 200 youth from 8 centers) randomized to the experimental Mind Matters group or a wait-list control group, that received treatment as usual from the facility and was eligible to participate in the Mind Matters curriculum after participation in the control group. From pre- to post-intervention tests, the experimental group showed significantly improved knowledge and skills; these youth will be evaluated again at 3- and 6-month follow-up. The youth in this pilot study have a significantly higher number of ACEs than the national average and have significantly worse scores in emotional regulation, the pediatric symptom checklist (attention, externalizing, and internalizing behaviors), social competence, and resilience than compared with the national average, and thus represent a group of youth with important need for effective intervention to improve their responses to the trauma they have faced. See also the "Mind Matters Comprehensive Evaluation Final Report Brief Summary 2021" at <https://www.dibbleinstitute.org/research-evaluations/#1635271170950-c1a3b63b-caf1>.

Cultural Sensitivity

This curriculum is designed to be sensitive to the needs of traumatized individuals. However, it does not appear to include material on how people from different cultures/backgrounds might experience trauma differently, or how such people might respond to this curriculum differently.

Educational/Cognitive Appropriateness

Yes, the curriculum is designed for people ages 12 and up, so it should be educationally/cognitively appropriate for the adults and older children in the families we serve.

CHAPTER 9: NATIVE AMERICANS – TRIBAL COMMUNITIES PROGRAM

9.1: FACE: (Family and Children Education) Program – Other (non-approved) Resources to Engage Parents

Contact Information and Other General Information

<https://www.bie.edu/topic-page/face>

Willeen Whipple: Willeen.Whipple@parentsasteachers.org; (314) 266-5730

PLEASE NOTE: THIS IS NOT A CURRICULUM. IT IS A RESOURCE HFNY PROGRAMS CAN HELP TRIBAL COMMUNITIES APPLY FOR.

Costs

Curriculum and Digital Materials, Renewal Fees

Applications for Bureau of Indian Education (BIE) funding can be found at: <https://www.bie.edu/Programs/FACE/index.htm> . There are 2 separate applications for children birth through 3 years through home-based services and 3 through 5 years through school- or center-based services. All FACE applications are due annually on May 30th and require the signature and approval of a tribal leader. Counts of children must also be provided in separate application forms and are due prior to May 30th. Contact Sue Bement for more information on the application process: (952) 851-5423. Or Contact Willeen Whipple: Willeen.Whipple@parentsasteachers.org or (314) 266-5730.

Annual Licensing Fee

Free.

Languages Available

FACE makes an effort to encourage families to speak in their native languages and to incorporate that into their home visiting and center-based services. FACE almost exclusively hires HVs who speak the native language of the specific tribal community they are serving.

Overall Summary

PLEASE NOTE: THIS IS NOT A CURRICULUM. IT IS A RESOURCE HFNY PROGRAMS CAN HELP TRIBAL COMMUNITIES APPLY FOR.

The FACE program is located in the Bureau of Indian Education (BIE) funded schools and currently has programs in 49 BIE communities. "It explicitly integrates the language and culture of the communities in home-based services for children pre-birth to age three and their parents and in a center-based program providing preschool, adult education, and parenting education."

"The FACE program is based on two national models: the Parents as Teachers (PAT) program, which provides home-based services for children pre-birth to age three and their parents; and the National Center for Family Literacy (NCFL), which provides center-based preschool and adult education programs. It was designed to serve struggling Native American children; namely impoverished children, and those in communities with low levels of parental education, high levels of teen pregnancy, single parent status, the presence of speech and learning disabilities, low frequency of reading to children, few books in the home, and lower participation in and quality of preschools and schools" (J. Pfannenstiel & Lente-Jojola, 2011). See also: <https://www.bie.edu/Programs/FACE/index.htm>.

Virtual Training and Delivery Options

Contact BIE after application submission for virtual delivery options.

Special Interest Group Served

1. Focuses on impoverished Native Americans/tribal communities
2. It is also specifically designed for early identification and remediation of special needs (especially speech and learning disabilities).

Evidence-informed or Evidence-Based

The FACE program has several Evidence-Based research articles and Evaluation Reports/Executive Summaries; however, in some, the comparison group was not receiving home visiting services, so it is difficult to discern the effects of the FACE curriculum specifically from the effects of the home visiting and center-based services. A 2011 study reported: "Direct assessment with standardized tests and teacher observational ratings of school readiness were employed in a study, which found that FACE participation indirectly predicts school readiness through its effects on preschool attendance and increased home literacy activity." The frequency of home literacy activity in English was the strongest predictor of school readiness in these children (J. Pfannenstiel & Lente-Jojola). A 2017 Executive Summary Report of all FACE programs nationwide (Research & Training Associates, Inc., 2017) found that FACE participants performed better than the national average on several metrics and improved on several measures during their time in the FACE program. 96% of PY17 FACE children aged 19-35 months were current with recommended immunizations compared to the national average of 71.6% for this age group. FACE preschoolers significantly and meaningfully improved their performance on the Expressive One-Word Picture Vocabulary Test from pre- to post-test. 3/4 of FACE center-based parents read to their 3-6-year-old children daily or almost daily compared to the national average of 55%. FACE parents of K-2nd grade children were more likely to be involved in their children's education than parents nationwide. 89% of PY17 FACE parents set goals, and 90% of these adults completed at least 1 of these goals. 2/3 of adults set goals to improve parenting skills and to understand child development, and 85% of these adults completed these goals. FACE adults improved their academic achievement during the program. 85% of all PY17 FACE staff positions were held by Native Americans. At least 87% of FACE programs reported that language and/or cultural traditions and values were integrated sometimes or more frequently in each of the FACE components.

Several other reports have been published between 2014 and 2017 and can be found at: <https://www.bie.edu/topic-page/face>.

Cultural Sensitivity

Yes, it is culturally sensitive for Native American populations and was also designed to help children with disabilities/special needs. It explicitly integrates the language and culture of the communities in home-based services and is designed to "support and celebrate the cultural and linguistic diversity of each Native American community served by the program" (J. Pfannenstiel & Lente-Jojola, 2011). It primarily serves families located on some of the most isolated and rural Native American reservations in the U.S. It has been "modified over time in ways that explicitly integrated the language and culture of the tribal communities through processes that have been found effective, including ongoing communication with parents and the community about teaching within a culturally relevant context, building a sense of belonging and community through ritual and cultural events, and respecting children, families, and community" (J. Pfannenstiel & Lente-Jojola., 2011). In 2011, about 60% of all early childhood and adult education teachers and almost all center-based early childhood co-teachers and home visitors were Native American. In 2017, 85% of all PY17 FACE staff positions were held by Native Americans.

Educational/Cognitive Appropriateness

Yes, this curriculum was designed to serve families with low literacy levels.

CURRICULA AT A GLANCE

Summary Chart of Approval Decisions from HFNY Central Administration, as of February 2021

General Curricula

Category & Curriculum	HFNY Central Administration Decision	Other Information / Reason Not Recommended
Primary Curricula		
Growing Great Kids Prenatal through 36 Months (GGK P36)**	✓1 Approved Primary	
Partners for a Healthy Baby/Florida State University (PHB/FSU)**	✓1 Approved Primary	
Parents as Teachers (PAT)**	✓1 Approved Primary	
San Angelo (with Maps for Dads)**	✗ Not Approved	Outdated, condescending, and no longer available. Allow a one-year wash-out period for programs to purchase other materials (by 2/2022).
Supplemental General Curricula		
Baby TALK (Prenatal-Age 5)	✓S Approved Supplemental	
Just In Time (Prenatal-Age 5)	✓S Approved Supplemental	
UNICEF Curriculum	* Resource to Include	Included as Other (Non-Approved) Resources to Engage Parents
Partners for Learning**	✗ Not Approved	No information available
Helping Babies Learn**	✗ Not Approved	Outdated (last updated 1993)
Curricula Specifically for Ages 3-5		
GGK Play With Me! (Ages 3-4)	✓S Approved Supplemental	
GGK for Preschoolers (Ages 3-5)	✓1 Approved Primary	
PAT Foundational 2 (Ages 3-6)	✓1 Approved Primary	
PAT: Partnering with Teen Parents (Prenatal – Kindergarten)	✓S Approved Supplemental	<i>Also approved as a curriculum for Teen Parents</i>
Just In Time (Prenatal-Age 5)	✓S Approved Supplemental	<i>Also approved as a Supplemental General Curriculum</i>
Baby TALK (Prenatal-Age 5)	✓S Approved Supplemental	<i>Also approved as a Supplemental General Curriculum</i>
Prenatal Curricula		

Great Beginnings Start Before Birth – PCANY 2019 Hybrid*	✓S Approved Supplemental	
Growing Great Kids Prenatal through 36 Months (GGK P36)**	✓1 Approved Primary	<i>Also approved as a Primary Curriculum</i>
Partners for a Healthy Baby/Florida State University (PHB/FSU)**	✓1 Approved Primary	<i>Also approved as a Primary Curriculum</i>
Parents as Teachers (PAT)**	✓1 Approved Primary	<i>Also approved as a Primary Curriculum</i>
Just In Time (Prenatal-Age 5)	✓S Approved Supplemental	<i>Also approved as a Supplemental General Curriculum</i>
Baby TALK (Prenatal-Age 5)	✓S Approved Supplemental	<i>Also approved as a Supplemental General Curriculum</i>

**Listed as “HFNY-Approved” Curricula and listed on the MIS prior to 2/2/2021 CA Decisions

*Listed on the MIS but not as “HFNY-Approved” Curricula prior to 2/2/2021 CA Decisions

Specialized Supplemental Curricula

Fatherhood-Focused Curricula			
24/7 Dad*	✓S	Approved Supplemental	
Nurturing Fathers	✓S	Approved Supplemental	
Partners for a Healthy Baby/Florida State University (PHB/FSU)**	✓1	Approved Primary	Contains 30+ fatherhood-focused handouts; <i>Also approved as a Primary Curriculum</i>
Boyz 2 Dads*	✗	Not Approved	Meant for teenage boys and their fathers to prevent pregnancy, not to help with raising children
Understanding Dad	✓S	Approved Supplemental	
Mom as Gateway*	✓S	Approved Supplemental	Addendum to a Curriculum
PAT: Partnering with Teen Parents	✓S	Approved Supplemental	Contains 8 handouts for teen dads; <i>Also under Curricula for Teen Parents</i>
InsideOut Dad*	✱	Resource to Include	Included as Other (Non-Approved) Resources to Engage Parents
Fathering in 15 (Addendum to a Curriculum)	✱	Resource to Include	
PAT: Focus on Fathers (Addendum to a Curriculum)*	✱	Resource to Include	
The Responsible Fatherhood Curriculum	✱	Resource to Include	
Curricula for Teen Parents			
PAT: Partnering with Teen Parents	✓S	Approved Supplemental	
24/7 Dad Adaptation for Teen Dads	✓S	Approved Supplemental	
Baby TALK (Prenatal-Age 5)	✓S	Approved Supplemental	Contains 20+ teen parent handouts developed by experts in 2017; <i>Also approved as a Supplemental General Curriculum</i>
Curricula for Children with Disabilities			
PAT: Interactions Across Abilities	✓S	Approved Supplemental	
PAT: Partnering with Teen Parents	✓S	Approved Supplemental	Contains 4 handouts for children with disabilities. <i>Also approved as a curriculum for Teen Parents</i>
FACE: Family and Child Education Program	✱	Resource to Include	Not a curriculum. Specifically designed to detect disabilities in Native American

		children. <i>Also under Program for Native American/Tribal Communities</i>
<i>Overcoming Adversity/Trauma & Building Resilience</i>		
Mind Matters: Overcoming Adversity & Building Resilience	✓S Approved Supplemental	
<i>Program for Native American/Tribal Communities</i>		
FACE: Family and Child Education Program	* Resource to Include	Not a curriculum. <i>Also under Children with Disabilities</i>

**Listed as “HFNY-Approved” Curricula and listed on the MIS prior to 2/2/2021 CA Decisions

*Listed on the MIS but not as “HFNY-Approved” Curricula prior to 2/2/2021 CA Decisions

REFERENCES

- Benish, S. G., Imel, Z. E., & Wampold, B. E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28*(5), 746–758.
<https://doi.org/10.1016/j.cpr.2007.10.005>
- Cahill, A., Haire-Joshu, D., Cade, W., Stein, R., Woolfolk, C., Moley, K., Mathur, A., Schechtman, K., & Klein, S. (2018). Weight Control Program and Gestational Weight Gain in Disadvantaged Women with Overweight or Obesity: A Randomized Clinical Trial. *The Obesity Society, 26*(3).
- Carroll, L. N., Smith, S. A., & Thomson, N. R. (2015). Parents as Teachers Health Literacy Demonstration Project: Integrating an Empowerment Model of Health Literacy Promotion Into Home-Based Parent Education. *Health Promotion Practice, 16*(2), 282–290. <https://doi.org/10.1177/1524839914538968>
- Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect, 79*, 476–484.
<https://doi.org/10.1016/j.chiabu.2018.02.019>
- Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. van der, Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*(5), 399–408. <https://doi.org/10.1002/jts.20444>
- Fagan, J., Cherson, M., Brown, C., & Vecere, E. (2015). Pilot Study of a Program to Increase Mothers' Understanding of Dads. *Family Process, 54*(4), 581–589.
<https://doi.org/10.1111/famp.12137>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACES) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Garcia-Arena, P., Greenber, A., Wilkinson-Flicker, S., Howard, E., Bonsu, P., and Tucker, N. (2016). Policy Brief: *Baby TALK Home-Visiting Evaluation Study*. Unpublished Policy Brief.
- Hadley, B., Rudolph, K., Mogul, M., & Perry, D. (2014). Providing home visiting to high-risk pregnant and postpartum families: e development and evaluation of the *MOMobile Program*. *Zero to Three, 35*(2), 40-48.

- Haire-Joshu, D., Cahill, A. G., Stein, R. I., Cade, W. T., Woolfolk, C. L., Moley, K., Mathur, A., Schwarz, C. D., Schechtman, K. B., & Klein, S. (2019). Randomized Controlled Trial of Home-Based Lifestyle Therapy on Postpartum Weight in Underserved Women with Overweight or Obesity. *Obesity*, 27(4), 535–541. <https://doi.org/10.1002/oby.22413>
- Hilado, A., Leow, C., & Yang, Y. (2018). The Baby TALK — RefugeeOne Study: A randomized controlled trial examining home visiting services with refugees and immigrants (pp. 1–83). Baby TALK, Inc.
- JITP. (2019). *Just in Time Parenting: 2019 Annual Report* (pp. 1–2) [Annual Report]. <https://jitp.info/research/>
- Lahti, M., Evans, C. B. R., Goodman, G., Schmidt, M. C., & LeCroy, C. W. (2019). Parents as Teachers (PAT) home-visiting intervention: A path to improved academic outcomes, school behavior, and parenting skills. *Children and Youth Services Review*, 99, 451–460. <https://doi.org/10.1016/j.childyouth.2019.01.022>
- LeCroy, C. W., & Davis, M. F. (2017). Randomized Trial of Healthy Families Arizona: Quantitative and Qualitative Outcomes. *Research on Social Work Practice*, 27(7), 747–757. <https://doi.org/10.1177/1049731516632594>
- LeCroy, C. W., & Lopez, D. (2018). A Randomized Controlled Trial of Healthy Families: 6-Month and 1-Year Follow-Up. *Prevention Science*, 21(1), 25–35. <https://doi.org/10.1007/s11121-018-0931-4>
- Lewin-Bizan, S. (2015). *24/7 Dad® Program in Hawai'i: Sample, Design, and Preliminary Results*. <https://www.fatherhood.org/free-resources/topic/evaluations>
- Neuhauser, A., Ramseier, E., Schaub, S., Burkhardt, S. C. A., & Lanfranchi, A. (2018). Mediating Role of Maternal Sensitivity: Enhancing Language Development in at-Risk Families. *Infant Mental Health Journal*, 39(5), 522–536. <https://doi.org/10.1002/imhj.21738>
- Pearson, J., Henson, A., & Fagan, J. (2020). What Nonresident Mothers and Fathers Have to Say About a Mother-Only Coparenting Intervention: A Qualitative Assessment of Understanding Dads™. *Families in Society*, 101(2), 167–179. <https://doi.org/10.1177/1044389419899601>
- Perry, A. R. (2019). *24/7 Dad® in a Multi-site Parent Education Intervention for Non-resident Fathers: Preliminary Project Evaluation* (pp. 1–7). University of Louisville. <https://www.fatherhood.org/free-resources/topic/nfi-specific-programs-resources>
- Perry, D. (2015). Policy Brief: *Partners for Healthy Baby Curriculum Study*. Unpublished Policy Brief.

- Pfannenstiel, J. C., & Zigler, E. (2006). Pre-kindergarten Experiences, School Readiness and Early Elementary Achievement (pp. 1–22).
- Pfannenstiel, J., & Lente-Jojola, D. (2011). The Family and Child Education (FACE) Program and School Readiness: A Structural Model Approach in an American Indian Reservation Context. *Journal of American Indian Education*, 2, 84–96.
- Research & Training Associates, Inc. (2017). *BIE Family and Child Education Program: 2017 Study* (pp. 1–12) [Program Evaluation]. Bureau of Indian Education.
- Schaub, S., Ramseier, E., Neuhauser, A., Burkhardt, S. C. A., & Lanfranchi, A. (2019). Effects of home-based early intervention on child outcomes: A randomized controlled trial of Parents as Teachers in Switzerland. *Early Childhood Research Quarterly*, 48, 173–185. <https://doi.org/10.1016/j.ecresq.2019.03.007>
- Zigler, E., Pfannenstiel, J. C., & Seitz, V. (2008). The Parents as Teachers Program and School Success: A Replication and Extension. *The Journal of Primary Prevention*, 29(2), 103–120. <https://doi.org/10.1007/s10935-008-0132-1>