

theLink

the Newsletter for
Healthy Families New York

Winter 2002

the children of today are tomorrow's parents • los niños del presente son los padres del futuro
les enfants d'aujourd'hui seront les parents de demain

HFNY Goals

To systematically identify overburdened families in need of support

To enhance family functioning by building trusting relationships, problem-solving skills and support systems

To promote positive parent-child interaction

To promote healthy childhood growth and development

This issue of *the LINK* is dedicated to daddies everywhere. Whether we call him Dad, Papi, Daddy, Father, Pop, or Papa, he is a very important person in a baby's life. Making fathers a regular part of our home visiting program is our focus for this issue. Please contact us by phone or e-mail with more information, questions, and tips about involving fathers for future issues. Thanks!

A Home Visit with a New Dad

Jennifer Araujo-Martinez, Family Health Worker Ulster County Healthy Start

I went on a home visit recently to the home of Trinidad C., 22, and Laura M., 18, and their four-month old son Bryan. During the visit, we completed the four-month ASQ and discussed some of Trinidad's feelings regarding being a new father and his participation in the Healthy Start program.

Trini and Laura sat on the floor with Bryan and began playing with him by passing a ball back and forth slowly so he could track it with his eyes. When I asked him where he learned how to play with his baby, he said "De el nos esta saliendo esta experiencia para aprender." ("In these four months we have learned a lot of things from him, what he does and what he doesn't do.") As we went on with the ASQ, Laura turned the baby over on his stomach to see how he holds his head up. Bryan used his arms for support and lifted his head way up. Trini's eyes lit up and with a big smile he said excitedly, "Mira, mira!" This was the first time he had seen Bryan do this.

There are challenges that come along with being a new father, and one of the things Trini says he finds difficult is knowing how to calm the baby when he is crying. As he put it, "Como un padre nuevo uno no sabe como callarlo lo o que es lo que quiere." Several times throughout the visit Bryan put Trini to the test. Trini tried picking him up and rocking him, kissing him gently on the forehead. This seemed to work for a while. When Bryan started to cry again, Trini propped him on his lap and said, "Right now what I think is that he is hungry." Laura had a bottle prepared and gave it to the baby. While the baby was eating, Trini noticed that the baby stuck his finger in his mouth with the bottle, signaling that he was playing and was no longer hungry.

Trini said to me, "What I like most about Healthy Start is when you come you talk to us about the baby. I have learned through this program and the information you provide about how to take good care of him and we are noticing results."

I asked Trini what he thinks makes his family special, and he answered, "Our family is special because between the two of us we support our baby. He unites us more and I think that is something special."

Finally, I asked Trini if he had any advice for other new fathers—"Yo pienso que si. Que cuide su bebé y que vea, como ahorita nosotros, que es lo que hace su bebé para que lo siga a él!" Translated—I think so. Take care of your baby and watch, like we are doing now, what your baby does so you can follow his lead.

It can be tough for a new dad!

Como un padre nuevo uno no sabe como callarlo lo o que es lo que quiere.



Trini, Bryan and Laura

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Including Fathers in Home Visits

Sarah Rubenstein-Gillis, MSW

Because many men arrive at parenthood with less preparation and lower expectations about parenting, they may need as much support as mothers, if not more, in realizing their potential as parents

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Ann Pitkin

Editor, Director of Training
Prevent Child Abuse New York

Joy Griffith

Program Coordinator
Office of Children and Family Services

Christine Deyss

Executive Director
Prevent Child Abuse New York

Karen Rollo

Graphic Design, Editorial Support
Prevent Child Abuse New York

HFNY, PCANY

134 South Swan St.,
Albany, NY 12210
518-445-1273 1-800-CHILDREN
ncpcanys@aol.com
preventchildabuseny.org

HFNY, NYS OCFS, DDPS

52 Washington St. 3N
Rensselaer, NY 12144-2796
518-474-3166

AX7800@dfa.state.ny.us

SEND SUBMISSIONS TO:
anapurna@earthlink.net

Being a family-centered program means reaching out to fathers and mothers of program children with the goal of engaging them both in program services. Men bring unique strengths to the job of parenting, and fathers, like mothers, deserve opportunities to receive support toward the goal of becoming the best parents they can be.

Some Barriers to Father Involvement

In some families, there are challenges. The parents may be separated, and the father is, or appears to be, "out of the picture." He may live in another city, be incarcerated, or work far away from the family home. He may not be aware of the pregnancy, or even that he is the father. Or, the father may be living with the family, but has a busy work schedule that keeps him away from the home a lot. He may appear not to show interest in parenting or in what the home visitor is doing.

In addition, home visitors sometimes face challenges within themselves, their programs, and the larger society. For example, many workers/staff have had personal experiences, either positive or negative, with their own fathers, partners, or other men that influence their approach to working with men. Most of us, whether we are Healthy Families participants or staff, have also been influenced by society's emphasis on traditional gender roles. These roles often restrict male involvement in raising young children. In many families, nurturing and caring for babies is taught to females from a young age, in the form of play with dolls, babysitting, or caring for younger siblings. However, boys are often not expected to participate in this kind of play, and some are actively discouraged from it.

Often, mothers, program staff, and other family members consciously or unconsciously reinforce and create a limited role for the father. Here are some strategies to help overcome the challenges of father involvement.

Strategies for Including Fathers in Home Visits

- Hire diverse, family-centered staff.
- Provide training for staff on father involvement.
- "Act as if" the father will be involved from the very beginning. Assume/expect involvement.
- Involve the father in all aspects of Healthy Families services: Assessment, IFSP, linking with a medical home, administering the ASQ, curriculum, parent groups, celebrations and special events.
- Address both parents equally.
- Schedule visits at a time when the father can make it – evenings and weekends if necessary.
- Bring materials specifically for the father, or if he is not present during visits, mail materials to him.
- Involve the father in planning visit(s), preparing activities that interest him.
- Offer special trainings, support groups, or gatherings for men.
- Connect with other local programs and organizations that support your effort.

There are very few situations in which the child's father cannot be involved at all in program services. These include families in which:

The father is not living in the home and the mother specifically denies permission for program staff to contact him.

There is an order of protection in effect barring the father from contact with the mother and/or with the child.

There is a history of violence and the mother is afraid of the child's father.

The father's identity or whereabouts are unknown.

Some Examples... what our FSWs are doing to support father involvement

FSW arrives at home where both parents are present. She asks the father, "How are you doing?" "What new things have you noticed your baby doing since I saw you last?"

FSW calls to father who is another room and within earshot, "I have something I brought for both of you to look at. Can you come in here so I can show you?"

FSW makes eye contact with father and frequently addresses him by name.

FSW obtains mother's permission and mails summary of home visits, including information on baby's development to incarcerated father.

FSW congratulates father on getting his GED.

Involving Fathers...The Family Assessment Worker's Role

Fatima Abdullahi, Senior Training Specialist, Prevent Child Abuse New York

FAWs, being the first contact that families have with the program, play an important role in setting the stage for services that follow. They are the group initially responsible for sending the message to mothers and fathers that HF programs are very interested in involving both parents in the program's services. FAWs, through their training, know that an assessment is not complete unless information is obtained for both MOB and FOB. Successfully obtaining such information alone does not promote the concept of father-involvement. FAWs must also convey through their conversations and actions with parents, prior to the assessment and during the interview, that HF programs seek male involvement. Here are some ideas of ways FAWs can accomplish this:

When scheduling the assessment, convey to the parents that you would prefer to meet at a convenient time when both of them will be available. FAWs should flex their appointment schedule to accommodate both parents. As a last resort, conduct the assessment with only one parent present.

Have a conversation directly with the dad during the assessment. It is the assessor's responsibility to ensure that the father understands that his presence and participation is welcomed and appreciated. I've observed several assessments where a dad was present, but because the FAW appeared to be in her "comfort zone" having that one-on-one with the mom—including dad only now and then—he, feeling like the third wheel, would excuse himself and leave. To me, this means that FAWs have to train themselves to have conversations with the involved male.

If the dad is not residing with the mother, the FAW should attempt to obtain his complete name, phone number and mailing address. Use this information to mail dad information about the program and the services available. The assessor may want to go the extra mile to help the dad understand the program's interest in including him in the process, even if he is not residing with the mother. FAWs may want to schedule a separate time to meet with him to conduct the FOB portion of the assessment.

As the FAW transitions the family to the FSW, relay information about all efforts, attempts and successes made toward including the dad in the assessment process. With this information the FSW can take the reins and continue to promote father involvement.

- If information and referrals are being given out at the assessment, the FAW can give copies to both parents if both are present.
- If the father is not present and referrals are being made, the FAW can seek permission from the mother to mail duplicate information and a business card to the father.
- If home visiting services are being offered, the FAW should be sure to stress that the service is intended for fathers as well as mothers, even if the father will not be living in the home with the baby.

*When fathers are involved in child care...In one study, preschool children whose fathers were responsible for 40 percent or more of the family's child care tasks had higher scores on assessments of cognitive development, had more of a sense of mastery over their environments and exhibited more empathy than those children whose fathers were less involved. (Radin, N., 1994, "Primary Caregiving Fathers in Intact Families." In A.E. Gottfried & A.W. Gottfried (eds.) *Redefining Families: Implications for Children's Development*. New York: Plenum Press.)*

DID YOU KNOW? *One reason why fathers.... and all significant "others" really matter in a baby's life....*

SHAKEN BABY SYNDROME

Shaken baby abuse is not limited to any special group of people, but males show up as perpetrators in 65 to 90 percent of cases. In the United States, adult males in their early 20s who are the baby's father or the mother's boyfriend are typically the shaker.

Forty percent are fathers or stepfathers; 21percent, boyfriends of the mother; 21percent are babysitters.

Source: J. Showers, 1997. The National Conference on Shaken Baby Syndrome: A Medical, Legal and Prevention Challenge. Alexandria, VA. National Association of Children's Hospitals and Related Institutions.

People who shake babies usually do so out of simple frustration and inexperience... not from a desire to harm the baby. Crying and toileting problems have been described as typical events leading to severe shaking.



News from OCFS

Update on new program start-ups—After a slow start-up due to the September 11th tragedy and the 2001 state budget delays, the 16 new sites have begun operations. All have hired and trained staff and, as of December 31st, the new sites had screened 450 families and enrolled 150 families. To date, the Healthy Families New York Program has served 6800 families and provided over 207,000 home visits.

Building Collaborations

HFNY and Community Health Worker Programs

OCFS and the DOH recently sponsored a meeting of agencies that operate both Healthy Families and Community Health Worker Programs. Community Health Worker Programs are funded by the NYS Health Department (DOH), and they focus on supporting maternal health. The purpose of the meeting was to discuss coordination of the two programs at both the local and state levels. Thirty-five staff representing nine local agencies and the two state agencies attended. Two of the HFNY sites are developing pilot programs that will combine best practices of both programs.

HFNY and Early Head Start

OCFS staff met with the Health and Human Services (HHS) Region II Early Head Start Director and representatives of the Council on Children and Families to discuss collaboration of Early Head Start and Healthy Families. OCFS staff and the NYC Healthy Families Programs also continue to meet with the New York City Human Resources Administration (HRA) to coordinate employment programs for pregnant women and new parents.

Four workshops at the National Healthy Families America Conference in Dallas were given by members of our HFNY "family!"

Also in Dallas...The HFNY Training Team presented an overview of our state Quality Assurance system to other trainers from around the country.

Notes from the field: What HFNY sites are doing around the state to support fathers' involvement....

Baby Steps, Harlem, New York City:

- Participates in the New York City Male Involvement Consortium, which coordinates community job fairs and an annual event, Celebrating Men as Fathers.

Starting Together, Madison County:

- Held a support group for fathers with a male facilitator.
- Provides links to "father-focused" web sites on agency web page (see capmadco.org).
- Adjusts home visiting schedule to include fathers.
- Includes contributions from fathers in agency newsletter.

Healthy Families Steuben:

- Has written materials available designed specifically for fathers.

CAMBA, Brooklyn:

- Held First Annual Father's Day Celebration. The staff sent invitations to fathers, had a picnic and raffle on a Saturday, said a few words honoring the fathers, and gave certificates of recognition to fathers. FSWs also brought certificates to fathers who weren't able to attend the event.
- Supervisors regularly bring up father involvement in supervision, asking workers how fathers are doing and inquiring what workers are doing to engage fathers.
- When home visiting begins, workers try to seek the father's permission to be in the home, if appropriate (i.e. he lives there).



Past, present and future

The HFNY Training Team at the October training retreat. In the front: Ann Pitkin, Fatima Abdullahi; in the middle row: Rayza DeLaCruz-Stitt, Sarah Rubenstein-Gillis and, Mr. Pumpkin; in the back, Wendy Bender. (Not pictured: Daisy Carrero, Karen Rollo.)

Sarah resigned from her position and left the team in February. Wendy Bender became full-time on January 1 and has just received her certification from Healthy Families America.

Congratulations, Healthy Families New York!

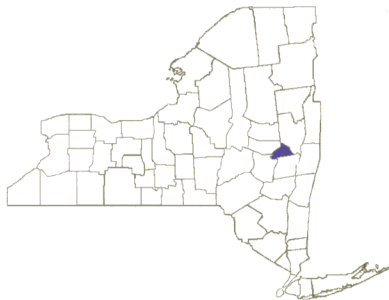
Prevent Child Abuse America recently completed a summary of evaluation findings for Healthy Families New York. This summary is based on information provided by the Center for Human Services Research and the evaluation component of the Best Beginnings program. The information was taken from a number of sources—home visiting logs, parent surveys, intake and follow-up forms, maternal social support index, and the child’s medical information form. Statistical differences were reported in six areas between intake and one year—housing needs declined from 35 to 19 percent; social isolation declined from 36 to 30 percent; relationship difficulties, down from 52 to 44 percent; domestic violence, from 20 to 14 percent; substance abuse, 14 to 4 percent and alcohol abuse down from 11 percent to 3 percent. The table below highlights other results of the study.

Health Care	Child Development	Family Retention	Parent Child Interaction	Maternal Functioning	Parenting Knowledge
98% of participating children had a primary medical provider by age one (96% in NYC vs 99% for rest of state). This is compared to 95% at intake.	The Manhattan Home Visiting Program found that the intervention increased developmental scores on the Bayley and NCAST screening tools.	Six out of ten home visiting participants were still active in the program a year after enrollment.	85% of the participants said their patience with their child had improved and they are better at dealing with their child's difficult behavior because of the home visiting program.	87% of participants said problem-solving skills improved.	Participants indicated an increase in knowledge about caring for their children.
Immunizations were up-to-date at twelve months of age for 96% of the home-visited children compared to 80% of children statewide.	99.5% of sample received developmental screening and 92% of the visited children fell within the normal range of development.	Four out of ten received services for two or more years.	78% of the respondents indicated that they "learned a lot" about ways to play with their children.	84% said HV improved their ability to access needed services.	78% learned about child growth & development.
In the sites outside of NYC, the average rate of lead screening among home visited children by age one was 69% compared to 57% for children in general in these counties. The randomized trial of the Manhattan Home Visiting Program found that the program group was screened for lead at a significantly higher rate than the control group (94% vs 83%).	For children whose development was assessed as deviating from the norm, 95% were referred to early intervention services.		Visited children were significantly more responsive to their mothers at one year of age, and home visited mothers were more likely to use nonviolent strategies to discipline their children.	84% reported improved future planning skills.	73% learned about home safety.
75% of children participating in the HV Program received the recommended number of well baby visits by 15 months as compared to 46% of children enrolled in NY State Medicaid managed care plans. In NYC, 78% of HV kids had 5-6 visits vs 36% of Medicaid population.				55% learned a lot about how to manage day-to-day routine.	73% learned about proper health care for baby and 65% about feeding their baby.
				38% said they learned a lot about money management.	70% of participants said they learned a lot about disciplining their children.
				After one year in the program, mothers' social support increased in the areas of community affiliation, i.e. involvement in religious social groups; in the number of people available for emergency child care; and in the frequency of visits with relatives.	

Of the mothers enrolled in the programs—54 percent were first-time mothers; 17 percent were under the age of 18; 27 percent were between the ages of 18 and 20; 44 percent between 21 and 30, and 12 percent were 31 and older. Eighteen percent of the mothers were married and 55 percent had a secondary caregiver. Nine percent of the mothers and 25 percent of secondary caregivers were employed. Forty-two percent were White; 24 percent, Hispanic, and 31 percent, Black (race varied between NYC and rest of state). Fifty-three percent did not graduate from high school or have a GED. At the time of intake, 45 percent of the families were receiving TANF; 61 percent, food stamps, and 89 percent, WIC funds.

SPOTLIGHT

Schenectady County



About Schenectady County

Schenectady County is located in the Capitol Region and has a total population of about 147,000. Within the county are rural areas, old rural villages and towns, and urban areas.

According to the 2000 Census, 88% of the population self-identified as White, 7% as Black or African American, and about 3% as Latino.

The county as a whole differs quite a bit from individual communities within the county. For instance, countywide, 35% of households are rental units, but in the city of Schenectady, the figure is 56%. Similarly, across the county the housing vacancy rate is low, but in the city of Schenectady, it is 14%.

Schenectady County has experienced some severe economic hardships, due largely to General Electric closing plants in and around the city of Schenectady. Some of the effects can be seen in the 2% population decline the county experienced between 1990 and 2000. (This is compared to a 5.5% increase in population statewide.) Likewise, across the state, non-farm employment increased by 1% in the same 10-year period, but in Schenectady County, it fell by 7%.

Today, about 11% of the county's population lives at or below the Federal poverty level. Active efforts toward economic revitalization are underway.

Healthy Schenectady Families

How the program developed--a story of local collaboration and commitment
Peggy Sheehan, Program Manager

In 1997, Schenectady County Public Health Services (SCPHS) began the process of establishing a Healthy Families program with local funding. At the same time, a local pediatrician, Dr. Kevin Karpowicz, was mobilizing community agencies to look at prevention programs and develop a long-term approach to working with families. These two efforts came together, with Healthy Schenectady Families (HSF) being the result. Since then, additional funding from the NYS Office of Children and Family Services and the William B. Hoyt Memorial Children and Family Trust Fund has allowed us to enhance and expand our programs to Schenectady County families. Today, we have four sites: Schenectady County Public Health Services, Catholic Charities of Schenectady County, St. Clare's Hospital and the Parsons Child and Family Center.

A Unique Mix of Services

Community Health Nurses (CHNs) and FSWs work together to serve families. All families enrolled in HSF receive CHN services on a periodic basis throughout their involvement. The CHNs, who are maternal-child health nurses with baccalaureate degrees employed by the Schenectady County Public Health Services, provide physical assessments, health education, anticipatory guidance and developmental screens. The FSWs and CHNs meet weekly to review cases and discuss home visiting content. Nurses are also available to the families and the FSWs between home visits for consultation. Today, we have 16 FSWs working with 207 families, 4 additional FSWs at Parson's Early Head Start serving 40 families, and 4 FAWs who are also CHNs who share the assessment functions for the entire program. We have served 401 families to date.

Volunteers Helping All Schenectady Families

As our program was growing, Dr. Karpowicz was developing yet another branch of Healthy Schenectady Families. Originally referred to as the "Villager" component, volunteers were recruited, screened and trained to provide less intensive home visiting services to families who were at less risk for difficulty with parenting. These families (who score less than 25 on the Kempe Stress Checklist) receive monthly home

visits from volunteers and participate in all HSF activities. This facet of HSF provides an opportunity for all families in the county to develop a network of support and a source of current health and developmental information. Currently St. Clare's Hospital funds this element of the program. Today, we have 9 volunteers serving 27 families.

Special Services

Every HSF family receives two important gifts that directly relate to parent-child interaction and increased understanding of the uniqueness of their child. First is *The Baby Book* by W. Sears, MD, which is used by the FSWs to supplement curricula and is popular with parents. Then, around the time of birth, parents are given a baby sling. With a sling, parents are able to keep their infants close and secure throughout the day and can more easily respond to their cues.

In addition, breast pumps may be given to nursing mothers who are returning to work or school. (Rental of breast pumps can be arranged when a baby is hospitalized.) The CHNs train the families on use of the pumps, milk storage, and all feeding issues surrounding this time of transition.

In 2001, St. Clare's Hospital Development office secured grant funding for HSF for the provision of safe cribs and safety items for the families' homes (gates, outlet covers, cabinet latches, etc.). The families were required to pay a small portion of the cost and were encouraged to arrange for pick up or delivery of the items. The hospital is again looking into securing this funding for this calendar year.

Summary

Healthy Schenectady Families continues to have strong community support. Our collaboration of professionals, agencies and interested parents can be challenging at times, but it has energized us to develop and continually refine the program into one that truly matches the needs of the community. We are proud of this collaboration and of the strong commitment of our funding sources that enables us to continue to provide home visiting services throughout the county.



GE Schenectady Works, 1907



The Role of HFNY in Supporting “Breastfeeding Fathers”

Rayza DeLaCruz-Stitt, BSN, RN, MSN,
Nurse Educator at Best Beginnings/Alianza Dominicana,
Senior FSW Trainer at Prevent Child Abuse New York

The mother’s support system is key— when mothers want to breastfeed, it is helpful if other members of the household also have information and support for this goal. This can be an important service for FSWs to provide, since it is well known that the attitudes, knowledge and behaviors of a mother’s family and support system have a powerful influence on her success with breastfeeding.

Often, significant family members, such as fathers or grandparents, may actually undermine a mother’s success in breastfeeding, simply because they lack important basic information about breastfeeding and lactation.

What fathers think and feel about breastfeeding really matters!

Many research studies have found that when fathers feel positively about breastfeeding, mothers are more likely to initiate nursing. Fathers can have more influence than a healthcare professional or a service provider.

To help the father feel more positively about breastfeeding, the FSW can provide specific information to help clear up any misunderstandings about breastfeeding the father may have. Following are some common questions that “breastfeeding fathers” ask and the answers that FSWs might provide:

FATHER: Do I have to give a bottle to be involved with my baby?

FSW: No. Since giving bottles can complicate breastfeeding, it’s probably best to find other ways of interacting with your baby. Here are some “fathering” activities for you and your breastfed baby:

*When your baby looks quiet and “wide eyed”(Quiet Alert State), take the time to talk with your baby, sing to your baby, and bring your face close to her. By responding to her during this time, you are helping her learn (develop her brain).

*Take your baby out of the crib, change his diaper, during the day or night, and bring him to his mom to feed. (This is also a great way help the baby’s mom feel “pampered.”)

*Give your baby a bath every day, and make this a special “Daddy-and-Me” time.

*Take a walk while “wearing” your baby in a sling. This promotes good brain development. Find out ahead of time where you can get a sling, or another soft cloth baby carrier. Some families ask for a cloth carrier as a baby shower gift.

*Hold your baby on your bare chest and let her hear your heartbeat while going to sleep. This promotes good bonding and attachment. Skin-to-skin contact is also known to help the young baby regulate her body temperature.

*Hold and stroke your baby gently often. Every day, give him a massage, play “bicycle” with his legs. Human touch is known to help babies grow better and learn quicker.

*Strap your baby safely in a car seat, and take her for a ride in the car between feedings. Soon you will be familiar with your baby’s nursing schedule and have an idea of how much time will lapse between feedings. Many breastfed infants nurse every 1 1/2 to 2 hours initially, and eventually space their feedings to every 3-4 hours. Getting to know your baby’s “internal schedule” will also help you plan these car rides and other activities away from mom.

DAD: Isn’t this just babysitting?

FSW: No. These are opportunities for you and your baby to develop a strong Father-Child-Relationship. Parenting your breastfed baby is an ongoing process that you will be engaged in for a long time.

FATHER: What can I do to reassure my partner if she worries about the baby getting enough to eat?

FSW: Know what the indications are that a baby is getting enough to eat and talk with her about these. Some indicators that the baby is getting enough would be:

- Nursing between 8-12 times in 24 hours
- Urinating 6-8 times a day
- Having at least 2 bowel movements in 24 hours (or more)
- Gaining weight (after the second week)
- Baby is happy and has some quiet time between feedings

FATHER: Will my breastfed baby sleep at night?

FSW: Nighttime parenting is a particular challenge to most new parents. Whether breast or bottle-fed, the baby is likely to wake up during the night to feed. In general, breastfed babies have an easier time digesting and will seek to eat at regular intervals around the clock. The father can be the “designated” parent to get up and change the baby and bring the baby to bed for feedings.

DAD: Are there other ways to help?

FSW: If you have older children make sure their needs are being met. Specifically: see that they are getting enough attention. It is common for older children to feel jealous of a new baby, particularly a baby who spends a lot of time at the breast.



April 7 - 9, 2002

**7th Annual New York State Child Abuse Prevention Conference
Keeping Children Secure: Nurturing Families, Stable Homes & Safe Communities**

Marriott Hotel, Albany, New York

Cosponsored by the Wm. B. Hoyt Memorial Children & Family Trust Fund

WHO SHOULD ATTEND? Those who work in home-based and center-based family support programs, child abuse prevention and child protective services, intervention and treatment; health care and mental health, schools, religious and civic organizations; and parents themselves.

KEYNOTE SPEAKERS:

Naomi Haines-Griffith, MA, MSW, President, Red Clay and Vinegar--Back by popular demand, Ms. Griffith is nationally renowned for the humor and warmth she brings to our appreciation of families' uniqueness and children's needs.

Dr. James Levine, Director of the Fatherhood Project--A solution-oriented research and education project to support men's involvement in childrearing. Author of over 100 articles for professional and popular journals, as well as seven books, most recently *Working Fathers: New Strategies for Balancing Work and Family*, with Todd L. Pittinsky, and *New Expectations: Community Strategies for Responsible Fatherhood*, with Ed Pitt.

Kathleen Tavenner Mitchell, LCADA, MHS, Director & National Spokesperson of the National Organization on Fetal Alcohol Syndrome--Speaking from professional and personal experience about understanding the range of fetal alcohol effects and practical ways of working with kids.

(All of our keynote speakers will also present workshops at the conference.)

**Training Workshops - Commercial & Nonprofit Exhibits
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For more information, call: 518-445-1273**



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