

# Training Module 1

The three trainings offered in Module One focus on information, skills, and strategies for better parent engagement. The trainings are designed to build an environment where participants feel supported in learning new skills and information through the opportunity to discuss their day-to-day experiences in Head Start. These trainings incorporate a “workshop feel” in which all participants are encouraged to reflect, to connect what is meaningful for them, and to grow.



The goal of this first module is threefold:

**The Benefits and Challenges of Engaging Parents:** To increase awareness and knowledge of Head Start staff about tools for successful parent engagement.

**Perspective Taking:** To improve participants’ communication and problem-solving skills by broadening their understanding of different perspectives and points of view.

**“What Is Depression?” 1:** To offer a context for increasing knowledge of signs, symptoms, and concerns regarding depression.

The individual or team committed to leading these workshops should understand that they may encounter potential obstacles and/or resistance from some participants to these trainings, as the topics to be discussed can inspire very strong emotions. Each topic is presented in a way that provides guidance for managing such situations to encourage learning, open communication, and safety for participants.



## The Training Modules

The order of the trainings allows the training group to work on the broader goal of engaging all parents first. This sets the stage for the more complex topic of depression, to be discussed after a level of skill and trust has been established.

The *Introduction to the Modules* is a resource for Workshop Leaders, offering support in facilitating successful trainings. In addition, each training outlines goals, objectives, methods and content while also providing points of preparation and reflection for the individual or team responsible for leading the training. You will find a Workshop Evaluation at the end of each workshop along with a list of other Family Connections materials that can provide additional support to the workshop’s topic and themes.

# Training Module 1

# The Benefits and Challenges of Engaging Parents

While early childhood professionals are expected to communicate with parents, few are actually trained to do so effectively. This lack of training can create a significant gap between professional skill and program need and, in turn, can foster frustration and tension. This training topic offers a starting point for staff members to air their concerns so that strategies may be provided in a way that recognizes these real challenges and successes.

## Goal

To enhance the strategies used by Head Start staff to engage parents in a professional manner so that families might reap stronger benefits from the Head Start experience.

## Objectives

Participants will:

- ▶ have a greater understanding of the challenges and benefits of engaging parents within the Head Start environment
- ▶ be able to recognize how depression can affect a parent's ability to engage with Head Start staff and how that can influence a staff member's view of that parent
- ▶ gain practical strategies to employ when trying to engage parents
- ▶ become more confident in reaching out to the parents with whom they work, and learn more about the resources available to families in the program

## Method and Content

This workshop has three distinct sections, each designed to build on each other.

- ▶ Exercise One: Reflecting on our work with parents
- ▶ Exercise Two: Using responses to discuss the benefits and challenges of parent engagement
- ▶ Exercise Three: Sharing strategies

Exercise One provides participants with the opportunity to reflect on their experiences in working with parents. In Exercise Two participants are encouraged to discuss the challenges and benefits of making meaningful connections with the parents from the families they serve. In Exercise Three, the group will have the chance to discuss strategies for engaging parents and the real-life challenges of using these strategies.

Throughout the workshop, it is important to emphasize how our own behaviors and attitudes can affect those of the parents we serve.

**What You Need:**

- ▶ This workshop has three distinct sections, each designed to build on each other.
- ▶ A training space large enough to accommodate the members of the training to participate in whole group discussions. For large groups (e.g. more than 20 participants), you may want to consider including 2 workshop leaders to help manage and respond to participant needs. For more information on considerations about Group Size, see the Introduction to the Modules.
- ▶ Seating for your training group.
- ▶ Five large pieces of paper and a way to hang them on the walls of the training space.
- ▶ Markers for everyone participating.
- ▶ A training packet for each participant that includes a copy of:  
Handout 1: Strategies for Engaging Parents  
Workshop Evaluation Form

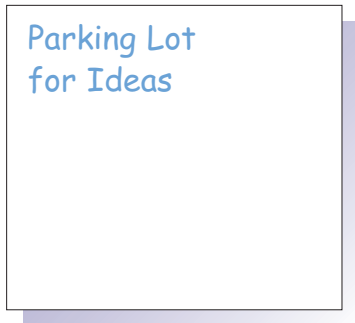
**Workshop Leader Preparation:**

Read through all the workshop materials first. Take the time to reflect on your own responses to the exercise questions. It is important to acknowledge your own comfort level and biases with the subject matter before leading the workshop.

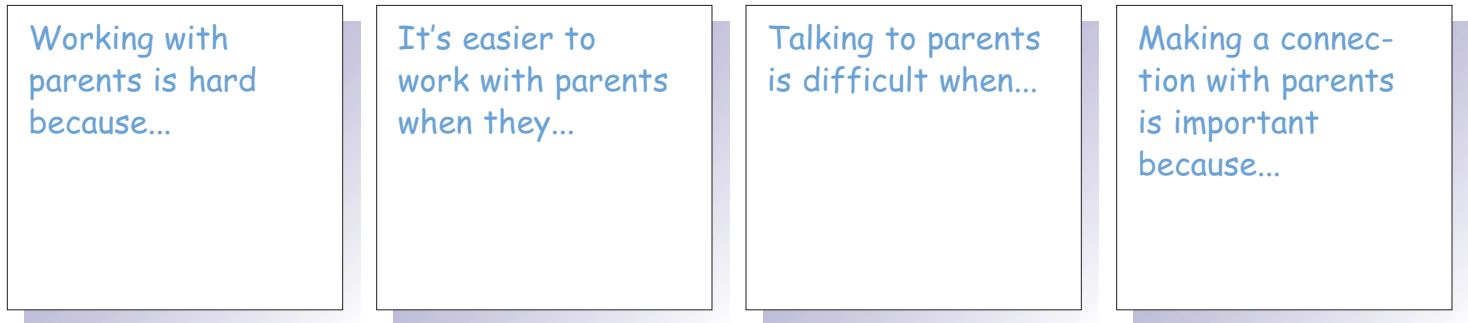
Consider whether this type of training, in which staff are asked to discuss their feelings about their work and the families served, is common or rare in this program. Take into account how much practice your training group has had with this type of discussion and review the Workshop Leader strategies provided for you to support your role in facilitating a positive training environment.

**Preparing the Workshop Space:**

- ▶ Prepare the training space by positioning chairs so that the participants can begin as a large group, and then move easily into smaller groups for Exercise One.
- ▶ Place a training packet on each chair in the room.
- ▶ Prepare a large piece of paper entitled “Parking Lot for Ideas.”



- ▶ Prepare four large pieces of paper with titles (see below).



- ▶ Display the large pieces of paper so that the whole group will be able to see them and the Workshop Leader and participants can write on them easily.
- ▶ Markers can be set out in front of the papers or given to each participant prior to the exercise.

## Introduction to the Training

Workshop Leaders are encouraged to use their own words to introduce the training. Some key points to consider are:

- ▶ Welcome the group and review logistics – general agenda, time frame, when to expect breaks, materials, sign in sheet, etc.
- ▶ The topic of this training is “The Benefits and Challenges of Engaging Parents.”

*For example, you might say:*

**“Working with parents can be both rewarding and challenging. Today’s training will provide a chance for you to discuss some of the feelings you have when working with parents in various situations and some strategies to support the parents you find tougher to reach.”**

- ▶ Describe the objectives of this training:
  - To help you gain a greater understanding of the challenges and benefits of engaging parents within the Head Start environment
  - To gain practical strategies to employ when trying to engage parents
  - To become more confident in reaching out to the parents with whom you work and learn more about the resources available to families in the program
- ▶ Explain the “Parking Lot for Ideas” sheet as follows: during the training, if a question, suggestion, or concern unrelated to the training exercise, but related to the topic is offered, the Workshop Leader will record it on the “Parking Lot for Ideas” sheet.
  - Refer back to these ideas at the end of the training for further discussion as time permits.
- ▶ Review the Training Ground Rules, a short list of statements (listed below) intended to promote a safe, positive environment for all participants. These can be printed on a piece of paper for all to see, but reviewing the rules and asking for the group’s agreement, is the most important step before beginning the exercise.

## Training Ground Rules

**There are no right or wrong answers** in any of the activities we will be doing today. Everyone's opinions and feelings are respected here.

**One at a time.** We want to hear what everyone has to say, so it is important to remember that group discussion requires strong listening skills.

**Learning takes time.** We will not rush one another when trying to understand and participate.

**Maintain confidentiality.** While sharing our experiences we do not need to use names of children, parents, or staff.

## Exercise One: Reflecting on our work with parents

This exercise gives participants the opportunity to reflect on their experiences with parents and share their own thoughts on what has made those parental interactions both challenging and meaningful.

- ▶ Begin Exercise One by reading aloud each statements begun on the four large pieces of paper:
  - “Working with parents is hard because...”
  - “It is easier to work with parents when they...”
  - “Talking to parents is difficult when...”
  - “Making connections with parents is important because...”
- ▶ Instruct the participants to think about their own ending to each of these phrases. Ask the participants to walk around the room and write their answers below each statement.
- ▶ This exercise allows participants to share their prior knowledge, concerns, and perceptions with the Workshop Leader and with one another; all participants should be encouraged to provide responses and to be candid.

## Workshop Leader Strategy

You should be sensitive to the needs of the group and be prepared to encourage positive participation from all attending. Here are some tips for facilitating thoughtful discussion.

- Depending on the program, this type of training and discussion may be common or very rare. Keep in mind the amount of experience your participants have had in sharing their views with one another in a professional group setting. If they have had little practice before this workshop, they may need reassurance from you that the training environment is one they should trust. Refer to the Training Ground Rules as needed to maintain this environment.
- Some participants may be unsure about recording their thoughts and feelings in a way that everyone can see. If you find some participants attempting to “sit out” this part of the exercise, encourage them in a playful but gentle way. For example, you might offer them a marker and stress that the exercise “just won't be the same” without them.
- Anticipate that some participants will voice strong feelings. This should be expected because getting in touch with one's feelings about the professional process is at the heart of the exercise itself. Make sure participants share their opinions and experiences in a way that is respectful to the professional environment by making reference to and enforcing the Training Ground Rules. This is one of the most important responsibilities you have as a Workshop Leader.

- ▶ Encourage participants to add their response even if that response is already written. This way, it is clear that a particular response is on the mind of more than one participant.
- ▶ After all participants have contributed to the statements, the group reconvenes. Review the answers aloud, sheet by sheet. This is an opportunity to ask for clarification. Note the range of response, ask for any additions, and suggest responses not noted – especially if they represent known experiences in the program.
- ▶ Table 1 presents examples of participant responses and themes to develop.

**Table 1. Sample responses for Exercise One**

Response Categories	Examples of potential responses	Themes for workshop leader to develop in the discussion
<p>“Working with parents is hard because...”</p>	<ul style="list-style-type: none"> <li>• They are in denial</li> <li>• They don’t want to talk to me</li> <li>• There is no trust</li> <li>• They are sometimes from a very different culture</li> <li>• They are under a lot of stress</li> <li>• There is no time</li> <li>• They are avoidant</li> <li>• We do not agree on what is best for the child</li> </ul>	<p>This prompt encourages participants to reflect on the challenging aspects of working with parents. Some participants may have strong feelings on this topic, but little experience in discussing it. Others may feel shy or concerned that sharing any difficulties may label them as “negative.” By acknowledging this prompt as a jumping off point to further discussion of strategies, the group is supported in feeling their responses will lead to a productive outcome.</p>
<p>“It is easier to work with parents when they...”</p>	<ul style="list-style-type: none"> <li>• Want to work with you</li> <li>• Trust you</li> <li>• Know you care about their child</li> <li>• Smile</li> <li>• Are pleasant</li> <li>• Speak the same language</li> <li>• Are open to suggestions</li> <li>• Take responsibility</li> <li>• Say hello</li> <li>• Volunteer at the program</li> <li>• Pay me respect</li> </ul>	<p>This prompt pushes participants to acknowledge what parents do to contribute to and encourage success. A key point can be made by pointing out that Head Start Staff can contribute to how comfortable parents feel by doing the very same things listed as responses.</p>
		<p>continued →</p>

**Table 1. Sample responses for Exercise One...continued**

Response Categories	Examples of potential responses	Themes for workshop leader to develop in the discussion
<p>“Talking to parents is difficult when...”</p>	<ul style="list-style-type: none"> <li>• They are hostile</li> <li>• They ignore what I say because I am not a parent</li> <li>• They rush in and out of the classroom without saying hello or goodbye</li> <li>• We do not speak the same language</li> <li>• You don’t know the parent</li> <li>• You are in the classroom and trying to watch the children</li> <li>• They yell or curse</li> <li>• They are shy or unresponsive</li> <li>• They won’t believe what you say about their child’s behavior</li> <li>• They don’t trust you</li> <li>• I am preoccupied with something else</li> </ul>	<p>This prompt asks participants to reflect on especially challenging interactions. Drawing special focus on the ways in which parents have contributed to these difficult experiences can inspire strong emotions in some. Others will be able to consider what they themselves have done to make communication especially unproductive. A key point is to encourage participants to consider what both parents <i>and</i> staff members contribute to any interaction.</p>
<p>“Making connections with parents is important because...”</p>	<ul style="list-style-type: none"> <li>• The parent is the child’s first teacher</li> <li>• It is what is best for the child</li> <li>• It is the only way to connect school and home</li> <li>• It is a goal of Head Start</li> <li>• They need our help</li> <li>• They have issues that affect their children</li> <li>• It is the best way to build trust</li> </ul>	<p>A key point in this and all the prompts is the important role <i>trust</i> plays in parent engagement. Emphasize that trust can best be inspired through positive interaction, providing a foundation for all other work with the family.</p>

## Exercise Two: Using responses to discuss the benefits and challenges of parent engagement

Exercise Two provides the opportunity to reflect further on the responses shared in Exercise One. By paying close attention to the themes that emerge from various responses and the responses that carry stronger emotional content for the group, the Workshop Leader can encourage deeper questions and more specific comments regarding the important contribution that participants can make in the success of parent interactions.

- ▶ Use the responses as a “jumping off point” to ask questions that encourage reflection and discussion.



## Workshop Leader Strategies

Here are some examples of discussion themes you can initiate by using common responses to the Exercise One questions:

**“When we say that parents are in denial, what does that mean? What do parents do that make us think they are in denial? What might make a parent behave that way?”**

When a staff member shares a concern with a parent, the parent might deny the concern, seem to have no feelings about it, or even seem resentful or agitated. Responses such as these can be the worst-case scenario for some staff, leaving them feeling frustrated, ineffective, and unsure about what to do next. By asking participants in this training to imagine what might be contributing to a parent's response, they are being invited to consider important elements of parent communication, such as how a parent is given information, who is present when this information is given, and how a parent's response might indicate that the parent needs more time to consider the information.

**“When a parent acts hostile or withdrawn, how does that make us feel? What does it seem they are saying to us?”**

Participants may say “nothing a parent says bothers me,” yet this is rarely true. Sometimes it is difficult to separate how a parent feels from how he or she feels about us. Everyone needs a reminder now and again not to take parent or even child behavior personally. And yet, acknowledging that a parent's behavior might discourage, anger, or frighten us can help staff members understand how their response to that parent might be affected by those feelings. This also is an opportunity to describe some of the basic symptoms of depression (agitation, withdrawal, lack of communication) as a kind of bookmark to future trainings that will highlight this information, while pointing out that one might not understand all the reasons for a parent's behavior.

**“Sometimes our status as professionals - whether we are or are not parents - is questioned by the parents we serve. How many people here are parents? How many people are not parents? How does this affect our work? Does being a parent make it easier to work with parents? What do staff who are not parents bring to this kind of work?”**

By acknowledging that the line between “Head Start staff members” and “parents” is often an artificial one, participants are invited to talk frankly about how these roles compare and contrast. Participants who are not parents can share their concerns and questions regarding their experiences. But the central message should be that the group must consider that when they are talking about parents, they may also be talking about some of their co-workers.

**“How can we use these ideas about the importance of parent connection? Let's consider how to use these points as our own strategies for putting parents at ease.”**

Many participants will know the “right” answers to the prompt asking about the importance of a connection with parents, but few will have had the chance to discuss these answers. This is an opportunity to use those answers as a way of understanding strategies. For instance, if we really believe that improved communication with home might create a better experience for the child, then we must be willing to try many methods to make sure that communication happens - and not give up after one or two attempts. This type of discussion can move the group along to thinking about action and the steps necessary to get to that action. Review the responses to the prompt “It's easier to work with parents when they...” and ask participants to consider how they can incorporate these points into their own practice. For example, acknowledging how a parent's positive expression and body language can influence the ease of communication is an opportunity to draw attention to participants' awareness of the nonverbal messages they give parents.

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## Exercise Three:      Sharing strategies

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Exercise Three gives participants the chance to review and discuss positive strategies for engaging parents.

- ▶ Draw participants' attention to Handout 1. Review and discuss the strategies it describes.

### **Workshop Leader Strategy: Using the Handout Material**

▶ Handout 1 offers 11 strategies to use when working with parents. You should integrate this content throughout the training and also go through the strategies point by point at the end of the training.

▶ It is important that participants also have the opportunity to ask questions about these strategies. You may choose to:

- ask participants if they have any questions throughout the training and offer answers immediately
- ask participants to hold their questions until the end of the training and then respond to them during a "Question & Answer Period"

In any case, participants should leave the training feeling as if their questions have been answered.

▶ Participants may feel the need to discuss specific parents. While this kind of experiential learning should be encouraged, you should remind participants that names and details identifying a specific family should be regarded as confidential material, and the sharing of this kind of specific information must be in keeping with the program's confidentiality policy.

# Handout 1

## Strategies for Engaging Parents

- 1. Establish a friendly relationship with parents**, even if it only involves smiling and saying hello and goodbye.
- When you need to talk to a parent about concerns regarding his or her child, **start by mentioning some of the child's strengths and the parent's strengths**. Be authentic; mention examples of strengths and weaknesses that you have observed.
- 3. Try to find a common goal**, possibly the well-being of the child. Remember, parents want to parent their children well. Everyone at Head Start, parents and teachers, truly wants the best for each child, even if he or she is overwhelmed, exhausted, and/or angry.
- 4. Plan ahead.** Spend some time thinking about what it is you want to say to a parent, especially when sharing difficult or sensitive information.
- 5. Carefully choose the place, time, and manner** in which you share information and ask questions of a parent. If you are angry, busy, or scared, do not approach them; think about the best time and person to approach the parent. Another person at the Head Start also can speak to the parent.
- 6. Consider parents' confidentiality** when deciding to talk to parents about concerns. Choose a time and location that is comfortable and private.
- 7. Remember: YOU ARE NOT ALONE.** Reaching out to parents who might be depressed is a group effort. Do not forget to seek out support from your colleagues, including your supervisor, team members, and available program consultants.
- 8. Avoid interpreting parents' difficulties as a personal affront to you.** Remember, their behavior is about them, not you.
- 9. Try to really listen** to what they are saying and communicate back to them what you perceive without blaming them. For example, if you are concerned that the parent is impatient/overly harsh when dropping off his or her child, you can observe, "it can be frustrating to get little ones out the door and across town."
- 10. Respect parents' needs and timing.** Do not give up hope or get discouraged or angry if your suggestions are not followed. We all have our own timing; sometimes your suggestion might be a seed that is planted one day, takes root, and blooms many months later.
- 11. Reflecting on your feelings about working with a parent** can help you be more professionally productive. By acknowledging the emotions that come up during parent interactions, you can focus on how to contribute positively to the engagement process.

Pulling things together at the end of the training is an important step for everyone. As a workshop gets close to the end and people are feeling tired, it can be tempting to skip this part. Let people know that you will get them out of the workshop on time, but want to take a few more minutes to wrap up the time you've spent together.

### 1. Review Key Concepts

- ▶ Acknowledging our feelings about working with parents can help us move from a *personal reaction* to a *professional action*.
- ▶ Special attention paid to consistent communication practices can have a positive effect on parent relations.
- ▶ Teamwork: Effective parent outreach takes more than one person's efforts.

**2. End on a positive note.** Remind the group that this workshop is a first step in supporting the social-emotional development of the children served by the program. Encourage participants to use the exercises as a way to rethink their classroom practices and encourage supervisors to continue checking in with the teaching teams about the strategies proposed in the training.

**3.** If time permits, **review some or all of the comments written on the “Parking Lot for Ideas” sheet posted on the wall.** Consider responding to one comment, then asking participants which of the others they would like discussed in the time remaining. These comments should also be considered in preparation for the next training.

**4. Express your appreciation.** Let the group know how much you appreciate their time and hard work. Thank them for sharing their ideas and for being willing to think about change together.

**5. Make yourself available.** After the training, be willing to answer questions and respond to concerns on an ongoing basis. If a workshop leader cannot be available, an on-site staff member should be designated in this role and announced at the end of the training.

**6. Collect Attendance and Evaluation Forms.** Pass out evaluation forms. Ask participants to sign an attendance sheet and complete an evaluation form. Remind participants that these forms are anonymous and collected for the purpose of improving future trainings. During this time, you might also want to title and date any large group work so you can save it for future reference.

## Extending Learning and Supporting New Skills

In order to extend the workshop's content to changes in professional skill and behavior, the Workshop Leader and administrators should consider these follow-up activities:

**Provide Supportive Supervision for Individuals and Teams.** Participants will need more time to reflect on the challenges they face with the families they serve. Consistent planned supervision meetings with individuals and teams provide a time and place to share these struggles and plan strategies for response.

**Implement Classroom Observation and Social Service Support.** Supervisors and the Workshop Leader must spend time observing the work of the professionals trying to improve their professional skill. There is no substitute for the knowledge gained by witnessing the challenges and successes experienced within their real-life context.

**Create Action Plans.** Using the strategies offered on Handout 1 as a starting point, discuss the challenges and successes in parent engagement in a staff meeting. This can provide the opportunity to generate a set of goals and strategies for the program as a whole.

## Workshop Leader Reflection

The Workshop Leader should take some time to review the training experience once it is over, read through and tally the evaluation forms, and review the results. Some additional questions to consider are:

**Was I prepared?** Did I have all the materials I needed? Was the room adequate? Did I feel confident with the topic?

**Did the training go as I imagined it would?** Did the group respond the way I thought they would? Were there any surprises? Were there any elements of the training that went especially well?

**Were the participants engaged?** Did the group size seem appropriate? Who seemed comfortable enough to share their thoughts with the group? Who did not seem comfortable? Do I know why? Did I get the feeling that the participants understood the exercise and materials? Who was present and who was missing today? Is there anyone I need to follow-up with immediately?

**What were some of the themes that people talked about in this training?** Was there a group of issues that the responses and discussion had in common? Are any of those issues a surprise? How can I use those issues in future trainings to make the exercises more effective?

**What would have made this training better?** In hindsight, what could I have done differently? Why? How can I use that information to make the next training even more successful?

**Did I gain new knowledge from this training?** What did I learn? In addition to new information on the training topic, did I gain any new knowledge about the training group or individuals in the training group? Did I learn something new about myself as a Workshop Leader?

# Workshop Evaluation

Title of the Workshop: The Benefits and Challenges of Engaging Parents

Please rate how well the training met the objectives below:

	Excellent	Very Good	Good	Not Good
Objective 1: Participants will have a greater understanding of the challenges and benefits in engaging parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2: Participants will gain practical new strategies to engage parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3: Participants will become more confident about reaching out to parents and learning about resources available to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Overall rating of this workshop:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information presented:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's knowledge of subject:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's presentation style:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would have liked to learn more about that was not presented?

Would you like more trainings that expand on this topic? *(please circle one)*    Yes    No  
I would like more training on:

Additional Comments:

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## Additional Resources

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For more support on this topic please see the following Family Connections materials:

### Short Papers for Staff

*The Challenges and Benefits of Making Parent Connections*

*Parenting, Depression, and Hope: Reaching out to families facing adversity*

*Understanding Depression Across Cultures*

*Fostering Resilience in Families Coping with Depression: Practical ways Head Start staff can help families build on their power to cope*

*Better Parent Communication: What do I say when a parent tells me something difficult?*

*Self Reflection and Shared Reflection as Professional Tools*

# Perspective Taking

The first training dealt with building participants' skills in engaging parents of Head Start children. Another aspect of engaging parents, and an important first step toward effective communication, is understanding the views of others. This training is devoted to "putting yourself in the other person's shoes." By imagining others' interpretations and feelings in a situation, one can generate new solutions and expand one's understanding of the families served by Head Start.

## Goal

To foster a deeper understanding of others' perspectives and encourage discussion regarding various points of view.

## Objectives

Participants will:

- ▶ learn to appreciate others' points of view, including teachers, parents, children, and mental health consultants
- ▶ begin to develop their perspective-taking skills more fully
- ▶ broaden their understanding of the different professional roles within Head Start
- ▶ gain a deeper understanding of how to use perspective-taking when developing strategies to work with families

## Method and Content

This workshop has three distinct sections, each designed to build on each other.

- ▶ Exercise One: Remembering an important child or family
- ▶ Exercise Two: Perspective taking vignette
- ▶ Exercise Three: What we gain through perspective taking

In Exercise One, the participants are encouraged to remember a family or child who held meaning for them. Exercise Two provides an opportunity to examine a vignette from several points of view. In Exercise Three, the group has a chance to reflect on how perspective-taking can be used as a professional tool.

Throughout the workshop, it is important to emphasize benefits of considering others' points of view and examining them alongside our own.

## Getting Started

### What You Need:

- ▶ Time – this training should take a minimum of 1.5 hours, not including Workshop Leader preparation. For more information on **Workshop Time Management**, see the **Introduction to the Modules**.
- ▶ A training space large enough to accommodate the members of the training to participate in large (e.g., 20 people or more) and small (e.g., 3-6 people) group discussions. For large groups (e.g. more than 20 participants), you may want to consider including 2 workshop leaders to help manage and respond to participant needs. For more information on considerations with **Group Size**, see the **Introduction to the Modules**.
- ▶ Seating for your training group



## Workshop Leader Preparation

Read through all the workshop materials first. Take the time to reflect on your own responses to the exercise questions. It is important to acknowledge your own comfort level and biases with the subject matter before leading the workshop.

Consider whether this type of training, in which staff are asked to discuss their feelings about their work and the families served, is common or rare in this program. Take into account how much practice your training group has had with discussion of this kind and review the Workshop Leader strategies provided for you to support your role in facilitating a positive training environment.

The vignette or story provided in Handout 1 describes a conflict involving parents, a teacher, and a mental health consultant. While it is not about depression, working through this vignette will provide the foundation for communication strategies necessary in engaging depressed parents.

The key to this training is the use of a vignette or story to which Head Start staff can relate. Review the vignette example provided (Handout 1) and change it to suit the needs of the training group. You can change the story, for example, to discuss an area of tension between staff and parents that reflects elements of real events in your program. Or the parents' reaction in the story can be altered to reflect those of a culture represented in your program. Be careful to maintain confidentiality and change situations enough so that they do not disclose personal information about staff or families.

► Prepare a training packet for each participant with the following materials:

- Handout 1: Perspective Taking Vignette  
Please read *Workshop Leader Preparation* above in order to finalize Handout 1
- Handout 2: Perspective Taking Worksheet
- Handout 3: What Can We Gain Through Perspective Taking?
- A blank piece of paper
- A Workshop Evaluation

- A pen or pencil for each participant
- Markers for Workshop Leader
- Two large pieces of paper

### Preparing the Workshop Space

- Prepare the training space by positioning chairs so that the participants can begin as a large group, and then move easily into smaller groups.
- Place a training packet on each chair in the room.
- Prepare one large piece of paper, entitled “Parking Lot for Ideas.”



Parking Lot  
for Ideas

- Prepare a large piece of paper with the chart from Handout 2 copied onto it.

## Introduction to the Training

Workshop Leaders are encouraged to use their own words to introduce the training. Key points to consider are:

- ▶ Welcome the group and review logistics – general agenda, time frame, when to expect breaks, materials, sign-in sheet, etc.
- ▶ The topic of the training is “Perspective Taking.”

*For example you might say...*

**“This training offers a chance to work on some of the issues the group discussed in the last training, *The Benefits and Challenges of Engaging Parents*. We’re going to get the opportunity to think about different roles in order to consider others’ viewpoints and intentions.”**

- ▶ The objectives of today’s workshop are:

To practice considering others’ points of view, including teachers, parents, children, and mental health consultants

- To develop your perspective taking skills more fully
  - To broaden your understanding of the different professional roles within Head Start
  - To gain a deeper understanding of how to use perspective taking when developing strategies to work with families
- ▶ Participants should be encouraged to use their imaginations and have some fun with the exercise.
  - ▶ Explain the “Parking Lot for Ideas” sheet as follows: during the training, if a question, suggestion, or concern unrelated to the training exercise, but related to the topic is offered, the Workshop Leader will record it on the “Parking Lot for Ideas” sheet. Refer back to these ideas at the end of the training for further discussion as time permits.
  - ▶ Review the *Training Ground Rules*, which are a short list of statements intended to promote a safe, positive environment for all participants. These can be printed on a piece of paper for all to see, but reviewing the rules and asking for group agreement is the most important step before beginning the exercise.

### Training Ground Rules

**There are no *right* or *wrong* answers** in any of the activities we will be doing today. Everyone’s opinions and feelings are respected here.

**One at a time.** We want to hear what everyone has to say, so it is important to remember that group discussion requires strong listening skills.

**Learning takes time.** We will not rush one another when trying to understand and participate.

**Maintain confidentiality.** While sharing our experiences we do not need to use names of children, parents, or staff.

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## Exercise One: Remembering an important child or family

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The intent of Exercise One is to help participants focus on the workshop topic through the connection of a meaningful experience with a family or child.

- ▶ Ask members of the group to think about a child or family who – at any point in their careers – has had a strong effect on them.
- ▶ Point out that the memory or thought of this child or adult can trigger strong positive or loving feelings, yet it also could trigger strong negative or difficult feelings.
- ▶ Drawing their attention to the blank piece of paper in their packet, ask the group to take a few moments to write some notes or draw a picture about these thoughts or feelings. It should be stressed that this reflection is only for the participant's eyes and will not be collected.

### Transition to Exercise Two

Provide participants with the bridge that will shift their focus from memories that are individually meaningful to a shared story the group can work through together. Encourage participants to remain in contact with the feelings and thoughts they recorded in this initial exercise in order to reflect on what can make relationships with children and parents feel especially important or meaningful.

*For example, you might say...*

**"Each of us has considered a memory from his/her own experience individually. In the next activity, the group will hear a common story to discuss together, but I want you to keep connecting with that important child or family so that you can draw on how that connection made or makes you feel. The story we'll share concerns a disagreement about a child's needs. As in real life, the story contains many points of view and many points of conflict; there is no one right answer to any of the questions in this exercise."**

For more information about facilitating transitions, see **General Guidelines for Effective Training** in the *Introduction to the Modules*.

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## Exercise Two: Perspective Taking Vignette

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In Exercise Two, participants explore a vignette, highlighting the perspectives of three different "players" through a role-playing experience. It begins with a large group reading of the vignette, a small group discussion, and a large group discussion.

The small and large group discussions in this exercise are most effective when participants are encouraged to "get into" their character. As in all role-play experiences, participants should be encouraged to reflect thoroughly on what the wishes and concerns might be of the person(s) they are assigned to represent. While a lively group discussion is the goal, participants can be encouraged to express their feelings in a way that permits turn-taking and productive discussion. Maintaining this environment of trust and respect is your responsibility as the Workshop Leader.

- ▶ Ask participants to locate Handout 1 in their training packets.
- ▶ Ask the group to follow along as you read the story about Marquise aloud.
- ▶ To work on the questions presented at the end of the story, the group is divided into four smaller groups and asked to move their chairs to aid in small-group discussions.

## Workshop Leader Strategy

### Creating Smaller Groups

Because there are four roles to be played in this exercise, four small groups should be created regardless of the number of participants. You have some options in breaking into the four smaller groups. For example, you can:

- **Count off 1 through 4 and assign the groups by each individual's number.** This works well if you feel the participants work fairly well together overall and will engage in the activity easily.
- **Assign participants to groups ahead of time.** This strategy is especially useful in groups that could benefit from interacting with other specific participants. This may be used to avoid unproductive conversations or training activities, or to enhance the conversation through new combinations across professional roles.

### Small Group Discussion

- ▶ **Group 1** is assigned to consider the questions taking on the role of the **Child**.  
**Group 2** takes on the role of the **Teacher**.  
**Group 3** takes on the role of the **Parents**.  
**Group 4** takes on the role of the **Mental Health Consultant**.
- ▶ Read the three questions on Handout 1:
  1. What are you feeling at this point?
  2. What is the dilemma or main problem here?
  3. How can the problem be resolved?
- ▶ Ask the small groups to discuss the questions, participants playing their respective roles, for approximately 20 minutes. Toward the end of the 20 minutes, each group is instructed to select a member to report back to the larger group.

# Handout 1

## Perspective Taking Vignette

**M**arquise is a four-year-old who entered a neighborhood preschool in September. At first, his teacher noticed that he showed interest in the classroom and activities offered, but he also seemed to become easily confused by the routine and rules. Although Marquise seemed to be a bright child, he also appeared to be distractible and a little anxious at times.

Now, two weeks into October, Marquise is having bigger problems. He has not been able to make friends and seems more easily frustrated. He can throw tantrums, especially during playground time and when he plays in his favorite choice-time activity, the blocks area. During these outbursts, Marquise yells things like, “You can’t be my friend! Stop ruining everything! Don’t touch me!” and sometimes throws or smashes things.

The teacher talks to Marquise’s mom at pick-up about some of her concerns. Marquise’s mother tells the teacher that Marquise gets upset most mornings and has started to ask to stay home, saying things like, “No one likes me at school” and “It’s too loud there and they do stupid stuff.” She says this behavior has worried her and her husband because their son had experienced no problems in his last school. She reports that Marquise had loved choice-time and free-play and had lots of friends. At this point the teacher suggests that the Mental Health Consultant help them sort this issue out by observing the boy in class. The mother agrees to this and a follow-up meeting is scheduled.

At the follow-up meeting the mental health consultant joins the teacher and Marquise’s mother and father, who have taken time off from work to attend. The Mental Health Consultant reports that when she observed his classroom, she found Marquise to be quite agitated – at times too focused on certain things and at other times easily distracted, especially by the other children. She explains that she believes Marquise may have some problems with his ability to enter play and interact well with peers. This in turn makes him very frustrated. She suggests that Marquise take part in a Social Skills Group with four other children from his class – an intervention offered by the Mental Health Consultant at school for no charge – and then briefly describes the group as a way to address Marquise’s problems.

Both parents seem upset right away. The father says he is disappointed that the only answer offered is that his child has a problem. What about the classroom? Marquise’s mother suggests that perhaps her son, being a bright child, is bored and acting out because of it. The teacher mentions that many of the explosive interactions she sees involving Marquise happen during playground time, when no academic activity is going on. Both parents voice concern about lack of supervision on the playground, especially if the teacher knows it is a time of stress for Marquise. They go on to ask how the teacher will adapt to Marquise’s needs, addressing some of his concerns such as the noise level in the classroom. The teacher admits she is surprised that Marquise says her classroom is loud. She believes her classroom is busy, but never rowdy. Encouraging the kids to talk and work together is important to her and she believes a bit of noise is unavoidable. When the Mental Health Consultant offers to address how some of these issues might be dealt with in Social Skills Group, the father points out that while he is interested in hearing about ways in which his son might learn how to get along with others better, he believes pulling him out for some kind of therapy will stigmatize Marquise and make him even less able to make friends.

The group has run out of scheduled time at this point and Marquise’s mother and father are due back at work. The Mental Health Consultant suggests they each take time to think about what was presented and meet again in a week. A meeting time is agreed on, but nothing else is resolved concerning a next step for Marquise.

continued →

What are you feeling at this point?

What is the dilemma or main problem here?

How can the problem be resolved?

## Large Group Discussion

- ▶ Ask the small groups to finish up their discussions and then direct the group's attention to the graph displayed on the large piece of paper and the identical worksheet in their packets (Handout 2).
- ▶ Beginning with the "Feelings" column, ask the groups to identify which role they were working with and then ask for their responses to the first question (*What are you feeling at this point?*).
- ▶ Record these responses on the large graph, while encouraging the participants to also take notes on Worksheet 2.
- ▶ Moving to the "Dilemma" column, record the responses to the second question (*What is the dilemma or main problem here?*).
- ▶ Moving to the "Solution" column, record the responses to the third question (*How can the problem be resolved?*).

	<b>Feelings</b>	<b>Dilemma</b>	<b>Solution</b>
Teacher			
Child			
Mental Health Consultant			
Parents			

- ▶ Table 1 presents examples of participant responses.

# Handout 2

## Perspective-Taking Worksheet

	Feelings	Dilemma	Solution
Teacher			
Child			
Mental Health Consultant			
Parents			



Table 1. Sample Responses from Exercise Two

	<b>Feelings</b>	<b>Dilemma</b>	<b>Solution</b>
<b>Teacher</b>	Frustrated Misunderstood Is this my fault? Worried	Parents don't trust me  How can I make the classroom quieter for one child?	Parents need to let me do my job  I need to rethink this  Observe child more  Meet more with parents & child
<b>Child</b>	Frustrated I hate this school! Nobody listens to me! Sad	This is a bad place  The room is too loud  Nobody wants to be my friend	Put me back in my old school  Make the other kids be nice  Listen to me!
<b>Mental Health Consultant</b>	Frustrated Concerned  Misunderstood  Ready to try a new approach	This child needs support and the parents are in denial  Classroom might not be the best fit  Not enough parent communication	Follow-up parent discussion  Invite parents into the classroom  Consult with other resources on Sensory Integration
<b>Parents</b>	Frustrated Worried for my child  Guilty  Disappointed  Judged	Teacher doesn't have control over her classroom  Should have stayed in last school  This school is trying to label my child	Take child out of this school  Talk to the director  Ask other parents how they feel about this program

► Once the chart is completed, task for reactions from the group, using prompting questions:

- **Are there places in which these perspectives disagree?**

This provides an opportunity for the participants to reflect on how differently each person involved can view the same situation. Each individual can be in disagreement about the dilemma or the solutions and yet all have the best interests of the child in mind. By recognizing this, the Head Start staff has the chance to build on common goals.

- **Are there ways in which they agree? Are any responses the same across the roles?**

Often times, participants can agree that each individual has a right to feel frustrated, misunderstood, or concerned. In acknowledging these shared feelings, the professionals have the opportunity to help the parents and child to feel better understood.

- **Are there any surprises here?**

At times, the professional's ability to act or follow through is affected by the unanticipated reaction of a parent, co-worker, or child. Being honest about how this affects professional action can help participants reflect more fully on their practice.

### Workshop Leader Strategy

While there are many ways in which the vignette could be resolved, provide reminders from the "Strategies for Engaging Parents" from *The Benefits and Challenges of Engaging Parents* training. Explain to participants how several of these strategies could be used as next steps. For example,

#### **Establish a friendly relationship with parents**

**Avoid interpreting parents' difficulties as a personal affront to you:** Marquise's parents may need time to cool down, but by providing consistent friendly contact, the Head Start staff can work on keeping the lines of communication open.

#### **Plan ahead**

**Carefully choose the place, time and manner in which you share information and ask questions of a parent:** The teacher and mental health consultant should make time to discuss the meeting and the events leading up to that meeting. Through this discussion, they can reflect on each meeting member's perspective and brainstorm about the best way to approach Marquise's parents again.

#### **Try to find a common goal**

**Respect parents' needs and timing; Try to really listen:** Marquise's parents may say that they do not want to meet again. Staff must listen carefully to why they are reluctant and keep an open mind about how their concerns can be addressed. Keep the focus of the conversation on Marquise and how parents and staff might work towards the shared goal of what is best for him.

## Exercise Three: What we gain through perspective taking

Exercise Three provides an opportunity to reflect on what can be gained from using perspective-taking as a strategy and to discuss how it can affect the work of participants.

► Call participants' attention to Handout 3 in their packets. Read the strategies aloud. Ask the group if they have any questions or comments about material presented on Handout 3.

# Handout 3

## What Can We Gain Through Perspective Taking?

**Separate the personal reaction from the professional action.** It is common to have a personal reaction to something that happens in the work environment, and it is important to acknowledge those feelings. But we are called on to translate that personal experience into a professional response. This requires reflection and often planning within a team to help us sort through strategies and options.

**Use perspectives to problem-solve and work through gridlock.** Often, each small group admits to being frustrated. How can we understand how each “player” might end up feeling the same way for different reasons? Reviewing how **each perspective holds its own definition of the problem** can help us see how personal perspective can drive feelings and limit one’s ability to discover new solutions.

**Perspective taking takes practice.** It is one thing to imagine another’s perspective, but it’s a more sophisticated skill to **integrate** that perspective with one’s own. This requires holding more than one perspective in our minds at the same time, and developing strategies that acknowledge the concerns of each perspective. This is a skill that is more complex than simple compromise, and must be practiced to encourage its development as a professional ability.

**Keep our eyes on the child.** A genuine concern for what is best for the child is often the strongest shared goal. Use “what is best for the child?” as a central point of organization when developing a response strategy.

Pulling things together at the end of the training is an important step for everyone. As a workshop gets close to the end and people are feeling tired, it can be tempting to skip this part. Let people know that you will get them out of the workshop on time, but want to take a few more minutes to wrap up the time you've spent together.

### 1. Review Key Concepts

- ▶ Separate the personal reaction from the professional reaction.
- ▶ Perspective-taking is a professional tool that can be used to work through gridlock.
- ▶ Perspective-taking takes practice.
- ▶ Keep our eyes on the child: Organize actions with parents around the shared goal of the best interests of the child.

### 2. It is important that participants end the training with an understanding of what knowledge and skill they might take from this experience.

After sharing the messages in Handout 3, the Workshop Leader can ask the group how they think perspective-taking might help their work. Suggestions could include the use of perspective-taking next time they are frustrated or confused about a situation or stumped about a next step; using this role-taking approach to work in teams to brainstorm on a parent or child strategy; or simply as a prompt to ask more questions when they do not know enough about why or how a parent or child is responding.

3. **End on a positive note.** Remind the group that this workshop is a first step in supporting the social-emotional development of the children served by the program. Encourage participants to use the exercises as a way to rethink their classroom practices and encourage supervisors to continue to check in with teaching teams about the strategies proposed in the training.
4. **Express your appreciation.** Let the group know how much you appreciate their time and hard work. Thank them for sharing their ideas with you and being willing to think about change together.

**Make yourself available.** After the training, be willing to answer questions and respond to concerns on an ongoing basis. If a workshop leader cannot be available, an on-site staff member should be designated in this role and announced at the end of the training.

**Collect Attendance and Evaluation Forms.** Pass out evaluation forms. Ask participants to sign an attendance sheet and complete an evaluation form. Remind participants that these forms are anonymous and collected for the purpose of improving future trainings. During this time, you might also want to title and date any large group work so you can save it for future reference.

## Extending Learning and Supporting New Skills

In order to extend the workshop's content to changes in professional skill and behavior, the Workshop Leader and administrators should consider these follow-up activities:

**Provide Supportive Supervision for Individuals and Teams:** Individual and team supervision is an ideal time to practice perspective-taking as a professional skill. Staff can benefit from using it as a strategy for working through the challenges they describe in supervision.

**Implement Classroom Observation and Social Service Support:** Regular observation and feedback can help supervisors and the Workshop Leader support staff members' efforts to employ the strategies introduced in this training. Change takes time so starting small and charting any changes or achievements can boost a staff member's confidence.

**Create Action Plans:** Dilemmas such as the one presented in this training require a good deal of reflection and planning to work through. Rather than make suggestions alone, supervisors or the Workshop Leader should work with individuals and teams to document their ideas along with the advice of supervisors and consultants. Such reflection can lead to a plan in which all can invest their efforts.

## Workshop Leader Reflection

The Workshop Leader should take some time to review the training experience once it is over, read through and tally the evaluation forms, and review the results. Some additional questions to consider are:

**Was I prepared?** Did I have all the materials I needed? Was the room adequate? Did I feel confident with the topic?

**Did the training go as I imagined it would?** Did the group respond the way I thought they would? Were there any surprises? Were there any elements of the training that went especially well?

**Were the participants engaged?** Did the group size seem appropriate? Who seemed comfortable enough to share their thoughts with the group? Who did not seem comfortable? Do I know why? Did I get the feeling that the participants understood the exercise and materials? Who was present and who was missing today? Is there anyone I need to follow-up with immediately?

**What were some of the themes that people talked about in this training?** Was there a group of issues that the responses and discussions had in common? Are any of these issues a surprise? How can I use these issues in future trainings to make the exercises more effective?

**What would have made this training better?** In hindsight, what could I have done differently? Why? How can I use that information to make the next training even more successful?

**Did I gain new knowledge from this training?** What did I learn? In addition to new information on the training topic, did I gain any new knowledge about the training group or individuals in the training group? Did I learn something new about myself as a Workshop Leader?

# Workshop Evaluation

## Title of the Workshop: Perspective Taking

Please rate how well the training met the objectives below:

	Excellent	Very Good	Good	Not Good
Objective 1: Learn to appreciate others' points of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2: Begin to develop perspective taking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3: Broaden understanding of different roles within the HS/EHS program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4: Gain a deeper understanding of how to use perspective taking when developing strategies to work with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Overall rating of this workshop:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information presented:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's knowledge of subject:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's presentation style:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would have liked to learn more about that was not presented?

Would you like more trainings that expand on this topic? *(please circle one)*    Yes    No  
I would like more training on:

Additional Comments:

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## Additional Resources

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For more support on this topic please see the following Family Connections materials:

### **Short Papers for Staff**

*The Challenges and Benefits of Making Parent Connections*

*Self-Reflection and Shared Reflection as Professional Tools*

*Better Parent Communication: What do I say when a parent tells me something difficult?*

# “What Is Depression?” 1

The first two trainings – engaging Head Start/Early Head Start parents and “putting yourself in someone else’s shoes” through perspective-taking – have set the stage for a first look at parenting and depression. Because many of the same risk factors present in the lives of Head Start parents are present in the lives of Head Start staff, it is important for the Workshop Leader to approach this third training with the understanding that participants may have past or present experiences with depression or the experience of a loved one suffering from depression. Others may have strong feelings about how depression is viewed within their culture or religion.

Because knowledge is such a powerful tool toward understanding, this training is organized to help participants learn more about depression. It is **not** meant to teach participants how to be therapists, but to provide useful information for reaching out to parents more effectively within their professional role.

The exercise provided is designed to bring out what is already on participants’ minds concerning depression, illustrate how cultural beliefs provide different perspectives on the experience and treatment of depression, and pinpoint any gaps in knowledge or understanding.

## Goal

To introduce participants to the topic of depression.

## Objectives

Participants will:

- ▶ learn the signs, symptoms, and causes of depression
- ▶ learn how depression affects the work of the Head Start professional, including examination of fears and concerns
- ▶ improve their understanding of the concept that depression and responses to depression can be considered along a spectrum of intensity
- ▶ gain strategies to engage depressed parents and help them be able to discuss depression
- ▶ enhance participants’ ability to provide resources and support families seeking access to depression-related services

## Method and Content

This workshop has three distinct sections, each designed to build on each other.

Exercise One: Questions about depression

Exercise Two: Discussing our responses

Exercise Three: Encouraging resilience

In Exercise One, the participants are asked to respond to six questions about depression.

Exercise Two will focus on reviewing those responses and providing information.

In Exercise Three, the group will have the chance to discuss messages that encourage resilience in parents. Throughout the workshop, it is important to encourage the group to accept the wide variety of emotions and reactions that the subject of depression can inspire.

## Getting Started

### What You Need:

- ▶ Time – this training should take 1.5 hours, not including Workshop Leader preparation. For more information on **Workshop Time Management**, see the *Introduction to the Modules*.



- ▶ A training space large enough to accommodate the members of the training to participate in large group discussion. For workshop groups larger than 20 participants you may want to consider including two Workshop Leaders to help manage and respond to participant needs. For more information on considerations with **Group Size**, see the *Introduction to the Modules*.
- ▶ Seating for your training group
- ▶ Seven large pieces of poster-sized paper and a way to hang them on the walls of the training space
- ▶ Markers for every participant
- ▶ A training packet for each participant that includes a copy of:
  - Handout 1: Trying to Decide Whether a Parent Seems Depressed to You?
  - Handout 2: Three Messages that Head Start Staff Can Give Parents to Encourage Resilience
  - A Workshop Evaluation

### Workshop Leader Preparation

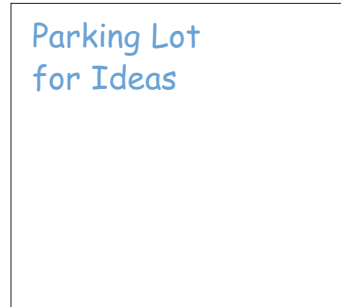
**The Workshop Leader must read through all of the content material provided for this training.** This is not because every word must be shared during the training. It is to prepare yourself for the variety of responses, questions, and concerns that may arise. It is also important to consider your own feelings and sensitivities concerning the topic of depression by answering the exercise questions yourself ahead of time.

**Read the short papers entitled *Parenting, Depression and Hope: Reaching out to families facing adversity* and *The Benefits and Challenges of Engaging Parents*** as supportive materials, outlining practical suggestions for best practice. Consider making these papers available to all your participants.

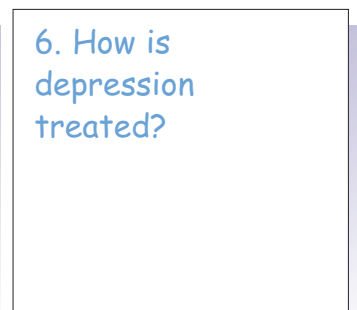
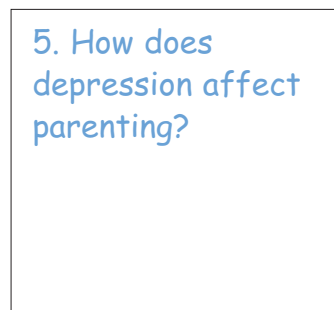
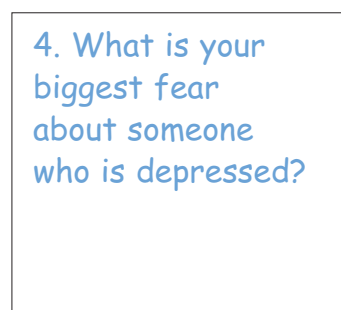
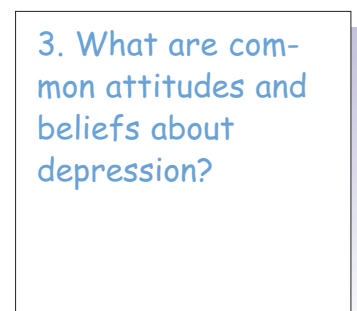
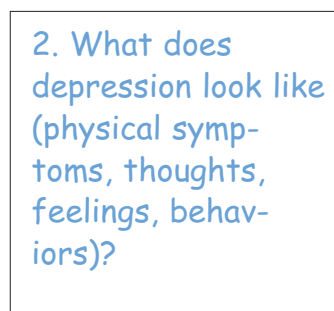
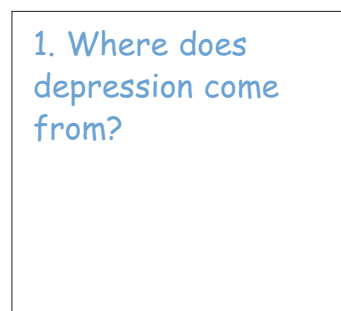
Some staff may require additional support after this training. Staff supervisors and the Workshop Leader must feel prepared to provide support and to offer resources to those individuals in need. **This requires an understanding of the resources available and underscores the importance of the participation of all staff, including supervisors and the program director, in this training.** In this way, the program staff can move forward together in their understanding of the complex subject of depression.

### Preparing the Workshop Space:

- ▶ Prepare the training space by positioning chairs so that the participants can begin as a large group, and then move easily into smaller groups.
- ▶ Place a training packet on each chair in the room.
- ▶ Prepare a large piece of paper titled “Parking Lot for Ideas.”



- ▶ Prepare six large pieces of paper with the following questions:



- ▶ Hang poster papers with enough space between so that participants can move from one to another freely. Markers can be set out in front of the papers or given to each participant prior to the exercise.

## Introduction to the Training

Workshop Leaders are encouraged to use their own words to introduce the training. Some key points to consider are:

- ▶ Welcome the group and review logistics – general agenda, time frame, when to expect breaks, materials, sign-in sheet, etc.

- ▶ The topic of this training is “What Is Depression?”

For example you might say:

“The purpose of this training is to learn more about depression because knowledge is a powerful tool toward understanding. This training is **not** meant to teach you how to be therapists. It is meant to provide information that will be useful in reaching out to parents more effectively through the roles that you already have.”

- ▶ The goals of the training are:
  - To learn the signs, symptoms, and causes of depression
  - To learn how depression affects the work of the Head Start professional, including examination of fears and concerns
  - To improve your understanding of the concept that depression and responses to depression can be considered along a spectrum of intensity
  - To gain strategies to engage depressed parents and help them be able to discuss depression
  - To enhance your ability to provide resources and to support families seeking access to depression-related services

- ▶ Explain the “Parking Lot for Ideas” sheet as follows: during the training, if a question, suggestion, or concern unrelated to the training exercise, but related to the topic is offered, the Workshop Leader will record it on the “Parking Lot for Ideas” sheet.

Refer back to these ideas at the end of the training for further discussion as time permits.

- ▶ Review the *Training Ground Rules*, which are a short list of statements intended to promote a safe, positive environment for all participants. These can be printed on a piece of paper for all to see, but reviewing the rules and asking for group agreement is the most important step before beginning the exercise.

Depression is a topic that can inspire many feelings, reactions, and viewpoints. For this reason, it is especially important to review the *Training Ground Rules*.

### Training Ground Rules

**There are no right or wrong answers** in any of the activities we will be doing today. Everyone's opinions and feelings are respected here.

**One at a time.** We want to hear what everyone has to say, so it is important to remember that group discussion requires strong listening skills.

**Learning takes time.** We will not rush one another when trying to understand and participate.

**Maintain confidentiality.** While sharing our experiences we do not need to use names of children, parents, or staff.

## Exercise One: Questions and depression

Exercise One provides participants with the opportunity to share their prior knowledge, concerns, and perceptions with the Workshop Leader and with one another. The use of posted sheets and voluntary participation provides some anonymity and a relaxed atmosphere designed to promote candid responses and questions from the participants.

▶ Invite the participants to move around the room and fill in their responses to the six questions on the poster papers. The six posted questions are:

1. Where does depression come from?
2. What does depression look like (physical symptoms, thoughts, feelings, behaviors)?
3. What are common attitudes/beliefs about depression?
4. What is your biggest fear about someone who is depressed?
5. How does depression affect parenting?
6. How is depression treated?

### Workshop Leader Strategy

While participants are adding their responses to the poster papers, prepare yourself for Exercise Two by reading some of what the group is sharing. Often, participants' responses are powerful, moving, and at times challenging. You may hear things like:

"Depression comes from your father telling you that you're nothing your whole life."

"A treatment for depression is suicide."

"Depression is an excuse for not getting on with your life."

"Depression comes from long-term anxiety that was brought on by stress over things that seem impossible to change in your life."

"Talking doesn't make anything better. You just pull yourself up and cope."

Remember that the topic of depression often inspires strong feelings. The examples listed above demonstrate how intensely and personally participants may respond. In asking your workshop group to express those feelings, it is your responsibility to remain calm and maintain the *Training Ground Rules*. Keep in mind that these responses hold the truth for the people in the workshop, even if you do not agree with them or have evidence to the contrary. Acknowledge that some believe these points to be true before offering new information.

## Exercise Two: Discussing our responses

In Exercise Two, the responses to the questions about depression are reviewed and discussed as a group. Discussion is guided using these responses as a starting point while adding information from the following *Content Section* to include information that may be missing, incomplete, or incorrect. Questions and comments are taken from the group throughout the workshop.

▶ Start with the first question, acknowledging the written responses provided by the group. Use the part of the *Content Section* devoted to question #1 as a reference for discussion points, common responses, and facts about depression. Repeat this process for all six questions.

### Workshop Leader Strategies

Reviewing responses as a group can become stressful for some participants.

As mentioned in the previous Workshop Leader strategy, participants may offer responses that are complex, based on information different from your own views, or highly charged emotionally. Remember that the topic of depression often inspires strong feelings. In asking your workshop group to express those feelings, it is your responsibility to remain calm and maintain the *Training Ground Rules*. Keep in mind that these responses hold the truth for the people in the workshop, even if you do not agree with them or have evidence to the contrary. Acknowledge that some believe these points to be true before offering new information.

For example:

**Participant response:** "A treatment for depression is suicide."

**Workshop Leader response:** "Some would agree that to end one's life is a response. In fact, some individuals with severe depression may think about committing suicide. Others wouldn't consider it a treatment because they consider treatment to be a means of becoming well. In any case, discussion of suicide must be taken very seriously and responded to as an emergency."

**Participant response:** "Depression is an excuse for not getting on with your life."

**Workshop Leader response:** "That may be how others view someone suffering from depression, but it also can be the way the depressed person views himself or herself. Depression can make a person feel very stuck and also affect self-esteem. Keep in mind the perspective-taking exercise we did and think about how such a view would feel if it was said about you."

You should acknowledge to the group that discussing depression and working with depressed people can be taxing - at times overwhelming. Remind participants that the purpose of this training is to help us all get better at our jobs, not to end up as therapists. Help participants think of the topic in terms of their own professional roles by requesting and supplying "real life" examples of how depression can be recognized in the professional setting.

Do not be surprised if some participants seem exhausted, agitated, or have a hard time remaining focused. Still other participants may insert humor during a serious discussion. These are all common responses to this subject matter and should not be taken personally. Make a note to yourself regarding which participants seem to have a hard time with this training and follow-up with them afterward to find out more about what made it uncomfortable or difficult to join in.

# Content Section

This section provides information about depression, organized in a way to correspond with the six training questions. Workshop Leaders should review this information ahead of time to be prepared for questions and comments that may emerge from the exercise.

## 1. Where does depression come from?

Discussion points and common responses when asked where depression comes from include the following:

- **Families/genes:** Clinical depression often runs in families, which suggests that its origins can be genetic (inherited). It is important to remember that depression in a family does not mean each member will experience depression. Other influences also are important to consider.
- **The world/the community/the home:** Depression is influenced by one's experience of world, community, and home events and experiences.
- **A traumatic event:** Depression can be related to experiencing a traumatic event, including a death, anniversary of a loss, or exposure to violence.
- **A stressful event:** An episode of depression can result from a challenging life situation or stressful event such as unemployment, marital discord/divorce/separation, an ongoing high-conflict relationship, and/or homelessness. While depression may begin in response to a serious event, the feelings of sadness may linger even once the stressful event is over – often for months, even years. Symptoms sometimes worsen after the perceived stressful event has resolved.
- **“Nowhere”:** In some cases, there is no event or series of events that can be tied directly to the feelings of depression.
- **The physical environment,** including the weather, can be related to depression (seasonal affective disorder).
- **Separation from supports:** Being far away from loved ones and community can increase risk for depression.
- **Poverty** is a risk factor for depression.
- **Pregnancy/having a baby:** Depression can be related to hormonal changes, including those that are triggered by taking birth control pills, being pregnant, or having a child (post-partum depression).
- **Other mental illnesses:** Depression can be accompanied by – and even aggravated by – other mental illnesses (e.g., substance abuse, anxiety, learning disabilities, attention deficit hyperactivity disorder).
- **Other chronic illnesses:** People who have chronic illnesses, including pain disorders, hypothyroidism, diabetes, and others may be vulnerable to depression.

**Depression may result from one of these factors, or from some combination.** (Beardslee, 2002)

### *Incidence and prevalence information*

- The peak years of the onset of depression are in people aged 16-24 (Gould, et al., 2003).
- After age 15, girls and women are twice as likely as boys and men to have depression (Beardslee, 2002).
- 20 percent of all Americans suffer a major depression some time during their lifetime, with only one-third receiving treatment (USDHHS, 1999b).
- Up to 24 percent of all adults may experience moderate depression (Roggman, et al, 2002).
- 48 percent of eligible Early Head Start mothers experience symptoms of major depression; depression was chronic among 12 percent of these mothers (USDHHS, 2003).
- 18 percent of Early Head Start fathers show signs of depression (USDHHS, 2003).
- Depression can be a recurring illness (USDHHS, 1999b).
- Depression is the most treatable of the major mental illnesses, yet it is largely unrecognized by those affected by it and largely untreated (USDHHS, 1999b).

## 2. What is depression and what does it look like (physical symptoms, thoughts, feelings, behaviors)?

Depression affects a person's emotions, thoughts, and actions. Common responses when asked to describe depression include the following:

### Feelings and behaviors

Common responses include descriptions of **sadness, fatigue, confusion, loss of energy**, or even **laziness**, but it is important to note (especially if not included in the group responses) that people experiencing depression also may show signs of **anger, anxiety, agitation**, or a **“quick temper.”** Depression impairs how people feel about themselves, their relationships, and the world. This can contribute to feelings and behaviors related to **isolation** and **refusing to reach out for help**.

### Physical symptoms

Common responses may include **sleepiness** and **an inability to sleep**, a **loss of appetite (significant weight loss)** and **over-eating (significant weight gain)**, or a **“numbness”** and a **sense of being overwhelmed**. Although these symptoms seem to contradict one another, they are all common to the experience of depression.

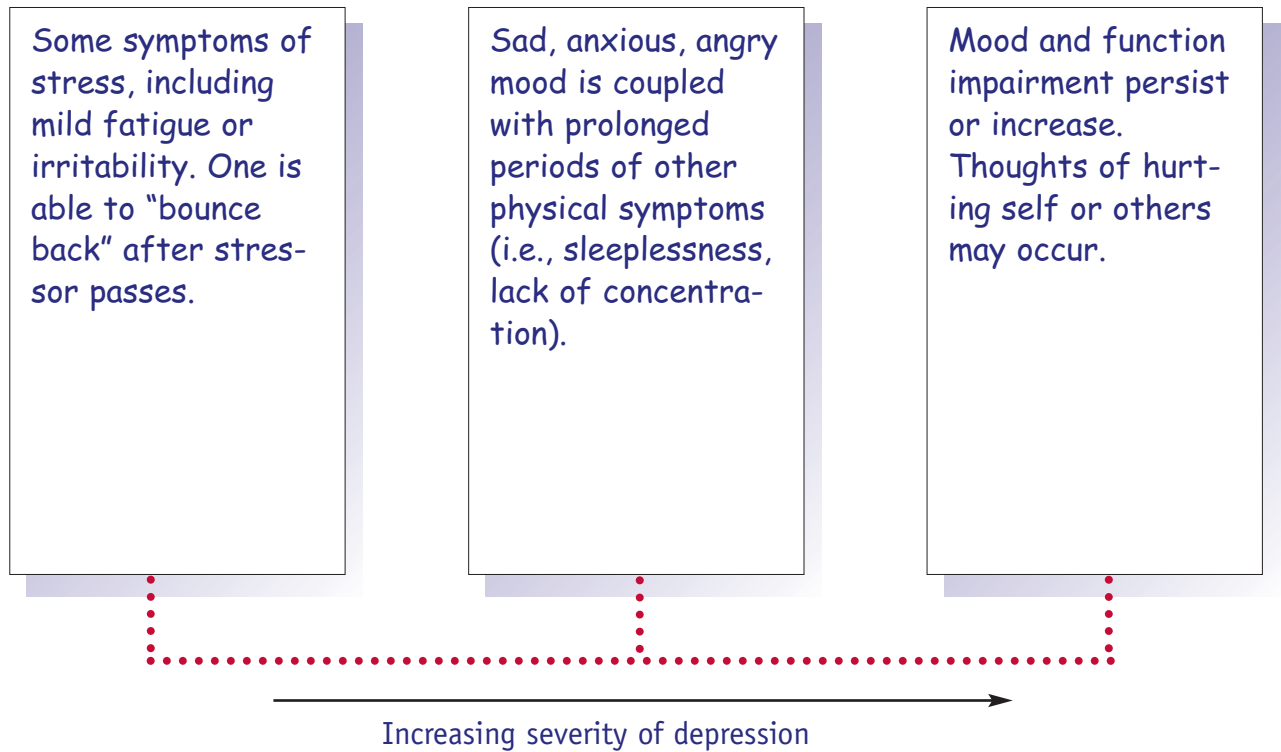
### Thoughts

Common responses include descriptions of the negative impact depression has on feelings of self-esteem and self-worth and the messages that can play out in one's thoughts, such as **“I am nothing”** or **“If I were smarter I could figure out how to feel better.”** But depression also impacts one's sense of the future and the ability to visualize and plan things in a positive way. Thoughts that reflect this include: **“This feeling will never go away,” “Nothing is ever going to really change,”** or **“What is the point in even trying?”** (DSM IV, 2000)

### ► It is important to understand that depression exists across a spectrum

- On one end of the spectrum are the inevitable and normal “ups and downs” in emotions. Feeling sadness in response to stress is normal, and the healthy person typically will “bounce back” within a few days. At some point in their lives, people are likely to experience some symptoms of depression. For example, if one is going through a stressful period, one may have feelings of fatigue or irritability, or experience a change in sleeping habits (a period of either more or less sleep). Once the stressful situation is over, it is likely that these symptoms will fade.
- Moving toward the middle of this spectrum, a person's sad, depressed, or irritable mood becomes more of a concern when it is accompanied by more persistent signs of impaired functioning, such as disturbances in sleep, appetite, energy level, or concentration; a decrease in self-esteem; experiencing less joy from favorite activities; and/or frequent crying, irritability, agitation, or apathy. Mild differences in ability to do work or to be with family and friends may become apparent. This level of depression typically occurs in response to a significant environmental stressor (e.g., death, marital discord, family illness, abuse, school problem, etc.).
- When a person's depressed mood and functional impairment persist, and especially if there is evidence of suicidal thoughts, we have moved to the other end of the spectrum where depression becomes a disorder. (NIMH, 2000)

Here is an illustration of how depression might be understood along a spectrum:



#### Using the Handout

► **Handout 1** outlines the signs and symptoms of depression. It can be shared at this point, taking note of the responses that were included in the exercise. Or it can be shared at the end of the training as a method of review and shared resource.

#### Workshop Leader Strategy

Handout 1 acknowledges that severely depressed individuals can have thoughts about ending their lives. Consider this point before sharing the handout and prepare yourself for questions participants may have about it. Familiarize yourself with any existing procedures for responding to a mental health emergency. Support participants with the following messages:

- Thoughts of ending one's life should always be taken seriously;
- Any time an individual shares thoughts of suicide, that person is asking for help; and
- Get support from another staff member immediately if a parent shares suicidal thoughts with you.



# Handout 1

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Trying to decide whether a parent seems depressed to you? Some signs to look for:

- ▶ **Moods:** observable sadness, irritability, anger, and/or tearfulness. Perhaps things that normally would be minor annoyances feel extremely upsetting, such as a child spilling food or having a hard time getting ready to go home at the end of the day.
- ▶ **Feelings:** exhausted, forgetful, disorganized, sad, rageful, irritable, hopeless, “empty” or “numb.” Stress may make the parent feel anxious, “jumpy,” like he/she is “losing it,” at times feeling “flooded” with emotion or “overwhelmed.”
- ▶ **Behaviors:**
  - **Forgetting** appointments or commitments. Depression affects the ability to concentrate and remember, and can cause feelings of hopelessness that affect motivation and the ability to follow through.
  - **Sleeping more or less than usual**, having a hard time getting out of bed, difficulties falling asleep, waking up early in the morning and not being able to get back to sleep.
  - **Eating more or less than usual** with weight gain or loss of more than 10 pounds.
  - **Risk-taking behaviors**, including drug or alcohol use, sometimes in an attempt to numb out sorrow or pain.
  - **Isolation:** withdrawing from friends and family, wanting to be alone. May feel isolated from others or assume others have negative feelings towards them. May have a harder time using the supports that are available, such as Head Start.
  - **Yelling or crying** easily, then feeling guilty or profoundly embarrassed about “taking things out” on others or “falling apart.”
  - **Not being able to get things done**, like shopping, cleaning, getting meals on the table or the kids ready for their day. Not having energy to shower, wear nice clothes, do hair, or put on makeup.
  - **Not enjoying things that used to be enjoyable**, such as a hobby, time with the kids, family get-togethers, or sexual intimacy with one’s partner.
- ▶ **Thoughts:** pessimism, forgetting positive qualities, low self-esteem. Some people report that their thoughts come more slowly or that they “get stuck.” Other symptoms include vicious self-criticism, feelings of worthlessness, or thoughts such as “No one likes me”; “People are talking about me, criticizing me, or laughing at me”; “They think I am a bad person/mother/father”; “It’s always been this way and always will be this bad.” *Some people with severe depression might have thoughts about ending their lives.*
- ▶ **Different sensations/Perceptual disturbances:** Some people might feel “heaviness” or pain in their body or heart. People with severe depression might hear voices or see shadows that are not there.

## Other Frequently Asked Questions

### How does clinical depression differ from a temporary stressful situation?

- Symptom severity (intensity, duration, thoughts of suicide)
- Ability to function (with family, in school, with peers, health)
- Burden of suffering (depth of distress, anguish, difficulty coping)
- High level of self-hatred
- Significant decrease in ability to concentrate, notably lower school/work performance
- Extremely high irritability, boredom, sleeping too much

### Why does it feel so hard to work with depressed people?

- The person may have avoided many attempts at communication; therefore, you may be frustrated after getting the chance to talk with him or her after numerous attempts.
- Because of the person's lack of energy, lack of emotions, or even unresponsiveness, you begin to feel like none of your suggestions will be followed.
- You may also start to feel tired, irritated, or hopeless.
- Working with people who are depressed can be very stressful and should be regarded as something requiring special focus and dedication.

## 3. What are common attitudes/beliefs about depression?

### Workshop Leader Strategy

**Remember:** Participants are being asked this question to help them openly discuss some of the stereotypes and misconceptions associated with depression. Therefore, it is important that you reassure them that there are no “wrong” answers and that this exercise does not label them as holding these beliefs or attitudes. You should encourage participants to share attitudes and beliefs while assuring them that the group will not hold them responsible for defending those beliefs.

Common responses when asked about attitudes or beliefs about depression include the following:

- “Depressed people are crazy.”
- “Depressed people are weak.”
- “Depressed people should just pull themselves together.”
- “Depressed people don’t believe strongly enough in God.”
- “Depression is an excuse for giving up.”
- “Depression is just laziness.”
- “Depression makes you a bad parent.”
- “Needing mental health help is an embarrassment to one’s family.”
- “Depressed people could get over it if they really wanted to.”
- “Depressed people are all on pills.”

### How do these attitudes and beliefs influence reactions and responses to depression?

- Sometimes people who suffer from depression do not seek help or hide their attempts at recovery because they are afraid of being labeled, losing their jobs, or being judged by those around them.
- These attitudes and beliefs can encourage an atmosphere in which depression cannot be discussed.

### Where do attitudes and beliefs about depression come from?

The understanding of depression is influenced by society's perceptions, one's personal experience, and factors related to culture.

### Workshop Leader Strategy

Participants may have strong viewpoints, beliefs, and attitudes about depression and treatment for depression. It is important to keep the influences of society, personal experience, and culture in mind when responding to these views. Remember to maintain a training environment in which participants feel free to discuss their views by being open to others' experiences and encouraging the sharing of information.

An illustration of this strategy is provided in the following vignette:

During discussion of question #3, a participant raised her hand and told the group that this idea of depression being "in the brain" was not what she was raised to believe. She went on to say that this notion - that talking about depression would make somebody feel better - was a very "American" idea and was not true in the country where she was born. The Workshop Leader acknowledged that the use of talk therapy was a popular response in this country, but that there were many ways to understand and respond to depression. The Workshop Leader then asked the participant if she knew anyone in her own homeland that was depressed and if so, what did they do to feel better? The participant said that she knew people who had problems - "a heaviness in the heart" - and she knew that they felt better when they prayed and others prayed with them. The Workshop Leader acknowledged that some people gain great comfort from the practice of their religion and some find talking to a member of the clergy much more comfortable than talking to a medical professional. People can approach depression in their own way and find what kind of response or treatment works for them.

While this vignette used the example of a participant who was from a country other than the U.S., the individuals in any training bring cultural experiences that reflect ethnicity, race, gender, community, neighborhood, and family. The Workshop Leader in this vignette was careful not to judge the participant's view or refrain from commenting because it included discussion of religious beliefs. Instead, she asked to hear more, so that the group could discuss a broader understanding of depression across cultures and experiences.

## 4. What is your biggest fear about someone with depression?

The following are some common responses regarding one's biggest fears about a person with depression:

- The person is going crazy.
- The person will neglect his or her children.
- The person's children will be harmed.
- The person is going to have his or her children taken away.
- The person will never recover.
- I will say the wrong thing to him or her and make it worse.
- I will miss the warning signs and that person will hurt someone.
- The person will commit suicide.

### Workshop Leader Strategy

Acknowledging fears about depression is a first step in addressing them. Point out what the responses seem to say about what is important to the group. Use this opportunity to state that this training is a chance to grow in ability and engage depressed people more fully. Participants should be reminded that, as stated in the "Engaging Parents" training, **the relationships they are building with families are one of the most important protective factors they can contribute.** Head Start is a tremendous resource and they are that resource to the families they serve.

It also is important to acknowledge, as mentioned before, that people who are seriously depressed may have thoughts of ending their lives. You should remind the group that this training is designed to help deepen their knowledge base about depression, but does not call on participants to become therapists. **Discussion of suicidal thoughts should be taken very seriously and the person experiencing them should be referred to emergency medical help.**

## 5. How does depression affect parenting?

Depression is a family illness. If one person in a family suffers from depression, it affects the entire family. But it's important to stress that **parents with depression are able to be good parents.** With support and treatment, parents with depression can be responsible caregivers, enhancing a child's strengths and resilience.

### Points of Discussion

#### Effects on Children

*Without intervention,* depression may profoundly affect parenting functions for extended periods of time, placing children in these families at risk for longstanding impairment.

- The parenting difficulties that arise as a result of depression often include:
  - increased hostility and frustration
  - intolerance toward the child
  - unpredictability and inconsistent caregiving
  - unresponsiveness and withdrawal from the child
- Unresponsive, inconsistent, or harsh relationships with a parent can have a negative impact on the emotional and cognitive development of very young children. These children are at higher risk for delays in language acquisition, behavioral acting-out, repeating kindergarten and first grade, and for lower achievement test scores later in school.
- Depressed parents may have little energy with which to engage, manage, or monitor their young children at ages when children need very extensive supervision. This may result in a less stimulating or rich environment for the child or an increased vulnerability of neglect or injury to the child because of unsupervised activity.
- Children are never “too young” to be affected by their parents’ moods.
- Having a parent with depression does increase the likelihood of depression in the children at some point in their lives. It may indicate a genetic risk because a child may share genes with the parent. It also is true that a parent with untreated depression may be less able to provide for the child due to this genetic predisposition or because of an additional risk factor, such as bereavement or witnessing domestic violence. (NIMH, 2000)

#### Messages that can support a depressed parent:

- **Biology is not destiny.** In addition to offsetting risk factors, people can use their own resources and strengths. Depression occurs when risk factors overwhelm strengths and resources.
- **Getting treatment can be lifesaving** and can enable a parent to be the best parent he or she can be, to identify additional supports, to use the supports available, and to bolster a child’s strengths and growth.

## 6. How is depression treated?

### Points of Discussion

- In the United States only one-third of people with depression receive treatment.
- Depression is a highly treatable illness. People seeking treatment should consider these steps:
  1. Acknowledge that something is wrong, that the thoughts, feelings, sleep and energy disturbance and other symptoms most likely will not go away by themselves and are having an impact on one’s life and family.
  2. Recognize that help is available and that treatment can work.
  3. Begin to break the silence. Let one’s partner and adult loved ones know how difficult things are.
  4. Find someone to work with over time. Finding and utilizing resources may require some extra investigation or placement on a waiting list in order to get the right fit with one’s needs – but an investment in such resources is an investment in one’s health.

### Remember...

- Just as depression can be understood as a spectrum of experiences, treatment can be seen as a broad collection of responses. People may have very strong feelings about what they will and will not consider appropriate depending on their symptoms, history, culture, and economic circumstances.
- People trying to overcome depression should be seen as engaging in a process of **recovering** from the illness. Just as one wouldn’t expect someone who had recently suffered a heart attack to recover alone or to jump back into previous activities quickly, those suffering from depression need time and support to recover.

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## Types of Treatment

- ▶ **Psychotherapy and medications** have been shown to be effective treatments. Usually, psychotherapy is tried first. If the person does not improve, or if the person is so depressed that he or she is thinking about harming himself or herself, then medication also is used.
- ▶ **Counseling** can help focus on changing one's thinking, dealing with problems in relationships, and developing more effective strategies to cope with stress.
- ▶ **Couples therapy** can improve relationships, help parents to communicate, understand depression, divide tasks, and enlist more support for their children.
- ▶ **Family therapy** can help family members better understand depression and each other and learn to offer each other more support. Children will feel better when problems are being addressed, and will learn how to have improved communications with their parents and to ask for help.
- ▶ **Group therapy** sometimes can be helpful as well, as participants are able to interact with others and know that they are not alone in dealing with the illness.

## Other Supportive Strategies

- ▶ **Early treatment** can be a protective factor.
- ▶ **Having close, intimate, and confiding relationships is beneficial**, whether through marriage, a friendship, or a bond with a family member or a neighbor.
- ▶ **Cardiovascular exercise** can help manage depression and anxiety. Movement, such as going for a walk, is important because it provides opportunities for both exercise and making contact with the outside world.
- ▶ **Getting out:** going somewhere beautiful like a public garden or museum can be helpful.
- ▶ **Volunteering to help others** can remind someone who is depressed about his or her own strengths and capacity to contribute.
- ▶ **Talking to someone from a time “before depression”** also can help remind a person with depression about people and activities he or she once enjoyed, and could again. (Beardslee, 2002)

## Exercise Three: Encouraging resilience

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Exercise Three provides the opportunity to focus on the messages participants can share with the families they serve in order to encourage resilience.

- ▶ Draw the participants' attention to Handout 2. Review the messages provided and ask the group for their reaction to these messages. Ask the group to consider ways in which they already promote these messages in their work with families and how they can strengthen those efforts.

# Handout 2

## Three Messages that Head Start Staff Can Give Parents to Encourage Resilience

In reaching out to parents, it is important for Head Start staff to communicate a message of hope that encourages resilience.

▶ **You and your child have strengths.** Parents welcome information about resilience. Asking parents what they like best about their child or what makes them happiest about their child offers a good starting point.

▶ **Reflect on what you need.** “What do you need?” may seem like a simple question, but many parents require support in understanding their needs before they can ask for resources. Encourage parents to take the time to consider how their current experience compares to how they would like things to be before asking them what resources they need. Depressed parents may need *extra support* when trying to imagine what options they have for moving away from their present experience because depression can suppress a person’s ability to think beyond the process of day-to-day coping. Building trust through professional relationships is an important strategy for Head Start staff to encourage such reflection.

▶ **Take care of yourself.** Many times parents will move toward changing their lives in the name of being a better parent. Let parents know that energy invested in self-care can have positive results for their children as well. Encourage parents to consider *how* they are taking care of themselves. Offer examples of “first steps” for better self-care. For instance, a goal to change one’s diet can be started by eating more fresh vegetables or cutting back on candy. A goal to exercise more can start with taking the stairs rather than the elevator.

Pulling things together at the end of the training is an important step for everyone. As a workshop gets close to the end and people are feeling tired, it can be tempting to skip this part. Let people know that you will get them out of the workshop on time, but want to take a few more minutes to wrap up the time you've spent together.

### 1. Review Key Concepts

- ▶ Depression is a common but treatable illness that happens along a spectrum of intensity.
- ▶ Reaching out to depressed parents starts with a positive foundation of overall parent engagement.
- ▶ Fear of judgment and stereotypes can keep people from asking for help.
- ▶ Knowledge is power, and information about depression is a first step in gaining professional skill.
- ▶ Every staff member in this program can do something to help a parent who is depressed.

2. **End on a positive note.** Draw attention one last time to the handouts and remind participants that they are in an excellent position to offer support to individuals struggling with depression. As always, the critical message is that there is hope when dealing with depression and all involved must be reassured that this work requires a team effort and rests on no one's shoulders alone.

3. If time permits, **review some or all of the comments written on the "Parking Lot for Ideas" sheet posted on the wall.** Consider responding to one comment, and then asking participants which of the others they would like discussed in the time remaining. These comments should also be considered in preparation for the next training.

4. **Express your appreciation.** Let the group know how much you appreciate their time and hard work. Thank them for sharing their ideas with you and being willing to think about change together.

5. **Make yourself available.** After the training, be willing to answer questions and respond to concerns on an ongoing basis. If a workshop leader cannot be available, an on-site staff member should be designated in this role and announced at the end of the training.

6. **Collect Attendance and Evaluation Forms.** Ask participants to sign an attendance sheet and complete an evaluation form. Remind participants that these forms are anonymous and collected for the purpose of improving future trainings. During this time, you might also want to title and date any large group work so you can save it for future reference.



## Extending Learning and Supporting New Skills

In order to extend the workshop's content to changes in professional skill and behavior, the Workshop Leader and administrators should consider these follow-up activities:

**Provide Supportive Supervision for Individuals and Teams:** Some participants may identify themselves or someone they love as suffering from depression after this training. Supervisors can prepare themselves for this by reviewing the content of this training and discussing options for staff support with the program director and a mental health consultant. Others will need to discuss families about whom they have concerns. Allow time in supervision to discuss these concerns as well as the feelings they inspire in staff members.

**Implement Classroom Observation and Social Service Support:** Supervisors and staff can gain a great deal of insight from comparing observations of parent/staff interactions. Time spent in the classroom, on home visits, and in parent meetings can provide the common material to support this type of conversation and professional growth.

**Create Action Plans:** This training experience may leave some participants feeling as if they need more information about depression and/or the resources available in the community for those suffering from depression. Take time to consider how these needs can be met with future trainings, supervision, and an investigation of community resources. In Training Module 2, "What is Depression?" 2 explores in greater detail how a Head Start program can organize its response to depressed parents.

## Workshop Leader Reflection

The Workshop Leader should take some time to review the training experience once it is over, read through and tally the evaluation forms, and review the results. Some additional questions to consider are:

**Was I prepared?** Did I have all the materials I needed? Was the room adequate? Did I feel confident with the topic?

**Did the training go as I imagined it would?** Did the group respond the way I thought they would? Were there any surprises? Were there any elements of the training that went especially well?

**Were the participants engaged?** Did the group size seem appropriate? Who seemed comfortable enough to share their thoughts with the group? Who did not seem comfortable? Do I know why? Did I get the feeling that the participants understood the exercise and materials? Who was present and who was missing today? Is there anyone I need to follow-up with immediately?

**What were some of the themes that people talked about in this training?** Was there a group of issues that the responses and discussions had in common? Are any of those issues a surprise? How can I use those issues in future trainings to make the exercises more effective?

**What would have made this training better?** In hindsight, what could I have done differently? Why? How can I use that information to make the next training even more successful?

**Did I gain new knowledge from this training?** What did I learn? In addition to new information on the training topic, did I gain any new knowledge about the training group or individuals in the training group? Did I learn something new about myself as a Workshop Leader?

# Workshop Evaluation

Title of the Workshop: "What is Depression?"

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate how well the training met the objectives below:

	Excellent	Very Good	Good	Not Good
Objective 1: learn the signs, symptoms, and causes of depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2: learn how depression affects the work of Head Start professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3: improve understanding of the concept that depression and responses to depression can be considered along a spectrum of intensity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4: gain strategies to engage depressed parents and help them to discuss depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5: enhance the ability to provide resources and to support families seeking access to depression-related services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Overall rating of this workshop:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information presented:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity of workshop activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's knowledge of subject:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's presentation style:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would have liked to learn more about that was not presented?

Would you like more trainings that expand on this topic? (please circle one)    Yes    No  
I would like more training on:

Additional Comments:

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**For more support on this topic please see the following Family Connections materials:**

### Short Papers for Staff

*The Challenges and Benefits of Making Parent Connections*

*Parenting, Depression, and Hope: Reaching out to families facing adversity*

*Understanding Depression Across Cultures*

*Fostering Resilience in Families Coping with Depression: Practical ways Head Start staff can help families build on their power to cope*

*Better Parent Communication: What do I say when a parent tells me something difficult?*

*Self Reflection and Shared Reflection as Professional Tools*

### Staff Trainings

**Module Two:** “What Is Depression?” 2

### Short Papers for Parents

*Parenting through Tough Times: Coping with depression*

*The Ability to Cope: Building resilience in yourself and your child*

*Self Reflection in Parenting: Help for getting through stressful times*

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