



## EXECUTIVE SUMMARY

December 2014

# Addressing Teen Pregnancy Risks for Youth Living in Out-of-Home Care: Implementing POWER Through Choices 2010

**T**he Oklahoma Institute for Child Advocacy (OICA) developed POWER Through Choices 2010 (PTC), a comprehensive sexual health education curriculum, to address the unique risks of youth in foster care and other out-of-home care settings. PTC is an updated and expanded version of the original POWER Through Choices curriculum developed in the mid-1990s by the Family Welfare Research Group. Teens in out-of-home care have an increased risk of engaging in risky sexual behaviors (Belenko et al. 2009; James et al. 2009; Kelly et al. 2003; McGuinness et al. 2002; Carpenter et al. 2001), becoming pregnant (Dworsky and Courtney 2010) or getting someone pregnant (Courtney et al. 2011), and having repeat teen pregnancies (Bilaver and Courtney 2006). Although these youth commonly face many challenges and risk factors, they often do not receive much sexual health education (Hudson 2012; Becker and Barth 2000).

The PTC curriculum challenges high-risk youth to set goals for their future and helps them recognize the importance of making healthy choices in order to accomplish those goals. PTC is designed and appropriate for youth living in all types of out-of-home care settings, but the implementation of PTC described in this report is exclusive to youth living in group homes that are overseen by the child welfare (foster care) and/or juvenile justice systems. In this implementation, PTC was delivered in group homes in Oklahoma, California, and Maryland.

The PTC implementation is funded through the Personal Responsibility Education Innovative Strategies grant program by the Administration on Children, Youth, and Families, in the U.S. Department of Health and Human Services (HHS). PTC is currently being evaluated as part of the Evaluation of Adolescent Pregnancy Prevention Approaches, a national evaluation funded by the HHS Office of Adolescent Health to study the effectiveness of six teen pregnancy prevention approaches. The PPA evaluation, which is conducting random assignment

### About this Summary

This executive summary provides a brief overview of the implementation study findings from the evaluation of POWER Through Choices 2010 in Oklahoma, California and Maryland. The full report on program implementation discusses these findings in more detail.

experiments, is intended to provide rigorous evidence about program impacts, document implementation of the programs, and generate insights about the successes and challenges of delivering innovative teen pregnancy prevention approaches. This summary presents findings and lessons learned from the study of PTC implementation. It describes PTC's design and implementation by examining how the curriculum addresses the needs of youth in out-of-home care, ways in which partner organizations and staff collaborated to deliver the curriculum, the participation and engagement of youth, and lessons for future implementation.

### A Specialized Curriculum Challenges High-Risk Youth to Set Goals and Achieve Them

PTC is designed to reduce the incidence of teen pregnancy and sexually transmitted diseases by addressing youths' desire for a support network, strong need for affection, and higher likelihood of being exposed to sexual abuse or violence, which all may lead them to engage in risky sexual behaviors (OICA and the University of Oklahoma National Resource Center for Youth Services 2010). Key topics addressed in the curriculum are female and male reproductive anatomy, conception, and reproductive health; STI and HIV transmission and prevention; contraceptive methods; communication styles; planning for the future; making choices that fit your goals and lifestyle; and available reproductive health resources. PTC uses a combination

of role-playing demonstrations; individual reflection and group discussion; and other interactive demonstrations, games, and activities. Grounded in four psychosocial theories of behavior, these various activities are designed to build goal-setting, communication, and decision-making skills among the youth, which in turn will help empower them to make healthy choices for themselves. Each PTC session also includes time for questions and answers (Q&A).




The PTC curriculum is delivered by two PTC facilitators (typically one man and one woman) to single-gender groups in ten 90-minute sessions over a 5 week period. Each group had 8 to 16 youth. The curriculum is designed for youth aged 13 to 18. Multiple cohorts of youth from 44 group homes received the PTC curriculum in their group home during the period January 2012 to June 2014. All youth aged 13 to 18 residing in those group homes were eligible to participate in PTC. On average, the 518 youth who received the curriculum were 16 years old, primarily male (79 percent), and racially and ethnically diverse. The vast majority of participants (89 percent) had had sexual intercourse, and roughly one-quarter of youth reported having had sex in the past three months without using any birth control.

### Building Partnerships with Youth-Serving Agencies and Recruiting Group Homes

In order to reach the scale required for a rigorous evaluation, OICA led the PTC implementation in Oklahoma and partnered with two organizations—the Kern County Superintendent of Schools in California and Planned Parenthood of Maryland—to help with the implementation (Table 1). All three organizations had an established relationship with the child welfare system in their state and experience with sexual health education. OICA provides central leadership, training, guidance, and oversight of the cross-site implementation effort. Each partner identified a site coordinator to oversee implementation activities in their area, manage program facilitators and local evaluation data collectors, and coordinate with central leadership. Each site is also responsible for identifying and recruiting group homes.

Recruiting group homes to the study required relationship-building with state and local child welfare and juvenile justice leadership and with group home administrators. Before reaching out to individual group homes, the site coordinator from each partner organization worked to create momentum and buy-in from various agencies and entities responsible for overseeing, supporting, operating, and/or funding group homes. These groups typically recognized that PTC offered an important educational service to youth in foster care and juvenile justice, and although they were usually unable to require group homes to implement PTC, their support was essential to securing

**Table 1. POWER Through Choices Partner Organizations, Group Homes, and Locations**

	Partner Organizations	Group Homes Recruited
 <b>Oklahoma</b>	Oklahoma Institute for Child Advocacy	15 homes statewide
 <b>California</b>	Kern County Superintendent of Schools	19 homes across 2 counties
 <b>Maryland</b>	Planned Parenthood of Maryland	10 homes across 7 counties

the support and cooperation of the homes. Implementing PTC enabled some group homes to meet their independent living skills requirements, which helped facilitate recruitment.

OICA succeeded in recruiting group homes to the study partly because PTC filled an important gap in educational services to youth. None of the three states in the study required that schools teach sexual health education (other than HIV/AIDS education) to all students, and qualitative interviews with both program staff and group home staff suggest that very little, if any, sexual health education was provided by the group homes in the study. Prior to the delivery of PTC in the study’s group homes, over 90 percent of group home staff reported a need for PTC among the youth in their care.

### Preparing PTC Facilitators to Deliver the Curriculum and Collaborate with Group Homes

OICA invested heavily in comprehensive training—both initial and ongoing—that gave the PTC facilitators hands-on practice while emphasizing curriculum fidelity. OICA and its partners hired facilitators with experience and enthusiasm for working with at-risk youth, even if they did not have experience with sexual health education. Consequently, training and technical assistance for facilitators was essential to help them gain comfort and mastery of the material covered in PTC.

Trainings were designed to be engaging and interactive and emphasize fidelity to the curriculum. The initial four-day training covered the content of all ten sessions and advice about managing groups and answering sensitive questions. During the training, facilitators observed sample curriculum delivery and then had opportunities to practice delivering the curriculum through “teach-back” activities. To help monitor fidelity and inform ongoing technical assistance efforts, facilitators completed feedback forms after every PTC session. PTC staff

also used program observations, with accompanying forms, to assess the fidelity and quality of the PTC lessons as delivered and to provide feedback to facilitators.

In addition to delivering the curriculum, another key responsibility of facilitators was collaborating with group home staff. Coordination with and assistance from group home staff were critical to schedule the PTC sessions, support the program's objectives, and encourage youths' attendance. Good relationships and communication with group home staff were especially important for promoting successful implementation of the program. PTC staff oriented group home staff to the curriculum's content and objectives, and developed two one-hour training modules for group home staff on adolescent brain development and communication techniques for talking with adolescents. However, differences between PTC and group home priorities and approaches to working with youth sometimes interfered with youths' attendance or engagement in session activities. When this occurred, PTC staff communicated with group home staff to discuss the PTC approach and seek their support. During the initial training and ongoing technical assistance for facilitators, site coordinators helped facilitators troubleshoot issues with group home staff.

## Actively Engaging Youth and Promoting Their Participation

Youth attended the majority of PTC sessions, were engaged by the lessons, and saw the program as valuable. Scheduling PTC so that youth were available for all ten sessions was a significant challenge. Facilitators worked with group home staff to deliver sessions in the group homes and to make PTC sessions convenient. Most group homes treated PTC as a mandatory activity, which also promoted high levels of attendance. A majority of youth (66 percent) attended all ten sessions, and 83 percent attended at least eight sessions. Facilitators and group home administrators noted that participants were interested and engaged in the program, particularly as a result of PTC's role-playing, group discussions, hands-on activities, and quick pace. Nearly three-quarters (74 percent) of study participants rated their PTC facilitators as "outstanding" and an additional 14 percent rated facilitators as "above average" in comparison to other teachers they have had in their lives. Overall, 87 percent of participants across the three states reported that PTC was either "very helpful" or "extremely helpful" to them.

## Looking Forward: Lessons for Future Implementation

Lessons from this implementation experience of PTC can provide guidance for future replications, largely because it was successful. A strong, passionate, and committed project director

and staff implemented the curriculum largely as planned, youth attendance was high, and feedback was positive.

The PTC evaluation highlights the importance of carefully designing a curriculum to be relevant to the lives of at-risk youth—in this case, those living in out-of-home care. PTC facilitators worked to create an open, supportive environment that actively engaged youth, in order to help them gain knowledge and skills applicable to their lives. Facilitators found that it was easier to build rapport within the group when they met more often across a shorter time period (that is, twice a week over 5 weeks rather than once a week over 10 weeks), and this rapport helped to facilitate youths' engagement in the lessons. Youth engagement was particularly high during the Q&A time at the end of each session, when youth could raise the frankest of questions or concerns. This finding highlights the importance of setting aside a specific time for participants to ask questions in a safe, nonjudgmental environment where they can be assured that their questions will be answered openly and honestly.

Organizations that wish to serve youth living in group care settings will benefit from an up-front investment in and concrete guidance on relationship-building with local agencies and group homes. Building support for PTC with agencies overseeing group homes and collaborating with group home administrators and staff are critical steps in connecting with youth in group care. PTC's Direct Care Staff Handbook provides structured guidance on collaborating with and integrating programming into group homes. PTC facilitators provided information, training, and support to connect with group home staff, increase their understanding of the curriculum, and prepare them to reinforce program messages. When challenges arose, facilitators worked hard to reconcile difference between PTC and group home approaches to working with youth, minimize staff interference in lessons, and emphasize the importance of youth attendance at PTC sessions.

Enthusiasm for and experience with at-risk youth can be the top-priority criteria for hiring facilitators, as long as they are given thorough training and technical assistance. Because youth in out-of-home care often come from stress-filled, challenging backgrounds, OICA and its partners selected curriculum facilitators who were able to earn the trust and respect of youth, manage group dynamics, present the curriculum in an engaging way, and answer questions from youth openly and clearly. The program also made a heavy investment in providing training and ongoing technical assistance for the PTC facilitators. The trainings not only developed facilitators' content expertise in sexual and reproductive health topics, but also guided them through the processes of delivering the curriculum with fidelity and collaborating effectively with group home staff.

## POWER Through Choices (PTC) Program and Evaluation: A Snapshot

- ▶ **PTC aims to** reduce risky sexual behaviors, pregnancy, and repeat teen pregnancies among teens in out-of-home care.
- ▶ **Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches:**
  - Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
  - Conducted by Mathematica Policy Research, with Child Trends and Twin Peaks Partners, LLC
  - Involving seven participating sites
- ▶ **Evaluation sample included 1,038 youth ages 13 to 18 involved with the child welfare (foster care) and/or juvenile justice systems.**
  - Recruited 44 group homes for the study from Oklahoma, California, and Maryland.
  - Rolling enrollment of youth into PTC from January 2012 to June 2014, as new group homes recruited or the resident population of participating group homes turned over. A total of 97 cohorts of youth within the study homes were randomly assigned either to a treatment group (518 youth) or a control group (520 youth).
  - A local organization leads the implementation of the program in three sites: the Oklahoma Institute for Child Advocacy in Oklahoma, the Kern County Superintendent of Schools in California, and Planned Parenthood in Maryland.
  - Key staff include a project director based in Oklahoma, a project coordinator in each of the three sites, and two to four trained curriculum facilitators in each site.
- ▶ **Program components:**
  - Ten 90-minute interactive sessions are delivered to single-gender groups of 8 to 16 youth.
  - Sessions typically delivered twice per week for five weeks within a group home.
- ▶ **Key topics:** Anatomy, conception, and reproductive health; planning for the future; HIV/sexually transmitted disease prevention; identifying community resources; developing communication skills; and making choices to achieve goals
- ▶ **Program impacts measured by three follow-up surveys:** upon program completion and both 6 and 12 months after program completion

## References

- Becker, M. G., and R. P. Barth. "POWER Through Choices: The Development of a Sexuality Education Curriculum for Youths in Out-of-Home Care." *Child Welfare*, vol. 79, no. 3, 2000, pp. 269–282.
- Belenko, S., R. Dembo, M. Rollie, K. Childs, and C. Salvatore. "Detecting, Preventing, and Treating Sexually Transmitted Diseases among Adolescent Arrestees: An Unmet Public Health Need." *American Journal of Public Health*, vol. 99, no. 6, 2009, pp. 1032–1041.
- Bilaver, L. A., and M. E. Courtney. "Foster Care Youth." Science Says #27. Washington, DC: The National Campaign to Prevent Teen Pregnancy, 2006.
- Carpenter, S. C., R. B. Clyman, A. J. Davidson, and J. F. Steiner. "The Association of Foster Care Or Kinship Care with Adolescent Sexual Behavior and First Pregnancy." *Pediatrics*, vol. 108, no. 3, 2001, pp. e46.
- Courtney, M. E., A. Dworsky, J. Hook, A. Brown, and others. "Midwest Evaluation of the Adult Functioning of Former Foster Youth." Chicago: University of Chicago at Chapin Hall, 2011.
- Dworsky, A., and M. E. Courtney. "The Risk of Teenage Pregnancy among Transitioning Foster Youth: Implications for Extending State Care Beyond Age 18." *Children and Youth Services Review*, vol. 32, no. 10, 2010, pp. 1351–1356.
- Hudson, A. L. "Where Do Youth in Foster Care Receive Information About Preventing Unplanned Pregnancy and Sexually Transmitted Infection?" *Journal of Pediatric Nursing*, vol. 27, no. 5, 2012, pp. 443–450.
- James, S., S. B. Montgomery, L. K. Leslie, and J. Zhang. "Sexual Risk Behaviors among Youth in the Child Welfare System." *Children and Youth Services Review*, vol. 31, no. 9, 2009, pp. 990–1000.
- Kelly, P. J., J. D. Champion, J. Morgan-Kidd, and R. Wood. "Sexuality Knowledge, Attitudes, and Practices of Young Women in the Juvenile Justice System." *Pediatric Nursing*, vol. 29, no. 4, 2003, pp. 271–275.
- McGuinness, T. M., M. Mason, G. Tolbert, and C. DeFontaine. "Becoming Responsible Teens: Promoting the Health of Adolescents in Foster Care." *Journal of the American Psychiatric Nurses Association*, vol. 8, no. 3, 2002, pp. 92–98.
- Oklahoma Institute for Child Advocacy and the University of Oklahoma National Resource Center for Youth Services. "POWER Through Choices: Sexuality Education for Youth in Foster and Group Care." Oklahoma City, Oklahoma: OICA and NRCYS, 2010.