

Teen Pregnancy Prevention Programs for Youth in Foster Care Webinar

**May 13, 2013
1:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session please press star 1 on your touchtone phone. Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now I will turn the meeting over to Ms. Sarah Axelson. You may begin.

Sarah Axelson: Thank you. Good afternoon and welcome to today's webinar -- Teen Pregnancy Prevention for Youth in Foster Care.

My name is Sarah Axelson. I'm a Project Officer with the Family and Youth Services Bureau and I'll be moderating today's webinar.

This Webinar is hosted by the Administration on Children, Youth and Family, Family and Youth Services Bureau and is one of a series of webinars being conducted by OAH, (unintelligible) and CDC in conjunction with Teen Pregnancy Prevention Awareness Month.

Today's webinar will last approximately 90 minutes. It will include an overview of some recent statistics and data regarding teen pregnancy

prevention among youth in foster care and will then include presentations from four grantee and partner organizations who are working with this population. Sara Leonard from the National Campaign to Prevent Teen and Unplanned Pregnancy; Cindy Carraway-Wilson from Youth Catalytics; (Donna Matelee) from the State of Connecticut Department of Public Health; and (Janine Fleur) from the Oklahoma Institute for Child Advocacy.

Once all the presentations have finished we will have an opportunity for questions and discussions. We're going to ask that participants hold all verbal questions until the end of the webinar. However you can type questions into the webinar at any point using the question-and-answer box on the top bar of your Live Meeting screen. These questions will also be held and asked at the conclusion of the presentation.

We'd like to start today with a brief overview of teen pregnancy prevention and teen pregnancy among youth in foster care. According to a recent report from the Guttmacher Institute nearly 150,000 adolescents live in foster care or with relatives other than their parent, in most cases as the result of abuse and neglect.

Teen pregnancy is all too common among the population. Young women in foster care are more than twice as likely as their peers not in foster care to become pregnant by age 19. Even more troubling many of those who become pregnant experience a repeat pregnancy before they reach age 19.

This slide provides a visual depiction of the rates of pregnancy among foster youth and among all female youth as well as the rates of repeat pregnancies among these two populations.

The Midwest evaluation from the Chapin Hall Center for Children has found that nearly 1/3 of girls in foster care become pregnant at least once by age 17 compared to 13.5% of teens in the general population and nearly one half of girls in foster care became pregnant at least once by age 19 compared to 20% of teens in the general population.

As you can see the rates of pregnancy among foster youth are consistently higher than the general female population over all age categories.

They also see youth who age out of foster care experience similar challenges related to rates of pregnancy and contraceptive use. Compared to 19-year-olds still in foster care, girls who aged out of care at 19 were more likely to have become pregnant at least once, less likely to receive family planning services and less likely to use contraception.

So hopefully all of these statistics clearly illustrate why this population is important when thinking about the provision of teen pregnancy prevention programs and services.

We're now going to move into the grantee presentation portion of today's webinar. First, we'll hear from Sara Major Leonard the Partnership's manager at the National Campaign to Prevent Teen and Unplanned Pregnancy.

Sara's primary focus is on teen and unplanned pregnancy among youth involved in the child welfare and juvenile justice system. During her time with the campaign, Sara has supported ongoing work examining best practices and evidence-based strategies for teen pregnancy prevention -- particularly as they relate to youth in foster care.

I'll turn it over to you, Sara.

Sara Major Leonard: Thanks, Sarah. So I'm going to talk to you today about how the National Campaign has engaged youth in care and the curriculum adaptation project for a current project we've been working. And I'm also going to talk to you about how we've incorporated their feedback into the adapted curriculum we've been working with.

In 2011, the National Campaign began working on a project with the American Public Human Services Association and with support from the Annie E. Casey Foundation. The purpose of the project is to address teen pregnancy among youth in foster care by adapting an evidence-based curriculum for youth in care and then embedding that curriculum into existing independent living and transition planning programs.

We selected five state teams to implement the curriculum and participate in APHSA's institute model. The institute focuses on systems change and organizational effectiveness strategies that states can use to integrate new programs in a sustainable way. The teams participating in the project are Alameda County in California, North Carolina, Rhode Island, Hawaii and Minnesota.

At the start of the project we convened a national advisory council of child welfare and teen pregnancy professionals who reviewed five evidence-based teen pregnancy prevention programs. They selected Making Proud Choices to adapt and tailored specifically to the needs of youth in care.

With (unintelligible) from the (unintelligible) and the state teams we brainstormed for the types of adaptations the curriculum would need to be appropriate for youth in care. However all participants in the project agreed that engaging youth in care directly in the adaptation process would help

create a program that was most appropriate and engaging for the youth themselves.

So we engaged youth in the project in two ways. With the suggestion from the advisory council we recruited a youth and young adult advisory group. This group was represented by seven youth and young adults between the ages of 15 to 22 all from the Maryland, Northern Virginia and D.C. area.

The youth were either currently in care or had recently transitioned out. And we met with this group in person twice in the early stages of the adaptation process of Making Proud Choices.

The second group of youth involved in the project was a pilot group who participated in the first draft of the adapted version of Making Proud Choices. With 11 youth in care -- currently in care -- between the ages of 14 to 16 years old, also from the Northern Virginia, D.C. and Maryland area.

The first meeting with the youth and young adult advisory group was primarily a group discussion on what their experiences have been like and were like in the foster care system. They talked about sex in general, romantic relationships and their relationships with foster parents and caseworkers.

During the second meeting the group viewed some of the DVDs from Making Proud Choices and gave us their feedback on how relative the plots and messages were to their life experiences.

They also assisted (Pam Wilson), our curriculum consultant, with rewriting some of the role-plays. We gave them the opportunity to write their own scenarios and read them out loud to each other and then (Pam) drew on these ideas from some of the ones included in the adapted version.

Overall the key lessons we learned from them were that sex education they receive is too little, too late. They all wanted mentors who were formally in foster care or could relate to them and that having goals and dreams for the youth in care is not realistic. They mentioned that no hope was the common issue that they felt and that self-sabotaging their own relationships is common. One of the youth in the group said that you should leave them before they leave you.

We also asked the advisory group about what they think places youth in care at risk for teen pregnancy. Their answers mirrored findings from a previous report by the National Campaign and a report from the Georgia Campaign for Adolescent Power and Potential.

Some of their answers were they think a lack of identity while in foster care, growing up with inconsistent direction or guidance, lack of positive role models, lack of communication with caring and trusted adults, lack of opportunity to experience normal and healthy teen relationships and exposure to many different types of placements and wanting someone to love were all reasons that placed youth in foster care at risk for teen pregnancy.

The pilot for Making Proud Choices was held over three days last July and the youth spent two eight-hour days and one four-hour day with us to complete the ten-module adapted version of the curriculum.

Overall we received really positive feedback from the youth that participated. At the end of each day we had a group discussion with them so they could share what they liked and didn't like and they also filled out a feedback form that was anonymous so they could be honest.

Some of the things they really liked is they liked identifying and sharing their goals and dreams. Many of the youth in the program identified wanting to go to college, get a career, earn money to buy a house.

One of the youth did say that he actually had no goals and dreams because he believed he would be in jail in five years. And this was one of the challenges we found throughout the program. We've actually worked very hard to incorporate ways to handle that and facilitation guides and tips -- which I'll talk a little bit more about later.

The youth also loved the DVDs and said it helped keep their interest and engaged in the - and they were very engaged in the discussions. They were interested in the different birth control methods and very engaged in the common demonstration and practice activities and wanted to know more about the different types.

Once engaged the youth would open up about their relationships with their foster parents and biological parents and what it's like while dating in foster care.

On Day 2 the group was they seemed to get to know each other very well and they really liked sharing their experience with each other. They had kind of a nice camaraderie that was built throughout the program.

There's an activity on sexting in the curriculum -- which shows how quickly a text message can go viral. And the youth really liked this activity and felt like it was realistic and something they could relate to.

The also liked the stop strategy -- which was (unintelligible) talk it out, offer an explanation and provide alternatives. And they liked this and they liked practicing saying no forcefully.

They also liked the role-plays and between stop and the role-plays we learned that when encouraged to use their own language, they really kind of made it their own and got into the activity.

At the end of the day they wanted to learn more and have more discussions on healthy relationships, condoms, birth control, STIs and what they do to you, transgender people versus transsexuals and more of the stop strategy and how to say no.

And the curriculum encourages respecting diversity and understanding that peers in the group might be of different racial ethnic backgrounds and sexual orientation. And when we got into the discussion, some of the youth were unfamiliar with the difference between someone who is transgender and someone who's transsexual. And they were really interested in that and felt comfortable in the group and asked a lot of questions. So we've made sure to kind of build that into the program a little bit more.

Several adaptations were made the curriculum as a result from what we learned from these youth and their suggestions and some of these included the message incorporated throughout the curriculum -- which is that youth can make proud and responsible choices in spite of what has happened to them in the past.

We've included more information in the healthy relationships, sensitivity to different types of placements youth might be in, sensitivity to previous trauma they might have experienced. We've also included an increased focus on

pregnancy prevention and contraception in addition to information on preventing STIs. We've incorporated new role-plays and added more games and interactive activities.

And during the pilot in particular we learned some critical things to make sure the curriculum when delivered goes as smoothly as possible. So some tips for facilitators that we think could help are just making sure you create a safe space where youth comfortable sharing their experiences and talking to you as a facilitator and their peers.

Build on youths' individual and collective strengths. If they're having trouble identifying something positive about themselves, you know, there are ways to kind of engage them and make them pick something that they really believe in.

Provide healthy food and snacks, build in lots of energizers and breaks.

We found that delivering the curriculum over three days we did four modules on two days and two modules on the other day and that was too much. So we would encourage to maybe do only two to three modules together at a time.

Respect diversity and be aware and conscious of language and this is not only within the participants in the group but also as a facilitator, just making sure that you're using friendly language that's going to be open to anyone in your group.

Be prepared for follow-up questions and to make necessary referrals. Be able to recognize behaviors that result from trauma cues and use trauma-informed responses in cases of disclosure. And also it's really important to make sure

that you're abiding by mandated reporting requirements so recommend that all facilitators are aware of those within their states.

The curriculum is now currently being piloted in the five states of the teams I mentioned earlier. And youth in care in those locations are continuing to fill out surveys and provide their feedback.

At the end of the pilot stage the curriculum will undergo one more round of revisions and be made available to the public through select media some time next year in 2014.

Engaging youth in this project has allowed us to create a curriculum that participants are more likely to find interesting and relevant to their lives being a youth in foster care.

And if you have any questions, please feel free to contact me any time with this information. Thank you.

Sarah Axelson: Thank you, Sara.

Our next presentation will be from Cindy Carraway-Wilson of Youth Catalytics. Cindy has over 20 years of experience in the child youth and family services field.

Before coming to Youth Catalytics, she worked as a counselor and mental health therapist in Pennsylvania and Connecticut and directed programs serving runaway and homeless children and youth.

She's a member of the Training Cadre for the Innovation Center for Community and Youth Development, a certified trainer from the Academy for

Educational Development and certified teen outreach program trainer and facilitator through Wyman.

Cindy, I'll turn it over to you.

Cindy Carraway-Wilson: Thank you very much, Sarah.

I appreciate everybody attending this webinar today. Thank you very much. I am kind of having a dilemma, Sarah, in that it's frozen on my end. I'm looking at (Donna Matelee).

Sarah Axelson: I'll be happy to forward your slides for you if you just let me know when.

Cindy Carraway-Wilson: Sure. Right now looking at (Donna)'s slide. Is that what you're seeing?

Sarah Axelson: I was seeing yours but let's go ahead and take care of that. Our apologies for the technical problems.

Cindy Carraway-Wilson: No hurry. So while Sarah is getting that going, I could just do a quick intro to the program that we're using.

My project is a Tier 1A OAH-funded project. And we are a replication project offering the teen outreach program that was developed by Wyman to young people in various levels of care throughout the state of Connecticut.

And many of the young people that we serve are in foster care and we also provide services to young people who are in other types of congregate care settings, such as group homes, residential treatment centers, special education

facilities and, you know, people as I said who are in regular and therapeutic foster care services.

So let's see try to move the slide again. There we go. Let's see if it'll move now. Sorry everybody for that delay. So that should be the (unintelligible) line.

So I just quickly wanted to go over the Wyman TOP model for those of you who may not be familiar with it. The Wyman model is a nine-month model. It is a model that is offered to groups of young people up to a maximum number of 25 young people per facilitator.

We have to in order to be within a fidelity of the model we must offer a minimum of 25 sessions. And also within that nine-month timeframe we have to offer a minimum of 20 hours of community service learning events.

What we like about this model and why we chose it is because it is a comprehensive youth development model and therefore it really speaks to the needs of young people who are in systems of care to help them to reestablish a sense of control and being able to contribute to their lives.

The Wyman TOP model actually has three core components, the first one being the educational peer group meeting component. And the educational peer group meeting component is based upon the changing scene curriculum - - which is their evidence-based curriculum -- and it has a variety of lessons.

The curriculum itself actually has four different levels based on developmental needs of young people -- which is another thing that we really like about the model. We can offer lessons from any level that's appropriate for any young people in our TOP clubs and we don't have to commit to

offering only Level 4 to Group A and Level 3 to Group B. We can intermingle the lessons.

We have found that with young people who are in systems of care -- whether that be foster care or residential treatment -- that they are various different developmental stages in the various different domains. So they may be at a higher developmental stage in a decision-making area and a lower one in the relationship-building area. So we're able to intermix those various levels.

Each of the group meetings is guided by a trained facilitator and those facilitators are also in addition to being trained in the Wyman TOP model they also have been through trauma-informed care training -- which I'm going to be talking about shortly.

The young people themselves contribute to the sequence of the lessons. So while our facilitators will go into TOP clubs with an idea of how they want to offer the lessons based on the various different topics that are covered within the curriculum, young people will have the opportunity to express where their areas of interest lie and what they're most interested in or what's the most relevant at that particular point of time in their lives in the group. And the talk facilitator can then base the follow-up sequencing on those needs and interests.

This has been a really helpful way of us engaging young people and getting buy in from very early as well as helping to empower them and to help them to be introduced to the concept of being able to make decisions and exert some control over their lives.

And finally all the lessons are really very much designed to spark dialogue not just with the facilitator but also among the young people themselves.

The second component is the community service learning component. The community service learning component is really based again on what the young people find interesting, what they think their skills are. The facilitator really works with them to help identify how those skills and interests might intersect with community needs.

And then the young people take on the lead to select their service learning project, to plan it and then to implement it and the facilitator really does act as a consultant. The young people pull that facilitator in to help in various ways but ultimately it's the young people themselves leading this process.

The main goal of the facilitator is to support and structure reflection -- which brings the service projects from a simple volunteer opportunity into the community service learning realm.

Finally the last piece is the positive adult support and guidance. The facilitators are consistent. We very rarely substitute out facilitators once a (unintelligible) has started. Some of our clubs are actually even co-facilitated with two facilitators so that they can work together with the more challenging groups of young people that we might serve.

All of the lessons are given out to the young people in a very values-neutral manner. And it's very clear from the facilitator's presentation that values are really up to the individual. The only values that the facilitators themselves project and really publicize are universal values, such as the right to be safe, the right to have justice, you know, human rights kind of values that are pretty much universally accompanied versus any other specific value that might be more individual or familiar and their focus.

And as I said before the lessons and everything that happens within the TOP clubs incurs a dialogue and that participation.

So (unintelligible) the arrows. Let's see if I can get the arrows to go again. Sorry everybody.

I just wanted to put this diagram up to show you kind of how we laid out the project. My organization Youth Catalytics is the project lead and our role then is to help with the rollout or implementation of the talk models within various different sites around the state of Connecticut. We also are the ones -- the lucky souls -- who do all the reporting and liaising with our funder and making sure that the data is collected and documented well and also ensuring that the models are being done - being offered with fidelity.

So the next level down are (unintelligible) family centers and the Children's Center of Hamden. And those are our two partner provider organizations and what that means is that those organizations are the places that have hired our top facilitators. The top facilitators then will offer TOP clubs both within our provider sites as well as in other host sites around the country.

Host sites are other organizations within the state of Connecticut that offer similar services to young people. And again we're offering the TOP clubs currently in residential treatment facilities, therapeutic group homes, community-based settings and a couple of charter schools and special education schools as well.

And each of those host sites agree to allow us to come - allow our facilitators to come in and work with selected program participants within their own site. In some cases we're working with all the young people in that site. In other

cases, such as in the school settings, particular grades or groups of young people have been identified based on higher level of need.

One of the things that we liked about the talk model is that we felt that it was very useable for this target population as is, as it was written. And we felt strongly about that because of the youth development foundation and Wyman's TOP model.

The one adaptation that we have implemented with the model is to increase the GLBT -- the gay, lesbian, bisexual, transgender -- (unintelligible) questioning youth inclusive language and friendliness of the model.

We actually use an adaptation that was designed by Planned Parenthood of the Great Northwest. They implement it in their project. And our project officer made us aware of this and suggested that we use this rather than reinventing the wheel.

The importance of adding the language changes as well as changes to scenarios that can be made to reflect less heteronormative scenarios was important for us because of the number of young people that we worked with in the systems who are identifying -- self-identifying -- as GLBTQ. And research -- recent research -- by various different organizations have found levels ranging from 15 to 25% of GLBT youth in the homeless or out of care, that is placed young people population.

As Sara had said some of these stats as related to foster youth and they also are reflected within the GLBTQQ youth as well. Many of these young people are becoming homeless as a result of coming out or sometimes it's a result of perceived homosexuality and they are becoming homeless oftentimes because of abuse issues that they experience during that process.

Our GLBTQQ youth are also twice as likely have an increased risk of early pregnancy and as the last bullet point says they have a higher rate that is twice high as the general population to have experienced sexual abuse. So certainly it's really important for us to make sure that the GLBTQ inclusive language and scenarios are part of our model.

This is just kind of a generic picture of our young people and the kind of young people that we're seeing in our TOP clubs. As Sara has already said in the first presentation many young people in foster care have been through a variety of different types of placements and each different placement can come with its own different traumas as the placements come to an end and sometimes they're brought to an abrupt end with very little opportunity for closure.

So it's important to really be prepared to manage the trauma. (Unintelligible) some other things that we felt were important considerations to keep in mind. One is that the talk model itself allows for sequencing changes and that flexibility is an important and one of the reasons why we chose the model.

And what happens with the flexibility here is that oftentimes young people will come in to talk (unintelligible) having already experienced issues someplace else. So they might be coming from a cottage on a residential campus or from another classroom where a (unintelligible) or a fight just broke out or any number of things.

While our talk facilitators do have a very clear sequencing pattern developed for the TOP clubs within that first month of meeting with the young people, we are able to let go of a lesson that we had planned for today and shift to a different lesson to address that immediate need within the group. It also

allows us to have sequencing that is different from club to club to club based on the various different individual interests and needs of those young people.

Another consideration that we have is we have smaller numbers of adolescents in our TOP clubs. I mentioned earlier that our ratio is 25 young people to one facilitator. Generally speaking most of our TOP clubs are running - actually all of our TOP clubs are running much smaller than that.

Our TOP club size is a range from as small as five young people for settings where we have very (unintelligible) issues going on with the young people to our largest club which right now is at 14 young people. So the median size of our TOP clubs is around nine young people.

This allows us to really engage the young people in a more one-on-one type of a setting and allows to ensure that the young people feel safe to engage in conversations and safe to be able to share their thoughts and feelings -- which is often easier for many of them in smaller group settings.

The multiple intelligences approach is also important in the delivery of the TOP club lessons. And in fact Wyman does some training of this is their training of facilitators. It is encouraged to actually use multiple intelligence methodologies in implementing some of the activities within the lessons.

And we have found that many of our young people are not traditional learners. They're not necessarily of the mathematical logical mindset nor of the verbal linguistic intelligence set. But often they're coming from a very different area and to compound the challenges here many of our young people have also experienced some pretty negative academic experiences in part because of all these placement changes that we talked about.

So what we can often do here is we can make the lessons more concrete for young people by using photos to help explain the (unintelligible). We try to shift whenever possible shift the lessons from very abstract concepts and make them a bit more concrete by providing other tools.

We also have the ability to do things like adding kinesthetic activities to help young people respond in dialogue within the TOP clubs. Each of these different types of things that we do from the multiple intelligence perspective increases the engagement of the young people.

We also have additional staff people in our TOP clubs. Those staff people come directly from those sites and our purpose of doing that is to ensure that the young people have adults with them that they know and with whom they are comfortable. So that should they need additional support while in the TOP club that person's there.

(Unintelligible) occasionally need to - (unintelligible) occasionally do need to take some space if something's going on for them personally. And when that happens the additional staff person is able to go with that young person to provide support and then help to reintroduce them back into the TOP club.

And the trauma-informed approaches that I alluded to in the previous slide are really important for us in our TOP clubs. And I'm going to go into the next slide to talk a little bit more about that.

So with the trauma-informed approaches it's important to understand that a trauma-informed way of care is very different than a form of care that's not trauma informed. Oftentimes what we're working to do is we're working to help shift power and control towards the young people so that they can begin to experience their lives as predictable and as (unintelligible) as though they

can actually exert the control to - they're able to make changes to heal. So that's one of the things that we're trying in the trauma-informed approach.

We're also really working hard to try to shift the message away from the deficiency approach that was so common in old treatment methodologies where young people who have been through trauma or who have been through the child welfare system are oftentimes or oftentimes seen as damaged goods.

And what we're saying and what the trauma-informed approach helps to do is to send a message to them that yes something happened in your life and yes you are capable of gaining help, gaining wellbeing and having a healthy life -- including a healthy sexual life in the case of trauma-informed sexuality.

So our behavioral variances are navigated. Young people are not typically at (unintelligible) TOP clubs. We manage the behaviors even when that sometimes means that it puts a lesson on pause while behaviors are dealt with and then we have to go back to the lessons.

We really want young people to understand that they're not going to be kicked out of the TOP club. They'd really have to do something pretty amazing to do that and that being kicked out of the TOP club.

We ensure safety -- both physical, psychology and emotional safety. We are really clear about what is acceptable and what is not acceptable at the beginning of TOP club so that young people know. And in fact they actually help to establish the ground rules within our TOP clubs, so that we can ensure that physical safety.

Our facilitators model that values (unintelligible) approach I mentioned earlier and we really model and are really clear to send messages about acceptance.

And that sometimes also includes presenting a value that may not be getting verbalized in TOP clubs just to let young people know that indeed values that are sometimes different from theirs do exist and some people hold those values. The only values that our TOP clubs really are put out by the facilitators as I said earlier are those universal values of safety, respect, human rights, justice.

I already talked about modeling opposing views. So we assume ultimately from this approach we're assuming a goal that healthy development. We assume the young people are capable of healing and are indeed on that road to healing. And every message that we send, every way in which we engage them really tells them that we have that confidence and that expectation that they're going to be able to move through the trauma. And that was like a 30-second overview of trauma work.

Some of the challenges that we saw we're not thus far or aren't really so much about the young people. What we are being challenged by -- especially in our higher levels of care -- are scheduling challenges because many of the young people are so scheduled.

For example in the residential treatment programs that we're in the young people's time is scheduled from the very moment they wake up in the morning until their closing their eyes at night. There are meetings. There are therapy appointments. There are group therapy appointments. There's school. There's all this stuff going on.

The same is true for those young people who are in foster care and the lower levels of care. There's just so much going on it's hard sometimes for young people to consistently attend and particularly young people who are in foster care because they have the additional thing going, such as meetings with their

child welfare workers or court dates and things like that that they really the scheduling of those events is outside of their control and therefore (unintelligible) outside of our control.

And that can lead to some inconsistent attendance. And unfortunately the inconsistent attendance oftentimes can mean that young people miss pieces that they need to we need to catch them up on at a later date.

And then finally the last big piece, one of the biggest challenges is changes in placements. Young people in care are often and frequently changing places from one setting to another and so we're working hard to try to stay in touch with these young people.

So approaches that we took in order to help the TOP clubs be successful is that we integrated the TOP clubs into existing programming. So in many of the settings that we're in because talk is an evidence-based model it's considered a clinical group so it counts as one of the young people's clinical groups versus being an added group that they have to participate in.

We gain the buy-in of the young people through interesting activities -- including the community service learning events -- which we have found have been amazing ways of helping young people connect to community in ways that in some cases they never have before.

We offer the TOP clubs in various different programs in certain geographic locations and we're in the process of beginning to engage other providers so that when young people leave care, we can transition them to a new club in their new geographic region.

We're doing a lot of that geographic work through foster care providers who are interested in hosting TOP clubs at their geographic region. And I already said we transfer the young people around to other TOP clubs as necessary.

And I know I'm rushing through these last couple slides here. So the strength of the implementation as I said is the clubs foster relationships and the young people feel like they have the time within these clubs to be able to talk about what's important to them. We try to get through the lessons in the prescribed amount of time. But if we need two sessions to cover a lesson, that still is in the fidelity of the model.

The topics are relevant to the young people and important and interesting to them. Each time we put a (CSO) event on a table or in the beginning of TOP clubs when you have people help sequencing and in other areas we're offering opportunities for leadership.

We accommodate their clinical history. We're very well aware that some of the lessons might trigger some trauma events in their lives and we take care to offer those lessons in a very supportive way and to avoid times of the year that would be increasingly challenging for them.

We engage different learning styles through our multiple intelligence approach and through using different types of presentation skills with the young people.

And we also found that it has promoted interorganizational work because of the host site arrangement that we've set up.

So many of these things on the lessons learned slide I've already talked about. So if somebody is looking to do talk with the young people in various

different types of levels of care, I think some of the key pieces on this slide would be that they should include program staff in the talk training of facilitators so that the program staff understands what the model is, how it's run, why it's facilitated -- which oftentimes the facilitation model is often less structured than some of these places are used to and why that's important for these young people.

We establish the boundaries of the facilitators versus the program staff right in the beginning so that the program staff know that they're there primarily to support young people, that they aren't responsible for the facilitation.

In the higher levels of care, such as a residential treatment or therapeutic setting, we have to ease the adolescents into facilitation model because generally speaking they're not accustomed to have those kinds of choices and sometimes that type of facilitated methodology where there's more freedom can be overwhelming.

We strongly encourage people to introduce a (unintelligible) service -- which is a small community service learning event that is designed and introduced by the facilitator versus the young people themselves designing it. We suggest this in the beginning so that young people understand what exactly it is their trying to accomplish with community service. And then once they experience that (unintelligible) service we've found that they are more easily able to plan and implement their own service.

Multiple intelligence approaches I've been hitting on a lot so I'm not going to (unintelligible) that.

And then finally when you're working with young people in systems of care, it will be behoove facilitators to plan for the talk model anyways to plan on

lessons taking more than one session -- especially the more intense ones -- anything around relationships -- especially family relationships -- anything around community because so many of these kids are disconnected from community. And of course the sexuality components can often take longer than expected.

And I know that this is a real brief presentation, so my contact information is here -- my e-mail and phone. And I welcome any of you to contact me at any time to discuss any of the details of this further. Thank you so much.

Sarah Axelson: Thank you, Cindy.

So now we'll hear from (Donna Matelee), who serves as the principal investigator on the Connecticut Personal Responsibility Education Program or PREP grant and is responsible for all overall program activities and coordination.

(Donna) also (unintelligible) as the maternal infant in early childhood home visiting program grant coordinator and manages the family planning state health start healthy choices for women and children and other contracts.

(Donna) was appointed to the position as state women's health coordinator in 2011. She's been employed with the state of Connecticut Department of Public Health for over 18 years and is a registered nurse with 33 years of experience. We'd like welcome (Donna).

(Donna Matelee): Hi, Sarah, thank you.

Woman: Wait a minute.

Sarah Axelson: We're having a little bit of technical difficulty but we will get those slides right up and ready to go.

(Donna Matelee): I'm going to start talking and then when the slides get up, we can - the Department of Public Health is the lead agency for our PREP project and our partners include Planned Parenthood of Southern New England, Partners in Social Research -- which is our evaluator -- and True Colors, Incorporated. And it's truly a public and private partnership.

(Unintelligible) populations are youth in foster care -- specifically we're looking at children in youth and foster care between the ages of 13 and 19 who reside in congregate care settings.

The evidence-based programs that we're implementing are Making Proud Choices in the USD number 2 schools -- which is an evidence-based program -- and Teen Talk -- which I'm focusing on today -- which is a promising program.

We're also conducting a randomized control trial of the Teen Talk program. We're doing a lot of training as part of our PREP project. We're doing training for DCF or Department of Children and Families child welfare staff on human sexuality. We're doing foster parent training on sex ed for parents and congregate care group home staff training on human sexuality as well.

A little bit of a history about Teen Talk, it was started in 2007 by Planned Parenthood of Southern New England out of a desire to reduce teen birthrates in the city of New Haven. Although the percentage of births to teens in New Haven was decreasing, it was still twice the state and national average.

So much of the original input came from Planned Parenthood's peer educate team peer educators and they had a lot of discussions on how to best reach the New Haven youth regarding human sexuality. A lot of the input from the teams went into the development of Teen Talk.

And Planned Parenthood staff created an outline for the educational program and the peer educators offered suggestions for revisions. The team strongly agreed that the inclusion of reproductive health care and family planning services were integral and were needed to be part of the program.

So using what was known about effective sex ed curriculum with input from the team peer educators, Planned Parenthood's education and training department developed Teen Talk.

It was done with a team of people with various backgrounds in adolescent sexual behavior, curriculum design, community culture and teaching sex or HIV education.

Local data on teens' sexual behavior, pregnancy and STD rates was reviewed. They held focus groups -- informal focus groups -- with teens and conducted interviews with key stakeholders.

The curriculum was developed using an evidenced-based framework, information compiled by (Douglas Kirby) and emerging answers research findings on programs to reduce teen pregnancy.

They created a health goal with a behavior-determinant intervention logic model and a behavior-determinant intervention logic model was used. And using the logic model they identified the behaviors that they wanted to

change, the risk and the protective factors affecting those behaviors and three of the activities that would change them.

So as I said earlier Teen Talk is based on the health belief model and the health belief model is based on the understanding that a person will take health-related action, for example using a condom if that person feels that a negative health condition, such as example HIV, can be avoided.

It also is based on the belief if the person has a positive expectation that by taking a recommended action he or she will avoid a negative health condition and that he or she believes that they can successfully take a recommended health action, for example using a condom, comfortably and with confidence.

So in 2008 Planned Parenthood and the John Snow Institute began to discussions with the CDC regarding performing the level of research that was necessary to move Teen Talk into the official list of evidence-based programs.

In March 2009 the Centers for Disease Control invited Planned Parenthood and John Snow staff to Atlanta to present the Teen Talk model and curriculum and to discuss how to support an evaluation of the program that could be published in a peer-reviewed journal.

Following Planned Parenthood's presentation to CDC the education and training department was invited by John Snow Institute, the New England Training Center on Adolescent Pregnancy Prevention and the Healthy Teen Network to conduct a rigorous two-day review of Teen Talk using (Kirby)'s tool to assess the characteristics of effective sex ed and STD/HIV education programs. The tool outlined 17 characteristics needed to make it an effective sex ed program in a community.

After the review the Teen Talk program was deemed a promising program by the Centers for Disease Control as it has the 17 characteristics of an effective evidence-based program.

Teen Talk covers four out of the six adult prep subjects and they're listed on the slide. I won't read through those.

The next slides talk about data. There's some slides from (Chaff) and Hall and Sarah talked about the increased rates of teen pregnancy prevention of youth in foster care, so we're just going to kind of skip over these slides, but they're for your review.

So our target population in Connecticut for our PREP program again are kids age 13 to 19. This includes both voluntary and involuntary out-of-home placements. The kids have most of them are long-term placements in therapeutic group homes, preparation for adult living settings or (pass) programs, (TLAP) programs or transitional living assistance programs, (SWET) programs -- which are the support work environment training programs -- and pregnancy and maternity programs.

The short-term programs that we're including are the short-term assessment and respite programs and those are called (STARS).

Teen Talk is delivered, it's delivered by the Planned Parenthood of Southern New England educators. It consists of four 2-1/2-hour sessions. They can be scheduled weekly over one-month period, they could be done four consecutive nights. We provide pizza for the kids. They get gift bags with condoms and contraceptive materials and information from Planned Parenthood. They get incentives for participation.

And of the four sessions of Teen Talk includes a center-based tour of one of the Planned Parenthood centers. And the purpose of that is to get the kids feeling comfortable on going and taking, you know, letting them meet the staff in their community Planned Parenthood center, so they know how to make an appointment, they know where it is, they see what services are offered.

And we're also doing a formal evaluation of Teen Talk. It's cluster randomized design. It's composed of an intervention group -- which get the Teen Talk program -- and the control group. We have a fidelity monitoring system.

Again I said it was Teen Talk is delivered by the Planned Parenthood educators in the centers throughout Connecticut. Educators were trained by the program - so part of the fidelity monitoring is they have a there's a checklist where they go through and review to make sure that they're supposed to be doing what they're supposed to be doing to provide fidelity to the model.

They're also videotaping the sessions and the videotapes are getting reviewed by other peer educators to make sure that they're complying with fidelity to the model.

As part of the evaluation we're doing baseline surveys one month, three month, six month post-intervention. We're using audio computer-assisted self-interviews and that was very - we found that that was very important. Some of the kids had literacy problems, so the audio computer-assisted self-interviews was very helpful. And again we're giving gift cards for participation.

Some of the challenges that we've had with our Teen Talk program of course IRBs are always a little challenging, but it wasn't challenging. It was just a little lengthier than we thought. But we got through IRB approval okay. We had to go through Department of Children and Families IRB, DPH IRB and initially we had to go through UCONN -- University of Connecticut's IRB.

Obtaining consent was probably our greatest challenge. Kids in foster care are a very mobile population. The kids move from one home to the next. That's all I can say is they're a very mobile population.

The other problem with consents are the multiple types of consents -- which we didn't anticipate initially. Kids that are under 18 and are voluntarily placed we had to get parental consent on, so you had to track down the parents. Kids that were under 18 and involuntarily placed we had to get DCF caseworker consent on.

In the middle of our PREP program our child welfare agency went through a major restructuring where caseworkers, managers, the staff were changing pretty frequently, almost weekly for a while there. So it was difficult to track down which caseworker had which child.

And then there's the kids that are over 18. We had to get consent from the youths themselves.

Originally we pulled the group home census one month prior to doing the Teen Talk program. But because of the DCF staff changes and restructuring of the agency and the caseworkers changing so much and the difficulty obtaining consents, it took much, much longer than anticipated. We had to make many, many phone calls. Our evaluators had to make many, many phone calls trying

to get in touch with people and consent. And I'll talk a little bit later what we did to overcome that challenge.

We had to - another challenge was coordinating the schedules with the congregate care providers. The group homes a lot of times they take the kids out. You know, they're responsible for transportation. They just didn't return the phone calls. And some of them that did return phone calls had very personal biases about teaching kids reproductive health and didn't want to really participate. So we had to enlist the help of the child welfare staff that are overseeing their contracts.

Let's see personal biases. Congregate care providers staff buy-in was a challenge. Some were really excited about the Teen Talk and others were not. What we did was a pre-Teen Talk human sexuality training for the group homes staff to hopefully enlist their support for the program and see the importance of it and mainly to have them do some own values clarification and set aside their own biases and get some excitement for the program.

The last challenge was the unexpected low level of functioning of some of the participating youth. The kids are having sex at a younger age but yet they're cognitively lower functioning than some of the youth not in foster care, so that presented a challenge.

Participation was low due to changes in the child welfare system. We weren't always able to get all the consents that we needed. The congregate care staff attitudes sometimes they just didn't show up. We'd have a Teen Talk scheduled and they just wouldn't show up.

Another challenge was just the fact that the kids are living in restrictive settings. There's rules. Some of them, you know, are very confined settings and they can't get out.

The challenge again was following up with the participants. We got an 80% follow-up -- which was okay but we were hoping it would be better. And it's due to this mobile population. Not all the kids have cell phones. If they do have cell phones, the numbers frequently change. Again the caseworkers change. They're still changing with the DCF reassignments. And the kids are transitioning from restrictive settings to other less restrictive settings and it's difficult to track them down.

And the other problem is trying to find contacts. We asked the DCF folks to, you know, gives a list of where the kids are, but they don't want to just release that information because, you know, it's very confidential and so forth. They don't want to just tell us where the kids are, so it's a little challenging.

So very quickly strategies were, you know, don't give up, just keep plugging along. We've got a great PREP advisory. We meet monthly. We have since the beginning. We bring in small groups. We meet with DCF staff. When we have issues with group homes or certain types of providers, we call in the DCF managers and meet with them and so far has been able to resolve all those issues.

We funded a DCF database modifications so they can collect data on kids that are in their child welfare system that are pregnant are parenting and also help us to track down which kids participated in Teen Talk so we can follow them long term.

And what we're doing now the biggest change I think is obtaining consent on all the youth upfront. We're not waiting till a month before the Teen Talk. We're getting it on everybody. And then when we get to the group home, about a month or so before we're going to pull the census again from that group home, see what kids are in there and what few we need to get consents on.

You really need to build awareness of your state PREP project. We've done multiple presentations to DCF managers, the various congregate care provider meetings, electronic mailings, flyers, lots of phone calls. You really need to establish relationships with the providers that are going to be you're going to be doing the training for.

And the next couple of slides are just some feedback from our - we're in second Teen Talks. These are some comments from the first year from some of the congregate care providers. I'm not going to read them, but they're pretty positive comments. And the kids seem to be enjoying the program and the providers think that they're very useful. The nice thing is the kids seem to be talking to their group home providers about topics that they've talked about during Teen Talk after the sessions.

So lessons learned allow plenty of time to obtain consent, get a strong commitment from child welfare staff -- which we have. They've been absolutely wonderful and highly supportive of this since the beginning.

Another lesson is that congregate care staff really do appreciate the teen pregnancy prevention efforts being offered. And lastly there's clearly a need for teen pregnancy prevention and education and intervention in this population, so don't give up. Thank you.

Sarah Axelson: Thank you, (Donna).

Our last presenter today will be (Janine Fleur), who is the Project Director for the Oklahoma Institute for Child Advocacy's Power Through Choices 2010 Demonstration, Evaluation and dissemination project, known as the PTC project.

Prior to the PTC project, (Janine) worked at the University of Oklahoma Health Sciences Center Policy and Public Health and research and evaluation projects focused on issues related to adolescent development and teen pregnancy prevention.

(Janine), the floor is yours.

(Janine Fleur): Thank you, Sarah.

I'm going to share some information about the Power Through Choices project briefly and then try to concentrate on the types of issues that we've encountered and how we've worked through those and the lessons that we've learned.

So the goal of the current PTC project is to test the efficacy of the Power Through Choices curriculum and its ability to reduce the incidence of unprotected sex, STIs and teen pregnancy among youth living in foster care and other out-of-home placements.

Power Through Choices is a curriculum that was developed with and for youth in out-of-home care -- which makes it unique that is a curriculum written to meet the needs of this particular population.

Oh the project is set up as a multi-state randomized control trial. We have demonstration sites on the West Coast, the East Coast and in Oklahoma. We will involve 1080 youth in the study by the time we're over. We're about halfway -- a little passed halfway -- in and have a little more than half of those study participants enrolled now.

The survey data is collected at four points. We collect survey data baseline, immediate post-program, then at 6 and 12 months post-program, so it takes about 14 months from beginning to end for data collection.

And our project is serving youth in congregate care between the ages of 13 and 18. As many of our presenters have mentioned today, their placements change rapidly, so it's youth who are in congregate care at the time we enrolled them in this study. But even though their placement may change, they remain in the study through the end.

So some of the challenges we've faced and how we've successfully addressed them and I think that's what probably is very helpful to people. Previous presenters have already mentioned this, so I won't spend a lot of time on it.

But the transient nature or the constant moving of placement in and out of the services, from one type of placement to the other create a great challenge for program implementation. But in research study they also create great challenges for retention of study subjects and being able to collect the data at each of the points.

The other major area that I'll slides on is talking about the use of technology, social media and then how we protect the youth, their privacy and safety, as we use those.

Our mantra here is we never lose touch with them. We stay in contact with them constantly. That's our retention goal. But there are some real concerns around the issues of how we use current technology -- which is a blessing to us. The youth are using them. We are using them.

But we do need to be aware of how we could inadvertently identify a study subject as a study subject or perhaps identify them as a youth in out-of-home care when we don't intend to. So we'll spend a little bit of time talking about that.

So let's talk real quickly about program implementation. The first lesson that we learned is to schedule program sessions to occur over as short a period of time as possible. Our initial program -- our pilot -- we were delivering one session a week -- oh whoops excuse me. There we go -- one session a week over ten weeks. And we learned quickly that in ten weeks that population changes greatly. A lot of them move from place to place.

So we now implement two sessions a week over five weeks. So whatever your program model is, to deliver it in the shortest period of time that you can that doesn't compromise learning and program effectiveness.

As far as technology it's very important to ask them what devices they're using, whether they're using social media, texting, most of ours aren't using e-mail. But we actually have a checklist and ask them for their addresses or names and sites where we can visit them.

But when we communicate using electronic communications, we're very clear about choosing the least amount of words that we can and to make those words vague so that our study participant knows we are and that we're talking to them. But that anybody else who may oversee that or may have access to

that communication won't necessarily know what we're talking about or it won't disclose their participation in our program.

For example when they use their Facebook, we message on Facebook but we never post to a youth's Facebook wall because that posting would become viewable to anybody else who looks at their site or becomes a part of their news feed.

Many of the other presenters have talked about working with youth, but we are going to repeat some of that and maybe share just what's unique to us.

We had to make some decisions about where we provide our programming, the location of where our meetings would be. We have learned the best opportunity is to serve them where they are. If we can reach them where they are at their residential setting, then we go to them and serve them on site.

That's not always an option for all programs. If we can go to a transitional living or a group home, that's great. But there are also opportunities to look for naturally occurring locations in the very busy schedules. One of the previous presenters said that they're very highly scheduled.

So if we can't go to them at their place of residence, then we start looking for the other places that they are required to be anyways and see if we can link our program to something they're already going to have to be doing so that it just becomes a part of that schedule they already have.

Some programs have attempted to use school settings. That seems like a really great place to reach young people. But we need to be mindful of how we interact with youth in out-of-home care within the school system in addition to

all of the other issues that arise in providing services of any type in a school setting.

Youth in out-of-home care don't necessarily like to be identified publicly as foster youth or youth in out-of-home care so we have to be very sensitive to not disclosing what they're living situations are and to protect their privacy, so be very careful with how we name that or the descriptions that we put out about that program. So we would never put posters up saying, you know, program for foster youth. They don't appreciate that kind of disclosure.

To address the issue of attendance this is probably the biggest question that we get when we're talking to others who are interested in providing services to youth in foster care or other out-of-home placements is how do you get them to consistently attend. And that's a real challenge.

So (Cindy Wilson) talked about the consistency that's important with facilitators. We always use team facilitation. We never facilitate with just one of our staff but they go in teams.

And it's really important that the youth we work with, any individual group consistently interacts with the same facilitators. That way they build a relationship and this relationship-building as we'll see in a future slide becomes very important.

It's important that when we choose our staff, that we choose individuals who know how to connect with young people, that they are enthusiastic, that they love this age group and that they love this particular population, that they like young people and are liked by young people. They need to understand the importance of the relationship-building they are doing and be able to work in a way that engages young people.

And usually those quantities mean that these individuals are authentic, they're genuine and they're a lot of fun. That's really important for our young people.

It's also been mentioned earlier the importance of modeling positive energy, unconditional acceptance and for staff to have healthy boundaries and be able to model those boundaries for the young people we work with.

The next couple of bullets I have the caveat that we need to talk about it may require secondary funding or another source of funding because federal funds have some restricted uses. But if possible, bring food. If you can bring a meal, they love pizza, they love all kinds of fast food, that's wonderful. It's an incentive to get them to attend. But at the very least, to bring a snack -- a light refreshment. If possible, bring cash. They love that too.

If you can build in incentives for attendance -- small incentive for each meeting -- because they like immediate gratification. It would be lovely if you had the opportunity to then build a second incentive for program participation, so that young people got an incentive for each attendance but then there was a long-term incentive at the end for having attended either all or a minimal number of sessions. That's been highly valued by the young people that we work with.

It is important to communicate frequently with the young people throughout the time that your programs going to work with them. You know, we've talked about voicemail messages, e-mail, text messaging, social media. We use them constantly to remind our young people that there's a session, remember we're going to have program on this night, you know, looking forward to seeing you tomorrow. It almost feels artificial that we think up ways to contact them. But you have to constantly be on their radar screen.

We found the success in working with our state agencies to have the program that we provide meet a requirement for youth in care rather than meets an existing requirement or rather you can work with your state agency to have your program become a requirement.

We've been successful in having the PTC program authorized for the populations we work to meet some of the independent living skills education requirement that youth have.

And then some of the facilities we work with, the facility has a requirement for a certain amount of offsite for their youth who are in congregate care. So we work with that facility. If we need to, we'll hold sessions at a local community place -- a library or another conference room -- and help that facility meet their offsite requirements. So that helps in getting the buy-in from the facility and to get the youth there.

We need to be very sensitive as other presenters have talked about the histories that these young people come to us. We have to assume in any group we work with that there may be youth in our audience, in our groups that have been physically or sexually abused and that assumption is increased with youth in out-of-home care because the statistics tell us that their risk for having experienced abuse is higher.

It's most of our facilitators are engaging, wonderful, loving people and it's been a lesson for us to learn that we have to ask before we touch. While we might just be gregarious and naturally hug or, you know, pat somebody on the shoulder, with this population and their histories it's just a matter of respect to ask them before you touch them. Even what seems like a casual touch, just to

say, you know, is it okay if I pat you on the back. It's important for them to feel like they have that level of control.

We've learned to be prepared for strong emotional reactions from abuse survivors. The previous presenters talk about trauma-informed care and that's very important. We do a lot of training with your staff around trauma-informed care, recognizing triggers, being able to predict triggers.

But it's almost impossible to do teen pregnancy prevention work and not talk about the very topics that can be triggers for the young people who have been on the receiving end of manipulation, coercion or abuse. And so we prepare for those and we work very hard with our staff to find ways to help the young people feel comfortable participating in the session and in the content at whatever level allows them to feel safe.

We've also learned that it's important to be careful not to speak harshly about the perpetrators or criminals who may have abused them or how deviant that our society sees that type of abusive behavior.

We truly need to understand that many of the young people who have been victims of abuse were victimized at the hands of family members or people known to them in the family. And these are people they love, so it is possible for us to share the message that that abuse was not their fault. It was not something they asked for or something they deserved but not to demean in anyway the abusers because that may in fact be somebody that they love and have a connection to and they will defend them.

Thank you. Let's see. I think we've talked about some of our program. We make it clear at the beginning that we acknowledge that some people have an experience of abuse or coercion and we have to define that often for them.

Our young people don't necessarily understand the difference between a forced behavior, such as rape, or coerced or manipulated behavior. Some of our young people have felt like because they in the end gave up and gave in that somehow that made it a consensual behavior. So we define that for them.

We do acknowledge what maybe somebody's past and their history but talking about the fact that we're there to talk about consensual behaviors, those things that they choose for themselves, those behaviors they choose to engage in freely.

And well noted by other presenters today to know what are your mandatory reporting requirements and make sure that we are reporting to an adult of consequence, somebody's who's in charge of that youth and let them know if there's been a young person who has been triggered not just if they've disclosed to us but also if they've had a reaction. We want to make sure they get the support that they need.

Okay we've talked some about family ties and it's really kind of both ends of the spectrum. It's never fair to assume that young people in care don't have family relationships. But then again you can't assume that they do.

And to be really cognizant of the way we use language because sometimes we have phrases in our toolbox that assume, you know, talking about things like well these are the messages that families give to young people as they're growing up and not even recognizing that we may be talking to people who have had some very inconsistent placements and not necessarily with family.

So to be very careful not to make assumptions either way, that they don't have family relationships or that they do have family relationships. So to be as

neutral as we can and to respect whatever connections they have and the emotions they have around those connections to their families.

This is a population that's hesitant to trust, so you have to get in there and build that trust, you have to earn it and you have to do it quickly. So we do that by making sure we always know their names and use their names. We ask them about things that they may have mentioned.

If they've mentioned being nervous about a test or, you know, getting to take their driver's license exam or something that's going at school or a special privilege, the next time we come back we will ask them about those things. They're very surprised when you remember something personal about them. If you make a promise to them, always follow through. So those things help to build trust.

And it's important that staff is genuine and honest with them. They have really finely tuned BS radars and they know when somebody's not being straight with them. So that's always a barrier to an ongoing relationship.

And they are highly sensitive to changes within their environment, so to be aware that if you change meeting rooms or you change facilitators or, you know, that there was a disagreement among youth before they came to you that know that those will affective your group and they're very sensitive to those types of things.

Some of these I'm going to skip a little bit because we've talked about them. We talked about the avoidance of personal contact, so be sure that the energizers you're using, if it's close personal space, that you're making that safe in a way that they can do that.

I think Sara Leonard mentioned something that speaks to my point about survivor mentality. Many of these youth have had experiences that lead them to a philosophy that life is stacked against them. And so we have to be very mindful of the ways that we ask them to engage with us so that they don't feel like they're being set up to look foolish or to fail. We make sure that they're always having success.

Sometimes when we ask them to engage with us and to build relationship with us, we get a little disappointed when we don't get the reaction we want. We have to realize that their status within that peer group may be important to them long term and more important to them than their short-term relationship with us.

We're almost always going to come in, be there for a certain amount of time and then we're going to be gone. They have to, you know, remain in that relationship often with that peer group far longer than they do with us so not to be surprised if they will engage in behaviors that support their peer relationship more than with us.

And the last bullet point yes care about them deeply. Even when they're not lovable, love them.

Some of the other presenters have talked about boundaries. There's more to do. There's more need here than we can meet, so we have to always stay focused on what is the goal of our project and to stay within that.

We do know that about 85% of our success is built on the relationships that we have with the young people and the staff, so we honor those relationships and work hard to protect them.

I would just like to share that one of our team members once said this and it's now become just almost the goal of our project. That the very best that we can do for these young people is the very least of what we owe them. So thank you, (Shelia), for those words of wisdom and we've all taken those to heart.

My contact information is here and I would encourage you to contact me if you have any questions, if there's any way that I can provide more information and I would be happy to do so. Thank you.

Sarah Axelson: Thank you, (Janine).

At this time we're going to open up the discussion for questions and answers. There don't appear to be any questions that have come in via the question box yet. But if you would like to type in a question, feel free. And at this time we'll also go ahead and take questions over the phone. So, operator, are there any questions on the phone line?

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question, please press star 1. You will be prompted to record your name. To withdraw your request, press star 2. Once again to ask a question, please press star 1. One moment.

Our first question comes from (Robin). Your line is open.

(Robin): Oh hi thank you. Thank you to all the presenters for sharing your curriculum. My first question -- which I'd actually just typed -- but it was just if the PowerPoints and also the curriculums were going to be made available for anyone that was interested in doing or anyone else who's doing this type of work in their communities if the curriculums will be made available.

And then another question is about what happens post-curriculum period. I think especially the last presentation with (Janine) mentioned, you know, that relationship-building is so important and yet it's only five weeks. So then what happen post that time period? And that question is open to all of the presenters please.

Sarah Axelson: Great. Thank you, (Robin). So to address your first question, the PowerPoint presentations will be made available and the whole webinar is also being recorded. That will be archived and posted both on the Office of Adolescent Health Web site as well as the Family and Youth Services Bureau Web site, so be sure to check those to be able to get access to the presentations.

And as far as the curriculums, those you would have to get in contact with either the individual developers or the sellers. Not necessarily all of those curriculums are available for use without associated fees and costs. So if you have questions about a particular curricula, I would encourage you to speak with the folks who addressed them today.

And then I'll let any of the presenters who wanted to address the second question about the sort of post-intervention, if you all would like to take that.

(Janine Fleur): Well...

Woman: Sure.

(Janine Fleur): ...since my name was mentioned, this is (Janine) and I'll be happy to say quickly, you know, I wish it were a bullet point that I had included. One of the things that we've learned is that the retention of youth in our program and in our study is probably a harder job than the implementation of the actual curriculum and program model.

We have an entire presentation on ways that we send postcards to the youth constantly. We stop by and take them little goodies for crazy holidays, Groundhog Day. We are constantly in contact with them at least once or twice a month either through mail, through personal drop by and visits, through text messages. So we have an entire protocol and wish that I would have an opportunity to share those with you at another time.

Cindy Carraway-Wilson: This is Cindy. I'd also like to respond. Our Wyman TOP project is a nine-month model and all of our young people don't make it through that timeframe because of the placement changes.

However we do often, our facilitators are often seeing these young people in new host sites and we've actually had that happen several times this year -- we're in our third year -- where young people had started TOP club someplace else, placement changes happen, we lost track of them and then all of a sudden they show up at a new host site.

And those young people remember the facilitators -- which is something that I think has really touched my facilitators' hearts to actually have these young people remember them as somebody who's important even for a brief period of time.

And then finally also we have a handful of young people who are in longer term placements and they are continuing in these TOP clubs. The model is a nine-month model, but with the four levels of the curriculum there are some people who participate in TOP clubs around the country outside of this project also who really participate in those TOP clubs sometimes from freshman in high school all the way through graduation. So we have a handful of young people who have continued there.

Sarah Axelson: Great. Thank you. So we do have a question from (Kerry) that says, "Could some of the presenters give some tips on how one should recruit pregnant teens for group if they are not in school?" Do any of our presenters have thoughts on that?

(Donna Matelee): This is (Donna) from Connecticut. We're serving youth in foster care right now, but for another project I would suggest go to community health centers, go to Planned Parenthood contrasts, local Ob-Gyns, maybe church groups, things like that and let them know that your program is available and give some contact information where they can reach you.

Sarah Axelson: Great. Thank you.

Cindy Carraway-Wilson: This is Cindy again. Another place that we've gone to -- actually we're going to be starting clubs in next year -- are youth-based community centers and drop-in centers. Oftentimes we can get (unintelligible) population to work there.

Sarah Axelson: Great. Our next question comes from (Margo), "For the program working with foster care youth utilizing (top) what was the average length of time that youth were in your care?" Cindy?

Cindy Carraway-Wilson: Wow that's a very good question. The average length of stay for young people in one particular form of placement is usually around - we're at about five to six months at this point. However a lot of these young people we start to recruit and host TOP clubs in organizations that offer a variety of different services so that as they're changing placement, they're still continuing possibly oftentimes in therapeutic schools. So we're able to hit the

nine-month mark because of that they transition from the club that they were in for a cottage and into that school club.

Sarah Axelson: Great. We have two more questions online and then if we still have a minute or two, we'll go back to the phone. The next question comes from (Murphy), "When you implement your program in a school setting, how do you advertise it so that you target the youth in foster care without directly saying so?"

Woman: In that case I think one of the techniques is to recruit the youth outside of the school but choose the school as a local and convenient meeting place in the community. So we use outreach through independent living skill specialists to help us identify youth that are in their caseload that would benefit from the program and live in, you know, that proximity to that school.

So we aren't necessarily partnering with the school to provide a program in the school setting, but that we're partnering with that school to use their space as meeting space and using other recruitment strategies.

Sarah Axelson: Okay. The next question comes from (Nadine), "Thank you for the great presentations. We are using Power Through Choices here. We've found that once the youth get to us they do enjoy it and stay involved. However we are having difficulty getting them to attend in the first place. We've been working with local foster care organizations to meet them where they are but they have difficulty as well. Any other ideas?"

Woman: Boy, (Nadine), I can certainly sympathize. Our staff have had long conversations about if we can just get them through Session 3, at that point we have them hooked. They love the program. They love us. So how do we get them through Session 3? And it is really difficult.

It has helped that we have found other sources to help us underwrite the cost of serving a meal when we're there or serving great refreshments. We do offer them some incentives for participation. So it's difficult and Godspeed in getting that done.

Sarah Axelson: Thank you. And our last question online comes from (Robin), "Have any of the presenters had any success with peer-to-peer training style models with this population of youth?"

Cindy Carraway-Wilson: This is Cindy. The Wyman TOP model doesn't particularly use peer-to-peer training. However we have found that young people who've been in clubs longer when new people enter, they are quick to kind of gather around the new young person, really introduce them, try to work to get them to buy-in.

And in addition there are TOP clubs members are some of our best advertisers out in the community, so that's another way that you can also recruit foster is through other foster youth.

Sarah Axelson: Okay. We have another question coming online that says, "It sounds like the facilitator needs to be super well trained. How have you ensured that your facilitators are trained not only on the curriculum but also providing the trauma-informed care?"

Cindy Carraway-Wilson: This is Cindy. That's a very good question. The trauma-informed care training is a requirement for the partner provider organizations. Every staff person they hire is trained in a model. In addition what we do is throughout the year we offer a variety of different trainings that pull in professionals with clinical backgrounds who are of trauma-informed

approaches and how to use those approaches to work on classroom management, engagement, sexuality education and such.

But training I think it was (Donna) maybe I forget, I'm sorry. One of you guys you do a lot of training and I think that's a key piece to all of our approaches really is that we have to keep up with the professional development. Training facilitators once in the model is not enough.

Sarah Axelson: Great. And if we have time, we can take one more question over the phone. Operator, are there any other questions?

Coordinator: At this time we have no questions.

Sarah Axelson: Great. Well I'd like to take this opportunity then to remind you all about a couple of upcoming remaining webinars this month. You'll see here on May 15 there's a webinar on social determinants in teen pregnancy. On May 22 there's a webinar on the Affordable Care Act and youth. And login information for all of these webinars is listed in TPP month events calendar that was distributed via e-mail.

I would like to take this opportunity to thank all of our presenters for sharing their experience and expertise with us today. I hope that you all enjoyed the webinar and this concludes today's show. Thank you.

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