

ABSTRACT

Preliminary Evaluation Report on Teens Making A Choice

Brenda W. Donnelly, Ph.D., Cindy Currell, M.S.W., L.I.S.W., University of Dayton
Peggy Seboldt, M.S.W., L.I.S.W., Krista Spurling, M.S.W., L.I.S.W., Catholic Social Services of the Miami Valley

Introduction

Teens Making A Choice (TMAC) is a prevention demonstration project operated by Catholic Social Services of the Miami Valley. TMAC provides home-based, intensive, individual, abstinence education, and supportive service to a particularly vulnerable group of younger adolescents and their caregivers. All participants are somehow linked with the local child welfare agency, the Montgomery County Department of Job and Family Services, Children Services Division: many have been subject to abuse or neglect and some are currently in custody of this agency.

Project services provide intervention up to 24 months. The Youth Development Specialist works with the youth to establish a positive relationship, and to assess the youth's strengths, assets, and risk factors. Monthly interviews and personal plans by the participants are updated throughout the course of the project. Based on the specific combination of strengths and challenges seen, an individualized plan is developed with the youth. Project staff utilize the *Why Am I Tempted? (WAIT) Training™* and the *Nurturing Families* to reinforce pro-health and pro-social behaviors and knowledge. The sessions are scheduled weekly in the participants' home or a mutually agreeable place for an hour to an hour and a half.

The project has three primary objectives for the youth involved: strengthening of pro-abstinence attitudes, intentions, and opinions; improving levels of general self-efficacy as demonstrated by educational success, school attachment, and social involvement; and, the development of more positive relationships with their parents, foster parents, teachers and the other adults in their lives. A random assignment, repeated measures design is being used to evaluate project impact on any or all of these desired outcomes.

Evaluation Methods

Project participants are located through the county child protection authority. Child welfare caseworkers are asked to provide initial enrollment information on eligible youth age 12 to 14. Project participants are randomly assigned as either a program participant or as a member of a control group based solely on the month of his or her birth until the case-loads of the staff are full, at which point all enrollees will be offered participation in the control group.

The evaluation of this project is designed to answer three research questions. Are participants more likely to express pro-abstinence opinions and attitudes, intend to remain sexually abstinent longer, and be more likely to remain sexually abstinent (or return to sexual abstinence) than are the control group members? Do they exhibit more increased social self-sufficiency--including more positive educational and social outcomes, more facility accessing needed social services, and the ability to form and maintain healthy peer relationships--than do the control group members? and, Do they report more positive relationships with the adults in their lives than do members of the control group?

Answers to these questions will be tracked quarterly through surveys covering both attitudinal and behavioral variables. Both participant and control group members answer survey protocols at first contact and every three months for the next two years. The AFL Core surveys and an additional survey protocol are administered at baseline and at six-month intervals throughout the project. A single survey protocol with items from both the AFL Core survey and the additional survey is also distributed at six-month intervals three months following the initial survey. The additional survey includes items which will better measure the relationships these young people have with the adults in their lives and the especially challenging situations faced by this very high-risk population. In addition, detailed information on the type and duration of treatment is collected for each treatment participant.

Results

Data collection for this project began in May of 2008. To date, a total of 52 young people have been enrolled in this project: 21 in the control group and 31 in the treatment group. Some of these young people are currently in custody of protective services, some live with foster parents, some are in the care of a relative other than their parents and some live with their biological parent. Baseline data has been collected from many of these young people though a total of 4 adolescents in the treatment group and 3 adolescents in the control group have refused to participate in

the program and its evaluation. The first follow-up survey has been completed by 16 adolescents; no six-month follow-up surveys have yet been distributed.

Preliminary comparison of the treatment and control groups indicates that they are very similar. One-half of the treatment group and 46% of the control group report being 12 years old; 42% of the treatment group and 39% of the control group are girls; and 64% of the treatment group and 67% of the control group are in their parents' custody at the time of first contact. However, some variation in ethnic/racial identity is currently found as only 17% of those in the treatment group but 46% of those in the control group define themselves as white. Any a priori differences in such pivotal demographic and situational factors as well as attitudinal proclivities between the treatment and control groups will be considered in future analyses. The outcome analyses will focus on any discernable changes over time in the attitudes, intentions and behaviors surrounding health-risking behaviors including sexual activity; in attachment and commitment to educational activities; and the ability to develop more positive relationships with the adults in their lives. In cases where it is statistically appropriate, these analyses will utilize step-wise regressions to uncover the impact of this treatment on these young people.

Discussion

Despite having an agreement concerning the project from the upper-level administration of Children Services Division, the response to TMAC from the agency personnel has been challenging. Some agency staff were hesitant to provide needed information on any of their clients unless they were assured that they would be receiving treatment. Others were hesitant to supply needed information believing that the clients' confidentiality would be breached by any information released. Others are fundamentally distrustful of their clients being involved in research or a demonstration study. Given their heavy caseloads, some caseworkers believed the enrollment process would be too time-consuming.

Every effort has been made to allay these concerns and make the process as easy as possible for the caseworkers involved. A Confidentiality Statement was written to document Catholic Social Services privacy policies and was accepted by Children Services Division administration. A NIH Certificate of Confidentiality has been obtained. Increasing publicity within the Children Services Division has been emphasizing the voluntary nature of participation for both the treatment and control portions of the demonstration project. Positive comments by youth in both the treatment and control portions of the project are being relayed back to the agency staff. The possible benefits of control group membership--a quarterly visit by a mandated reporter of child maltreatment, gift cards for survey completion, and any feelings of self-worth that are generated by having a friendly adult say that what they think and have to say is important—are also relayed back to agency staff on a regular basis. Access to a number of private foster care agencies has been gained in the hopes of increasing the enrollment pool. At this point it appears that project staff are building professional trust with Children Services staff and those involved in the private foster care agencies so that they will provide enrollment information regarding more of their eligible clients.

Other ongoing challenges involve building rapport with families that have had multiple involvements with Children Services Division and their inherent distrust of social service systems. Because TMAC goals involve providing education and support to parents or caregivers another difficulty involves coordinating with parents of youth that have been removed from their families of origin or have limited contact with their biological parents.

Implications

At this time, the identification of any project impact is premature; there are no cases that have completed even the first 12 months of the 24-month program. The complexity of the challenges faced by these young people and their caretakers has, however, been clearly established by the baseline data. The young people involved in the child protection system are a unique population that desperately needs additional attention, supportive services, and an opportunity to develop a healthy relationship with responsible adults. The difficulties involved in negotiating the legal and logistical issues faced by the child protection agencies, however, are extremely challenging and require both patience and persistence.

Contact Information

Brenda Donnelly
(937) 229-4651
brenda.donnelly@notes.udayton.edu