

## A WORD FROM THE EXPERTS

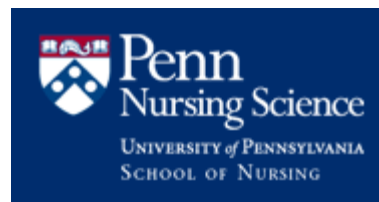
# Promoting Health Among Teens (PHAT)! Abstinence Only

Interviews with Developers of Evidence-Based  
Programs for Teen Pregnancy Prevention



*This webinar was developed by Child Trends under contract #GS-10F-0030R for the Office of Adolescent Health; US Department of Health and Human Services as a technical assistance product for use with OAH grant programs.*

*Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not indicate HHS or OAH endorsement of a program model.*



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## Program goals:

- Increase knowledge about puberty, HIV/STDs, and abstinence.
- Develop abstinence-only strategies.
- Bolster positive attitudes toward practicing abstinence.
- Increase confidence/self-efficacy and skills in negotiation, refusal, and problem solving for practicing abstinence.
- Build stronger intentions to abstain from sex.
- Build a sense of pride and responsibility for practicing abstinence.

## Key components:

- Use of activities and materials in curriculum to:
  - Teach correct information about puberty, and HIV/STD.
  - Build abstinence-only strategies to prevent pregnancy and HIV/ STD.
  - Build refusal, negotiation, and problem-solving skills.

## Delivery methods:

- Highly Interactive, youth-centered small group discussions
- Games and interactive activities, role plays, handouts, and posters
- Videos/DVDs
- Practice and feedback

## ■ Study #1 –Randomized Controlled Trial

- ✓ Population: African American 6<sup>th</sup> and 7<sup>th</sup> graders (n=667)
  - Return Attendance Rate: 95.6% (3-month), 96.1% (6-month), 90.3% (12-month), 87.2% (18-month), and 84.4% (24-month) follow-up.
  
- ✓ Findings: Curriculum Compared to Controls, participants reported
  - Reduction in sexual activity.
  - Reduction in sexual initiation at the 24-month follow-up.
  - Among virgins at baseline, they were less likely to report having sexual intercourse at the 3-month follow up.
  - Higher knowledge scores, weaker intentions to have sex, more positive attitudes towards abstinence, and stronger self-efficacy to practice abstinence.
  - Stronger belief that practicing abstinence would help them achieve their future goals and dreams.

# Target population

- Evaluated populations

- Evaluated with African American youth ages 11-14 years old in urban areas.
- Multi-ethnic/racial youth, ages 11 to 14 and 15 to 18
- Mixed gender groups and gender based groups

- Target populations

- Multi-ethnic/racial adolescents who attend middle or high schools and youth-serving community based programs.
- Age 11 to 14 and 15 to 18



## ■ Evaluated settings

- Saturday program serving neighborhood middle school youth.
- Youth recruited from various schools.



## ■ Other settings using this program

- In school/classroom based
- After school programs
- Youth serving community-based organizations
- Group homes for teens
- Health clinics or medical facilities
- Organizations caring for foster care youth



## ■ Potential adaptations

### ○ Implementation time frame

- Due to time restraints in some settings, modules can be delivered in different ways (e.g.1 module/ day, 2/per day or 4 per day)

### ○ Group size

- Groups can be larger than 8 participants

### ○ Facilitators

- Facilitators can be of different ethnic and professional backgrounds.
- Peer educators can be used

**Note: TPP grantees must obtain prior approval from OAH for any adaptations.**

## ■ Potential adaptations

### ○ Settings

- Community agencies serving LGBTQ youth or youth with disabilities

### ○ Cultural relevance

- Adapt and change the DVDs and the names used in interactive activities for different ethnic/racial groups, while maintaining the integrity of the program

### ○ Target population

- LGBTQ youth, youth with disabilities, incarcerated youth, ethnic-diverse youth ages 11-18.



**Note: TPP grantees must obtain prior approval from OAH for any adaptations.**

## ■ Staffing considerations

- Number
  - 2 facilitators (one to serve as back-up)
  - Support staff (e.g. admin. assistant)
- Experience/background
  - Professional background is highly recommended (e.g., nurse, teacher, health educator, social worker, counselor)
- Required/recommended skills
  - Formal training on the curriculum
  - Experience working with multiracial youth from diverse backgrounds and ages recommended
  - Experience in group facilitation
  - Comfortable discussing sexual health issues with teens and bolster positive sexual health development
  - Be able to relate to youth and their life circumstances, believe in them, and believe in their resilience.



## ■ Training considerations

- Facilitator training model (TOF)
  - A 2-day training program
  - Designed to develop skills in effectively implementing the curriculum
- Train-the-trainer (TOT) model
  - 3-4 days, depending on organizational needs)
- Cost varies with group size and needs
- Training available on-site or at other settings through Jemmott Innovations Group, Inc. and their partnering agencies, e.g., Healthy Teen Network, JSI, ETR, Teenwise Minnesota, Select Media





## ■ Common challenges

- Attitudes of school administrators, teachers, and parents about sex education in schools settings
- In school class size, limited time, and student absenteeism (missing components of the program)

## ■ Strategies for success

- Flexibility
- Meet with school board, principals and parents to discuss their issues and strategies to resolve them
- After school and off-campus youth serving agencies
- Reach out to partners for wrap-around services
- Offer incentives for participation

- Recent or planned curriculum revisions
  - Most recent curriculum publication of *PHAT Facilitator Manual 1<sup>st</sup> Edition* in 2012 by Select Media
  - Statistical and health-related information that may have changed since publication is updated by trainers, as necessary
  - Promoting Health Among Teens! In-School Edition, 2014
- Further information on publication of Facilitator Manual is available at Select Media
- Training materials available through Jemmott Innovations Group, Inc.

- **HHS Teen Pregnancy Prevention Evidence Review**
  - <http://tppevidencereview.aspe.hhs.gov/>
- **Link to implementation report**
  - <http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=166&mid=1>
- **Link to model developer's website**
  - <http://www.selectmedia.org/programs/phatab.html>
  - <http://jemmottinnovations.com/meet-the-developers/>

Thank you!

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