

# Teen Pregnancy Prevention for Youth in Foster Care

U. S. Department of Health and Human Services  
Family And Youth Services Bureau (FYSB)  
Office of Adolescent Health (OAH)



# Agenda

- Introductions
- Overview
- Grantee Presentations
  - Sara Leonard, The National Campaign to Prevent Teen and Unplanned Pregnancy
  - Cindy Carraway-Wilson, Youth Catalytics
  - Donna Masselli, State of Connecticut Department of Public Health
  - Janene Fluhr, Oklahoma Institute for Child Advocacy
- Questions & Discussion



Teen Pregnancy Prevention for Youth in Foster Care



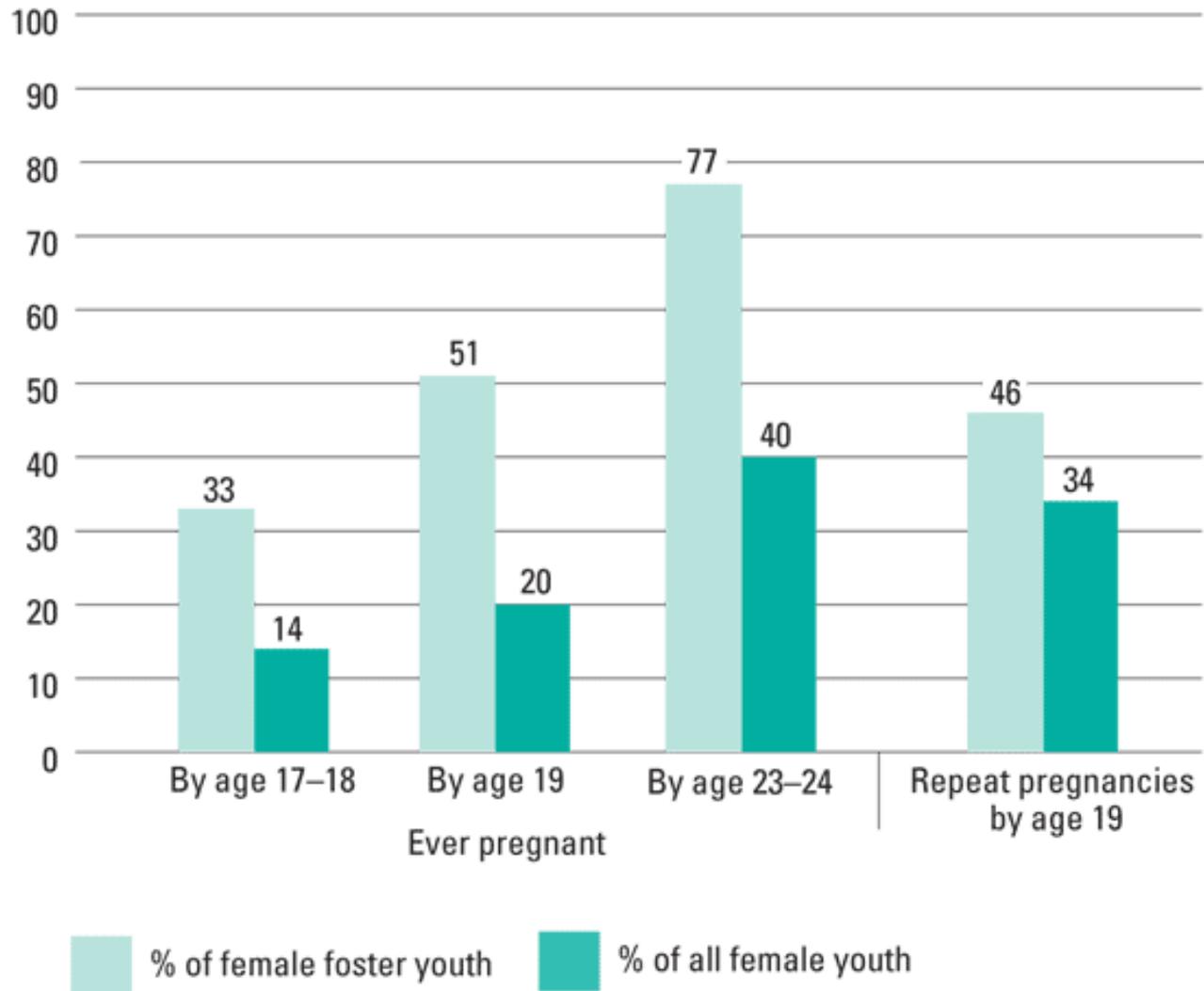
# OVERVIEW

# TPP and Youth in Foster Care

- Nearly 160,000 adolescents live in foster care or with relatives other than their parents, in most cases as the result of abuse and neglect.
- Young women in foster care are more than twice as likely as their peers not in foster care to become pregnant by age 19.
- Many of those who become pregnant experience a repeat pregnancy before they reach age 19.

(Children's Bureau, Administration on Children, Youth and Families, 2010; Courtney ME et al., 2005)

# Foster Youth and Pregnancy



# TPP and Youth in Foster Care

- Compared to 19 year olds still in foster care, girls who aged out 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.



# **GRANTEE PRESENTATIONS**



# Sara Leonard

## The National Campaign to Prevent Teen and Unplanned Pregnancy

# Cindy Carraway-Wilson

Youth Catalytics



# Donna Masselli

State of Connecticut Department of Public Health



**Janene Fluhr**

**Oklahoma Institute for Child Advocacy**



Teen Pregnancy Prevention for Youth in Foster Care

○  
**QUESTIONS AND  
DISCUSSION**



# Upcoming TPP Month Webinars

- May 15th - 1:00 PM (ET)
  - Webinar: Social Determinants and Teen Pregnancy
- May 22nd - 2:30 PM (ET)
  - Webinar: Affordable Care Act and Youth
- Log-in information for all webinars is listed in the TPP Month Events Calendar that was distributed via email.





**THANK YOU!**

# Engaging Youth in Care in Curriculum Adaptation

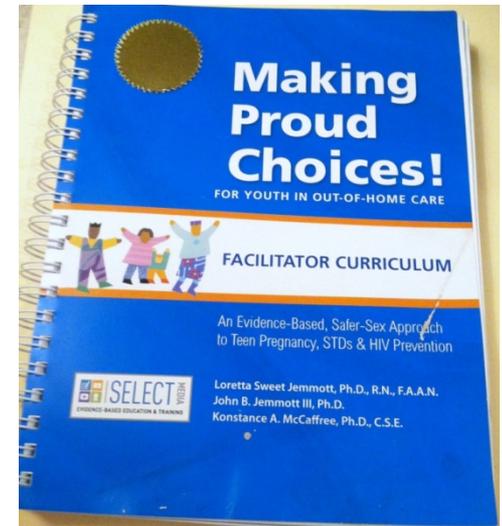


Sara Major Leonard  
Partnerships Manager  
The National Campaign to Prevent Teen and  
Unplanned Pregnancy

\*The contents of the presentation are solely the responsibility of the authors and do not necessarily represent the official views of HHS.

# Making Proud Choices! For Youth In Out-of-Home Care

- Partnership with the American Public Human Services Association with support from the Annie E. Casey Foundation.
- Convened a National Advisory Council of child welfare and teen pregnancy professionals
- Goals of the Project:
  1. Adapt an evidence-based curriculum for youth in care – Making Proud Choices!
  2. Embed curriculum into existing Independent Living (IL) and Transition Planning (TP) programs to educate youth and support their efforts to prevent early pregnancy.
    - Selected five teams of state and local child welfare and teen pregnancy professionals
      - Alameda County, California
      - North Carolina
      - Rhode Island
      - Hawaii
      - Minnesota



# Making Proud Choices! For Youth In Out-of-Home Care

## The Youth:

- Youth and Young Adult Advisory Group
  - Seven participants - either in care or had transitioned out.
  - Ages 15-22
  
- Youth participants in the pilot of *MPC for Youth in Out-of-Home Care*
  - Eleven youth currently in care
  - Ages 14-16

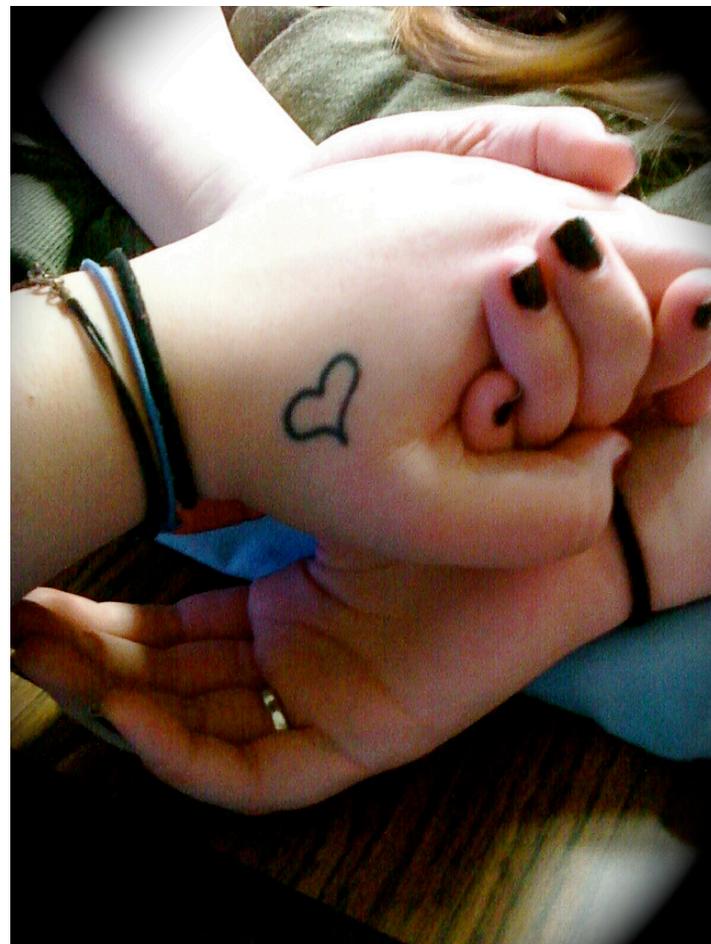


# Youth and Young Adult Advisory Group

## What we learned from them:

- Sex education they receive is “too little, too late.”
- Want mentors who were formerly in foster care and/or can relate to them.
- Having goals and dreams as a youth in care is not realistic. **NO HOPE**
- Self-sabotaging your own relationships is common.

*“Leave them before they leave you.”*



# Youth and Young Adult Advisory Group

## What do they think puts them at risk?

- 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 about sexuality
- Lack of opportunity to experience “normal” and “healthy” teen relationships
- Exposure to many different types of placements
- Wanting someone to love



# Pilot Group for Making Proud Choices! For Youth In Out-of-Home Care

## What they liked about the program:

- Identifying and sharing their goals and dreams
- DVDs and games
- Learning about birth control methods
- Condom demonstration & practice activity
- Sharing their experiences of being in foster care with their peers
- Activity on sexting
- Learning the S.T.O.P. Strategy
- Role-plays



# Pilot Group for Making Proud Choices! For Youth In Out-of-Home Care

What they wanted to learn more about:

- Healthy relationships
- Condoms
- Birth control
- STIs and what they do to you
- Transgender people vs. transsexuals
- More S.T.O.P. and how to say no



# Responding to the Youth Voice

## Adaptations include:

- Message incorporated throughout the curriculum:  
**Youth can make proud and responsible choices in spite of what has happened to them in the past.**
- More information on healthy relationships
- Sensitivity to different types of placements
- Sensitivity to previous trauma
- Increased focus on pregnancy prevention and contraception
- New role-plays
- Added more games and interactive activities

# Facilitation Tips

- Create a safe space.
- Build on youth's individual and collective strengths.
- Provide healthy food and snacks.
- Build in energizers and breaks.
- Respect diversity and be aware and conscious of language.
- Be prepared for follow-up questions and to make necessary referrals.
- Be able to recognize behaviors that result from trauma cues.
- Use trauma-informed responses in cases of disclosure. Abide by mandated reporting requirements.

# Thank you!

For more information, contact:

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and visit the website:

<http://www.thenationalcampaign.org/fostercare/default.aspx>



# Teen Outreach Program® in Connecticut

Presented by  
Cindy Carraway-Wilson, MA, CYC-P  
Project Director

# Teen Outreach Program® In Connecticut

The project described was supported by Grant Number TP1AH000057 from the Office of Adolescent Health.

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# Our Program Design

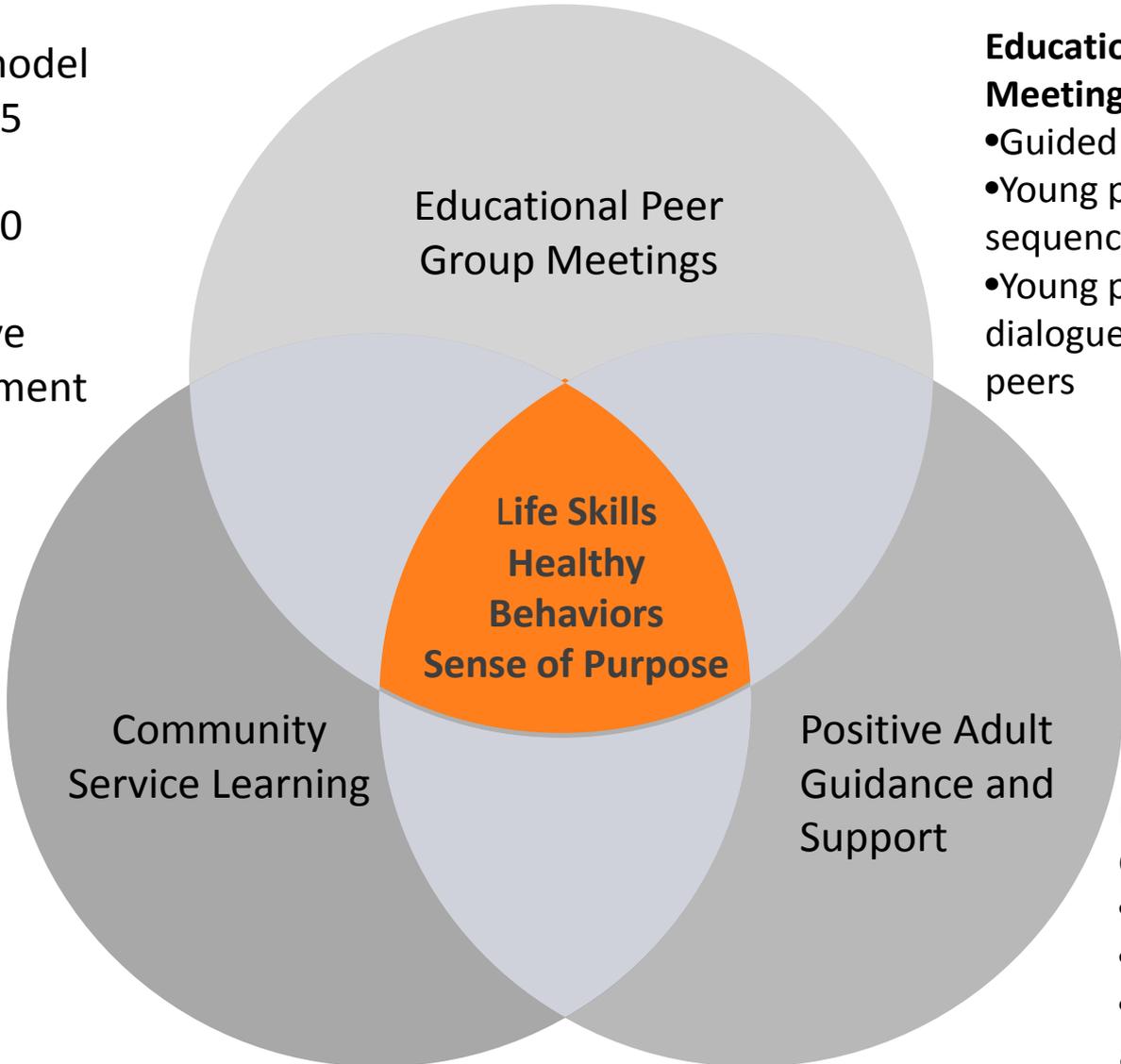




# TOP<sup>®</sup> Components & Goals

- Nine-month model
- Minimum of 25 sessions
- Minimum of 20 hours of CSL
- Comprehensive Youth Development model

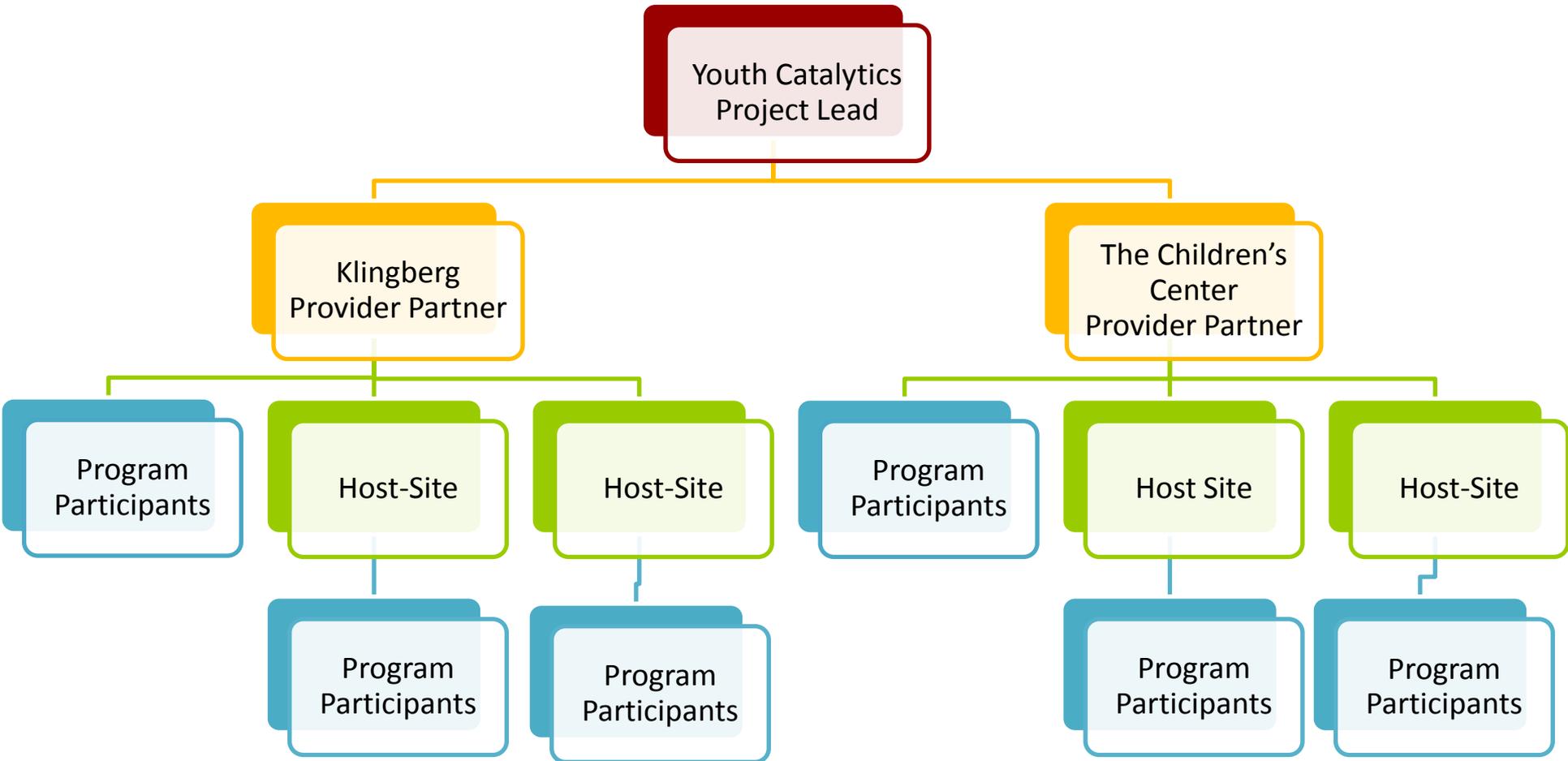
- Educational Peer Group Meetings**
- Guided by trained facilitators
  - Young people contribute to sequence
  - Young people participate in dialogue with facilitator and peers



- Community Service Learning**
- Young people select and plan
  - Young people implement
  - Facilitators support reflection

- Positive Adult Guidance & Support**
- Consistent facilitators
  - Values neutral
  - Encourage dialogue and participation

# Program Design



# Adaptations

Gay, Lesbian, Bisexual, Transgender, Queer/Questioning (GLBTQQ) inclusive language was added and emphasized in the model.

- GLBTQQ youth are over represented in homeless populations (15 - 25%)<sup>1</sup> or in out-of-home care
- Many GLBTQQ<sup>2</sup> youth are homeless as a result of coming out
- GLBTQQ youth have twice the risk of early pregnancy<sup>3</sup>
- Twice<sup>2</sup> prevalence rate of childhood sexual abuse among



1. National Alliance to End Homelessness. (2009) Incidence and Vulnerability of LGBTQ Homeless Youth, Youth Homelessness Series, Brief No. 2, Washington, DC.
2. Lambda Legal. (2009) National Recommended Best Practices for Serving LGBT Homeless Youth. New York, NY.
3. Healthy Teen Network. (2008) Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future. Washington, DC.

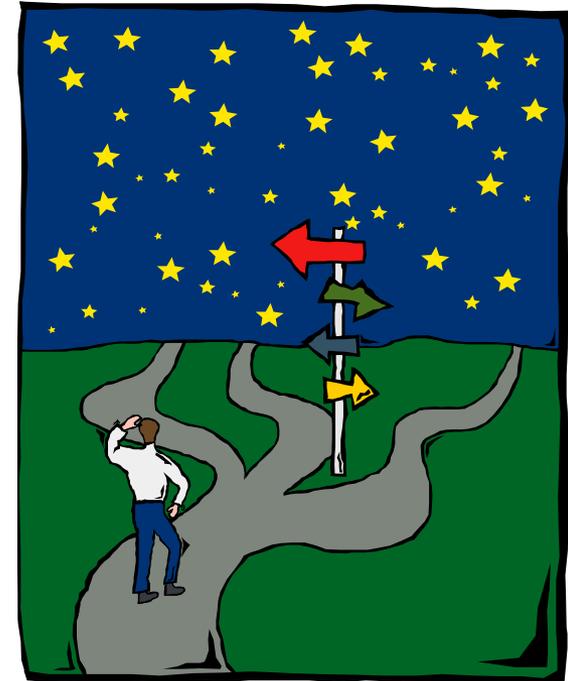
# One Young Woman's Story

Molly, 16, lives in a community-based group home. She has been in foster care since the age of 12 due to parental substance abuse, domestic violence and sexual abuse. The current placement is her fifth, after having experienced three failed foster home stays and time in a temporary shelter and residential treatment facility. She feels like she doesn't belong anywhere, she lacks healthy relationships with peers or adults, and she struggles in school. She's learning how to cope with past trauma in healthier ways and feel better about herself. Molly hopes to find a family who will keep her safe; to engage in a positive, healthy romantic relationship; and to transition into a public high school.

*\*\* Name changed to protect confidentiality.*

# Special Considerations

- ✚ Flexibility of the model allows sequencing changes
- ✚ Smaller numbers of adolescents in TOP Clubs
- ✚ Multiple intelligences approach encouraged in delivery of lessons
- ✚ Additional staff people in clubs to provide support to young people
- ✚ Trauma informed approaches and awareness of emotional triggers in delivery of lessons



# Trauma Informed Sexuality Education

- ✚ Behavioral variances are navigated
- ✚ Awareness of traumatic experiences is forefront
- ✚ Ensure emotional, psychological and physical safety
- ✚ Maintaining / modeling values neutral approaches and acceptance, while supporting dialogue about values



# Trauma Informed Sexuality Education

- ✚ Publicly maintaining universal values of respect, safety, justice, human rights, etc.
- ✚ Modeling/talking about opposing or minority views
- ✚ Assumes the goal of healthy and pleasurable relationship and sexual development



# Managing Barriers

“With this population you know, on any given day, with any given youth, you might see behaviors or issues that arise. An so at any moment, we have to deal with it. It if’s a 40-minutes lesson and you have a kids who’s acting out, that makes it hard to deliver the lesson to the other participants. But that’s a small barrier and it just means we might take two sessions to do a lesson.”

~TOP in Connecticut Facilitator

# Challenges

- ✚ It's not really about the young people!
- ✚ What are the challenges?
  - Scheduling
  - inconsistent attendance
  - Changes in placement



# Approaches

- ✚ Integrate TOP into existing programming
- ✚ Gain buy-in from teens through interesting activities and CSL
- ✚ Offer TOP Clubs in various programs and geographic locations
- ✚ Recruit assistance from various foster care providers to host TOP Clubs
- ✚ Transfer young people among TOP Clubs as placement changes

# TOP<sup>®</sup> Changes Relationships

“One thing I’ve noticed, especially having some staff in the club, is the way kids talk with staff. Some of the more playful and open conversations that start in the club, I see that continue at other times. I mean, the behavior cycles come and go, but the kids are able to talk more openly with staff even outside the group.”

~TOP in Connecticut Facilitator

# Strengths of TOP<sup>®</sup> Implementation

- ✚ Clubs foster relationships
- ✚ Format gives young people time
- ✚ Topics are relevant and interesting
- ✚ Creates opportunities for leadership
- ✚ Accommodates clinical history and special needs
- ✚ Engages different learning styles
- ✚ Promotes inter-organizational collaboration

# Lessons Learned

- Include program staff in TOP training and clubs
- Establish boundaries of TOP facilitators and program staff
- In higher levels of care, ease adolescents into facilitation model
- Provide “A Tastes of Service” to introduce CSL
- Utilize Multiple Intelligences approaches in lesson preparation
- Plan to spend more than one session on many lessons



YouthCatalytics

# Youth Catalytics

**Cindy Carraway-Wilson, MA, CYC-P**

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# State of Connecticut Personal Responsibility Education Program (PREP) Grant



Presented by  
Donna C. Maselli, RN, MPH  
State of Connecticut Department of Public Health

# Acknowledgements

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responsibility of the authors and do not necessarily represent the official views  
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# Connecticut's PREP Team Partners

- State Departments of:
  - Public Health (Lead Agency),
  - Children and Families (DCF),
  - Education (SDE),
  - Mental Health and Addiction Services (DMHAS),
- Planned Parenthood of Southern New England, Inc.,
- Partners in Social Research (Evaluator),
- True Colors, Inc.

# CT PREP Program

- Targeted population
  - Youth in child welfare system
- Evidence-based programs delivered
  - Making Proud Choices
  - Teen Talk (*Promising program*)
- Evaluation
  - Rigorous Evaluation of Teen Talk
- Training
  - DCF staff
  - Foster parents
  - Congregate care staff
- Updated DCF Adolescent Health Curriculum

# Teen Talk History

- Comprehensive sexuality education program
- Developed in 2007 by Planned Parenthood of Southern New England, Inc. (PPSNE)
  - Desire to reduce teen births in New Haven, CT
- Four, 2.5-hour sessions
  - Co-educational
  - Center-based
  - Groups of 20-25

# Theory of Change

- Based on the Health Belief Model
  - A person will take a health-related action if s/he
    1. feels that a negative condition can be avoided;
    2. has a positive expectation re: recommended health action;
    3. believes that s/he can successfully take the recommended health action.

# Teen Talk Development

- 2008, PPSNE and John Snow Inc., (JSI) began discussion with the Centers for Disease Control (CDC) and Prevention regarding Teen Talk evidence
- 2009, PPSNE and JSI invited to Atlanta to present the Teen Talk model and curriculum to the CDC

# Promising Program

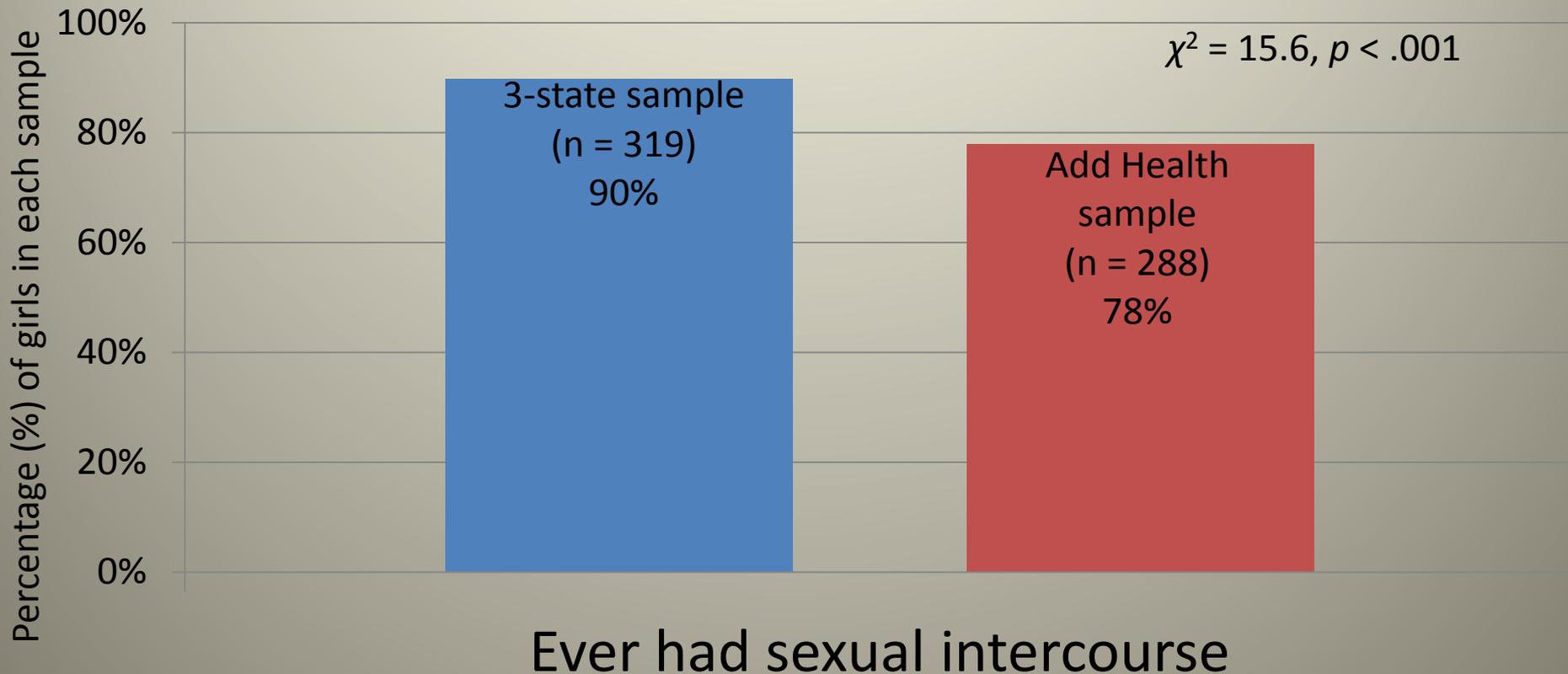
- JSI and the Healthy Teen Network conducted a rigorous, two day review of Teen Talk
- Kirby's *Tool to Assess the Characteristics of Effective Sex Ed and STD/HIV Education Programs*
  - 17 characteristics needed for an effective sex education program.
- Teen Talk was designated a *Promising Program* by the CDC

# Adult Preparation Subjects

- Healthy relationships
  - positive self-esteem and relationship dynamics, dating, and family interactions
- Adolescent development
  - healthy attitudes and values, body image, racial and ethnic diversity
- Parent-child communication
- Healthy life skills
  - Goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management

# Why Focus On the Child Welfare System?

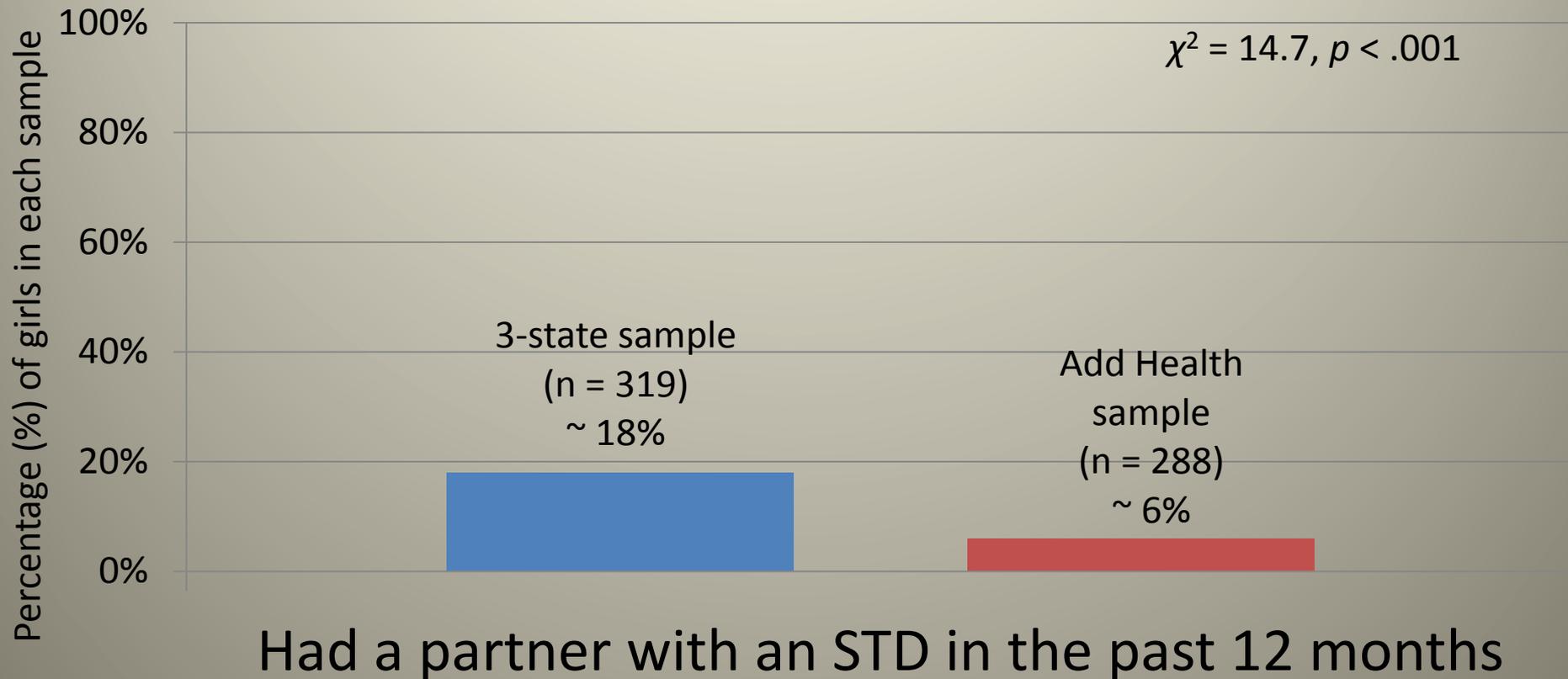
19-Year-Old Girls' Self-Report of Ever Having Sexual Intercourse



Source: Courtney, Dworski, Ruth, et al. (2005)

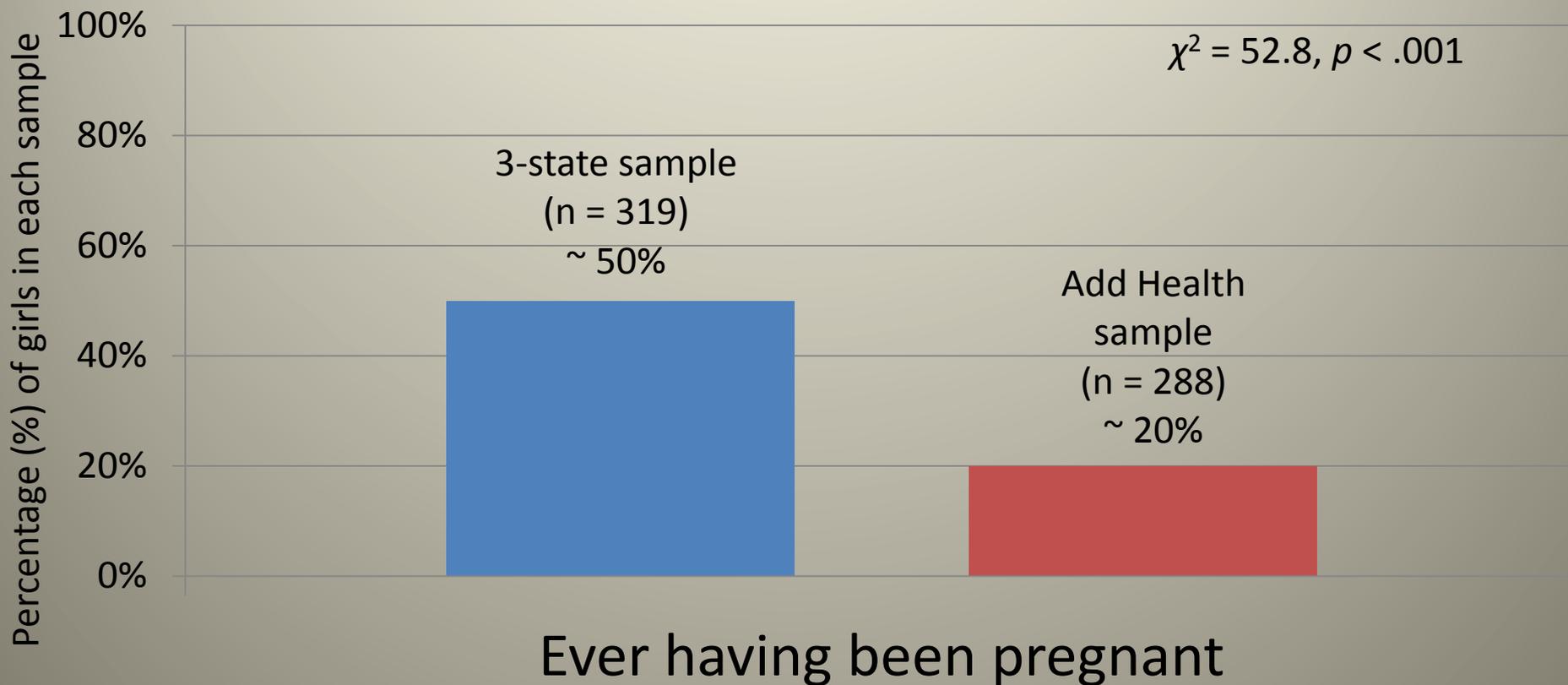
# Why Focus On the Child Welfare System?

19-Year-Old Girls' Self-Report Having Had a Partner with an STD



# Why Focus On the Child Welfare System?

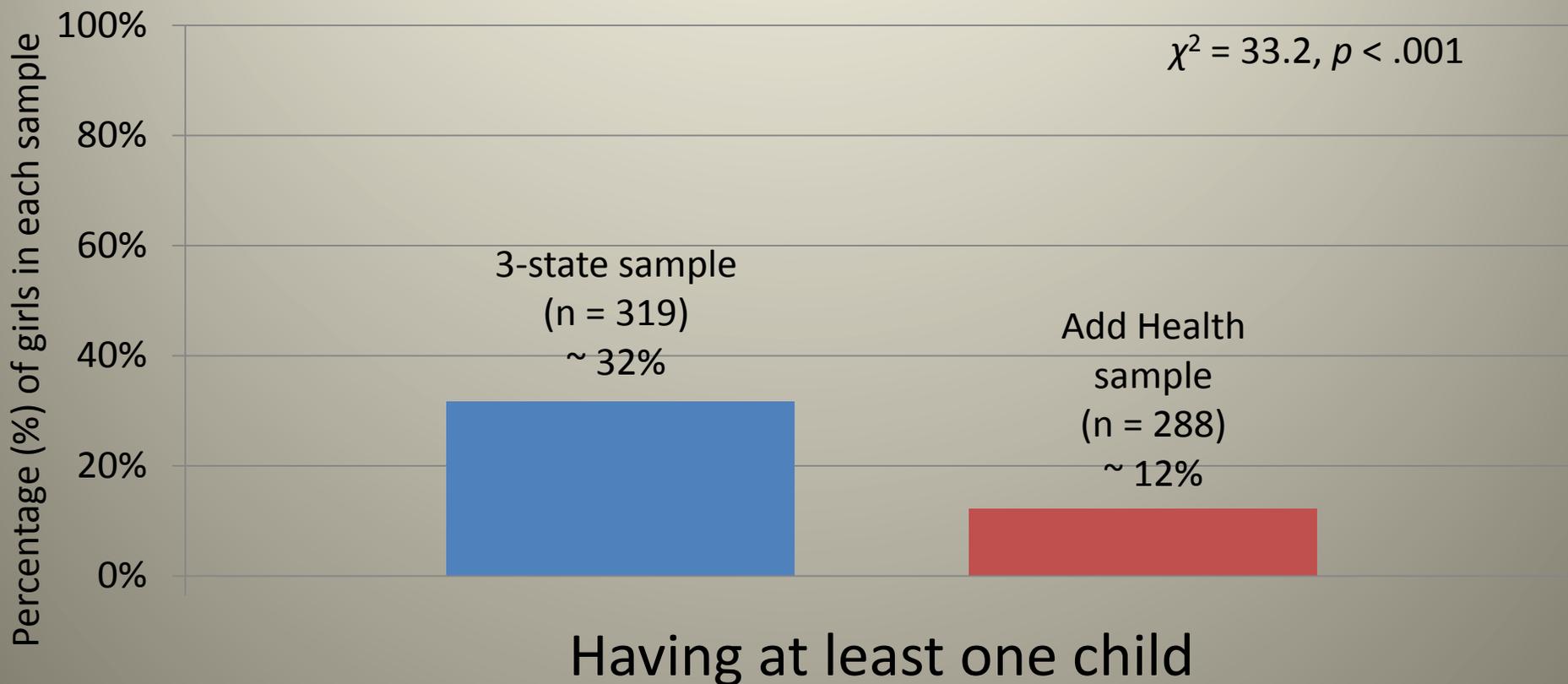
19-Year-Old Girls' Self-Report of Ever Having Been Pregnant



Source: Courtney, Dworski, Ruth, et al. (2005)

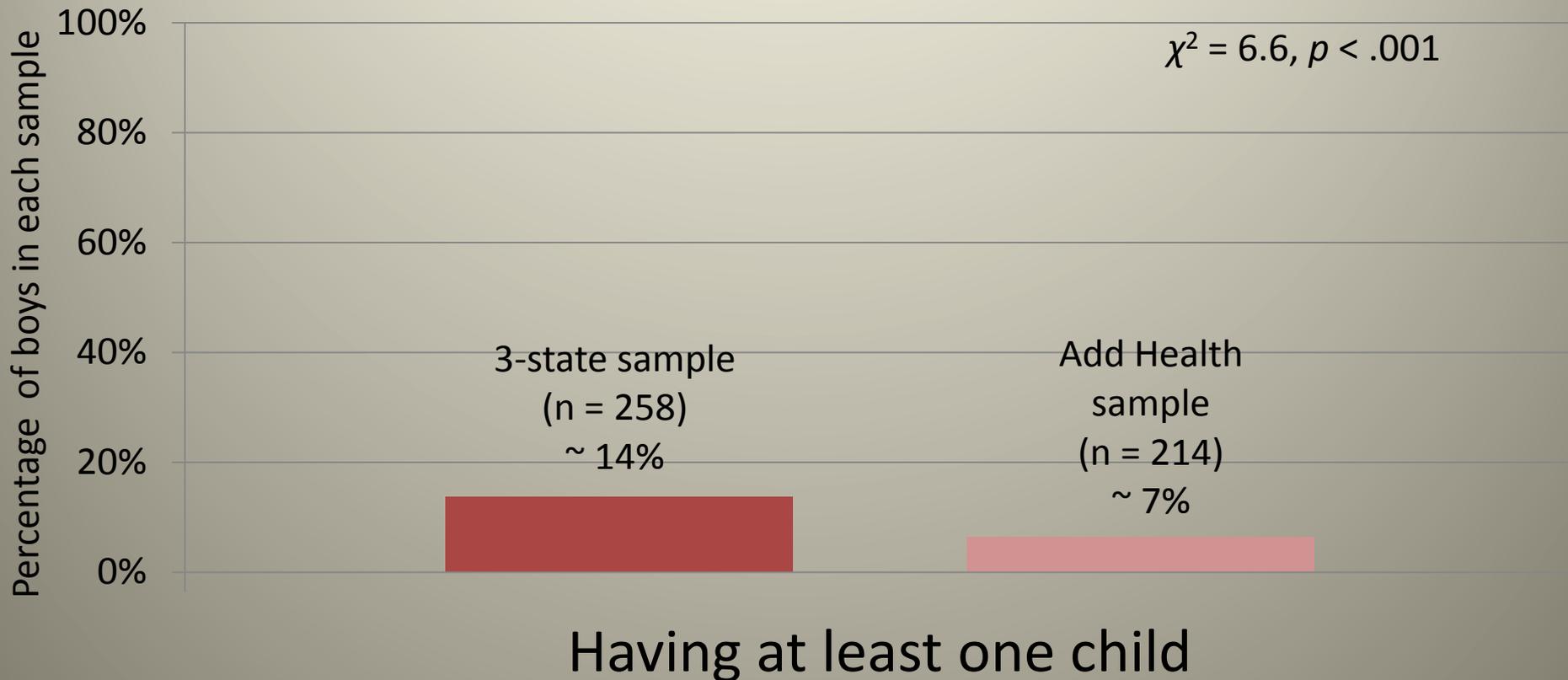
# Why Focus On the Child Welfare System?

19-Year-Old Girls' Self-Report of Having at Least One Child



# Why Focus On the Child Welfare System?

19-Year-Old Boys' Self-Report of Having at Least One Child



# Target Population

- Youth in child welfare system (Ages 13-19)
- Voluntary & involuntary out-of-home placements
- Long-term
  - Therapeutic group homes
  - Preparation for Adult Living Settings (PASS) programs
  - Transitional Living Assistance Program (TLAP)
  - Support Work Employment Training Program (SWETP)
  - pregnancy and maternity programs
- Short-term
  - Short-term Assessment and Respite (STARS)

# Teen Talk Program

- Delivered by PPSNE Educators
- Four, 2.5 hour sessions
- Scheduled weekly over one month period
- Provide pizza
- Gift bags distributed
- Incentives for participation
- Includes a tour of a PPSNE center

# Teen Talk Evaluation Overview

- Cluster-randomized design
  - Intervention group- Teen Talk
  - Control group
- Fidelity monitoring system
- Interviews: Baseline, 1-month, 3-month, and 6-month post intervention
- Audio Computer-Assisted Self-Interviews
- Gift cards for participation

# Teen Talk Challenges

- Institutional Review Board (IRB) approval
- Obtaining consent
- Coordinating schedules with congregate care providers
- Congregate provider staff “buy-in”
- Personal biases
- Unexpectedly low level of functioning among some of the participating youth

# Teen Talk Challenges

- Participation
  - Low census due to changes in Child Welfare system,
  - Congregate care staff attitudes
  - Communication within congregate care settings,
  - Living in restricted settings
- Following up with participants
  - Mobility
  - Transitioning from restricted settings
  - Group home and/or DCF staff as contacts for follow-up

# Strategies to Overcome Challenges

- Monthly State PREP Advisory Council meetings with key partners
  - Others brought in as needed
- Small group meetings to work on specific challenges
- Continue pre-Teen Talk training for congregate care staff
- Funded DCF database modifications
- Obtained consent on all youth up front

# Strategies to Overcome Challenges

- Building awareness of the State PREP Project
  - Presentations at DCF Managers' and congregate care providers' meetings
  - Electronic handouts emailed to DCF managers and staff
  - Phone calls to congregate care providers
  - Electronic and snail mail letters to congregate care providers
  - Shared comments from others who have participated in Teen Talk

# Congregate Care Provider Feedback

“The kids seemed to enjoy themselves. They appreciated the food. They seemed resistant at first, but they overcame the resistance by going back to the House and processing the information with their clinicians and staff. That the program consisted of multiple sessions helped.”

# Congregate Care Provider Feedback

“They all really enjoyed it. They got a lot of information out of it, and they thought it was really good. They loved it—they looked forward to going there every week. It was a definite positive experience. And, I totally recommend that you continue doing it.”

# Congregate Care Provider Feedback

“The girls from our home have just loved the Teen Talk. One by one each kid has been by my office every week and told me something or other that they learned there...from how and when to use a condom...to the types of condoms out there...to pregnancy stuff. So, I think it’s been an amazing 4 week program! On behalf of the girls, my thanks to Planned Parenthood for providing this very important program/service!”

# Lessons Learned

- Allow plenty of time to obtain consent
- Secure a strong commitment from child welfare Administrative, Legal and Managerial staff
- Congregate care staff really appreciate the teen pregnancy prevention efforts offered
- There is clearly a need for teen pregnancy prevention education and intervention in this population, so don't give up!

# Contact Information

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# **POWER Through Choices • 2010**

*My Life*

**MY CHOICES**

Presented by: Janene Fluhr, Project Director

A PROJECT OF THE OKLAHOMA INSTITUTE FOR CHILD ADVOCACY

# Project Goal

- ❖ Test the efficacy of the ***POWER Through Choices 2010*** (*PTC 2010*) curriculum
  - ✓ Reducing the incidence of unprotected sex, STIs and teen pregnancy among youth living in foster care and other out-of-home placements

PLEASE NOTE: *The project described herein is supported by Grant Number 90AP2665 from the Family and Youth Services Bureau. The contents of the presentation are solely the responsibility of the authors and do not necessarily represent the official views of HHS.*

# Project Goal

- ❖ Multi-state, randomized control trial involving 1080 youth participants recruited over a period of two and a half years
- ❖ Survey data is collected at four points over a period of approximately 14 months
- ❖ Study participants are youth 13 to 18 years of age who live in congregate care at the time of study enrollment

# Challenges We've Faced and How We've Successfully Addressed Them

# Challenges & Successes

- ❖ The Transient Nature of the Lives of Youth in Out of Home Care
  - ◆ Challenges for program implementation
  - ◆ Challenges for retention
- ❖ Technology, Social Media, and Protecting Youth
  - ◆ Modes of communication and risks to the privacy/safety of our youth

# Special Considerations for Working with Youth in Out of Home Care

# Logistical

- ❖ Location of Program Meetings
  - ◆ When possible, serve them where they already are
  - ◆ Use schools settings mindfully and protect youths' placement status
  - ◆ Consider the impact of transportation issues on participation/attendance and plan accordingly

# Logistical

## ❖ Attendance

- ◆ Hire skilled, energetic facilitators appropriate for this population
- ◆ Bring food (using secondary, non-federal funding for this purpose)
- ◆ Bring cash (using secondary, non-federal funding for this purpose)
- ◆ Communicate frequently with youth
- ◆ Work with your state agency to have completion of your program meet a requirement for youth in the state's care

# Emotional / Psychological

## ❖ Histories of Physical and Sexual Abuse

- ◆ It is safe – and prudent – to assume that your group includes youth who have been physically and/or sexually abused in the past
- ◆ Ask before you touch, even casually
- ◆ Be prepared for strong emotional reactions from abuse survivors
- ◆ Avoid speaking harshly about the criminal and/or deviant nature of abuse

# Emotional / Psychological

- ❖ Histories of Physical and Sexual Abuse (cont.)
  - ◆ Our program is focused on *consensual* behaviors
  - ◆ Define “forced” versus “coerced”
  - ◆ ***Notify and follow up with an adult of consequence (administrator, therapist, case worker, foster parent) if a young person is triggered by program content***

# Emotional / Psychological

## ❖ Family Ties

- ◆ Be mindful of assumptions about and language regarding family relationships
- ◆ DO NOT assume that they DON'T have relationships or contact with family members – some do
- ◆ Be mindful and respectful of whatever emotional connections they may have to their families

## ❖ General

- ◆ This population is deeply hesitant to trust
- ◆ They have a finely tuned “BS radar”
- ◆ They are very in tune with even the smallest changes within the environment

# Emotional / Psychological

## ❖ General (cont.)

- ◆ Adapt energizers, games, and any other activities to accommodate their avoidance of personal contact (holding hands, etc)
- ◆ Be aware of the “survivor mentality”
- ◆ Status within the group may be more important to them than their relationship with you
- ◆ Regardless of whether or not it appears to make any difference...  
***care about them, deeply***

# Lessons Learned

# Lessons Learned

## ❖ Project Boundaries & Team Support

- ◆ Always remain aware of what you can and cannot do to help youth within the boundaries and scope of your project
- ◆ Promote staff self-care

## ❖ Relationships

- ◆ We often say that 85% of the success of our project is directly attributable to the strength and quality of the relationships we've developed

# The Last Word

*The very best  
that we can do is  
the very least of  
what we owe them.*

- Sheila Cavallo, PTC Project Site Coordinator (OK)

Janene Fluhr

Project Director

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**POWER** Through Choices • 2010

My Life

MY CHOICES