

W Y M A N

Transforming Teens. Changing Communities.



Implementing the Teen Outreach Program[®] with Special Populations

Lessons Learned from Seven Youth-Serving Organizations

<http://wymancenter.org/>



ACKNOWLEDGMENTS

Many individuals contributed to the development of this resource. For generously sharing details of their Teen Outreach Program® (TOP®) projects, we extend our sincere appreciation to Cindy Carraway-Wilson; Tiffany Clarke; Douglas Cope-Barnes; Joshua Diamond; Jane Fleishman; Abby Hunt; Angie Lorenzo; Sandra Rodriguez; Hannah Henry Smith, PhD; and Jordan Steele. We also thank Leann Ayers; Christina Donald; Karen Guskin, PhD; Annie Phillips; Nicki Thomson, PhD; and Allison Williams, all at Wyman, for their invaluable assistance in all phases of this work.

Written by Jennifer A. Smith and Melanie Wilson

ABOUT WYMAN

Wyman's mission is to empower teens from disadvantaged circumstances to lead successful lives and build strong communities. Wyman's vision is to foster communities where every teen is expected and supported to thrive in life, work and learning, so that they may become economically self-sufficient, leaders in their communities and, ultimately, break the cycle of poverty.

Since its founding in 1898, Wyman has been helping to develop the potential of young people. More than 125,000 teens have participated in Wyman programs in the last five years.

Wyman solutions support young people from low-resource environments to become self-confident, compassionate and accountable; lead, plan, problem solve and communicate; be successful in school and in life; and be well prepared to act as contributing students, family members, employees and citizens. Wyman teens are achieving on-time grade level advancement, graduating high school, moving on to post-secondary education and developing a sense of responsibility.

Copyright © February 2016. Wyman. Permission is granted for reproduction of this report with attribution to Wyman.

Suggested citation:

Wyman. (2016). *Implementing the Teen Outreach Program® with Special Populations: Lessons Learned from Seven Youth-Serving Organizations*. St. Louis, MO: Author.

TABLE OF CONTENTS

iv INTRODUCTION

1 EXECUTIVE SUMMARY: KEY LEARNINGS

- Prepare Your Partners
- Adjust the Model to Fit
- Build Facilitator and Partner Agency Staff Capacity
- Recruit and Retain Youth Participants
- Sustain Your Program

4 THE PROJECTS IN SUMMARY

5 PROJECT PROFILES

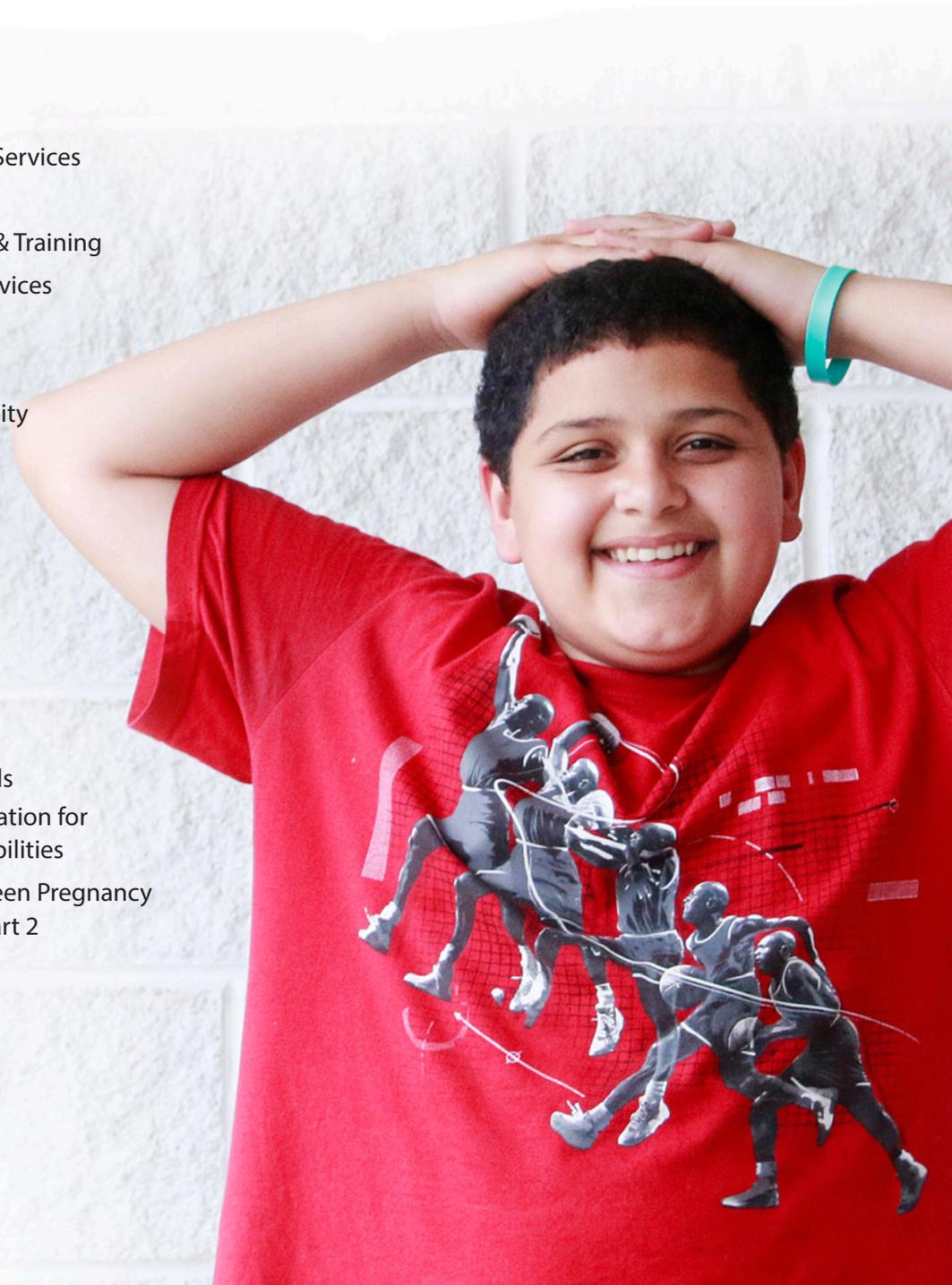
- 5 Arizona – Department of Health Services
- 8 Connecticut – Youth Catalytics
- 12 Indiana – Health Care Education & Training
- 16 Michigan – Bethany Christian Services
- 20 Tennessee – Oasis Center
- 24 Texas – Project Vida
- 28 Virginia – James Madison University

31 TOOLS AND RESOURCES

- Project Management Tools
- Best Practices
- Models for Promoting Results
- Formal Evaluations

32 APPENDIX

- 32 Evaluation Measures and Methods
- 34 Teen Pregnancy Prevention Education for Individuals with Intellectual Disabilities
- 54 Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs - Part 1 & Part 2





INTRODUCTION

This resource has been created for organizations that are implementing, or interested in implementing, Wyman's Teen Outreach Program® (TOP®) with young people in special circumstances. For the purpose of this resource, "special population youth" are youth who are in the foster care or juvenile justice systems, in therapeutic settings or in alternative education settings; are pregnant or parenting; are lesbian, gay, bisexual, transgender or questioning (LGBTQ); are refugees or recent immigrants to the United States; or are part of migrant worker families. While these subgroups vary in substantial ways, they all include young people who can benefit from services tailored especially to them.

The information presented in this resource draws on the experiences of seven TOP projects implemented around the country between 2010 and 2015. The idea of developing a resource – a summary of the evolution and experiences of these programs – emerged from the recognition that TOP, historically a program broadly targeting youth from disadvantaged communities, was beginning to be implemented in settings across the United States with large numbers of young people with histories of trauma and abuse. TOP can have exceptional benefits for vulnerable young people. Indeed, among other things, it can

provide the critical missing mechanism for reconnecting youth to their communities. But, like all other aspects of programming that touch these young people's lives, using TOP effectively with youth in special circumstances means adjusting it to their particular needs and goals.

Wyman trains and supports a National Network of Replication Partners, each of whom implements TOP in their own communities. The idea of creating this specialized TOP resource grew out of discussions among Replication Partners working with special-population youth in various settings. As part of the first sizable cadre of agencies implementing TOP with special populations, these organizations felt it was important to capture what they were collectively learning, for both their own mutual benefit and for those organizations that would follow in their footsteps. Their goal was to articulate and organize the many small adjustments and enhancements that proved powerful for their young people so that future implementers would have a head start in realizing the same successes.

Youth Catalytics, a nonprofit training and research organization and a Wyman Replication Partner, was contracted to research and write the resource. To select projects to profile, Wyman surveyed 14 organizations in its National Network working with

youth in special populations about their interest in and capacity for participating. Wyman narrowed the list to seven projects that represented a range of implementation settings and approaches.

Youth Catalytics staff conducted semi-structured telephone interviews with each organization, gathering detailed information about each project's target population and structure; implementation adjustments and challenges; community service learning components; staffing; data collection and project impacts; and support and sustainability. From the wealth of resulting information, they identified the common themes and recommendations that other organizations could use to accelerate their own planning.

ABOUT TOP

TOP is an evidence-based youth development program that empowers teens from 6th through 12th grade with the tools and opportunities needed to avoid risky behaviors, and build a foundation of healthy behaviors, life skills and a sense of purpose. Trained adult facilitators deliver the TOP curriculum to groups of teens within safe and supportive environments (referred to as TOP clubs). The curriculum is complemented by structured community service learning (CSL) that provides teens with the opportunities to hone the social emotional skills they learn. Facilitators guide teens through identifying a community need, planning an activity or project, taking action, reflecting on the experience and celebrating their success. TOP can stand alone or be embedded into other programs and can be offered in-school, after-school, or through community-based organizations.

Wyman oversees TOP implementation, routinely collects data from projects, and trains Replication Partners who directly manage projects in the field. Wyman's National Network is extensive and provides the core training and oversight infrastructure that allows TOP to be implemented with fidelity across the country. In 2015, Wyman worked with 68 Replication Partners to provide TOP to 35,000 teens in 35 states.

To meet fidelity standards, TOP clubs have traditionally been required to meet at least once per week for nine consecutive months, for a minimum of 25 meetings and 20 hours of CSL. In recent years, to accommodate young people who cannot participate in nine consecutive months of a club, Wyman has approved shorter adaptations. Adaptations are considered on a case-by-case basis, but usually shorten TOP clubs to four or five months with a corresponding reduction in the number of CSL hours.

Rigorous research, including randomized control studies, shows that TOP works, resulting in lower risk of pregnancy, course failure, and school suspension. TOP has been named an evidence-based program by numerous federal agencies and organizations, including the Substance Abuse and Mental Health Services Administration, the Office of Juvenile Justice and Delinquency Prevention, Blueprints for Healthy Youth Development, and Health and Human Services Teen Pregnancy Prevention Services Evidence Review. This resource is intended to contribute to the growing knowledge base about TOP by providing practical

“lessons learned” information about how the model can be implemented to benefit youth in challenging environments, such as juvenile detention facilities. Due to their experiences of trauma, dislocation or broken family relationships, these young people are in need of a positive youth development approach that focuses on fostering their strengths and building social emotional skills. Until now, little has been documented about how to optimize the impact of TOP with youth in special circumstances, or how to bolster the policies and procedures that support TOP clubs. Such policies and procedures include the development of critical partnerships, the recruitment and retention of youth, and the implementation of lessons and CSL activities in specialized settings.

WYMAN CERTIFIED REPLICATION PARTNERS

All TOP projects are required to implement the model with fidelity. To ensure fidelity, Wyman directly trains and certifies Replication Partners. Replication Partners are then responsible for all aspects of local TOP activities, including training the facilitators who work directly with youth. Replication Partners also monitor project quality and collect implementation and impact data. Replication Partners are diverse, and include coalitions, schools, youth development organizations, health organizations, child welfare agencies, affordable housing entities and state agencies. They may either deliver services directly to youth in their own programs or create their own network of partner agencies.



EXECUTIVE SUMMARY: KEY LEARNINGS

This resource describes seven Teen Outreach Program® (TOP®) projects that served a diverse array of young people between 2010 and 2015. Some projects targeted youth in foster care and juvenile detention; others worked with young people in mental health and alternative school settings. Some projects served immigrant or refugee youth, migrant youth or LGBTQ¹ youth. While most young people were in the care or custody of state systems, some were not; the common element was that they all needed – or at least could benefit from – special attention and tailored services. (See The Projects in Summary on page 4 for details.)

Without exception, after three, four and five years into their projects, program coordinators were enthusiastic about TOP and convinced of its positive impacts on the young people who participated. For instance, facilitators routinely reported that by participating in TOP, young people became more aware of themselves and their capabilities, were better able to relate to the adults in their lives, and were more connected to their communities. In some cases, TOP also benefitted the service systems themselves, improving the ability of staff to understand and build connections with young people. Of course, all projects faced a learning curve, and often hit upon the formula for success through trial and error. Every TOP club is different – even clubs held in the same place, made up of the same population of youth, varied a bit from year to year, reflecting new group dynamics or slightly different group composition. Thus no single template or manual can anticipate every circumstance and need. Even so, in these extensive interviews, certain themes emerged that tell us a great deal about what it takes to implement the program effectively with young people in special circumstances.

Those themes – offered in the form of advice from the project leaders and facilitators interviewed for this resource – are summarized here.

PREPARE YOUR PARTNERS

CONVINCE STATE PARTNERS THAT TOP CAN ENHANCE THE IMPACT OF STATE SERVICES

To reach their target youth, many projects profiled in this resource were required to interact with state child welfare and juvenile justice systems. Engaging state agencies in discussions around the value of TOP takes time, effort and a clear understanding of the agencies' goals. A simple and effective first step is reviewing the TOP curriculum with agency supervisors, browsing individual lessons, activities and learning objectives. This exercise will help potential state partners see for themselves that TOP's goals overlap with those they have already established for youth. To name just one example, state child welfare agencies typically seek to teach older youth in care how to develop and maintain positive relationships. Healthy relationships are a pillar of TOP as well, reinforced in almost every lesson and community service learning (CSL) experience. Thus TOP supports the states' own efforts with

youth, making it more likely that young people will experience the positive outcomes that everyone wants.

CULTIVATE CLOSE RELATIONSHIPS WITH STATE AGENCY CASEWORKERS AND SUPERVISORS

Child welfare caseworkers, juvenile court judges and many other state workers are the gatekeepers to youth in those systems, and TOP projects need their ongoing cooperation if their programs are to work. Some projects, for instance, needed initial state approval and ongoing referrals. They also needed the timely consent of caseworkers for youth to participate in clubs, as well as their help to follow up with young people who left a placement early. Projects that were most successful working with system-involved youth cultivated close, respectful relationships with state agencies, sometimes meeting with them as often as once a month to check on progress and introduce TOP to new workers.

BUILD PARTNER AGENCY SUPPORT BY INVOLVING STAFF IN CLUBS

Facilitators are specially trained to conduct TOP clubs with youth. But staff in residential facilities and alternative or charter schools also play a critical role in making the clubs a positive experience for young people. Almost all the projects profiled here asked one or two on-site staff members from their partner organizations to regularly attend the clubs. One reason was to provide support for young people who felt emotionally triggered by content. But another reason was to gain the support of staff, who often needed to see the program in action to appreciate what it could do for young people. Some clinicians worried that TOP was essentially a therapeutic intervention, and could be conflicting or supplanting treatment being done with the youth elsewhere. Inviting them into clubs helped them understand that clubs are not clinical, but can support clinical goals.

ADJUST THE MODEL TO FIT

PILOT TO DETERMINE APPROPRIATE CLUB DURATION

Special youth populations, particularly those in the care of state agencies, are rarely able to commit to participating for nine consecutive months of TOP, the typical duration of the club. They simply do not stay in any single location long enough. Thus the projects described here experimented to see how long young people could realistically attend a given club, and – in consultation with Wyman – made and piloted necessary adjustments. Some clubs ended up meeting twice a week to increase the likelihood that participants would meet the minimum dosage requirement; others reduced the number of lessons and CSL hours required for completion.

PRIORITIZE CONSISTENCY IN STAFFING, LOCATIONS, TIMES AND ROUTINES

Consistency is of paramount importance for youth who have experienced instability and trauma. Projects interviewed for this

¹ LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) is currently the most common acronym used to describe people with diverse sexual identities and gender orientation. In this resource, the acronym is intended to include all young people who identify with sexual minority communities, including intrasexual, two-spirited and asexual youth.

resource understood the importance of establishing routines that young people could count on – routines that developed around meeting at regular times in regular places with the same people. Calm environments were always preferable to noisy ones. Loud, chaotic spaces – places like school cafeterias where youth or adult staff might unpredictably be entering or exiting during club time – were usually problematic.

TAILOR COMMUNITY SERVICE LEARNING TO THE SETTING AND PARTICIPANTS

Projects “scaffolded” their community service learning activities, providing more adult direction initially and then handing the reins to youth as they became more comfortable making their own decisions. “Taste of Service” events – mini-service learning projects to help youth decide what they ultimately wanted to do – were important for clubs where youth had a hard time brainstorming or choosing among options. Fun, fast-paced mini-events also helped young people understand that “community service” was not a punishment, as many had initially assumed.

CAPTURE PROGRESS ALONG MANY DIMENSIONS BY ADDING NEW IMPACT MEASURES

Both Wyman and project funders require certain kinds of data to be collected pre- and post-intervention. But for youth with mental or behavioral health needs, many projects wanted to measure additional dimensions of well-being. One project measured attitudes about masculinity, which can affect sexual decision-making; another measured decreases in behavioral incidents in group home settings. One project focused on the effect that TOP training had on partner agency staff, exploring in particular impacts on staff retention. As the number of TOP projects focusing on special-population youth grows, sites should seek to answer questions tailored to their own populations. Does TOP improve therapeutic impacts for youth by deepening their communication with on-site staff? Are youth who participate in TOP able to calm themselves more effectively? Do clinical measures of youth improvement used by partner agencies change when TOP is added to the picture? Projects can answer these questions themselves by expanding their evaluation efforts.

BUILD FACILITATOR AND PARTNER AGENCY STAFF CAPACITY

PROVIDE ADDITIONAL TRAINING TO FACILITATORS AND PARTNER AGENCY STAFF

All the projects profiled in this resource provided additional training to facilitators beyond the standard TOP training. The roster varied somewhat between projects, but common trainings were in positive youth development², trauma-informed care, youth sexuality, sexuality education, working with LGBTQ youth and behavioral management. In addition, many provided regular booster trainings on TOP itself. Some projects also invited direct-service staff at partner agencies to attend TOP facilitator training. The purpose of this was twofold: to help staff understand, and thus support, the work being done in TOP clubs, and to provide

the basic youth development training that some workers lacked, amplifying the effects of TOP by raising the overall quality of staff-youth interaction at the sites.

BECOME POSITIVE YOUTH DEVELOPMENT AMBASSADORS

Not all sites were philosophically on board with positive youth development (PYD), a strengths-based framework that aligns with the underpinnings of TOP. Even those that embraced the approach didn’t always use it consistently. For the projects interviewed here, this was particularly true in juvenile justice settings. In clubs in these venues, projects took it slow and provided PYD training – sometimes formal but often informal – to staff as opportunities arose.

RECRUIT AND RETAIN YOUTH PARTICIPANTS

COMMUNITY-BASED CLUBS REQUIRE SPECIAL, MULTIPRONGED RECRUITMENT EFFORTS

When clubs were voluntary for young people, projects had to work hard to sell the benefits of TOP to youth, families, caseworkers, and sometimes teachers and other referral sources. Whomever the target, there was no substitute for face-to-face meetings, sometimes conducted in group settings, sometimes one on one. At least two projects routinely sent facilitators to the homes of participants or potential participants, knocking on doors and getting to know parents in person.

PROVIDE INCENTIVES TO YOUTH PARTICIPANTS

Facilitators created modest incentive systems that rewarded young people’s accomplishments along the way. Youth in the community sometimes earned a small reward for making it to the club; youth in residential treatment received one for behaving appropriately or actively participating in the discussion. Some projects implemented graduated “ticket” systems, where youth who earned a certain number of tickets could cash them in for items ranging from lip gloss to a watch or sweatshirt.

GO THE EXTRA MILE TO MAKE SURE YOUTH GET TO CLUBS AND STAY IN THEM

In community-based clubs particularly, getting young people to their clubs, and retaining them over time, required constant diligence. Having extra hands to do that work was helpful to facilitators, particularly those who led five or six clubs a week. Some clubs went to elaborate lengths to retain youth living in the community; they developed protocols for facilitators, relied on partners to continually remind youth and arrange transportation, and visited youth at home to invite parents to club celebrations or check on why a young person hadn’t shown up. All this work took time, of course, and was most easily done by support staff.

SUSTAIN YOUR PROGRAM

PRODUCE MATERIALS HIGHLIGHTING PROGRAM SUCCESSES

Most of the projects profiled here hired external evaluators to continually analyze program impacts, and in a few cases those

² Positive youth development (PYD) is a formalized system of theory and practice aimed at engaging youth in communities and systems, recognizing and utilizing their strengths, and promoting optimal outcomes for them. Trainings in positive youth development have been created by 4-H, the BEST Training Institute and others, and some organizations offer certifications to PYD trainers. While PYD is foundational to both the TOP curriculum and the TOP training of facilitators, many projects described in this resource offered additional PYD training to deepen staff understanding of the approach.

evaluations had already been made public. Most of the projects also produced infographics or other summaries of their work, including data on the number, race/ethnicity and gender of youth served; the CSL activities youth had completed; and impacts on factors such as school suspension or completion. Some of the projects were particularly careful to cultivate local publicity and political support. All these efforts positioned projects to make future funding and partnership requests for the program.

THINK OUTSIDE THE FEDERAL GRANT BOX

Sustaining any program is difficult once dedicated funding disappears. But the projects interviewed here employed a number of strategies beyond simply applying for the next available federal grant. For instance, one project coordinator identified and vetted solid leads to regional foundations and produced talking points for partners, none of whom had the time to do such prep work on their own. Another project calculated how many clubs it could continue to support internally, in the event that it wasn't awarded

another large state or federal grant for the program. Others considered providing TOP services to other local providers in a fee-for-service arrangement that would support in-house clubs.

The following section includes profiles of seven TOP projects, each serving at least one special subpopulation of young people. In these profiles, we hope to provide enough detail about what worked and didn't work to capture the full evolution of these projects, from their beginnings in 2010, 2011 or 2012 through 2015, when some projects ended and others continued or expanded under new funding. Every phase of development is described along with the refinements and adjustments that the projects learned were necessary for success. We hope that their processes and practices – often honed over long stretches of time, through trial and error – will help other TOP projects create new opportunities for learning and connection for the young people who need them most.



THE PROJECTS IN SUMMARY

STATE / LEAD AGENCY	POPULATION*					SETTING**			PRIMARY FUNDING SOURCE***			
	Foster Care	Juvenile Justice	Migrant	Immigrant/ Refugee	LGBTQ	Community-based	School	Residential Program	FYSB – CAE	FYSB – C-PREP	STATE PREP	OAH-TPP
Arizona AZ Dept of Health Services	✓	✓					✓	✓			✓	
Connecticut Youth Catalytics	✓				✓	✓	✓	✓				✓
Indiana Health Care Education & Training	✓	✓			✓	✓	✓		✓			
Michigan Bethany Christian Services	✓			✓		✓		✓	✓			
Tennessee Oasis Center	✓	✓						✓			✓	
Texas Project Vida	✓	✓	✓			✓	✓	✓		✓		
Virginia James Madison University		✓		✓		✓	✓			✓		

* The checks denote populations in which a program specialized. Agencies either had dedicated clubs for youth in these categories, or had a high proportion of these youth in one or more clubs and made special efforts to meet their unique needs.

** Projects described in this resource implemented clubs in community-based settings, in school settings, and/or in residential facilities related to child welfare or juvenile justice. Community-based clubs met at local libraries, mental health centers and other community places after school. Residential clubs took place in transitional living group homes, juvenile detention facilities, or live-in therapeutic treatment programs. School-based clubs were held during or just after the school day in public, charter, alternative or therapeutic schools.

*** Funding sources included grants from the Family and Youth Service Bureau's (FYSB) Competitive Abstinence Education (CAE) and Competitive Personal Education Responsibility Program (C-PREP); State Personal Education and Responsibility Program (PREP) grants, subcontracted through state child welfare departments; and Office of Adolescent Health's (OAH) Teen Pregnancy Prevention (TPP) grants. Some projects received additional funding from other sources.

DEPARTMENT OF HEALTH SERVICES (ARIZONA)

Project Name: Teen Pregnancy Prevention Program

Populations: Foster Care, Juvenile Justice

Ages: 12-18

Settings: School, Residential

Funder: Arizona Department of Health Services

Years: 2010-2015

The Arizona Department of Health Services (ADHS) became a Wyman Replication Partner in 2010. Under its state PREP grant, the ADHS decided to focus on youth in the foster care system, a group of young people with high mobility, lack of consistent health education, and high pregnancy rates. In 2015, the ADHS had 11 subcontracting organizations implementing the Teen Outreach Program® (TOP®) with approximately 350 teens in mainstream school settings and 150 young people in foster care group homes and residential treatment settings. The ADHS also funded clubs in juvenile detention and alternative classrooms. For subcontractors working with special-population youth, TOP

was a natural choice because it already included the adulthood preparation content PREP grants require; further, it was a broad youth development program that addressed sexuality education while not exclusively focusing on it.

GETTING STARTED

One organization implementing TOP under ADHS funding was the University of Arizona Cooperative Extension, which works with youth in Maricopa County. To find suitable local partners, the Extension sought the guidance of the state's Department of Economic Services, which oversees independent living programs for foster youth, to identify programs that were stable and where the average length of stay was at least several months. Ultimately the Extension partnered with Sacred Journey, a group home provider for foster youth in Mesa, to provide TOP to young people in its care. In its first full year after piloting, the Cooperative Extension led six TOP clubs serving about 86 girls.

ADJUSTING FOR THE POPULATION

Initially, the Extension used the traditional TOP model, meeting once a week for nine consecutive months. In the second year, though, they moved to a four-month adaptation, finding that the new schedule broke clubs neatly into fall and spring semesters, like school, and then wound down for summer, when girls were more likely to move. Clubs at Sacred Journey met once per week for 75-minute sessions in the evening.

Jordan Steele, the facilitator for the Sacred Journey clubs, learned that the first thing she needed to bring to the job was persistence. "In the beginning, the girls weren't used to me, they'd refuse to participate, or they'd mutiny as a group. Over time, just not giving up helped resolve that. Also, being present when the new girls arrived removed that turf issue. I was more of a constant for the new girls than I was for the ones who lived there before TOP started."

Girls were rarely aggressive in the clubs, but sometimes incidents happened outside of the club that impacted girls' ability to work together. "Sometimes if there is a call for group work in TOP, I give them the option to work alone if they prefer – they are always together, so this gives them freedom to choose to work alone," said Ms. Steele.

MAXIMIZING THE IMPACT

Club facilitators in Arizona received the standard three-day TOP training, augmented every other year by sessions on trauma-informed practice, adolescent brain development and related issues that all state contractors are required to attend.

LESSONS LEARNED

To Start

- Research the educational topics group homes are mandated to cover with youth, and let prospective partner agencies know which of these are addressed by TOP
- Get recommendations from relevant state agencies about which potential agency partners are organizationally stable and have longer-than-average residential stays

To Maintain

- Ensure smooth communication by understanding staff shift schedules at partnering agencies
- Identify "go-to" community service learning projects that are easily prepared and work well given each club's constraints
- Develop buy-in from new partner agency staff by personally introducing facilitators, inviting them to sit in on clubs and calling them with reminders about club time for the first several weeks

To Be Effective

- Adjust the duration and beginning/end dates of clubs to reflect the school-year calendar
- Augment standard facilitator training with training on trauma-informed care and adolescent brain development
- Make TOP facilitator training cohorts large and diverse enough to allow cross-learning during "teach-back" segments
- Understand group home social dynamics and occasionally give club participants the opportunity to work alone
- Support TOP facilitators in delivering curriculum to youth with intellectual disabilities



Girls from the Sacred Journey TOP club in Mesa, AZ, give manicures to seniors on one of their regular visits to a local nursing home.

To be effective in clubs situated in group homes, facilitators had to understand the complicated dynamics of the setting and the kind of issues that could arise there. This was particularly important for facilitators like Ms. Steele, who hadn't worked with youth in foster care before. "You definitely need to have flexibility, to be able to roll with whatever is happening at the group home," she said. "Some days I walk in and there are only a couple of girls – either they forgot, or there was an emergency. I need to be calm in that situation and work with it. I'll ask the staff if I can come a second time that week or make up the session. It's important to keep an open mind, and not be surprised by what the girls tell you, too – sometimes they do start talking about their history, about difficult things in their past – and I need to make sure I don't respond with shock."

Ms. Steele said she also needed to be on the alert for material that might prove upsetting to the participants. "In the fourth level [of the curriculum], there's a lesson on dating violence – I tried to do it in the first round, and then I realized they may have experienced sexual trauma. Facilitators need to be aware how content might come across to someone who has experienced related trauma. I do sometimes check in with staff if I'm presenting sensitive

material to see if there is anyone in particular who might be triggered. I don't skip these topics; I'm just more aware of how to present them sensitively and how to draw in staff for support."

All the clubs have found that incentives for participants are critical. Young people engage in the clubs voluntarily, and to keep them coming back, participants who attended club every week of the month were entered into a raffle for a gift card; those who attended a minimum threshold of club meetings per year received a bigger gift card at the end.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

Of all the TOP activities, the most engaging to youth have been the community service learning (CSL) projects, said Angie Lorenzo of ADHS. The power of the CSL projects derives from the choice that participants have over what exactly they want to do, and how they want to do it. "They're not a population that is typically asked how to do things, or what to do – they get told how and what to do. So they look forward to it, they're excited about it, they're into it," said Ms. Lorenzo.

In her group home clubs, Cooperative Extension's Jordan Steele learned to plan for both out-in-the-community and on-site events – on-site projects don't require special transportation arrangements, which is a plus – and to have some ideas to offer if the girls got stuck.

"It's good to have some go-to places because girls in these environments don't always have strong planning skills or attention to follow through," she said. "Sometimes the kids are very good at organizing and making decisions, but you need to be able to give them options if not."

Among the clubs' most effective CSL activities were:

- **Making baby hats.** Girls in the group home clubs used round looms to make baby beanies to donate to the local hospital's maternity ward. Although girls initially found the work challenging, they were ultimately able to create over 30 beanies of varying sizes that went to Phoenix Children's Hospital.
- **Visiting with seniors.** Once a month, girls went to a local nursing home to visit with the elders and give them manicures. The youth prepared by stocking up on supplies, taking care to buy polish that would appeal to nursing home residents. Many girls formed special relationships with the elders. Said Ms. Steele, "They'll say to each other, 'I'm the only one who can do Mrs. Jones; she's mine.'"
- **Honoring war veterans.** In addition to the University of Arizona Cooperative Extension's clubs, ADHS has also supported other clubs throughout the state, including one for

“Some girls had apprehension toward older people before their community service learning in the nursing home. Now they feel more comfortable. They've formed a kinship around living somewhere they don't necessarily want to be – just like youth in foster care.”

boys in juvenile detention. In one club, boys studied recent wars and painted murals about each of them. When finished, boys invited veterans from each of those wars to come and talk to them about their experiences. The boys wrote poems and rap songs for the veterans, “and in the end, a couple said, ‘Wow, when I get out of here I’m going to try to enlist and do something with my life,’” said Angie Lorenzo, who oversees TOP programs for the state.

SPECIAL FEATURES

In 2012, a state-led workgroup produced a special resource for facilitators delivering pregnancy prevention programs to young people with intellectual disabilities. The workgroup reviewed 10 pregnancy prevention models, five focused on abstinence and five on comprehensive sexuality education, and ultimately identified two models, TOP and Choosing the Best, to discuss in the resource. The group considered both models well-rounded and appropriate for a diverse range of young people, including those with disabilities. Their report, *Teen Pregnancy Prevention Education for Individuals with Intellectual Disabilities*, spelled out characteristics that effective facilitators should possess, including adaptability and cultural competence; the ability to nurture youth and be direct with them; and enough flexibility to toggle back and forth between one-on-one and group work. It also suggested that lesson plans should build in plenty of time for reflection and repetition, and use concrete language and examples whenever possible. According to the report, participants with intellectual disabilities may also benefit from being paired up for certain exercises that are typically completed individually.

DIFFERENT VENUES, DIFFERENT CHALLENGES

In this project as in others described in this resource, staff turnover at partnering agencies created real challenges to establishing continuity within clubs. “The [group home] staff has almost as much turnover as there is among the girls,” said Ms. Steele. “So it’s sometimes difficult if you develop a relationship with one staff and then they leave. You have to begin again, teaching the new staff how important TOP is for them and the girls. You also need to be aware of staff schedules – for example, they often switch shifts at 3 pm. If I call early in the day to set something up for the afternoon, the message rarely gets relayed to the next staff. So now I don’t call until I know the staff who will be present at the club is already on the clock.”

In other clubs, facilitators occasionally struggled with chaotic settings – youth might be pulled out of clubs unexpectedly, or be interrupted by loud conversations just around the corner. Over time, the facilitators were generally able to work with staff to secure a calmer environment.

EVALUATION

All of the evaluation data the Cooperative Extension collected was required by either Wyman or the state. In its first year, before implementing the shortened adaptation, the project was formally evaluated by ADHS. The ADHS pre/post survey focused on whether young people expected to have sexual intercourse in the next six months or year, as well as whether they intended to remain abstinent until age 20 or until marriage. In addition, the

“The girls tell us they appreciate being able to voice their opinion on something freely. They’re not used to being able to voice their opinion without it being shut down or criticized in some way.”

survey asked questions to measure girls’ knowledge of sexually transmitted infections, and their confidence level in refusing sexual contact if they chose.

The sample was relatively small (24 participants filled out pre/post surveys) and measured the combined impact of two models, TOP, which was used in two four-month segments during the school year, and Promoting Health Among Teens! Abstinence Only, which was used in the summer. Researchers found a nearly 7% increase in the number of girls who intended to remain abstinent until completing high school; a 23% increase in the number of girls who agreed that abstinence is the best way to avoid unwanted pregnancy or sexually transmitted disease; and a 27% increase in the number of girls with improved knowledge of the consequences of teen sexual activity. In addition, 70% of participants reported feeling respected in their TOP club.

“Anecdotally, the girls tell us they appreciate being able to voice their opinion on something freely,” said Ms. Steele. “They’re not used to being able to voice their opinion without it being shut down or criticized in some way. This is a rare experience for them. I might try to guide them to a new conclusion, but I want them to see for themselves.” Another observed benefit has been improved group dynamics in the homes. “Being able to talk through things with the other girls in the house helps them relate to each other better,” she said. For example, one exercise about communication – rating their communication style on a scale ranging from passivity to aggression – had particular value in helping the girls be more “self-aware about their own communication style and how it impacts getting what they want,” said Ms. Steele.

Club participants also learned persistence. “For example, they used looms to make baby hats to donate. A few girls were really frustrated – saying they couldn’t do it – and wanted to give up. After I helped them persevere, they’d succeed and were very proud of being able to do it. They realized that even if they messed up a few times, they still did it; they stuck with it.”

For more information, visit [Arizona Department of Health Services](#) online.

YOUTH CATALYTICS (CONNECTICUT)

Project Name: Teen Outreach Program In Connecticut

Populations: Foster Care

Ages: 12-22

Settings: Residential, School, Community-based

Funder: Office Of Adolescent Health (TPP)

Years: 2010-2015

Youth Catalytics provides training, program development, research and evaluation services to a wide range of organizations working with adolescents and young adults. In Connecticut, Youth Catalytics partnered with Klingberg Family Centers and the Children's Center of Hamden to provide the

Teen Outreach Program® (TOP®) to high-need youth in the state's foster care system. Both grant partners became a home base for TOP facilitators who led TOP clubs in-house and in other nearby social service agencies and schools. In its fourth year, at peak enrollment, the program had 34 clubs serving about 300 young people.

LESSONS LEARNED

To Start

- Make piloting clubs easier by partnering with multiservice agencies that have residential and school programs on the same campus
- Recruit facilitators who already have experience with the target youth population
- Promote support for TOP at partner organizations by training as many staff in TOP as possible, even those not directly involved with facilitating clubs

To Maintain

- Encourage all facilitators and partners to continually reach out to new potential club sites
- Maintain monthly meetings and weekly phone check-ins with facilitators to troubleshoot problems
- Help youth who have switched placements, or moved back into the community, segue into new clubs
- Keep youth excited by using a ticket-based incentive system and a matching catalogue of gifts, with items spanning the range of ticket values

To Be Effective

- Provide facilitators with additional training in multiple intelligences, trauma, youth sexuality, sexuality education, positive youth development, behavioral management, and LGBTQ youth
- Keep the clubs intentionally small; the average Youth Catalytics club had 8 youth
- Include support staff in clubs, and encourage sites to send the same staff members every time
- Train even ancillary staff, such as drivers of vans who transport youth to clubs, in positive youth development, thus ensuring that all experiences related to TOP will be good ones for young people
- Give youth the opportunity to try out service learning ideas through mini-CSL events

GETTING STARTED

Youth in foster care are far more likely than their peers to enter young adulthood without the educational or social skills they need to succeed. The young people targeted in this project were at the "deep end" of the child welfare system, in residential treatment and with significant mental and behavioral health issues, making them even more vulnerable. "We wanted to work with young people in care because we know there's a lack of positive youth development (PYD) programming and that they have poor outcomes," said Cindy Carraway-Wilson, program coordinator. "We also know youth in care are engaging in early sexual initiation, early pregnancy and repeat pregnancy, because of their history of trauma and other reasons." To Ms. Carraway-Wilson, TOP had a "relational element" that promoted social connections that were more natural than the clinical or service relationships these youth usually experienced.

After training facilitators and piloting clubs in two primary settings for a year, Youth Catalytics and its grant partners reached out to other providers in the region interested in delivering TOP to youth. By the third year, eight agencies and specialized schools had signed on, some running as many as four single-gender clubs each. Growth continued in the fourth year as more schools and agencies began offering clubs.

ADJUSTING FOR THE POPULATION

Almost all the young people in the Youth Catalytics clubs had been diagnosed with serious emotional or behavioral disorders; the majority also had special education and literacy issues requiring facilitators to adjust content. Over 90% had been exposed to significant childhood trauma, and most had already engaged in some sexual contact/sexual initiation, some of it coerced. Fifteen percent had experienced pregnancy or fatherhood, and 5% were actively parenting.

Given the needs of the population, Youth Catalytics added a number of additional trainings to the standard TOP facilitator training. Although multiple intelligences are covered in the regular TOP training, Youth Catalytics added an extra 3.5-hour segment on adjusting the delivery of specific lessons to the learning styles of the youth in their clubs. For instance, in Connecticut as in many other special-population TOP programs,



Boys in a Connecticut TOP club toss around a 'thumb ball' during a reflection exercise. The ball prompts conversation while allowing participants to be physically active.

many youth have been diagnosed with hyperactivity/attention deficit disorder. Young people with ADHD are often kinetic learners, absorbing information best through physical activity, games and role-play. Youth Catalytics also added trainings on adolescent sexuality and on LGBTQ youth, along with training in behavioral management (from *No Such Thing as a Bad Kid*).³ Facilitators went through Risking Connections, which addresses trauma-informed practice, and Therapeutic Crisis Intervention training, to help staff recognize and de-escalate behavioral eruptions. Staff also received training in adolescent sexuality and sexuality education from the local Planned Parenthood affiliate. Finally, they attended two national Healthy Teen Network conferences.

MAXIMIZING THE IMPACT

Consistency is particularly important for youth in foster care, particularly youth who move from placement to placement and have a hard time establishing meaningful relationships. For them, even therapeutic relationships with adults can have a superficial quality because every living or treatment situation is short-term. An unexpected benefit of the clubs for these young people was in forming deeper relationships with site staff who helped support the clubs. Structured conversations that began in the nonjudgmental, nonclinical setting of TOP continued after club, spurring the growth of relational trust that child trauma experts consider the key to healing.

Having a staff person at clubs had a second benefit, this one relating to the dawning realization of participants that some of them were currently in dangerous relationships. "Some youth made disclosures about relationships they were in that weren't safe, and the staff person was right there to provide therapeutic follow-up. The staff person could go on to tell a clinician 'This young person needs X; can you make sure this gets addressed?' Young people felt okay about information that was shared when it was needed," said Ms. Carraway-Wilson.

Consistency also took the form of regular routines for opening and closing clubs. One facilitator used riddles to open every club; another used deep breathing exercises. And, though it was initially a struggle, facilitators consistently engaged youth in selecting which lessons to conduct and in what order, and had youth help facilitate.

Facilitator training in trauma-informed care (TIC) was also critical. TIC stresses developing a sense of emotional and physical safety for participants. Facilitators used TIC to sequence lessons, avoiding relationship and community lessons around the holidays, for instance, since the holidays can be a time when youth in care feel particularly left out of their communities and lonesome for family. With training, facilitators were better able to interpret youth behavior and anticipate what topics might trigger youth. For instance, in certain groups, facilitators chose not to cover date rape or intimate partner violence at all, knowing that clinicians would address it with young people one on one in therapy. In other instances, facilitators would let a club know

³Gifford School and Appelstein, C. (1998). *No such thing as a bad kid: understanding and responding to the challenging behavior of troubled children and youth*. Weston, MA: The Gifford School.



Girls in Hartford, CT, decorate hats to donate to a hospital.

in advance that sensitive material was coming up, and would check in along the way with participants, taking their lead. If any participant seemed distressed or anxious, facilitators would employ stress management techniques, such as slowing down or redirecting the conversation.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

Early on, club facilitators noted that young people often struggled to come up with service ideas or with choosing among the many possibilities. Eventually facilitators began introducing what they called “Taste of Service” events – facilitator-planned, very short community service learning (CSL) activities such as crafting dog toys or making cards for kids in the hospital. Short events allowed youth to get some CSL experience and figure out which activities they wanted to expand into larger experiences. Facilitators also tried to guide youth toward choosing at least one direct-service activity, even if that meant defining the community as the classroom or school.

Other CSL activities led by youth included:

- **TOP promotional meeting.** One of the community-based foster care clubs sought more members by creating a web-based ‘photovoice’ project that could be presented to foster parents.
- **Meals for the homeless.** Youth planned, cooked and served a healthy hot meal for 80 men at a local emergency shelter. As part of their structured reflection time, youth decided they wanted to do the same at a local women and children’s shelter.
- **Book drive.** A girls’ club started out its service learning by holding a book drive. The girls made posters, hung them and collected books for three weeks; they donated the books to The Friendship Center, a nearby homeless shelter.
- **Memorial t-shirt sale.** Youth charged \$3 for tie-dyed t-shirts with proceeds going to a scholarship fund in the name of a local girl who was murdered by a high school classmate in 2014. Several TOP club participants had known the victim and wanted to honor her.

SPECIAL FEATURES

Youth Catalytics provided a half-day training to facilitators on multiple intelligences that sought to reframe the standard understanding of intelligence. Based on Howard Gardner’s work on this topic, the training introduced the various dimensions of intelligence: digital/spatial; verbal/linguistic; mathematical/logical; bodily/kinesthetic; musical/rhythmic; intrapersonal; interpersonal; naturalist; and existentialist. Public schools tend to cultivate and reward the linguistic and mathematical areas, but not the others – part of the reason so many club participants hadn’t succeeded in mainstream education. The goal in the clubs was to move away from talking and teaching as done in traditional schools, and instead leverage the varied learning styles of young people, using pictures, music and movement to transmit information. For instance, instead of asking youth to journal as part of a debriefing experience, the facilitators might ask them to toss around a “debrief thumb ball.” Participants reflected on the same questions they would otherwise have written about, but got to move around and make a game of it. (See sample lesson adjustments in Tools and Resources section on page 31.)

DIFFERENT VENUES, DIFFERENT CHALLENGES

Like many of the other projects described in this resource, Youth Catalytics started with the traditional nine-month model. In the piloting phase, it became clear that placement stays in Connecticut had become too short for many youth to complete the clubs; unfortunately, due to funder restrictions, Youth Catalytics was not at liberty to shorten the cycle to adjust. To make matters more difficult, about two years into the project the state began closing down group homes, sometimes without much warning. The closings could be so sudden that in one

“ Sometimes group homes don’t always have the best reputation in the community. TOP has brought to light that here’s a group home that’s really trying to contribute to the community – that not only receives from the community but gives back to the community as well. ”

instance, a facilitator showed up for a club only to find the building locked and empty. In the end, the young people who participated in TOP clubs in alternative or charter schools were the ones most likely to hit the nine-month mark, along with those in clubs that met twice a week rather than once. Most youth participants, though, averaged about four months in TOP. It is a testament to the popularity of the program that young people in longer-term placements often asked to stay in their club year after year, and 27% of all youth ended up being veteran participants.

Residential programs, particularly those with heavy clinical orientations, are highly structured and often geared toward “managing” youth behavior; as such, the freedom that TOP gives young people to speak out and plan their own activities can strike some staff as too liberal. For instance, most clubs gave youth small incentives for attending, and sometimes also a reward for participating – they might be able to earn tickets, one for showing up and not being disruptive, and another for responding to questions and engaging actively in group discussion. “Initially, staff didn’t like that because youth may have already been on restriction for something else, and here they were getting a reward,” said Ms. Carraway-Wilson.

Even youth – particularly those in residential programs – occasionally struggled with the idea that they were being given the freedom to make many of their own choices. But over time both young people and staff became comfortable with the model and began valuing the new relationships it nurtured between youth and staff members, and – with the addition of CSL activities – between youth and the community. Kate Keefe, a therapeutic group home director in W. Hartford, CT, said that neighbors in W. Hartford were “astounded” by the projects her residents undertook. “Sometimes group homes don’t always have the best reputation in the community. TOP has brought to light that here’s a group home that’s really trying to contribute to the community – that not only receives from the community but gives back to the community as well.”

Implementing clubs in seven distinct settings allowed Youth Catalytics to compare the experience across sites. On a series of measures, group homes emerged as the easiest environment in which to conduct clubs, and charter schools for youth with emotional and behavioral problems as the most challenging. But regardless of setting, the program coordinator began to see certain factors as prerequisites for running successful clubs. In-house staff should support the clubs; partners should have the capacity to secure parent/guardian permission in a timely way; the venue should provide a quiet atmosphere and consistent room in which to meet; and it should make one or two trained staff members available to attend clubs consistently. Clubs also worked better when all participants could be there at starting time, and when youth weren’t pulled out of the club as a punishment for some misdeed earlier in the day or because of a scheduling conflict that could have been avoided. Finally, the best facilitators were ones who had already worked with the population in some capacity, and weren’t surprised by participants’ mental health or behavioral challenges. With a couple of exceptions, part-time and per diem facilitators tended to have a steeper learning curve and be less reliable.

“What youth found so great about the clubs was that, as long as they followed the ground rules of mutual respect, anything was on the table – they could throw out any thought or idea and wouldn’t get re-directed. That was new for a lot of them, and made clubs seem different from everything else they did.”

EVALUATION

Youth Catalytics collected data required by Wyman and by the Office of Adolescent Health, which among other implementation measures required that fidelity logs be filled out by facilitators after each club. Those logs – for more than 1,200 lessons and CSL planning sessions over five years – shed light on how regularly facilitators were able to meet a series of benchmarks considered foundational to TOP effectiveness. Some benchmarks, such as collecting all necessary supplies for clubs beforehand and acknowledging and rewarding desirable behavior, were relatively easy for facilitators, who said they practiced them more than 95% of the time. Coordinating clubs beforehand with direct-service staff proved far more difficult; facilitators reported being able to make these connections with staff only about 50% of the time. Coordination is useful for a number of reasons – to understand topics that club members may find upsetting, or to learn about changes in the site’s own programming that could affect the club’s schedule that day – and the finding underscores the need to prioritize and standardize this kind of routine communication. (See the post-session fidelity monitoring survey in the Tools and Resources section on page 31.)

To gain a better understanding of the clubs’ impacts, the project also made two [short videos](#) of facilitators talking about the clubs and how young people responded to them. Typical of the comments was this, from Christine Keys, foster care program manager at a partnering agency: “The young people we work with have typically had fractured relationships with the adults in their lives. One of the things we see with TOP is that when the program is in a residential or group home setting, and staff participate, the relationship between that staff and the young person is positively impacted – both staff and youth report a more healthy, trusting relationship.” For an agency that sees healthy relationships as the core of treating traumatized and vulnerable youth, TOP has thus become an important support to its programming.

For more information, visit [Youth Catalytics online](#).

HEALTH CARE EDUCATION & TRAINING (INDIANA)

Project Name: Indiana Proud and Connected Teens Program (IN-PACT)

Populations: Juvenile Justice, Foster Care, LGBTQ

Ages: 12-21

Settings: Residential, Community-based

Funder: Family and Youth Services Bureau (C-PREP)

Years: 2012-2015

Health Care Education & Training (HCET) provides education, training, and program development and evaluation services to public and private organizations throughout the Midwest. HCET delivered the Indiana Proud and Connected Teens (IN-PACT) Program to youth in Indiana's juvenile justice and foster care systems, and to LGBTQ youth. Funded by a federal C-PREP grant, IN-PACT sought not only to address teen pregnancy but also to help prepare young people for adulthood. HCET selected two evidence-based pregnancy prevention programs to use: the Teen Outreach Program® (TOP®) and Be Proud! Be Responsible! Staff

liked TOP for its strong base in positive youth development (PYD), and because the curriculum already included many of the adult preparation elements that they would otherwise have had to add. Be Proud! Be Responsible!, a shorter program, was an alternative for facilitators who would not have access to youth for a long enough time to implement TOP successfully. In the final year of its three-year project, HCET delivered TOP to 266 youth in juvenile justice settings and foster care. HCET's partners were Planned Parenthood of Indiana and Kentucky; Adult and Child, Inc.; Children's Bureau, Inc.; and Indiana University School of Medicine-Adolescent Medicine, which acted as an external evaluator.

LESSONS LEARNED

To Start

- Gain the support of state systems and other key stakeholders by emphasizing the positive youth development aspects of TOP over sexuality education
- Choose primary project partners that already have access to "system" youth, rather than trying to pull those partners on board later

To Maintain

- Ensure continued foster care referrals by meeting with state caseworkers regularly
- Cultivate relationships with state child welfare supervisors, who can troubleshoot problems quickly
- Meet regularly with staff at partner sites to educate newly hired employees about TOP
- Design a robust reminder system for youth to make sure foster youth get to their clubs

To Be Effective

- Add trainings on trauma-informed care, impacts of child sexual abuse, LGBTQ youth, sex trafficking and early parenthood
- Limit the clubs to 15 participants maximum
- Develop a referral form that collects brief trauma histories on foster youth
- Allow youth to ask potentially embarrassing questions anonymously via a "Question Box"
- Have co-facilitators with clinical experience present whenever possible
- Select facilitators experienced in working with youth who have endured trauma and/or who have been involved in foster care or juvenile justice systems

GETTING STARTED

HCET provides capacity-building services to organizations, rather than direct services to individuals. To be successful implementing TOP with youth in child welfare and juvenile justice systems, staff needed to create primary partnerships with organizations that had access to those populations and experience working with them. In a politically conservative state, it was also useful to emphasize TOP's youth development content over its sexuality education components.

ADJUSTING TO THE POPULATION

HCET piloted the traditional nine-month TOP curriculum with youth in foster care and a shorter six-month adaptation with youth in juvenile detention. In both cases, due to the transience of the youth, "nobody was left at the end," said Doug Cope-Barnes, IN-PACT project manager. In Indiana, as in many other states, foster care placement stays have grown shorter in recent years. And young people in juvenile detention got a late start due to internal protocols. "We reviewed our attendance sheets to see when drop off happened," Mr. Cope-Barnes said. "What we didn't know at the planning phase was that in the facilities, they won't release youth to programs until they've adapted to incarceration, so these young people aren't even cleared to join in until a couple months in." For foster youth, HCET ultimately settled on the four-month adaptation; for youth in detention the agency used a three-month adaptation.

Another kind of adjustment took place for youth in foster care. HCET found it was critical to have a clinical staff person in attendance to de-escalate or follow up with young people who felt triggered by content. Language also mattered a great deal. "It's important for us to be trauma-sensitive; the youth in foster care have a higher incidence of sexual abuse than youth in the general public, so a lot of the lessons around sex – we need to be careful to say we're talking about behaviors people chose to participate in, not times they were forced."



Youth decorated onesies for new mothers and their babies at the Indiana Women's Prison.

Some of the youth in foster care found TOP so helpful that one club wasn't enough. "We've had youth for whom it would have been detrimental for them not to participate [again], so we've made special arrangements. Maybe it's a very withdrawn youth who's struggling with communication, peer relationships, attachment issues – if there is a social activity they want to do, you have to make it happen. This can be a double-edged sword though; some kids become almost dependent on the club. They say, 'What will I do when it's over?' We make sure the repeaters take on more of a leadership role the second time around – make sure it's a different experience for them, and vary the lesson plan."

MAXIMIZING THE IMPACT

Like other sites, HCET added ongoing trainings to the standard TOP training of facilitators. Trauma-informed care was important because HCET considers all youth in the juvenile justice and foster care systems to have experienced trauma. "They have observed, experienced or perpetrated violence, or had adverse childhood experiences. Almost all are trauma-affected," said Mr. Cope-Barnes. Facilitators were also trained in sex trafficking, sexual abuse and LGBTQ inclusivity. In addition to its community-based clubs specifically for LGBTQ youth, HCET and its partners also found that girls in juvenile detention were very open about same-sex relationships, readily identifying as lesbian or bisexual. Males in juvenile detention were the opposite, with none in the project identifying as being anything other than straight. "It's very difficult to gather information about males/sexual identity status in the juvenile justice settings," Mr. Cope-Barnes said.

Incentives were also key. "We're dealing with varying levels of ability and mental health issues. Our facilitators have devised a participation incentive program where youth are given raffle tickets whenever they participate or contribute in a positive way – and then about halfway through they can cash in their tickets for prizes (head phones, sweatshirts, nothing over \$25). They can also cash in at the end of the club. This seems to work really well with youth in foster care at mental health facilities." Incentives are severely restricted for youth in juvenile detention centers. Youth are not allowed to have personal items, so incentives usually took the form of food to be consumed during club time. One incentive that worked well with both populations of youth, of course, was praise and encouragement, which acted to bolster young people's emotional health and therefore had impacts expected to last far into the future.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

In the juvenile detention centers, "community service" sounded like the chores youth were already required to do, like picking up trash around the facility or washing floors. Eventually the staff

“Facilitators try to get some basic background on youth in foster care if they can – their trauma histories, medications, developmental issues. Those are good to know ahead of time. With kids in detention, the facilitators have decided it's better not to know the nature of their offenses. This way they can treat all the kids equally without being intimidated.”

and youth alike came to see CSL projects as much more than that. Because youth cannot physically leave detention, and were somewhat limited in the tools available to them – they weren't allowed to use scissors, for example – facilitators had to be creative and do much of the prep work themselves.

CSL activities that worked best with HCET's clubs included:

- **No-sew blankets and superhero capes for hospitalized children.** Youth in detention crafted these items without scissors or needles, which are banned in their facility.
- **Food and clothing drives for the homeless.** Youth created posters and flyers that were distributed to staff throughout the facility. Staff brought in food and clothing and the youth sorted and packaged them to be delivered to a local homeless shelter.
- **No-bake cookies for other youth in detention.** The youth attached cards with words of encouragement and wisdom for their peers.
- **Blankets and onesies for babies born to women in prison.** Youth decorated these items with positive images and messages for a program at the Indiana Women's Prison, where babies born to incarcerated women are allowed to stay with their mothers until their mothers are released.
- **Care packages for troops overseas.** Young people assembled items for overseas troops and included hand-written cards with words of encouragement.

A drawback of conducting CSL activities entirely within detention facilities was that youth didn't get to see the end results of their work – the dogs chewing their new toys, or the children wearing their vibrant capes. In these cases, "facilitators encouraged the recipient sites to write thank you notes, some appreciation back to the kids in the club. It's a way for them to close the loop and see the impact they've made," said Mr. Cope-Barnes.

Another issue in detention facilities was that word spread fast about CSL activities, and popular projects were quickly taken up by new clubs. "We noticed that youth were choosing the same project three times in a row. Facilitators said, 'The kids talk to each other. They see how cool or how much fun the initial club had with it, so they want that positive experience, too. Sometimes we have them do mini-CSL projects, so they can do two – we let them repeat the project their peers did, and then the next time pick something unique.'"

The foster care clubs, on the other hand, took place in community-based locations and youth could get out to do their projects. In one case, youth volunteered to conduct art projects with younger children at a local Boys & Girls Club. Another club performed a talent show for residents of a nursing home, and invited residents

to showcase their own talents. Facilitators reported that the youth found this experience particularly impactful, in part because it built upon their personal strengths.

SPECIAL FEATURES

Early on, HCET and its implementation partner, Planned Parenthood of Indiana and Kentucky, realized that a majority of boys in its juvenile detention clubs were already fathers. They needed information and education about how to be parents. As a support, HCET encouraged facilitators to attend any kind of training about teen parents and factors to consider in working with them. The goal was not to provide parenting education directly to club participants, but to help the facilitators adjust or add content when the curriculum provided opportunities to do so.

DIFFERENT VENUES, DIFFERENT CHALLENGES

The juvenile justice clubs took place at four detention centers, three for males and one for females. One facility was high-security; two were middle-security; one was a boot camp. As noted, youth weren't allowed to leave any of these facilities, so all CSL hours were done on-site, with the facilitators generally making all the preparations. Another downside of the setting was that youth didn't have internet access and thus completed pre/post surveys with paper and pencil. This meant that staff time had to be put towards electronic data entry.

Youth incarcerated in detention facilities were heavily supervised, with guards in the meeting room during club time. While their presence guaranteed order, it at times presented challenges for the youth and facilitator, since guards sometimes joined the discussion inappropriately or made negative comments about something a young person said. Additionally, some youth did not feel comfortable participating fully because of the guards' presence. The detention facilities understood this arrangement was less than ideal, but weren't able to suggest any alternatives. As one response, HCET planned to begin a pilot training in PYD and LGBTQ inclusivity for detention staff.

The youth in HCET's juvenile detention clubs were relatively high-functioning; they were able to complete activities independently without a great deal of instruction and support. The same was not generally true of the clubs for youth in foster care, where participants were more likely to have mental health and academic issues. Though most clubs for youth in foster care took place in neighborhood community centers, a few were in residential treatment centers. In one of these, the only time the club could take place was in the evening, after dinner – an unfortunate time, as it turned out, because many of the youth had been given bedtime medication and were literally falling asleep during club time. "We completed the clubs but getting their engagement was a significant challenge. We told the facility we wouldn't come back to do another round of clubs with this population at this time of day. Youth were slurring speech and falling asleep at times. It's important to understand with this population when youth get their medication administered," said Mr. Cope-Barnes.

“The foster youth need constant, constant, constant reminders that something's scheduled. They are heavily scheduled with therapies, family visitations, caseworker meetings, so it's not anything personal – they just need that level of reminder. Staff also contact the foster parents directly, as much as needed to get youth to their club. This takes a lot of time and really requires support staff, not just facilitators.”

EVALUATION

HCET collected the standard data required of all PREP grantees, but also data related to project objectives HCET itself developed. HCET collected quantitative data through youth surveys that included questions from a variety of instruments, as well as some developed by its external evaluator, Mary Ott at Indiana University. One particularly interesting scale, administered to all youth, measured attitudes about masculinity (see Appendix for more details).

In terms of anecdotal feedback, social workers and teachers at detention sites consistently gave positive feedback to HCET on the impact of the club on youth. "They tell us, 'Kids' behavior is improving, we're seeing positive results.'" Many youth felt such a sense of accomplishment after finishing their CSL project or completing TOP that they added the experience to their job resumes; some said they appreciated making new contacts in the community that might be useful to them later, as they transitioned into adulthood. One youth in foster care indicated that TOP was the first program of any kind that she had ever completed. Other young people said they planned to continue friendships formed in TOP.

For more information, visit [Health Care Education and Training online](#).

BETHANY CHRISTIAN SERVICES (MICHIGAN)

Project Name: Good Deeds at the Center for Community Transformation

Populations: Foster Care, Refugee

Ages: 14-21

Settings: Residential, Community-based

Funder: Family and Youth Services Bureau (CAE)

Years: 2012-2016⁴

Bethany Christian Services offers adoption and foster care services, pregnancy counseling, family counseling, youth development, and refugee and immigrant resettlement services in 36 states and internationally. The organization's Center for Community Transformation (CCT) in Michigan selected the Teen Outreach Program® (TOP®) for implementation with youth in foster care because of its strong basis in positive youth development (PYD), its inclusion of community service learning, and its holistic approach that could meet a large range of needs. Working with the Michigan Organization on Adolescent Sexual

Health (MOASH), a Wyman Replication Partner, Bethany's TOP project served youth in Grand Rapids and Detroit under a federally funded Competitive Abstinence Education grant. In 2015, it conducted eight clubs serving an estimated 150 youth per year, about one-third of them refugees in foster care. Partner agencies included Bethany's Residential Refugee Homes, David D. Huntington YMCA, St. John's Home, House of Providence, and Vista Maria, all of which deliver specialized services to young people.

LESSONS LEARNED

To Start

- Allow time to build relationships with key community stakeholders, paying particular attention to school districts that may need to pre-approve the TOP curriculum in afterschool sites
- Adapt to the needs of prospective partners and articulate the special benefits of TOP for their youth

To Maintain

- Use strengths-focused supervision and network-building to retain staff
- Offer TOP in two-hour sessions that always include one hour of CSL
- Train staff in trauma-focused services

To Be Effective

- Add activities to the curriculum especially for youth who have suffered trauma
- Engage the local refugee center for interpretation services
- Augment facilitator training with positive youth development, behavioral management and safety topics
- Secure additional funding that allows facilitators to also provide case management/individual support to youth participants
- Measure pre/post changes in trauma symptomatology
- Integrate TOP into the spectrum of youth development, job and leadership opportunities available in regular programming, allowing youth to practice skills learned in club

GETTING STARTED

CCT's project delivered a four-month adaptation of TOP to domestic and refugee youth in the foster care system. The program worked in both residential and afterschool venues. To deliver TOP at afterschool sites, the program needed district approval of the curriculum, and the process took some time. To work with multiple partners, CCT also had to figure out effective ways to market TOP to agencies in Detroit, the most populous city in the state and one with a lot of youth programming already. "It can be challenging to sell TOP and convince people that TOP is a worthwhile opportunity for their youth and that it is different than what they're already doing," said Tiffany Clarke, Youth Development Department supervisor at Bethany and TOP project coordinator. Listening to what potential partners wanted was also key, she said. "The more you incorporate the needs of others, while selling the natural benefits of TOP, the stronger the partnership can become."

ADJUSTING FOR THE POPULATION

Nearly all young people served through CCT's TOP project had extensive histories of trauma or system involvement. The large majority of TOP youth were from racial or ethnic minority groups and faced barriers to academic success and social acceptance. As such, project staff adjusted the TOP curriculum to explicitly address trauma, while increasing protective factors and decreasing risk factors related to youth well-being. Guided by the principles of the Trauma-Focused Cognitive Behavioral Therapy model,⁵ adjustments included teaching young people to be aware of their personal triggers and to navigate transition points. Creating and maintaining healthy relationships is a major focus of trauma-informed work, and the project integrated special activities into the lessons. In one activity, for instance, young people made tools for self-soothing. "Together with TOP youth, we create a safety card. Youth decorate it, and identify five things that make them feel calm and safe, that are immediately available to them. This helps youth see that they are in control of their

⁴Originally supported by a two-year demonstration grant, then by continuation funding.

⁵Child Welfare Information Gateway. (2012). *Trauma-focused cognitive behavioral therapy for children affected by sexual abuse or trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



Young people from a TOP club for refugee youth work on an urban garden in Grand Rapids, MI. The garden was designed to allow residents of the neighborhood, many of whom are low-income refugee families, to grow the foods from home that they miss.

actions and behaviors,” said Ms. Clarke, “and empowers them to make decisions that are right for them.”

Facilitators were also encouraged to be aware of their own trauma and triggers related to club content. Two facilitators were assigned to every club to assist with discussion around sensitive subjects, safety and supervision.

Youth participants presented with a range of cognitive abilities and developmental stages. Initially, the project addressed this issue by creating a club specifically for younger teens and those with cognitive delays; however, the group struggled with the content, and the project soon changed tactics, intentionally mixing youth with varying abilities. Facilitators in mixed-level groups began identifying and using the strengths that participants did have, providing regular opportunities for leadership within club sessions. “Older youth or more high-functioning youth are then able to mentor younger youth or those who are struggling,” said Ms. Clarke.

A high proportion of the project’s participants were refugees in foster care. To support those for whom English was a second language, the project both hired bilingual staff and partnered with a local refugee center to provide interpretation services. Some clubs included youth from eight to ten different countries at a time, yet the language issues were manageable, and youth supported one another in learning to navigate what was, at least to some extent, a strange new culture for all of them.

Facilitators also made adjustments related to the cultural backgrounds of participants. For example, in order to make lessons more culturally relevant, facilitators adjusted stories in the lessons to reflect names matching the ethnicity of club youth.

Facilitators also included references to pop culture relevant to a specific group. For instance, a primarily Hispanic group might analyze lyrics in songs by popular Spanish-speaking artists when they were relevant to TOP content.

MAXIMIZING THE IMPACT

To make TOP work for young people with extensive trauma histories, skilled and sensitive facilitators were critical. The project augmented standard TOP facilitator training with trainings in PYD, trauma-informed care and behavioral management, which were offered in ongoing booster sessions. But trained facilitators can only add value to a program if they stay, so the project also worked hard to retain staff. One way the project addressed retention was by providing opportunities for facilitators to network with one other. “Retreat and Refresh” booster sessions included “peer bonding, off-site, so facilitators feel they have a supportive team behind them,” said Ms. Clarke.

In addition, facilitators were encouraged to use their personal strengths in the context of TOP activities. “We do a really good job matching people’s skills and interests. For example, we have one facilitator who has a passion for basketball. He has literally turned his club into a basketball team. Many youth aren’t eligible to play sports in their schools because of grades or truancy, but sports are a great complement to TOP. They involve teamwork and commitment. Youth in this TOP club meet for an entire evening starting with a homework study table, followed by a TOP lesson and community service learning and a meal, then they then spend an hour and a half in the gym. They’re even given the chance to play games against area teams.”



Young people from a TOP club for refugee youth work on an urban garden in Grand Rapids, MI. Here they prepare planting beds and paths through the garden.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

CSL events “offer students an opportunity to bond over something meaningful,” said Ms. Clarke. To get to that point, though, facilitators had to work with refugee groups to develop their understanding of what service to one’s community looks like. “The idea of service for developing nations is very different,” said Ms. Clarke. “Youth often ask if free work to others is like slave labor. We really have to build their understanding of what is community, and why service is important. We see this as very valuable, particularly to students who do not feel a sense of community, like youth in foster care and refugees. For example, one Nicaraguan youth reported having been used for his free labor in the past, which is a point of trauma for him. Asking youth to work for free as ‘service’ was foreign and potentially traumatizing. We had to reframe ‘service’ and talk to them about community development – not as a requirement, but as an opportunity or privilege – and once they caught on, it became powerful.”

In order to make CSL work for youth in foster care, and work in a shortened four-month time frame, project facilitators offered significant hands-on support. Facilitators constantly sought a balance between letting youth take the lead and making sure CSL components were actually completed. Said Ms. Clarke, “The facilitators make a huge difference; they’re considering how to meet the young person at every step. For example, knowing when to let them run with an idea, and when and how to pull back and help them redirect if they get off track.” Facilitators spent time outside of club sessions purchasing CSL supplies and prepping for events.

Not surprisingly, what seemed to make CSL most meaningful for foster youth was the chance to work together as a group, on projects to which members felt a personal connection. Young people with trauma histories, in particular, benefited from the chance to do hands-on learning; facilitators tied real-world CSL experiences to the content of TOP lessons whenever possible.

Some of the clubs’ favorite CSL activities were:

- **Anti-bullying assembly.** Youth organized an assembly at the local middle school and shared resources related to bullying prevention. Members also gave personal testimonials on substance abuse.
- **Free-throw fundraiser.** One club organized a free-throw competition to raise money to purchase uniforms for the local Boys & Girls Club.
- **Moving day.** Foster care youth in one club helped refugee families move into new living spaces. Young people carried boxes, cleaned, and helped families obtain household supplies for their new homes.

“TOP is programming that doesn’t feel like programming. Youth aren’t just in a one-on-one meeting with a case manager. They can be with their peers and learn through doing community service learning, without feeling like they’re being programmed. I can’t overstate the value of peer learning and bonding for youth in foster care, for young people who don’t feel they belong anywhere.”

- **Blood Drive.** Club participants learned about the shortage of donated blood in their community and wanted to help. They promoted and hosted their own blood drive, assisting with check-in, helping donors complete paperwork, assisting with donor recovery and hydration, and sending thank you notes to donors.

SPECIAL FEATURES

Youth who are in and aging out of foster care have complex needs. At CCT's sites, where facilitators often did double-duty as case managers, staff had access to youth's personal information from their foster care case managers, and could also tap outside resources to get young people urgently needed items or services. In clubs conducted at partner sites, the project wanted to offer a similar level of care. Said Ms. Clarke, "We always look for funding that allows us to run groups and provide case management and individual support. Many times we uncover needs that affect a young person's ability to participate. For example, we served a youth who was wearing flip-flops in the wintertime because they didn't have any other shoes. We could go through the social worker – and that's technically who should be meeting these kinds of needs – but sometimes that worker is out for the holidays or not immediately responsive. So we like to be able to offer these kinds of supports ourselves." By meeting participants' basic needs, the project cleared the way for youth to attend to their own personal growth during TOP and to feel they were valued.

A unique feature of CCT's project was its work with youth in refugee foster care. When running clubs with youth from many different cultures, facilitators had to check their own assumptions about young people's values and what the acculturation process had been like for them. Facilitators approached lessons on communication, goal-setting and family through a multicultural lens, realizing that information that seems mundane to youth born in the United States can be eye-opening for refugee youth. "There's a lesson on nonverbal communications," said Ms. Clarke. "For refugee youth it's huge. How you display respect, for example, is vastly different based on culture. For example, we may teach them that making eye contact is a sign of respect here, whereas that might not have been the case where they are from."

DIFFERENT VENUES, DIFFERENT CHALLENGES

Serving youth involved with the foster care system – all of whom have disrupted lives and complex therapeutic needs, no matter the venue – can be difficult. "Foster youth specifically have court dates, medical appointments, home visits, mentoring and academic appointments. They have so many competing priorities," said Ms. Clarke. This made consistent attendance in TOP club a challenge, yet the project had to acknowledge that often young people have little choice about how to spend their time. "We sometimes have foster students in club who also have children in foster care that they're working to reunify with," Ms. Clarke said. Building relationships with social workers was one way the project tried to promote consistent attendance. When social workers bought into the benefits of TOP, they were more likely to consider club activities as a valid part of a young person's treatment plan. Said Ms. Clarke, "Foster care case managers have said that TOP

“We have youth create a safety card. They identify five things that make them feel calm and safe, that are immediately available to them. They decorate it, and we see youth carry the cards with them.”

makes their jobs so much easier. When our facilitators are trained in TOP, they address behavioral issues from a more relational standpoint; this is very powerful for our residential staff. We see less head-to-head confrontation between staff and youth."

When working in venues where not every adult on a youth's treatment team had been TOP-trained, it could be challenging to make sure that the positive impacts of TOP didn't unravel. Facilitators found they needed to engage managers and other site staff to support TOP's PYD approach. To counter staff turnover, they asked that the same residential staff attend club every week. Involving residential staff in the process was not just important for supporting youth's skill development, however. There were also times that CCT's trauma-related adjustments triggered intense reactions from participants. "We make sure they really know what we're doing with youth and why," said Ms. Clarke. "We want them to be prepared if youth have a reaction to something in TOP [because of past family or sexual trauma]."

EVALUATION

This project collected quantitative data using youth surveys, a validated trauma scale,⁶ and facilitator records. Qualitative data was collected via focus groups, interviews and customer service surveys after clubs ended (see Appendix for more details). Grand Valley State University's Center for Philanthropy was the external evaluator for the project.

Data indicated that youth were highly satisfied with their experiences in TOP. In addition, young people served by the project reported a reduction in trauma symptoms such as headaches and nightmares. There was also anecdotal evidence of TOP's impact on youths' life skill development. Case managers said youth were more confident, better communicators, and more likely to ask for something they need. Said Ms. Clarke, "A foster parent told me that her foster daughter was sort of beating to her own drum, but through TOP she began to understand what her goals were and the path she wanted to take to get there." For refugee TOP youth, CSL in particular seemed to have a strong impact. "There are huge impacts for youth trying to acculturate. They learn English substantially faster than other refugee peers. They're more likely to get a job and be able to maintain it. They learn through CSL how to talk on the phone, navigate socially, and use transportation. They learn so many skills through CSL."

For more information, visit [Bethany Christian Services online](#).

⁶Greenwald, R. (2004). Child Report of Post-traumatic Symptoms (CROPS). Retrieved from <http://www.childtrauma.com/publications/assessment-instruments/>

OASIS CENTER (TENNESSEE)

Project Name: Youth Development Learning Collaborative

Populations: Foster Care, Juvenile Justice

Ages: 13-18

Settings: Residential

Funder: Tennessee Department of Children's Services (State PREP)

Years: 2011-2017⁷

Oasis Center offers crisis and residential services, youth engagement opportunities, and college connection supports to young people in Nashville, TN. The state Department of Children's Services was interested in bringing evidence-based pregnancy prevention programming to adolescents in its care, and was attracted to the Teen Outreach Program® (TOP®) because of its broad-based positive youth development (PYD) approach, which could address not just sexual health but also life skills

development. Oasis was invited to join the state initiative based on its 20-year history implementing TOP in school settings, and became the Wyman Replication Partner for the project, training staff at direct-service partner agencies to facilitate clubs and monitoring project quality. At its enrollment peak, the Youth Development Learning Collaborative served 1,052 young people in residential treatment facilities annually, in partnership with the University of Tennessee's Center of Excellence for Children in State Care. It had 28 TOP clubs at 17 sites, run by 10 partner agencies; over the first three years of club implementation, the number of youth served more than doubled.

LESSONS LEARNED

To Start

- Meet with leadership at partner agencies recommended by the state to assess how well TOP fits with current organizational culture
- Conduct site visits regularly to better understand the specific needs of youth in care at each site, and those of the partner and system itself
- Complete monthly observations for the first six months at every new site

To Maintain

- Encourage partner agencies to accept TOP as life-skills education programming
- Adapt to high levels of partner staff turnover by offering training on demand and encouraging partners to send as many staff as possible to training
- Convene a statewide group of stakeholders to set goals, review findings and identify next steps

To Be Effective

- Train as many staff as possible in TOP as a way of integrating positive youth development into the organizational culture
- Coach direct care staff and management to allow flexibility on site rules when youth are in club
- Add training on group dynamics, positive youth development and trauma-informed care
- Use day-long booster sessions to solidify facilitators' learning and check in with facilitators and agency leadership about their needs and experiences related to TOP
- Incorporate icebreakers and group-building exercises into every session to reduce the effect of unpredictable changes in group composition

GETTING STARTED

The youth in Youth Development Learning Collaborative clubs were in the state's combined foster care/juvenile justice system; all were in congregate care facilities receiving treatment or enhanced supervision due to histories of neglect or delinquency. Oasis used a four-month adapted model, a club duration in line with the average length of stay in these settings. Identifying prospective sites was relatively easy; with a contract from DCS as its funding source and the University of Tennessee's Center of Excellence as a primary partner, Oasis had both system buy-in and a network in place to facilitate partnership-building.

Early in year three, Oasis convened a group of stakeholders to help create the project's logic model and envision shared goals. This group included a former juvenile court judge and a member of a technical assistance team monitoring the state; state-level DCS staff; site directors and administrators; members of the Center of Excellence; a foster parent; and a representative from the statewide association of private child care providers. The group continued to meet to review findings and set future goals.

ADJUSTING FOR THE POPULATION

Oasis Center made few formal adjustments to the model during implementation. Instead, it focused on building facilitator skills in the areas of trauma-informed care and group work methods, so clubs could present lessons flexibly, in ways appropriate for the particular youth they served. Said statewide Training and Development Director and project coordinator Jane Fleishman, "We want them to be thoughtful about this and coordinating with clinical staff – in terms of handling topics that might be triggering, like those on sexual health and family. We don't want staff implementing them by rote, but rather by being smart about their sequencing and asking, 'Is this appropriate for this group at this time? And do I need to include clinical staff?'"

⁷The length of this funding contract is uncertain, but is expected to last through 2021.



Youth engaged in a TOP CSL project at a women's shelter in Cookeville, TN. They wanted to improve the view for women and children by painting the inside of the fence around the shelter property.

Facilitators also made minor adjustments to the way they presented lessons based on young people's literacy level, developmental stage and emotional/behavioral needs. For example, when participants had lower literacy levels, a facilitator would have small groups work together and designate one member as the reader, or would read aloud as they proceeded through a lesson. When it came to handling behavioral issues, "There are protocols by site for how to handle behavior," said Ms. Fleishman. "We challenge facilitators, as much as possible, to use the TOP approach. Usually what happens is that using our values-neutral language, multiple intelligence theory, keeping the group engaged, and allowing youth voice helps minimize disruptions anyway." Since some level of self-awareness is necessary to engage with TOP lessons, Oasis also developed supplemental lessons to help prep youth with significant trauma histories.

One area of technical adjustment was the use of shortened interim trainings in cases of facilitator turnover. When facilitators left their positions in mid-club, another staffer could step in after a one-day training, enough to temporarily fill the gap until he or she could become a certified TOP facilitator. The project considered this a reasonably good solution to the problem posed by staff turnover, since the provisionally trained staff were already employed by the site, were familiar with TOP, the participants, and the setting.

MAXIMIZING THE IMPACT

In an effort to maximize TOP's impact in residential treatment settings, Oasis focused heavily on ways the project could impact staff members, organizational culture and the system as a whole. For example, most of the project's facilitators were entry-level

direct care staff with only basic education and training. The TOP training, said Ms. Fleishman, "has been so helpful to them, given them more tools, defined a really positive role for them, and increased their sense of self-efficacy. Most didn't have a lot of prior training and now they feel good about their work and have our support as well." Approximately eight regional trainings were provided each year, held away from partner sites, giving participants a broader view of their roles, and allowing them to network with facilitators across the state.

The project also made an effort to train as many staff as possible at each site, and to acknowledge the differences between TOP's PYD approach – based in educational theory – and the medical model that dominates most treatment settings. In some facilities, "People are looking more at fixing youth versus attending to regular developmental tasks," said Ms. Fleishman. Although sites often began by sending only a few staff to training, "Over time, without exception, the facilities see value in this and start sending more staff to training. Several sites asked to train their clinical director, line staff and managers – they want to integrate TOP more closely into all their programming." Engaging management in training and reflection on their TOP implementation was one way the project addressed organizational culture shifts. For example, it was managers themselves who encouraged staff to be flexible in clubs rather than follow every rule to the letter. Said Ms. Fleishman, "Maybe swearing is against the rules, but in TOP group we ask them to allow youth to express themselves more freely without demerits, even if that means there is some swearing. This is one way youth feel valued and respected, and that TOP stays youth-centered."



Girls in a Tennessee TOP club crochet items for sick babies.

In addition, partner agencies were required by contract to send their facilitators and supervisors to day-long booster sessions six months after TOP start-up. That's because it takes time to build organizational support for TOP and facilitation can be hard emotional work. "Facilitators are asked to be vulnerable – to be hopeful and open. Your feelings get more involved if you start to see what young people have to offer, and feel hopeful for their future. People tend to protect their hearts, whereas in TOP we ask them to let their hearts be touched. This is not to be underestimated." Booster sessions created a space for facilitators to talk about their experiences and gain awareness about their own self-care needs. And supervisors are asked to reflect on successes and challenges with TOP at the organizational level.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

The project's host sites provided varying levels of care to youth, some more intensive than others. In those with higher levels of care and supervision, staff were used to significant restrictions, including keeping youth on-site at all times. So Oasis explored the concept of community service learning (CSL) with partners right away. Said Ms. Fleishman, "One partner agency that runs three group homes has really turned a corner on this. They said, 'We used to have a philosophy that we don't take these kids out in the community, almost as if hiding them away ... for confidentiality. Now we do it all the time. It's positive for them; it's positive for the community.'" Sites that were already doing service learning before TOP began doing even more.

Due to young people's unpredictable entries and exits from residential placement, clubs in this project operated with rolling enrollment. "We've learned how to work with the fact that you've got people coming and going from the group," said Ms. Fleishman. "Some of that is the facilitators making sure [all] young people have a chance to do some of the planning and preparation; also the youth already engaged in CSL do the training of new club members themselves." In other words, the project took what could be a challenge – mid-course changes in group composition – and turned it into an opportunity for existing members to exercise leadership among their peers by letting them orient new youth about how CSL projects had been chosen, where clubs were in the planning process, and what tasks needed to be completed.

For young people who were restricted from leaving the site, facilitators looked for ways to make sure on-site activities supported a sense of belonging to the larger community. In one club, a group of girls was able to use a loom to crochet caps for children in an oncology ward; due to site security protocols, the project used a "safety loom" with no sharp parts. Soon the girls began teaching other youth how to crochet, and they joined Project Linus, a national effort that donates crocheted blankets to preemies. "They call them 'hugs,'" said Ms. Fleishman, "and there's a video on the Project Linus website, and the participants sometimes cry watching it." Viewing videos and reading about what other chapters were doing on a national scale helped youth see the impact of their own contributions. Eventually, the girls asked permission to crochet in therapy groups, saying the activity relaxed them.

Other on-site CSL activities that worked well included:

- **Handmade cards.** One club used CSL to give back to someone they knew within the residential facility. When a therapist's wife experienced a miscarriage, youth completed a lesson on fetal development and birth, and then made cards for the couple. Clubs also regularly made cards or wrote to people serving in the military.
- **Angel tree.** A boys' group home created an "angel tree" with paper ornaments for children in state care who might not receive holiday gifts – including some of their friends and siblings in the community. Said Ms. Fleishman, "They had an amazing response from the community and from staff." Youth then held a bake sale to buy wrapping paper. "Even boys who had been discharged asked to come back and help wrap and deliver gifts," she said.

SPECIAL FEATURES

Improving youth outcomes is always a primary goal of TOP, but over time, Oasis Center began to also focus on using the model to build the skill base and morale of staff at partner sites, and by extension, to change the system itself. Said Ms. Fleishman, "We were talking more about youth outcomes originally, but given the very short length of stay in these facilities – and the fact that outcomes for these young people depend so much on

“Facilitators are asked to be vulnerable – to be hopeful and open. People tend to protect their hearts, whereas in TOP we ask them to let their hearts be touched. This is not to be underestimated.”

their families or foster families – our stakeholders encouraged us to look more at the impact on staff within these organizations.” At partner agencies, TOP acted almost like a test lab, providing a structure in which site staff could practice PYD and trauma-informed responses while serving youth in facilities historically accustomed to more restrictive, problem-focused approaches.

Furthermore, because partner agencies stayed engaged in the project multiple years, Oasis provided informal coaching to administrators that focused on deepening the integration of PYD into organizational culture. For example, project coordinators would ask them to reflect on which qualities had helped TOP facilitators be most successful in their roles with youth, and whether they might want to look for similar skills when hiring for other positions. Providers were also asked to consider how to integrate the TOP approach into other aspects of agency programming.

The project was lucky in its ability to augment CSL budgets with a small grant program. Youth at each site were encouraged to submit proposals for up to \$250 to cover expenses related to CSL events or club celebrations. This grant fund increased the range of activities youth could take on, and provided an opportunity for youth to develop planning and writing skills, as well as a sense of competence for earning money to support projects on behalf of the club. (See the project’s grant application form in the Tools and Resources section on page 31.)

DIFFERENT VENUES, DIFFERENT CHALLENGES

In most cases, facilitators were joined by several other on-site staff during club activities – usually two to four adults who stayed on the perimeter of the room for security and to maintain required youth-staff ratios. The arrangement was far from ideal from a PYD perspective, but facilitators had to accept it as a fact of life. Providing a special TOP orientation for the security staff was one way the project addressed this potential challenge – the more TOP-informed and TOP-friendly other staff were, the less likely they were to inadvertently shut down youth discussion or react punitively to a young person’s behavior.

Participating congregate care sites generally relied on rules and point systems to manage youth’s behavior. In one group home in a rural town, for example, the house rule was “no hats.” “This led to other staff, who had not been TOP-trained, walking through the room during TOP group and pulling a hat off a young person’s head,” Ms. Fleishman said. Since young people had worked together to agree that their club rules would allow hats, the staffer’s behavior violated the sense of trust the facilitator had worked hard to establish. Indeed, being able to make decisions that adults respect is one of the reasons system-involved youth find the experience so meaningful. Project coordinators spoke to the site’s director of residential treatment, who clarified expectations for TOP groups with the staffer. Had this level of rapport with upper management not been in place, the club may have faced a serious breakdown.

“You need to care for the staff so they can remain open and able to relate to young people, as opposed to scared, burned out and hardened.”

EVALUATION

Oasis Center collected quantitative data through youth surveys and facilitator records that addressed asset development, sexual risk behavior, school performance, fidelity to the TOP model and participant satisfaction data, in addition to reporting implementation data about the project on a semi-annual basis. Its external evaluator also collected data through interviews with staff and youth, focus groups and observations. A unique element of its approach was the collection of staff hiring and termination data from the project’s partner agencies.

In 2014, Oasis Center contracted with the Center for Youth and Communities at the Heller School for Social Policy and Management at Brandeis University to conduct a [mixed-methods formative evaluation](#) of TOP implementation at three residential treatment sites. The report was based on data from 812 participants, interviews with 16 staff and 18 young people, and hiring and termination data for nearly 200 direct care and supervisory staff. Although representing a relatively small percentage of project sites, the Brandeis evaluation found improvements in both youth outcomes and staff performance. For example, among youth in TOP clubs, there was a 37% reduction in the number of serious incidents reported (including running away, assault, possessing contraband, and the need for physical restraint). TOP-trained staff reported applying practical techniques to their work with youth, including replacing sanctions with more neutral responses; nurturing authentic youth engagement and leadership opportunities; and an improved sense of professional self-efficacy.⁸

Anecdotally, project leaders heard that young people loved the service learning and opportunities to take leadership in a peer group. “One young man said that, ‘I never used to think I could do things, but now I know I can. It’s helped me do better in school. I’m on the honor roll now.’” In another case, a young man’s experience reading to school-age children during CSL reportedly raised his confidence enough that he decided to finish his GED and consider attending college. Interviews conducted as part of the Brandeis evaluation also suggested youth felt cared for and empowered by TOP; staff reported observing improved communication skills, and young people themselves described an improved sense of self-worth.

For more information, visit [Oasis Center online](#).

⁸ Hughes, D.M., Singleton, S., Gutzebahl, J. & Kingsley, C. (2015). *Wyman’s Teen Outreach Program® Formative Evaluation Report*: Brandeis University.

PROJECT VIDA (TEXAS)

Project Name: Project Vida Teen Outreach Program
Populations: Foster Care, Migrant, Juvenile Justice
Ages: 12-18 (Up to 21 if Pregnant or Parenting)
Settings: Residential, School, Community-based
Funder: Family and Youth Services Bureau (C-PREP)
Years: 2012-2015

Project Vida is a health, education and economic development agency serving El Paso, TX and surrounding communities, a high-poverty area with teen pregnancy rates higher than the state average. In implementing the Teen Outreach Program® (TOP®), the agency used the Community Health Worker model, which assumes that local community residents themselves make the most effective outreach workers and educators. Prior to adopting TOP, Project Vida had used a 10-week abstinence-plus model, but workers sought an approach that kept them working with youth longer and that gave them the chance to engage young people in community service learning (CSL). Between 2012 and 2015, Project Vida conducted 49 TOP clubs working with a total of 951 youth in schools, neighborhoods and juvenile detention facilities. Its partners included the Fabens Migrant Program and City of El Paso Housing.

GETTING STARTED

Not all clubs required staff to recruit youth participants, but for those that did – for instance, in the clubs that worked with youth in migrant families – facilitators scheduled parent presentations that were promoted at libraries, convenience stores, and door to

door. Parents and youth who attended the presentations could give active consent on the spot. “With the rest, we get passive consent,” Sandra Rodriguez, the program coordinator, said. “We give youth a form and have them sign to say they’ll give it to their parents. We ask to get the form back for confirmation, but some don’t return it. However, we do reminder calls before every club, and so we know that parents are aware of youth’s participation. Facilitators make all those calls.”

ADJUSTING FOR THE POPULATION

Project Vida’s largest adjustments were around gauging the number of months any particular club could last. The project started with four- and six-month clubs to accommodate community partners. Low-risk, first-time offenders in juvenile detention, for instance, typically stay for four to five months. Their high school clubs also started at six months. In post-intervention focus groups, though, high school participants asked for longer clubs, and over time, these and most other clubs grew in length. Determining the length of any particular club required Project Vida to weigh site limitations, scheduling issues, the ages of youth participants, their developmental level, and what the young people said they want; constant reassessment and flexibility were necessary.

MAXIMIZING THE IMPACT

Project Vida developed extraordinary infrastructure for its clubs, developing a policy and procedures manual for providers that included specialized tools on how to begin and end clubs, how to structure lessons, how to develop and schedule CSL activities, and how to retain young people. This kind of standardization ensured consistency of quality across clubs and streamlined the work. Among the tools was one that asks facilitators to select and sequence lessons at the beginning of each club, and to submit the plans to the coordinator several weeks prior to starting. The program stressed three content areas – communication, sexuality and goal-setting – and tailored those lessons to the particular youth in each club. (See the BERDA lesson planning tool in the Tools and Resources section on page 31.)

Project Vida is at the intersection of the Hispanic and Anglo cultures, and also to the culture that is unique to the borderland area, where families travel back and forth between the United States and Mexico on school breaks and in the summer. “The kids battle with that, and the values their Mexican families have given them, compared to what they learn here and among their peers,” Ms. Rodriguez said. “But with TOP we try to keep those universal values. Overall, we see the youth in the clubs being more empowered; youth aren’t usually allowed to take leadership

LESSONS LEARNED

To Start

- Set high enrollment targets to make up for attrition
- Keep enrollment open for first three weeks of clubs only
- Obtain an extra vehicle for transportation to clubs and CSL events

To Maintain

- Develop a written protocol for facilitators on participant retention
- Encourage family involvement in recruitment events, CSL events and celebrations
- Create and routinely update Facebook and Instagram pages

To Be Effective

- Optimal club duration may change from cycle to cycle based on youth input and other factors, so constantly reassess the need for shortened adaptations
- Develop a tool to help facilitators structure lessons and plan ahead
- Write a policies-and-procedures manual for partners on how to begin and end clubs



TOP club youth in Texas spend time with elders at a senior living facility.

and get involved in activities beyond school. But here they are. They've been able to let their families know how important TOP is for them."

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

"Community service" had a punitive sound to both community providers and to youth, who immediately thought that it meant picking up trash along roads and cleaning up parks. "They think it's a punishment," Ms. Rodriguez said. So to inspire them, the project began showing a four-minute video about the cascading effects of kindness. "It's on YouTube – we have a really good [video](#) showing a boy trying to paint a wall, and trying to get someone to help him. He plants a seed in other people." After watching the video, youth vote for which populations they are most interested in working with. The CSL experience has been transformative for

many youth, one time even bringing tears to the eyes of youth in a juvenile detention club who were moved by the gratitude of immigrant children with whom they had worked. "Parents have come to us to tell us how much their children have changed and how much community service learning has changed them."

To bolster this component of TOP, Project Vida sent facilitators to a training on service learning.⁹ Said Ms. Rodriguez, "It gave us ideas – planning sheets that lay out tasks, getting youth into individual groups, signing up for tasks and handing them the responsibility for completing those tasks, like outreach to partners and getting supplies. We try to match youth with their strengths and give them opportunities to use those skills."

In a sentiment echoed in other TOP projects, the most meaningful community service learning events originated with the youth

⁹The training was provided by the Institute for Global Education and Service Learning, and based on the "Service Learning LEADERS Planning and Reflection Guide."



Girls in a Project Vida club make a presentation during a lesson.

themselves, and involved direct, hands-on activity that had a visible impact.

Some of Project Vida’s most successful CSL events were:

- **Prom night and Valentine’s dances for the elders.** One of the girls’ clubs created invitations and hand-delivered them to a senior housing complex. They hosted the dances at the apartment’s community center, provided music and food, and had a photo booth for taking pictures of the couples. They even named a prom king and queen. A local news channels reported on the event.
- **Community gardens.** Youth planted the gardens and took care of them in the summer, when many families travel back to Mexico to see family and the community empties out. At each garden harvest time, a volunteer cooked a meal for the youth with the vegetables they had grown.

- **Bullying awareness campaign.** About 100 people showed up for an awareness-raising run/walk organized by one of the middle school-aged clubs. Youth designed and distributed 50 t-shirts, and invited agencies to present information about their resources. The event was covered by a local news station.

SPECIAL FEATURES

In voluntary clubs, retention of youth is critical for consistency and relationship-building – so critical that Project Vida developed special tools and protocols. Facilitators made reminder calls before every club, and if youth missed once, they got a phone call. If they missed twice in a row, the club sent a “miss you” card signed by all the youth and hand-delivered to the youth’s home by the facilitator. “We reach out to them and ask what’s getting in the way of their ability to participate,” said Ms. Rodriguez. “Sometimes it turns out the parent isn’t working, or they don’t have food, and the facilitator can refer them to needed services.”

“If your partner site believes in your mission as much as you do, the club will be successful. On the other hand, if there’s someone doing it just because it’s a requirement, there will be constant challenges.”

Facilitators also made a habit of dropping by young people's homes to personally invite parents or guardians to graduation celebrations. "We raffle prizes, we give out certificates, we do a slideshow of CSL activities. This helps parents know what their children have really been doing. We started this at the end of year one and it really helped with retention. We also started Facebook and Instagram pages so we could post pictures and club or event reminders online. We constantly remind youth to follow us online, which has also been helpful." Facilitators also let youth know they care about them by sending birthday cards. To keep on track, each facilitator was required to submit a form each month documenting all retention-related activities.

DIFFERENT VENUES, DIFFERENT CHALLENGES

Some venues proved more difficult to work in than others. For instance, the project had hoped to run a TOP club in a local high school as a regular class, but the school couldn't spare the instructional time, and offered lunchtime as the next-best option. Even though the club was able to meet in a private space rather than the cafeteria, students still had many competing activities and retention proved difficult. Facilitators used raffles and giveaways to try to keep participants coming, and despite the less-than-ideal scheduling, they were able to keep the club going for two years.

Working effectively with the juvenile justice system was also challenging. Local judges were inconsistent in referring youth to Project Vida's diversion club, and when young people did come, it was generally for a maximum of eight weeks, the amount of time they remained under court supervision. Then, despite being ordered to continue attending, the youth would often drop out of TOP. The project also worked hard to make inroads with the local juvenile detention facility, which initially wasn't sure that TOP was a philosophical fit for their program. It asked Project Vida to prove that TOP could be a success with its lowest-level offenders before offering expanded access. The project did, and was invited to begin working with adjudicated youth in the Supervised Probation Program.

Some of the same issues were at play in the project's engagement with the foster care system. State caseworkers weren't always convinced that TOP was necessary or beneficial to youth. CSL projects turned out to be a sticking point, for instance, when on-site staff saw community service projects as good for the community but of little value to foster youth themselves. The facilitator reported that younger foster care youth had trouble focusing for more than few minutes at a time; they just seemed too hard to manage. "We see it differently," Ms. Rodriguez said. "We know how hard it is for the foster youth to trust the facilitator, and we think these are the young people who can benefit most." In that club, the facilitator tweaked the lessons by adding more icebreakers and activities.

“Teens in one club had to walk to TOP sessions, and they told the facilitator this felt unsafe. So they went door to door and asked people to support putting in a light post on the street. They asked for a donation of \$12 per family. They raised \$400 this way and Project Vida made up the rest. One city commissioner came down and said, ‘I know how hard it is to bring the community together and raise such a big amount of money. For this reason, I’ll give you an additional light post, and you can choose where it goes.’”

EVALUATION

Project Vida collected quantitative data using youth surveys and facilitator logs that addressed asset development, sexuality, school performance, "sense of purpose," and participant satisfaction, as well as project implementation data. An outside evaluator conducted focus groups with youth after clubs ended, as part of an initial project evaluation.

The first [evaluation](#) to emerge from the project, of TOP's impact on youth in juvenile diversion, found positive impacts on most developmental assets. In a small focus group that was part of this evaluation, all youth expressed high satisfaction with their facilitator and the program itself; all the youth claimed TOP had a positive impact on their lives, and some suggested it helped them be more open with their parents or better able to consider the consequences of their actions. The most striking anecdotal evidence for effectiveness has come from the juvenile justice settings. "The probation officers tell us, 'You know, they pay more attention, or they're more receptive. They're doing better with X or Y, and they tell us what they like about TOP.'"

Parents also provided anecdotal feedback, particularly those who attend TOP graduation ceremonies. Ms. Rodriguez reported that one parent came to her and said, "What you do for the kids is wonderful, and the way you work with them in the community is amazing. I can't tell you the impact on my daughter. She wants to help in the community. She wants to be involved and make a difference. She has changed so much."

For more information, visit [Project Vida online](#).

JAMES MADISON UNIVERSITY (VIRGINIA)

Project Name: Office on Children and Youth Teen Outreach Program

Populations: Immigrant and Refugee, Pregnant/Parenting, Juvenile Justice

Ages: 13-19

Settings: School, Community-based

Funder: Family and Youth Services Bureau (C-PREP)

Years: 2012-2015

The Office on Children and Youth at James Madison University (JMU) in Harrisonburg, VA, implements several youth development programs serving a geographically diverse area that ranges from mostly white rural farm communities in the mountains to urban immigrant neighborhoods. The area has a high teen pregnancy rate, and has traditionally favored abstinence-only approaches. The use of the Teen Outreach Program® (TOP®), and another, much shorter intervention called Draw the Line/Respect the Line, for middle school-age students, was an attempt to shift attitudes about sexuality education. JMU adopted TOP because unlike Draw the Line, it could be implemented all year long, in different contexts and with different youth populations, and had a community service learning (CSL) component. For their perspective, the particular benefit of TOP was that it brings caring adults into the lives of young people for a long enough period to impact them in many ways, beyond healthy relationships and sexuality. The project operated 12-13 traditional-length TOP clubs at any given time and served about 160 youth per year. Partners included three school districts and a private nonprofit housing organization.

LESSONS LEARNED

To Start

- Partner with schools by leveraging already-existing relationships
- Creatively build relationships with neighborhood youth to interest them in joining clubs
- Organize community-wide events to inform parents

To Maintain

- Ensure attendance at middle school-age neighborhood clubs by meeting participants as they get off the school bus
- Work to situate clubs within school classes rather than after school or during lunch

To Be Effective

- Acknowledge up front that youth referred to clubs by guidance counselors or teachers may feel a stigma
- Understand that pregnancy prevention efforts can feel shaming for teens who are already pregnant or parenting
- Find creative ways to package CSL hours in school settings, where field trips may be difficult to arrange
- Understand and affirmatively acknowledge differences in cultural experiences around racism and discrimination

GETTING STARTED

The JMU project conducted TOP clubs in middle and high schools and in neighborhoods; in its second year, it also partnered with a mental health counseling center to provide short TOP clubs for youth in juvenile diversion. JMU leveraged its deep relationships with local school districts to get TOP into high schools, and many of the students in those school-based clubs were strongly encouraged to attend by guidance counselors or teachers. The neighborhood clubs, though, were entirely voluntary for youth, and thus took substantially more work to establish. “For a month we would go and play basketball with whoever showed up, and that’s how we started building relationships,” said Joshua Diamond, Program Specialist at JMU and project coordinator.

ADJUSTING FOR THE POPULATION

The neighborhood clubs were predominately composed of immigrants and refugees, many from the Middle East whose families came to the United States to flee war. Unlike some youth in the mostly Hispanic clubs – one club was made up entirely of immigrants from Puerto Rico – the Middle Eastern youth tended to be fluent in English. On the other hand, the cultural divide was great, and some families were so conservative that they immediately said no to any program involving discussions of sexuality. This represented a problem for their children, of course, who had been suddenly transplanted to a new, much more permissive culture. “There’s a big disconnect between the information that youth in this country who are bilingual have, and what their parents who are mono-lingual have. Muslim boys in middle school who are discovering their bodies are coming from a place with limited access to media, and now they can watch pornography on their phones. They have all these questions. They wouldn’t want their parents to know they have questions,” said Mr. Diamond.

Facilitators sought to understand and respect families’ conservative values, while also helping young people navigate the new culture they found themselves in. Facilitators had to accept that communication with families could be stymied by more than just language. “It’s a huge bummer that I can’t easily talk with my kids’ parents. They kind of stay away from systems; they’re more shy or standoffish. These communities have a massive amount of individual trauma and they associate that trauma with certain systems,” Mr. Diamond said.

MAXIMIZING THE IMPACT

In some sense, youth themselves determined the composition of neighborhood groups, with high school students opting out of clubs dominated by middle school students, and older girls



Students in James Madison University's TOP clubs.

opting out of clubs with less mature boys. So the tendency was toward single-gender, narrow age-range clubs. Though unintended, the result was a positive one, since clubs could be more cohesive and the content more easily tailored to a specific population.

The project also had good experience with embedding clubs in early childhood development and personal development classes in high school. Young people knew TOP was part of the class before signing up, so affirmatively chose to participate. There were no recruiting or retention issues, and the classes captured many of the students who could benefit most from TOP, such as teen parents.

BUILDING CONNECTION THROUGH COMMUNITY SERVICE LEARNING

When TOP clubs took place in school, the goal was to make the required community service learning (CSL) projects into full-fledged field trips, not just voluntary activities that happened afterschool. But field trips meant leaving school in the middle of the day, or at least before the end of the day, and schools varied in their willingness to negotiate. At one school, instead of getting three multi-hour field trips in the middle of the school day, they got three trips that left school 45 minutes before the closing bell. At another venue, they did secure permission to leave midday. With prep time and the three to four hours for the actual event, clubs accrued six to eight hours of their CSL requirement.

CSL activities that worked well for JMU clubs included:

- **Apple harvesting.** One of the high school-based clubs collected 2,000 pounds of windfall apples and transported them to a local food pantry the youth had selected.
- **Tree planting.** Young people planted trees (some of which they received as donations from a local arboretum) to assist in a stream restoration project at a local city park.
- **Supporting peers.** One club made goodie bags of healthy snacks for other students during standardized testing time.

SPECIAL FEATURES

The program made a specialty of working with the children of families newly arrived from other countries, many of them low-income and living in housing projects. Conducting clubs with them required the ability to see through their eyes. Said Mr. Diamond, "I think it's about facilitating in a way that honors them as people and being real about the barriers they face because of who they are. That just means honoring the fact that they think there's racism, or people make fun of them because of their language. You have to ask yourself, 'Who are you working with? What's important to that culture? Where are they coming from?'"

He added that acknowledging young people's perceptions of racism isn't enough; facilitators need to affirm that racism is a real phenomenon with real impacts, or else risk "erasing their experience." He said, "I find that young people who have been

“Facilitators have to understand the power and importance of relationship. They have to have a degree of self-awareness about their own prejudices and their ideas about youth and community and social change.”

most directly affected by oppression are really affirmed when I acknowledge that the world isn't actually set up for them to succeed, and that racism is wrong. I think this level of honesty really speaks to them and helps them build trust in me."

Some of the club participants had parents who had been permanently disabled in wars involving the United States, creating a complicated set of emotions not easy for Americans to understand. Between the Middle East and the U.S., there are also obvious differences in social mores regarding gender roles and sexuality. "When you talk about relationships, sex and sexuality, what are the different expectations that different groups have of their youth, of young girls versus young boys? We're sensitive to that, but we can also bring to light some of the traditions that can be hurtful [to young people's sexual health]."

DIFFERENT VENUES, DIFFERENT CHALLENGES

In its first and second year, the project worked with young people in juvenile diversion who were referred by the court. The youth were in the club for only eight weeks at a time, but even with this significantly shortened adaptation, facilitators felt the program made a difference for participants, particularly because it helped them develop relationships with one another. But, citing a problem that others projects experienced as well, Mr. Diamond said referrals eventually dried up.

"It's always been a struggle working with the justice system; there's a lot of gatekeepers, and when you get a good one, you get referrals," said Mr. Diamond. Otherwise, it can be difficult. "There are just so many different people, judges, probation workers, youth workers, counselors, and some of them come from very different paradigms." Getting the entire system, or even part of the system, on board with a unified approach that consistently included TOP would have required a high level of buy-in from juvenile justice administrators. It would also have taken a great deal of time and effort, given that the program would have had to develop those connections from scratch.

Running a successful club after school for pregnant and parenting teen mothers turned out to be another challenge. It seemed like a great fit, because the school had a nursery on-site and teens were already at school. But in the end, it didn't work. "It's hard to get teens moms, who are students and don't have a lot of money and might have jobs, to say, 'Yeah I'm going to stay after school today and do community service.'" The project ended up transitioning those students into a club that was embedded in an early childhood development class, an option that worked much better for them. The class did not necessarily solve all the students' scheduling problems, since CSL activities still needed to be done after school, but at least the lessons themselves could be done during school time, when students were already there.

“Sometimes a young person will know that their teacher wants them to be in the club, so they're thinking, 'Great, I'm in the bad kid program.' So let that conversation happen about our assumptions about why we're each here, who we are and what we are thinking about one another. If they're annoyed they're being made to do something, let them be annoyed. An honest conversation will move you beyond that.”

EVALUATION

Like other FYSB PREP grantees, JMU had an external evaluator who analyzed data for impacts at the end of every year. The project collected quantitative data on participant demographics, project implementation, and TOP's impact on young people using pre/post surveys and facilitator records. Evaluation data shows that youth across JMU's TOP clubs reported that the clubs helped them resist peer pressure, make plans in order to reach goals, talk about important things with parents or guardians, and be the best they can be. They reported feeling safe in the TOP clubs and said that community service had helped them "make a positive difference in the lives of others." Findings also indicated that students participating in TOP clubs cut classes less often and experienced fewer school suspensions than they had before joining the clubs.

For JMU, another point of the project was to nudge systems toward addressing teen sexuality in a healthier, more complete way. "We're at the level of exposure at this point, meaning people in the community and schools are being exposed to a different way of working with youth," Mr. Diamond said. "Internally TOP training has definitely helped us maintain a commitment to being youth-focused, -centered and -driven. In our work in trying to get more comprehensive sexuality education in school, we're pushing to do more progressive things. TOP and Draw the Line/Respect the Line have forced us to have conversations with teachers and principals and superintendents, so things are slowly changing," he said. "In the neighborhoods it's hard to say what's happening, but it's good when people see youth doing positive things in their communities."

For more information, visit [James Madison University online](#).

TOOLS AND RESOURCES

Most projects profiled in this resource used special tools aimed at improving program management and coordination, meeting the unique needs of special populations of youth, and promoting TOP® to stakeholders and communities. Some of the tools were developed by the agencies themselves, while others were adapted from elsewhere or developed by third parties. In an effort to inform and inspire other TOP projects, we describe some of them below. All are available online via the links provided, and several are also reprinted in the following pages. Other tools and documents can be accessed through links that appear in project profiles and citations throughout this resource.

PROJECT MANAGEMENT TOOLS

Youth Retention Plan (Project Vida) This [tool](#) describes strategies for retaining young people in community-based TOP clubs, specific action steps for facilitators and participants, and when each should be completed. For example, it suggests sending out “miss you” cards signed by a young person’s peers when teens are absent from club.

BERDA: Lesson Planning Tool (Project Vida) This [form](#) follows the lesson plan cycle of Briefing, Experience, Reflection, Debrief and Application to help facilitators plan specific approaches to each TOP lesson. In some cases, coordinators required facilitators to submit these lesson plans several weeks in advance of running a club.

Post-lesson Fidelity Monitoring Survey for Facilitators (Youth Catalytics) The [post-lesson survey](#) asks facilitators about their experiences implementing TOP lessons, including challenges related to preparing and delivering lessons, completing lessons in the expected time and meeting learning objectives. The tool was created by a group of OAH grantees in order to assure strict program fidelity, but also had internal program improvement purposes.

Community Service Learning Sub-grant Application (Oasis Center) One project gave youth access to a small [grant fund](#) that could cover costs for supplies related to community service learning (CSL) events. This expanded not only the range of projects youth could take on, but also the types of skills they could practice through CSL (planning, grant writing, submitting an application, managing a budget, etc.).

BEST PRACTICES WITH SPECIAL-POPULATION YOUTH

Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs – Part 1 & Part 2 (Office of Adolescent Health) These tip sheets are tailored to federal grantees implementing teen pregnancy prevention programs with youth who have a history of trauma. [Part 1](#) describes a rationale for why it’s important to be aware of trauma, and [Part 2](#) offers specific strategies for preventing, reducing and addressing the impacts of trauma.

Sample Multiple Intelligence Lesson Adjustments (Youth Catalytics) This resource offers [two examples](#) of TOP lessons that have been adjusted to accommodate multiple intelligences. Multiple intelligence theory describes different types of intelligence that each individual possesses to a greater or lesser degree, and provides a rationale for tailoring facilitation to meet the needs of nontraditional learners.

MODELS FOR PROMOTING PROGRAMS

Project Description (Oasis Center) This [one-page description](#) of a TOP project implemented with youth in foster care describes partners involved in the project, the model’s evidence base, community service learning activities, and preliminary impact findings; materials like this can be used to engage new partners, report to stakeholders and pursue additional funding.

Infographic (Bethany Christian Services) This [infographic](#) shows how organizations can describe the number and characteristics of youth served by TOP, the range of partners involved, and the project’s impact on youth.

Brief: Pregnancy Prevention for High-Need Youth in Connecticut (Youth Catalytics, 2012) This [brief report](#) summarized mid-project implementation data and findings from a project serving youth in therapeutic and alternative education settings. Materials like this can be an effective way to capture and communicate more nuanced information about a program, like facilitators’ thoughts on what worked well, or which elements of the intervention appear to be most appealing to youth.

FORMAL EVALUATIONS

Oasis Center Replication: Wyman’s Teen Outreach Program® Formative Evaluation Report (Brandeis University, 2015) This mixed-methods [formative evaluation](#) focused on three of the ten agencies implementing TOP in group home and juvenile justice programs in Tennessee. Its findings were primarily intended to be used for program learning and improvement, and to identify future research questions.

Evaluation Brief for Project Vida Health Center Teen Outreach Program (Helix Solutions, 2014) This [report](#) described evaluation findings for the project’s initial four-month implementation of TOP with youth involved in the juvenile justice system.

APPENDIX

EVALUATION MEASURES AND METHODS

All projects collected a variety of implementation, performance and impact data. Most data collection was required by funders to answer pre-established questions about youth demographics, sexual risk behaviors and impact of services on sexual behavior or intention regarding future sexual activity. Some projects also collected data independently, to answer program-specific questions. Tools and measures are summarized below, along with practices the projects found useful in carrying out evaluations.

PROJECT	TOOLS AND MEASURES	WHAT WORKED
Arizona AZ Dept of Health Services	<ul style="list-style-type: none"> Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> Measured impacts of program against state goals for reducing teen pregnancy
Connecticut Youth Catalytics	<ul style="list-style-type: none"> Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) Fidelity monitoring data (number of lessons completed as written, objectives met) and additional questions regarding ease of facilitation, youth FAQs, and facilitator recommendations (OAH and Internal Evaluator) Facilitator and clinical staff interviews at the 3-year mark Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> Collected extensive fidelity data after each lesson Collected qualitative data by creating videos of facilitators talking about their clubs and benefits they had observed for particular youth
Indiana Health Care Education & Training	<ul style="list-style-type: none"> Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) Economic and additional personal behavior data; self-esteem; communication skills; condom use; sexting behavior; experience with interpersonal violence; and future education plans¹⁰ Hyper-masculinity scale (External Evaluator) Data on quality of communication with parent/guardians and other adults (External Evaluator) Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> Anonymized data collected from youth 14 and under, to legally shield youth who acknowledge having had sex Had program staff, not facilitators, collect pre/post surveys

¹⁰To construct the survey HCET drew on questions from the *National Youth Risk Behavior Survey* (OJJDP), *Skills for Everyday Living Scale* (Perkins and Mincemoyer, 2003), *Casey Life Skills Assessment* (Nollan K.A., et al, 2002), *Condom Use Self-Efficacy Scale* (Brafford and Beck, 1991), and the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965). The demographic questions were created specifically for the project by their external evaluator at Indiana University.

PROJECT	TOOLS AND MEASURES	WHAT WORKED
<p>Michigan Bethany Christian Services</p>	<ul style="list-style-type: none"> • Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) • Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) • Trauma-related symptomology (adaptation of <i>Child Report of Post-traumatic Symptoms</i> [CROPS])¹¹ • Qualitative data, via focus groups, interviews and customer service surveys conducted post-intervention (External Evaluator) • Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> • Partnered with a university to navigate the IRB process • Employed AmeriCorps members to interview youth after clubs' end • Had outside evaluators assist with monitoring progress on the logic model • Administered post-test surveys over a four-week window to maximize the number of matched pre/post surveys
<p>Tennessee Oasis Center</p>	<ul style="list-style-type: none"> • Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) • Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) • Qualitative data on youth impact, collected via youth focus groups conducted post-intervention (External Evaluator) • Qualitative and quantitative data on staff impacts, collected via interviews with staff, and hiring and termination data for three sites (External Evaluator) • Focus groups with direct care and administrative staff at partner agencies about the program and its impact on youth and the agency, and on adequacy and quality of support provided by the Certified Replication Partner (External Evaluator) • Pre/post data on numbers of "serious incident reports" concerning youth (possession of contraband, assaults, physical restraints, and runaways) (External Evaluator) • Pre/post Youth Worker Practices Survey and Burn-Out Inventory for implementing staff, before facilitator training and at 6 months (External Evaluator) • Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> • Conducted focus groups with facilitators and site administrators during regular booster sessions • Used an outside evaluator to analyze data and conduct focus groups with youth
<p>Texas Project Vida</p>	<ul style="list-style-type: none"> • Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) • Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) • Qualitative data on youth impacts, collected via focus groups conducted post-intervention (External Evaluator) • Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> • Had a third party, not facilitators, administer pre/post surveys • Conducted focus group six months post-club for youth participants
<p>Virginia James Madison University</p>	<ul style="list-style-type: none"> • Wyman pre/post surveys (participant demographics, school status, self-efficacy indicators, satisfaction with club experience, pregnancy/fathered a child) • Performance measures, including sexual, contraception and pregnancy history, intention to have sex in the near future, along with developmental questions (FYSB) • Implementation data, including numbers of clubs and participants 	<ul style="list-style-type: none"> • Talked younger participants through complex "double-negative" survey questions

¹¹ Greenwald, R. (2004). *Child Report of Post-traumatic Symptoms* (CROPS). Retrieved from <http://www.childtrauma.com/publications/assessment-instruments/>

**Teen Pregnancy Prevention Education for
Individuals with Intellectual Disabilities**

**A Supplemental Resource for Facilitators
Using the *Choosing the Best* and *Teen Outreach Program* (TOP®) Curricula**

**Arizona Department of Health Services
Office for Children with Special Health Care Needs
Bureau of Women's and Children's Health**

May 2012

CONTENTS

ACKNOWLEDGEMENTS	1
INTRODUCTION	3
THE <i>CHOOSING THE BEST</i> CURRICULUM	3
THE <i>TEEN OUTREACH PROGRAM (TOP®)</i> CURRICULUM	4
FACILITATOR CHARACTERISTICS	5
FACILITATION APPROACH – GENERAL CONCEPTS	7
INVOLVING PARENTS AND GUARDIANS	8
CONSIDERATIONS FOR LESSON PLANNING	9
SUMMARY	10
GLOSSARY	12
COMMUNITY RESOURCES	16

ACKNOWLEDGEMENTS

In the summer of 2011, the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) set out to identify teen pregnancy prevention curricula that would best meet the needs of all learners, including individuals with intellectual disabilities, and to develop a supplemental resource to support facilitators using these curricula.

To accomplish this task, a Work Group comprised of family members, representatives from community-based advocacy organizations, teen pregnancy prevention contractors and acute care health plans, along with staff from the Arizona Department of Education, Division of Developmental Disabilities and ADHS, selected two curricula, a comprehensive curriculum and an abstinence-based curriculum. These curricula, reflecting models of inclusive education, provided a solid foundation for the workgroup. Specific considerations were identified that facilitators may keep in mind while delivering the curricula for diverse learners.

- Special acknowledgement is extended to those who developed the selected curricula, *Choosing the Best* and *The Teen Outreach Program (TOP®)*. Work Group members found these curricula to incorporate universal teaching methods throughout their content and described instructional characteristics which help support all students.
- Special thanks to Work Group members who committed their time and expertise to a thoughtful review of curricula and development of the considerations contained in this Supplemental Resource.



- Rita Aitken
Arizona Department of Health Services
- Laura Bellucci
Arizona Department of Health Services
- Nerissa Emers
Arizona Department of Education
- Vickie Herd
Raising Special Kids
- Tim Martin
Special Olympics Arizona
- Molly McNamara
Department of Economic Security, Division
of Developmental Disabilities
- Stephanie Uetrecht
Arizona Department of Health Services
- Debbie Weidinger
AZ ASSIST – Autism Spectrum Support,
Information & Strategies for Transition
- DeeAnn Arroyo
Pima Prevention Partnership
- Leslie Cole
Raising Special Kids
- Dorothy Hastings
Arizona Department of Health Services
- Angie Lorenzo
Arizona Department of Health Services
- Cinder McDonald
AZ ASSIST – Autism Spectrum Support,
Information & Strategies for Transition
- Karen Stewart
United Health Care Community Plan
- Marta Urbina
Arizona Department of Health Services

INTRODUCTION

The Teen Pregnancy Prevention Work Group members wish to acknowledge and thank the individuals facilitating a teen pregnancy prevention curriculum and, with the assistance of this Supplemental Resource, helping ensure that the benefits of that curriculum are accessible to all students. The *Choosing the Best* and *Teen Outreach Program (TOP®)* curricula are excellent platforms from which to provide comprehensive pregnancy prevention information for any student.

The Work Group reviewed 10 curricula – five abstinence education and five comprehensive education. While two curricula were identified in this Supplemental Resource, the content and recommendations provided are relevant to other curricula an instructor might choose to use, including a comprehensive teen pregnancy prevention curricula. This Supplemental Resource is not intended to convey an endorsement of *Choosing the Best* and/or (*TOP®*) as the only curricula suitable for individuals with intellectual disabilities. The Work Group selected the two curricula to include in this Supplemental Resource because they believed the curricula are well rounded and appropriate for diverse learners.

This Supplemental Resource will provide a very brief overview of each curriculum, then will go on to provide considerations or strategies for enhancing participation and outcomes for all students, with either curriculum. The considerations provided reflect “best practices” and represent a thoughtful review and identification of options, by family members, parents, educators, and public health professionals.

Throughout the Supplemental Resource, terms such as “students,” “learners” or “individuals” are intended to include people with intellectual disabilities. An intellectual disability may affect comprehension of sensory input, inferences of social cues and body language, generalization from one situation to another, or expression of thought through spoken or written language. Intellectual disability may result from challenges associated with conditions present at birth, conditions acquired through illness or injury, as well as conditions which may occur after birth. Both curricula provide activities that allow individuals to participate to the extent possible or to the extent they choose to do so.

THE CHOOSING THE BEST CURRICULA

Choosing the Best is a five-level, school-based program, intended to shape the attitudes of teenagers regarding their sexual activity. This program focuses on the health benefits of delaying or abstaining from sexual activity during the teen years. The goals of the ‘abstinence-focused’ curriculum are to reduce teenaged pregnancy and the health risks that accompany sexual activity.

Founded in 1993, *Choosing the Best* is an evidence-based, medical learning model that motivates individuals through relationship education, refusal-skill coaching, character education, and parent-teen interviews.

Key Messages of the Curricula and Target Population

The key message throughout *Choosing the Best* is that, through practicing abstinence, teens experience an increased quality of life and expanded future options. The five grade-level curriculum is specifically tailored for middle and high school teens, and target separate audiences as follows: *Choosing the Best* WAY targets 6th grade students; PATH targets 7th grade students; LIFE targets 8th grade students; JOURNEY targets 9th and 10 grade students; and SOUL MATE targets 11th and 12th grade students.

Curriculum Description

Choosing the Best uses a teaching approach that moves students from a cognitive understanding of the facts to a personal awareness, leading to changed behavior. Each lesson encourages students to think about critical issues that affect them, and guides the application of new learning and insights to their own lives.

Choosing the Best views parents as the most important influence on teen sexual decision-making. It includes a parent education program designed to assist parents in encouraging their teens to choose abstinence.

THE TEEN OUTREACH PROGRAM (TOP®) CURRICULUM

The TOP® is a broad developmental intervention that is designed to assist teens in understanding and evaluating their options. The program includes three essential components: classroom/group discussion, community service, and service learning. It is designed to prevent teen pregnancy and school dropout for both males and females by having students volunteer in their communities and participate in classroom discussions and educational sessions for one school year.

Fundamental elements of this program include life skills development, investigation of important social and emotional topics, exploration of feelings and attitudes on a variety of subjects, and participation in volunteer opportunities in the community. The elements are implemented through program facilitators who teach classes, and organization facilitators, who help coordinate the volunteer experiences. The TOP® for students in high school may be implemented as a school-based or community-based program. TOP® curriculum was developed by the Wyman Center and has been in use since 1984.

Target Population and Key Message of the Curriculum

The target population for the TOP® curriculum is teenagers in the 9th through 12th grades. The curriculum is built around the conviction that engaging youth in service learning promotes constructive activities which build on their strengths and interests; and by providing positive alternatives and leadership opportunities, teens will be motivated to delay childbearing and complete their education.

Curriculum Description

TOP® is delivered over the full academic year and combines classroom discussion with a supervised, after-school, community volunteer experience. Lessons address topics such as communication, values, feelings and goal-setting. To make *TOP®* appropriate for a range of grades, the curriculum has four levels. Each level contains material that is developmentally appropriate for the age group involved (Level I: 12–13 years; Level II: 14 years; Level III: 15-16 years; Level IV: 17-19 years.) The curriculum includes a community service-learning guide for facilitators, which provides strategies for engaging students with community service and evaluating their experiences.

In order to deliver the Wyman Teen Outreach Program facilitators need to be complete a three-day training to become a certified *TOP®* Facilitator. Only a trained and certified facilitator may deliver the Teen Outreach Program.

TOP® clubs are required to meet over a 9 month consecutive period (typically a school year) and should be meeting at least 1 time per week for a minimum of 25 weeks. The Changing Scenes© curriculum or Wyman’s *TOP®* community service learning activities must be delivered in at least 80% of the meetings. The other 20% of the meetings can be devoted to guest speakers, community service related activities, or lessons on topics *TOP®* does not cover. Over the course of the 9 month period, teens are also required to complete a minimum of 20 hours of community service learning.

Other program requirements include reporting deliverables, participation in pre/post evaluation, annual program monitoring and classroom observations to ensure fidelity. As the Wyman Replication Partner, ADHS must verify each *TOP®* club is being offered with fidelity. If a program is not able to meet program fidelity requirements either an adaptation can be requested to Wyman for approval or a club will be asked to stop delivering the Teen Outreach Program.

FACILITATOR CHARACTERISTICS

The Supplemental Resource is designed to support the facilitator in customizing lesson plans and encouraging family engagement in the educational process. As facilitators, we know that individuals bring various learning styles to the learning environment. *TOP®* and *Choosing the Best* accommodate an array of learning styles and include various delivery methods which support student success. Therefore, the skills, knowledge, and approach of the facilitator are critical to success with this or any curricula.

Facilitator Characteristics, Skills and Knowledge ¹

Achievement of positive learning outcomes for all students is supported by facilitators who have certain characteristics, skills, and knowledge; and are those that any facilitator of these curricula should possess.

Facilitator characteristics:

- A commitment to the positive development of adolescents and willingness to innovate in providing creative and meaningful programs;
- An appreciation of young people as productive members of society who desire to be heard;
- An understanding, receptiveness, and adeptness in working with a diverse population of individuals (values, gender, abilities, families, culture, sexuality, religion, race, socioeconomic status, etc.);
- An engaging approach which meets individuals where they are and fosters trust and respect;
- A flexible approach that facilitates cooperative learning, active classroom participation, positive peer influence and shared decision-making.

Finally, in order to create a safe, empowering learning environment for all individuals, facilitators must possess a positive attitude about the power of education, healthy sexual development among young people, and the adult role in the lives of young people.

The skills, abilities and knowledge described below are not intended to replace any requirements of the organizations that developed or are delivering the curricula. They are intended to emphasize the importance of these traits when providing instruction to individuals of all abilities.

Facilitators should have the ability to:

- Facilitate effectively;
- Organize learning programs and processes;
- Manage and minimize conflict in the classroom;
- Administer and direct learning programs;
- Be flexible in accommodating the unique needs of each individual;
- Work effectively with parents and community leaders;
- Assess outcomes, both short and long term;
- Be genuine and direct during classroom instruction;
- Nurture and respond to individual and group needs.

¹ The Teen Outreach Project and the Arizona Department of Education Special Education Requirements were resources for this discussion and selection of this set of skills, knowledge and characteristics.

Facilitators should be skilled in:

- Effective communication;
- Active listening;
- Presentation;
- Leadership;
- Problem-solving;
- Teaching one-on-one;
- Education and active learning.

Facilitators should possess knowledge of:

- Principles of youth development, behavioral, social and cognitive theories;
- Basic public health education, such as body structures, systems and functions;
- Strategies for teaching abstract concepts for concrete learners;
- Assistive technology, technology used by individuals in order to perform functions that might otherwise be difficult or impossible, such as an assistive communication device;
- Coordinating service projects.

FACILITATION APPROACH – GENERAL CONCEPTS

The following concepts are relevant for all individuals, including individuals with intellectual disabilities. An inclusive instructional process requires a heightened awareness of and commitment to the importance of these concepts, consistency in the approach, and use of reflective instruction throughout.

This general guidance is offered as a framework for ensuring, regardless of the curricula being taught, that the delivery, approach and tools are reviewed and tailored to incorporate concepts that will be effective with any learner.

1. Include communication methods that are appropriate to individual needs and learning styles and use accurate terminology in simple straightforward and respectful ways.

- Use appropriate terms, including terms that are anatomically correct;
- Use interactive instruction;

Things to consider when teaching sex education to youth with intellectual disabilities:

- Lack of knowledge about sexual issues. Any information may come from misinformed peers rather than reliable sources like books, parents or teachers.
- Mental age may be lower than their physical age.
- May learn at a slower rate.
- May be at greater risk for sexual abuse because of their willingness to place total trust in others & their tendency to be overly compliant. May also be more dependent on parents and caregivers.
- May have difficulty with abstract thinking (ex: what is love?) or understanding the long-term consequences of pregnancy or some sexually transmitted infections.
- Youth with intellectual disabilities may have trouble distinguishing between private and public behaviors, or private and public body parts.

<http://www.sexualityandu.ca/en/teachers/teaching-sex-ed-for-youth-with-intellectual-disabilities>

- Apply reflective learning methods including opportunities for discussion, small group work, role-play, feedback and hands-on activities;
 - Use repetition to ensure that important concepts are woven throughout the curricula;
 - Include clear and reasonable goals (clear directions, feedback and active listening opportunities).
2. Use an inclusive approach that embraces diverse learning styles, by employing a combination of teaching methods (didactic, visual, kinesthetic) to accommodate various learning styles (hear, see and do).
 3. Practice cultural competence and avoid judgment in the delivery of information while respecting diverse abilities, cultural backgrounds, sexual orientation, family structures, gender identity, etc.
 4. Use a variety of methods to assess individual progress, such as pre and post tests and evaluations, and assist in developing successful strategies.
 5. Promote and build positive self-esteem.
 6. Apply strategies that recognize and celebrate each individual's participation while complementing their interests, strengths and their right to decide their preferred level of participation.
 7. Maintain confidentiality.

INVOLVING PARENTS AND GUARDIANS

Engagement of families, parents or guardians is a critical component of the educational process for all students. Both curricula have a strong family involvement focus, often providing specific activities to promote engagement. In addition to curriculum specific instructions, the following strategies may be helpful in attracting and retaining family participation.

1. Parent/Guardian Preparation - Consider these and other strategies in preparing families to support their student throughout this curriculum:
 - Hold a family orientation meeting to provide an overview of the curricula and explore family roles in the course;
 - Welcome family insight regarding successful learning strategies for their student and discuss some strategies you may use, such as:
 - Pairing students and encouraging them to talk about questions before offering joint answers;
 - Defining abstract terms in concrete ways, using pictures and symbols;
 - Using cues or prompts, such as a list of words to choose from, in completing journals or other writing exercises;
 - Placing a question box in the classroom for anyone to communicate with the facilitator anonymously;

- Providing options for the service learning activities that complement the student’s interests and strengths. The service learning activities can include many opportunities including but not limited to social media and marketing messages that do not require participation in public events.
 - Providing options to longer writing assignments, such as visual reports, posters or multiple-choice questions.
2. Family Involvement in Home Learning – Incorporate the role of families into the lesson plan. Provide, as a handout, an overview of each new lesson and plans for in-class activities to assist students in preparing for the next class. Include activities to be taken home and completed with family members. Provide handouts that reinforce current content and/or prepare for new content.
 3. Provide families with a glossary of terms and definitions that will be used throughout the course. A glossary of terms can be found beginning on page 10.
 4. Provide families with a copy of the classroom rules developed by the class.

CONSIDERATIONS FOR LESSON PLANNING

The considerations identified below can serve as reminders that additional reinforcement opportunities may be developed within the lesson plans.

Getting Started

1. Know your students. Understand where your students are in their understanding of the course content and ensure instruction begins at a level that is most appropriate to student needs. A brief conversation with families may be helpful. Facilitate various opportunities and methods for families to provide this type of insight.
 - For example: establish a flexible schedule to meet with families and invite feedback via email, telephone, etc.
2. Become knowledgeable regarding all assistive technology used in the class and be innovative regarding use of technology to improve student outcomes.
3. Plan extra time where needed to ensure that all students are benefitting from the curriculum.
 - When working in groups or pairs, plan some lessons around the completion of the activity;
 - Break longer or more complex lessons into short “bites” provided in various ways.
4. Consider pairing students, particularly for discussion activities. Plan and incorporate strategies that support open discussion.

Lesson Plan Preparation

1. Ensure the lesson plan provides additional opportunities for reflection, repetition, summarizing and role play when appropriate;
2. Plan ahead for adapting exercises, quizzes and homework for students. Adaptations might include fewer questions, multiple choice questions rather than essays, fill-in-blank questions with a word list or flexibility around timelines.
3. Provide additional handouts as needed, for use during class, which may include a list of terms being used in group discussion, concrete definitions of terms being used or picture and symbol definitions of abstract terms. For example, the phrase “exercising your rights” may be defined using visual cues that might help someone say “No,” in an uncomfortable situation.

SUMMARY

Research identifies intellectual disability as one of the most frequently occurring disabilities in the inclusive classroom. In the United States, 13.3% of all students receiving special education services are identified as having intellectual disabilities. Students with intellectual disabilities have the right to receive, and public schools have the responsibility to provide, an education using learning models and materials that benefit individuals with and without disabilities equally. Pregnancy prevention information and education is important for all students in helping delay sexual activity, prevent unintended outcomes of sexual activity and increase responsible choices.

This Supplemental Resource is intended to support the need for age appropriate and comprehensive pregnancy prevention education and may be used in community-based settings as well as classrooms to encourage healthy interactions. The Work Group approached this project from the perspective that young adults with intellectual disabilities would be in an integrated environment. The curricula supported the integrated approach for all students including individuals with intellectual disabilities.

Choice-making provides individuals with the opportunity to participate in major decisions that have a significant and long-lasting impact on their lives, health and well-being. The skills needed to make choices and decisions regarding one’s life are dependent as much on experience as they are on age and ability. As children approach adulthood, decisions become even more complex, such as whether to engage in an intimate relationship and how and when to move out of the family home. At times, it can be challenging for well-meaning parents and caregivers to get the balance right in terms of fulfilling their normal role of providing guidance and protection, while doing as much as possible to encourage their children’s independence skills. Ensuring that parents/caregivers have the skills to assist children rather than make decisions on their behalf is especially important when children reach an age at which they would typically take increasingly independent responsibility for their own lives.

Thank you for using this Supplemental Resource. Should you have any comments or questions please contact the Office for Children with Special Health Care Needs, Bureau of Women’s and

Children's Health within the Arizona Department of Health Services at 602-542-1860 or 1-800-232-1676 (Toll Free) or by email at OCSHCN@azdhs.gov.



GLOSSARY

Terms	Definition
Abstinence	For the purpose of this Resource, abstinence is defined as voluntarily choosing not to do something. When referring to sex, it means voluntarily choosing not to engage in sexual activity. Sexual activity is defined as any type of genital contact or sexual stimulation including, but not limited to, vaginal, oral/anal intercourse or mutual masturbation.
Abstinence pledge	Virginity pledges (or abstinence pledges) are commitments made by teenagers and young adults to refrain from sexual intercourse until marriage.
Abuse	Hurtful treatment, to hurt someone or something intentionally. Using something or someone in a way that may cause hurt to yourself or others.
Accountability partner	A person who coaches and assists another person in keeping a commitment.
Achievement	Something that a person has done to reach a goal.
Addiction	A dependency, such as a physical craving for a drug.
Adolescence	An early stage in teenage development.
Adoption	To make someone a member of your family, legally.
Aggressive	Forceful, attacking physically or verbally.
Assertive	To have a confident and forceful personality.
Asymptomatic	A term used to describe an individual who does not currently show symptoms of a disease or condition.
At risk behaviors	Behavior that can be potentially dangerous to anyone.
Beliefs	Faith, acceptance.
Birth control	A regimen of one or more actions, devices, sexual practices, or medications, followed in order to deliberately prevent or reduce the likelihood of pregnancy or childbirth.
Bonding	A mutual feeling of trust that joins people together.
Boundaries	A real or imaginary limit, especially between two properties or between people.
Casual Sex vs. Marriage (healthy relationship)	Casual – Not planned or prearranged, informal or careless. Marriage – A legal relationship between two people who intend to live together as sexual and domestic partners, the state of being married.
Character	The mental and moral qualities distinctive to an individual.
Choices	Something that is preferred or preferable. The act of making a selection or choosing.
Commitment	A pledge, a promise, a responsibility.
Community	A place where people live or share something in common.
Compassion	Sympathy and concern for the sufferings or misfortunes of others.
Condom	A thin rubber sheath worn on a man's penis, during sexual intercourse, as a contraceptive and/or protection against infection.
Confidential	Secret and private.
Consensus	Agreement in opinion, custom or function, the popular choice.

Terms	Definition
Consequences (emotional consequences of teen sex)	Fear, anxiety or guilt about pregnancy or disease; anger if sex was forced or if relationship ends; sadness about losing virginity or parental reaction.
Consistently	Sticking to the same principles, the same throughout.
Contraceptives	A device, drug, or chemical agent that prevents conception.
Contracting	To get, as by exposure to something contagious – to contract a disease.
Cooperation	The process of working together toward a common goal.
Courage	The strength to face danger when overwhelmed by fear.
Culture	Mental and physical reactions and activities that characterize the behavior of individuals composing a social group. The important ideas that members of a group accept and the activities the members engage in to support those ideas.
Curiosity	The desire to learn or know about anything.
Date Rape	Rape perpetrated (committed) by the victim's social escort.
Dating	Social activities done by two persons to get to know each other better and to determine suitability as a partner in an intimate relationship, or as a spouse.
Decision Making	The thought process of selecting a logical choice from the available options.
Depression	A strong feeling of sadness.
Determination	A firm purpose, resolve or willpower.
Disappointment	Failure, frustration, a feeling of being let down.
Discrimination	Negative treatment based on differences, prejudice.
Drugs	A substance that changes the body or the mind's chemistry including medicine a doctor may legally provide and illegal substances.
Education	Teaching or learning, acquired knowledge.
Effective	Having a positive result, helpful.
Emotional consequences (see consequences)	Fear, anxiety or guilt about pregnancy or disease, anger if sex was forced or if relationship ends, sadness about losing virginity or parental reaction.
Emotions	How someone feels - sad, mad, confused, happy, frustrated, proud, scared, excited.
Entertainment	A performance that tries to interest or amuse an audience.
Epidemic	Affecting many in the community, widespread.
Faith	A belief in something that is not seen, relying on trust.
Fame	Being known and talked about by many people; especially about your achievements.
Five C's (chemistry, compatibility, character, communication and	Chemistry – Sexual attraction. Compatibility – Capable of living or existing together in harmony. Character – The mental and moral qualities distinctive to an individual. Communication – The imparting or interchange of thoughts, opinions, or

Terms	Definition
commitment)	information by speech, writing or signs. Commitment – The desire, in the minds of both people involved in the relationship, to share their lives together.
Freedom	Liberty, independence, being free.
Gender	Personality characteristics that are used to describe a person as masculine or feminine, which can change over time and may be different between cultures. Some of these characteristics may include how someone talks, moves or dresses. Male or female.
Gender roles	How masculine or feminine a person acts. The expression of attitudes that indicate to others a degree of maleness or femaleness.
Goals	A personal level of achievement – something a person wants to work to accomplish. For example, going to college, getting a job, etc.
Ground rules	Procedures and, limits that people agree to, how everyone in a group will behave, speak or do something.
Guilt	Knowing you have done something wrong, accepting responsibility and blame for wrong doing.
Healthy relationships (chemistry, compatibility, character and commitment)	Two people have a relationship when the perceived behaviors of one significantly affect the holistic health, functioning, and growth of the other. A healthy relationship is one that affects both people positively.
HIV/AIDS	Human immunodeficiency virus (HIV) is a virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.
Home learning	When your parents or guardians are teaching you something at home, or help you with your homework.
Hormones	Chemical substances that act like messenger molecules in the body.
Immaturity	Using poor judgment, childish.
Infatuation	The state of having very strong love or admiration for someone, an obsession.
Infatuation vs. Love	Infatuation – The state of having very strong love or admiration for someone, an obsession. To feel passion, or a strong affection for someone or something. Love – A very strong, warm, feeling or deep concern for someone, commitment.
Infection	Any disease caused by germs.
Influences (love, fear, pressure, trust, authority, modeling, etc.)	Power, authority or control. To persuade someone is to influence their belief or behavior.
Knowledge	Something learned and remembered, gained by experience or by being taught.

Terms	Definition
Lateral thinking	Looking at things from many angles instead of tackling it head-on, imaginative.
Limits	To set boundaries, to restrict.
Loss of self-respect	Loss of regard for the dignity of one's character.
Love	A very strong warm feeling or deep concern for someone, commitment.
Marriage	A union between persons that is recognized by law or religious tradition.
Mature	Fully grown or developed, adult.
Money	Currency and coins issued by a government to use in exchange for goods or services.
Myth	A belief or set of beliefs often unproven or false, an invented story.
Non-negotiable	Not able to be bought, sold, exchanged or transferred. Agreed upon ground rules may be non-negotiable; they can't be ignored or changed.
Non-verbal communication	Behavior and elements of speech aside from the words themselves that transmit meaning such as the look on someone's face or how they are standing.
Passive	To be unresponsive, not active, not reacting to something.
Peer pressure	Social pressure, by members of one's peer group, to take a certain action, adopt certain values, or otherwise conform, in order to be accepted.
Pornography	Writings, photographs, movies, etc. intended to arouse sexual excitement.
Power	The ability to do something by strength, force or authority.
Pregnancy	Pregnant – Having a child developing in the body. Pregnancy – the state, condition or quality of being pregnant.
Principles	Rules or beliefs that guide a person's personal behavior.
Reciprocity	The practice of exchanging things with others for mutual benefit.
Relationships	The association between things, the affect one thing has on another, kinship.
Religion	The belief in and worship of a superhuman controlling power, especially a personal god or gods.
Respect	Consideration for someone, to have a good opinion of someone, to look up to.
Responsible	Trustworthy, reliable.
Responsibility	Having a duty to do something.
Safe sex	Sexual activity in which people take precautions to protect themselves against sexually transmitted diseases such as HIV/AIDS.
Self-esteem	A person's overall evaluation or appraisal of his or her own worth.
Self-discipline	The ability to control one's feelings and overcome one's weaknesses; the ability to pursue what one thinks is right despite temptations to abandon it.
Self respect	Pride and confidence in oneself, a feeling that one is behaving with honor and dignity.
Sex	Sexual activity, including specifically sexual intercourse.
Sexual activities	Activities associated with sexual intercourse.

Terms	Definition
Sexual arousal	The arousal of sexual desires in preparation for sexual behavior.
Sexual progression	The progression of social, romantic and sexual events in adolescent relationships.
Sexually transmitted diseases	A communicable infection transmitted by sexual intercourse or genital contact.
Stereotype	A typical example or pattern that may not always be true.
Success	Accomplishment or achievement.
Symptoms of HIV/AIDS	Within a month or two after HIV has entered the body, a person may get a flu-like illness that can last a few weeks. The symptoms of fever, headache, feeling tired, swollen lymph glands, sore throat and skin rash usually go away within a month.
Symptoms of common Sexually Transmitted Diseases, Viral STDs and bacterial STDs, cervix, fallopian tubes, infertility and ovaries	<p>Chlamydia symptoms (bacterial) (cervical or fallopian tubes, infertility) painful urination, lower abdominal pain, vaginal discharge in women, discharge from penis for men, pain during intercourse for women, testicular pain in men.</p> <p>Gonorrhea symptoms (bacterial) (fallopian tubes, infertility) thick, cloudy or bloody discharge from the penis or vagina. Pain or burning sensation when urinating. Frequent urination. Pain during sexual intercourse</p> <p>Syphilis symptoms (bacterial) (infertility) - starts as a painless sore, typically on the genitals, rectum or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.</p> <p>Pelvic Inflammatory Disease - infection of the uterus (womb), fallopian tubes, symptoms include lower abdominal pain</p> <p>Sources: http://www.mayoclinic.com/health/std-symptoms/ID00053; http://www.cdc.gov/std/pid/stdfact-pid.htm</p>
Time capsules	A container storing a selection of objects chosen as being typical of the present time, buried for discovery in the future.
Trust	A belief in someone's goodness and integrity, to believe someone will do as they say.
Unhealthy relationships	Relationships that are dangerous, risky or morally harmful.
Values	To think that something is important and meaningful, shared ideas about what is good or desirable and what is not.
Wealth	Having a lot of valuable possessions or money, an abundance of property or being rich.
Worry	To fret, to show concern or feel anxious.

Sources: Unless otherwise indicated the following sources were used in these definitions, www.businessdictionary.com, The Best Dictionary for Students, Google definitions.com, Webster's College Dictionary 2001, and Choosing the Best curriculum.

COMMUNITY RESOURCES

Area	Name	Phone Number	E-mail Address
School Nursing Coordinator and School Local Wellness Policy Coordinator	Nerissa Emers Arizona Department of Education	602-542-4220	Nerissa.emers@azed.gov http://www.azed.gov/
Teen Pregnancy Prevention/Education	Angie Lorenzo ADHS-BWCH	602-542-0360	Angie.lorenzo@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Program Funding and Technical Assistance	Dorothy Hastings ADHS- BWCH	602-364-1423	Dorothy.hastings@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Teen Pregnancy Prevention/Education	Laura Bellucci ADHS - BWCH	602-364-1428	Laura.bellucci@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Office for Children with Special Health Care Needs	Marta Urbina ADHS - BWCH	602-542-2528 1-800-232-1676	Marta.urbina@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Office for Children with Special Health Care Needs	Rita Aitken ADHS - BWCH	602-364-1480 1-800-232-1676	Rita.Aitken@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Behavioral Health Education Coordinator	Stephanie Utrecht ADHS - Division of Behavioral Services	602-364-4434	Stephanie.Utrecht@azdhs.gov http://www.azdhs.gov/bhs/index.htm
Parent	Debbie Weidinger AZ ASSIST – Autism Spectrum Support, Information & Strategies for Transition	480-779-0899	debbie.weidinger@azassist.com www.azassist.com
Trainer	Molly McNamara Arizona Department of Economic Security, Division of Developmental Disabilities	602-542-6809	mmcnamara@azdes.gov https://www.azdes.gov/ddd/
Teen Pregnancy Prevention Training	DeeAnn Arroyo Pima Prevention Partnership	520-326-2528 x2107	darroyo@thepartnershp.us http://www.thepartnership.us/
Parent	Leslie Cole Raising Special Kids	602-805-9953	Lesliecole54@cox.net http://www.raisingpecialkids.org/

Area	Name	Phone Number	E-mail Address
Special Olympics Arizona	Tim Martin CEO	602-488-6253	Tim@SpecialOlympicsArizona.org http://specialolympicsarizona.com/
Maternal and Child Health Coordinator	Karen Stewart, RN, UnitedHealthcare Community Plan	602-664-5018	Karen_stewart1@uhc.com http://www.uhc.com/
Arizona's Developmental Disabilities Planning Council	Larry Clausen, Executive Director,	602-542-8970 Toll-free: 877-665-3176	LClausen@azdes.gov www.azdes.gov/ADDPC/

“This product was supported by the Title V Block Grant (B04MC21387) provided by the Maternal and Child Health Bureau, HRSA, to the Arizona Department of Health Services, Bureau of Women’s and Children’s Health, Office for Children with Special Health Care Needs.”

Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs A Guide for Grantees of the Office of Adolescent Health and the Family and Youth Services Bureau

Part 1

Pregnancy prevention programs can be great allies for adolescents who have been exposed to violence and other traumatic events. By keeping in mind the principles of youth development, pregnancy prevention program staff members can play a pivotal role in preventing and reducing the negative impacts of that exposure. Part 1 of the series provides a rationale for addressing exposure to violence and Part 2 recommends seven strategies to make programs trauma informed.

What happens when youth are exposed to violence?

Youth are very resilient, but they are not unbreakable. No matter what their age, youth are deeply hurt when they are physically, sexually or emotionally abused or when they see or hear violence in their homes and communities. Each child is different, and each situation is different, but exposure to violence can overwhelm a child at any age and lead to problems such as hyperactivity, smoking and drug abuse.¹ We know now that exposure to violence—especially when it is ongoing and intense—can harm the natural and healthy development of youth, unless they receive support to help them cope and heal.

Not all youth who have experienced violence become teen parents or are involved in abusive relationships in adolescence. However, early exposure to violence is associated with an increased risk of being victimized or perpetrating violence as an adult. Youth who have been exposed to violence are more likely to be diagnosed with eating disorders, psychiatric problems and headaches and have psychosomatic complaints.² The emotional, behavioral and social impacts associated with this exposure to violence remain poorly understood and are often not recognized in most settings serving adolescents.³

¹ Cohen, E., McAlister Groves, B., and Kracke, K. (2009). *Understanding Children's Exposure to Violence*. Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence, Issue Brief #1. North Bethesda, MD: Safe Start Center

² Hillis S.D., Anda, R.F., Dube, S.R., Felitti, V.J., Marchbanks, P.A., Macaluso, M. & Marks, J.S. (2010) The protective effective of family strengths in childhood against adolescent pregnancy and its long-term psychosocial consequences. *Permanente Journal*, 14, 3: 18-27.

³ Cohen, E. & Davis, L. (2007) No wonder we are dizzy, we are running around in circles: The impact of exposure to violence on adolescents. *Protecting Children*, 22, 3 & 4: 54-65.

Why should pregnancy prevention programs build their capacity to address youth's exposure to violence and other traumatic events?

Direct and indirect exposure to child abuse and neglect, domestic violence and violence in schools and the community are part of a constellation of risk factors linked to poor outcomes in youth⁴. Youth exposed to violence are more likely to become teen parents. Also, youth who experience physical or sexual abuse are more likely to have a rapid repeat pregnancy⁵. It has been well documented that exposure to violence increases the likelihood of later victimization, mental health problems and delinquent behaviors⁶. Therefore, failure to address lifetime exposure to violence compromises the quality and effectiveness of pregnancy prevention programs and their outcomes. Addressing the consequences of exposure to violence can prevent the intergenerational transmission of family violence, decrease the risk of experiencing multiple forms of victimization and associated risk behaviors and ultimately improve outcomes.

What are some of the warning signs of exposure to violence among youth?

To prevent first or unintended pregnancies, programs must screen, recognize, and address a history of exposure to violence⁷. It is important to remember that teens *are* often rebellious or may be loud because they are finding their voices and determining their identities. They may react disrespectfully when they sense that adults do not value them as individuals who are capable of thinking for themselves. Warning signs of exposure to violence can be distinguished from “typical” behaviors partly by the associated functional impairments and partly by greater severity, persistence and pervasiveness of the behaviors. For example, the signs usually are not onetime occurrences; they persist over several weeks and affect a youth's functioning in school or at home. Obstacles to identifying problems in youth include staff concerns about labeling them inappropriately with a psychiatric diagnosis. For this reason, it becomes necessary to recognize when some behaviors are cause for concern and the program might need to consult with a specialized professional.

Depending on their circumstances, teenagers (ages 13 to 18) may indicate exposure to violence by⁸:

- Being hyper-vigilant (constantly tense and “on guard”)
- Exhibiting hopelessness

⁴ Finkelhor, D., Turner, H., Ormond, R., Hamby, S. & Kracke, K. (2009) *Children's Exposure to Violence: A Comprehensive National Survey*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Retrieved January 30, 2012, from <http://www.safestartcenter.org/about/publications.php>

⁵ Futures Without Violence. (2010, February). *The Facts on Adolescent Pregnancy, Reproductive Risk and Exposure to Dating and Family Violence*. Boston, MA: Author. Retrieved January 30, 2012, from <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Adolescent%20Pregnancy%20Reproductive%20Risk%20Final%202-10.pdf>

⁶ Finkelhor, D., Ormrod, R.K., and Turner, H.A. (2007) Polyvictimization: A neglected component in child victimization trauma. *Child Abuse & Neglect* 31: 7-26.

⁷ Miller E, Levenson R, Herrera L, Kurek L, Stofflet M, Marin L (2012) Exposure to partner, family, and community violence: gang-affiliated latina women and risk of unintended pregnancy. *Journal of Urban Health*. (1):74-86.

⁸ Safe Start Center (2011). *Trauma Informed Care for Children Exposed to Violence: Tip Sheet for Agencies and Staff Working with Youth*. Maryland: Author. Retrieved January 30, 2012 from <http://www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Working%20with%20Youth.pdf>

- Having frequent nightmares and/or sleeplessness
- Using drugs and alcohol
- Engaging in violent or other risk-taking behaviors—including getting in trouble with the law
- Feeling intense fear
- Expressing suicidal thoughts
- Constantly recounting a traumatic event or denying that it happened.

Reactions to a traumatic event or to a lifetime of exposure to violence can either be immediate or appear much later. They differ in severity and include a range of behaviors. People from different cultures may have their own ways of reacting. How a young person responds depends on risk factors (e.g., drug use, family conflict, poverty or child neglect) and on protective factors (e.g., stable family relationship, participation in prevention programs) in the child’s life.

What can pregnancy prevention programs do?

Most youth who are exposed to violence and other traumatic events are not identified as such by the systems that serve them. The links between exposure to violence and behavior are often hidden or unclear. Therefore, few youth receive services for the violent event they may have witnessed or experienced.

If a professional has any concerns about a youth’s exposure to violence, the first step is to **ask** the adolescent how she is doing and to **be compassionate** when listening and responding. After **discussing the experience** with the youth, and depending on confidentiality policies, information can be **shared or confirmed** with parents or guardians and other adults in the youth’s life. It is advisable to **consult the mandated reporter regulations** in your jurisdiction to determine reporting requirements. To maximize the adolescent’s chance of success in the program, the program can address the adolescent’s concerns broadly, taking into account the possible relationship among traumatic stressors, behaviors and pregnancy. When **developing a treatment plan**, special attention should be given to the signs and symptoms of post-traumatic stress that might have been caused by the violence, pregnancy and the relationship between the two. In addition, the program might want to **refer** some youth and their families to local programs that work with those who have witnessed or experienced violence.

Part 2 of the Trauma-Informed Care Tip Sheet will provide seven strategies that a pregnancy prevention program can use to help prevent, reduce and address the impact of exposure to violence on teenagers.

This tip sheet was developed by the Safe Start Center for JBS International, Inc., under contract #HHSP23320095638WC, Task Order HHSP23337006T with the U.S. Department of Health and Human Services, Office of Adolescent Health.

Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs A Guide for Grantees of the Office of Adolescent Health and the Family and Youth Services Bureau

Part 2

Part 1 of this series provided the rationale behind the importance for pregnancy prevention programs to build their capacity to address (including referrals) youth's exposure to violence. This included a discussion on the inclusion of exposure to violence, direct or indirect, as a risk factor for poor outcomes for youth, the warning signs of exposure to violence and some immediate steps that can be taken by programs.

Part 2 provides seven strategies that pregnancy prevention programs can put in place to help prevent, reduce and address the impact of exposure to violence.

1. Build program capacity to become a trauma-informed organization.

Trauma-informed care is not a stand-alone intervention. The following principles of trauma-informed care can be applied across the entire program:

- Understand the impact of trauma on children and their families.
- Give adolescents the opportunity to talk about what happened to them rather than immediately punish them for their behavior.
- Revisit policies and procedures, such as those that address program emergencies, crisis situations, reporting child abuse and neglect, community partnerships, resources and referrals, to be sure that they address issues related to trauma.
- Have intake, screening, observation and interview practices that incorporate strategies relevant to trauma and trauma history and that recognize trauma signs and symptoms.
- Refer adolescents who report a history of exposure to violence during the initial screening for a specialized trauma assessment. Assessments can be repeated periodically and used in treatment planning.
- Have guidelines for services that include addressing the individual needs of youth affected by trauma, providing reminders about avoiding unintentionally “re-traumatizing” adolescents in their care and supporting these teens in the program.

2. Design and implement strategies to keep adolescents engaged in the program.

Teens often have complex histories and numerous problems that make this population particularly difficult to treat. Empirically based treatment interventions may offer a good chance of success; however, many youth fail to obtain treatment, and those who enter treatment often end it prematurely. Most adolescents do not believe they need help, are

unaware of the range of services that are available, may be concerned about stigma or are hesitant to seek out an adult for assistance.

The following strategies can increase program attendance and engagement:

- Make several attempts to get and stay in touch with participants and their families. For example, call the home the day before a session and speak with the youth and parent.
- Establish trust by providing participants with a service or resource they need immediately and avoid making commitments that cannot be honored.
- Allow the youth to tell her story, reassure her and validate her feelings.
- Convey an understanding of the youth's language and culture.
- Avoid blaming. Reframe current situation in terms of relational factors rather than personal failure.

3. Respond appropriately to youth disclosures.

The most meaningful assistance staff can offer youth with a history of exposure to violence is to listen with compassion and use the power of their relationship to correct unhealthy and wrong views that have resulted from the violent event. Experts agree that a relationship with a caring adult is critical for beginning the healing process. Youth must have an opportunity to talk about what they have witnessed and how they feel in an emotionally safe space, with caring parents or adults who can listen and understand. Staff willingness to listen to a child's story can provide the foundation on which to increase resilience and personal strength.

4. Set policies and inform adolescents of the program's legal requirements.

Programs often struggle with how to comply with legal requirements without violating the trust of their adolescent clients. Programs also have to grapple with balancing respect for adolescents' growing autonomy from their families and respecting the important role of parents (and other caregivers) in their children's life.

The legal definitions of mandatory reporting of abuse and neglect, as well as the circumstances under which an adult must report (e.g., known abuse, suspected abuse, reasonable grounds to suspect), vary from state to state. Mandatory reporting requirements apply for youth who are vulnerable to abuse. Nevertheless, staff members may be concerned that reporting abuse may prevent that teen from ever trusting or opening up to another adult.

Staff can take steps to minimize the loss of trust in situations that require reporting abuse to authorities. Program staff should clearly state from the beginning the circumstances under which they must report, the purpose of mandatory reporting laws and the events that typically follow a report to authorities. These efforts will help ensure that youth are not surprised if or when there is a need to report.

5. Train and support staff members to cope with their challenging work.

For staff working with youth who have been exposed to violence and their families, the essential act of listening to stories of victimization can take an emotional toll that compromises professional functioning and diminishes quality of life. Awareness of the impact of this indirect

exposure—referred to as *secondary traumatic stress*, burnout or *compassion fatigue*—is a basic part of protecting the well-being of staff members and ensuring that youth consistently receive the best possible care from those who are committed to helping them. Supervisors and managers can use a variety of assessment strategies to help staff members identify and address secondary traumatic stress affecting them.

6. Build collaborative relationships with community agencies that are trauma informed and/or provide trauma-related services.

Young people grow up in communities, not programs. Pregnancy prevention programs can build strong collaborative relationships with community resources that are trauma informed and/or provide trauma-related services. Collaboration with schools, youth-serving organizations, faith-based institutions, businesses and government agencies, for example, is essential to expanding trauma-informed services, expertise and resources. The more systems involved in creating positive changes, the more likely the changes will “stick.”

7. Facilitate access to evidence-based treatment programs for youth exposed to violence.

Besides participating in program services and supports, adolescents who have been exposed to violence require access to specialized interventions. *Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases* (http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf) provides a list of evidence-based programs and strategies. In addition, several websites describe interventions that have been tested with adolescents and with groups that share many of the risks of adolescents in pregnancy prevention programs: Crime Solutions (<http://www.crimesolutions.gov>), National Child Traumatic Stress Network (<http://www.nctsn.org>) and Promising Practices Network on Children Families and Communities (<http://www.promisingpractices.net>).

For more information and resources, please contact the Safe Start Center, a National Resource Center for Children’s Exposure to Violence:

Website: <http://www.safestartcenter.org>

Phone: 1-800-865-0965

Email: info@safestartcenter.org

This tip sheet was developed by the Safe Start Center for JBS International, Inc., under contract #HHSP23320095638WC, Task Order HHSP23337006T with the U.S. Department of Health and Human Services, Office of Adolescent Health.