



Pregnancy Prevention for High-Need Youth in Connecticut

Accomplishments and Findings from the TOP® in CT Demonstration Project, Years 1 & 2

INTRODUCTION

This interim report summarizes our work to date implementing Wyman's Teen Outreach Program® (TOP) with 176 young people in alternative educational settings and therapeutic out-of-home placements in Connecticut. This marks the first-ever attempt to replicate successful outcomes using TOP® with youth in residential care settings—youth who are at high risk for teen pregnancy and parenting, who often struggle with traditional learning models and who experience frequent disruptions in their school and living situations. Youth Catalytics is a Wyman-certified replication partner, which enables us to create our own TOP® network, train facilitators to work with youth, and take on direct data-gathering responsibilities. In this brief, we share process outcomes and key insights related to facilitating TOP® clubs with this population.

THE TOP® MODEL

TOP® is an evidence-based youth development program that promotes positive school and personal outcomes for youth through curriculum-guided group discussions, small group activities, and community service learning. The program provides teens with the necessary supports and opportunities to prepare for adulthood and avoid unplanned pregnancy, as well as other problems that interfere with school and life success.

Evidence Basis for TOP®

TOP® has been tested in empirical research studies using pre-/post-tests, self-report questionnaires and school records data with randomized control and matched comparison groups of students. These studies indicate that TOP® participants experience:

- **53% lower risk of teenage pregnancy**
- **52% lower risk of school suspension**
- **60% lower risk of course failure**

For more detailed results, see Wyman's Research Brief.¹

Family Centers and The Children's Center of Hamden.

These two agencies provide support for trained TOP® facilitators and act as host sites for TOP® clubs. Additional host sites offering clubs in Year 3 will include: The Academy; The Bridge Family Center; Domus; Gilead Community Services; and The Village for Families and Children.

For this demonstration project, we created small TOP® clubs of between 5 and 15 youth who come together with a professional adult facilitator to participate in lessons and community service learning activities. The lessons are structured using Wyman's Changing Scenes® curriculum, which addresses personal values; relationships; communication and assertiveness; influence; decision-making; goal-setting; human development and sexuality; and community service learning (CSL). Young people work with the facilitators to explore community service learning ideas, create CSL activities and participate in youth-designed CSL events. The CSL activities are linked directly back to club lessons, reinforcing the lessons with real-world action. Clubs meet for 45 minutes per week for a period of at least nine months, and perform a minimum of 20 hours of community service learning per year.

PROGRAM PARTICIPANTS

TOP® in CT serves young people between the ages of 14 and 19 who are receiving special services as a result of behavioral, cognitive, emotional or developmental difficulties. Most youth in the program have psychiatric diagnoses and a significant number have experienced physical and

TOP® in CT

TOP® in CT is a federally funded replication project² designed to test the ability of an evidence-based youth development model to reduce the risk of teen pregnancy or fathering a child among young people receiving special services. The TOP® in CT project is funded for five years; its third year began in September 2012. Our local partners are Klingberg

Connecticut



Year 1 Partner Sites

- Klingberg Family Centers, New Britain
- The Children's Center of Hamden, Hamden

Year 2 Host Sites

- Klingberg Family Centers, Wethersfield
- Adelbrook Behavioral and Developmental Services, Cromwell

Year 3 Host Sites (committed during Year 2)

- The Bridge Family Center, W. Hartford
- Domus, Stamford and New Haven
- The Academy, Milford
- The Village for Families and Children, Hartford
- Gilead Community Services, Portland

emotional abuse, including sexual abuse. Many have engaged in self-destructive behavior and have required intervention to keep them safe. Some of them have histories of using or abusing drugs and/or alcohol; many have already engaged in sexual activity and several have been pregnant or fathered a child. During the first two years of the project, 81% lived in residential treatment centers and 19% in therapeutic group homes.³ Young people in residential centers attended on-site private schools designed to meet their needs.

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

*Name changed to protect confidentiality.

higher-risk young people. This project is explicitly designed to test its efficacy with young people whose difficult histories and acute needs put them at the far end of the spectrum. In the first two years of the project, 176 young people participated in TOP® clubs. They were racially diverse, with roughly equal numbers of white, black and Hispanic youth, about 10% of whom identified as biracial. They were 16 years old on average, and most were studying at the high school level.



"You know your kids—after a while you really get to know them and kind of know what their mood is. If they come in and they haven't had a good day, they're going to put up a fight and say they don't want to help you or do anything or participate in the club, but they actually do. They secretly will continue to participate, but they'll put up a front about it."

~ TOP® in CT Facilitator



"A lot of these kids have been very clinical so they've been through group upon group upon group, and their feeling is, 'Just say what they want you to say.' It's important to really break through that and try to get to how they really feel about things and get them to take charge and have a vested interest in this—to believe they can express themselves, that they can really take control and really affect change by their actions."

~ TOP® in CT Facilitator

Young people in state care have higher rates of pregnancy than their same-age counterparts not receiving services. There are many reasons for this, one being that their personal lives are frequently so unstable that they either have not had access to pregnancy prevention programs or have not been able to participate in them meaningfully. Multiple evaluations have demonstrated that TOP® is effective with teens in many different settings, but that it has the greatest impacts on

Testing a proven model with a new population requires strict program fidelity. In TOP® in CT, club facilitators fill out electronic surveys after each session, noting how much time the lesson took to complete, whether they used positive youth development approaches to engage young people, whether the lesson was implemented exactly as prescribed,

Accomplishment Timeline

August 2010

- Awarded OAH Teen Pregnancy Prevention Grant
- Began certification as TOP® provider

September 2010

- 8 planning meetings resulted in project infrastructure and pilot plan
- TOP® facilitator positions posted and individuals hired by partners

February 2011

- Youth Catalytics staff completed Wyman's Training of Trainers for TOP® model

September 2011

- 21 facilitators and direct-service staff participated in 2-day Training of Facilitators

- 45 young people ages 14-18 years old served in pilot clubs over ten weeks

June 2011

- 6 staff attended initial facilitator training

April 2011

- 11 TOP® clubs serving nearly 100 youth ages 13-18 began full implementation at Klingberg Family Centers and The Children's Center of Hamden

October 2011

- 23 staff received 4 hours of training on needs of LGBTQ youth
- 5 facilitators trained in Theory of Multiple Intelligences
- The Academy joined our TOP® in CT network to host 2 clubs in Yr. 3

April 2012

- Adelbrook Behavioral and Developmental Services began hosting 1 new club (ended Yr. 2)
- The Bridge Family Center joined our TOP® network to host 1 club in Yr. 3

May 2012

July 2012

September 2012

- Domus began hosting 7 TOP® clubs for approx. 40 youth at Stamford Academy, Trailblazers, Domus Academy and Westhill High School
- 10 additional TOP® club sessions observed in action

- 20 TOP® club sessions and 1 community service learning activity observed in action

and whether young people met stated learning objectives. At the end of the second project year, this aggregate monitoring data indicated that of the 186 lessons delivered:

- **87% of lesson activities were completed as written in the curriculum**
- **83% of learning objectives were fully met, and 9% were partially met⁴**

COMMUNITY SERVICE LEARNING

In the TOP[®] model, community service learning (CSL) is significantly related to achieving successful outcomes.⁵ Young people living in residential settings and therapeutic group homes are often in these placements because of concerns about their ability to function safely in the community. Their daily schedules are closely managed and allow for little interaction with the public. This aspect of TOP[®] implementation, therefore, raised concerns for prospective partners and host sites. As good as CSL might be for more mainstream youth, staff at these agencies weren't sure it would work with 'their kids.'

Within a few months of starting the clubs, however, it became clear that these youth *can* engage in community service learning and reap real benefits. Facilitators and clinical staff report that young people take the work seriously and talk enthusiastically about the projects with their peers. The biggest challenge appears to be working around restrictions that affect some participants' ability to leave the premises. Restriction status can change daily for young people and so facilitators help club youth identify a variety of roles and tasks that are needed for the project to succeed; youth who can't leave for shopping trips or visits to community sites are still able to contribute by remaining on-site, planning or making phone calls, etc.

"With service learning, the girls were always interested in working with kids or helping kids with illnesses. But with boys it was surprising. At first they thought it was kind of a joke, because, you know, they've had to do community service before and thought, 'Oh yeah, let's go pick up trash.' They said they wanted to work with older people and we were surprised. We asked, 'Are you sure?' because at first they were saying they wanted to teach them to skateboard or go to the amusement park, which we said you can't do. But we ended up going to an assisted living home and they really enjoyed it. It was so interesting to see the boys getting to know some of the people there and talking with them. This year, the boys were divided — half wanted to work with animals and half wanted to work with younger kids."

~ TOP[®] in CT Facilitator

"We had a 15-year-old girl in a residential setting who consistently struggled with the boundaries and rules enforced by staff. Although not extremely aggressive, it was not unusual for her to be disrespectful, to not follow directives, etc. During the CSL project, she was in charge of running a basketball clinic in an afterschool program. She was very frustrated that the youth counselors from the afterschool program were not listening or paying attention and often had to redirect the kids engaged in the activity. After the event, she was able to reflect that that was how she could be perceived by her own program staff. Afterwards, her staff reported that she was much more insightful about her own behavior and how it impacted not just her, but the overall functioning of the unit. That was a major success!"


~ CT Host Site Clinician

Since the beginning of the project, TOP[®] in CT youth have planned and implemented 12 CSL activities:

- Two bake sales to raise money for the Humane Society and Ronald McDonald House
- Visits with elderly residents in an assisted-living home
- A crafts, nail care and basketball clinic for children at a YMCA afterschool program
- Created video presentation for foster parents about why teens in care sometimes act out
- A food and pet supply drive for a local animal shelter
- Scrapbooks that tell youth's personal journey stories
- Youth-created coloring and activity books to donate to children's wards at area hospitals
- A suicide-prevention civic campaign raising awareness about teen suicide
- A raffle of youth-made theme baskets to raise money for Susan G. Komen Foundation, including a visit from a foundation representative to speak with youth
- Campus-wide basketball tournament to raise money for a local charity
- A bake sale to raise money for Life Haven homeless women's shelter



OBSERVED STRENGTHS OF THE MODEL

Host sites report that youth are connecting with facilitators and experiencing them as supportive adults who are additional resources in their lives. The TOP® clubs are a favorite activity for many participants; in fact, a clinician at one partner site said there were fewer outbursts in the clubs than in other groups that youth attend. Interviews with facilitators give clues about why and how (excerpts denoted with this icon  below).

The clubs foster relationships.

TOP® clubs are relational in design; they rely on trusting relationships between facilitators and teens and among the youth themselves. The facilitators build that trust by using a values-neutral approach to leading discussions, and by making sure that unpopular or unstated views get represented. At least one regular staff member attends each club and takes part in discussions—not as an authority figure but as a participant sharing ideas and views. The shift in the normal staff-client dynamic is subtle but important.



“I’ve enjoyed just getting to know the kids on a different level. There were one or two girls who fought me tooth and nail in the beginning; they didn’t want to come. In the beginning, they wouldn’t participate and would end up sitting back in their rooms, but toward the end of the club, one of the girls said to me, ‘Oh my god, I can’t believe we have to leave! I really like this.’ Over time, they’ve really engaged.”



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



“During the values activity lesson, I think it’s amazing to see their facial expressions, their emotions, to see that epiphany that says, ‘Yeah! I do have values and this stuff really matters to me.’ And it’s great to see how they’re okay with sharing and how surprised they are to hear about each other’s values. You know, sometimes they really do open up and it can be very serious. And when that happens, kids tend to be really respectful and supportive of each other because they can relate.”



The model gives young people time.

Daily transitions can be challenging for youth with trauma histories, so the facilitators begin each club with a check-in and warm-up exercise, taking as much time as they need. Participants may also need extra time to process and share their opinions; the model allows facilitators to add a ‘part 2’ lesson rather than shut down an important discussion.



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



“I know it’s making a difference when a youth relates what we’re doing back to themselves, has that self-reflection. Or when we hear, in residential, questions from other staff members who want to continue the conversations after session and use our approach and repeat the messages we give in club.”





“Especially with the older kids, the ‘influence’ lessons have been great. The ones with media, we’ll sit down with them and listen to their music and the things they look at on a daily basis and talk about how that impacts them. Those have sparked the most conversation because they get to talk about things they like and how it relates to these other life skills.”


It brings up topics young people want and need to discuss.

The clubs work to develop the self-knowledge that youth in care sometimes lack. When they are well-integrated into the agency culture, the clubs even seem to be a useful corollary to the therapeutic process. One way is by drawing

out youths' own values and honoring their personal opinions and beliefs; the process is 'about them,' but fun rather than painful.

 "Some of the girls in one group have siblings in another group at a different school. And we hear that they're talking to each other about these topics or just talking about the clubs in general. That tells me they're interested. We see that they're not trying to blow off our groups; students can technically refuse to come, but attendance is still growing. Kids look forward to coming back."

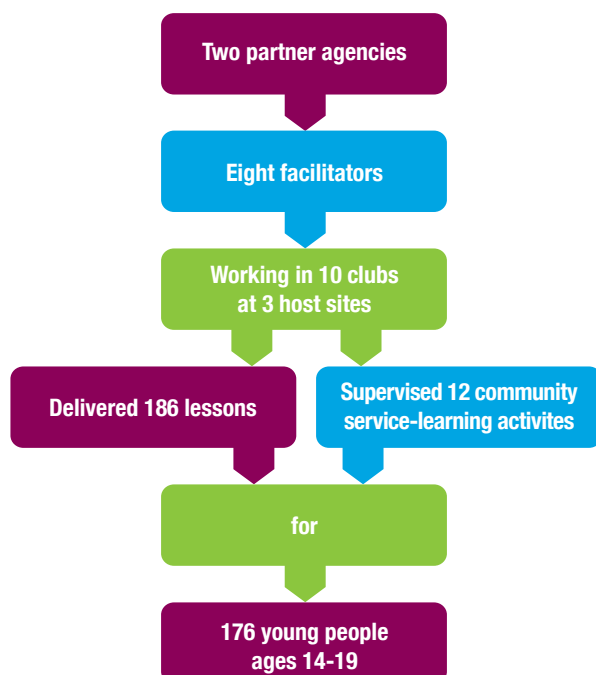
 "I definitely see that this is their favorite group out of everything they do in treatment. They really like the topics in general, so that's nice. And especially with the lessons on relationships, STDs and pregnancy prevention, it's been obvious they have a lot of misinformation, so we can see sometimes they're surprised when they learn the actual facts."

 "Especially with the older youth, we can get into some really interesting discussions. I've been surprised where they lead—sometimes to disclosures you didn't expect or just surprising areas, ones that are appropriate to the content but that you didn't expect."


It creates leadership opportunities for participants.


Each club year begins with a review of the content that will be covered, but the youth themselves choose the sequence

2-Year Mark: The Numbers



in which it is delivered, opting to delve into topics that interest them most first. Participants assist the facilitator as note-takers or by introducing the club to new attendees. With the help of the facilitator, young people choose their own community service learning projects and carry them out.

 "Three of the girls did motivational speaking about the struggles of being in foster care and transitioning to residential. They each created an 8-10 minute audio recording as well as a slide show; one girl did a remix of a song. We talked to her about that at first, wondering how the song would be used, and it ended up being a way of saying goodbye to Klingberg. They [also] talked to the foster parents at Klingberg. The girls have really come a long way. They're really proud of it."

 "Even the kids in residential have enjoyed the CSL part. They tell us they feel good about what they're doing and they're getting acknowledged for what they're doing. They did a huge project and people in the community didn't even realize a group of kids was behind it. So we told people and the kids know that their work isn't for naught, that it's going to make a difference. The ideas they have already for this year are really inspiring."

HOW THE MODEL FITS HIGH-NEED YOUTH

This replication project is the first of its kind to attempt TOP[®] implementation with young people who are in care or in alternative educational settings. These are young people with multiple challenges, and one of our goals is to identify the factors that are most critical to effectively engaging with them. To do this, we've maintained strict fidelity to the model while taking advantage of the flexibility built into it. Early results indicate that young people in these care settings *can* benefit from a model initially designed for the general population of youth. Five key considerations have emerged during initial implementation.

Clinical history and special needs. Facilitators must understand club members' histories of trauma; cognitive, emotional-behavioral and psychological disabilities; quality of past educational experiences; and personal characteristics (i.e., gender, living situation, sexual orientation, cultural identity, etc.) prior to starting lessons and as they occur. Program directors and clinical teams at host sites collaborate with facilitators to identify relevant case information and appropriate supports.



Learning styles. Many participants in our TOP® clubs are not traditional learners. Facilitators are trained in multiple intelligence theory and assess each club member's learning style; material is presented in ways that tap a variety of intelligences, like spatial, linguistic, interpersonal and kinesthetic styles. Expanding beyond traditional written and verbal approaches has deepened engagement in club activities.

Collaboration with on-site professionals. Young people in our TOP® clubs receive services from teams of professionals who must collaborate with facilitators for success. Informed direct-service and clinical staff can play supportive roles during club meetings and engage in follow-up conversations with youth that reinforce learning objectives. Staff members share relevant case information with facilitators ahead of time to reduce the likelihood that course material will trigger traumatic memories.

Integration with other programming. Bringing host site professionals and facilitators together to debrief and identify ways the TOP® curriculum can be incorporated into other programming allows staff to leverage the positive experiences youth have in clubs to work on related therapeutic goals. Site interviews indicate that youth see facilitators as additional adult resources in their lives and that youth-driven club discussions help expand the ways staff and young people relate to each other outside TOP®. These shifting relationship dynamics may be mutually beneficial.

Time to complete lessons. Data from the pilot clubs and first year of full implementation indicate that facilitating TOP® with this population requires more time than originally prescribed. Significant warm-up time that gets members 'into the zone,' life issues and group dynamics affecting club members and the use of multiple intelligence approaches

sometimes stretch lessons to two or three sessions. However, these facets of club facilitation are precisely what make TOP® accessible to young people with trauma histories and emotional-behavioral or learning challenges. Extending some of the lessons may have implications for how program data is tracked and compared to other samples in the future.

CONCLUSION

This brief summarizes interim accomplishments and findings from TOP® implementation with youth in alternative educational settings and therapeutic placements in Connecticut. Early results indicate that the model can be applied with fidelity to this higher-needs population and that community service learning components are actually a value-added piece of the program rather than a significant barrier, as initially feared. Understanding young people's clinical needs and learning styles is a key factor for successful engagement with this population. Additional findings indicate the importance of integrating TOP® with other host site programming, building collaborative relationships between facilitators and on-site staff and providing additional time to complete lessons.

Endnotes

- ¹ Wyman Center. (2012). *Wyman's Teen Outreach Program® Research Brief*. Retrieved from <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Research-Brief-Handout-March-20121.pdf>
- ² U.S. Department of Health & Human Services, Office of Adolescent Health. (n.d.) *Teen Pregnancy Prevention Grantees*. Retrieved from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/grantees/index.html>
- ³ Youth Catalytics. (2012, October). *TOP® in CT Fidelity Monitoring* [Data file]. Available from www.youthcatalytics.org
- ⁴ Ibid.
- ⁵ Wyman Center. (2012). *Wyman's Teen Outreach Program® Research Brief*. Retrieved from <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Research-Brief-Handout-March-20121.pdf>

For more information on Youth Catalytics and our TOP® demonstration project for youth in care in Connecticut, go to www.youthcatalytics.org.

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