

Personal Responsibility Education Program (PREP) Evaluation

March 2018

Delivering Adolescent Pregnancy Prevention Services to High-Risk Youth in Alternative School Settings

More than half a million adolescents in the United States attend alternative schools or other specialized education programs for youth at risk of academic failure. Many of these youth have emotional or behavioral health issues and may be at high risk for teen pregnancy and sexually transmitted infections (STIs). To date, there has been little research on adolescent pregnancy prevention programming designed to meet the needs of youth in alternative school settings.

To address this research gap, the Administration for Children and Families within the U.S. Department of Health and Human Services funded Mathematica Policy Research to collaborate with the New York State Department of Health to conduct a rigorous evaluation of the *Teen Choice* curriculum in five alternative school settings in and around New York City. The voluntary program was delivered by Inwood House, a nonprofit agency that developed the curriculum, and was funded through the state's Personal Responsibility Education Program (PREP) grant. This brief summarizes key findings from the evaluation of Inwood House's implementation of *Teen Choice*.

Reaching High-Risk Youth with Teen Choice

Inwood House developed *Teen Choice* in the 1970s and has refined and adapted it over the years. The curriculum—comprising twelve 45-minute sessions—covers communication, decision making, sexuality, healthy relationships, abstinence, contraception, and STIs. *Teen Choice* is designed to be delivered to small groups of youth by a trained facilitator (typically a licensed social worker) who adapts the specific focus of each session to the needs and interests of the group. It uses the mutual aid approach to instruction, with a goal of creating a trusting learning environment within each group built on constructive interactions among students and the facilitator.

Five schools located in the New York City area participated in the study. More than 75 percent of the study sample came from two of the five schools, which served 7th to 12th graders



Key Elements of Teen Choice

- 12 sessions with groups of 8-12 students covering abstinence, contraception, STIs, and healthy relationships through interactive exercises and guided discussions
- Delivered by facilitators trained to adapt activities and discussions based on the needs and experiences of the group
- Guided by "mutual aid" approach to instruction which strives to create a trusting learning environment built on constructive interactions among students and the facilitator
- Concludes with participants creating "action plans" to avoid sexual risk behaviors and maintain healthy relationships

with serious emotional and behavioral issues in both day and residential programs. Two other study schools served older, high school youth who were substantially behind in accumulating credits toward graduation. The fifth study school served a general high school student population; however, only youth receiving special education services or those who were pregnant, parenting, or in foster care were invited to enroll in *Teen Choice*.

Inwood House enrolled a set of highly at-risk youth into *Teen Choice*, reflecting the characteristics of the students served by the five schools included in the study. According to school administrators, many students came from unstable home







environments with limited support from family members. Some students were homeless or in foster care. Others lived with parents who did not provide regular supervision. Students in the study sample reported high rates of school-related behavior problems and sexual risk behaviors. Two-thirds reported they had been suspended or expelled from school; more than one-third reported this had occurred three or more times. At sample enrollment, 54 percent of students enrolled in the study reported they had had sex at least once. Among those who were sexually active, youth reported more than six sexual partners, on average.

Program staff reported that they liked the flexibility of the *Teen Choice* curriculum and its mutual aid approach, which they felt helped students develop trusting relationships with one another and identify with and retain the program's messages. During the group sessions the evaluation team members observed, youth were generally engaged and willing to participate in group discussions. In focus groups, most participants indicated they had increased their knowledge of contraception and STIs during their time in the program.

Maintaining Regular Attendance Was a Challenge

Inwood House worked with school administrators to identify the best strategy to implement *Teen Choice*, given the targeted youth's school schedules and their substantial academic and behavioral issues, including poor school attendance. Three schools offered *Teen Choice* as a pull-out from students' regularly scheduled classes. Two incorporated the program into students' schedules as an elective. Schools offered the 12 *Teen Choice* sessions once, twice, or three times a week in 40- to 60-minute sessions. Inwood House did not schedule classes at the beginning or end of the school day, when class attendance was poorest, and it enlisted teachers, counselors, and peers

to remind group members to attend scheduled sessions. Facilitators also provided snacks during program sessions and gift cards for regular attendance, strategies they viewed as particularly useful.

Despite these efforts, poor session attendance remained a challenge throughout the study period. Across all study schools, youth enrolled in *Teen Choice* attended 53 percent of the sessions offered. Program staff indicated that being absent from school was the most common reason for students to miss a *Teen Choice* session. In some sessions, poor attendance caused the groups to be quite small, which made it difficult to encourage the positive peer interactions central to *Teen Choice*'s mutual aid approach.

Lessons Learned and Looking Ahead

This study took an in-depth look at delivering pregnancy prevention programming to an underserved population of adolescents enrolled in alternative schools for youth with emotional, behavioral, and academic challenges. The results suggest that maintaining regular attendance at program sessions is likely to be a substantial challenge when serving such high-risk youth. Programs planning to serve this population can build on Inwood House's experience using a combination of reminders, modest incentives, and scheduling choices to improve attendance among this hard-to-reach group.

This study of the implementation of *Teen Choice* was conducted in conjunction with an impact study based on a random assignment research design. Students were randomly assigned to receive either *Teen Choice* or their regular programming. An upcoming report, scheduled for release in 2018, will examine the effects of the program on participating students' attitudes, knowledge, and sexual activity six months after they completed the program.

The PREP Multi-Component Evaluation

This brief, and the accompanying full report, "Delivering Adolescent Pregnancy Prevention Services to High-Risk Youth: Implementing Teen Choice in New York," are part of a series of products from the PREP multi-component evaluation. Learn more about the evaluation at https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component. Learn more about the PREP initiative at https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention.

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