Addressing Teen Pregnancy within the Child Welfare System

Report on Preparing Teens and Protecting Futures...Preventing Teen Pregnancies within the Child Welfare System

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Foster Care + Teen Pregnancy = Double Jeopardy

• Rates of teen pregnancy are far higher among teens in foster care
  o Nearly half (48%) of teen girls in foster care had been pregnant by age 19, compared to 27% of other teens (Dworsky & Courtney, 2010)

• The children of teen parents are twice as likely to be placed in foster care as the children born to older parents.

• More than 40% of teens in foster care who gave birth before 18, had a second birth before age 20.

• Higher risk of teen pregnancy among youth in child welfare system persists even after controlling for demographic and family background characteristics (Noll & Shenk, 2013)
What happens to the teen’s baby?

• If a girl: 8 times more likely to become a teen mom
• If a boy: Almost 3 times more likely to be incarcerated
• 2-3 times more likely to be a runaway
• Living in Poverty is a given
Parenting Teens and Protecting Futures....Goals

1. Reduce the incidence of teen pregnancy among children in foster care by implementing an evidence-based teen pregnancy prevention program

2. Improve outcomes for pregnant/parenting teens and their children by implementing a practice model based on case review research
Setting: Circuit 10

• Polk, Highland, and Hardee Counties in Florida

• Heartland for Children Lead Agency
  • 7 Group Homes involved in Teen Pregnancy Prevention
  • Convenience sample of pregnant and parenting teens identified for Case Review
### Table 1

**Group Home Capacity**

<table>
<thead>
<tr>
<th>Group Home</th>
<th>Licensed Capacity available for HFC use</th>
<th># Male Beds</th>
<th># Female Beds</th>
<th>Average number of youth in placement at any given time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Baptist Porch Light</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Florida Sheriff’s</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Anchor House</td>
<td>34</td>
<td>34</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Covenant (4 homes)</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Integrity (3 homes)</td>
<td>18</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Hansen</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>A Serenity Place</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Harris</td>
<td>15</td>
<td>8</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>125</strong></td>
<td><strong>70</strong></td>
<td><strong>56</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>
Intervention: Teen Outreach Program (TOP)

• Over 30 years of research indicates that it reduces pregnancy and academic failure among high school students between 30 to 50% across all programs

• Rated as highly effective by the Office of Adolescent Health based on rigorous experimental design evaluation

• Especially effective among high-risk youth (53% lower risk of pregnancy and 80% lower rate of repeat pregnancy compared to comparison group)
Teen Outreach Program (TOP)

• Targets essential social and developmental tasks of adolescence rather than directly addressing sexual risk taking

• School engagement shown to be a factor that impacts likelihood of having or fathering a baby

• Curriculum covers values clarification, relationships, interpersonal skills, goal-setting, decision-making, human development and sexuality (only 15% of the material specifically addresses sexual behavior and teen pregnancy)
Teen Outreach Program (TOP)

Community Service Learning Component

- places students in a “help-giving (as opposed to help receiving) role” (Allen, Philliber, Herrling, & Kuperminic, 1997)
- Increases empowerment, leadership, and character development (Cipolle, 2010)
- Student who participate are more likely to use morality/virtue as a basis of self-worth, higher community involvement intentions, and greater helping behaviors
- Link between service and reduction of sexual risk behaviors (Denner, Colye, Robin, & Banspach, 2005)
Teen Outreach Program (TOP)

- Typically runs for 9 months (academic year)
- Minimum of 25 weekly meetings in school-based settings
- Minimum of 20 hours of volunteer service, average is higher
- Flexible (adaptations allowed for other settings)
Heartland Adaptation

7 month program from October 2015 to May 2016

Weekly meetings in each of seven group homes

Session lasted 120 minutes:
- one hour for educational topics
- one hour for planning and implementing community service learning
- Range of 13 to 33 meetings at 7 homes (majority 31 to 33)

Facilitators chose topics from a list of developmentally tiered topics
- (Heavier focus on relationships and sexuality (44% compared to 15%))
Service Activities

• Average number of hours of CSL completed by the participants = 22 hrs

• February to May 2016

• Service learning activities included the following:
  – coordinating an Easter egg hunt
  – helping to clean out a community warehouse
  – making cards for people in homeless shelters
  – making and selling ice cream at a community event
  – delivering birthday cakes to people who were elderly.
  – making dog toys to sell at a breast cancer event
  – setting up signs and sorting t-shirts for distribution at a cancer relay run
Participants

7 group homes from Circuit 10 (Hardy, Highlands, and Polk Counties in Florida)

• 127 youth attended at least one session
• 98 participated in one measure
• 65 took the pre-survey
• 63 took the post-survey
• Only 30 completed the program by completing both the pre and post survey
Program Completion

127 Participants
98 Pre or Post
65 Pre
63 Post
30 Pre and Post
## Participants

<table>
<thead>
<tr>
<th></th>
<th>Pre-survey (n = 65)</th>
<th>Pre and Post-Survey (n = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sixth</td>
<td>6.15%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Seventh</td>
<td>15.37%</td>
<td>13.33%</td>
</tr>
<tr>
<td>Eighth</td>
<td>12.31%</td>
<td>16.67%</td>
</tr>
<tr>
<td>Ninth</td>
<td>18.46%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Tenth</td>
<td>18.46%</td>
<td>26.67%</td>
</tr>
<tr>
<td>Eleventh</td>
<td>16.92%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Twelfth</td>
<td>12.31%</td>
<td>3.33%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>46.15%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Males</td>
<td>53.85%</td>
<td>60.0%</td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>21.54%</td>
<td>13.33%</td>
</tr>
<tr>
<td>White</td>
<td>33.85%</td>
<td>40.00%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21.54%</td>
<td>30.00%</td>
</tr>
<tr>
<td>Other*</td>
<td>23.08%</td>
<td>16.67%</td>
</tr>
</tbody>
</table>
Measures

Pre and post survey developed by Wyman (reliable and valid)

• Demographics
• Academic Problem behaviors
• Social learning
• Safety and Belonging
• Number of Pregnancies/Fathered a baby
Findings

- Failed Courses
- Failing Grades
- School Suspensions
- Cutting Classes
- Pregnancy
### Problem Behaviors

Table 2: Problem Behaviors at Pre and Post-survey ($n = 30$)

<table>
<thead>
<tr>
<th>Problem Behavior</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed Courses</td>
<td>23.3 % ($n = 7$)</td>
<td>30% ($n = 9$)</td>
<td>+6.7%</td>
</tr>
<tr>
<td>Failing Grades on Report Cards</td>
<td>46.7 % ($n = 14$)</td>
<td>46.7% ($n = 14$)</td>
<td>0%</td>
</tr>
<tr>
<td>School Suspension</td>
<td>46.7% ($n = 14$)</td>
<td>56.7% ($n = 17$)</td>
<td>+10%</td>
</tr>
<tr>
<td>Cutting Classes</td>
<td>26.7% ($n = 8$)</td>
<td>36.7% ($n = 11$)</td>
<td>+10%</td>
</tr>
<tr>
<td>Pregnant/Cause a Pregnancy</td>
<td>10% ($n = 3$)</td>
<td>3.3% ($n = 1$)</td>
<td>-6.7%</td>
</tr>
</tbody>
</table>
## Safety and Belonging

### Table 3: Safety and Belonging

<table>
<thead>
<tr>
<th>Safety Statements</th>
<th>Mean (SD)</th>
<th>% Very Much/ Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I am at TOP I can say what I think and talk about my life.</td>
<td>3.23 (.85)</td>
<td>87.5%</td>
</tr>
<tr>
<td>I feel safe (physically) during TOP meetings</td>
<td>3.34 (.74)</td>
<td>95.32</td>
</tr>
<tr>
<td>TOP facilitators care about me</td>
<td>3.33 (.94)</td>
<td>92.19</td>
</tr>
<tr>
<td>TOP facilitators understand me</td>
<td>3.33 (.85)</td>
<td>94.75</td>
</tr>
<tr>
<td>TOP facilitators support and accept me</td>
<td>3.33 (.79)</td>
<td>95.24</td>
</tr>
<tr>
<td>I feel like I belong to TOP; it is a positive group of teens for me</td>
<td>3.19 (.96)</td>
<td>89.06</td>
</tr>
<tr>
<td>I enjoyed the community service part of TOP</td>
<td>3.37 (.85)</td>
<td>93.65</td>
</tr>
<tr>
<td>I learned how to deal with challenges during my community service projects</td>
<td>3.30 (.74)</td>
<td>92.19</td>
</tr>
<tr>
<td>I helped plan my community service project</td>
<td>3.14 (.62)</td>
<td>87.50</td>
</tr>
<tr>
<td>Community service projects helped me make a difference in other’s lives</td>
<td>3.25 (.62)</td>
<td>92.19</td>
</tr>
<tr>
<td>I learned new skills during my community service projects</td>
<td>3.27 (.67)</td>
<td>92.19</td>
</tr>
</tbody>
</table>
Findings: Safety & Belonging/Service

For 8 out of 11 items, more than 90% reported they agreed either “very much” or “somewhat with safety and belong statements.

• 93% at least somewhat enjoyed community service - 44% very much
• 58% said they had somewhat made a difference - 34% very much
### Table 4: Social Learning

<table>
<thead>
<tr>
<th>Social Learning Statements</th>
<th>Pre-Survey Mean (SD)</th>
<th>Post-Survey Mean (SD)</th>
<th>Mean Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can work out my problems if I try hard enough</td>
<td>3.44 (.51)</td>
<td>3.41 (.77)</td>
<td>-.03</td>
</tr>
<tr>
<td>It is easy for me to stick with my plans and accomplish my goals</td>
<td>3.38 (.62)</td>
<td>3.34 (.85)</td>
<td>-.04</td>
</tr>
<tr>
<td>I can easily handle what comes my way</td>
<td>3.34 (.61)</td>
<td>3.00 (.93)</td>
<td>-.34</td>
</tr>
<tr>
<td>I like to see other people happy</td>
<td>3.41 (.57)</td>
<td>3.24 (.83)</td>
<td>-.17</td>
</tr>
<tr>
<td>Most people can be trusted</td>
<td>2.00 (.96)</td>
<td>2.14 (.94)</td>
<td>+.14</td>
</tr>
<tr>
<td>There is good in everyone</td>
<td>2.97 (.82)</td>
<td>3.10 (.79)</td>
<td>+.13</td>
</tr>
</tbody>
</table>

*All values not statistically significant*
Findings: Social Learning

Significant Increase: “I can work out my problems” and “stick to my plans” “very much”

Logistic regression used to examine indices of program intensity:
1. number of meetings attended
2. percentage of meetings attended
3. number of hours of volunteer service

Significant effects found for meeting attendance but not for volunteer service

Attending at least 27 meetings linked to positive changes (mean increase =1.33; \( t=4.0; \) \( df \) (2); \( p=.05 \))
Community Service Learning

Facilitator Feedback on Benefits of CSL:

• “Snowball effect”—Facilitators felt that the benefits of volunteering were accruing over time. (At the end, participants were asking to do more community service.)

• Dominant themes for participants:
  – developed empathy
  – saw themselves as “making a difference” in the lives of others.
  – said that they felt, “warm, happy, and unselfish”
Challenges

Transience of the population is a significant obstacle to positive outcomes

• Only 23% of those who registered completed the program

• Only 4% attended all of the TOP meetings
  – Reasons for transience not consistently noted by facilitators (not at all for 5 of 7 homes)

Sociodemographic Characteristics differed in significant ways

• 60% of study population was male, compared to 20% of national studies
  *strong correlation between male gender and problem behaviors
Implications

Increase Intensity, Decrease length of time

Might briefer, more intensive interventions be more effective?

Revolving door during the intervention effectively destroys sense of community, safety and belonging that is the centerpiece of the intervention.
Implications

Increase Time for Reflection

• Facilitator surveys indicated students reflected on their volunteer experiences only “somewhat”

• Reflection only listed once (one club) as guided experience of that day

• Reflection reinforces the effects of community service on adolescent development. According to authors there is “no effect” of community service activities when adolescents do not have appropriate opportunity to reflect
Addressing Challenges in Research with Pregnant/Parenting Teens in Foster Care

Future research should consider documenting results of interventions that have shorter duration and higher intensity. For example, research might be completed with teens in the TOP program, with the following alterations:

• offer to adolescents in foster care over a four month period, rather than nine (shorter duration)

• meet twice a week (higher intensity)

• implement community service, starting within a few weeks of the first session
Adaptation for 2016-2017

Heartland continued to use TOP

• In four Group Homes
• With a four-month application
  – September to December
  – January to May
• Twice a week meetings
• More time to plan and reflect on CSL
Teen Pregnancy Rate

Teen Pregnancy Rate Trending by CMO

12.50%
11.67%
4.62%
1.61%
1.10%
0.00%

15-16 16-17

CHS  DEV  GC  OHU
Overall Pregnancy Rate
Ages of HFC Pregnant Youth (2016-17)
Brainstorm

• Ideas for increasing effectiveness of TOP intervention with transient youth population?
Children and Families Services Reviews on Pregnant/Parenting Teens in the Child Welfare System
Research with Pregnant and Parenting Teams

Lieberman, Bryant, Boyce, & Beresford (2014) proposed a four step research model for future research with pregnant and/or parenting teens:

1. Glean preliminary descriptive data:

2. Build a theory of change

3. Complete a process evaluation of service delivery (i.e. Monitoring program services, including self-reflections by clients)

4. Quasi-experimental designs/randomized controlled designs.
Case Review Process

- Children and Families Services Reviews (CFSR) in Highlands, Hardee and Polk Counties was used to gather baseline data on prevalence and current needs of pregnant and parenting teens in Circuit 10

- Between 9/15 – 8/16, 26 parenting teens in care in Circuit 10

- 81% had custody of their children, though 33.3% had substantiated reports of child maltreatment

- Many had “aged out” of care and were not receiving Independent Living Services

- Those still in care were much more likely to be pursuing educational goals

- Of those who were still receiving Independent Living Services, 46.2% were either in high school, adult education, or getting their GED.
Utilized CFSR Online Review Instrument to determine baseline information regarding the experiences and needs of pregnant and parenting teens in the child welfare system. Used content analysis process, noting commonalities among the teens

• **Gender:** All female

• **Race:**
  – 2 Black
  – 2 Bi-racial
  – 1 Caucasian

• **Pregnancy/parenting status:**
  – 2 pregnant with their first babies
  – 2 had their babies with them in group care
  – 1 had lost custody of her son twice due to substance abuse/exposure to domestic violence

(Note: 2 of the young women had second pregnancies, though one miscarried)
Dominant Themes of CFSR Interviews

• **Placement Instability:** Each parenting teen had experienced a minimum of 3 placements, with one respondent experiencing at least 11 placements.
  – All had been in foster care and group care. The majority had experienced some type of independent living program

• **History of Trauma:** For all 5 girls, trauma had been severe and chronic.
  – **Domestic violence:** 4 had experienced, with 2 experiencing domestic violence by their babies’ fathers
  – Physical abuse by stepfathers of mom’s paramours was common
  – One had been physically abused by her mother since age 1.

• **History of law violations:** All of the teen mothers had criminal charges against them.
  – 3 charged with battery
  – Other crimes included: shoplifting, criminal mischief, parole violations, petty theft, and illicit drug use
Dominant Themes of CFSR Interviews

- **Relationship issues with families and/or babies’ fathers:**
  - 4 had no relationship or extremely poor relationships with their fathers
  - Most also had experienced abusive encounters with stepfathers or mother’s paramours
  - Only one teen continued to be in a relationship with a sibling.
- **Educational histories:** Though 4 young women were aged 18-19, none had graduated from high school. One had high school equivalency.
  - Educational issues included:
  - Low standardized test scores
  - Dropping out of high school
  - Attending alternative school for behavioral issues
  - Being unsuccessful with taking the GED
Dominant Themes of CFSR Interviews

• **Sex education and history:**
  - 80% had some history of teen pregnancies in their families
  - All were sexually active by age 15
  - Most stated that they had sex education and contraceptives available, though the sex education was very basic
  - One knew about birth control, but didn’t know where to access it.

• **Lack of support with pregnancies:**
  - Inconsistent offers of support from child welfare system
  - One lived in group home during pregnancy. She felt they were of no help to her with her pregnancy.
  - One was referred to Healthy Start, but could not get to the agency.
  - One obtained prenatal care, due to the group home’s commitment to obtaining medical services.
Tool Kit/Guide for CMOs

Areas of focus include:

• Youth’s Legal Rights and Choices
• Permanency/Stability for the Youth and Child Education
• Employment
• Childcare
• Healthy Development for the Infant
• Healthy Development for the Mother
• Attachment/Bonding
• Supportive Relationships
• Documentation
Recommendations for Addressing Permanency/Stability in Youth (per Case Management Toolkit)

- Discuss maintaining current placement
- Identify any additional supportive services necessary to maintain placement
- Ensure the placement is appropriate for an infant
- Create long term permanency plan for youth and child
- Make necessary arrangements to meet permanency plan
- If placement must change, support the transition
- Continue communicating as to how each permanency and stability need is being met and where additional support is necessary
- Inform the youth that if he/she leaves foster care after age 18, he/she is allowed to re-enter foster care with child any time before age 21.
Recommendations for Addressing Placement Stability

• Foster and group homes should continue to be trained in identifying and addressing issues that are likely to ignite placement disruptions.

• Effort should be made to create appropriate, earlier interventions and/or more intense interventions to prevent disruption.

• Provide respite to caregivers and/or adolescent parents, in order to temporarily relieve pressure for both caregivers and teen parents.
Recommendations for Treating the Effects of Trauma

• Possible trauma interventions (Cohen & Mannarino, 2008, as cited by Racco & Vis, 2015, p. 124)
• Trauma-focused Cognitive Behavioral Treatment
• Psychoeducation
• Relaxation
• Cognitive reprocessing
• Eye Movement Desensitization and Reprocessing,
• Dialectical Behavioral Therapy
• Yoga
• Art in Therapy
Recommendations for Treating the Effects of Trauma

• If an adolescent parent has been physically abused, there is increased likelihood that the physical abuse will be perpetrated on others, including their children (Kim, 2009).  

• Treatment for physical abuse may include “targeting the externalizing behaviors, attempting to increase pro-social behaviors, and improve familial and peer interaction, which may lead to improved self-image and self-efficacy, indirectly decreasing depression and anxiety symptoms” (Kim, 2009, p. 746).  

• Parenting classes for adolescent parents may help to teach appropriate, non-violent means of discipline.
Recommendations for Addressing Educational Needs (Case Management Guide)

- Based on placement, inform youth of available educational options
- Assist youth in applying/enrolling in selected programs
- Identify/contact social supports to assist with transportation of other tasks to support the educational plan
- Continue communicating as to how each educational need is being met and where additional support is needed
Other Recommendations for Increasing Educational Success

• Access results of aptitude tests, when possible, to help youth determine a career track

• Inform youth of options regarding education, careers, and job preparation

• If youth is in school, keep youth in same school, when possible
Recommendations for Building Support Networks

- Locate significant sources of support to help adolescent parents address challenges inherent with being a teen parent.
- Consider school-based teen parent program.
- Assist youth in establishing a relationship with a mentor. A study on social support for youth aging out of foster care found that almost 70% had a mentor who was an important person in their lives, other than their parent or guardian, who had taken a special interest in them and who they could count on (Sadler et al., 2007). When youth identified program personnel, foster parents, DCF workers as mentors, they described long term, consistent ties with regular contact over the years.
- Having a mentor has been found to be significantly related to having less homelessness and more completion of GED and degree programs (Collins, Spencer, & Ward, 2010).
Additional Recommendations for Building Supportive Relationships (per Case Management Guide)

• Ensure parenting youth and child have access to services and supports to promote positive parenting relationships.

• Ensure that fathers have access to services and encourage involvement

• Continue communicating as to how supportive relationships are being identified and maintained and where additional support is necessary.
Recommendations for Sex Education Needs of Youth

• Child care workers and caseworkers cannot assume a youth has had sex education by a certain age or that sex education included all essential components. Thus, they need to be able to educate youth and/or refer them to information regarding pregnancy and birth control.

• Consider educational sources, such as 10 Ways to Address Teen Pregnancy among Youth in Foster Care, located at the website for The National Campaign to Prevent Teen and Unplanned Pregnancies (The National Campaign, 2016).

• Assist youth with sexual abuse histories with obtaining counseling to address issues related to sexual abuse.
Recommendations for Support and Education for Teen Parents

- Regularly scheduled communication/staffing among all parties working with teen parents in the child welfare system, to optimize coordination of services and support for the youth.

- Coordination of teen parents’ group/class for pregnant and/or parenting youth, encouraging social support and education

- Group’s purpose may include:
  - Challenging the social disapproval the youth may be experiencing
  - Enhancing parent-infant bond
  - Increasing feelings of parental self-efficacy
  - Enhancing the social context of the teenage parent, by reducing stress, social isolation, and intergenerational family contact.
    (McDonald, et al., 2009, p. 45)
Recommendations for Encouraging Healthy Pregnancies/Other Support

✓ Attend labor/delivery classes with supportive birth coach

✓ Discussion of birth control options, as well as resources to obtain birth control

✓ Classes in financial responsibility, emphasizing budgeting
References


