

FEDERAL PROGRAMS

ADOLESCENT FAMILY LIFE PROGRAM

Legislative Authority: Title XX, Public Health Service Act
in 1985 operating under continuing resolution

Administrative Agency: Office of Adolescent Pregnancy Programs

Program Description: grants for 1. care services targeting pregnant/ parenting teens and
2. prevention services to prevent adolescent sexual relations

FY 85: \$14.7 million

ADOPTION ASSISTANCE

Legislative Authority: Title IV-E of the Social Security Act
permanent authorization

Administering Agency: Admin. for Children, Youth, and Families, Office of Human
Devel. Services (HHS)

Program Description: provides matching funds to the States, at the Medicaid matching
rate, for payments to parents who adopt an AFDC- or SSI- eligible child with "special
needs"

FY 85: \$32.3 million

EDUCATION AND CONSOLIDATION AND IMPROVEMENT ACT (ECIA)

Legislative Authority: Chapter 1, Education Consolidation and Improvement Act of
1981

expires end of FY1987

Administering Agency: Office of Elementary and Secondary Education, US Dept. of
Education

Program Description: Two types of programs -- LEA programs and state agency
programs. Most funds are distributed under the LEA programs, wherein disadvantaged
children attending local public and private schools. The state agency programs provide
funds to State agencies directly responsible for certain types of disadvantaged children:
handicapped, migratory, and neglected or delinquent children.

FY85: \$3.7 billion

FAMILY PLANNING

Legislative Authority: Title X, Public Health Service Act
expires at end of FY 1985

Administering Authority: Office of the Assist. Sec. of Health, Public Health Service,
HHS

Program Description: provides support for 1. family planning clinics, 2. training of
family planning personnel, and 3. development and dissemination of family planning and
population growth information. Grants and contracts are available to public or non-profit
private entities to establish and operate family planning clinics

Fy85: \$142.5 million

FOOD STAMP PROGRAM

Legislative Authority: Food Stamp Act of 1977

PROGRAM :

DESCRIPTION :

GOALS :

APPROACH :

FUNDING :

in 1985 operating under a continuing resolution
Administering Authority: Food and Nutrition Service, US Dept. of Agriculture
Program Description: provides a monthly supplement in the form of food stamps to the food purchasing power of low-income individuals and families.
FY85: \$12.6 billion

JOB TRAINING PARTNERSHIP ACT (JTPA)

Legislative Authority: JTPA, permanently authorized
Administering Authority: Employment and Training Admin., US Dept. of Labor
Program Description: Authorizes a number of Fed. job training programs including: 1. training for disadvantaged youth and adults to be administered by local service delivery areas; 2. summer youth employment and training, also admin. by local service delivery areas; and 3. the Job Corps, admin. directly by the Labor Dept. through national contractors. Services for youth include classroom training, on-the-job training, work experience, education, and a limited amt. of subsidized employment, all during the academic year and a summer youth employment program
FY85: \$3.23 billion

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

Legislative Authority: Title V, Social Security Act
permanently authorized
Administering Authority: Health Resources and Services Admin., Public Health Service, HHS
Program Description: The MCH Block Grant provides health services to mothers and children, particularly those with low income or limited access to health services. The purposes of the block grant include, among others, reducing infant mortality, reducing the incidence of preventable disease and handicapping conditions among children, and increasing the availability of prenatal, delivery, and postpartum care to low-income mothers.
FY85: \$478 million

MEDICAID

Legislative Authority: Title XIX of the Social Security Act
permanently authorization
Administering Authority: Health Care Financing Admin., HHS
Program Description: Medicaid is a Fed.-State matching program providing medical assistance for certain low-income persons who are aged, blind, disabled, or members of families with dependent children. Run on state level, so differences exist between programs offered.
FY85: \$4 billion

Social Services Block Grant (SSBG)

Legislative Authority: Title XX of the Social Security Act
permanent authorization
Administering Authority: Office of Human Developmental Services, HHS

Program Description: Under SSBG, states receive Fed. funds to provide various social services to their citizens; funds are distributed to states according to their relative populations. Services include: child day care, protective and emergency services, family planning, counseling, home-based services, child abuse prevention, adoption and foster care services

FY85: \$2.7 billion

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

Legislative Authority: Child Nutrition Act of 1966, as amended
in 1985 operating under continuing resolution

Administering Authority: Food and Nutrition Service, US Dept. of Agriculture

Program Description: Distributes fed. funds to states and certain recognized Indian tribes or groups to provide supplemental foods to low-income, postpartum, and nursing mothers, infants, and children up to age 5 who are diagnosed as being at nutritional risk.

FY85: \$1.5 billion

VOCATIONAL EDUCATION

Legislative Authority: Vocational Education Act of 1963 as amended; Replaced by the Carl D. Perkins Vocational Education Act of 1984

Administering Authority: Office of Vocational and Adult Education, US Dept. of Education

Program Description: 97% of funds authorized under this Act are designated for basic state grants, with two percent reserved for national programs.

FY85: \$842 million

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

Legislative Authority: Title IV-A of the Social Security Act
permanent authorization

Administering Agency: Office of Family Assistance, Soc. Sec. Admin., HHS

Program Description: The AFDC program was established by the Soc. Secur. Act of 1935 as a cash grant program to enable States to aid needy children without fathers. The AFDC program provides cash payments to needy children (and their caretakers) who lack support because at least one parent is dead, disabled, continually absent from the home, or unemployed

FY85: \$8 billion

FY92 (Estimated Outlays): \$12.1 billion

Participation Data FY92: 13.5 million individuals

Teen Outreach
Assoc. of Jr. League Intern.

~~Keep~~
Life-Options tradition

pos youth
devel
↑

Curric, coord., support gr, volunt service

facilitated → taught

Kathy Herre (212) 951-8338

Laura
Collins
Klein

Strengths

- noncontroversial - lite on contr.
- partic. well w/ HS

212-
951-

8356

914 626-
2126

Weaknesses

- 1st when fail facilitate, not teach
- then ^(kids) controlled
- volunteer prog. critical

- most too weak → no int & run edvc / no incul.

FAX COVER SHEET**girls
inc.****DATE:** April 21, 1994**TO:** Sara Toomey
Domestic Policy Counsel
White House
202-456-2821**FROM:** Heather Johnston Nicholson, Ph.D.
Director
c/o Mary Maschino
Girls Incorporated
National Resource Center
441 West Michigan Street
Indianapolis, IN 46202
(317) 634-7546
(317) 634-3024 FAX**FAX NUMBER:** 202-456-6485 **NUMBER OF PAGES:** 3**COMMENTS:**

Dear Ms. Toomey:

As we discussed, here are cost and cost effectiveness of delivering Girls Incorporated Preventing Adolescent Pregnancy program.

Feel free to call with follow-up questions.

Sincerely,

Heather Johnston Nicholson

If you have any question or comments or if you did not receive all the pages of this fax, please call Tami Sturm at (317) 634-7546.

Cost-Effectiveness and the Girls Incorporated Preventing Adolescent Pregnancy Program

**girls
inc.**

Growing up is
serious business

In a hypothetical example, a Girls Incorporated affiliate could serve a total of 470 girls and young women a year, offering all four components of the comprehensive program, Preventing Adolescent Pregnancy, for about \$60,000 (\$127 per participant). Based on our previous cost-effectiveness research and a widely-used estimate of the savings to society of delaying teen pregnancy, this investment is likely to return \$280,500 to society in savings on Aid to Families with Dependent Children, Food Stamps and Medicaid.

Hypothetical cost of implementing all four components of Preventing Adolescent Pregnancy in a Girls Incorporated affiliate for one year:

Personnel (1.5-1.75 full time staff)	\$ 45,000
Consultants	2,000
Training	5,000
Educational resources and videos	3,000
Travel and transportation	1,500
Printing and promotion	1,000
Evaluation	500
Other direct costs (telephone, space, photocopying, etc.)	2,000
TOTAL	\$ 60,000

Growing Together	Ages 9-11	4 groups X 10 participants = 40
Will Power/ Won't Power	Ages 12-14	8 groups X 20 participants = 160
Taking Care of Business	Ages 14-18	6 groups X 20 participants = 120
Health Bridge	Ages 12-18	Continuous programming = 150
		470

$$\$60,000 \div 470 = \$127/\text{participant}$$

Cost-effectiveness paper*: (p.3 - methodology) @ 7% of participants did not become pregnant who would have been expected to.	470 participants .07 32.9 = @ 33 delayed pregnancies
Armstrong & Waszak (cost-effectiveness paper p.4) @ &8,500 savings in AFDC, food stamps & medicaid from each pregnancy delayed beyond age 20	\$ 8,500 33
Total - potential savings to society	\$ 280,000

Nicholson, H.J. & Weiss, F.L. (1993). Cost-effectiveness in youth services: Preventing adolescent pregnancy. In G.L. Schmaedick (Ed.), Cost-Effectiveness in the Nonprofit Sector: Methods and Examples from Leading Organizations (pp. 27-44). Westport, CT: Quorum Books.

CHILD TRENDS, INC.

4301 Connecticut Avenue, N.W., Suite 100, Washington, DC 20008

Van Ness

Phone (202) 362-5580

Fax (202) 362-5533

Bitnet/Internet childtrends@attmail.com

February 18, 1994

TO: Isabel Sawhill, OMB
Associate Director for Human Resources

FROM: Kristin Moore, ^{km}Child Trends
Executive Director

SUBJECT: Teenage Childbearing and Welfare Reform: Program Suggestions

In view of the fact that the teen birth rate has risen every year for five years and given clear evidence that young mothers disproportionately require welfare receipt, it is pragmatic and realistic for the government to seek ways to prevent early childbearing. Effective strategies have proved elusive, however. As we discussed, you are seeking proven intervention models or strong, promising ideas for intervention models. The need for greater funding for contraception is recognized. The role of poverty and racism in high rates of early childbearing is also recognized; but the current need is for specific strategies on a more middle level that have some promise of being accomplished or tested in the next few years. Below I outline a set of prevention programs that are either proven or are very promising in the light of current knowledge regarding the needs of at-risk youth.

Sex Education and School-Based Clinics. I have asked Doug Kirby to send you a copy of his review piece, assessing a variety of interventions. He reviews studies and summarizes a set of criteria that characterize the more successful approaches. Although school based clinics have not been shown to prevent adolescent pregnancy in general, the results from the Self Center in Baltimore evaluated by Prof. Laurie Zabin suggest that the correct mix of ingredients can be successful. It would be very helpful if the second round of SBCs funded by the Robert Wood Johnson Foundation were rigorously evaluated. Similarly, a sub-set of SBCs funded under Health Reform should be rigorously evaluated, to provide a sense of which programs are effective and why.

Community Level Interventions. Community-wide interventions are rare. I am enclosing an article from the Journal of the American Medical Association about a community-wide intervention in South Carolina which succeeded in lowering the birth rate; later research found that when the intervention was terminated, the rate went back up. This intervention sounds similar to the one initiated in Arkansas by Dr. J. Elders, which (as you can see in the latest Facts at a Glance) is associated with a stable birth rate, whereas the birth rate is increasing in most other states.

I am also enclosing a brief summary of a conference sponsored by the Center for

→ Btgr. prevention

Cost

Cross-section → every problem gr.
- tax payer - lots of \$

causality → contentions
- already in them - cycle
- neg. effects above bkgr.

[- Generation Link every 15 to 17 yrs. → capacity to invest in children
EX. instead of 25 yrs.]

12 yrs - abstinence
- research not valued
- no good data

* Kirby - unintended side-effects

3 areas - ① educ/info → essential K-12

- but insufficient → behavior doesn't change

② contraception → 2nd critical

↓ title 10 in P.S. Service Act → factor in birth rate ↑

④ community

⑤ mentor

⑥ school-based

family planning services → keep clinics

③ motivation.

enterprise zones
youth vol work
improve schools
job training

abortion
rate too
high

Charles
Westoff

Lack of consensus - preventing encouraging
- sex or contraception
- can do both

Population Options last summer. I think Laurie Zabin is correct in her assertion that the adolescent fertility problem is very different for youth in different social classes, and I think we know very little about how to intervene in lower class minority groups. Moreover, with crack, violence, rap music, other changes in movies, increased social isolation, housing shortages, and homelessness, the scene has changed so radically in the last few years that I think our approaches may be very out-of-date for the population sub-group that policy makers most wish to affect. The conference sponsored by CPO deals with this issue, and Dr. Geri Peak who organized the conference has agreed to provide concrete ideas for policy makers. She recommends conferring with Project 2000 and 100 Black Men for strategies to reach African American youth. She expresses grave reservations, however, about linking teen pregnancy prevention to welfare reform, because pregnancy prevention efforts are important for all teens, not just those who end up on welfare; the association could have the unintended effect of undermining pregnancy prevention efforts. Dr. Peak can be reached at 202-347-5700.

Comprehensive Programs for Youth. One program that has been evaluated and found to be effective under varied circumstances and with varied populations is **Teen Outreach**. I am enclosing information about the **Teen Outreach** program, which involves teens in weekly group meetings led by an adult combined with volunteer efforts on the part of the teens. It is important to emphasize that this program has shown positive effects in replication sites across a range of negative outcomes, such as school failure and behavior problems. Susan Philliber, the evaluator, can be reached at 914-626-2126

Dr. Michael Carrera has established the Children's Aid Society Pregnancy Prevention Program in New York City. While results of an experimentally designed evaluation are not yet available, this program contains the elements of what I would recommend in a very strong and positive approach to preventing pregnancy among multi-problem youth and youth from dysfunctional families. If we are to prevent pregnancy among these youth, it is clear to me that their entire lives have to be turned around. Only a long-term, comprehensive intervention provided by a caring staff who are truly trusted by youth can make that kind of difference. A overview of the program and its philosophy is enclosed: Dr. Carrera can be reached at 212/876-9716. This is an expensive program to provide; but not all youth need such an intensive intervention. Perhaps a third of adolescents in highly impoverished communities need such an intervention; the proportion would be considerably smaller in less disadvantaged communities.

Karen Pittman, now at the Academy for Educational Development Center for Educational Development and Policy Research, 202-884-8000 would point out that youth development programs are omnipresent in every community in the country, in the form of Scouts, sports, religious organizations, and the like, which have a tremendously positive effects on the development of those youth who have access to them. As the National Commission on Children reported, such opportunities are less available to

- Sex ed - Knowledge 4th - doesn't have lots of behavioral effects
- family planning - unintended Not strong interceded - movement to non-clinic method
- Clinic - so stretched - can't even do outreach

Sweden-

Adolescence not a piece of time

- 11-15 not ok.
- 16-17 split
- 18-20 ok.

Short-term vs.
Long-term

→ Intervention in an enterprise zone

disadvantaged youth. As always, few have been evaluated regarding their impacts among at-risk youth, and few are probably sufficiently intensive to meet the needs of highly at-risk youth.

Intensive efforts are expensive. The most expensive component is personnel time. Use of volunteers can hold costs down. One community developed a "volunteer hours credit bank" in which people could accrue credits toward a time when they themselves needed help by volunteering to help others. Programs could also use persons in the youth apprenticeship program. However, some persons are needed to make a long-term, full-time commitment; one problem with attracting talented professionals to the helping professions are the low salaries. I suspect that there are many persons who would love to do youth development work, if they could afford to take the pay cut. I recommend experimenting with "endowed" or augmented salaries to attract some really talented, energetic, charismatic leadership to work with disadvantaged youth. In international community building efforts, rather than advertising, planners have sometimes sought out those persons living in a community who are already at the hub of the community and offering them a mid-range to give up their current job and become full-time community workers.

Also because intensive comprehensive programs are expensive, it is not possible to fund them for everyone. However, it is very difficult to identify those persons most in need. Community workers who are familiar with youth and families in a community over a long period of time could identify youth in need of special services (such as summer school or contraception) and help them become involved in the services they need.

Just for your information, several additional relevant efforts are under way, but final results are not yet available. The Robert Wood Johnson Foundation has funded several programs to assess reproductive health care services for teenagers of color, but there won't be results for at least a year. *Protecting Sexually Active Youth*, funded by the Annie Casey Foundation, doesn't have results yet either; the contact person at the Annie Casey Foundation is Sharon Edwards. NICHD has funded a network of service providers and researchers for several years now to address the joint issues of sex and violence among youth of color. An overview is enclosed; the contact person is Dr. Susan Newcomer: 301/496-1174). Dr. Newcomer notes that early results are available for one of these programs, directed by Dr. John Jemmott of Princeton University: 609:259-4448. In addition, GAO is currently conducting focus groups among teen parents on welfare and young fathers; the results should be available within several months. The contact person is Gail Johnson or George Poindexter: 202/512-7213.

Immigrants. One population sub-group where our knowledge is too limited to make recommendations is that of immigrants. There are clear incentives to non-citizens to have a baby at any age; whether this explains the very high fertility of Mexican

immigrants is unclear. Beyond the need to respect the adolescent's family's culture, how programs should be offered that meet the special needs of disadvantaged youth from non-English speaking families is not clear.

Males. I think a major need is to develop approaches that create motivation for young males to delay sex or use contraception. At present, there are many reasons for young males to have sex; on the other hand, there are few disincentives for sex or incentives for contraceptive use. A positive strategy is to provide sex education that stresses themes of responsibility. I think, however, that an effective strategy unfortunately needs to have negative as well as positive incentives. That is, we need to create a structure of incentives that provides both a push from negative behaviors plus a pull toward positive behaviors. In terms of a negative incentive, stronger enforcement of child support obligations without regard to age is essential to creating the expectation that behavior has consequences. Specifically, vigorous enforcement is needed even for young men who presently have very little money to help support a child. Even young fathers should provide small amounts of support or in-kind assistance regularly. These young men are usually ignored by child support officers, because the short-term yield is so low. However, the longer-term yield will be greater and may be significant. More importantly, the message of responsibility and consequences must be transmitted to young fathers and to other young men who are not (yet) fathers.

This strategy of pursuing child support without regard to the age of the father also implies a need to provide education, job training, and job search assistance to absent fathers who cannot pay or who are in arrears on child support. This strategy also requires that states not be penalized for obtaining very small amounts of child support from young fathers who cannot at the present time afford larger amounts. Obviously, another essential component of a truly serious child support enforcement strategy involves establishing paternity at birth for all children.

Although the focus of welfare reform is on preventing births most likely to result in welfare expenses, I agree with Geri Peak that this narrow approach is unwise. We need to change the normative assumptions about responsibility for children on the part of all fathers, period. These changes need to be society-wide in order to affect the behavior of adolescent males and their parents.

In addition, it is essential to advertise widely and in clear, simple language the child support laws, so that adolescent males understand the long-term obligation they will incur if they become a father. Providing this information (and other kinds of information, such as sex education and information regarding contraceptive methods and parenting children of varied ages) could be focussed on AFDC recipients in the form of videos and mailings and inserts along with the welfare check.

Grandparents. I would also consider ways to make both sets of grandparents responsible for the support of their grandchild. This approach was not successful in Wisconsin; the reasons for its failure need to be assessed in the hope that a better approach can be developed. The goal is to create a presumption of responsibility for one's adolescent child, even if that adolescent is male. At present, the parents of males have little reason to believe their son's sexual activity or non-use of contraception will affect them personally; and too many parents of adolescent males are disinterested in whether their son causes a pregnancy. I don't think such a program will pay for itself in the short run; the purpose of the program is to change the values and norms surrounding parental responsibility.

Other Government Initiatives. Finally, efforts to delay teenage childbearing as a part of welfare reform must be integrated with other efforts, specifically, the empowerment zones, youth apprenticeships, health reform, and health education. For example, linkages need to be established with school-to-work programs. The personnel available in the youth apprenticeship programs need to participate in the empowerment zones efforts. If resources and personnel were concentrated, we might see real change. As always, rigorous evaluation in at least some sites would be essential.

I hope these thoughts are useful. I wish there were a stronger research base on which to build this important initiative. If I can provide any additional information or input, please let me know what you need.

① ~~Dr.~~ Dwane
Smith

Rox Comp.
Williams
617-442-7400
- Dr. Gomez-Carion
Evonne

② ~~Dr.~~ Rodney
Taylor

ma.

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Jeanne
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6TH STORY of Level 1 printed in FULL format.

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March 27, 1994, Sunday, City Edition

SECTION: CITY WEEKLY; Pg. 5

LENGTH: 782 words

HEADLINE: Citing need for flexibility, black health directors dissolve;
CITY WEEKLY / BOSTON

BYLINE: By Howard Manly, Globe Staff

BODY:

Citing a change in delivering health care services, the Consortium of Black Health Center Directors dissolved last month, enabling each member to pursue individual relationships with hospitals, government agencies and other community health centers.

In letter recently distributed throughout the health care community, consortium members stated that each of them must have flexibility in forging new relationships and can "no longer act in a vacuum based on common boundaries of ethnicity and culture."

The consortium was launched in 1985, when the directors of the Harvard Street Neighborhood Health Center, the Mattapan Community Health Center and the Roxbury Comprehensive Community Health Center joined forces to deliver culturally competent health care services to some of the city's most impoverished neighborhoods.

Throughout the years, the consortium brought attention to disparities in health care indexes between minorities and whites - such as infant mortality and teen-age pregnancy rates - and tried to solve those problems by building alliances with state and federal government agencies to close the funding gap.

The consortium, for instance, was instrumental in Boston's receiving a \$ 4.3 million federal grant to combat high infant mortality rates, particularly among blacks and other minorities.

In 1990 Boston's black infant mortality rate was 15.1 deaths for every 1,000 live births, compared with the white rate of 8. The program developed to combat the problem, called Healthy Start, recognized infant mortality as more than just a medical problem and aimed to strengthen communities by involving social and community groups as well as the more traditional providers.

The breakup was strictly a business decision and does not mean the loss of neighborhood services, members said.

(617) 426-2225

"The work of the consortium was excellent," said James W. Hunt Jr., executive director of the Massachusetts League of Community Health Centers. "And they will continue to do fine work as individual centers."

"The consortium had outlived its usefulness," executive director Todd Payton said in an interview. "In some respects, the breakup is a byproduct of this

Funding - 55% Foundations, Trusts, etc
45% state funding

\$ 425,000 FY 1994

(mentoring 129,000 FY 1995)

"wellness" → they are resources in the comm.
Raise health consciousness of Adol.
what it means to be well.

Strengths

- place in the comm. - contraceptive
- diverse providers / nonjudgemental
- excellent care.

→ Fitness
Tennedy

Weakness

(Family mode)

- more \$ - disproportionately affected
- Barriers to Care - diff. type of talking to / programming
- reprod. health care - adol. ♀ - not taught
- diff. to access mental health

Stat - acad assist. - 3x wk - 10pt ave.

SAT - 100²⁰⁰ pts higher

Rise in condom use

need to recog. that kids are sexually active → full gamut of info.
listen to the children

shaking-out period in the health care reform."

Jeanne Taylor, executive director of the Roxbury Comprehensive Health Center, conceded that there still is a gap in health care indexes and funding, but the consortium has been successful in forcing city and state officials to allocate resources. Taylor said more government officials understand that funds must go to the areas having the most need.

"The consortium has done what it set out to do," Taylor said. "We feel that the establishment has heard us."

During the last four years, for instance, the consortium served as the lead agency in the Boston Initiative for Teen Pregnancy Prevention, a citywide effort to reduce the problem among middle school students and high school dropouts.

And in a study released last year, the consortium detailed the inequitable health care afforded minority men, many of whom depend on emergency room trauma doctors for a variety of ailments. The disparate treatment documented in the report helped explain why minority men in Boston and across the country are at greater risk of AIDS, heart disease, violence and other health-related problems.

In 1988 black men died from falls, burns and accidental poisoning at a rate 41 percent higher than that of white men, and from motor vehicles deaths at a rate more than 25 percent higher than that of white men, according to another state public health study.

But health care business realities have forced community centers to broaden their scope and deliver comprehensive services for the least amount of private and public dollars.

The Roxbury Comprehensive Health Center, for example, plans to open the Roxbury Heart Center this year. The center, which will be operated with Beth Israel, New England Baptist and New England Deaconess hospitals, provides an answer to the severity of heart disease among minorities and inequities in treatment, Taylor said.

"The challenge now is to move beyond the issue of sensitivity and figure out how to deliver culturally competent services," Taylor said.

She explained that many minorities use a lot of salt to season their foods, and that most of them know that salt is a leading cause of high blood pressure.

"But what doctors have failed to do in the past is develop a treatment plan that a person will comply with," she said. "It doesn't do any good to tell someone not to eat salt or pork when that's the only meat they can afford. You must show them how to cook meals which they are accustomed to which are healthier."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: April 5, 1994

Naide Williams

- Adol. Life Prog - 1-5 31
- prenatal registration / clinic-weekly
- teen-tot clinic-weekly
- 156-teen parenting pros
- 2 yrs.
- nationally 18 mo.
- 3 → 156
- teen parent support gr
- parenting skills
- rate of attendance 30%
- clinic
- Contraception
- Systems have to negotiate
- 2x month
- referrals off-site
- clinic in health center / peer grs ⇒ strategies on what can be done
 - eg. go talk to young kids
 - "Safety Net Parties" ⇒ adol. devel ⇒ informal etc
- ^{10 peers} Peer Leadership → talk about exp. to be adol.
- 850 kids - last yr.
- Preg / Subst. Abuse / Parent / Viol. / Anger / Tobacco
- Go into schools - health educ. & peers
- Health Educ. ~ 1300 students - Sept. / Soc. Worker
- Teen Parenting Coord. / Family Planner



THE ASSOCIATION OF JUNIOR LEAGUES INTERNATIONAL, INC.

April 21, 1994

Sara Toomey
Health Care Delivery Room
#160
Old Executive Office Building
Washington DC 20500

Dear Sara:

I am enclosing an information packet about Teen Outreach, a primary prevention program that focuses on positive youth development. The packet includes a fact sheet about the program model, a recent newsletter, information about the results of program outcome and process evaluations, and reprints of two articles about the program from the *American Journal of Community Psychology* and *Preventing Adolescent Pregnancy: Model Programs and Evaluations*.

If you have any additional questions about Teen Outreach, please feel free to call me at (212) 951-8356. Thank you for your interest.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Laura'.

Laura Colin Klein
Community Program Coordinator
Teen Outreach Program



FACT SHEET

THE ASSOCIATION OF JUNIOR LEAGUES INTERNATIONAL, INC.

The Association of Junior Leagues International Inc. (AJLI) is an organization of women committed to promoting voluntarism and to improving the community through the effective action and leadership of trained volunteers. The 284 Junior Leagues throughout the United States, Canada, Mexico, and Great Britain have a collective membership of more than 190,000 women.

ASSOCIATION STRUCTURE:

The international headquarters in New York City serves as a base from which staff and volunteers serve the Junior Leagues. A 27-member Board of Directors is accountable to the Leagues for the development of governing policies and AJLI's strategic plan, which are implemented by staff and volunteer service providers. A 19-member Resolutions Committee consisting of elected League members manages the process by which Junior Leagues determine AJLI external policies to effectuate community impact. AJLI is supported by membership dues, foundations, corporations, and grants, and it sponsors revenue-producing efforts to meet the cost of its programs and activities.

ASSOCIATION GOALS

(1) To be in the forefront of community leadership as an influential advocate and catalyst for societal change. (2) To empower trained volunteers to be a leading force in meeting critical community needs through direct service projects and programs. (3) To be a creative, viable association that meets League and individual member needs. (4) To promote multiculturalism and contribute to eliminating discrimination against women and discrimination based on race, ethnicity, or religion.

The Association's strategic plan enables AJLI and the Junior Leagues to achieve these goals. The plan focuses on (1) issue priorities -- specific areas in which the Association seeks change at the community, national, or international levels -- and (2) organizational priorities -- those functions or concerns that the AJLI Board identifies as vital to building organizational capacity. The identification of these priorities, based on input from the Leagues, enables the Association to marshal its resources to assist Junior Leagues in maximizing their community impact.

ISSUE PRIORITIES

The Association has two issue priorities: Child Health and Education. In addition to building on the Leagues' long history of involvement in these areas, the issue priorities were selected for their potential to impact broad populations and to advance diverse community collaborations. The Association provides technical assistance in the form of consultations, demonstration projects, publications, and conferences to Junior Leagues working in these areas.

● **CHILD HEALTH:** The Association believes that all children, youth, and pregnant women should be guaranteed availability of and access to appropriate preventive and primary care. For over 70 years, AJLI and the Junior Leagues have been leaders and innovators in child health reform. *AJLI's Child Health Program*, launched in fall 1992, is supporting the development by Junior Leagues of successful community models that demonstrate the impact of effective citizen action on community child health issues. Junior Leagues and State Public Affairs Committees (SPACs) will pursue child health initiatives in their communities that employ multi-strategic approaches, including direct service, public education, and advocacy. A team of trained volunteers and staff provides technical assistance to Junior Leagues pursuing child health initiatives. Partial funding for the Child Health program is provided by the Aetna Foundation.

● **EDUCATION:** AJLI supports efforts to ensure that all people have access to an education that will provide the skills necessary to be productive members of our global society. Strategies for the achievement of this outcome include the identification of effective ways for citizen volunteers and voluntary groups to engage with and have impact on educational systems. While the Education priority is in the planning stages, AJLI currently sponsors two related programs:

● **Partnership for Progress (PFP).** Six Junior Leagues are active in the Association's PFP program, supported by the Edna McConnell Clark Foundation. The purpose of the program is to establish the community as a major stakeholder in school reform with the power to leverage for change.

(over, please)

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● **Teen Outreach Program (TOP).** Designed to provide a positive environment to support youth development, TOP helps youth avoid at-risk behaviors, such as adolescent pregnancy, substance abuse, and school failure. Currently operating in 108 classrooms in 39 cities, TOP helps teens develop life goals and a sense of self-efficacy through facilitated group discussions and a community service component. Independent evaluations have verified TOP's success in reducing the rate of teenage pregnancy and school failure. AJLI is developing replication models for the institutionalization of the program in educational systems at local and state levels. Current TOP funders include the Carnegie Corporation of New York, the Charles Stewart Mott Foundation, the Smith-Richardson Foundation, and the Stuart Foundations.

In addition to the collective activities related to education and child health, the Junior Leagues address a wide range of other issues depending on the needs and opportunities facing their local communities. These include substance abuse, child abuse and neglect, violence against women, criminal justice, health, family services, education, cultural enrichment, historic preservation, urban revitalization, and the environment.

ORGANIZATIONAL PRIORITIES

The Association's organizational priorities focus on building a strong infrastructure for the Leagues and the entire Association as a foundation for the achievement of their strategic plans. Key activities of the infrastructure that ensure capacity-building include the achievement of multiculturalism; educational and training events, consultations, and resources focusing on leadership development; effective organizational governance; membership retention; and sound organizational management at the international, national, and local levels.

The Association and Leagues recognize that today's complex issues demand innovative, disciplined approaches that draw on all functions and members of the League. In response, they have adopted an outcome-oriented or goal-centered approach, in which the entire League strategically determines its goals and then decides on a plan to achieve them. Every function and activity of the League is centered around its goals, assuring that League resources and energy are aligned with that to which the League is truly committed. AJLI and the Leagues believe that collaborations are critical to identifying and solving community problems.

MULTICULTURALISM

Junior Leagues reach out to women of all races, religions, and national origins who demonstrate an interest in and commitment to voluntarism. One of the Association's overarching goals and organizational priorities is the promotion of multiculturalism and the elimination of discrimination based on gender, race, ethnicity, or religion.

The Association provides a network of services to help Junior Leagues reach this goal and to ensure that its membership is inclusive of all women who share the mission. AJLI's services seek to create an environment in Junior Leagues and their communities where diverse perspectives and different cultures are respected and valued. AJLI provides a variety of written and visual resources to assist Leagues in their multicultural work. An innovation is the multiculturalism demonstration project, a three-year effort designed to create and test strategies and methodologies for furthering League and community diversity. AJLI staff, a cadre of trained service providers, and expert consultants provide leadership for League visits, telephone consultations, workshops, and seminars to enhance cross-cultural awareness, understand the effects of prejudice and racism, and develop community collaboration and networking skills.

RESOURCES AND TECHNICAL ASSISTANCE

Trained Junior League volunteers and staff provide services to Leagues on organizational priorities through individual consultations, trainings, and meetings. The Association encourages a multi-strategic approach to community impact that encompasses direct service, public awareness, and advocacy. The Association's Washington, D.C. office coordinates national advocacy activities and assists Junior Leagues in their work on local and state policies. To enable Junior Leagues to access and exchange information about trends in the voluntary sector and community activities, the Association has developed and implemented an Electronic Bulletin Board.

The Association also publishes a number of periodicals and resources designed to provide technical assistance, background information, and strategies for community impact in key areas. These include: *Junior League Review*, the official magazine of the Association, with a circulation of 190,000; *What Works*, a newsletter for League leadership; a periodic *Legislative Network* on federal legislation and activities related to the strategic plan; and tip sheets, briefing papers, and manuals targeting key functions.

TEEN OUTREACH PROGRAM

MISSION STATEMENT

To encourage positive youth development through the utilization of concepts and practices that engage teenagers in volunteer service and classroom-based discussions so that they become interested in their own growth and development and learn life-long skills that will enable them to be productive members of their communities.



FACT SHEET

TEEN OUTREACH PROGRAM

The Teen Outreach Program (TOP) was established in 1978 by Brenda Hostetler, director of pregnancy prevention programs in the St. Louis Public Schools. In 1981, the Junior League of St. Louis and the Danforth Foundation began sponsoring the program, whose goal was to decrease the rate of adolescent pregnancy and increase the rate of high-school graduation for at-risk teens. In 1984, the Junior League of St. Louis initiated a national demonstration effort funded by the Charles Stewart Mott Foundation. Since 1987 the Association of Junior Leagues International Inc. (AJLI) has been responsible for the national program, with funding from the Charles Stewart Mott Foundation, the Lila Wallace-Reader's Digest Fund, the Smith Richardson Foundation, the Carnegie Corporation of New York, and the Stuart Foundations.

The Teen Outreach Program expanded from eight Junior League sponsors with nine classroom sites in 1984 to a total of 33 Junior Leagues and other community-based sponsors and 95 classroom sites in the 1992-93 school year. AJLI is currently developing state and community models to institutionalize TOP and replicate it on a wider basis. A state model for TOP is being developed in California. AJLI is working with community sponsors in seven communities (Atlanta; Bronxville, NY; New Orleans; Reno; Roanoke, VA; Charleston, WV; and Seattle) to develop a community/school partnership which will focus on implementing the program on a district-wide basis.

Teen Outreach began as a comprehensive program to help adolescents develop a positive self-image, concrete life management skills, and future goals, though the marketing strategy identified it primarily as a program aimed at preventing adolescent pregnancy. Over the past six years, its focus has been on fostering positive development in at-risk youth.

In every Teen Outreach Program, a group experience, a facilitator/student relationship, and a volunteer experience build self-esteem and individual skills. A unique relationship develops between the program facilitators and the female and male adolescents who participate in the TOP curriculum in small peer-group settings. The community service component enhances the students' sense of self-worth and enables them to see themselves as valuable, contributing members of their communities. Both the volunteer component and the classroom discussions have been identified as key elements in TOP's success.

The 'helper-therapy' principle introduced by Riessman (1965) suggests that helping other people can be therapeutic and can lead to personal growth, particularly for persons in disempowered groups. A sense of empowerment is engendered by placing students in help-giving rather than help-seeking roles, such as in hospitals, nursing homes, day care centers and other community sites (Bronfenbrenner, 1979; Rappaport, 1987). The volunteer component is also based on the premise that when young people become effective volunteers, a belief that they can succeed in attempts to behave competently increases. This belief in turn leads to more persistent effort to perform competently (Bandura, 1977).

TOP's volunteer component is consistent with the notion that education may most effectively proceed in real-life settings outside of classrooms (Sarason, 1984). Gottfredson (1985) has noted that outside work may provide youths who do not fit into the mold of traditional schooling an alternative route for success; work may provide a legitimate means to meet needs and strengthen adolescents' bond to the social order. Because volunteer experiences teach pre-employment skills, yet do not increase financial independence from parents, they do not

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weaken parental control, a potential problem with teenage jobs. A successful TOP volunteer component ideally offers assignments that actively engage students and provide them with choices about their volunteer work.

TOP links the volunteer program to the school experience; a U.S. Department of Labor study found that work experience, when closely coordinated with school, increases both school attendance and grades (Barton & Frazer, 1980). An emotionally supportive classroom environment in which the students do most of the talking and facilitators relate to students in a compassionate and non-judgmental manner has been found to be most successful. The Teen Outreach classroom activities increase students' commitment to academic endeavors, to the program facilitator, to each other, and to TOP itself. Teen Outreach may increase adolescents' attachment and commitment to basic societal norms, such as completing school and avoiding delinquent behavior.

Finally, the Life Options curriculum, because it emphasizes positive decision-making skills, may enhance adolescents' skills in dealing with social situations they face. The curriculum presents topics and exercises that the facilitator can use to generate further group discussion. The content and the interactive style of sessions about relationships, life planning, peer pressure and family issues help teens learn to think critically about these issues and to evaluate their own behavior. TOP participants are helped to develop better communication skills and learn to resolve differences of opinion and other conflicts.

The average Teen Outreach group consists of 15 to 20 females and males. Sessions take place during the daily school curriculum or after school; at some of the schools it may be taken for credit. All Teen Outreach programs have a community sponsor, typically a Junior League but sometimes another community agency. The sponsor is responsible for 1) securing funding for the program, 2) arranging for and monitoring the volunteer experiences, and 3) collaborating with the school system.

TOP includes a significant evaluation component and maintains a database on participants and comparison students. National data indicate that the program has resulted in statistically significant reductions in teenage pregnancies and school failure. In the seven years ending in 1991, Teen Outreach participants averaged a 5 percent lower rate of course failure, a 18 percent lower rate of school suspension, a 50 percent lower rate of school drop out, and a 33 percent lower rate of pregnancy than students in the control group.

The Teen Outreach Evaluation represents 3,674 students at 60 sites who range in age from 11 to 21, and whose average age is 14.9 years old. About 40% of the students are black, 40% are white, and 13% are Latina/o. Those in other racial/ethnic groups include mostly native Americans and Asians. Two-fifths of the participants come from single parent families; the parents of about one-fifth had less than a high school education. Approximately 1500 students participated in the program in the 1991-92 school year. Some students enter TOP on a volunteer basis when they hear of the program; others are targeted by program facilitators or counselors as at "high risk" for leaving school or becoming pregnant. High risk factors include having a parent or older sibling who did not graduate from high school or who became pregnant as a teenager. At still other schools, facilitators seek out students who are not yet exhibiting negative behaviors but who could be at risk.

TOP's congruence with related research undoubtedly contributes to its unusually positive outcomes. In 1987, the report of the National Research Council's Panel on Adolescent Pregnancy and Childbearing, Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, named TOP as one of only three teen pregnancy prevention strategies with any documented evidence of reducing pregnancy. The first published academic article on the Teen Outreach Program was published in the American Journal of Community Psychology in December 1990, entitled "School-Based Prevention of Teenage Pregnancy and School Dropout: Process Evaluation of the National Replication of the Teen Outreach Program." More recently, TOP's success has been documented in Preventing Adolescent Pregnancy: Model Programs and Evaluations.

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FACT SHEET

TEEN OUTREACH PROGRAM

THE EVALUATION OF TEEN OUTREACH
1984 to 1991

The evaluation of Teen Outreach began in the 1984-85 school year and has now covered 7 years, through 1990-91.

During that time, data have been gathered from:

- ** 3,674 Teen Outreach students, and**
- ** 4,202 comparison students, nationwide and in Canada.**

During the last three of these years, a portion of these students were in sites where true random assignment of Teen Outreach and control students was possible. The random assignment data set includes:

- ** 472 Teen Outreach students, and**
- ** 496 comparison students.**

In the entire 7 year sample, the following results have been obtained:

- ** a 5% lower rate of course failure in school;**
- ** an 18% lower rate of school suspension;**
- ** a 33% lower rate of pregnancy; and**
- ** a 50% lower rate of school dropout among Teen Outreach students than among comparison students.**

The differences in these rates between Teen Outreach and comparison students are statistically significant and participation in Teen Outreach is significantly related to each outcome when controls are introduced for race, gender, grade, mother's education, living arrangement, and pre-program levels of each of these indicators. In other words, this impact of Teen Outreach is net of the impacts of these other factors.

These same results in the random assignment subsample show:

- ** a 32% lower rate of course failure in school;**
- ** a 37% lower rate of school suspension;**
- ** a 43% lower rate of pregnancy; and**
- ** a 75% lower rate of school dropout among Teen Outreach students than among a randomly assigned group of control students.**

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These results too, are statistically significant and net of the control variables listed above.

Research on the components of the program that seem essential to its success show that it is important that each Teen Outreach group include the following:

A volunteer component that:

- ** includes assignments that actually engage students, and**
- ** gives young people choices about their volunteer work.**

A classroom environment that:

- ** students feel is emotionally supportive, and**
- ** in which students, rather than facilitators, do most of the talking.**

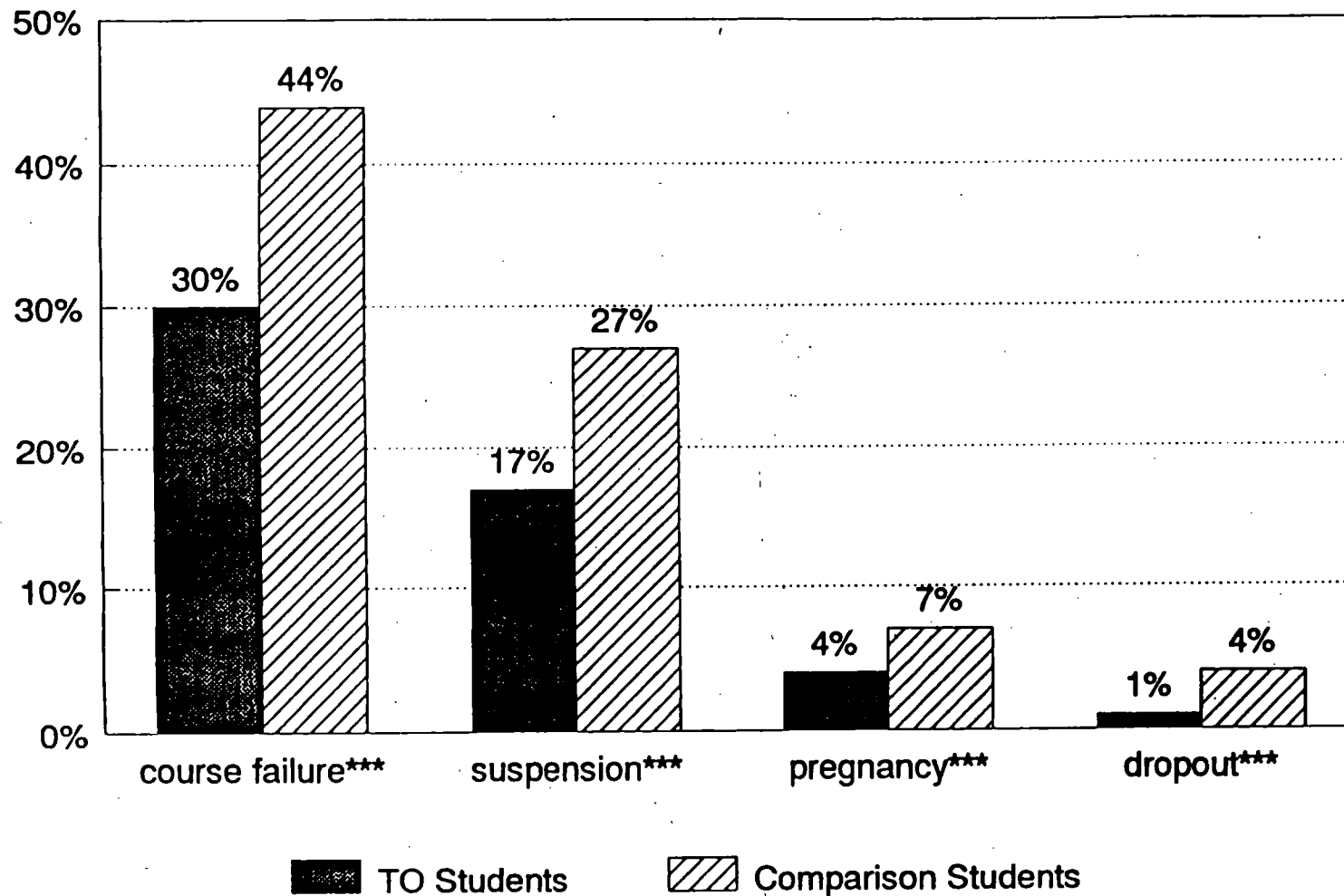
This research has also shown that the following are NOT related to the success of the program:

- ** student characteristics such as race or gender;**
- ** facilitator characteristics such as age, education, or background;**
- ** location of the program (urban or rural);**
- ** structural characteristics of the program such as whether or not it is offered for credit, whether it is after or during school.**

Thus, the results of the program seem robust in many settings and for varying audiences.

There is a trend in these data for the program to be more successful with older students. The program does have beneficial impacts on middle school students but at least in terms of the outcomes reported above, these impacts are not as consistently strong as they seem to be among older students. The program is currently developing a revised curriculum to be used with middle school students.

**DATA FROM THE RANDOM ASSIGNMENT SAMPLE
1988-89 to 1990-91**



***Participation in Teen Outreach is significantly related to lower rates of this behavior after controlling for race, gender, grade, mother's education, living arrangement and the pre-program level of each of these indicators. Note: (The significance level of Teen Outreach participation on pregnancy rates is .06)



FACT SHEET

TEEN OUTREACH PROGRAM

Evaluating Why and How the Teen Outreach Program Works:

Years 3 - 5 of the Teen Outreach National Replication (1986/87 - 1988/89)

January 1991

This report was prepared by:

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Overview and Approach

After several consecutive years of documented success in reducing rates of teenage pregnancy, and school failure and dropout (Philliber & Allen, in press), the Teen Outreach Program began broadening its evaluation in the 1986-87 school year to try to identify the critical 'active ingredients' of the program that are responsible for its unusual record of success. Our strategy has been to identify student, facilitator and program characteristics that are related to the success of Teen Outreach at its most successful sites. Because Teen Outreach is a national, multi-site program, we are able to examine in detail which sites are most (and least) effective, and use this information to learn more about how and why the program works. In short, we have taken a rare step in program evaluation research by moving beyond asking "Does it work?" to consider the more informative questions: "What works?" "With whom?" and, "Under what conditions?"

The results reported below are based upon analyses of data collected at 114 different sites nationally, from September 1986 through June 1989, involving 1950 students in Teen Outreach, and 2257 carefully matched comparison students. Outcomes for students were assessed in terms of the number of problem behaviors experienced by Teen Outreach and comparison students at a given site, both prior to entry into the program, and after participating in it for one year. These problem behaviors include school failure, school dropout, suspension from school and experiencing or causing a pregnancy. In our analyses, we are careful to statistically account for important differences between sites (such as the number of problems experienced by students prior to entering Teen Outreach), and for changes that appear to be occurring not just in Teen Outreach students but in the larger student body at a school.¹ This strategy and our initial experience in examining these questions is already being documented as the state-of-the-art in evaluation research in major scholarly journals (Allen, Philliber & Hoggson, 1990). This report summarizes what we have learned to date from our efforts to evaluate the processes by which Teen Outreach is working.

¹ This is done using a hierarchical regression model in which the total number of student problem behaviors at exit from Teen Outreach are predicted first by the number of problem behaviors at entry into the program, and second, by the change in problematic behavior which occurred from entry to exit in the *comparison* group of students at each site. Only after these effects are accounted for statistically do we consider the effect of other program features. Papers describing these analytic strategies, and results of analyses for data from individual academic years are available from the Association of Junior Leagues International, Inc.

Our evaluation efforts have been cumulative in nature, with each year's data being used to answer questions raised in prior years. What follows is a summary of what we have currently know about the conditions under which Teen Outreach is most effective, and the aspects of the program that are most closely related to its unprecedented record of success in preventing school dropout and teenage pregnancy.

Caveats

Several important caveats need to be kept in mind when interpreting these (and any other similar) process evaluation data. Our analytic strategy does not prove that program features that are related to program success at a site actually *caused* that site's success; rather our data tell us which factors are consistently associated with successful sites across the country. A second important caveat is that our approach can only detect relationships between program success and program features when a feature varies significantly across sites. Because we rely upon comparing different sites to each other, we cannot determine the importance of a feature if it is uniformly (or nearly uniformly) used across all sites. For example, if the curriculum were very consistently used at all sites, it would be virtually impossible to determine whether it was related to the success of the program. Only if we had sites that both did and did not use the curriculum very much could we determine its importance.

Major Findings

The findings presented below are divided into findings about four major aspects of the implementation of Teen Outreach: the efficacy of individual components of the program; the importance of how the program is structured; the role of student demographic characteristics; and the role of facilitator demographic characteristics.

Program Components

Volunteer service. One of the most consistent findings of three years of process evaluation efforts has been that *the volunteer component of the Teen Outreach Program appears very closely linked to its success*. Our first look at the volunteer component suggested that the number of hours spent volunteering was slightly related to program success. Since then, we have recognized that the nature of the volunteer work actually performed, and how it is received by students, appears far more important than the number of hours of work performed. Specifically, volunteer work that engages students, and that they feel they had a choice in selecting, was very significantly associated with program success. These findings are based upon *student's* descriptions of the volunteer work; facilitator's perceptions of the volunteer work were not good predictors of program success. It thus appears to be quite important to get the impressions of young people performing the volunteer work in order to determine whether the work is likely to be a

positive experience for them. Analyses of our most recent process data also suggest that volunteer work performed in human service settings was more likely to be associated with the program's success in reducing pregnancy and dropout, than was volunteer work performed in school.

Curriculum use. The extent to which individual sites used the Teen Outreach curriculum has been marginally related to the success of the program at those sites. It was in Teen Outreach programs geared toward middle school students that use of the curriculum was most likely to be related to positive program outcomes. It is possible that the curriculum does not appear to be more important in part because virtually all sites use a significant portion of it. Thus we are left trying to distinguish sites that use a lot of the curriculum with sites that use a moderate amount of it.

Classroom characteristics. *Teen Outreach classrooms in which students feel the climate is emotionally supportive and in which students (not facilitators) do a great deal of the talking were clearly associated with the success of the program.* However, these findings were strongest in middle school classrooms, and were more marginal for high school classrooms. It did not appear to matter whether students formed a strong individual relationship or bond with their facilitator...as long as the facilitator was able to create a classroom environment in which students were not worried about being "put down" and could discuss fears and uncertainties.

Program Structure

We have repeatedly asked whether it makes a difference whether Teen Outreach is offered during vs. after school, and whether it is offered for credit, or as a not-for-credit extracurricular activity. No effects of these structural features have ever been detected. A marginal relationship was found in one year for the program to fare better in small to medium-sized towns than in large urban areas. However, given that the program has remained clearly successful even in years in which it was predominantly offered in large urban centers, it is clear that this is not an important factor related to the program's success. Thus far, therefore, *Teen Outreach seems robust, in that where it is offered has not been significantly related to its success.*

Characteristics of Students

We have examined numerous characteristics of the students who participate in Teen Outreach. Across different sites, a wide range of students participate in the program. *Student characteristics which are not related to the success of the program include students' gender, racial or ethnic status, and socio-economic status.* There has been some evidence to suggest that the program may be more effective with students who are from single-

parent families, although this effect appears slight.

The one student characteristic that did appear related to program success in our evaluations was age. *Teen Outreach has appeared to be most effective with older children.* Evidence thus far supports the conclusion that the Teen Outreach program is successful with younger (e.g. middle school) students when the classroom portion of the program functions well. However, it should be noted that these findings are based upon evaluations of the program in the years in which it was first being offered to large numbers of middle school students, and thus may not have yet been as refined to the needs of that age group as it was to those of high school-age students.

Facilitator Characteristics

In trying to identify characteristics of the most effective Teen Outreach facilitators, we have had relatively little success thus far. Although there has been some slight signs that facilitators who were more educated, and who had more children of their own may have lead slightly more successful programs, *the findings indicate that facilitators of all races, with a wide range of levels of education, and from very different backgrounds have successfully lead Teen Outreach programs.*

Conclusions

The three years of process evaluation findings summarized above complement the nationally recognized efforts evaluating the outcomes of the program (Philliber & Allen, in press) by providing a tremendous amount of information about *how* and *why* this innovative prevention program works. Using data from later years of the program replication, we are now beginning to examine more intensively the aspects of the program which have appeared most promising thus far. Although this report summarizes only our initial efforts at evaluating the processes by which Teen Outreach works, the amount of information provided is virtually without parallel among innovative prevention programs, or even among human service programs in general. As a result of these efforts, we now have strong evidence of the value of volunteer community service for young people, as well as important information about the structure of the program in which this service should optimally be imbedded. These findings not only guide the further development of the Teen Outreach Program, but also yield valuable insights about the critical ingredients of successful preventive interventions with youth in our society.

RESOURCES

Teaching Tolerance includes articles, activities and suggestions to help teachers help students learn from and value the diversity in their communities. Published twice yearly by the Southern Poverty Law Center, the magazine is free to educators. To order a copy write to:

Teaching Tolerance
400 Washington Avenue
Montgomery, AL 36104

A Portrait of Young Adolescents in the 1990s: Implications for Promoting Healthy Growth and Development by Peter Scales Ph.D. describes adolescents' developmental needs, trends and forces

affecting adolescents in the 1990s, and the implications of these trends for policy and program planners. For those new to youth work, this is a comprehensive and enlightening guide. It also offers program planners and experienced educators up-to-date data and information about comprehensive approaches to promoting youth development. For ordering information, contact :

The Center for Early Adolescence
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TEEN OUTREACH

NEWS

Volume 3, Number 2

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Winter 1994

THE TEENS IN TEEN OUTREACH

by Ann Collins
and Laura Colin Klein

What is Teen Outreach all about? To facilitators, program coordinators, researchers and funders it's experiential education and volunteer service. However, to participating teens, Teen Outreach means something more personal.

To students in the program, Teen Outreach means change: change in the way others perceive them and change in the way the teens see themselves. Through volunteer work and relationships with caring adults, TOP provides new learning experiences. Students learn about taking risks which pay off, taking on responsibility, and feeling good about themselves.

Such responses to TOP were universal among the current and former TOP students who were interviewed for this article. Despite age, race and cultural differences (the 12 students interviewed included African Americans, whites and Hispanics from Georgia, Texas, Minnesota and California, an 11-year-old 7th grader and an 18-year-old mother with a two-year-old child), all shared common experiences in the program. The following describes the key components of TOP from the students' point of view. (Also, see box on page 5 to learn what the students liked about their programs.)



TOP students and a Junior League member volunteering at a child care center in Longview.

Risk-Taking Required

Most of the students interviewed had never done volunteer work before participating in TOP. They joined the program out of curiosity and as the result of encouragement from teachers, counselors or older peers. One thing students quickly discovered was while volunteering can be rewarding, it also requires some personal risk. In San Fernando Valley, CA, continuation high school students are required to apply to agencies to volunteer. Though these students understood that this process helped them learn valuable job-seeking skills, some commented about feeling anxious and afraid of rejection by the agencies to which they were offering their services. Students were also nervous about their actual volunteer work, despite preparation and training they may have received in class. One Longview, TX high school student who works in a child care center explained, "When I first went in the kids weren't sure if they wanted to approach me, but by the end of the first time, they had warmed up to me." Another student from California noted similar apprehension when describing her first day at an

elementary school. She also described how little time it took for this nervousness to fade, saying, "On my first day they gave me a button that said 'VOLUNTEER' and had me sign in in case of an emergency. At first, I was kind of nervous, but then I adjusted really well."

Learning Life and Work Skills

Most of the TOP students interviewed coincidentally worked with students in lower grades or helped out at child care centers. To many this meant practicing new skills and taking on new obligations. One Atlanta high school student who worked on a craft project with sixth graders commented that it is "important to be patient when working with younger kids." "And," stated a San Fernando Valley student who works at a child care center for special needs children, "It's a lot of work. You try to be a role model for the younger kids; you have to behave better. You wouldn't want to take out a cigarette because you wouldn't want the kids to do that. You need to teach them right and wrong."

(continued on page 5)

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NATIONAL OFFICE NEWS

EDITOR'S NOTE

Teen Outreach coordinators and facilitators -- the National Office wants to hear from you. One reason for reviving the *News* was to increase the exchange of information between sites. This will only happen if you WRITE. Please send letters to the editor, questions to the editor, updates and/or 'how-to' ideas that you think other Teen Outreach communities might want to read. Send all letters to:

Laura Colin Klein, Editor
Teen Outreach News
 AJLI
 660 First Avenue, 2nd floor
 New York, NY 10016
 (212) 683-1515

League members can also write through E-Mail on AJLI's BBS!

UPDATES

The Evaluation

Philliber Research Associates has officially closed the intake data set for all programs outside California which started in Fall '93. THANKYOU to all facilitators participating. We realize the evaluation involves some extra work but think the information you will gain is worth this effort. All who are participating should have received Intake Reports describing your Teen Outreach and comparison students. Those who have not resolved intake data problems should call Scott at Philliber Research Associates collect ((914) 626-2926) to clear up these issues so you can get your reports.

The Curriculum

Yes, Teen Outreach facilitators. Units 6-8 really do exist. These sections cover adolescent growth and development, relationships and planning for the future. They are under review by educators around the country so that we can provide you and your students with appropriate information and engaging exercises. We hope to send California and Community Model

facilitators, who are testing the new curriculum, drafts of the remaining units by mid-March.

The Logo

Keep your eyes open for TOP's new look! Despite a few false starts, Teen Outreach will have a new logo by summer. Our designer has come up with an idea that our test audience seems to like. Next steps are typeface, color and eventually new letterhead, etc.

Those of you who have lots of material with our existing logo should not worry. We expect a phase-in year during which both logos will be in use.

National Training Dates

This year we are planning a national training session in northern California on June 24-26. This session will be in San Francisco or Sacramento. We will train new facilitators and program coordinators and retrain facilitators who have been using the first Teen Outreach curriculum. Community model coordinators have been given the opportunity to hold their workshop concurrent with this session.

The national office also has plans to sponsor a second facilitator training on August 19-21 in the Los Angeles area.

Additionally, as last year, facilitator trainers will schedule site visits to accommodate communities with many facilitators to train and facilitators who cannot attend national training sessions. Look for more information by April.

The Credit Survey

"Continuation credit would be an incentive to attend facilitator training" was the favorite response of the 25 facilitators who attended training last summer and responded to the Facilitator Training Credit Survey administered during the fall. Based on this, we are pursuing accreditation from a college or university for our facilitator training. So far we have learned that most colleges and universities only provide credit for trainings *they* sponsor; however, we do have one lead. If you have any ideas that might help us, please call or write.

NATIONAL YOUTH SERVICE DAY

START PLANNING NOW!!

On April 19, 1994 Youth Service America and many other national organizations will sponsor the seventh annual National Youth Service Day (NYSD).

As in previous years thousands of young people across the country will participate in serving their communities. NYSD is a signature event to celebrate the contributions that youth throughout the country make on an ongoing basis.

Participation is simple. Just do what you and your organization do every day to serve your communities - but on April 19th, do it along with the rest of the nation!

You may also want to host a city-wide youth forum or plan a special service project inviting celebrities, local officials, and the media.

Whatever you do decide, we would like to know. Tell us about your projects (and send us photos) so we can feature them in the next issue of *Teen Outreach News*.

THE TEENS IN TEEN OUTREACH (cont. from pg 1)

In addition to learning about handling such responsibilities, students also gained insights into their own teachers' jobs. A Minneapolis 7th grader learned some realities of the world of work when he volunteered for what turned out to be a "boring" project grading younger students' homework. This student, who also tutored elementary school students, explained something about educating children that experienced teachers know; "The students often already know the answer," he said "You just have to show them they know."

"Nothing in this world is perfect. But Teen Outreach, with the volunteering and the group discussions is pretty near perfect," concluded one student.

Gaining Respect from Adults

Teen Outreach offered students the chance to develop new types of relationships with adults. It was clear that most students felt that their facilitators treated them with kindness and respect. Receiving individual attention was one thing that students valued most. As one noted, "They get involved with you; you're not just another number."

In describing relationships with facilitators, students stated how important it was for them to know that they could talk about anything with these adults, including problems at school, issues at volunteer sites, and concerns about relationships with family and friends.

Facilitators were not the only adults related to the program to demonstrate their respect for students and help students see themselves in a new role. When describing their experiences at elementary schools, more than one student proudly explained, "The teacher really counts on me."

Other students have also formed strong relationships with program coordinators. This is especially true in the San Fernando Valley where the coordinator has set up a student council. While students in this group enjoyed the opportunity to meet with peers in different schools, they also appreciated the chance to speak casually and "hang out" with the coordinator. For

one student, being asked to participate on this council was one of the most valuable aspects of Teen Outreach. She explained, "It really meant something to me when my coordinator said, 'Please, I need your help.'"

The Little Things Matter, But Volunteering Is the Greatest Reward

Many TOP students who had not typically received much positive recognition from adults in their lives commented on the importance of the little rewards that they earned in TOP, like T-shirts which Atlanta students get only after working on Teen Outreach for the full year, and sodas which students in Minneapolis get after especially hard work. But even more meaningful, noted many, were the rewards they received from the children they were helping, which included smiles, hugs and handmade birthday cards.

These students repeated that volunteering was the best part of TOP, and many wished for the opportunity for more volunteer work. As the Longview student cited earlier said, "One of the most rewarding things is to get to help out with the kids. It's fun to make them laugh."

Summing It All Up

When asked what they had learned from TOP, students described the changes they saw in themselves, including enhanced self-esteem and a sense that as Teen Outreach students, more was expected of them.

When asked what they would tell friends about TOP, one San Fernando Valley student explained, "I would tell them, 'This is how it is and what it has done for me. It might not be the same for you, but you'll see how much fun it is and how much you learn. You're going to need what you learn later on, so you should give it a chance.'"

Concluded one student, "Nothing in this world is perfect. But Teen Outreach, with the volunteering and the group discussions is pretty near perfect."

Ann Collins, a program coordinator for the Child Care Action Campaign, was formerly on staff at Teen Outreach.

WHAT STUDENTS LIKE

Working with Children

Being Treated with Respect

Talking Freely to Facilitators

Being Asked to Take on Responsibility

Pursuing Personal Interests

Participating in Meaningful, Challenging Volunteer Work

Making Friends with Other TOP Students

Talking About Important Issues

Participating in Group Projects and Fun Trips

WHAT STUDENTS DON'T LIKE

Exercises Repeated in Other Classes (Like Health)

For Some Programs, Not Enough Volunteering

For Some Programs, Not Enough Group Discussions

Some Volunteering Can Be Boring

Occasional Lack of Support from Other Students

COMMUNITY MODELS \$ AND NEWS

Roanoke

Roanoke TOP leads the way in earning funding. The Better Beginnings Coalition of Roanoke Valley donated \$500 in seed money in January '93. In August, The Seay Foundation of NationsBank contributed \$4,500 for training costs. And in January '94 the program received \$1,000 from The March of Dimes. Project director Cheri Hartman has been persistent in her efforts to fund the program. A proposal is also under consideration by the United Way.

Atlanta, New Orleans & Seattle

The Junior Leagues of Atlanta and New Orleans have also recently been awarded grants to support their programs. In December '93, New Orleans won a \$4,800 Serve America grant (see box). And, in October, Aetna awarded \$2,500 to an Atlanta proposal written by committee members Leah Horton and Debbie Mann to support Teen Outreach at a third school. Additionally, Seattle has received funds for the third year from U.S. West.

Reno

Other exciting news comes from the JL Reno which won approval to implement TOP during school. After the School Superintendent and Curriculum Director gave their support this fall, League members Ruth Ann Walsh and Mary-Ann Brown sold the principal at Vaughn Middle School on a pilot program which began in January '94. If all goes well, there will be more TOP classes at Vaughn next year.

Charleston & Bronxville

On an operational note, community models are supporting teens in challenging volunteer work. In Charleston WV, TOP high schoolers volunteer every week at the Kanawha Valley Sr. Services Day Care Center. At the same time this fall, these students planned, organized and carried out a gift drive and special assembly for babies of welfare mothers. And, in Mount Vernon, NY, JL Bronxville members helped middle schoolers organize holiday parties at three different child care centers.



New Orleans TOP students participate in a food drive.

WINNING SERVE AMERICA FUNDS

On December 3, 1993, the JL New Orleans won a \$4,800 Serve America grant to expand the city's Teen Outreach Program. The following describes the application process for Ann Thompson, the League's TOP chair, and the lessons she learned.

Learning About Serve America

Thompson first heard about the National and Community Service Act and Serve America from her League's Public Affairs Committee and during an AJLI workshop in spring '92. In June '92 Thompson sent information about New Orleans' TOP to Louisiana Serve and asked for an RFP.

Getting In The Loop

Thompson's request arrived before RFPs were developed. After a one-year hiatus from active work on TOP, Thompson met with contacts in and outside the League to discuss the program. During these meetings she tried to learn about Serve America. In September '93, this networking paid off when Thompson heard about an RFP conference on October 4th.

Writing The Proposal

Proposals were due on November 10. Thompson met this deadline by using resources available through the League and a "generic grant" from AJLI. The State required applicants to write 12

double-spaced pages on program goals, objectives and operations; program participants; sponsor's capacity; program benefits; and to include a budget.

Thompson estimates that she and fellow League member Leslie Cooper spent 30 hours on the proposal. They received advice from State Public Affairs Chair Charlene Walk who is an experienced grant writer. Thompson knew that grants would be limited to \$5,000 so she was careful to request only \$4,800 for training an additional facilitator, incentives for students at one new school, and the services of a program coordinator on a consulting basis. The League, AJLI, and the School District signed off on the proposal.

Lessons Learned

Thompson attributes her successful application to a few factors: **Persistence**, necessary to learn about the application process; **Networking**, making contact with individuals associated with Louisiana Serve, and **Sticking to the Rules** so that the application would be considered.

During this experience, Thompson learned a lot about fundraising which will help her pursue additional grants. In fact, Thompson already has plans for contacting Chevron Inc. to see if they might be interested in being the program's next outside funder!

CALIFORNIA FUNDERS AWARD \$\$\$ FOR TOP

Proposals to major California foundations have yielded great results for Teen Outreach statewide and helped secure the state structure for the program through Fall '96.

The **California Wellness Foundation** contributed the majority of these funds, awarding Teen Outreach \$615,000 in October '93. This money is to be used through September '96 to develop statewide infrastructure and capacity to support implementation of TOP in a total of 14 communities. Under this grant, state coordinators Jan Kern and Suzane Henderson will also work towards developing a longer term funding plan for California TOP.

Support for ongoing state-level operations has also been provided by the **James Irvine Foundation** which awarded TOP \$50,000 in October '93 to be used during calendar '94.

The **Luke B. Hancock Foundation** awarded a grant of \$57,449 for pass-through funding to community-based organizations which will partially support district programs in Fresno, Daly City, and Sacramento during the '93-'94 school year.

Since 1991, the **Stuart Foundations'** support, which has included three grants, has enabled AJLI to research state model feasibility, develop infrastructure, and start the program in eight school districts.

CALIFORNIA NEWS

The eight new California Teen Outreach sites have found innovative ways of implementing the program in their communities and schools. The following is a snapshot of four of these programs. The other four programs (located in Fresno, Fullerton, Sacramento, and Whittier) will be profiled in the Spring issue of *Teen Outreach News*. Please call AJLI state coordinators Jan Kern (310) 454-1831 and Suzane Henderson (916) 961-5549 for more information.

Daly City

Partners: Serramonte High School, Volunteer Center of San Mateo County

Teen Outreach is integrated into weekly classes for 200 students at Serramonte High School, a school serving only 9th and 10th grade students. The school is modeled on "Improving Schools from Within" by Roland Barth who defines a school as a 'Community of Learning.' One goal of restructuring Serramonte High is to provide students with opportunities to explore community issues and careers through volunteer service.

Riverside

Partners: School District, Volunteer Center of Riverside, JL Riverside

Targeted at high-risk youth, this program meets in one high school and one continuation school. Students' volunteer placements include work in an on-site child

care center at one of the schools, making quilts for AIDS babies, and assisting Humane Society efforts to relocate animals found after Southern California's Fall fires.

San Fernando

Partners: School District, Volunteer Center of the San Fernando Valley, JL Los Angeles

TOP is in eight senior high options (continuation) schools and one middle school and reaches approximately 200 students. The program has an active Student Council with representatives from all participating schools. High school students set up their own volunteer activities using information and assistance from the program coordinator. Placements this year are at elementary schools, child care centers and housing projects.

Tuolumne

Partners: County Office of Education, Amador-Tuolumne Community Action Agency, YES-Community Health Alliance

Implemented across three school districts, Teen Outreach is incorporated into life-skills classes for 90 middle schoolers. Twenty-five high schoolers are also participating at the Regional Occupational Program. Students have done volunteer service work to protect the environment in this rural county. To date projects have included restoration of a historic cemetery, recycling, and creating a community garden to feed homeless people.

San Fernando Valley TOP students talk about the program outside their school.



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Teenage Pregnancy



DEVELOPING LIFE OPTIONS

PREVENTING ADOLESCENT PREGNANCY

Model Programs and Evaluations

Brent C. Miller
Josefina J. Card
Roberta L. Paikoff
James L. Peterson
editors



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Life Options and Community Service

Teen Outreach Program

SUSAN PHILLIBER
JOSEPH P. ALLEN

Introduction

Teen Outreach is a school-based program for adolescents that was designed originally to prevent early pregnancy and to encourage regular progress in school. The program seeks to reach its goal through a combination of small group discussion strategies using its own curriculum and by providing volunteer service experience in the community for its young participants. It is, in other words, a program in the "life options" tradition of teen pregnancy prevention programs (Dryfoos, 1990; Hayes, 1987) and a program that has amassed several years of evaluation data showing positive results.

AUTHORS' NOTE: Teen Outreach and its evaluation are funded by the Charles Stewart Mott Foundation, the Lila Wallace-Reader's Digest Fund, and other foundations. We are grateful for their support. The program is coordinated by the Association of Junior Leagues International, to whom the authors express appreciation for their support and assistance in gathering these data. The authors also wish to thank Kathy Arnold and Merry Oakley of Philliber Research, who have patiently coded, computer-entered, and processed these data. Most important, we wish to thank the Teen Outreach facilitators and their Junior League colleagues from throughout the United States and Canada who have gathered the data and run the programs that made this evaluation possible.

In 1981, the Junior League of St. Louis assumed a major role in promoting and funding the Teen Outreach program, which had begun in 1978 as a collaborative effort between the Danforth Foundation and the St. Louis Public Schools. In 1983, funding was obtained from the Charles Stewart Mott Foundation to begin a 3-year national replication of Teen Outreach. By 1987, a second 3-year national replication effort began under the direction of the Association of Junior Leagues International, in cooperation with the American Association of School Administrators.

Teen Outreach has maintained a nationwide evaluation system to monitor program outcomes since 1984. This chapter reports the data produced by that system, with special emphasis on data from the fifth year of this monitoring, the 1988-1989 school year. This latter year is emphasized because it is the most recent for which analysis is complete and because it was the first year in which the program had any substantial number of teens who were assigned randomly to the program or control groups for evaluation. In addition, however, the chapter compares these last year results with those from the other four years of evaluation in order to make clear the general pattern in program outcomes for Teen Outreach.

Program Components

Teen Outreach is a school-based program that is most often run through the collaborative efforts of a local Junior League, local school personnel, and, when the League is not the funder, a local funder as well. The program has two main components: use of a curriculum in small group discussion sessions led by a facilitator, and involvement of young people in volunteer service in the community.

The curriculum and volunteer service are the core components of Teen Outreach and are shared by all its sites nationwide and in Canada. Beyond these commonalities, however, are variations in program implementation, shown in Table 6.1. Most Teen Outreach programs are offered after school hours, with about one third offered during school; slightly less than half are offered for credit.

The students in Teen Outreach meet at least once per week throughout the school year and engage in discussions on such topics as understanding themselves and their values, communication skills, human growth and development, issues related to parenting, and family relationships and community resources. While the curriculum does contain

Table 6.1 Selected Variations in the Teen Outreach Program Among Sites: 1988-89

<i>Percentage of Programs Offered</i>			
During school	31%	For credit	46%
After school	69%	No credit	54%

<i>Curriculum Unit</i>	<i>Reported Coverage of Unit</i>			
	<i>None</i>	<i>A Little</i>	<i>A Lot</i>	<i>Almost All</i>
Orientation	6	31	23	40
Volunteer experience	6	31	34	28
Understanding yourself	0	11	51	37
Values	3	31	34	31
Life planning	8	26	43	23
Communication	6	28	37	28
Life pressures	11	23	23	43
Family	6	31	34	28
Relationships	6	20	37	37
Growth/development	23	40	14	23
Parenting	28	31	23	17
Issues in parenting	28	43	11	17
Community resources	20	43	26	11

some traditional sex education information, this is not its primary emphasis. In fact, as the data in Table 6.1 show, the curriculum units on these topics are covered less thoroughly by facilitators than are other topics.

The style of the curriculum is to utilize group discussions and activities that are facilitated rather than taught. The best facilitators in the program become mentors and friends for their Teen Outreach students and create a support-group environment in which students are assured of understanding and confidentiality from both peers and the facilitator. Facilitators for the program often receive training at the annual national Teen Outreach conference, in which a variety of workshops are held to acquaint them with the structure of the program, its curriculum, and the facilitator style that the program seeks. Some facilitators have been trained by those who have been running the program in their local areas or by personnel from the Junior League.

The volunteer activities in the program vary widely in their settings and tasks, reflecting variations in community needs and in the ages and

Table 6.2 The Growth of Teen Outreach, 1984 to 1990

<i>School Year</i>	<i>Students</i>	<i>Cities</i>	<i>Sites</i>
1984-85	148	8	9
1985-86	444	16	24
1986-87	632	15	35
1987-88	782	14	44
1988-89	1028	28	60

circumstances of the Teen Outreach students. These activities are most often coordinated by the local Junior League and have included work in hospitals and nursing homes, participation in walkathons, work at the school itself, tutoring for younger students, and many other types of work.

Teen Outreach sites do not all offer the same number of classroom hours or the same number of volunteer hours for each student. The minimum standards at Teen Outreach sites are that students should meet for 1 hour per week for a year and that each student should perform a minimum of 1 hour per week of volunteer work.

Characteristics of Teen Outreach Students

Table 6.2 shows the growth of Teen Outreach since 1984. The number of Teen Outreach sites increased from 9 in the 1984-85 school year to 60 in 1988-1989. During the same period of time, the number of students enrolled in the program increased by almost seven-fold, to over 1,000 in the 1988-1989 school year. Teen Outreach has always been located in geographically dispersed areas of the United States. The first Canadian site was added in the 1985-1986 school year.

Local Teen Outreach sites range in size from 5 students in Bristol, Rhode Island, to 23 students in Charlotte, North Carolina. Middle schools, junior highs, and senior highs all serve as sites for Teen Outreach. The average Teen Outreach site enrolls 15 students in a single section of the program.

Teen Outreach students enter the program in a variety of ways. At most schools, they volunteer to participate, responding to announcements of the program on posters or in the school media. At other sites,

students are sought out by the Teen Outreach facilitators or by school counselors because they are believed to be "high risk" for school leaving or pregnancy. At still other schools, facilitators seek out students who are not yet exhibiting negative behaviors but who could become high risk. Table 6.3 shows the characteristics of the national sample of Teen Outreach students and their comparisons in 1988-1989. Data for each of the 5 years of evaluation show similar characteristics.

Over 75% of those enrolled in Teen Outreach nationwide are females. They range in age from 11 to 21, with an average age of 14.9 years. A similar range occurs in grade level, with students as young as the fifth grade and as old as high school seniors. About 40% of the Teen Outreach students are black, another 40% are white, and 13% are Hispanic. Those in other race/ethnicity groups include mostly Native Americans and Asians.

About 41% of these young people come from nonintact families, and about a fifth have mothers and fathers with less than a high school education. Much variation exists in the socioeconomic level of the families of Teen Outreach students, however, since almost 30% of their mothers have at least some college education. In each year of the evaluation, the Teen Outreach and comparison students have been generally well matched on the characteristics shown in Table 6.3. In 4 out of the 5 years, however, some variables were not matched. For example, in 1988-1989, students in Teen Outreach were significantly more likely than their comparisons to be female. In Years 3 and 4, more Teen Outreach students than comparisons came from nonintact families, and in Year 1, Teen Outreach students came from school grades lower than did the comparison students. In each year's analysis, these differences were controlled in the multivariate analyses, as will be illustrated below.

The Evaluation Design

The evaluation design for Teen Outreach relies on the utilization of common reporting forms at all sites. Each site recruits a local comparison group at the beginning of the school year, preferably using true random assignment procedures. When this is not possible, the comparison students are generally named by the program participants as young people they know who might have filled out the intake form "about like you did." In 1988-1989 five sites were able to use randomization

Table 6.3 Demographic Characteristics of Teen Outreach and Comparison Students: 1988-89

Characteristics	Teen Outreach Students		Comparison Students	
	N = 495	% = 100	N = 490	% = 100
Sex				
Male	116	23.6	159	32.5
Female	375	76.4	330	67.5
Age				
11-13	52	10.6	61	12.5
14	144	29.5	142	29.0
15	143	29.2	131	26.8
16	80	16.4	82	16.8
17	52	10.6	47	9.6
18-21	18	3.7	26	5.3
Average		14.9		14.9
Grade				
5-7	32	6.5	46	9.4
8	70	14.3	53	10.9
9	169	34.3	182	37.5
10	105	21.4	100	20.5
11	73	14.9	60	12.3
12	42	8.6	46	9.4
Average		9.5		9.4
Sibs				
0-1	163	33.2	145	29.7
2-4	229	46.6	245	50.2
5 or more	99	20.2	98	20.1
Average		2.8		2.9
Race				
Black	197	40.1	191	39.1
White	199	40.6	209	42.7
Hispanic	66	13.4	62	12.7
Asian	3	0.6	6	1.2
Native American	23	4.7	17	3.5
Other	3	0.6	4	0.8
Lived with				
Mother and father	288	58.8	281	57.6
Mother only	171	34.8	161	33.0
Father only	9	1.8	9	1.8
Guardian	10	2.0	13	2.7
Other arrangement	13	2.6	24	4.9
Mother's education				
Less than high school	99	20.3	85	17.5
High school graduate	181	37.0	173	35.6
Some college	89	18.2	89	18.3

Table 6.3 Continued

<i>Characteristics</i>	<i>Teen Outreach Students</i>		<i>Comparison Students</i>	
	<i>N = 495</i>	<i>% = 100</i>	<i>N = 490</i>	<i>% = 100</i>
College graduate plus	52	10.6	74	15.2
Don't know	68	13.9	65	13.4
Father's education				
Less than high school	83	16.9	75	15.4
High school graduate	147	30.0	140	28.8
Some college	64	13.1	64	13.1
College graduate plus	63	12.9	93	19.1
Don't know	133	27.1	115	23.6

NOTE: **Difference between the Teen Outreach and comparison students is statistically significant at $p < .01$. The totals vary somewhat from 495 (Teen Outreach students) and 490 (comparison students) due to missing information on some variables.

procedures to assign students to their Teen Outreach or control groups. This chapter presents data separately for these five randomized sites, as well as for the total program samples in each year.

The evaluation of Teen Outreach has always monitored the following outcome variables for both program students and their comparisons: school suspension, failure of courses in school, dropping out of school, and pregnancies.

In 1988-1989, data were also gathered on arrests, skipping school, use of alcohol or marijuana, having sexual intercourse, using contraception when sexually active, joining after-school activities, getting an award, getting on the honor roll, and educational aspirations.

These outcomes were added to produce a fuller picture of other impacts that Teen Outreach might be having on young people and to include some positive outcomes to those already monitored.

The evaluation is thus somewhat demanding for a school-based program of this kind, in that it measures almost exclusively behavioral outcomes, neglecting the traditional emphasis on participant testimonials, knowledge change, or attitude change. The evaluation system for Teen Outreach seeks to report outcome measures on these variables at the end of the school year for all students originally enrolled in the program, regardless of their attendance at the program or their volunteer work patterns. Data are collected, however, on how much exposure to Teen Outreach each student receives.

Table 6.4 Information on the Evaluation Samples

Year	Total Number of Sites	Sites Participating in Evaluation	Percentage Loss to Follow-up Between Intake and Exit*	# Teen Outreach Students	# Comp Students
1984-85	9	9	10.2	151	151
1985-86	24	22	4.0	444	542
1986-87	35	35	3.8	632	848
1987-88	48	44	5.8	823	912
1988-89	60	35	10.1	495	490
1988-89 Random assignment sample	5	5	0.0	79	89

NOTE: * Among participating sites.

Table 6.4 shows how many of the Teen Outreach sites in each year participated in the evaluation and the rates of loss to follow-up in each of these years. When the number of Teen Outreach sites was small, every effort was made to ensure full participation in the national evaluation. As the number of sites has become larger, participation in the evaluation (which must, of course, be voluntary) has been less, even while the actual number of students on whom data are available continues to grow. Only in the 1988-1989 school year was the participation rate in the evaluation worrisome. This lower participation rate was most probably due to the difficulty of maintaining communication with the rapidly growing number of sites participating in Teen Outreach. Unfortunately, it is not possible to tell how sites that participate in the evaluation may differ from those that do not. A 5-year comparison of the characteristics of students in the program for whom data were reported in the evaluation, however, demonstrates little change. A random sample of about one third of the program sites has been chosen in 1990-1991 to participate in the national evaluation.

For sites that have furnished evaluation information, loss to follow-up between program intake and exit has been acceptably low. This rate has not risen above 10.2% and in most years has been considerably lower. The rate of loss is slightly higher among comparison students than among Teen Outreach students, as might be expected.

Since the sample size in 1988-1989 permitted such an analysis, the demographic characteristics of Teen Outreach students who were lost were compared with those same characteristics among the comparison students who were lost. Age, gender, race, parents' education, or family intactness did not differ, but the two lost samples did differ in two other ways. The lost Teen Outreach students were more likely to have received awards in school in the previous year than were the students from the comparison group who were lost. Also, the lost Teen Outreach students were less likely to report being previously suspended than were the lost comparison students. Since overall loss was so low, these differences are unlikely to affect the conclusions reported here. Also, these variables on prior status of Teen Outreach and comparison students are controlled in relevant analysis.

Risk Factors at Program Entry

Table 6.5 shows the baseline or program entry measures of program outcomes for students in the 1988-1989 sample. Again, these data are similar across all 5 years. It is important to examine these factors as they appeared when the Teen Outreach and comparison students entered the program year in order to (a) describe the kind of population being served by Teen Outreach, and (b) ensure that these are indeed two well-matched groups of students.

In the year before entry into the program, over 4% of the Teen Outreach students had already been pregnant at least once. Over 17% of them had been suspended, and 5% of them reported having been arrested. Almost 40% reported failing courses in the year before the program began, and more than 30% had skipped school. More than a third had used alcohol or marijuana during the past month, and more than a fifth had had intercourse during that month. Only 41% of those having had intercourse had used any form of contraception.

On the positive side, almost 60% said they had received some kind of an award. Slightly more than a fourth were on the honor roll in the previous year. Virtually all the students asserted at the beginning of the school year that they intended to complete both high school and college, an overstatement of likely achievement.

Again in each year of the evaluation, one or another of these factors has not been perfectly matched between Teen Outreach and the comparison groups. For example, in 1988-1989, the Teen Outreach students

Table 6.5 Status of Teen Outreach and Comparison Students at Intake: 1988-89

<i>Characteristics</i>	<i>Teen Outreach Students</i>		<i>Comparison Students</i>	
	<i>N = 495</i>	<i>% = 100</i>	<i>N = 490</i>	<i>% = 100</i>
Negative Behaviors				
Ever been pregnant or caused a pregnancy	22	4.5	38	7.8
Last year ever -				
get suspended	85	17.3	86	17.6
get arrested	25	5.1	27	5.5
fail courses	190	38.8	190	39.2
skip school	151	30.9	141	29.1
Last month ever -				
used alcohol/marijuana	129	33.7	121	31.7
had intercourse	81	21.2	84	22.4
used contraception	33	40.7	47	55.9
Positive Behaviors				
Last year ever -				
get awards	283	57.9	251	51.3
get on the honor roll	126	25.7	149	30.5
Educational Aspirations				
Complete high school				
likely	480	98.0	474	97.7
unlikely	10	2.0	11	2.3
Complete college				
likely	397	81.0	387	79.6
unlikely	93	19.0	99	20.4

NOTE: *Difference between the Teen Outreach and comparison students is statistically significant at $p < .05$.

were significantly less likely than their comparisons to have been pregnant before they began Teen Outreach. Teen Outreach students were also more likely to have gotten awards prior to the start of the program year.

The Outcomes of Teen Outreach

Figures 6.1 through 6.4 show the impact of Teen Outreach on the four major outcome variables of interest: pregnancy, school suspension, course failure, and school dropout. Figure 6.1 shows the percentage of Teen Outreach and comparison students who became pregnant during

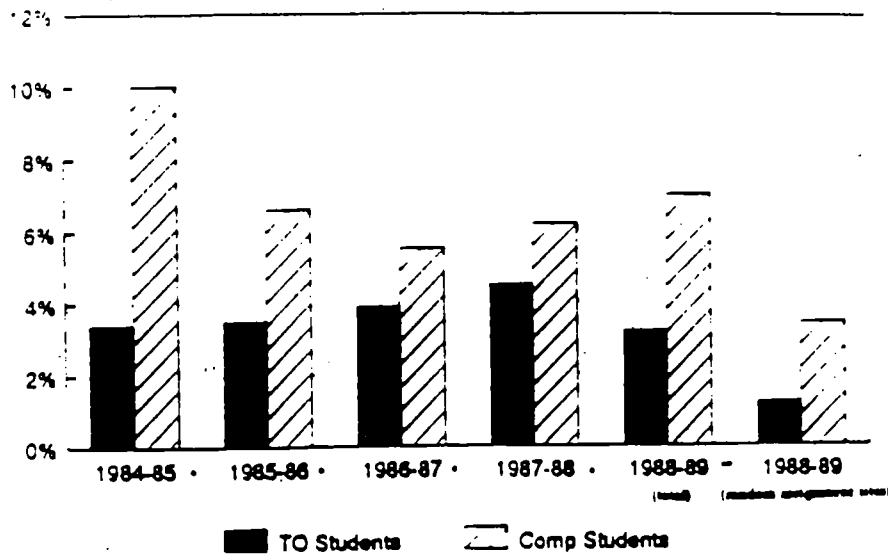


Figure 6.1. Percentage Pregnant or Causing Pregnancy.

each of the 5 program years and in the random assignment sample in 1988-1989. The percentage data shown in this figure and in the three to follow are without any controls for background differences between these two samples of students. The figure also shows, however, the results of multivariate analyses using logistic regression. In each year, grade level of the students and prior suspension history were included in the multivariate equation. In addition, other variables were introduced into these equations if the Teen Outreach and comparison students differed on the variable (e.g., gender in 1988-1989) or if the variable might confound the results (e.g., failing courses was also controlled in the suspension equation). The specific variables in each equation thus varied somewhat from year to year. The asterisks at the bottom of each year's data indicate whether participation in Teen Outreach was still significantly related to the outcome variable of interest, net of these other variables.

Figure 6.1 shows that in all six samples, Teen Outreach students had lower pregnancy rates during the program year than did the comparison students. In all but the random assignment sample (which was too small to permit analysis), participation in Teen Outreach was significantly related to having a lower pregnancy rate.

Figure 6.2 shows the percentage of Teen Outreach and comparison students who were suspended from school in each of the six samples.

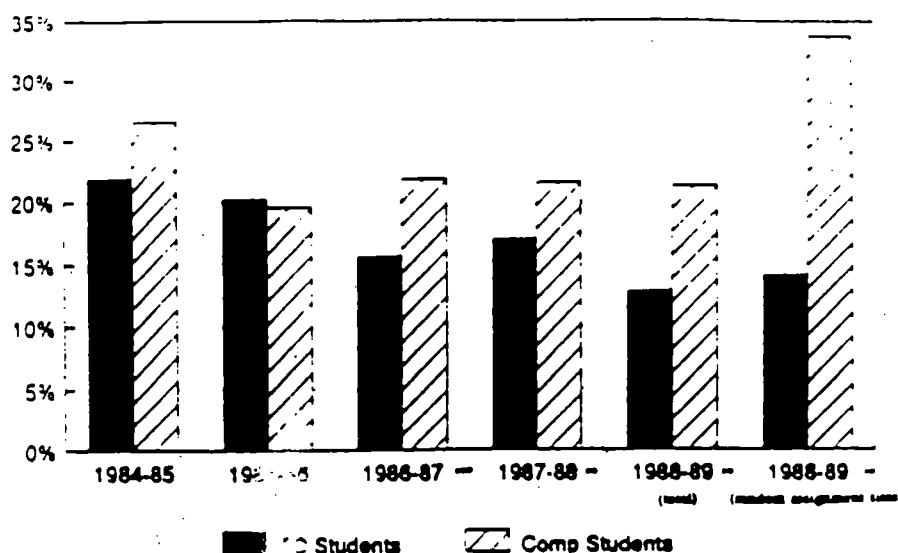


Figure 6.2. Percentage Suspended During Program Year.

In five of the six samples shown, Teen Outreach students had lower rates of school suspension than did comparison students. In four of the samples, including the smaller random assignment sample, participation in Teen Outreach was significantly related to lower rates of suspension, net of grade, prior rates of suspension, failing courses, and selected other variables introduced in a given year to control for sample differences.

In Figure 6.3, comparable data are shown for rates of failing courses during the program year among Teen Outreach and comparison students. Again, in five of the six samples, Teen Outreach students were doing better at the end of the program year. In four samples, participation in Teen Outreach was significantly related to lower rates of course failure, net of grade, prior rates of failure, and other necessary variables introduced in a given equation to control sample differences.

Figure 6.4 offers data on school leaving in the same six samples. In all six samples, Teen Outreach students had lower rates of dropping out. Again, in four samples, participation in Teen Outreach was significantly related to lower rates of dropping out when grade, pregnancy during the program year, and selected other variables were controlled.

As noted above, the 1988-1989 evaluation data set also included some additional outcomes not common to all six samples. An examination of these outcomes showed that participation in Teen Outreach was

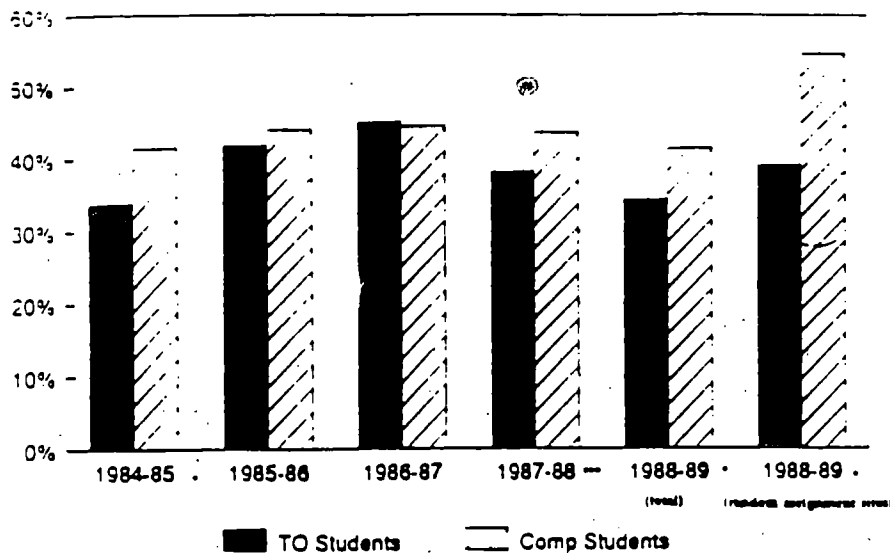


Figure 6.3. Percentage Failing Courses During Year.

significantly related to not getting arrested, skipping school less frequently, more regular use of contraception among sexually active students, getting awards, and getting on the honor roll, again net of the prior history of these behaviors and selected background characteristics. Participation in Teen Outreach was not significantly related to less use of alcohol or marijuana or to raising aspirations to finish high school, although both of these differences favored Teen Outreach students.

Correlates of Teen Outreach Success

In data published elsewhere (Allen, Philliber, & Hoggson, 1990), the correlates of successful change among students in Teen Outreach have been examined. The focus of this analysis was to assess under which conditions and for which kinds of participants this program was most successful. This analysis found that the sites that served primarily older students had lower levels of student problem behaviors at program exit, after controlling for problem behaviors at entry. In addition, programs that most fully implemented the volunteer component had greater success.

Equally important are the findings on which variables did not seem related to program success. Analysis has not found any relationship between gender of students and program success. Minority status of students is likewise not related to success, nor is parent education.

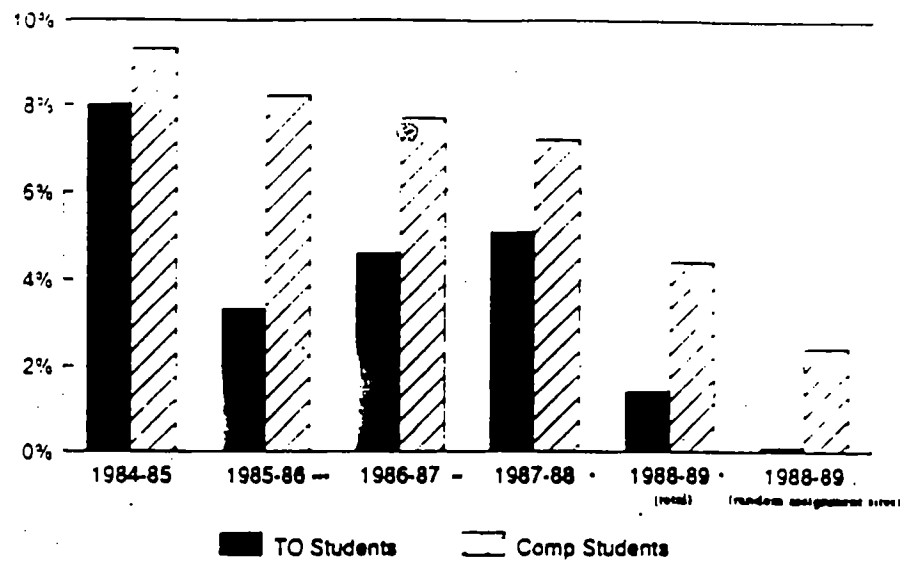


Figure 6.4. Percentage Dropping Out of School.

Several program characteristics or variations are also not related to program success. These include classroom hours, whether credit is offered for participation, whether the program is offered during or after school, and the amount of the curriculum used.

The higher success rate of the program among older students is not surprising in one sense, since Teen Outreach was created originally for high school students. On the other hand, it may be that the evaluation of the program is not currently measuring enough outcome variables appropriate to younger students.

The importance of the volunteer component is to be expected in light of current theories of empowerment and ecological development (Bronfenbrenner, 1979; Rappaport, 1987). The opportunity of young people to become help givers may indeed be an important experience in their development. Still, this research cannot demonstrate a causal link between these experiences and positive outcomes. It may be that some other factor not yet measured completely (such as a caring facilitator who works hard to provide successful volunteer experiences and who cares, in general, about his or her students) produces this finding.

It is gratifying for any program to discover that it is equally successful with both males and females and with those of different racial/ethnic groups. Similarly, for purposes of program replication, it is encouraging

to find that when the program is offered and whether or not it is attached to course credit, makes little impact on its success.

The lack of relationships between classroom hours and amount of curriculum use and program success pose interesting questions. Certainly it seems reasonable to posit that number of classroom hours should be less important than the quality of those hours. The curriculum used in the Teen Outreach program does include discussions around topics that should support the development of life options to pregnancy and other negative behaviors. The activities in the curriculum and the style in which they are offered to students, however, are intended to facilitate group bonding and trust among Teen Outreach group members and their facilitator. Thought of in that context, then, it seems likely that the sheer amount of such material used may be less important than the way in which it is delivered. Indeed, case reports from facilitators suggest that they use a variety of supplemental materials to keep their discussions timely and responsive to student needs.

Conclusions

This chapter has presented data on program outcomes in Teen Outreach from six different samples. These data were gathered over 5 different school years. Only one of these samples utilized random assignment to create a control group. Unfortunately, this was the smallest sample of the six. Still, in all of these samples, the results are similar.

Almost all of the differences between the Teen Outreach and comparison students are in the desired direction: Teen Outreach students generally had fewer pregnancies, fewer courses failed, fewer school suspensions, and lower rates of school dropout than comparison students. More important, in each of the samples, the Teen Outreach students had significantly lower rates than did comparison students in half or more of these negative behaviors, even when prior risk and background characteristics were controlled.

These are results that, to our knowledge, are not duplicated by any other program of this kind in the nation. The random assignment results obtained in 1988-1989 add yet additional strength to the conclusion that Teen Outreach is a program that works.

We hasten to add that such a positive conclusion is supported more by the weight of evidence here than by the rigor of the research procedures used in each year. In only one sample were all the Teen

Outreach and comparison students assigned randomly, and this sample is the smallest of the six, leaving too little power to detect statistical significance except in the case of the largest differences, and limiting the capacity for multivariate analysis. At many Teen Outreach sites, participants were self-selected. Also, these data are from self-reports, and future studies will need to validate these with more objective sources of information such as report cards. Still, the weight of evidence here is overwhelmingly positive.

If these effects for Teen Outreach are real (as they appear to be), the evaluation design has not yet revealed for how long they last. While some 1-year follow-up data have been gathered from subsets of the youth enrolled and their comparisons, this question of the length of effects will need further research.

Given these cautions, however, it may still be worth discussing why Teen Outreach appears to be often successful in lessening school problems and postponing pregnancy. Indeed, the program does include elements that are being recommended currently by those who have reviewed what we know about success in these areas (e.g., Dryfoos, 1990; Hayes, 1987; Mueller & Higgins, 1988).

At its heart and when it works best, Teen Outreach includes mentoring from a caring and supportive facilitator, a work experience in the community that offers both the opportunity for skill building and the opportunity to feel needed, and a peer support group atmosphere. In addition, the curriculum concentrates on developing concrete coping skills, as well as the cognitive base necessary to avoid pregnancy. These include skills in assertiveness, in decision making, in use of community resources, and in communication.

The intervention is not a "one-shot" brief program, but rather a year-long effort. In fact, many Teen Outreach students request a second year of participation. While no direct measures of such a dimension have been taken by the current evaluation system, visits to Teen Outreach sites repeatedly confirm the impression that students become proud of their membership in the group and that it comes to function as their "in-crowd" or "clique."

These characteristics of the program, taken together, would seem to account for the general success of the program. Future evaluation of Teen Outreach will focus on increasing the number of sites that can use true random assignment to create a control group, on assembling information on the longer term impacts of the program, and on continuing examination of the conditions under which the program works best.

References

- Allen, J. P., Philliber, S., & Hoggson, N. (1990). School-based prevention of teenage pregnancy and school dropout: Process evaluation of the national replication of the Teen Outreach program. *American Journal of Community Psychology, 18*, 505-524.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Dryfoos, J. G. (1990). *Adolescents at risk: Pregnancy and prevention*. New York: Oxford University Press.
- Hayes, C. (Ed.). (1987). *Risking the future*. Washington, DC: National Academy.
- Mueller, D., & Higgins, P. (1988). *Funders' guide manual: A guide to prevention programs in human services*. St. Paul, MN: Amherst S. Wilder Foundation.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*, 121-148.

Innovative Programs

School-Based Prevention of Teen-Age Pregnancy and School Dropout: Process Evaluation of the National Replication of the Teen Outreach Program¹

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Examined a program designed to prevent adolescent pregnancy, school failure, and dropout using a process model of evaluation to assess with which groups of participants and under what conditions the program was most effective. Students in the Teen Outreach Program of the Association of Junior Leagues and matched comparison students in 35 schools nationwide participated. Sites that highly utilized a volunteer service component, and sites that primarily served older students reported lower levels of student problem behaviors at program exit, after controlling for problem behaviors at entry. These findings occurred only for program youths and not for comparison youths. The connection of volunteer service to reductions in adolescent problem behaviors is interpreted in terms of helper-therapy and empowerment theories. Limitations of the analytic strategy used in this study, as well as techniques for addressing the limitations, are also discussed.

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Many of the problems that affect adolescents in our society—such as teen-age pregnancy, school failure, and school dropout—have serious consequences for adolescent development as well as substantial costs to society (Burt, 1986; Huesmann, Eron, Lefkowitz, & Walder, 1984; Loeber & Dishion, 1983; National Research Council, 1987). The high short- and long-term costs associated with these problems create a pressing need for preventive programs in this area.

Schools provide an attractive potential site for preventive interventions, given both their geographic consolidation of adolescents and the 15,000 hours students spend in formal schooling through the high school years (Weissberg & Allen, 1986; Zigler, Kagan, & Muenchow, 1982). As preventive programs are developed, however, there is a need for research that focuses not only upon program outcomes but also upon the processes by which programs produce change in participants (Gray & Braddy, 1988). In assessing program effects, action research with children and adolescents must also account for the developmental stage of program recipients (Rolf, 1985). Such research is needed to move beyond a simple catalog of programs which did and did not work and to provide a base for developing new programmatic interventions.

This study describes process-oriented evaluation data from a preventive intervention that has attracted national attention for its role in preventing school dropout and teen-age pregnancy. The Teen Outreach Program, sponsored by the Association of Junior Leagues in collaboration with the American Association of School Administrators, is a school-based program that encourages young people to perform volunteer service in their communities. The program links volunteer work to classroom-based group discussion on a wide range of issues, from human growth and development to making life decisions. The Teen Outreach Program was recently identified by the National Research Council (1987) in an extensive review of teen pregnancy prevention programs as one of only three approaches with documented effectiveness in reducing teen-age pregnancies. Four consecutive years of data on the program have indicated that it reduces teen-age pregnancy and school failure and dropout rates by approximately 30 to 50% relative to matched comparison groups of students (Philliber, Allen, Hoggson, & McNeil, 1989).

Yet, important as these initial findings are, they tell us little about which aspects of the program are important to its apparent success and under which conditions the program is most likely to be successful. The present study utilized a comparative design to move beyond the traditional evaluation focus (i.e., Did it work?) to the more informative questions: "What works best?," "With whom?," and "Under what conditions?" (Basham, 1986). Such an ap-

proach is a necessary step in moving from successful individual programs to identified principles of intervention that can be used in designing new programs and modifying existing systems.

For example, one potentially important element of the Teen Outreach Program is its emphasis upon volunteer service. This emphasis has the potential to empower students by taking them out of traditional classroom roles and giving them a chance to be help-givers rather than just help-receivers (Bronfenbrenner, 1979; Rappaport, 1987). The "helper-therapy" principle, introduced by Riessman (1965), suggests that helping other people can be therapeutic and can lead to personal growth, particularly for persons in disempowered groups. A number of programs based upon this principle have now been developed, including programs targeted at adolescents. Although the effects of these programs have not yet been systematically documented (Cowen, 1982; Harrington, 1986), the helper-therapy principle suggests one mechanism by which volunteer work in the Teen Outreach program might benefit students.

A second possible effect of volunteer service on students may be to increase their identification with the prosocial values of adults in the larger community. Adolescents' prosocial values have been directly related to multiple indices of their social competence and inversely related to several serious adolescent problem behaviors (Allen, Leadbeater, & Aber, 1990; Allen, Weissberg, & Hawkins, 1989). Also, Staub (1979), in a review of empirical studies of children participating in helping interactions, concluded that helping interactions may shape a child's prosocial behavior. Thus there are many benefits that potentially accrue to children when education is moved "beyond the walls of the classroom" as Sarason (1982) has suggested. Yet, whether a volunteer service component is actually related to the program's overall success has not yet been examined.

Several other aspects of the Teen Outreach Program may also be related to the program's success. For example, a diverse population of young people participate in the Teen Outreach program, including males and females, in 7th through 12th grades, who are from a range of racial/ethnic backgrounds. The program uses a curriculum that provides information on human development, information on skills for making life-options decisions, and supportive group discussions. Again, however, whether any of these factors is actually related to program success is unknown.

This study addressed questions about the conditions under which the Teen Outreach program was successful by examining naturally occurring variations in the implementation of the Teen Outreach program at 35 different sites in 30 schools across the United States. Within each site, we assessed four different types of factors that were potentially relevant to the success

of students in the Teen Outreach program. These included (a) student demographic factors (age, race, gender); (b) structural program factors (whether the program was given during vs. after school and whether it was offered for credit vs. not-for-credit); (c) program intensity factors (number of hours spent in classroom discussions and in volunteer activities); and (d) curricular factors (use of various parts of the Teen Outreach curriculum).

Our goal was to identify factors that would explain the differing *relative* effectiveness of different Teen Outreach programs at different sites. Because it is virtually impossible to assign students randomly to enough different versions of any national program to meaningfully explore *intra*-program differences experimentally,³ an analytic framework was established to assess and account for multiple potential confounding factors. Thus, an effort was made to assess the role of overall cohort effects, schoolwide effects, and motivational biases in influencing the results at any given site.

This study was embedded within a larger evaluation that used a quasi-experimental design involving Teen Outreach students and a comparison group of students closely matched on various background characteristics (Philliber et al., 1989). Following the lead of several recent studies of adolescent problem behaviors (Donovan & Jessor, 1985; Donovan, Jessor, & Costa, 1988; Kandel & Raveis, 1987; Leadbeater, Hellner, Allen, & Aber, 1989) we assessed outcomes in terms of multiple problem behaviors, and we assessed the presence of an overall problem behavior syndrome as our outcome measure.

METHOD

Settings

The Teen Outreach Program was conducted at 35 different sites in 30 schools nationwide in 1986–1987. It was a collaborative effort between local school personnel, local Junior Leagues, and the Association of Junior Leagues and American Association of School Administrators. The program was

³Obtaining random assignment of students to treatment and control groups *within a site* is a somewhat more feasible goal which is being implemented in future years' evaluations of Teen Outreach. However, this use of random assignment still does not help in the comparison of Teen Outreach programs at *different* sites, where site and population of students are inevitably confounded.

designed to provide meaningful volunteer service experiences and classroom-based discussion opportunities to young people identified by teachers and guidance counselors as at risk for significant behavioral problems (particularly school dropout and teen-age pregnancy).

Students in the program participated in ongoing classroom-based discussions of issues covered in the Teen Outreach Curriculum (Association of Junior Leagues, 1988) in meetings held at least once weekly throughout an academic year. The curriculum consisted primarily of techniques for engaging students in discussions of selected topics, group exercises, and films and informational presentations. The primary emphasis of the curriculum was on the promotion of meaningful discussions of developmental tasks faced by adolescents. Topic areas included understanding yourself and your values, communication skills, dealing with family stress, human growth and development, and issues related to parenting. Although the program was partially directed at prevention of teen-age pregnancy, materials relating to sex education constitute less than 10% of the overall curriculum and are incorporated within the general program emphasis upon making good decisions about important life options. Classroom discussions were led by trained facilitators, who were often schoolteachers or guidance personnel.

An additional role of the classroom-based discussions was to introduce and tie together the volunteer experiences which are at the heart of the Teen Outreach Program. Teen Outreach participants are all expected to participate in a range of volunteer activities provided to them by their facilitators, working in conjunction with volunteers of local Junior Leagues. Volunteer activities were developed to be sensitive to the needs and capacities of local communities, and thus varied substantially in their nature, and in the amount of commitment they required of students. The one common feature of all of the volunteer work was that students ratified it as meaningful to them. Volunteer activities included work as aides in hospitals and nursing homes, participation in walkathons, volunteer work at school, and a wide range of other types of work. Although all programs share the common features described above, there is significant diversity among programs around the country in terms of populations of students, curriculum use, and intensity of the program.

Although there was tremendous diversity in the implementation of Teen Outreach Program, certain elements were common to all programs. For example, all programs involved both classroom and volunteer activities. The classroom activities involved meeting at least once weekly for a period of 1 hour. Although the type of volunteer work students performed varied considerably, a minimum of an average of $\frac{1}{2}$ hour per week of volunteer activity was expected of students in all implementations of the programs.

Participants

Participants in the study included 632 students who participated in the Teen Outreach Program and 855 comparison students. Students ranged in age from 11 to 19 years and in grade level from 7th to 12th grade. At any given site, students tended to be at or near the same grade level; across sites, however, the target grade levels of the program varied depending upon the interests of those running the program locally. Teen Outreach students entered the program in a variety of ways. At some sites, students elected to participate in response to schoolwide announcements. At other sites, they were targeted by program facilitators if they were considered at risk of school dropout or pregnancy, although they may not have yet exhibited any negative behaviors. A small number of participants (approximately 6%) had been previously involved with the Teen Outreach Program. Finally, at some sites, students were arbitrarily assigned by facilitators and guidance counselors.

Comparison students were selected in two ways. Either Teen Outreach students nominated other students whom they guessed "would fill out the entry questionnaire about the same way [they] did," or facilitators or guidance counselors responsible for selecting Teen Outreach students sought students from similar sociodemographic backgrounds and with similar levels of problems as Teen Outreach participants. Background characteristics of Teen Outreach participants and comparison students at program entry are presented in Table I. Participation in the evaluation was a requirement of the Teen Outreach Program. Thus, all participating students were included in the evaluation at entry. Attrition over the course of the study was 2.4% among Teen Outreach students and 4.8% among comparison students. Incomplete program and exit data were obtained for an additional 6.5% of Teen Outreach students, who were also excluded from the analyses. However, there were no significant effects of loss-to-follow-up on the demographic or problem behavior measures presented in Table I, nor were there significant interactions of loss-to-follow-up with membership in the program versus comparison group for any of these measures.

Measures

Demographic Characteristics. Students filled out a brief self-report questionnaire indicating their age, grade level in school, race, predominant household composition (one-vs. two-parent) and parents' education levels (1 - not a high school graduate, 2 - high school graduate, 3 - some college, 4 - college graduate). These data, reported in Table I, indicate significant diversity in the Teen Outreach sample but a close match between Teen Outreach and com-

Table 1. Background Characteristics of Teen Outreach and Comparison Students at Entry

	Teen outreach <i>n</i> = 632 ^a		Comparison <i>n</i> = 855 ^a	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Demographic factors				
Age (years)	15.6	1.3	15.7	1.4
Grade in school	9.8	1.3	9.8	1.3
Grade (%)				
7-9	44		47	
10-12	56		53	
Gender (%)				
Female	70.3		67.1	
Male	29.7		32.9	
Race (%)				
White	49.5		51.7	
Black	32.6		31.4	
Hispanic	9.7		7.7	
Other	8.2		9.2	
Mother's education level	2.29	1.01	2.33	1.02
Father's education level	2.29	1.07	2.44 ^b	1.08
Live in two-parent household (%)	53.5		62.7 ^b	
Problem behaviors				
Fail any courses in prior year (%)	53.9		44.3% ^b	
Suspended in prior year (%)	21.8		17.4	
Pregnant previously (%)	4.9		5.1	
Total problem behaviors at entry (0-8)	0.80	0.77	0.66 ^b	0.76

^a*N*'s vary somewhat due to missing data for some variables.

^b*p* < .05.

parison students. However, Teen Outreach students were significantly less likely to report having lived in a two-parent household for most of their lives than were comparison students; they also reported that their fathers had slightly lower levels of education than comparison students' fathers (median education level in both groups was high school graduation).

Problem Behaviors. Self-report questionnaires were used to assess students' problem behaviors. When sensitively collected, anonymous self-report instruments have been found to be among the *least* biased means of assessing adolescent problem behaviors such as teen-age pregnancy, with substantial evidence available to support their overall reliability and validity (Elliott & Ageton, 1980; Farrington, 1973; Patterson & Stouthamer-Loeber, 1984). At

entry, we asked students (a) whether they had ever been pregnant (female) or caused a pregnancy (male), (b) whether they had failed any courses during the prior year at school, and (c) whether they had been suspended in the prior year at school. At exit we asked the same questions of students (except that the pregnancy question was modified to refer only to the academic year of the program) and also added a question about whether a student had dropped out of school in the prior year or intended not to return to school in the fall. Because each of these problem behaviors had sufficiently low base rates to make estimation of program effects upon them difficult, and because they were significantly intercorrelated, problem behaviors were combined into an overall problem behavior syndrome scale which was a 0–3 scale at entry and a 0–4 scale at exit.⁴ This approach is consistent with extensive evidence that these specific problem behaviors constitute a meaningful syndrome of problematic behavior (Donovan & Jessor, 1985; Donovan et al., 1988; Kandel & Raveis, 1987; Leadbeater et al., 1989). Additionally, use of a syndromal measure prevents fluctuation in the *form* of expression of problematic behavior (e.g., school failure vs. school dropout) from confounding the results. Although this approach does not permit estimation of program effects on individual problem behaviors, it does provide a maximally sensitive indication of program effects on an important and theoretically relevant syndrome of problem behaviors, while minimizing the number of partially redundant hypotheses being tested.

Program Implementation

Variations in the implementation of Teen Outreach at different sites were assessed by the collection of various measures from Teen Outreach facilitators.

Intensity measures consisted of facilitators' reports of the number of volunteer hours worked by participating adolescents as well as the number of group discussion hours for each student. Although these measures were obtained for each student, data were summed and averaged within individual Teen Outreach sites for all analyses. This was done to provide the best measures of the program offered to students at a site, while minimizing the extent to which these measures were confounded with motivational differences among individual students at a site.

Structural program measures assessed whether Teen Outreach was offered during versus after school, and as a for-credit versus a not-for-credit

⁴Maximum-likelihood factor analysis revealed that a one-factor solution was sufficient to account

activity. These measures were judged particularly likely to be sensitive to differences in the motivation levels of students in different Teen Outreach programs. Students in during-school and for-credit versions of the program might be expected to have somewhat less intrinsic motivation to participate in the program (because they were receiving credit and/or avoiding other courses) than students in after-school and not-for-credit versions. This effect may be mitigated by the fact that in-school versions of the program sometimes involved after-school volunteer activities, whereas after-school versions sometimes involved school-based volunteer activities.

Curriculum-use was measured in two ways. All facilitators completed a survey of how much they used the 11 units of the curriculum, using a 4-point Likert scale ranging from (1) *none of this unit*, (2) *a little of this unit*, (3) *a lot of this unit*, to (4) *almost all of this unit*. A measure of overall curriculum use was the average use of all units of this curriculum. However, an iterated principal factors analysis of usage of these 11 units (using a Varimax rotation and using squared multiple correlations for initial estimates of communality) also suggested an interpretable four-factor solution of curriculum factors. Using standardized scores of variables with loadings above .40 to produce factors yielded the following four curriculum-use factors: (a) An *orientation* section (consisting of introductory units as well as material explaining the volunteer experience); (b) a *self-awareness* section including units on understanding yourself and life pressures; (c) a *social awareness* section including units on life planning, family, values, relationships, and communication; (d) a *developmental* section including units on growth, parenting, issues related to parenting, and community resources. Units within each of these four factors were largely contiguous in the curriculum. Thus, each factor represented a discrete section of the curriculum.

Procedure

Students were assessed at program entry at the start of the school year and again at program exit in the late spring. The Teen Outreach Program was conducted during this same period. Questionnaires were administered by Teen Outreach facilitators during an early Teen Outreach class, or in study halls and other school settings for comparison students. Students were told that none of their answers would be reported to other school officials and that no data that identified them in any way would be reported. Student consent and parental consent were obtained both for participation in the program and in its evaluation.

Design

This study was designed to assess individual and programmatic factors that were related to the behavioral changes of Teen Outreach participants.

Because of the double-nested nature of the design (students within sites), the study treated program differences as fixed instead of random effects. Although this makes it impossible to establish the generalizability of the reported findings, it does allow identification of features that are related to the programs' success and that can be examined in future replications. All program inputs were considered in terms of the average program input received by students at a given site. For some program inputs, such as volunteer experience, individual students varied in their amount of experience within a site. This individual variation was *not* used, as it was considered likely to be highly sensitive to student motivational differences within a site (its use could artifactually enhance the relation between volunteer experience and behavioral outcomes). Thus, the *average* amount of volunteer experience at a site was used to provide a measure of the volunteer experience available at a site. In contrast, behavioral outcomes were analyzed at the level of individual students, as each student provides an independent test of the effect of the specified level of program inputs on behavioral outcomes, and motivational differences appear appropriately as error variance in this analysis (e.g., within-site variation in outcomes provides a background against which between-site variation could be gauged).

RESULTS

Program Implementation

There was substantial variation in the implementation of the Teen Outreach Program across different sites in both the in-class and volunteer components of the curriculum. The mean score for the use of the curriculum was 2.99 ($SD = 0.82$), which corresponds to using "a lot" of the material in each of the units of the curriculum. There was some variation across sites in how much various subsections of the curriculum were used, with the developmental section (including issues on human growth and development, and parenting) the least consistently used (mean use = 2.55, $SD = 0.69$) and the section on self-awareness being the most consistently used (mean use: 3.32, $SD = 0.73$). The average participant in the program received 72 hours of classroom-based discussion time ($SD = 33.0$), over a range of from 28 to 165 sessions during the year.

There was also substantial variation across sites in the amount of volunteer experience received by students. The average site gave its participants 32.2 hours of volunteer work ($SD = 24.4$, range = 1.15 to 125 hours); 90% of sites provided students with an average of at least 1 hour of volunteer work per month. These data on variations in program implementation—

though not unusual for a nationally oriented program tailored to local needs—highlight the importance of examining the relation between different implementations of the program and its success at various sites.

Preliminary Analyses of Changes in Problem Behaviors

The overall effectiveness of Teen Outreach has been previously documented for these data, with the finding that Teen Outreach participants had significantly lower levels of suspension, school dropout, and pregnancy, and insignificantly lower levels of failure in courses than comparison students, even after controlling for levels of problem behavior at entry and significant demographic factors (National Research Council, 1987; Philliber et al., 1989). Although not the focus of this paper, a brief summary of these findings provides a context for interpreting data on why and when Teen Outreach is effective. At entry, Teen Outreach students in this study had an average of 0.80 of a possible 3 problem behaviors whereas comparison students had 0.66 problem behaviors, a statistically significant difference, $T(628, 853) = 3.45, p < .001$. However, at exit, Teen Outreach students had an average of 0.70 of a possible 4 problem behaviors, whereas comparison students had 0.80 problem behaviors, and this difference was also significant, $T(615, 815) = 2.16, p < .04$. These findings are robust even when controlling for entry problem behaviors and preexisting group differences in fathers' level of education and household composition.⁵ Thus, Teen Outreach students went from having significantly more problem behaviors than comparison students at the beginning of the program to significantly fewer problem behaviors by the program's end.

Initial analyses for this study also examined the continuity in levels of behavior problems within both the Teen Outreach and comparison group students over time. Students' total number of behavior problems at exit were significantly correlated with their number of problems at entry within both the Teen Outreach ($r = .44, p < .001$) and comparison groups ($r = .51, p < .001$). This finding indicates the importance of statistically accounting for students' levels of problem behaviors at entry prior to examining the correlates of levels of problem behaviors at exit.

⁵Analysis of problem behaviors individually supports these findings, with significant differences found between the Teen Outreach and comparison groups in levels of school failure, teen-age pregnancy, and school dropout, after controlling for entry levels of problem behavior and group demographic differences in logistic regressions (Philliber et al., 1989). When a combined problem behavior factor was created using only school dropout, failure, and pregnancy data at both entry and exit, comparable results for program effectiveness were obtained.

There were no interactions of the relation between entry and exit levels of problem behaviors with student demographic characteristics, or any of the program factors examined in the study. This indicates that it is statistically valid to remove the effects of entry level of problem behaviors from measures of exit levels when examining predictors of exit levels of problem behavior.

Next, analyses were performed to assess whether schoolwide factors at each site significantly influenced changes in problem behavior levels of both Teen Outreach and comparison students at individual sites. These analyses served to decrease the likelihood that relative differences in the success of Teen Outreach programs at different sites would inadvertently be confounded with unrelated schoolwide influences at these sites. Change in problem behaviors was measured as the residual in Time 2 problem behaviors over and above what could be predicted in a regression equation by Time 1 problem behaviors. This method accounts for both the slightly different metrics of the measures at Times 1 and 2, and for regression effects within the data, while providing a sensitive measure of behavior problem change (Elliott & Voss, 1974; Luborsky et al., 1980; Weisz, 1986). Use of residualized change scores, rather than simple Time 2 scores, also reduces the influence of preexisting differences in the populations of Teen Outreach students at different sites on outcomes at those sites.

Next, we examined the relationship between residualized change scores of Teen Outreach and comparison students at the same sites. No correlation was found between change in number of problem behaviors in Teen Outreach participants and change in comparison students at the same site using site level data ($r(35) = .02$, ns) and residualized measures of change. This lack of correlation suggests that the success of Teen Outreach students at a given site was unlikely to be an artifact of schoolwide factors unrelated to the program. Based on these data, it was not considered necessary or useful to use comparison student change at a site as a covariate in further analyses. Further analyses were conducted using only data from the sample of Teen Outreach participants.

Multiple regression equations were used to examine relationships between student outcomes at program exit and four sets of student entry characteristics and program factors thought likely to predict these outcomes: (a) student demographic characteristics at program entry, (b) the amount of various components of the program received by students at a site, (c) the structure of the program, and (d) use of the prescribed curriculum. Regression equations were set up with the number of behavioral problems at exit as the dependent variable. As discussed above, the number of behavior problems at entry was entered first in all equations to remove its effects. Then, each of the four groups of factors listed above was entered as a block and assessed

for the significance of its contribution to predicting the number of students' behavior problems at exit. Finally, for each group of program factors assessed, interactions of these factors with relevant demographic variables were also considered as a block.

Demographic Factors

The role of three demographic factors—students' gender, grade level, and minority status—and two child-rearing environment factors—parents' years of education, and living in a one versus two-parent family—were assessed using the technique described above. Table II presents the results of this equation in which entry level of problem behaviors was entered first, followed by a block of demographic factors followed by the block of child-rearing environment factors. Only the block of demographic factors added significantly to the prediction of Teen Outreach students' problem behaviors at exit, $F_{change}(3, 544) = 3.89, p < .01$. Examination of individual demographic factors within this block reveals that students' grade level was the sole significant predictor of problem behaviors at exit, $F(1, 544) = 9.90, p = .002$. Teen Outreach students in higher grades were significantly more likely to have fewer problem behaviors than would be predicted based on entry data than were Teen Outreach students in lower grades. This effect remains equally strong even when school dropout was excluded from analyses (due to its potential confound with grade level). When the comparison group was examined, neither grade in school, nor the blocks of demographic or child-rearing environment factors, were significantly related to problems at exit. Examination of the relation of grade to amount of volunteer ex-

Table II. Hierarchical Regression Using Demographic Factors to Predict Behavior Problems at Exit

Step	Variables entered	β	Change in R^2	Total R^2
1	Behavior problems (entry)	.45 ^c		
	Total for step		.19 ^c	.19 ^c
2	Grade	-.12 ^b		
	Sex	-.03		
	Minority status	.02		
	Total for step		.02 ^b	.21 ^c
3	Parents' education	.00		
	Live in two-parent family	.08 ^a		
	Total for step		.01	.22 ^c

^a $p < .05$.

^b $p < .01$.

^c $p < .001$.

perience, number of classroom-discussion hours, overall curriculum use, and structural features of the program revealed only a small significant relation of grade with number of volunteer hours worked ($r = .10, p < .02$).

Given these findings, all further analyses included the effects of grade level of students as well as the interaction of grade level with various program factors.

Intensity Factors

Two intensity factors representing the amount of classroom-based discussion and volunteer service experiences at a site were considered next. These were entered as a block in a hierarchical regression to predict number of problems at exit, after entering number of problems at entry and students' grade level. Results are presented in Table III. This block significantly contributed to the prediction of problems at exit, $F_{change}(2, 570) = 3.34, p < .05$. The average number of hours of volunteer work at a site was the single significant predictor within this block. This equation reveals that students in programs where more volunteer work was performed had fewer problems at exit after controlling for problem behaviors at entry than did students in programs where less volunteer work was performed. Further, entry of a block of interaction effects of these two Intensity factors with students' grade levels also significantly added to the predictive power of the equation, $F_{change}(2, 568) = 3.1, p < .05$. Within this block, only the interaction of number of classroom hours with grade was significantly related to problem behaviors. This interaction indicated that more classroom hours were related to fewer problems for younger students but not for older students.

Table III. Hierarchical Regression Using Program Dosage Factors to Predict Behavior Problems at Exit

Step	Variables entered	Beta	Change in R^2 ^a	Total R^2 ^a
1	Behavior problems (entry)	.45 ^c		
	Grade	-.13 ^c		
	Total for step		.21 ^c	.21 ^c
2	Classroom hours	-.02		
	Volunteer hours	-.09 ^b		
	Total for step		.01 ^b	.22 ^c
3	Class hours * Grade	.10 ^b		
	Volunteer hours * Grade	.00		
	Total for Step		.01 ^b	.23 ^c

^aValues for R^2 and change in R^2 are rounded.

^b.01 < p < .05.

^c p < .001.

Structural Factors

Two structural factors—whether a program was offered during versus after school and for-credit versus not-for-credit were entered in the next equation using dummy variables. As with intensity factors above, these were entered as a block in a hierarchical regression to predict number of problems at exit, after entering number of problems at entry and students' grade level. Entry of this block did not significantly improve the predictive power of the equation nor did entry of a block of interaction effects of these two structural factors with students' grade level.

Curriculum Use

A hierarchical regression to predict students' number of problems at exit was next examined. The total curriculum-use score was entered after number of problems at entry and grade level. Because logistical difficulties in data collection resulted in significant missing data for curriculum use, these analyses were conducted in equations separate from those described above. Although total curriculum use was not a significant predictor of problems at exit, the interaction of curriculum use with grade was significant when next entered into the equation. Examination of total curriculum use separately for younger and older students (below 10th grade and at/above 10th grade) revealed that higher levels of curriculum use had a stronger relationship to decreased problem behaviors for younger students than for older students, though in neither group was this relationship significant. Thus, the substantive meaning of the interaction of curriculum use with grade in predicting outcomes appears to be minimal.

Finally, we used a hierarchical regression equation to examine the four more specific curriculum-use factors entered as a block following problems at entry and grade level. Neither this curriculum-use block, nor a subsequent block of interactions of curriculum use with grade level, significantly added to the equation.

DISCUSSION

The results of this study indicate that Teen Outreach sites were most successful when they worked with older (vs. younger) students, and when the volunteer component of the program was more intensively (vs. less intensively) implemented at a site. In addition, sites that worked with younger students tended to be more successful when they had more rather than less intensive classroom components. Several potential markers of students' moti-

vation levels were related to students' characteristics at entry across sites but were not related to change over the course of a program. Finally, students' gender and minority status appeared unrelated to their success in the program.

Because these findings about different program and student factors were not based upon an experimental design (which would have required randomly assigning participants to different sites around the country), several procedures were undertaken to increase our confidence that the findings were not artifactual in nature. Students' entry levels of problem behaviors were examined and controlled, and comparison students' change over time was also examined for its possible relation to the findings presented. This approach reduces, but does not eliminate, the likelihood that student differences at entry and extraprogrammatic effects in schools might have produced the relationships described above.

In addition, examination of structural variables (e.g., whether a program was for-credit vs. not-for-credit) that were most likely to be related to students' motivation levels reduced the likelihood that observed program effects were simply a result of motivational differences between students at different sites at entry. Significantly, these structural variables were related to exit problem behaviors *prior to* controlling for entry problem behaviors. Controlling for problem behaviors at entry thus appears to be at least a moderately effective strategy for handling important differences among students entering the program. This approach decreases the likelihood that findings about the effects of Teen Outreach and its various components are artifacts of preexisting student characteristics at different sites and in program versus comparison groups.

Although these attempts to eliminate confounding factors are far from foolproof, they increase our confidence in our findings by ruling out several of the major alternative explanations for them. Any interpretation of these findings, however, must begin with the statement that none are *demonstrably* causal in nature, and that all require replication in other programs, in other sites, and in studies using methods other than self-reports. Given these limits, however, we believe this study offers several contributions to our understanding of programs targeted at preventing adolescent behavior problems.

The finding that Teen Outreach appears to be more effective with high school than with junior high school students highlights the need to be developmentally sensitive in both targeting and evaluating prevention programs for children and adolescents (Leadbeater et al., 1989). Clearly, even an apparently successful prevention program was not equally successful with all age groups. These findings further document the importance of considering differential effects of interventions for different subgroups of participants (Allen, 1989). The findings also suggest the need to be alert to possible limits to the approach of "intervening early" in preventive programming; making

interventions age-appropriate may be more important than simply making them early. For example, although it appears that the volunteer component of the Teen Outreach Program may partially account for its success, particularly with older students, there is some evidence that increased emphasis upon the classroom-based portion of the program (classroom hours and curriculum use) was related to better outcomes among younger students. Alternatively, the age effects reported might reflect differential sensitivity of the outcome measures to changes in students of different ages. For example, among younger students, who are not legally permitted to drop out and who are less likely to become pregnant, poor attendance patterns may be a more appropriate outcome measure. In either case, the importance of sensitivity to developmental differences within a program's target population is clear. Future studies are needed to assess Teen Outreach in terms of outcomes which are more developmentally relevant for younger children (e.g., skipping school) and which follow younger participants over time.

The relation between the extent of the volunteer component and fewer behavior problems at exit supports a central premise of the program and current theories of empowerment and ecological development (Bronfenbrenner, 1979; Rappaport, 1987): that volunteer experiences—the opportunity to be help-givers—may be essential formative experiences for at-risk adolescents. This study cannot, of course, demonstrate a causal relation between volunteer experiences and student success; some other factor, such as a highly skilled program facilitator, might account both for more extensive volunteer experiences and for more student success at a site. In addition, the effect of number of volunteer hours performed on student outcomes was quite small in absolute terms. It must be remembered, however, that the measure of volunteer experience—raw number of hours—is relatively crude. Further studies that assess types and qualities of volunteer experiences may help to better specify the nature of this effect. For example, the different quality of volunteer activities open to older students may partially explain the relatively greater success of Teen Outreach within that age group. Also, given that most sites provide students with volunteer activity in amounts at least equal to that provided by many short-term interventions with school-age children (e.g., 10–20 hours), it is most appropriate to interpret the effect of volunteer work on outcomes as reflecting the effect of large versus moderate amounts of volunteer work and not as the effect of some versus no volunteer work. Given that the volunteer component of Teen Outreach is one of its most distinguishing features, and that Teen Outreach is one of the only school-based, non-contraceptive-focused programs to demonstrate reductions in teen pregnancy (National Research Council, 1987), the current findings regarding the volunteer component are particularly significant and are important to investigate further.

An important caveat in interpreting negative results in this study is that analyses are relatively insensitive to effects of program factors that were consistently implemented across sites (e.g., have little variance). For example, because most sites used most of the curriculum units, it is impossible to assess the importance of the curriculum to the success of the program. Yet, while sex education curricula have generally been found to have little effect on adolescent behavior (National Research Council, 1987), it may be that the broader life skills curriculum of Teen Outreach, *in combination* with relevant volunteer experience, does indeed contribute to the program's success. This question can only be addressed by evaluating future implementations of the program in which the curriculum is less fully utilized.

Research is currently being conducted to explore further the relation between volunteer service in a Teen Outreach program and lower levels of problem behaviors of students in that program. For example, does volunteer service foster the development of relationships with adults who are not authority figures, who do not threaten adolescents' sense of autonomy as a teacher might (Allen, Aber, & Leadbeater, 1990), and who can thus positively influence adolescents' values and behaviors? Or, does volunteer service empower adolescents and provide them with the chance to try out adaptive adults roles as help-givers? Research in progress is also beginning to address some of the methodological limitations of this study, such as the wide variety of means of selection of students for comparison groups. Research to increase our understanding of the connection between volunteer service and adolescent problem behavior is essential to determining how and whether other preventive interventions might effectively incorporate volunteer service components.

Overall, this study illustrates the value of an analytic strategy that focuses upon why and how a program works, rather than just whether it works. In addition, this study demonstrates the usefulness of an analytic strategy that seeks to rule out possible confounding factors in the absence of random assignment, while capitalizing on the natural variations in program implementation that occur in the replication of many successful programs. The results of this study also suggest that the Teen Outreach Program, especially its volunteer component, may provide important lessons for other preventive interventions targeted at adolescents. Further research is now being conducted to determine why volunteer activities were associated with success in Teen Outreach, and why the program appears more effective with older students, and to replicate the basic findings about the success of the program using a random assignment experimental design. Research of this type is essential if we are to move beyond identifying a host of fragile programs, which work under some conditions and not others, and toward the development of a truly useful technology for preventive interventions.

REFERENCES

- Allen, J. P. (1989). The effect of school setting on youth social interaction across ages. *Journal of Educational Psychology, 81*, 408-416.
- Allen, J. P., Aber, J. L., & Leadbeater, B. J. (1990). Adolescent problem behaviors: The influence of attachment and autonomy. *Psychiatric Clinics of North America, 13*, 455-467.
- Allen, J. P., Leadbeater, B. J., & J. L. (in press). The relationship of adolescents' expectations and values to delinquency, hard drug use and unprotected sexual intercourse. *Development and Psychopathology, 2*, 85-98.
- Allen, J. P., Weissberg, R. P., & Hawkins, J. (1989). The relation between values and social competence in early adolescence. *Developmental Psychology, 25*, 458-464.
- Association of Junior Leagues. (1988). *Teen Outreach Program curriculum*. New York: Author.
- Basham, R. B. (1986). Scientific and practical advantages of comparative design in psychotherapy outcome reach. *Journal of Consulting and Clinical Psychology, 54*, 88-94.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Burt, M. R. (1986). Estimating the public costs of teenage childbearing. *Family Planning Perspectives, 18*, 221-226.
- Cowen, E. L. (1982). Primary prevention: Children and the schools. *Journal of Children in Contemporary Society, 14*, 57-68.
- Donovan, J. E., & Jessor, R. (1985). Structure of problem behavior in adolescence and young adulthood. *Journal of Consulting and Clinical Psychology, 53*, 890-904.
- Donovan, J. E., Jessor, R., & Costa, F. M. (1988). Syndrome of problem behavior in adolescence: A replication. *Journal of Consulting and Clinical Psychology, 56*, 762-765.
- Elliott, D. S., & Ageton, S. S. (1980). Reconciling race and class differences in self-reported and official estimates of delinquency. *American Sociological Review, 45*, 95-110.
- Elliott, D. S., & Voss, H. L. (1974). *Delinquency and Dropout*. Lexington, MA: D.C. Heath.
- Farrington, D. (1973). Self reports of deviant behavior: Predictive and stable? *Journal of Criminal Law, Criminology and Police Science, 61*, 99-110.
- Gray, D. O., & Braddy, B. A., (1988). Experimental social innovation and client-centered job-seeking programs. *American Journal of Community Psychology, 16*, 325-343.
- Harrington, D. (1986). Early adolescent helper program. *Journal of Experiential Education, 9*, 26-29.
- Huesmann, L. R., Eron, L. D., Lefkowitz, M. M., & Walder, L. O. (1984). Stability of aggression over time and generatins. *Developmental Psychology, 20*, 1120-1134.
- Kandel, D., & Raveis, V. (1987, April). *Depression, suicidal ideation, and substance use in adolescence and young adulthood*. Paper presented at the biennial meeting of the Society for Research in Child Development, Baltimore, MD.
- Leadbeater, B. J., Hellner, I., Allen, J. P., & Aber, J. L. (1989). The assessment of interpersonal negotiation strategies in multi-problem youth. *Developmental Psychology, 25*, 465-472.
- Loeber, R., & Dishion, T. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin, 94*, 68-99.
- Luborsky, L., Mintz, J., Auerbach, A., Christoph, P., Bachrach, H., Todd, T., Johnson, M., Cohen, M., & O'Brien, C. P. (1980). Predicting outcomes of psychotherapy: Findings of the Penn Psychotherapy Project. *Archives of General Psychiatry, 37*, 471-481.
- National Research Council (1987). *Risking the future: Adolescent sexuality, pregnancy and childbearing* (C. D. Hayes, Ed.). Washington, DC: National Academy Press.
- Patterson, G. R., & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development, 55*, 1299-1307.
- Philliber, S. P., Allen, J. P., Hoggson, N., & McNeil, W. (1989). *Teen Outreach: A three-year evaluation of a program to prevent teen pregnancy and school dropout*. Manuscript submitted for publication.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*, 121-148.

- Riessman, F. (1965). The helper-therapy principle. *Social Work, 10*, 27-32.
- Rolf, J. E. (1985). Evolving adaptive theories and methods for prevention research with children. *Journal of Consulting and Clinical Psychology, 53*, 631-646.
- Sarason, S. B. (1982). *The culture of the school and the problem of change* (2nd ed.). Boston: Allyn and Bacon.
- Staub, E. (1979). *Positive social behavior and morality: Vol. 2. Socialization and development*. New York: Academic Press.
- Weissberg, R. P., & Allen, J. P. (1986). Promoting children's social skills and adaptive interpersonal behavior. In L. Michelson & B. Edelstein (Eds.), *Handbook of prevention* (pp. 153-176). New York: Plenum Press.
- Weisz, J. R. (1986). Contingency and control beliefs as predictors of psychotherapy outcomes among children and adolescents. *Journal of Consulting and Clinical Psychology, 54*, 789-795.
- Zigler, E., Kagan, S. L., & Muenchow, S. (1982). Preventive interventions in the schools. In C. R. Reynolds & T. B. Gutkin (Eds.), *The handbook of social psychology*. New York: Wiley.

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A FEW GOOD

If Bill Clinton Is Looking for Solutions to

MEN AND

Intractable Social Problems, Here Are Five

WOMEN

Programs That Work • By Michael Stone

Giving Advice *Michael Carrera tells teenagers about family planning and contraception, but the focus is above the waist. "Outercourse, not intercourse," he says.*

THE LIFEGUARD

WITH FIVE YOUNGER cousins and her own baby to take care of, 16-year-old Shavon went to the Dunlevy Milbank Center of the Children's Aid Society in Harlem and learned how to be a kid again. Orphaned as an infant, Troy went to the center when he was 12 and found a family. And for hundreds of teenagers and their parents, the program has provided health services, homework assistance, summer jobs, squash lessons, family therapy, career counseling, and guaranteed admission to Hunter College. But the goal of this program—designed by Michael Carrera, an expert on adolescent sexuality—is to prevent teen pregnancies. Simply put, Carrera treats pregnancy as



TOUGH TALK: Michael Carrera (second from left) at the Children's Aid Society.

a symptom, not the cause, of troubled lives. So while he advises about family planning and contraception, the focus is above the waist. "Outercourse, not intercourse," he says.

For Carrera, 55, "outercourse" means finding pathways out of the misery that often breeds pregnancy—then getting kids to follow them. That requires the qualities of a good parent: patience, endurance, a stubborn will, and lots of attention. "I just thought about what I'd do for my own kids," Carrera says.

In other words, just about anything. Carrera and his staff burrow into the dark corners of their clients' lives and ferret

out problems beyond the reach of most casework. More important, they don't wait for troubled children to come to them. "We're like lifeguards," Carrera says. "A lifeguard looks out to where there can be a problem and does so in a very focused way. Then, when a problem occurs, he leaps from his perch and races out to save whoever's sinking and maybe dying. He doesn't get permission from the local bystanders. He doesn't say, 'Isn't it too bad the parents didn't teach them water skills?' And when sometimes the person is so panicked and confused he fights the helper off, our lifeguard does not step back, tread water, and say, 'When you're ready for my help, let me know.'"

Carrera embodies his philosophy. An author, lecturer, and teacher, he extols his program with messianic fervor, and with his robust physique, he looks and sounds like, well, a lifeguard. In fact, during a recent address to colleagues, Carrera acted out the part, jumping up on a chair and starting to strip down for action. "There were the leaders of at least fifteen organizations there, people who'd thought they'd heard it all before," recalls David Saltzman of the Robin Hood Foundation. "And here was this wonderful, brilliant, crazy man taking off his clothes and telling them about

being a lifeguard, and they got it. He changed the way they thought about what they'd been doing for twenty years."

Carrera uses the same ebullient approach with the youngsters in his program. Everyone gets a course in sexuality that covers gender roles and responsibilities as well as birth control and AIDS. There are also activities—everything from sports to self-expression classes—that get youngsters to think long-term about their lives. And Carrera makes sure his clients get things middle-class families take for granted: shelter, health care, therapy, savings accounts, summer jobs with stipends.

The key feature of the program is its

length. Open to children as young as 10, it continues to help clients until they're independent. "The only way social change occurs is when you're involved with the same families over years and when children are exposed to repetition by good role models," Carrera says.

Trust is perhaps the biggest issue. "A lot of our kids have not been able to trust grown-ups," says Carrera. "Gaining that trust is a function of showing up everyday, not disappearing, doing what we said we were going to do. The American way is the quick fix. But these kids have complex problems that require complex solutions."

At an annual cost of \$1,500 per client, Carrera's program—with a yearly budget of about \$415,000 from private donors—works. Begun in 1985 with 22 teenagers and 12 parents, it now ministers to about 200 youths and 75 parents at three locations and serves as a model for nine other projects around the city. During the five years that he managed the daily operation of his programs (1985–1990), Carrera says, 95 percent of the 350 enrolled youngsters stayed in school. Only 6 of the 170 women who regularly participated in the programs are known to have gotten pregnant, and only 2 of the 175 males are known to have caused pregnancies.

Restructuring Public Policy Priorities on Teen Pregnancy

A Holistic Approach to Teen Development and Teen Services

Michael A. Carrera and Patricia Dempsey

The Facts

Each year, more than one million American teenagers become pregnant, the overwhelming majority unintentionally; 44% of these pregnancies result in births. Half of these births are to young women who have dropped out of school and have not yet reached their eighteenth birthdays; 50% are to young women who are not married. Young mothers are at an enormous risk of pregnancy complications and poor birth outcomes, and their infants face greater health and development risks.

Teen males, even those who want to be involved, are often forgotten, excused, or written off, and teen marriages, which often compound the problem, are characterized by long-term welfare dependency and family instability.

Teenage parents are more likely than those who delay childbearing to experience chronic unemployment, inadequate income, and reduced educational experiences.

Teen pregnancy is a major factor in, and a contributor to, family poverty. One out of every five children are poor; one out of two children is in a female-headed household. The emotional toll on teen parents is staggering, as is society's economic burden in sustaining them.

Some of the Problems with Present Approaches to Teen Pregnancy Prevention

In the face of such a daunting social problem, and with the knowledge that help must be given to our next generation of adults if they are to get off to a stable and healthy start, a number of individuals, agencies, and institutions have accepted the challenge to get involved with enthusiasm and resolve. However, it is our belief that the programs they have established, thus far, have promised too much, too quickly—and have spoken too prematurely about results. Although there have been *some* successful single intervention issue efforts that have addressed *some* of the problems of teen pregnancy, we have not yet begun to win the real war. There are no quick fix solutions, no single intervention programs, no slick "button" phrases which *by themselves* can reduce the haunting, unacceptable statistics and their impact—in human terms—on the lives of so many young people.

Because of this, we have repeatedly emphasized, in working with school family life and sex education teachers and administrators, how important it is for them to understand the limits as well as the potential of their

educational enterprises: *by themselves, programs of family life and sex education, in the schools and in agencies, also will not reduce unintended pregnancies among teens.*

Family life and sex education programs are intrinsically worthwhile because of what they can offer young people in the cognitive and affective learning domains. Their educational desirability should be based on this. Family life and sex education programs should not, however, be seen as a panacea for the teen pregnancy problem.

It is also important to point out that it is only recently that government, program developers, and academics have begun to acknowledge that teen pregnancy is neither a moral problem nor a minority female problem. This acknowledgement should prove helpful in expediting future policymaking and program development that might have a realistic impact on present problems.

The Holistic Approach

It is our belief that the teen pregnancy problem is largely a symptomatic response to greater social ills and, because of this, it must concurrently be attacked on several levels. For example, unintended pregnancies among poor, urban teens can be more effectively curtailed if we reduce the impact of the institutional racism that is systemic in our society; if we provide quality education for everyone; and if we create more employment opportunities for young people and adults. If we could accomplish this, we would probably impact, in a more meaningful way, on the lives of teens than can any school or agency sexuality program.

We must also face another reality. In addition to educating young people, we must try to produce within them a desire to avoid unintended pregnancy and the ability to make responsible sexual decisions. At the same time, we must offer them the resources and opportunities that will provide them with a sense of the future and reasons not to become pregnant *at this time in their development.*

It is possible to convince teens to forego early pregnancy and childbearing if they have a more hopeful sense of their future. When more hopeful, they, in general, value and have a more positive sense of themselves. They develop appropriate coping skills; become more active and less passive; have more opportunities open up for them; and are more willing to communicate with a concerned adult about their sexuality.

10³⁰ - Channel

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Unfortunately however, many urban teen males and females today do not see any future for themselves: they live in poor communities; they see little employment opportunities; and have little, if any, reason to believe that they will fair as well as, let alone better than, their parents. Facing these conditions coupled with family problems, fragmentation, and inadequate opportunities for meaningful education, it is completely understandable that some young people become sexually intimate and fatalistic instead of industrious and hopeful. In New York state, Governor Cuomo's adolescent pregnancy prevention initiative has shown some recognition of the complexities of these issues. (Our Teen Pregnancy Primary Prevention Program is funded under Governor Cuomo's Adolescent Pregnancy Prevention Program, through private funds, and by The Children's Aid Society.) He — and other state leaders — have stated that the rates of teen pregnancy and childbearing should be reduced through programmatic intervention that reflects an integrated, holistic approach. We have suggested, and they also agree, *that adolescence is not the best time to deal with adolescent sexuality, pregnancy, and childbearing. These should be addressed during the formative and development stages prior to the second decade of life.*

We would again like to emphasize, here, that as we begin to move in the direction of a more holistic approach we must make sure that our comprehensive programs are not short term attempts to contain the numbers of teen pregnancies. Rather, they should genuinely seek to address the root causes — political, social, and economic inequities — that contribute to our present problems.

In addressing these root causes, we must also fully address the issue of *quality of life* prevention and service programs. Primary prevention, that is programs for young people who have not had a child in their early years, should be recognized as a separate strategy for delaying unintended pregnancies. At the same time, while we rework service, health, and educational programs, we must work to increase the level of quality of life supports for young people and families, who continue to need services. This requires local and national commitments to overall restructuring of public policy priorities, and not simply grant allocations which reflect political expediency or value judgments about the client population. As fashionable as it is these days, political rhetoric is not a substitute for real problem-solving.

One Solution: The Teen Pregnancy Primary Prevention Program of The Children's Aid Society

The Children's Aid Society's Teen Pregnancy Primary Prevention Program has been developed to create a holistic climate in which positive change can occur. To the best of our knowledge, taken altogether, a holistic program such as this — which has been established to serve the west, central, and east Harlem areas of the city of New York — has thus far not been replicated anywhere else in the country.

Our programmatic philosophy is based on the belief that, in order to create a climate where positive change can occur and where direction can be given to young people, it is necessary to influence multiple facets of their lives over a continuous period of time. This holistic type of approach represents a very complex intervention strategy.

Believing that such a comprehensive, quality of life, holistic approach can affect the life options that we seek for young people — even those who live within family systems which have experienced generations of economic deprivation — we have designed our program components to operate concurrently and sometimes simultaneously. These program components center on working with, and affecting, a young person individually, as well as within his or her family and community systems.

The programmatic vision of our Teen Primary Prevention Program is based on several organizing principles. We believe that young people are capable of more than simply avoiding problems and situations which will complicate their lives. We believe that they are capable of "doing good" for themselves, their family, and their community. Our staff's attitudes and behavior sustain this notion and encourage young people to realize their potential for such achievements. This belief affects our entire program.

We believe that parents, grandparents, foster parents, and other adults in the community are significant influences on the sexual development of young people. Their roles, therefore should be respected and should be included in holistic, quality-of-life programs — and in meaningful ways.

We believe that people should delay having intercourse, for as long as possible, because intercourse is the kind of special intimacy that best fits a relationship later in life. However, we are mindful that intercourse for some teens is a way of coping with their feelings of poor self-image, fatalism, and unhappiness. Therefore, we are prepared to replace this coping mechanism with options, possibilities, and experiences which are meaningful, which will make sense, and which will also be useful to them at this time in their development.

We are also aware that young people do not always listen to the guidance of adults and may begin to have intercourse — even in their preteen and early teen years. In these situations, our role is to care, to understand, and to try to help them function in a way that will prevent pregnancy. We do not turn our backs or withhold affection as forms of disapproval. Rather, we are present in an ongoing way to provide guidance and on-site contraceptive services, when necessary, so that unintended pregnancy does not occur.

We have discovered, during the first 36 months of our work, that this type of honest and supportive limit-setting

approach is appreciated by young people. It helps them to clarify their thoughts and actions much more than the threat-and fear-arousing communications that have so frequently characterized the way many adults have chosen to relate with young people.

Our pregnancy prevention efforts are addressed equally to both males and females. Our attitude is that males must also be reached, educated, and positively influenced concerning their roles and responsibilities in relationships. To just teach women to say "no" continues a sexist double standard. Teaching young men "not to ask" gives our approach balance and also provides them with an important learning opportunity.

The Components of Our Program

The components of our program cover such areas as family life and sex education; physical and mental health services; self-esteem enhancement through the performing arts; lifetime sports; academic assessment and homework-help; job and career awareness; and college admission.

Family Life and Sex Education Program. This is a formal 15-week, two-hours-per-week educational experience for teens and for parents led by the authors who have been certified by the American Association of Sex Educators, Counselors and Therapists. The program centers on an understanding of sexuality from a holistic viewpoint. While there is discussion of sexual anatomy, reproduction, and contraception, more emphasis is placed on exploring such issues as gender roles, family roles, body images, and patterns of affection, love, and intimacy. Roles, responsibilities, and values in relationships are emphasized. Since increasing the sexual literacy of both young people and the adults in their lives is our goal, we have also included readings, films, role-playing, and lectures for both.

Medical and Health Services are provided four hours each week by the center nurse and by adolescent medicine specialists from Montefiore Hospital in the Bronx and Mt. Sinai Hospital in Manhattan. Every teen has a complete annual physical (and every female a yearly GYN examination), preceded by a thorough social and family health inventory. This becomes a valuable part of each teen's health history.

When necessary, physicians provide confidential contraception counseling and prescription. Each youngster — male and female — who is using a contraceptive has a weekly meeting with a counselor to make sure that the contraceptive is being used regularly and properly. During these sessions, school, family, peer, and employment issues are also explored.

The young people in the program are urged to view the physicians as "their doctors." They can see the doctors and the nurse without an appointment and can discuss any health or related areas with them.

Mental Health Services. While working with young people and their families on education, health, employment, and support services, we frequently discover, or are told about,

interpersonal problems, family discord, and other crises that are affecting their functioning. Often it is the presence of these problems that cause them to act impulsively, and/or to experience repeated failures in school, work, and peer relationships.

Professional social work services and counseling are offered, three days per week, by certified social workers. Because of the "family" quality of this program, referrals are usually made on an informal basis and frequently teens or their family will self-refer.

Clinical assessments are prepared on each individual who is seen for ongoing counseling and the more complex cases are referred to The Children's Aid Society's mental health unit.

Self-Esteem Enhancement Through the Performing Arts.

This ongoing self-expression program, taught by professional actors and actresses from the National Black Theatre, is offered to both parents and teens. In weekly two-hour workshops, parents and teens explore issues, through music, dance, role-play, and dramatization which range from conflict resolution — in school and at home — to how to present oneself for a job interview. The sessions also offer a forum for discussing gender roles, family roles, affection, intimacy, culture, values, and racism. This medium enables the youngsters and adults to experiment with various scenarios and conclusions, and allows them to see themselves and their peers from new perspectives. In addition, these workshops provide opportunities for reflection, feedback, recognition, and applause.

Lifetime Individual Sports. In this unusual program component, young people learn skills in lifetime sports such as squash, tennis, golf, and swimming. From a skills development standpoint, these activities are all "unforgiving sports" which require precise mastery and the exercise of self-discipline and self-control. We believe that the skills and the discipline learned in these sports — those that are necessary for having fun, for learning how to play with control, and for achieving success — are transferable to other aspects of the participants' everyday lives and can facilitate their learning to live with greater control over their lives. Moreover, it is our belief that the more opportunities young people have to consistently practice skills which require self-discipline and impulse control, the more likely it is that they will be able to exercise the restraint necessary for delaying early sexual activity. If they should decide to have intercourse, these types of experiences may also help them develop the discipline and control necessary for the consistent and correct use of contraceptives, so that unintended pregnancies can realistically be avoided.

Academic Assessment and Homework-Help Program. Each teen has a thorough academic assessment which is conducted by a team of specialists. Scores are obtained in math, reading, writing, and basic age-appropriate life concepts. After thorough testing, a "prescription" is developed for each teen, which summarizes his or her

strengths and deficits and serves as a basis for ongoing individual and small group tutorials. Staff education experts, and a group of volunteers from the New York Junior League, use the academic prescriptions to provide one-on-one and/or small group educational support for the teens several days a week at regularly scheduled times at the Dunlevy Milbank Center.

Separate from the tutorial programs, we also provide a homework-help program, two afternoons a week, during which educators assist young people with homework assignments and/or school-related problems.

The Gannet Foundation funds the educational support structures that assist our young people from junior high school to college.

Job Club and Career Awareness Program. Through this weekly two-hour program, conducted by our employment specialists, young people explore the types of career possibilities available to them and learn, in concrete terms, about the world of work. To date, each youngster in this program has secured a social security card; has accurately completed working papers; and has learned how to complete employment applications in an intelligent fashion. Moreover, they have taken part in several role-playing job interviews—appropriately dressing for each.

Each of the teens participating in this program must secure a part- or full-time summer position. Those who are twelve and thirteen—too young for working papers and typical part-time jobs—participate in our Entrepreneurial Apprenticeship Program. Through this program, they—and older teens who have chosen to be involved—work at various community functions (basketball games, dances, etc.) selling hot dogs, soda, juice and snacks. They earn a minimum hourly wage and participate—at the end of a specific period—in a modest profit-sharing program based on the degree to which they have fulfilled their job responsibilities.

All the young people, who have participated in the employment program at our Central Harlem site in the Dunlevy Milbank Center, have opened bank accounts at the Carver Federal Savings bank at 125th Street in Harlem. They are learning that banks, like college, are a reasonable expectation in their future. In addition, they are learning about interest rates and how to save and spend in a controlled, systematic way. In this unique program component, thrift, self-sufficiency, and planning are emphasized.

College Admission Program. As far as we know, this is the only program of its kind that has received a commitment from a college president of a major university system. Donna Shalala, past president of Hunter College, convened a meeting of all the teens and parents in our program and presented them with certificates. These certificates guaranteed their acceptance, as fully matriculated freshmen in an accredited college (Hunter College), upon completion of high school, participation in our teen pregnancy primary prevention program, and the recommendation of the teen

pregnancy project director. This commitment should serve as a concrete incentive to those young people who are interested in furthering their education and should affirm the fact that college is part of their future.

Many of the families of the youngsters in our program receive public assistance. The cost of college, therefore, could still make it impossible for some of these youngsters to attend. To address this situation, major costs at Hunter College will be paid through the numerous aid plans ordinarily available to young people who qualify for financial aid and through The Children's Aid Society's special fund, which supports youngsters who have financial needs that go beyond those supported by federal and state aid plans. Some financial support for education will also be available for those young people who participate in other CAS programs. In addition, academic support services will be provided, as needed, through the SEEK program and through a variety of other academic help programs available to the students of Hunter College.

The Results Thus Far

After 36 months of operation (the program was established in February, 1985), there are 175 young people (90 males, 85 females), ages 10-18, and 75 parents in the program.

- Only two females have become pregnant; and, to the best of our knowledge, only one male has caused a pregnancy.
- All the teens in the program are attending junior and senior high school; and approximately three-quarters of them are at grade level.
- There has been no reported alcohol or drug abuse.
- One hundred teens worked at part-time or full-time jobs last summer; 49 are currently working at part-time jobs after school and on weekends.
- Eighty-nine teens have bank accounts at the Carver Federal Savings Bank.
- Four teens and four parents have begun course work at Hunter College.

Footnotes

1. Children's Defense Fund, 1987.
2. Ibid.
3. National Research Council, Panel on Adolescent Pregnancy & Childbearing, 1987.

Michael A. Carrera EdD, is Thomas Hunter Professor of Health Sciences, Hunter College, New York; director of the Teen Primary Pregnancy Prevention Program. The Children's Aid Society, New York; past president of SIECUS' board of directors; and author of SEX, the Facts, the Acts and Your Feelings. Patricia Dempsey, MSW, is assistant professor of social work, Hunter College School of Social Work, New York; and program coordinator of the Teen Primary Pregnancy Prevention Program. The Children's Aid Society, New York.

The Teen Primary Pregnancy Prevention Program of the Children's Aid Society

The Teen Primary Pregnancy Prevention Program of the Children's Aid Society (CAS) is one program that takes a comprehensive approach to the issue of teenage pregnancy. Unlike traditional teen pregnancy intervention programs, the CAS program is a long-term program with multi-dimensional elements.

The program, which began in 1985 with 22 teenagers and 12 parents (not necessarily of the teens enrolled), now serves approximately 200 youths and 75 parents at three locations in New York City; it has also served as a model to increasing numbers of family and youth service organizations. Teenagers and parents learn about the program and are recruited through three community centers in Harlem. The pregnancy prevention program is delivered with the cooperation of the Children's Aid Society and draws from several existing community teen services that involve parents and peer counselors from the community it serves. It receives financial support from the Children's Aid Society as well as from other public and private donors.

Designed and implemented by Michael A. Carrera, PhD, Thomas Hunter Professor Emeritus of Health Sciences at Hunter College of the City University of New York, and director of the CAS adolescent sexuality programs, the program focuses as much on educating young people about their life options and how to take advantage of them, as it does on the biological and physical aspects of sex and contraception. According to Dr. Carrera, the multidimensional, community-based program is similar to the support one should receive in

the family, support that is often inadequate in the participants' lives.

A practitioner with young people and families for over 30 years, Dr. Carrera stated in an interview that much of what he does now has evolved as a vision shaped by and based on the premise that orthodox approaches to dealing with the problem of teenage pregnancy have failed. "The reasons for the failures," he explained, "are that people believe that simply providing information and knowledge will head off the problem, but this approach alone isn't durable and doesn't penetrate to the core of the problem. That is not to discount its importance, but these techniques must be linked with all other factors and forces."

of the problem. It's not enough to teach coping skills, or to tell teens to use contraception, or to tell them to 'just say no.' You need to take a holistic approach, where you work with the same people days and weeks and months and years," he emphasized.

According to Dr. Carrera, the teen pregnancy problem is largely a symptomatic response to greater social ills and because of this, it must concurrently be attacked on several levels. The program's philosophy, said Dr. Carrera, is based on the belief that in order to create a climate where positive change can occur and where direction can be given to young people, it is necessary to influence multiple facets of their lives over a continuous period of time. "The



The best birth control education we could ever provide is to make young people feel as if there is something good about them...

*Dr. Michael Carrera,
Director of the National Adolescent Sexuality
Training Center for the Children's Aid Society*

A key feature of the program is its length. Open to children as young as 10 years old, it continues to help young people and families until they are independent. "The only way social change occurs is when you're involved with the same families over years and when children are exposed to repetition and good role models," Dr. Carrera said. "If any program is to be successful, it must get at the core

principal goal of the program is to treat teens as if they're our own children. This aspect of the program challenges contemporary practiced approaches," he said. Dr. Carrera also stressed that besides educating young people, it is crucial to try and produce within them a desire to avoid unintended pregnancy as well as to provide them with the ability to make responsible sexual decisions.

"By themselves, programs of family life and sex education in the schools and in agencies will not reduce unintended pregnancies among teens," Dr. Carrera warned. "Without kids knowing that they are valuable, all the knowledge in the world will do no good, it would just be memorization. The most powerful contraceptive is knowing that you're a valuable person in the world and can make something of yourself. The best birth control education we could ever provide is to make young people feel as if there is something good about them, that they are special, that their bodies are clean and good. People who feel that way about themselves rarely do things to hurt themselves."

While the program's principal thrust is primary pregnancy prevention, Dr. Carrera stated, "We recognize that in the real world not all young people listen to the wisdom of adults. Even though we hope they will delay, we have to have available alternatives. We believe that teens should delay having intercourse, for as long as possible, because intercourse is the kind of special intimacy that best fits a relationship later in life. However, we are mindful that intercourse for some teens is a way of coping with their feelings of poor self-image, fatalism, and unhappiness. Therefore, we're prepared to replace this coping mechanism (sex) with options, possibilities, and experiences that are meaningful, including educational and work experiences as well as other activities such as sports."

Through providing students with a consistent and continually supportive setting, and by giving them a more hopeful sense of their futures, it is possible to convince teens to forego early pregnancy and childbearing, explained Dr. Carrera. "When more hopeful, young people, in general, value and have a more positive sense of themselves," he said. "They develop appropriate coping skills; become more active and less passive; have more opportunities open for them;

and are more willing to communicate about their sexuality in the presence of a caring and supportive adult."

Staff education experts are available for ongoing individual and small group tutorials, and to provide guidance and on-site contraceptive services when necessary, so that unintended pregnancy does not occur. On-site medical and health services provided by physicians and nurse practitioners with adolescent

This regular supportive feedback is a critical element in contraceptive compliance, according to Dr. Carrera. "When teenagers use contraception consistently, there is no outcome, nothing happens... But teenagers are concrete people; they want something to happen and they need positive reinforcement to continue to use contraception consistently. Positive reinforcement helps kids feel good about taking care of themselves, and encourages responsible behavior."

Seven Primary Prevention Program Components:

- On-site primary health care services
- Self-esteem enhancement
- Skills training in individual sports that emphasize self-discipline and self-control
- Academic assessment; homework help; and guaranteed college admission program
- Family life and sex education unit
- Job club and career awareness program
- Individual counseling

and reproductive health expertise are available to all students, regardless of whether they are seeking primary care or contraceptive services. Long-term medical records are kept on each student, which assist the health care team in selecting an appropriate contraceptive for those seeking contraception. A reproductive health counselor is assigned to follow each student on a weekly basis and ensure that they have access to and are using contraception. The meetings are informal and often take the form of a walk to the store, or an afternoon at a ball game. Such interactions help to build trust between the student and worker and provide students with the opportunity to bring up any concerns they have.

Through addressing every aspect of the students' lives, the program fosters self-esteem and helps young people develop a personal sense of responsibility and a sound value system. "Each element of the program reinforces the message that by finishing school, staying off drugs, and avoiding pregnancy, every teen has a chance to succeed," stated Dr. Carrera.

Program Components

The family life and sex education component consists of a formal 15-week, two-hours per week educational experience held separately for teens and for parents. The program centers on a broad understanding of sexuality. While there is discussion of sexual anatomy, reproduction, AIDS, other

Program Highlights:

- Students who participate in the program and receive a high school diploma are granted automatic admission to Hunter College of the City University of New York.
- Through the program's scholarship fund, CAS provides participants who go to Hunter with cash for books, transportation and other needs.
- All youths in the program are guaranteed jobs.
- Enrolled youth must establish bank accounts to save their earnings.
- The program employs physicians and nurse practitioners who provide medical care to the participants.
- Trained counselors work with all the youth.

STDs, and contraception, more emphasis is placed on exploring issues such as gender and family roles, body images, and patterns of affection, love, and intimacy. Roles, responsibilities, and values are emphasized in the program.

In addition, all program participants — teens as well as parents — are guaranteed admission as freshmen to Hunter College upon completion of high school, participation in the primary prevention program, and the recommendation of the teen pregnancy project director. This commitment serves as an incentive to young people who are interested in furthering their education and affirms the fact that college is part of their futures. Financial aid for college expenses is available through a special Children's Aid Society Scholarship Fund.

The job club and career awareness program is a weekly two-hour program conducted by employment specialists, in which young people can explore the types of career and professional possibilities available to them. All participants receive a social security card and learn how to fill out working papers and job appli-

cations. Students also participate in role-playing job interviews. All students who participate in the job program get a part- or full-time job and are required to open bank accounts. Those who are too young for working papers participate in the Entrepreneurial Apprenticeship Program.

Mental health services, including social work services and counseling, are offered by professional social workers. Clinical assessments are prepared on each individual who is seen for ongoing counseling and more serious cases are referred to either the Children's Aid Society's mental health unit or to local mental health agencies.

The academic assessment and homework help program offers one-on-one and/or small group educational support for teens several days a week at regularly scheduled times. Because self-esteem enhancement is considered integral to the program's success, a self-expression program is taught by professional actors and actresses that provides opportunities for teens and parents to explore issues through a variety of mediums. In weekly two-hour workshops,

parents and teens explore issues through music, dance, role-play, and dramatizations that range from conflict resolution — in school and at home — to how to present oneself for a job interview.

Finally, the lifetime individual sports program gives young people the opportunity to learn skills requiring self-discipline and self-control that are transferable to other aspects of participants' everyday lives. If teens should decide to become sexually active, these types of experiences and skills may also help them develop the discipline and control necessary for the consistent use of contraceptives, so that unintended pregnancy can be avoided.

Although there have been no controlled group studies of the Children's Aid Society's *Teen Pregnancy Prevention Program*, its impact is promising. During the first five years of the program, eight teens had a pregnancy and two males caused a pregnancy. All teens in the program are attending junior and senior high school. In the fall of 1994, 75 students will attend Hunter College. As of April 1994, 10 local New York City agencies and 10 cities outside of New York are replicating the CAS model.

Although the CAS program appears to work, one concern that has been expressed is its high labor- and cost-intensity for the relatively small number of people it serves. The annual cost per student is \$1,500, and individuals usually participate in the program for several years. In 1993, the annual operating budget of the program was \$415,000 from private donors.

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American Ideas

Adolescent Pregnancy Prevention



Giving Teenagers a New View of Their Future

By involving adults, Michael Carrera helps young people believe in themselves

BY MELISSA LUTKE

Here was a man out of place. A slender man dressed in a stylish business suit, he sat by himself, night after night, in the bustling entryway of the Dunlevy Milbank Center in the middle of Harlem. His narrow face bore a trusting smile that masked a dogged purpose. He was trying to teach a course on human sexuality for neighborhood parents, and often nobody came. But he kept showing up. Michael Carrera, professor and prophet, understood that as a white man and an outsider he needed the parents' support if he wanted to come to their community to help their kids. "Involving parents is a show of respect," he declares. "It says they are valuable, their kids are valuable, their family is valuable." After a few months, families knew Carrera wasn't going away and that he was there to help. A few began to listen and, soon, their kids listened too.

Carrera holds the Thomas Hunter Chair of Health Sciences at Hunter College. But it is some 50 blocks uptown, in Harlem neighborhoods, where nearly 1 out of every 4 babies is born to a teenage mother, that Carrera's teaching is put to its sternest test in the Family Life Education and Adolescent Sexuality Program, which he created. Pregnancy-prevention courses, Carrera argues, are generally too narrow in focus to succeed. His approach is holistic, born of a simple premise: Give young people a sense of their own promise, and they will not be as likely to disrupt their lives with an early pregnancy.

But this simple premise is difficult to execute. "To move kids from fatalism to industriousness," says Carrera, "the intervention needs to be complex and long-standing." After those initial months of intense scrutiny and understandable suspicion, Carrera managed to assemble 22 girls and boys, ranging in age from 13 to

16, and a smaller group of parents for courses on family life and sex education. "The kids are riddled with mythology about these things. There is a real need to inform," he says. Before long, the youngsters were not only learning but also receiving a range of support services from adults who were willing to make a long-term commitment. "For too many of



Cary Dixon and others provide teenagers with useful role models

"This is not a value-free program. We have a message that delaying sexual activity is good."

these kids, adults have disappeared on them," says Carrera, who has remained personally involved with each of the kids and their families during the past five years.

Physicians from a local hospital provide comprehensive health care. Tutors recruited from the Junior League help with homework, and employment counselors place the kids in summer jobs. "Many employers have stereotypes of black urban youth," says Mary Kay Penn, who manages the Milbank program. "It is very hard to persuade them to take these kids on, even when we pay the salary."

But last summer Penn placed 75 of the kids in jobs, and Carrera added a silk-screening program so they could learn to design and sell T shirts.

Though contraception is available—prescribed by a doctor with parental consent—Carrera knows that access to birth control is not enough. "When kids are empowered with information and stimulated by hope for the future, it has a contraceptive effect," says Carrera. "Education. Employment. Their own bank accounts. Good health. Family involvement. Self-esteem. These are also contraceptives. It's the total fabric that is important." Carrera also teaches them how to play sports, like squash, that rely on individual discipline and control. "Whenever you posit a single solution to a complex problem, you are not as successful as you can be."

Success in Carrera's program brings a substantial reward. Under an agreement made with former Hunter College President Donna Shalala, students who graduate from high school and complete Carrera's program are guaranteed admission to Hunter. So far, 15 participants, teens and parents, have enrolled; Shavon Glover, a mother at 15, before she met Carrera, was the first. "I always had college in the back of my mind, but I didn't think I could do it," Glover says. "When I met Mike, everything started lifting up."

Since his initial success at the Milbank Center, Carrera has expanded his program to include two other community centers in Harlem, one of which is in a predominantly Hispanic neighborhood. Carrera receives financial support from New York City's Childrens Aid Society and devotes many hours each week to

fund raising from private as well as public sources. The cost for each teenager is about \$1,500 a year, and the paid staff members are all indigenous to the community. "Most adolescent pregnancy programs are headed by white female social workers," says Cary Dixon, a 48-year-old black man who teaches the family-life course to boys at the Frederick Douglass housing project.

Dixon serves as a crucial role model, particularly for the many boys who don't have fathers at home. "When I grew up, families were there to teach kids that there are certain boundaries," he recalls.

American Ideas

"Now there is no discipline in their lives. Kids' lives are like basketball played without lines." He believes Carrera's approach holds promise. "By keeping these kids on a clear education track, by having them understand the importance of delaying pregnancy and by including parents, Mike is doing what others aren't," he says.

In all, about 225 kids and 75 parents are participating in Carrera's three Harlem-based programs. Carrera's track record is impressive. In four years only two girls have become pregnant and, as far as the counselors can tell from their intimate weekly individual discussions with the kids, only one boy has fathered a child. "This is not a value-free program," he explains. "We have a message that delaying sexual activity is good. We are taking a stand." This year the Childrens Aid Society is establishing the Stern National Training Center for Family Life Education in Manhattan, where Carrera will teach his techniques to others searching for ways to cope with adolescent pregnancy in their community.

"The message is that if you expect changes in kids, you have to be in for the long haul," Carrera warns. "That is necessary to overcome the myths and go up against the stereotypes that surround these kids' lives." So far, Carrera has managed against great odds to outlast all those who said it can't be done. To do it, he had to learn how to overcome the everyday frustrations that inevitably accompany adolescent struggles. He calls his technique "patient endurance."

But Carrera also is energized by memories of his own youthful struggles and of adults who helped him find his way. His beliefs in the power of family and of public service are woven from the fibers of his childhood. Born a half-century ago in the Bronx to immigrant parents, a house painter and a patternmaker, he found his role models in an attentive and extended Italian family. "I found there is strength in family," says Carrera, who was the first in his family to graduate from college, and ultimately earned a doctorate from Columbia University. Along the way he taught junior high students in the Bronx, and there he discovered his calling. "It was clear to me how poorly these kids were treated," he recalls. "I saw how responsive they were to being around a caring adult, how that would get them turned on to other things, such as learning."

Now that he can, Carrera gratefully gives something back to kids. "These kids don't often have someone saying they can do things. Instead there always seem to be barriers put in their way," he says. "So we're going to be the ones to say, 'We're glad you're here. You can do it.'"

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Teen-Agers With Plans, Not Babies

Every year at least 33,000 New York City teen-agers — nearly half of whom are 17 or younger — get pregnant. If anyone were to ask them why, the majority would probably answer "Why not?" It isn't as if parenthood would stop them from finishing school, embarking on careers, buying their own homes. They hadn't planned on doing those things anyway. Most, in fact, have no plans at all.

The Children's Aid Society's Teen Pregnancy Prevention Program therefore provides teen-agers with plans. The 220 youngsters, male and female, who are enrolled have summer jobs and the promise of a Hunter College education should they complete the program and graduate from high school.

Most of them will probably make it, too. In the nearly four years since the program began — in Central Harlem, where the teen pregnancy rate and the infant mortality rate are the city's highest — only two of the girls have gotten pregnant and only one of the boys has fathered a child. In a city where 40 percent of all girls will be pregnant at least once before 20, this is a significant success.

The program, which involves teachers, medical personnel, social workers and some volunteers,

functions out of community centers similar to old-fashioned settlement houses. The idea is to give youngsters the kind of care that is supposed to come from one's own family: medical and dental care, academic assessments and help with homework, sex education, athletic programs and a performing arts program. "It means being in for the long haul," says the program's director, Dr. Michael Perrera — "seven days a week for several years."

A program so comprehensive doesn't come cheap. It is funded by a little money from New York State's Department of Social Services and the Children's Aid Society, and a lot more from foundations and a few corporations. But the cost of \$1,500 per child per year is a drop in the bucket compared with the billions spent on welfare, Medicaid and food stamps for teen-age mothers and their babies. The other cost of teen-age pregnancy — blighted lives — is, of course, incalculable.

All over the country Americans are looking for ways to help poor young mothers raise their children. Any Americans looking for a way to help them stay in school, get a job and delay childbearing would do well to look this way.

THE NEW YORK TIMES, MONDAY, NOVEMBER 7, 1988

Correction

An editorial on Saturday referred incorrectly to the director of the Children's Aid Society's Teen Pregnancy Prevention Program. He is Dr. Michael Carrera.



TEEN PREGNANCY VALLEY CRISIS

By Ken Robison

from New York City

■ A few years ago, Michael Carrera came up with a bold new approach to teen-age pregnancy prevention.

Simply put, you deal with the problem above the neck, not below the waist.

That sounds simple, but Carrera would be the first to tell you there is no simple answer. Indeed, he recognizes that most pregnancy prevention programs don't succeed for that very reason — they're too simple, or single-minded.

"We have recognized that teen pregnancy is a complicated problem," he said recently from his office on New York's Upper East Side. "And complicated problems demand complicated solutions."

There are a number of social and

economic factors in the teen pregnancy problem, Carrera said.

"Institutional racism is a factor. These people are born and grow up feeling less entitled to the good life. And we expect that won't affect their feeling of hope."

"That produces fatalism, and if you have a fatalistic attitude, you don't use birth control, because there's nothing in it for you."

"This country needs to face teen pregnancy as a major national issue. That's a different way of looking at the problem than, say, blaming Madonna."

"Madonna's lyrics don't cause teen pregnancy."

Carrera believes such social factors as school dropouts contribute to teen-age pregnancies, so he began what he terms a "holistic" approach to the problem, and based his program in Harlem, where nearly one in four babies is born to a teen-age mother.

At three community centers, young African-Americans and Hispanics commit themselves to staying in school, earning money in summer jobs, opening bank accounts, participating in sports and artistic endeavors and attending family life education programs.

The payoff, for those who complete the program and graduate from high school, is guaranteed admission (and funding) at New York's Hunter College.

It's an expensive proposition — \$1,500 per child per year — but Carrera looks at it as less expensive in the long run.

"It's costly, but not when compared to the cost of building families that begin with birth to a teenager. Look at that bill, it was \$19 billion in 1987."

Most programs in America today offer service to teen-age parents, Carrera said, but that's not enough. "We should double and triple our

resources for primary prevention. We should be on a course where we [ultimately] will no longer have a need for programs for pregnant and parenting teens. Our primary pregnancy prevention should be so good that problems do not emerge on the other side."

To accomplish that, Carrera and his associate, Patricia Dempsey, have aimed their approach at giving teen-agers reasons not to become pregnant.

"If you build self-esteem through self-mastery, young people won't get involved in reckless behavior, because being a dad or being pregnant will get in the way of future plans," said Dempsey, a social worker who joined with health educator Carrera in running the Harlem program four years ago. Both teach at Hunter College.

What they came up with is a series of components that give young people an opportunity to rise from the typical despair of the inner city. "We give them options to get out of the ghetto," said Dempsey.

Students in the program contract to:

■ Stay in school.

Young people are given academic assessment tests, and their scholastic progress is carefully monitored. If needed, volunteers (from the New York Junior League) are available for tutoring. In addition, a homework-help program is provided twice a week.

■ Get a job and bank their money.

Young people are required to obtain a Social Security card, and must secure a full-time or part-time job during the summer. Those under 14 join the "entrepreneurial apprenticeship program," where they earn money selling food and drinks at the community center's basketball games and dances.

The students are required to open a bank account.

■ Play a sport.

Basketball is a popular sport at the community centers, but the pregnancy prevention program requires its students to learn an individual sport that will last a lifetime.

Tennis, squash and swimming are sports which require self-discipline and self-control to master. Unlike basketball or football, in which a player can shift responsibility to a teammate, a tennis player has only himself to blame — or succeed.

■ Attend family life education classes.

Two hours a week for 15 weeks, young people and their parents (in separate sessions) learn about human sexuality from a holistic point of view. That is, while the discussions include sexual anatomy, reproduction and contraception, more emphasis is placed on such issues as gender roles, family roles and patterns of affection, love and intimacy.

Other components of the Harlem program include artistic creativity (drama and silk screening are two current outlets) and health, medical and mental health services.

Carrera said he began his program at the neighborhood community centers because that's where many teen-agers hang out. The Children's Aid Society, under whose auspices (and funding) he operates, runs the centers.



Dana Lewis, from right, drama in incy prevention n In Harlem works to le students in school.

Learning to make future bright

By Ken Robison

from New York City

■ A persistent rain and the threat of being egged by pranksters kept many young people away from the Frederick Douglass Community Center at 104th Street and Columbus Avenue on Halloween night.

For those who attended, it was business as usual. That business is keeping teen-agers from having babies.

In one room, Nancy Nunez was teaching her weekly class on sexuality to 14-year-olds Latasha Myers, Tanneeka Brown and Rameela Mapp.

The three girls are beginning their second year as participants in the teen pregnancy prevention program at Douglass center.

The class serves several purposes, the girls said. "It keeps kids off the street," said Tanneeka. "You're with your friends," said Rameela.

But just as important, was the information they gleaned from Nunez' course. "Most girls just think about sex," said Latasha. "They don't learn what we do, the correct facts. We pay attention to our bodies."

It's clear, in talking with the girls, that they've learned more from the

program than simply reproduction and sexuality. The program's message — that a bright future is the best reason not to get pregnant — is getting across to them.

"I want to be a social worker," said Latasha. "I want to do something to help people," said Rameela.

They understand that such commitments mean putting off having a family. "When I'm old enough," said Tanneeka, "Then I'll make a commitment — if I want to."

Down the hall, other teen-agers were being tutored on their school work by volunteers from the Junior League of New York. Dana Lewis, an actress who coordinates the volunteers, was play-acting with several young people on scripts they had written.

In another room at the Douglass center, seven parents were meeting in a class on sexuality. They were there because they recognize the value of the program, both in giving their children a positive look at the future and in creating better communications between parent and child.

"It's made me a more askable parent," said Rosa Marie Gibson, mother of five children ranging from 7 to 17 years old.

"It's kept me current with the adolescents. They're surprised what I've learned here. They say, 'Mommy, you know that?'"

"My 13-year-old son is learning

sex education without books and without a locker room mentality."

Oscelina Watson said her participation in the program has enabled her to better communicate with her 13-year-old son, Jamarr.

"I use the proper words, I don't have to beat around the bush," she said. "I know he's had the class, and what he's learned."

"He knows that he has a lot of time to be a father. I tell him, get a job, start a business, then have a family when you can afford one."

"I plan to send my daughters [ages 2, 6, 7] here. If you give the kids something to do and keep them off the streets, they won't hang out at each others' houses, where the beds are..."

"Kids will do what kids do," said Watson, "but when they're here they're not with kids that are doing drugs and having babies and bragging about it."

Edward Mapp, was the only father in the group, said the program brings parents and children together.

"My daughter — 13 going on 14 — is at the age when girls get involved with boys. I didn't feel ashamed to talk to her about condoms, sex and venereal disease. I can talk with her more easily."

"Men don't talk to their children about sex. Now I tell my sons they can have girlfriends — not just for sex, they can just be friends."

20-year-old is beating the odds

By Ken Robison

from New York City

■ When Michael Carrera wants to illustrate the success of his pregnancy prevention program, he sends interviewers to Hunter College, where Hazel Aberdeen is firmly planted in her third semester.

Bright, articulate and goal-oriented, Aberdeen would seem to be a walking advertisement for Carrera's plan of offering a college education to ghetto kids.

Ironically, the lure of college wasn't what brought Aberdeen into the program five years ago at Dunlevy Milbank Community Center.

"Sure, I heard about the benefits," said Aberdeen, relating her initial exposure to Carrera's family life and sex education program. "But I didn't think it would come true."

"I stayed [with the program] because I enjoyed it."

Aberdeen lives with her mother (who has a clerical job in New Jersey) and younger brother in a housing project at 118th Street and Fifth

Avenue in Harlem.

According to the Children's Aid Society, it's a neighborhood in which 70 percent of the girls get pregnant before they're 20 years old. Aberdeen was just 14 when the first of her friends had a child.

The CAS' Milbank center is right next door, and Aberdeen used to hang out there on the basketball courts and game rooms.

So when Carrera asked her to join his fledgling pregnancy prevention program five years ago, she replied, "I might as well, I've got nothing better to do."

Today, Aberdeen has discovered that the promises of a college education were indeed true, and she's studying for a career as a social worker.

"This program helped shape what I want to be, what to look forward to," she said during a break from her studies and her part-time job in the college admissions office.

"It helped a lot as far as getting me into Hunter. I probably would have thought I couldn't get in. I'm not a brainiac, just an average 20-year-old trying to do my best."

The Children's Aid Society, which funds and oversees the pregnancy prevention program, also pays Aberdeen's salary through its contract

ment with Hunter College.

"Working there has encouraged me to do better in school. I send out probation reports, and I don't want to send one to myself," she said, laughing.

In addition to giving her a brighter future, the Milbank pregnancy prevention program instilled values that help Aberdeen cope with life.

"It helped me deal with pressures, such as sexual pressures. It's hard being a teen-ager. There's so much pressure, it's unbelievable."

"Girls get pregnant because they meet a guy, they like him and he says, 'Hey, baby, I love you.'"

"Then he says, 'If you love me, you'll do it.' A lot of girls fall for it. They don't think they deserve any better."

"They never say, 'Raising a baby is so hard,' but I know it is. They don't tell you like it is, they try to make it sweet and nice."

"But when you're 20 and have two kids, what's so sweet about that? That's your best [years]."

"They say, 'It's not as bad as you think it is.' They try to trap their own friends, instead of telling the truth."

Aberdeen isn't buying any of that, "because I've got a goal of being a social worker and I know it's not



Dream of college education came true for Hazel Aberdeen.

get more excited every day, excited about helping people they way people helped me."

Despite a hectic schedule of school, work and other duties, Aberdeen said she tries to make time for her friends and to go to a gym.

She also continues to visit June Carrera, Michael Carrera's wife,

levy Milbank center.

"We have good conversations," said Aberdeen. "Kids need someone you can trust and talk to as an adult, who'll give you advice but is not your parent."

Someday, if her hopes are realized, Hazel Aberdeen might be one



Michael Carrera says the country needs to face teen pregnancy as a national issue instead of blaming Madonna. 'Madonna's lyrics don't cause teen pregnancy.'

Carrera is adamant that any program aimed at curbing teen-aged pregnancy must be multi-pronged and long-lasting.

"What's crucial is the philosophy, the point of view. We're in it for the long haul. It's going to take some time. I went to Harlem every night for five years. Now they know, I'm going to last, not disappear."

Yet, Carrera and Dempsey are visiting Harlem less often. That's because they have turned the everyday workings of the program over to the community center staff.

"Forty-seven of the 50 staff members are black or Hispanic," Carrera said. "They identify with the culture in a way I can't."

Carrera recognizes that changing people's values and attitudes takes time, but he's encouraged by the success the program has seen in its first five years.

Currently, 225 young people and 75 parents are participating in the three community center programs. In the first four years of the program, only two girls became pregnant, and as far as counselors can tell, only one boy fathered a child.

Meanwhile, 116 participants from the program — including parents — have enrolled in Hunter College.

These days, Carrera and Dempsey are involved with the National Sexuality Training Center, which will train others to let

up programs similar to those in New York.

But in addition to training in technical aspects of the program, Carrera wants to instill a basic philosophy.

As he told Time magazine, "When kids are empowered with information and stimulated by hope for the future, it has a contraceptive effect."

Want a Baby? First Get a Life

By RICHARD LACAYO

BY THE AGE OF 12, KATHERINE MIMS WAS WHAT YOU MIGHT CALL A WELFARE mother in training. That was in 1985, when home was a two-bedroom Harlem apartment that she shared with her mother, four brothers, one cousin and a pregnant aunt who was 14. All of them were supported by welfare checks, a background that might have put Mims in line for early pregnancy, an education cut off in the ninth grade or so and a long stretch on public support. Instead, she is married today and looking forward to starting a family—after she finishes her degree program at Manhattan's Hunter College. Even she sounds surprised by it all. "I didn't think I'd make it out of high school."

And what might it take to accomplish such a small miracle? This much: private tutoring to help her finish school, weekly lessons in sports like swimming and tennis, career counseling, a summer job—and a guaranteed college education. All of that became available to Mims the year she turned 12 and heard about the Family Life and Sex Education Program of the Children's Aid Society, a social-service agency in New York City that aims to help inner-city teenage boys and girls to get a life before they go about conceiving one. The goal is to reduce teenage pregnancy in a sneaky way, not so much by preaching against sex as by bringing enough structure and accomplishment to the lives of the kids involved that they keep themselves in line. As the ultimate incentive, every graduate is promised admission to Hunter, with full tuition. "We knew we needed a carrot-and-stick approach—and Hunter

was the carrot," says Donna Shalala, Bill Clinton's Secretary of Health and Human Services, who initiated the program in 1985 when she was the school's president.

Program Director Michael Carrera claims that of the 250 teen graduates there have been only eight out-of-wedlock pregnancies among the girls. Only two of the boys are known to have fathered children. Forty-one percent of those who finish the program go on to college. "The most potent contraceptive you can provide is to help them believe that they are valuable," he says.

"Young people who feel that

way are rarely irresponsible sexually." Because it works with small numbers of kids who are at least sufficiently motivated to sign up, it's not possible to tell if the same program would be as successful with a full cross section of inner-city kids, or whether its potentially costly combination of close supervision and college-tuition guarantees could be duplicated on a wider scale. Even so, 10 cities around the U.S. have developed programs modeled after Carrera's.

Though the program includes classes in sex education and family planning, the focus is on gaining skills that lead to a life of stability and regular employment. "In some sessions they would ask, 'How much do you plan on making?' Then they showed you how much it would cost to raise a kid," says Donell Harvin, who completed one of 10 New York programs that have sprung up in emulation of Carrera's. "They were never really pushy about sex." Experts in teen sexuality say that's one of the most effective ways to discourage early pregnancies. "Most middle-class youths take a strong interest in their future and know what a pregnancy can do to derail it," says Elijah Anderson, a sociology professor at the University of Pennsylvania who has studied sexual norms among the urban poor. "In contrast, many inner-city youths see no future to derail." That leaves open the question of what Americans are willing to pay to put them on the right track.

—Reported by Ann Blackman/New York



ALEXANDER/ASA—MARRIOTT ON TIME

"We give guidance and support and love," says director Carrera, with program graduate Harvin

Dr. Michael A. Carrera

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Thank you
Alan

1

Dr. Michael A. Carrera

Ms Torrey

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