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# Including Social Service Clients in the Organizational Decision Making Process

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INCLUDING SOCIAL SERVICE CLIENTS IN THE ORGANIZATIONAL  
DECISION MAKING PROCESS

by

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ABSTRACT  
INCLUDING SOCIAL SERVICE CLIENTS IN THE ORGANIZATIONAL  
DECISION MAKING PROCESS

Josie de Hartog, B.S.

Marquette University, 2012

Empowerment of clients is a goal of many social service organizations and yet a concept that is hard to define and often complicated to implement. This professional project looks at the importance and practice of empowering parents in a teenage pregnancy prevention program through a case study. A survey of parents supported the idea of empowering practices leading to parents becoming partners with the organization in the education of the community. In a qualitative study, this researcher offers the practice of taking empowerment a step further in asking participants of the program to take part in the decision of what should be next for the program.

*Keywords:* teen pregnancy prevention, empowerment

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Josie de Hartog, B.S.

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TABLE OF CONTENTS

ACKNOWLEDGMENTS ..... i

LIST OF TABLES ..... iv

CHAPTER

I. INCLUDING SOCIAL SERVICE CLIENTS IN THE ORGANIZATIONAL  
DECISION MAKING PROCESS .....1

II. LITERATURE REVIEW

Expansion of Teenage Pregnancy Prevention Programs .....5

What is Empowerment? .....6

Requirements for Using the Empowerment Approach .....9

Barriers to Using the Empowerment Approach .....10

Personnel factors .....10

Demands of funders versus community needs .....12

Teenage Pregnancy Prevention Programs as a  
Community Issue .....13

Inclusion of Family in Empowerment and Decision Making .....14

III. METHODOLOGY

Preparation .....16

Design and Procedure .....17

Participants .....19

Analysis of Results .....19

IV. FINDINGS

Results of Questionnaires .....21

Empowerment from program.....21

	Empowerment through evaluation.....	23
	Discussion and Narrative .....	27
V.	CONCLUSION	
	Future Research .....	29
	Research Limitations .....	30
	Concluding Remarks.....	30
VI.	REFERENCES .....	31
VII.	APPENDICES	
	Appendix A: Peer Facilitated Teen Pregnancy Prevention Teen Program Curriculum .....	36
	Appendix B: Peer Facilitated Teen Pregnancy Prevention Adult Program Curriculum .....	40
	Appendix C: Consent Information Sheet .....	44
	Appendix D: Survey .....	45

LIST OF TABLES

Table 1: Respondents information sharing .....22

Table 2: Program topic changes .....23

Table 3: Program design changes .....25

Table 4: Feelings regarding inclusion .....26

### **Including Social Service Clients in the Organizational Decision Making Process**

Teenage pregnancy is not only a condition that affects an individual girl, but also affects and is affected by the girl's nuclear family, her extended family, her community, the state, and the nation. Many courses and programs have been developed and implemented to address the issue at an individual level, to teach about human reproduction at a biological level, and to teach about individual choices. These programs have been successful in lowering the teenage pregnancy rate. For example: the teenage pregnancy rate in Milwaukee, Wisconsin has dropped from around 90 per 1000 between the ages of 15-17 years old in 1993 to just above 50 per 1000 in 2004. Despite this progress, Milwaukee ranked 4<sup>th</sup> worst of the 25 largest industrialized cities in the United States for teenage pregnancy rates (Fillmore, Jones, Blair, Chen, & Baker, n.d.). In 2008, the rate dropped again to 46.73 per 1000 teenage pregnancies per year showing continued but slowing progress (Herzog, 2011).

Teenage pregnancy extends beyond the individual girl and the choices she makes to the influences of her extended family and their choices. Studies using nationally representative samples found that "the teenage birthrate of daughters of teenage mothers was more than twice that of daughters of women who were 20 or older at first birth" (East, Reyes, & Horn, 2007, p. 108). Even the influence of siblings can play a role, girls with sisters who have become pregnant in their teenage years are also significantly more likely to become pregnant than those girls who have sisters that do not become pregnant in their teenage years (East, Khoo, & Reyes, 2006).

Beyond the family, this is a community and a national issue. In 2002, the United States had the highest teenage pregnancy rate of any industrialized nation in the world. Estimates showed that the rate of births to teenage mothers was approximately one every minute. While nationwide these numbers have dropped, they are still at troubling levels given the risks teenage



pregnancy poses to both new mothers and their children. The death rate of women giving birth in their teenage years is twice as high as it is in those giving birth between the ages of 20-24.

Teenage mothers also show a higher rate of obesity and hypertension later in life than women who give birth between the ages of 20-24. Infants born to teenage mothers show a higher risk of physical ailments such as blindness, deafness, and mental retardation. These infants also have a higher risk of disabilities such as dyslexia and hyperactivity later in life. Correlated to the fact that teenage mothers are less likely to complete high school and are more likely to be single parents, 60% are living below the poverty line, causing the costs of all of the above increased health risks to be passed on to the community or taxpayers nationwide (Suner, Nakamura, & Caulfield, 2003).

Programming targeted at educating individual teens has aided in the reduction of teenage pregnancy rates. From 1993 to 2004, there was a dramatic drop in the rate of teenage pregnancy in response to the education of teenagers on human anatomy, choices of contraception, and choices after pregnancy; however, the rate of decline in teenage pregnancy has plateaued. Perhaps it is time to try a method to move the rate down again by being more inclusive in audience and offering programming that empowers individuals, families and communities to become partners in the solution and understand their interaction with the issue (Suner et al., 2003). This question is explored by this research project.

The research was conducted as a qualitative case study of a program administered by the Children's Outing Association (COA). The COA is a tax exempt 501(c)3 organization, founded in 1906, which provides multiple resources and programs for children and families. The organization, employing 395 employees, receives funds primarily through contributions and grants (Internal Revenue Service, 2010). The Children's Outing Association mission states:

COA Youth & Family Centers helps Milwaukee children, teens, and families to reach their greatest potential through a continuum of educational, recreational, and social work programs offered through its urban community centers and rural camp facility. As a multicultural agency, COA values diversity and cooperation, and promotes growth and positive social interaction.” (Children’s Outing Association, n.d., p. 1)

Future Milwaukee, a leadership development program, is affiliated with Marquette University’s College of Professional Studies. Its mission is “to develop, motivate and empower diverse, ethical leaders who create positive change in greater Milwaukee through effective civic engagement” (Marquette University, 2012, p. 1). Four colleagues and the researcher, members of Future Milwaukee, were charged with investigating and addressing an issue affecting women or girls in the city of Milwaukee. The team collaborated with Children’s Outing Association to conduct a quality improvement initiative by gaining feedback from the youth in the COA after-school program that had participated in the Peer Facilitated Teen Pregnancy Prevention program.

The Peer Facilitated Teen Pregnancy Prevention program, based on research of best practices, includes eight one-hour sessions for youth. Topics in these sessions include anatomy; birth control; sexually transmitted diseases and sexually transmitted infections; communication skills; building self-value, self-worth, and goal setting; and sexual and dating violence (see Appendix A: Program curriculum for youth groups). The program was successful in outreach to students in the after school program and to other school groups and organizations. Program facilitators found themselves in the position of being able to ask “what next” in terms of how to grow or enhance the program. These facilitators wanted to include past participants of the program in the discussion but were lacking the time to undertake the project on their own and

needed funding sources for the program. The program facilitators agreed that documentation from past participants; regarding the program benefits and needed additions could be helpful in applying for new funding sources. An informal conversation with the youth showed general satisfaction and positive feedback about continuing the program beyond its original constraints in both time and topics.

This background led the researcher to take a more formal look at the parents of the teens who had been through their own version of the program. The Peer Facilitated Teen Pregnancy Prevention program for parents includes sessions on anatomy, birth control, sexually transmitted diseases and sexually transmitted infections, communication between youth and adults, and sexual and dating violence. “Communication is a key factor in efforts to address the issues that are facing our city, but this cannot be done without proper education. The topics that are addressed in this program will educate participants and train them to be advocates” (Children’s Outing Association, 2012, p. 1) (see Appendix B: Program curriculum for adult groups).

A goal of the program is to help parents feel empowered and to take more ownership of things happening in their community. The goals of the entire program are to help reduce teenage pregnancy as well as sexual and dating violence in Milwaukee and to help build communication between adults and youth. This program encourages teens and parents to learn background information about teenage pregnancy and dating violence as a first step in being able to make informed choices. The next step of the program is to go beyond the individual. The program encourages its participants to speak out about what they have learned to their family and to community members. Some of the participants learn to facilitate classes themselves. The purpose of the program is two-fold: to teach and to grow the community.

The goal of this research is to determine if this program empowers parents to become partners in addressing teenage pregnancy in Milwaukee and to ascertain if it can have a greater impact by involving parents in the organizational decision-making process of identifying what the next steps for the program should be.

## **Literature Review**

### **Expansion of Teenage Pregnancy Prevention Programs**

A review of the literature shows that the Peer Facilitated Teen Pregnancy Prevention program administered by the Children's Outing Association follows current trends that embrace a holistic approach to teenage pregnancy prevention. Joan Helmich is the founder of the Northwest Institute for Community Health Educators. Her 2009 article, "What is Comprehensive Sexuality," is an example of the current trends in teenage pregnancy prevention. The article issued a call to the health education community for changes to be made to sexual education programs to make them more inclusive in both the populations they engaged and the topics covered. Helmich (2009) argued that there is a need for a wider range of skills and topics to be included in the definition of comprehensive sexual education, beyond the traditional prevention of pregnancy and sexually transmitted diseases. Programming must be collaborative and include broad topics such as effects of society and culture, social and emotional health, empowerment, critical thinking, and intrapersonal skills. She emphasized that education should not stop once the class is over but rather be part of a discussion that continues between teens and their parents and the community (Helmich, 2009).

This trend to make sexual education programming more holistic and interactive also follows changing expectations of social service clients in general. In a survey looking at the

expectations of clients of social service providers, a generational difference emerged. The teenagers, or newer clients, favored programming that included issues like empowerment; however, the elderly respondents showed a preference for the more traditional model of service, which did not include empowerment or extra participation on their part. New expectations from clients along with the call from teenagers for more emphasis on other topics, such as empowerment, must reflect changes within social service programming itself, particularly programs targeting teens or teen issues (Boehm & Staples, 2002).

Further arguments for including broad techniques of empowerment in teenage pregnancy prevention programs include the fact that these skills and mindsets are transferable. These skills can help to drive change in multiple areas of the community. In an examination of a peer educator led teenage pregnancy prevention program, an unexpected result occurred showing the teens behaving as change agents in the Lesbian Gay Bisexual Transgender community. In the program, the teens received training to speak out which was applied to condemning homophobic behavior and words on an issue that was discussed as related but not necessarily central to the main core of the program. Teenage pregnancy prevention programs must be seen as requiring inputs from families and others to take into account the particular factors of that community, but the programs can also extend beyond preventing pregnancy to include bigger impacts on the community through empowerment of all involved (Beshers, 2007).

### **What is Empowerment?**

The theory of empowerment addresses social change through an asset based approach. Instead of approaching community issues as something that a professional needs to fix, the theory focuses on an exploration of what the community already has and how that can be enhanced to deal with the issue. An organization can help individuals develop the skills and find

the resources to help or empower themselves instead of receiving handouts. This action leads individuals to a sense of control over their own situations and the ability to address them.

Empowerment exists at the levels of individuals, organizations, or entire communities and encourages an internal sense of control and influence over decisions. “Empowerment may include organizational processes and structures that enhance member participation and improve organizational effectiveness for goal achievement” (Zimmerman, 2000, p. 44).

Empowerment practices include terminology that refers to a sense of partnership in searching for solutions. In the past community organizations may have used terms like service provider and client, empowerment theory encourages the use of terms such as collaborator and participant. Organizations become one of many resources for the community, as opposed to the experts with the solution (Zimmerman, 2000).

An empowerment orientation also suggests that community participants have an active role in the change process, not only for implementing a project, but also in setting the agenda. The professional works hard to include members of a setting, neighborhood, or organization so they have a central role in the process. (p. 45)

As a theory, empowerment includes both actions and outcomes, which suggests that actions of inclusion and participation will lead to an outcome of being empowered to create change on one’s own. The theory also acknowledges that empowerment is entirely context specific. What is considered empowering with one group may not be empowering with a different group (Zimmerman, 2000).

The need and benefit of including empowerment into teenage pregnancy prevention programming is clear from the literature, but the topic becomes much more complicated when you attempt to incorporate empowerment practices into social service programming.

Empowerment is a term used to describe the practice of addressing a feeling of powerlessness. While it can be difficult to define a set activity that will create a sense of empowerment, the literature has identified types of behaviors and mindsets that lend themselves to the creation of this sense of self.

[Empowerment] involves clients or consumers in the planning, governance, or implementation of programs and suggests that the successful implementation of empowerment-based programs may require the use of participatory management techniques and the creation of an organizational culture that is based on a working partnership with others.” (Gutiérrez, GlenMaye, & DeLois, 1995, p. 251)

Empowerment practices within an organization can be seen in a variety of behaviors and relationships. They can be incorporated into the relationships between the organization’s clients and the staff. These practices can be seen in formal inclusion in the organizational decision-making structure, such as giving community members, receiving services from the organization, a certain percentage of the seats on the Board. Empowering practices can be seen in the relationship between the organization as a whole and other organizations (Hardina, 2005).

The concept of an empowerment-based approach does not appear in the literature until the 1960s and 1970s. Before that time, most organizations simply saw themselves as service and program providers. Beginning in the 60s and 70s, the idea gained currency that fulfilling organizational missions should be more inclusive of the concept of empowering clients to have a voice in the services they were receiving or to reach a point where they did not need those services. Including clients with different voices and ideas on how to best develop programming is a technique identified to strengthen social service programs. It was noted that the fiscally conservative mindset of getting people off welfare was not as important as people getting off

welfare, because they had developed a better life situation (Bartle, Couchonnal, Canda & Staker, 2002; Hardina, 2005).

### **Requirements for Using the Empowerment Approach**

In a survey examining personal and organizational practices of managers of social service organizations, Hardina (2011) found that the majority of those surveyed practiced management techniques based on the empowerment theory, and similarly worked in organizations that encouraged empowerment practices. However, these inclusive mindsets were often limited to the treatment of staff and working cooperatively with other organizations, but did not include the organization's clients.

Empowerment of the staff is a good first step, as it is necessary for the staff members themselves to feel empowered in order to assist the clients in achieving the same mindset, but it is only one step (Hardina, 2005). For an organization to be inclusive and empower both the staff and the clients, there must be a formal structure in place, which is highly supported by the manager. This structure must define precise roles for all in the decision making process so empowerment is embraced as something more than superficial. A formal structure also addresses possible staff concerns that by giving the clients too much power, they will be losing some of their own power (Hardina, 2005).

In a study examining focus groups of social workers and their clients, it was found that the social workers put a higher emphasis on the process of empowering their clients. The clients put a higher emphasis on tangible outcomes. A formal structure defining roles could also lead to the desired tangible empowerment outcomes of the clients (Boehm & Staples, 2002). The inclusion of clients in decision making also prevents clients from becoming dependent upon the organization or staff. When clients are not consulted about programming and the method in



which it is delivered, they can begin to view the staff as having all of the power and feel the sense of marginalization that the organizations are intending to discourage (Hardina, 2011).

In a case study of a Nashville-based human services organization, Evans, Hanlin and Prilleltensky (2007) found that there was a desire within the organization to operate in a manner based on strengths, empowerment and changing the community. This desire was not realized through a simple change of actions or programs, rather it required a change at the heart of the organization, its mission and its vision. The organization encouraged wide participation in clarifying its values and found success through demonstrating the very organizational values they were attempting to articulate through inclusion in the mission review process itself. The process of changing the mission and vision was successful due to the strong leadership of the head administrator, who led the organization to see the community members as partners in change as opposed to simply clients (Evans et al., 2007).

### **Barriers to Using the Empowerment Approach**

While empowering clients falls into the general mission of many social service agencies, there are factors overriding the agencies' intent to commit to empowerment based practices. These factors generally fall into the categories of inter- or intra-personal factors among the administration and staff or lack of time and/or funding (Gutiérrez et al., 1995).

**Personnel factors.** Barriers to embracing empowerment techniques can be seen in the discomfort felt by those who have long seen themselves in the role of caregiver. If employees are encouraging clients to be empowered and to be change-makers in their own rights, the helping role that many employees have held for years becomes less defined. Employees may not know how to execute this new approach, as it differs significantly from their past role of providing a service for people in need, because it requires a new skill set (Evans et al., 2007).

Part of the employee's new role can include empowering clients by including their feedback in decision-making about programming, which is a form of evaluating the programs themselves. Even evaluation may be difficult for the staff to embrace. For example, in interviews of community based organizations, funders, and technical assistance providers about the role of evaluation in Human Immunodeficiency Virus (HIV) prevention programs, a number of barriers to program evaluation were found. These barriers included:

- a lack of buy-in from the head administrator,
- buy-in from the administrator but not from the front line people who actually had to do the evaluation,
- lack of knowledge about how to do a useful evaluation and gather productive feedback,
- lack of funding or personnel time to enable evaluation to be something other than a burden, and
- lack of understanding that programming and evaluation are not usefully separable (Kegeles, Rebhook, & Tebbetts, 2005).

While program evaluation is a good way for administrators to interact with recipients of a service program, it can be difficult to apply to community programming. Program evaluation is often seen as quantitative with a set definition for program success. It must be more flexible to be applied to community programming. Contextual factors need to be taken into account, which can only be defined by the community members or program participants themselves. While evaluating a program and interacting with clients, administrators may find that the community sees the programming as having an entirely different impact on them than the administrator intended, but that does not mean these impacts are not relevant (Potter, 2006).

Program evaluation and gathering community feedback are fundamental to achieving the mission and vision, but they can be tricky. Evaluation ensures the program goals are being met for a particular community. If not, the evaluation identifies areas that need to be addressed. Gathering community feedback allows the community members to feel like they are a part of the programming and the organization is not trying to change the community against its will (Kotelchuck, 2010).

In an action research project, Bess, Prilleltensky, Perkins and Collins (2009) worked with two organizations trying to encourage receivers of the health or human services programs to more actively participate. The researchers examined the beliefs that programming and services may improve the personal wellness of individual clients, and that managerial techniques that are inclusive and empowering can have an impact on the health of the community at large. They found that organizations had to work through many barriers. These barriers include restrictions on funding, so precise that they left little room to alter the programming based on community feedback, and large demands on staff time being required to satisfy funding reporting, leaving little time for gathering community feedback.

**Demands of funders versus community needs.** The dual priorities of addressing client and community needs and the requirements of program funders can be time-consuming. Increased demands on time for training and reworking programs can occur if the inclusive mindset is new to the staff. Federal funding can also be a barrier when it requires a large amount of staff time to complete the reporting as opposed to working with clients. Time can be further restrained, because these competing priorities have different measures of success requiring tracking. Funder reporting is often more tangible in nature than tracking community needs and empowerment, which is often intangible (Bartle et al., 2002).

There are ways to address these complications. The reporting process can be improved if self-sufficiency and empowerment are noted through tangible measures. A consistent staff helps to decrease time spent on training and reworking of programs. Retaining a competent staff can be achieved through comprehensive staff training, development planning, and provision of competitive salaries where possible (Bartle et al., 2002).

Relationships between funders and community based organizations are characterized as partnerships, but sometimes they become top down hierarchies. Business values overtake the desire to develop the community, and consequently, the funders only address the surface issue and not the root cause of the issue in the community. Top down hierarchies cause a free market approach where the need identified by the individual funder can overtake the need of the community as a whole. Community based organizations should work on the community development system to create change and include community feedback wherever possible. These organizations should also work on building a new system where decisions are dictated by community needs and not the goals of the financiers. Building this type of system could prove particularly difficult, because one model would not fit every community and their development needs (Thibault, 2007).

### **Teenage Pregnancy Prevention Programs as a Community Issue**

Similarly, it is unlikely that a single sexual education and teenage pregnancy prevention program would fit the needs of every community. This programming cannot be taught in an isolated classroom. Educators must take into account the influences and conversations that are happening with teenagers once they leave the classroom. Sex education is an issue that affects the individual, the family, and the community. Teenagers who live in communities that show signs of poverty, such as high crime rates and low education levels, are more likely to become

pregnant than their peers. As part of a comprehensive program, these correlating community issues require acknowledgement (Yampolskaya, Brown, & Vargo, 2004).

Similarly, teenagers who come from families where teenage pregnancy has occurred in multiple generations and has become the family norm are more likely to get pregnant. Discussions of prevention have to include the families in order to change this attitude of acceptance and inevitability of teenage pregnancy (Minnick & Shandler, 2011; Tabi, 2002).

Coming together as a collaborative group, organizations working with the communities and parents, will ensure that no one needs to take on the sole responsibility for addressing this issue. The community organizations can collaborate with parents to create a strong message for teens and to address the issue together as a community. This partnership affords parents the opportunity to gain a greater awareness of their resources through expressing their needs to program organizers (Goldberg, Frank, Bekenstein, Garrity, & Ruiz, 2011).

### **Inclusion of family in empowerment and decision making**

Teenage pregnancy prevention needs to involve empowerment and inclusion for the teens themselves as clients, but there are also reasons to address the empowerment of the families and communities surrounding the teens who are in the program. Multiple factors lead to teenage pregnancy including (a) showing signs of independence from parents, (b) following in footsteps of family norms where teenage pregnancy happens in multiple generations, (c) lack of focus on the future, (d) lack of household discipline, (e) lack of knowledge or information, and (f) participation in other high risk behaviors. While making big life decisions, teens often cite using their family as a support system. This support system must be strong in its resolve to back up what the teens are learning in their classes. Support includes the parents having resources to fill

in the gaps in their own education and the parents becoming empowered by involving them in making decisions regarding relevant programming (Tabi, 2002).

Studies show there are a number of family issues that can increase the likelihood of teenage pregnancy in girls. These issues include being raised by a single mother, being the daughter of a teenage mother, and being the sister of a teenage mother. Several protective behaviors have been identified as ways to decrease the likelihood of teenage pregnancy. East, Khoo, and Reyes (2006) researched the factors that protect teens against teenage pregnancy. The study findings indicate:

... that protective parenting (as characterized by vigilant monitoring, strict parenting, clear sanctions against teenage sex and teenage childbearing, and high educational expectations) during early adolescence was associated with reduced rates of pregnancy in the presence of multiple family risks and high-risk peers. (p. 195)

These results show clear reasons to empower parents to become partners with the community organizations who are trying to prevent teenage pregnancy.

A study on increasing empowerment in teenage pregnancy prevention programs examined the results of interactive versus non-interactive methods of teen and parent programming. Both methods indicated no increase in communication among parents and teens about the topic; however, the interactive version indicated the parents having more rules about the topic. The interactive group also exhibited a greater gain in knowledge about the topic. Even though the amount of time and comfort teens had in talking to their parents remained relatively consistent or decreased, the teenagers ranked their parents' opinions on the topic as more important than their friends' opinions. The respect for parents' opinions and an increase in rules

set by parents indicate empowerment of the parents by including them in the sexual education programming in an interactive way (Lederman, Chan, & Roberts-Gray, 2008).

This interaction of parents with community organizations, teaching sexual education or teenage pregnancy prevention programs, may also empower parents to deal with boundary issues. These issues often arise with parents who find it hard to set limits on their teenagers, who are dealing with adult situations much earlier in life. Interaction of parents with the programming can change the parents' mindset to teenage pregnancy is avoidable and setting limits for their teens is beneficial. The interaction can help to ease the parents' tension regarding the judgment of others, because the parents were unable to prevent their teen's pregnancy. Parent alienation occurs when the parents feel that community organizations or schools are taking over their responsibilities of teaching their teens about sex and preventing teen pregnancy. Empowerment through inclusion in program planning unites parents and the community organizations as partners in battling teenage pregnancy (Wyness, 1997).

## **Methodology**

### **Preparation**

As part of the Future Milwaukee leadership development program, the researcher and four colleagues were asked to investigate and address an issue affecting women and girls in Milwaukee. This investigation was to be completed through collaborating with a tax exempt nonprofit organization that conducted programming specifically addressing an issue for women or girls. The researcher along with her four Future Milwaukee colleagues joined forces with the Children's Outing Association (COA) to address the question of "what next" for the Peer Facilitated Teen Pregnancy Prevention program. This process began by attending a condensed version of the Peer Facilitated Teen Pregnancy Prevention sessions to gain first-hand knowledge

of the curriculum. The research team conducted a quality improvement initiative through informal conversations with the teenagers in COA's after school program that had attended the Peer Facilitated Teen Pregnancy Prevention program. The purpose of these interactions was to assess satisfaction with the program and to create a report on the programming that the teens wanted to see next. The teens indicated a general satisfaction and desire to continue with updates after the original programming.

In a continuation of this work, the researcher chose to investigate the satisfaction and empowerment results for the parents who had gone through the adult version of the Peer Facilitated Teen Pregnancy Prevention program.

### **Design and Procedure**

A qualitative case study was conducted with the COA and the parents who participated in the adult version of the Peer Facilitated Teen Pregnancy Prevention program to better understand the inclusion of clients in the decision-making process for a social service organization. As noted by Trochim and Donnelly (2008), a case study is "an intensive study of a specific individual or context" (p. 147). The context of this study is specifically of the COA's adult version of the Peer Facilitated Teen Pregnancy Prevention program. Case studies, such as this one, can at times be "a form of intervention as well as evaluation" (Trochim & Donnelly, 2008, p.148). As noted in the literature, empowerment theory is very case specific (Zimmerman, 2000). The case study design seemed appropriate for this research. The study explores the question of whether or not empowerment is created through: (a) inclusive techniques in programming, and (b) including participants in the organizational decision-making process to determine the next steps for the COA's Peer Facilitated Teen Pregnancy Prevention program.



The original research plan for this study was to conduct focus groups with adults who had been through the adult version of the Peer Facilitated Teen Pregnancy Prevention program. This plan would have increased validity, as it would ensure that the individual who went through the class was indeed the one answering the questions, and could have provided a format for expressing more information regarding the next steps for the program. Conducting the research in focus groups was a concern due to asking participants to discuss information of a somewhat sensitive nature in a group. However, all the participants had gone through the classes together. During the classes, an emphasis was placed on respect for each other's experiences and opinions, and the ideology was built that life experiences shared within the class were intended to stay within the class.

The research method was changed due to time and child care constraints of the sample population. By switching the research method from a focus group to a written questionnaire, the possibility of a social desirability bias was reduced, because the participants could state their own thoughts to the researcher directly without being concerned about what other participants might say.

The researcher developed a consent information sheet (see Appendix C) and a survey of seven open-ended questions in an unstructured response format (see Appendix D). The survey addresses specific details about the program and the effect of the program on the participants. The unstructured response format allows the participants to share ideas regarding the program in their own words, with as much or as little detail as they chose, and does not constrain their ideas through predetermined categories in a structured format (Trochim & Donnelly, 2008). In the survey, the program was referred to by the names of the facilitators "Sasha and Tristan," rather than using the lengthy name of the program. The survey began with questions addressing the

knowledge gained by the participants from the course itself. Based on the gained knowledge, questions were asked regarding how or if the individuals were empowered in their day-to-day lives by making it easier to discuss or educate others about the topic. The second part of the survey was designed to address the changes or additions that parents would like to see in the program for the future. This part of the survey focuses on parent empowerment by asking questions regarding the parents' thoughts on being included in determining potential improvements to the program.

### **Participants**

Participation in the adult version of the Peer Facilitated Teen Pregnancy Prevention program was open to all parents of teens who had gone through the program and were part of the COA's after school program. A few men participated in the program; however, the majority of participants were women. Participation in the Peer Facilitated Teen Pregnancy Prevention program was incentivized with a free \$50.00 gift card.

The participants for this study were selected through a non-random purposive sample. The boundaries created to frame the case study defined the sample to include all participants completing the adult program. A survey was mailed to each participant's home address by COA employees. This mailing included a Consent Information Sheet (see Appendix C), a Questionnaire (see Appendix D), and a stamped return envelope. Completion of the survey was incentivized by offering a free \$10 gift card to each participant. The gift cards were mailed by the COA staff in order to keep the participants' names blind to the researcher.

### **Analysis of Results**

Answers on the questionnaires were transcribed accurately, with no changes to wording or spelling. Overall themes regarding suggestions for the program and the impact on the

participants were summarized and categorized. Two main types of errors may occur in preparation of survey data for analysis. The first potential for error is entering data into an electronic format inaccurately, and the second potential for error is coding the data (Fowler, 2002). For this study, all data was transcribed from the handwritten responses on the questionnaires into a spreadsheet showing a matrix of answers cross listed by respondent and question. The transcriptions were then visually verified to check for entry error. Eliminating coding error was addressed through assigning missing answers a specific code and assigning all completed answers a code, based on specific words used, a positive or negative response, or specificity of answer.

The validity of these results was analyzed through two methods of construct validity testing. Construct validity demonstrates how well the measures of the survey reveal the true empowerment of the group sampled. A basic measure of face validity matches the action expressed in words such as “told” with definitions of action which show empowerment noted in the literature. Further empowerment was defined as achieved through offering suggestions for change in program topic or design, participating in the evaluation of the program in general, and acting as an active partner in education the community. The demonstration of these areas in the responses shows content validity of the survey measure (Trochim & Donnelly, 2008).

The researcher will also be producing a report for Children’s Outing Association summarizing the suggestions provided by the participants. The report will contain general attitudes as well as specific suggestions from the results of the adult survey. This data will be combined with the results of the earlier informal quality improvement initiative conducted with teenagers who had been through the youth version of the Peer Facilitated Teen Pregnancy Prevention program.

## **Findings**

### **Results of Questionnaires**

Questionnaires were mailed to the forty individuals who have completed the adult version of the COA's Peer Facilitated Teen Pregnancy Prevention program to date. Thirteen of these questionnaires were returned, giving a 32.5% response rate. Analysis of the responses produced several common themes, including general satisfaction with the course as it was delivered, action on the part of participants in terms of sharing either information learned in the program or sharing information about the program as a resource, and satisfaction with being included in the evaluation of the program.

Analysis of empowerment is broken into two general areas. First is empowerment demonstrated by the completion of the program. This empowerment action is seen in the participants' demonstrating behaviors that indicate they are active partners with Children's Outing Association in educating the community. The second area of empowerment is being included in the evaluation of the program for this research as active partners in setting the agenda for the program topics and design.

### **Empowerment from program**

Overall analysis of the questionnaire responses indicate 92% of respondents expressed actively sharing either information from the program or information about the program as a resource with their family or community within their responses. Further breakdown by question shows lower levels of active responses on a question-by-question analysis.

For example, Question 3 asked participants "Have you passed on any of the information or told any of your friends and family about things that you learned in the sessions with Tristan and Sasha? If so, what?" Answers citing specific information from the program or the program

itself as a resource with family or members of the community were coded as a positive sign of empowerment. Eighty-five percent provided a response indicating an empowered action (see Table 1 for specific answers).

Table 1

*Respondents Information Sharing*

Respondent	Question 3
2	Yes I have- I have explained the sperm can travel without actual penetration.
3	YES, THAT YOU OFFER THIS CLASS, IF YOU NEED TO LEARN MORE ABOUT WITH YOUR CHILD. I MIGHT HAVE A REFERAL PERSON FOR YOU
4	No.
5	Yes you never to old to learn something new. I was 59 when I took the class.
11	No I have not told any of my friend about it at all.
12	One has to be careful with what one says to other people's teens because you want to be respectful of what their parents want them to know. I have talked to some of my more liberal friends, mostly about "starting earlier that you think you need to" when talking to your children about sex. My family is too conservative.
13	Yes birth control + STD info
14	The importance of talking with your young people + sharing the family values about sex, relationships + love. Promotion of family sit down dinners + conversations.
17	Yes, I passed a lot of info to family members sex is important for chemical reasons in a relationship that is intimate, however we must know that friendship is impt.
18	Yes... I told them about the CHILDREN'S OUTING ASSOCIATION for teen moms.
32	About the rubber

Respondent	Question 3
35	To my niece practice safe sex and there are places like planned parent hood.
40	I passed out and left plenty of fliers about STD's

**Empowerment through evaluation**

The empowered act of active participation in setting the agenda for the program can be seen in the simple act of completing the questionnaire. Within that sample of respondents who completed the questionnaire, active participation in setting the program agenda can further be seen in suggestions listed in answers to Question 4. This question asks participants, “Are there other related topics that you would like to know more about, or that you think should be included when they do these classes for other groups?” Of the total respondents, 30.8% offered topics of information to be included in future courses, which are not included in the current curriculum (see Table 2 for specific answers).

Table 2

*Program topic changes*

Respondent	Question 4
2	No, I feel that the session was very informative and that they covered a lot of different topics it also was in a setting that was open for questions on topics that were not discussed.
3	Popular games, SLANG THAT THEY DO.
4	Maybe more rape issues or teen lingo for what is going on these days. Support for dealing with rape issues.
5	No
11	Yes it would be the right thing about the topic

Respondent	Question 4
12	Yes. Puberty. What the changes are that the body goes thru ( especially w/ boys), how to help your child go thru the changes, how to deal with peer pressure when teens go thru puberty at different ages.
13	I would like to have the emotional aspect of sex discussed more w/ teens.
14	Challenge the parents who say “I know my child isn’t having sex or My child knows our family values about sex, relationships + love.” Parents who think there kids are exempt from influences.
17	Confrontation –vs- assertiveness in any/all relationships to decrease abusive relationships.
18	I’ll have to think of some question when the (class) group come back...” I went to Lade Pitts in “1978” by Washington Park it was a good school for teen moms.
32	Lubrication for Consespect (Rubbers).
35	More information about breast cancer and the changes it can put on you and your family. Need more resources.
40	No

Question 5 addresses the format of the program and asks participants, “If you could keep going with this experience somehow, what would that look like? (For example: Do you think there should be more classes? More meetings of the group to support each other and discuss these topics, training to teach information to other people, etc.)” This question was analyzed in two different ways. First, positive responses for a continuation of the program with a suggestion as to what that continuation should look like were coded and seen in 84.6% of answers. Of the remainder, 7.7% did not answer and 7.7% did not offer suggestions for changes or continuation of the program (see table 3 for specific answers).

Table 3

*Program design changes*

Respondent	Question 5
2	More ongoing classes and possibly a support group
3	Yes, 1st STAGE – CLASSES (CHILD/PARENT LEARN TOGETHER, 2ND STAGE – PARENTS OPINION INFORMATION (EXPERIENCE), 3RD STAGE – CHILD OPINIONS, 4TH STAGE – ANY QUESTION PARENT or CHILD FEEL UNCOMFORTABLE ASKING ABOUT SESSION (GRADUATE)
4	Maybe a support group once a month or even something in an online atmosphere.
5	There should be a second class.
11	No it does not seem any other people like us.
12	The number of classes is enough; if any more, you are more likely to start missing some classes. I think some occasional facilitated support groups (including any one who has taken the classes) maybe every 4-6 months, would be helpful because now my child is starting to be at the age where I would like to ask other parents how they handle certain situations.
13	More meetings to support each other it is hard raising teens + dealing w/ their sexuality.
14	Most certainly, it would be nice to have follow up sessions for new participants + former participants such as Parent Grps + invite former participants.
17	It is very imp't that we as women are empowered in respect to meaningful positive experience. We serve so many others on a daily basis and just as we breathe – depression sometimes is present – I believe that helping women believe that it is o.k. to like themselves, pamper them-selves, respect themselves, love themselves, is/are important areas to stress in the inner city comm.
18	No Response
32	Yes more time for more information
35	More classes with the teenagers in the community or in all congregational churches in our community.
40	More classes, training + the opportunity to train others.



The answers to Question 5 were coded a second time to account for the possibility that examples offered in the question itself could be leading the answers. With this bias accounted for, 38.5% of the responses included a specific suggestion for program changes that was either not included in the list of examples, or contained more detail as to how one of the examples would apply from respondents' perspectives.

The final question on the questionnaire asked participants about their thoughts on being involved in the evaluation itself. In response to the question, "How do you feel about being included in the evaluation of the program?" 84.6% of respondents gave an answer coded as a positive response, 7.7% did not answer and 7.7% gave a response that could not be clearly interpreted by the researcher as a positive response to this process (see specific responses in Table 4).

Table 4

*Feelings regarding inclusion*

Respondent	Question 7
2	I would love to be involved
3	GREAT!!!
4	I love to be able to help and give input to make something that is good to get through a teen's mind and what they are going through.
5	I like it. Still get to talk to Sasha in a way.
11	I feel good about the Evaluating the service about it.
12	I think its important to do a follow up survey to get feedback from the participants because you can have all the research and do all the planning, but if the program's information isn't useful or relateable, the you are not going to have a successful program.
13	I like having the opportunity to express my opinions + views on the program.

Respondent	Question 7
14	I wish this was done sooner + could have offered more details. I was really less stressful w/ them providing food + incentives when hosting w/out funds.
17	Thank you, thank you and thank you for including me in this eval.
18	No Response
32	This is need.
35	Fine, because I enjoyed Tristan + Sasha Because they presented a good presentation on the human body parts and everyone could understand
40	I think it is wise to evaluate the participants and add an extra incentive

### Discussion and Narrative

The literature has noted that while many organizations find the idea of empowerment of their clients as a noble goal, it is not often implemented through empowering practices within the programming or at the level of organizational decision-making due to lack of time, funds, or properly prepared personnel. The intent of this research is to look at a specific case where empowerment techniques are being used within programming and to assist the organization to take empowerment one step further through inclusion of program clients in the organizational level decision of determining the next steps for this program.

Empowered actions after the conclusion of the programming, seen in the 92% of respondents who shared information learned in the program or about the program itself as a resource, indicate that the empowerment practices within the current curriculum are beneficial. At the time of participation in the program, the understanding that parents are partners with the organization is established or promoted, and this research shows demonstration of that partnership in reported active behaviors.

Further signs of empowerment can be seen in the participants' willingness to take part in this research. The literature notes that a product of empowerment techniques is active participation in not only the program but in setting the agenda for programming. This empowerment can be seen in two areas. First, one can look at the participants' willingness to take part in the research and respond to the questionnaire, which was completed by 32.5% of the individuals, with positive, constructive suggestions. While this can be seen as a positive sign of empowerment in those that returned the questionnaire, it cannot be seen as a sign of lack of empowerment in the remaining 67.5%. Non-response on mail surveys could be caused by a number of factors including lack of interest in the general topic of teenage pregnancy prevention, lack of available time, or lack of education regarding interpreting or responding to the survey itself (Fowler, 2002).

Higher rates of empowerment as seen by participation in setting the agenda are demonstrated in the responses regarding future program topics or design. When controlled for possible bias in the question wording, the response rates seem very low. The percentage rises to 46.1% when noting the number of respondents who responded to the question regarding program topics, the question regarding program design, or both questions with a positive, detailed suggestion.

Finally, as noted earlier, the literature states that the active participation of participants in evaluation is a sign of empowerment. The general positive response to the question "How do you feel about being included in evaluating the program?" does not necessarily show empowerment; however, some of the specific answers shown in Table 4 exemplify the importance of tailoring social service programming to the specific community by empowering participants to participate in the decision-making process.

### **Conclusion**

The adult version of the Peer Facilitated Teen Pregnancy Prevention program taught by the Children's Outing Association includes in its mission and its curriculum a process for empowering participants to act as partners in the fight against high teenage pregnancy rates in Milwaukee. The literature shows that this empowerment can be furthered through program evaluation by participants and including them in organizational level decisions regarding programing. This case study showed that the program goals of empowerment are supported by the participants' actions of sharing information and taking part in agenda setting for the program. A general positive feeling of that empowerment is being furthered through participation in the questionnaire.

### **Future Research**

Additional research could be conducted in several different areas related to this topic. The parents in this study were only surveyed regarding future changes to their program. Additional research regarding including the parents in decision-making regarding the youth version of the course, which their children are participating in, could add additional knowledge regarding empowerment as an individual client versus empowerment as a parent.

Longitudinal data could also be conducted to investigate the development of empowerment over time. Additional points in time for the research would add to the validity of the conclusions. For example, if Children's Outing Association decides to make program changes based on the suggestions gathered in this evaluation, empowerment of participants could again be looked at once the participants' opinions lead to a tangible outcome.

Validity could also be increased by adding a control group to the research to inquire about empowerment without surveying for the next steps of the program and to separate

empowerment gained through the program itself from empowerment gained through being included in the evaluation of the program. A control group could also be used to look at the benefits of the program using empowerment techniques with this particular population and to investigate if rates of sharing information and participation in post-evaluation were altered through a course that did not use empowerment techniques.

### **Research Limitations**

This research was conducted as a case study, causing generalizability to other situations to be low. While this study gives general support to the conclusion that positive outcomes can be seen from both including empowering practices in social service programming as well as the benefit of including clients in the evaluation of a program and its next steps, it would be difficult to generalize those findings to situations beyond this particular case.

Further, the research was conducted at a fixed point in time. Empowerment measures were based on how participants were feeling after completing the program and as they filled out the questionnaire, without studying the longitudinal effect of being included in the evaluation of the program.

### **Concluding Remarks**

Teenage pregnancy is a topic that cannot be viewed in isolation. It is an issue facing entire communities, such as Milwaukee, Wisconsin, and must be met head on through a team approach. This qualitative case study shows that using empowering techniques in the classroom and an inclusive evaluation of programs with the parents of teens is the first step to opening up the conversation and including more individuals in finding a solution.

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**Appendix A**  
**Peer Facilitated Teen Pregnancy Prevention**  
**Teen Program Curriculum**



## STEP IN STAND UP SPEAK OUT

*Communication is a key factor in efforts to address the issues that are facing our city, but this cannot be done without proper education. The topics that are addressed in this program will educate participants and train them to be advocates. This is provided free of charge to our communities.*

### Youth Groups

(8 one hour sessions are required)

Abstinence is encouraged and youth are stressed that the best method in protecting themselves is abstinence.

The information used is taken from evidence based curriculums such as Plain Talk and Making Proud Choices.

The ultimate goal of this program is to reduce teen pregnancy, reduce sexual/dating violence and build communication between youth and adults.

During each session a video will be played from 9INE. This video series examines teen pregnancy from the point of view of a young father-to-be. It is a realistic portrayal of issues facing expectant teen parents.

#### **Session 1 -**

What do you know, What do you want to learn? Ice

Breaker- Name Game

#### **ANATOMY-**

The facilitator will go through anatomy flipchart, which goes over the functioning of female and male reproductive parts. Youth will do teach backs, which reinforces what was gone

over by the facilitator.

### **Session 2-**

Ice Breaker- Graffiti Wall (on topic)

#### **BIRTH CONTROL-**

The facilitator will go through the birth control flipchart, which goes over different types of birth control including barrier and hormonal methods. This demonstration also provides real, not used birth control models for the youth to see and touch. Also in this session the facilitator will provide a demonstration on the proper techniques for putting on and taking off a condom.

Youth are provided with a pamphlet on birth control.

### **Session 3-**

Ice Breaker- Tree Branches (on topic)

#### **STD/STI-**

The facilitator will provide instruction on the STD flipchart, which provides information on what STDs are, general symptoms, and how to protect a person from getting any. STDs that are covered are chlamydia, gonorrhea, syphilis, genital warts, herpes, HIV/AIDS, hepatitis B, vaginitis and pubic lice.

Game: Transmission (taken from Making Proud Choices curriculum).

Teen Pregnancy Conversation – Talk about opinions, stereotypes, real statistics and the rate of pregnancy among teens in Milwaukee verse the nation. Youth will calculate the cost of having a baby as a teen. (Refer to "If Truth Be Told" booklet provided from United Way 2006-2011: A Progress Report on Ending Milwaukee's Teen Pregnancy Crisis). Worksheets: Dollars and Sense, Aunt Sarah's List.

Youth are provided with a pamphlet on STDs.

### **Session 4-**

Ice Breaker – Puzzle Activity

#### **COMMUNICATION-**

The facilitator will go over communication styles, verbal and non-verbal communication,

and conflict resolution. The youth are asked to participate in role-play activities that will help to reinforce communication styles. Communication is encouraged for youth to engage in open conversations with a trusted adult.

### **Session 5-**

Ice Breaker- I Feel... (dumb when, smart when, respected when, comfortable when)

### **BUILDING SELF VALUE & SELF WORTH AND GOAL SETTING·**

The facilitator will discuss self-value/worth with youth participants. Youth will have the opportunity to share their views and who they believe has the most influence on them for shaping their views and opinions. Youth will take a self-survey which will help them to notice what they have common with others and learn about different perspectives. They will also complete a goals and dreams timeline.

### **Session 6-**

Ice Breaker- Seeing Myself/Seeing Others (consider perceptions of judgments)

### **SEXUAL/DATING VIOLENCE·**

The facilitator will discuss societal roles of males and females, social *norms*, dating violence statistics, prevention methods, and what the healing process looks like. The youth will do Relationship What's & Whys activity, this activity helps youth reflect on their own ideas and values about intimate relationships, current or future. Quiz: Is Your Relationship Healthy?

Youth are provided with a pamphlet on dating safely.

### **Session 7-**

Ice Breaker- New Beginnings (What I Want For ...)

### **WORK ON PRESENTATIONS·**

Facilitators will help Children's Outing Association youth, youth can work as individuals or in groups, they will present information they have learned previously. Presentation can be in the form of poetry, video, music, compare and contrast media *messages*, drawing, Power Point, etc. They are encouraged to use the method that they feel most comfortable with. The presentations will be given in Session 8.

### **Session 8-**

### **POST TEST & WRAP UP! -**

Youth will give project presentations, and receive certificates of completion. Food and beverages will be included in this closing session.

**Appendix B**  
**Peer Facilitated Teen Pregnancy Prevention**  
**Adult Program Curriculum**



## **STEP IN STAND UP SPEAK OUT**

*Communication is a key factor in efforts to address the issues that are facing our city, but this cannot be done without proper education. The topics that are addressed in this program will educate participants and train them to be advocates. This is provided free of charge to our communities.*

### **Adult Groups**

(6 one hour sessions are required)

Abstinence is encouraged and all participants are stressed that the best method in protecting themselves is abstinence.

The information used is taken from evidence based curriculums such as Plain Talk and Making Proud Choices.

The ultimate goal of this program is to reduce teen pregnancy, reduce sexual/dating violence and build communication between youth and adults.

Session 1 –

Pre-survey

Ice Breaker – Myths about Sex

Overview of Program

Rules – Safe Space

**ANATOMY-**

The facilitator will go through anatomy flipchart, which goes over the functioning of female and male reproductive parts.

Closing- One Thing You Liked or Learned

## **Session 2-**

Introductions

Ice Breaker- Naughty Charades

Review Rules

### **ANATOMY AND BIRTH CONTROL: MAKING THE CONNECTION –**

Birth Control –

The facilitator will go through the birth control flipchart, which goes over different types of birth control including barrier and hormonal methods. This demonstration also provides real, not used birth control models for the youth to see and touch. Also in this session, the facilitator will provide a demonstration on the proper techniques for putting on and taking off a condom.

Adults are provided with a pamphlet on birth choice options.

Closing: Connecting Birth Control to Youth

## **Session 3-**

Ice Breaker- Tree Branches (on topic)

### **STD/STI-**

The facilitator will provide instruction on the STD flipchart, which provides information on what STDs are, general symptoms, and how to protect a person from getting any. STDs that are covered are chlamydia, gonorrhea, syphilis, genital warts, herpes, HIV/AIDS, hepatitis B, vaginitis and pubic lice.

Game: Transmission (taken from Making Proud Choices curriculum).

Teen Pregnancy Conversation – Talk about opinions, stereotypes, real statistics and the rate of pregnancy among teens in Milwaukee verse the nation. Youth will calculate the cost of having a baby as a teen. (Refer to "If Truth Be Told" booklet provided from United Way's 2006-2011: A Progress Report on Ending Milwaukee's Teen Pregnancy Crisis). Worksheets:



Dollars and Sense, Aunt *Sarah's* List.

Adults are provided with a pamphlet on STDs.

Closing: Question & Answer

#### **Session 4-**

Ice Breaker - Triggers

Review Rules

#### **COMMUNICATION BETWEEN YOUTH & ADULTS -**

The facilitator will go over communication styles, verbal and non-verbal communication, and conflict resolution. Adults are asked to discuss communication obstacles they face with youth. The adults will participate in role-play activities that will help to reinforce communication. Communication is encouraged for youth and adults to engage in open conversations.

Closing: Homework - Practice communication techniques learned with a youth.

#### **Session 5-**

Ice Breaker- Did it work? What prevented it?

#### **SEXUAL/DATING VIOLENCE STATISTICS-**

Current up-to-date information is provided to adult participants during this workshop. This helps to identify the need to address sexual/dating violence.

Social Norms - societal gender roles

Healing Process and Prevention Methods

Adults are provided with a pamphlet on Dating Safely.

Closing: Comments

#### **Session 6-**

Ice Breaker- Bumper Sticker (teen pregnancy, sexual/dating violence, or communication)

Post Survey

**CLOSING OUT:** Review Past Sessions & Questions and Answers

Adults receive certificates of completion & incentives.

**Appendix C**  
**Consent Information Sheet**

Hello,

As someone who has gone through the Children's Outing Association Teen Pregnancy Prevention Program, we would like to ask your help in evaluating the program. The following survey should take about twenty minutes to fill out. The purpose of the survey is to help improve programming and see if including program participants in program planning can make the process more effective.

We are not asking you to put your name on the survey so your answers will not be connected to you. By completing the survey, you are giving your permission to the researcher to use your responses at professional meetings, in research publications, and for a professional project report.

Please take a few minutes to fill out the following survey and return it to Children's Outing Association by Tuesday September 18<sup>th</sup> and you will receive a \$10 Walmart gift card as compensation for your time. The gift cards will be sent out based on the return address on the envelopes, as you are not putting your name on the actual survey.

Thank you for your participation.

Josie de Hartog  
Marquette Graduate Student - Public Service

### **Appendix D Questionnaire**

1. What is something new that you learned in the sessions with Tristan and Sasha? Did the classes make you think about something you hadn't thought about before, or think about something in a different way?
  
2. Has the information you learned in Sasha and Tristan's classes made you act differently in any way?
  
3. Have you passed on any of the information or told any of your friends and family about things that you learned in the sessions with Tristan and Sasha? If so what?
  
4. Are there other related topics that you would like to know more about, or that you think should be included when they do these classes for other groups?
  
5. If you could keep going with this experience somehow, what would that look like? (For example: Do you think there should be more classes? More meetings of the group to support each other and discuss these topics, training to teach information to other people, etc.)
  
6. Do you have anything else about the experience of going through these classes that you would like to share with us?
  
7. How do you feel about being included in evaluating the program?