

Putting Youth Relationship Education on the Child Welfare Agenda: Findings from a Research and Evaluation Review



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Chapter 1: Overview and Introduction

Relationships are important in helping youth, including vulnerable youth, achieve their goals and a transition into adulthood. Having the skills to manage healthy intimate partner relationships can make a difference as youth make decisions related to school, employment, pregnancy prevention, and establishing strong relationships. These skills may be especially important for youth involved in or aging out of the child welfare system.

This document reviews the research and evaluation evidence on relationship education for youth in foster care, discusses the needs of disadvantaged young people around intimate partner relationships, summarizes research on the implications of relationships for child development, identifies common ground and also gaps in the research, and identifies opportunities to further improve relationship skills among these disadvantaged young people. For the purposes of this review, we sought to focus primarily on relationship education programs that aim to improve romantic relationships among adolescents in foster care. Given the paucity of work on this topic, however, we expanded our review to consider research and evaluation studies among youth outside the foster care system as well as those in foster care. In addition, we have assessed evaluations in related areas, for example, interventions aimed at improving social skills more generally, positive youth development interventions, and pregnancy prevention programs.

A portrait of youth in foster care

Foster care is intended to be a temporary safety net for children who are abused or neglected. Ideally, children leave foster care for a safe, permanent family—either by reunifying with a birth parent, living with a guardian, or through adoption. Slightly over three-quarters (78 percent) of all children who left foster care in 2010 were discharged to one of these three

options.¹ Remaining are children who may end up emancipating from foster care at the age of 18 or older (also known as “aging out”) without a safe, permanent family. The number of children who aged out of the system rose markedly in the ten-year period between 1998 and 2007 (a more than 70 percent increase occurred during that period), though the last few years have seen a slight decrease in the numbers of children aging out of care. In total, since 1998, nearly 309,000 youth have “aged out” of foster care nationally (DeVooght Malm, Vandivere & McCoy-Roth, 2011). This represents a large number of vulnerable youth, yet a number small enough to be served by effective programs.

Many of the youth who leave foster care at 18 years of age or older entered foster care as teenagers. And, at any given time, more than one-third of children in foster care—nearly 160,000 in 2009—are over the age of 12. These teens come from all racial and ethnic backgrounds and from rural and urban environments. What they share is a double vulnerability: adolescence, which is often accompanied with risk-taking behavior; and being in foster care, which, by definition, means being removed from their families for any number of troubling reasons, including parental abuse or neglect. In terms of developmental stages, adolescence is a critical time for adults to provide guidance to the young people in their lives and, in particular, to discuss making decisions about engaging in risky behaviors, such as using drugs or having sex.

Teens in foster care may face additional challenges in making decisions around sexual behaviors because they are living in temporary settings and often lack permanent caring adults or mentors in their lives (Manlove, et al., 2011). Prior research indicates that teens in foster care engage in riskier sexual behaviors such as having sex for the first time at a young age and using

¹ Data based on federal data from 1998 to 2010 from the U.S. Department of Health and Human Services, Adoption and Foster Care Analysis Reporting System (AFCARS). Annual AFCARS reports accessed at: http://www.acf.hhs.gov/programs/cb/stats_research/.

contraceptives inconsistently more than youth outside the foster care system, which puts them at greater risk for early pregnancy and childbearing (Manlove, et al., 2011). Thus, it is important that efforts to promote responsible sexual behavior and pregnancy prevention among youth in foster care focus on the youth's involvement in sexual decision-making. In addition, these efforts need to incorporate ways to help teens, both males and females, develop the vital emotional and interpersonal skills necessary for successful relationships. However, vulnerable youth like those in foster care may have different expectations for the timing of childbearing, which will need to be considered by programs serving youth in foster care. For example, some young women in foster care report that they want to get pregnant at a younger age, possibly as a way to create a family, or to fill an emotional void (Boonstra; 2011; Love et al., 2005).

The link between relationship skills and pregnancy prevention is being addressed in a number of current federal initiatives to prevent teen pregnancy. For example, the federal Personal Responsibility Education Program (PREP) includes relationship education as one of the "adulthood preparation subjects" that are allowable through that funding opportunity (Boonstra; 2011). Further, as part of the PREP program, states must use these funds for programs that reach youth most at risk of pregnancy, including those who are homeless, out of school, or in foster care. However, despite these current efforts and initiatives, there is still a lack of integration between child welfare programs, teen pregnancy prevention programs, and relationship education programs. Moving forward, it is clear that the somewhat separate worlds of policy and practice need to be more explicitly connected (Boonstra; 2011).

All youth in foster care, like youth in all kinds of families, need support and services to help them begin the transition to adulthood and prepare for work and personal responsibilities, although youth in foster care are an especially vulnerable group of youth that face multiple

barriers and challenges to development. Studies of youth who leave foster care without a safe, permanent family reveal consistently negative life outcomes. One study found that 25 percent of foster care alumni who aged out did not have a high school diploma or GED (Courtney, et al., 2007). Another study found that less than 2 percent finished college compared with 23 percent of youth in the general population (Pecora, et al., 2005). Over half of youth who aged out of foster care experienced one or more episodes of homelessness, and nearly 30 percent were incarcerated at some point—many times the rate of other young adults (Pecora, et al., 2005). These negative experiences compromise these young adults' abilities to lead independent, fulfilling, and productive lives and create substantial costs for government.

Improving their ability to form positive relationships is important for enhancing the development and well-being of these youth. Relationship education interventions can support these efforts by enhancing the knowledge, attitudes and behaviors of youth in foster care that are associated with healthy relationships to assist them in developing positive romantic relationships.

Chapter 2: The Importance of Adolescent Positive Romantic Relationships: Theory and Research

An evolving body of research is beginning to illuminate the importance of romantic relationships to adolescents' development and well-being, although scholarship in this area is still young and has significant limitations (Karney, Beckett, Collins, & Shaw, 2007).

Nevertheless, even if there were a complete absence of research in this area, there would be a straightforward hypothesis that romantic relationships are important because developmental research already makes clear that many kinds of relationships, including parent-child, sibling, and peer relationships, make powerful contributions to children's and adolescents' development and well-being and can have positive or negative effects into the adult years. Moreover, research makes it clear that the quality, supportiveness, and consistency of relationships needs to be distinguished; and evaluation studies therefore need to assess whether, how, how much, under what circumstances, and which elements of positive relationships can be fostered in the general population and among vulnerable populations such as youth in foster care.

Fundamentally, humans are social creatures, "hardwired to connect," as some researchers have put it (Brazelton et al., 2003). As a result, positive social relationships are essential to well-being across the life span. The importance of attachment during infancy is widely recognized. In infancy, the quality, sensitivity, and responsiveness of parents creates an internal working model of relationships that strongly influences various aspects of child and adolescent development over time, especially social and emotional well-being (Bowlby, 1969; Bridges, 2003; Shonkoff and Phillips, 2000). Research also confirms the developmental importance of sibling relationships. Volling (2003) has summarized the research in this area that finds positive sibling relationships are associated with more effective moral reasoning, social understanding, conflict resolution, emotion regulation, self-esteem, and even cognitive development. Positive sibling

relationships in childhood and adolescence also appear to reduce the effects of adverse conditions on children. Extensive research also identifies the importance of peer relationships for child and adolescent development (Bukowski, 2003; Ladd, 1999). Although the media tends to focus on negative peer influences, most peer effects are positive (Bearman & Brückner, 1999). Peer interactions are critical in healthy personality development, social and psychological adjustment, and various fundamental skills. Strong, positive peer relationships may even help children overcome the challenges associated with adverse family situations (Criss et al., 2002).

Accordingly, even in the absence of research specifically focused on teen romantic relationships, these relationships would be expected to have important implications for adolescent and young adult well-being. This is especially so given how common these relationships are in teen's lives. Research using the National Longitudinal Study of Adolescent Health suggests that more than half (55 percent) of adolescents surveyed report having been in a romantic relationship in the previous 18 months (Carver, Joyner, & Udry, 2003). This figure increases with age, with about two-thirds of adolescents by age 18 reporting that they have been in a significant romantic relationship. And more than 80 percent of first romantic relationships occur during adolescence (Karney et al., 2007). Moreover, in general, these relationships cannot be described as casual. For instance, contrary to popular notions, most of these relationships last for more than a year (Carver et al., 2003).

Consistent with popular notions, many of these romantic relationships in adolescence become sexual; most adolescent sex takes place in these longer-term romantic relationships rather than in temporary, casual relationships (Carver et al., 2003). Research suggests that several critical dimensions of these adolescent romantic and sexual relationships—such as how teens define the different types of relationships, how serious they consider these relationships,

and how they communicate within them—may influence when teens first have sex and whether they use contraception (Guzman, Ikramullah, Manlove, Peterson, and Scarupa, 2009).

Moreover, relationship habits and patterns developed during adolescence can affect later adult relationships, a finding that highlights the importance of developing healthy relationship behaviors during the teen years (Carver et al., 2003).

Unfortunately, some of these relationships involve physical and psychological violence. One in eight teens report having been a victim of physical dating violence in the past 18 months; and 20 percent of teens report having experienced psychological aggression in the last 18 months (Carver et al., 2003). Overall, about 20 percent of adolescents report a history of some kind of abuse.

Given the incidence and psychological importance of these romantic relationships, theory suggests that they could affect adolescent well-being via many different pathways, and that their adolescent relationship experiences will also shape expectations for future romantic relationships. Furman and Shaffer (2003) reviewed research that suggests that adolescent romantic relationships play an important role in shaping adolescent identity development, self-concept, and self-worth. Positive relationships can strengthen an identity as an attractive partner and thereby provide greater confidence for the future. On the other hand, negative relationships can reduce an adolescent's sense of self-worth (Harter, 1999).

In addition, the type and quality of adolescent romantic relationships may extend to other arenas, contributing in varied ways to academic and career achievement. Immature relationships and early sexual involvement appears to put teens at greater risk for academic problems (Furman & Shaffer). But it is also hypothesized that mature, positive relationships help some adolescents get more serious about schooling and future careers. Scholars also suggest that positive

adolescent romantic relationships likely facilitate the development of important social competencies, such as reciprocal altruism, cooperation, mutual disclosure and affirmation, negotiation and problem-solving, and emotion regulation which are basic to forming and sustaining healthy relationships in adulthood (Barber & Eccles, 2003; Furman & Shaffer).

Florsheim (2003) argues that adolescent romantic relationships can be transformative, heightening or diminishing the risk of early developmental transitions. For instance, he argues that a romantic relationship with an individual who engages in risky behavior can put that teen at much greater risk for delinquency. On the other hand, and just as important, a teen who is at higher risk for delinquency will have a substantially reduced chances of getting into trouble if he or she is in a romantic relationship with a more stable and cautious partner.

Unfortunately, the body of research is still young and only suggestive of how the effects of adolescent romantic relationships actually help or hinder formation of healthy marriages (Karney et al., 2007). The work that has been done has focused more on negative than positive relationship aspects, such as experiencing intimate partner violence, early and rapid sexualization of the relationship, or teen parenthood which, not surprisingly, put young adults at greater risk for poorer relationship quality and stability later on (Karney et al., 2007). Nevertheless, based on a thorough review of the limited body of research, Karney and his colleagues (2007, p. xvii) concluded that: “the existing data are consistent with a model that views adolescent romantic relationships as a key period during which the foundations of healthy adult marriages may be strengthened.”

Importantly, though, there are significant methodological challenges facing this formative body of research. In particular, it is critical but difficult to untangle issues of causality and self-selection. Are youth with positive relationships simply youth with good social skills and

temperaments who experienced positive parenting earlier in childhood? Or, are positive relationships in adolescence profound factors that shape developmental outcomes over time? Likely both of these processes will be evident in good longitudinal research designs. Moreover, if positive relationships have strong developmental effects, can positive relationship skills and characteristics be learned? Thus, there is a need for strong applied research in this area, as well.

Another methodological issue is the malleability of relationship skills. There is evidence that marriage education can have small, positive effects among middle class adults (Hawkins et al., 2008), small impacts among low-income married couples (Hsueh et al., 2012), and mixed impacts among low-income unmarried parents (Wood et al., 2010). Moreover, a review of social skills interventions for children and adolescents found that 27 of 38 programs evaluated with a random assignment intent-to-treat evaluation design had significant positive impacts on social skills (Bandy & Moore, 2011). Together, these findings suggest that a well-conceptualized, well-implemented program to provide relationship education for youth in foster care may be malleable, though large impacts should not be presumed.

In sum, given the importance of relationships for adolescent development, as demonstrated by a large body of prior research, augmented by a thinner but compelling literature indicating the importance of romantic relationships, combined with evidence indicating the unique challenges faced by youth in foster care and findings from varied studies that suggest that relationship skills may be malleable, we conducted a review of existing intervention programs. We particularly sought to identify programs that had been subjected to rigorous evaluations assessing the impacts of relationship education for youth in foster care. Expecting (and finding) that evaluation studies on this issue might be sparse, we also searched for evaluations of relationship education programs for other populations as well as intervention programs that

included relationship education as one component of a broader approach. In addition, we sought to identify relationship education programs that have not been rigorously evaluated, but are informed by basic research and theory, and programs already serving youth in foster care that have been evaluated and could be augmented with a relationship education component.

Chapter 3: Findings from Evaluation Studies

Approach

For this review, we conducted a broad search for published and unpublished articles. We drew upon a number of resources to identify these programs including targeted internet searches, reviews of published evaluation literature, a review of programs available in the Child Trends' Lifecourse Interventions to Nurture Kids Successfully (LINKS) database of programs that work – or don't work - to enhance children's development, and reviews of program lists developed by groups such as the Center for the Study of Social Policy (CSSP), the Office of Adolescent Health, and the National Responsible Fatherhood Clearinghouse (NRFC). We also reached out to researchers, program evaluators and program practitioners for recommendations of programs that should be considered including programs that have been evaluated, or developed but not evaluated. Several dozen intervention programs were identified, including a diverse set of programs that either target youth in foster care directly, or target other vulnerable populations that have risks similar to those faced by youth in care (e.g., runaway and homeless youth, youth involved in the juvenile justice system and other vulnerable or minority populations).

To categorize the programs identified, we developed a set of inclusion criteria based on a program's target population, the type of intervention and types of program components, whether the program had been evaluated, and the types of outcomes examined if the program had been evaluated. Importantly, the programs identified in this review represent not only relationship education programs, but other programs for vulnerable youth that may contain elements or program components related to healthy romantic relationships, even if the main focus of the intervention is something other than relationship education. We also include programs that have not been evaluated, given a serious lack of evaluation evidence for relationship education

programs in general, and particularly for relationship education programs serving youth in foster care.

Based on these criteria, we developed six levels to categorize the types of programs selected for the review. Table 1 provides a definition for each of these categories, and also provides a complete list of the programs that have been identified in each category.

These categories are not absolute, and we recognize that there may be alternative ways to organize these programs. (For example, programs could also be usefully sorted based on the focus of the intervention or the age group served.) However, for this review, we feel that these categories – based on the types of evaluation evidence for programs that are available to reach youth in foster care in order to improve their romantic relationships – are the most useful for the current discussion.

For further detail on each program, Appendix A provides a list of all of the programs included in the review, organized by level, and showing the elements of each level and program according to the inclusion criteria we used to identify and organize the programs (target population, the type of intervention and types of program components, whether the program had been evaluated, and the types of outcomes examined if evaluated). We have also provided more detailed summaries of each program in Appendix B (see Table 1 for page numbers identifying the location of each program summary in Appendix B). In this appendix, we provide an overview of each program included in the review, as well as details from the evaluations of the programs in Level II and Level III. We did not provide additional details for the programs in Levels IV through VI, given their lack of a strong relationship education focus and/or a lack of rigorous evaluation evidence for the programs in these levels.

Table 1. Programs Identified in the Research and Evaluation Review, by Level

Level and Definition	Programs Included	Page # in Appendix B
<p>Level I</p> <p><i>Relationship education programs for youth in foster care that have been evaluated using a randomized control treatment design.</i></p>	<ul style="list-style-type: none"> • None found 	B1
<p>Level II</p> <p><i>Relationship education programs that have been evaluated using a randomized control treatment design or a high-quality quasi-experimental design for any population.</i></p>	<ul style="list-style-type: none"> • Connections: Relationships and Marriage • Connections: Dating and Emotions • Love U2: Relationship Smarts PLUS • (Within My Reach) 	B2-B10
<p>Level III</p> <p><i>Program for youth in foster care that has been evaluated using a randomized control treatment design, with a relationship component as part of a broader range of program components.</i></p>	<ul style="list-style-type: none"> • The Kempe Fostering Healthy Futures Program 	B11-B13
<p>Level IV</p> <p><i>Evaluated programs (non-RCT) with a relationship education component that addresses romantic relationships, but relationship outcomes do not appear to have been examined in the evaluation.</i></p>	<ul style="list-style-type: none"> • Best Friends • Choosing the Best (grades 9-10 and grades 11-12) • The Art of Loving Well 	B14-B16
<p>Level V</p> <p><i>Relationship education program, or programs with a relationship education component, without a formal evaluation, but are evidence informed by basic research studies and theory.</i></p>	<ul style="list-style-type: none"> • About us • Healthy Choices, Healthy Relationships • Independent Living Program • Love Notes • Power Through Choices • PRIDE: Module 12 • Sisters Informing, Healing, Living and Empowering • WAIT Training • You-Me-Us 	B17-B20
<p>Level VI-A</p> <p><i>Evaluated programs already implemented with foster youth that could be augmented with a relationship education component.</i></p>	<p>A)</p> <ul style="list-style-type: none"> • TOP-Wyman 	B21-B22

<p>Level VI-B</p> <p><i>Other evaluated programs that could be augmented with a relationship education component.</i></p>	<p>B)</p> <ul style="list-style-type: none"> • Aban Aya Youth Project • Children’s Aid Society (CAS)- Carrera Program • It’s Your Game: Keep it Real • Minnesota Early Learning Design • Respecting and Protecting Our Relationships • Step-Up with Mentoring • Young Dads • Youth Build 	<p>B23-B27</p>
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Key Findings and Common Features across Programs

Below, we synthesize key findings and common features identified across the programs listed in Table 1. We have organized our findings around the levels of programs.

Level I. The programs in this level would represent the strongest programs for this review, consisting of rigorously evaluated relationship education programs specifically serving foster care youth. Unfortunately, we were unable to identify any programs that fall into this category. These results support the rationale for conducting a broader review of different types of interventions (beyond relationship education) serving vulnerable populations (beyond foster care youth).

Level II. We identified four programs within this level. Although not designed specifically for youth in foster care, the relationship education programs in this level target other types of vulnerable populations that are likely to have the same types of risk factors as youth in foster care. All have been evaluated with either a random assignment or quasi-experimental evaluation. Most of the programs in this level are school-based and serve adolescents in middle or high school.

The programs in this level include some common types of program activities that have been found to be effective for a range of outcomes. They typically include a combination of

group discussion, lecture based activities, and interactive classroom activities. However, the Love U2: Relationship Smarts PLUS also includes a parent/guardian component, suggesting that involving other supportive and responsible adults in relationship education interventions for foster care youth might be considered to improve outcomes among this population.

Evaluations of these programs found positive impacts/effects on a range of romantic relationship outcomes, including attitudes toward dating violence, conflict resolution skills, and positive attitudes about dating and marriage. Significant impacts/effects were also found for outcomes related to teen pregnancy risk, mental health, parent-child communication, and social support.

Level III. The single program in this level is a program designed for youth in foster care that is not specifically a relationship education program, but provides relationship education as part of a broader range of program components. The Kempe Fostering Healthy Futures Program is a community-based program, implemented in Colorado in partnership with a hospital and local universities. It consists of group-based activities plus a mentoring component, and short-term impacts on quality of life and social support outcomes have been found, with longer-term impacts (measured six months after the intervention) on mental health outcomes.

Level IV. This fourth level also consists of programs that have also been evaluated, although not based on experimental evaluations, and have relationship education components; but the evaluations do not appear to have examined relationship outcomes. The existence of these programs highlights the link between positive relationship attitudes and skills (as taught by the programs) and *other* important outcomes associated with adolescent development and well-being (as examined in the evaluations); however, additional research and evaluation is needed to determine the impacts of these types of programs on adolescent relationships. One possible

challenge with examining relationship outcomes among vulnerable populations is that these youth have relatively few opportunities to develop positive relationships in their lives, making it hard to collect information on the nature of these relationships.

The three programs in this level are school-based interventions, developed for adolescents in middle school and high school. All three programs have a mix of relationship education (focusing on both friendships and romantic relationships) and abstinence/sex education program components. Other program components include substance abuse prevention, career development, goal setting, and other components targeting positive youth development. These programs use a variety of interesting activities to deliver their information including role model presentations, mentoring, community service, and the use of short readings and poems that relate to relationships.

Level V. The fifth level consists of relationship education programs or programs with a relationship education component that have not been formally evaluated, but are evidence informed by basic research studies and by child development theory. At least one program, Love Notes, is derived from existing programs that have been evaluated, but these specific programs have not undergone their own formal evaluations. These programs can be school-based or community-based; and they are designed to serve a number of different populations, including foster care youth; for example, the program Healthy Choices, Healthy Relationships can be delivered in schools as well as in out-of-school settings such as juvenile facilities, family planning centers or health clinics. These programs consist of a number of components that promote success in a number of different areas that could benefit foster care youth, including education, career, relationships, and decision-making about partners, sex, pregnancy, and other

interpersonal challenges, suggesting that these programs could be effective for this population, given further implementation and evaluation research.

Level VI. This final level contains the largest number of programs. These programs are not specifically focused on relationship education, but have program elements that may be effective in helping to build healthy romantic relationships among youth in foster care. Within this level, we have distinguished between evaluated programs that are already serving youth in foster care (Level VI-A), and other evaluated programs that don't target youth in foster care (Level VI-B). Researchers, program evaluators, and program practitioners may consider the possibility of adapting these programs to better address the needs of youth in foster care, or may explore program replication in new settings and with new populations to determine how to incorporate elements of these programs into current services and programs for youth in foster care. Integrating additional relationship components into these existing services should also be considered.

Chapter 4: Conclusions

This overview of research and evaluation supports a number of important conclusions. Most compelling is the evidence of the serious problems and the poor outcomes faced by adolescents in the foster care system, especially those who age out of foster care. Relevant to the substantial needs of this vulnerable population is an equally compelling literature that indicates the importance of positive relationships for positive child development, from infancy into emerging adulthood. Some evidence indicates that positive romantic relationships can enhance development across a variety of outcomes. Most clear is the devastating effect of bad relationships. Fortunately, evidence is emerging that relationship skills can be learned.

However, we have not identified any relationship education programs that specifically target youth in foster care that have been rigorously evaluated. This highlights a clear gap. Nevertheless, a number of relationship education programs exist that serve other vulnerable populations of youth, and some have been found to be effective through the use of rigorous evaluations. These programs may serve as models that can be replicated or adapted for youth in foster care. Lessons learned from programs and evaluations of these programs for other populations can be used to help develop effective interventions for youth in foster care.

Along with this need for more evaluation of relationship education interventions, more emphasis on relationship outcomes is needed in other youth development evaluations. Many positive youth development interventions make relationships a focus of their programs, so the possibility that relationships with peers and romantic partners are improved deserves exploration.

Further, additional programs need to be brought to the stage where they can be evaluated. That is, they need a written protocol or curriculum, staff training protocols, recruitment and retention procedures, and performance management systems. They also need to conduct an

implementation evaluation to confirm that the program is being delivered correctly and with quality, and a preliminary outcomes evaluation is needed before a full-fledged random assignment or quasi-experimental evaluation is undertaken.

Finally, it is important to acknowledge that there is no one-size-fits-all approach to delivering relationship education to youth, and the content and service delivery methods used must resonate with the youth programs are trying to reach (Roach, Harrison, and Wheeler, 2010). This guidance is particularly important to keep in mind when considering program implementation for youth in foster care, who are in need of a range of overlapping services, and may already be participating in multiple programs. To accommodate the needs of these youth, we suggest a tiered approach to program services, where relationship education services are integrated into existing services or combined with related interventions such as teen pregnancy prevention or youth development programs. Part of this tiered approach should also include relationship education training and services not only for the youth themselves, but for case managers, foster parents, and even biological parents.

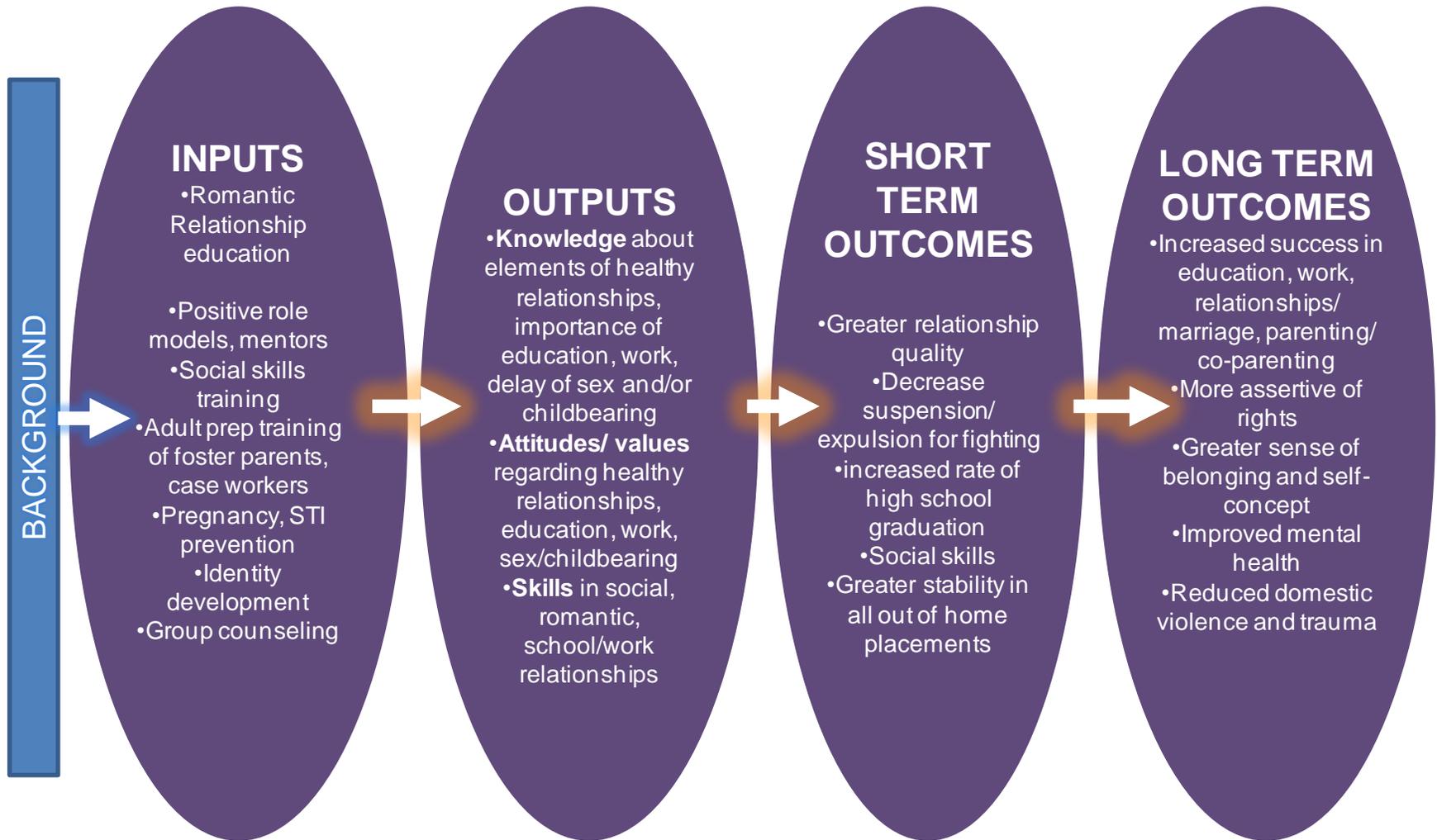
This approach was supported by foster care and relationship education experts, strategic thinkers, program practitioners, youth, and government leaders who attended a forum in Washington, DC to discuss these issues. Integrating relationship education and pregnancy prevention interventions may be especially effective, given the importance of healthy relationships for improved sexual and reproductive health among teens and young adults. Both types of interventions could potentially be enhanced in terms of their ability to improve relationships and prevent pregnancy among youth in foster care if they integrated components from each type of program approach into their existing services.

Based on these overall findings from the research and evaluation review, the following recommendations have been developed for future research and practice related to relationship education for youth in foster care.

- Policy makers and public administrators should recognize positive romantic relationships as an important and legitimate outcome for youth in foster care, with potentially positive impacts for other outcomes;
- Relationship education programs that address the needs of youth in foster care and other highly vulnerable populations need to be developed;
- Funding needs to be made available to develop strong programs for youth in foster care in order to bring programs to a stage where they can be evaluated. Specifically, core components need to be identified and the programs should be manualized, assessed, refined, and rigorously evaluated;
- To assess impacts, relationship education programs need to be rigorously evaluated, ideally in a random assignment evaluation or secondarily in a quasi-experimental evaluation, among youth in foster care, with adequate sample sizes to assess impacts overall and across subgroups (for example, males and females);
- Relationship outcomes should to be included, if possible, among the outcomes assessed in other youth development program evaluations; and
- Relationship education programs for youth in foster care are hypothesized to be more successful if they are integrated into existing services for youth in foster care, rather than provided as stand-alone programs. In other words, relationship education would be incorporated in a tiered approach to address the multiple needs of youth in foster care, as well as other vulnerable youth.

Using the information gathered through this review and feedback we received at the Washington, DC forum, we have also developed a logic model that depicts the key program elements that have been identified as critical for successfully improving relationship skills and other related short-term and long-term outcomes for vulnerable youth (see Exhibit 1). Ideally, this logic model could serve as a useful tool for designing, planning, implementing, and evaluating existing and future relationship education programs for youth in foster care.

Exhibit 1. Proposed Logic Model for Relationship Education Programs for Youth in Foster Care



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Appendix A

Program Characteristics

Program	Foster Care	Vulnerable Youth	Other Populations	Romantic Relationship Education	Romantic Relationship Education as component only	Relationship Education broadly	Relationship Education broadly as component only	RCT: Randomized Control Trial*	QED: Quasi-Experimental Design**	Evidence Informed	Romantic Relationship Outcomes examined	Relationship outcomes examined	Other Outcomes Examined
Level I	√			√				√			√		
None													
Level II	√		√	√	√	√		√	√		√	√	√
Connections: Dating and Emotions			X	X					X		X	X	X
Connections: Relationships and Marriage			X	X					X		X	X	X
Love U2: Relationship Smarts PLUS			X	X				X			X	X	X
(Within My Reach)			X	X		X		X			X	X	
Level III	√				√			√	√				√
The Kempe Fostering Healthy Futures Program	X						X	X					X
Level IV			√		√			√	√				√
Best Friends			X		X		X		X				X
Choosing the Best (grades 9-10 and grades 11-12)			X		X				X				X
The Art of Loving Well			X			X			X				X
Level V			√	√	√	√	√			√			
About Us			X		X	X				X			
Healthy Choices, Healthy Relationship			X		X	X				X			
Independent Living Program	X				X		X			X			
Love Notes		X	X	X						X			
Power Through Choices	X				X					X			
Sisters Informing, Healing, Living, and Empowering (SiHLE)			X					X					X
WAIT Training			X		X					X			
You-Me-Us			X		X	X				X			
Level VI-A	√												
Larkin Extended Aftercare for Supported Emancipation	X									X			
My First Place	X									X			
Shared Family Care Model	X									X			
Teen Parenting Services Network IL	X					X				X			
TOP-Wyman	X ^f		X				X	X					X
Level VI-B			√										
Aban Aya Youth Project			X					X					X
Children's Aid Society (CAS)-Carrera Program			X				X	X					X
It's Your Game: Keep it Real			X					X					X
Minnesota Early Learning Design			X				X	X					X
Respecting and Protecting Our Relationships			X					X					X
STEP-UP with mentoring			X					X ^a					
Young Dads			X		X		X	X ^a					X
Youth Build		X	X					X					X
* RCT (Randomized control trial) are studies that randomly assign individuals to an intervention group or to a control group													
** QED (Quasi-experimental design) studies are similar to RCT studies, but they do not involve random assignment of individuals to groups													
^a -high attrition rates were found in study													
^f - applied to foster care population, but the program has not been evaluated with this population													

Appendix B

Program Summaries

Level I: Relationship education programs for youth in foster care that have been evaluated using a randomized control treatment design.

- No programs were identified for this level.

Level II: Relationship education programs that have been evaluated using a randomized control treatment design or a high-quality quasi-experimental design for any population.

1. Connections: Dating and Emotions
2. Connections: Relationships and Marriage
3. Love U2: Relationship Smarts PLUS
- (4. Within My Reach)

Connections: Dating and Emotions

I) Description of Program

Overview: *Connections: Dating & Emotions* is part of the Connections course series. Two curricula are included in the series, *Connections: Dating & Emotions* and *Connections: Relationships & Marriage*. In its 15-lesson curriculum, *Connections: Dating & Emotions* aims to prepare adolescents and teens in grades 6-11 for the challenges of early relationships and to develop healthy dating practices. During a quasi-experimental evaluation, the *Connections: Dating and Emotions* curriculum was found to have associations with attitudes toward pre- and post-marriage counseling and marriage enrichment. When examining teen pregnancy prevention risk factors, the evaluation found that the *Connections: Dating and Emotions* curriculum also had associations with parent communication and ability to resist sexual pressure. The results also found an association between *Connections: Dating and Emotions* and attitudes toward dating violence. The results revealed no association with students' reports of sexual activity.

- a) Curriculum/ Program Content: The *Connections: Dating and Emotions* curriculum includes 15 lessons designed for teenagers in grades 6-11. Throughout the classes, teens are educated on how relationships develop and given examples of effective ways to communicate. Lessons also cover how to recognize destructive patterns in relationships and how to manage one's feelings. Specific topics covered are, "Getting Ready: What's Dating About... Maturity... Ask, Accept, Decline;" "Going Out: Why Am I Dating?... How Relationships Grow... What To Say;" "Difficulties: Loneliness... Problem Patterns... Making Choices... Abuse;" "Defining the Relationship: It's Not working... It's Over... Moving On;" "Starting Over: Feel Another's Feelings... Love that Lasts."
- b) Program Setting: Classroom based
- c) Types of Activities: Discussion, lecture, interactive classroom activities

II) Evaluation (s) of Program

- 1) Cite: (QE) Gardner, Scott. *Final Summary Report of the Evaluation of the Connections: Dating and Emotions Curriculum*. June, 2005.
 - a) Evaluated Population: of the 534 students who completed and returned questionnaires, 307 remained in the final sample. Student surveys were excluded due to lack of valid parental consent, completion of only a pre-test or a post-test but not both, or the student appeared to guess at random on parts of the survey. Of the remaining 307 students, 6.2% were Black/ African American; 8.5% were Hispanic/ Mexican American; 1% was Asian American; 0.7% was Native American; 75.2% were White/ Caucasian; and 8.5% identified as other. Age ranged from 11.75 -19.3 years; 31.1% were male; and 68.4 were female. Schools were located across nine states.
 - b) Approach/ Methods: Surveys were sent to the teachers in 10 high schools in the United States who agreed to participate in the research. Consent of the school principal was required. Teachers gave the survey to their class in which the *Connections: Dating and Emotions* curriculum was being taught as well as one other class they were teaching in which they did not teach the *Connections: Dating and Emotions* curriculum. Students were also given a post-test after completion of the curriculum, which was approximately 2-4 months after the pre-survey, depending on the class and school schedule. Surveys covered the following outcomes: Knowledge, conflict tactics, divorce attitudes, marriage attitudes, attitudes toward counseling,

- resisting sexual pressure, going to parents for advice, waiting to have sex, dating violence, and the Rosenberg Self-esteem Scale.
- c) Results: Statistical analysis found statistically significant associations to the knowledge, behavior, teen pregnancy prevention risk factors indicators, and attitudes indicators. Statistically significant associations were found for knowledge of basic relationships concepts. Statistically significant associations with behavioral outcomes were found for use of violence, use of verbal aggression, frequency of getting in trouble in school, frequency of getting in trouble with family members, and communication with parents. The only knowledge outcome in which a statistically significant association was not found was frequency of getting in trouble with parents. Statistically significant associations were found for the teen pregnancy prevention risk factors in parent communication and ability to resist sexual pressure, while no statistically significant association was found for sexual activity. In addition, statistically significant associations were found for *Connections: Dating and Emotions* students and their likelihood to condone dating violence.

Source: <http://www.dibbleinstitute.org>

Connections: Relationships and Marriage

I) Description of Program

Overview: *Connections: Relationships and Marriage* is part of the Connections course series. Two curricula are included in the Connections course series, *Connections: Dating & Emotions* and *Connections: Relationships & Marriage*. *Connections: Relationships and Marriage* is a relationship education program designed for use in high schools. It has been evaluated using a quasi-experimental design, and is found to have statistically significant associations in the areas of knowledge, violence, communication with parents, attitudes toward marriage, and attitudes towards premarital/ marital counseling and marriage enrichment.

- a) Curriculum/Program Content: *Connections: Relationships and Marriage* is a high school marriage education curricula designed to teach students to develop healthy relationships and marriages. The curriculum consists of 15 one-hour lessons covering four topics: personality, relationships, communication, and marriage. The personality lessons address uniqueness of the individual, how personality changes over time, self-concept, how needs motivate behavior, goal setting, establishing expectations, and developing a flexible life plan. Lessons covered in the relationship section include how relationships and families change over time, the differences between primary and secondary relationships, the qualities of positive relationships, how dating behaviors and expectations relate to mate selection, how to establish clear expectations in dating relationships (sexual and general dating expectations), the emotional investment in relationships, how differences in relationship goals and expectations may be factors in ending a relationship, signs of a deteriorating relationship, and how to recover from a broken relationships. The communication lessons address communication patterns, the benefits of compromise, how to change negative statements into positive ones, how to send clear messages, and guidelines for good listening. There are seven lessons on marriage, where students learn different types of love relationships, the most common causes of faulty mate selection, principles for successful marriages, the impact of children on marriage, the basics of family finances, how to manage a family crisis, the importance of family time together, and the benefits of marriage.
- b) Program setting: Classroom based
- c) Types of activities: Classroom instruction, workbook activities, and “Bogus Marriage” assignments: students select a partner either in their class or at their school who is willing to complete the assignment with them. This couple completes assignments on the effects of children on their “marriage,” and how they will handle a family crisis. They also must develop a budget based on their income and family size (income and number of children are assigned randomly).

II) Evaluation(s) of Program

- 1) Cite: (QE) Gardner, S.P. (2001), Evaluation of the "Connections: Relationships and Marriage" Curriculum. *Journal of Family and Consumer Sciences Education*, Spring/Summer, Vol. 19, No.1
 - a) Evaluated Population: 410 students at six California public schools. Of the final sample, 4.9% were African American, 30.1% were Hispanic, 10.3% were Asian, 1.7% were native American, 3.84% were White, and 14.7% “other”. The average age was 16.5 years old, and 21% were male and 79% were female. The median income category for the sample was \$30,000-\$40,000.

- b) Approach/Methods: Six teachers who were already teaching the *Connections: Relationships and Marriage* curriculum volunteered to participate in the evaluation. The teachers administered the survey to their students being taught *Connections: Relationships and Marriage* before beginning the curriculum, and to one other class that they taught without *Connections*. 410 students successfully completed both pre-test and post-test surveys. The survey assessed demographic variables, behaviors in relationships, attitudes regarding relationships and marriage, and knowledge of the curriculum concepts. The specific behaviors assessed included a self-report of the number of times during the past 4 months the student had been in trouble at school and at a home and the use of methods and strategies used to resolve conflicts with a boyfriend, girlfriend, or best friend.
- c) Results: *Connections: Relationships and Marriage* had statistically significant associations in the areas of knowledge, violence, communication with parents, attitudes toward marriage, and attitudes towards premarital/ marital counseling and marriage enrichment. These findings suggest that the *Connections: Relationships and Marriage* students became more knowledgeable about key content and concepts, however, knowledge improved only slightly. Use of violence also decreased among the *Connections: Relationships and Marriage* students, as students in the comparison group reported using violence more often to resolve conflicts. Similarly, even though there were not statistically significant results, verbal aggression showed a positive trend as well for the *Connections: Relationships and Marriage* students. Reasoning behavior did not increase in the *Connections: Relationships and Marriage* group. Communication with parents increased significantly for the *Connections: Relationships and Marriage* students, and remained about the same for the comparison group. *Connections* students had a significantly more positive outlook on marriage. Attitudes towards attending counseling and enrichment programs, while slight, also improved significantly.

Source: <http://www.dibbleinstitute.org>

Love U2: Relationship Smarts PLUS

I) Description of Program

Overview: Love U2 is a series of units that are aimed to help youth acquire practical skills for emotionally healthy relationships. Relationship Smarts PLUS is a classroom-based relationship education program for 8th-12th grade youth. It has been evaluated in a randomized control trial. Statistically significant impacts were found in many areas, including cohabitation, conflict management, marriage preparation, and the understanding of what it means to be a supportive partner.

- a) Curriculum/Program Content: Relationship Smarts PLUS covers topics of maturity, identifying one's values, handling peer pressure, attractions and infatuation, establishing positive relationships, examining relationship health, strategies for creating a low-risk relationship, principles of smart relationships, the characteristics of true intimacy, a realistic concept of love, and relationship endings. Relationship Smarts PLUS curriculum also covers dating violence prevention and assertiveness skills, communication and conflict resolution skills, and pregnancy prevention that educates about the needs and demands of children.

A student workbook provides teens with an opportunity to review, reflect on, and apply what they have learned to their own lives. Another feature is the "Parent/Guardian-Teen Connection." This includes activities that provide parents or guardians with the content covered in the curriculum and intended to establish teen-parent conversations.

- b) Program setting: School
- c) Types of activities: Workbook, classroom instruction, parent/guardian component

II) Evaluation(s) of Program

- 1) Cites: (RCT) Kerpelman, J. L., Pittman, J.F., Adler-Baeder, F., Eryigit, S., Paulk, A. (2009). Evaluation of a statewide youth-focused relationships education curriculum. *Journal of Adolescence*, 1-12.
 - a) Evaluated Population: High school students in Family and Consumer Science (FCS) classes attending 61 public schools in Alabama. There were 1824 participants with usable data. 75% were female, 28% were African American and 65% were European American. Most came from low and middle income families. Approximately 40% had experienced parental divorce, and about 16% had experienced multiple parental divorces. Sample attrition was noted for the follow-up responses, as gender was imbalanced believed to be due to the volunteer basis of follow-up participation. Substantial attrition occurred at both of the follow-up data collections
 - b) Approach/Methods: Participants completed pre- and post-surveys, immediately preceding and following the weeks during which the test classes received the Relationship Smarts PLUS lessons. Family and Consumer Science (FCS) classes are elective courses that address topics such as making educated consumer choices, developing interpersonal relationships, food and nutrition, understanding and caring for children, family resource management, and preparing for a career in the family and consumer sciences field. Schools were randomly assigned to either test or control conditions. Approximately two schools were assigned to the test condition for every control school. In test classes, Relationship Smarts PLUS lessons were offered across a six week period during regularly scheduled class

periods that lasted 50-90 minutes depending on the school's schedule structure. Pre-surveys were administered the day prior to the start of the Relationship Smarts PLUS curricula. Post-surveys were administered the day following the final class covering the Relationship Smarts PLUS curricula. Follow-up surveys were conducted on a volunteer basis by students who had participated in the Relationship Smarts PLUS curriculum one year and two years following the curriculum. Focus groups and teacher interviews were also conducted. Focus groups were held at eight of the participating schools. The groups were designed to learn, directly from students, about their attitudes about the content, the instructional methods employed, skills they believed they acquired and any recommendations for revising the curriculum. All of the teachers participated in telephone interviews after they completed their teaching of the Relationship Smarts PLUS course. Measures were designed to assess topics the Relationship Smarts PLUS curriculum was expected to influence. These include: faulty relationship beliefs, conflict management, openness to participating in relationship education/counseling in the future, perceived importance of a supportive partner, and verbal aggression.

- c) Results: Both qualitative and quantitative findings indicated that students receiving the Relationship Smarts PLUS program found the curriculum valuable. Analyses revealed changes in knowledge and attitudes from pre-to-post program. Statistically significant impacts were found for six of the seven quantitative areas: Love is enough (love should trump all other factors in the decision to marry), one & only (the idea that only one ideal mate exists for each person), cohabitation, conflict management, marriage preparation, and understanding of the qualities of a supportive partner. Results for verbal aggression did not reveal statistically significant impacts. Follow-up data indicates that the changes observed for these outcomes were maintained by those in the test group at the first follow-up (one year after the program), but differences between the test and control groups were diminished by the second follow-up (two years after the program).
- 2) Cite: (RCT) Kerpelman, J.L., Pittman, J.F., Adler-Baeder, F., Stringer, K.J., Eryigit, S., Cadley, H.S., Harrel-Levy, M.K. (2010) 'What Adolescents Bring to and Learn from relationship Education Classes: Does Social Address Matter?', *Journal of Couple & Relationship Therapy*, 9: 2,95-112
 - a) Evaluated Population: Public high school students enrolled in health classes. The sample consisted of 1430 students: 55% female, 54% European American, 35% African American, and 11% other ethnicities; fifty-two percent were eligible for free or reduced price lunch, 57% had at least one parent with more than a high school education, 42% lived in original intact families, 32% lived in stepfamilies, and 26% lived in single-parent families.
 - b) Approach/ Methods: High school health teachers, who had indicated they were interested in participating, were randomly assigned to intervention or control classes. Intervention and control teachers were located in different schools. The curriculum consisted of 12 lessons that addressed self-knowledge, values, accurate knowledge about romantic relationships, understanding love and intimacy, decision making, conflict resolution skills, recognizing dating abuse, and effective communication strategies. Data were collected from both intervention and control participants at three

- points in time: immediately prior to (pre-test), and immediately following (post-test) the implementation of the curriculum for the intervention group, and one year after completing the program. In the control group, the post-test was given 6.5 weeks after the pre-test. However, only 16% of students participated in the 1 year follow-up survey. There is also a high number of missing cases from the data. This study focused on two outcome variables: “love is enough” and healthy relationship skills, specifically conflict management. Researchers also aimed to examine whether adolescents with varying baseline social disadvantage indicators differed in their beliefs prior to receiving relationships education classes and whether they changed those beliefs and skills post intervention at different rates.
- c) Results: Comparisons of the intervention and control groups revealed statistically significant impacts of the Relationship Smarts PLUS curriculum. Intervention participants had greater decreases in their beliefs that love is enough to sustain a healthy relationship and greater increases in their understanding of conflict management skills. Some “social address,” or social class, differences were observed. Adolescents who were eligible for free or reduced lunches had stronger faulty relationship beliefs prior to the intervention than did those who were not eligible for free or reduced lunch; however, both groups decreased their faulty relationship beliefs post-program by the same amount. This revealed that, regardless of their social class indicators, adolescents benefitted from the program similarly. One exception to the general finding of pre-to-post program improvement in faulty relationship beliefs was seen for adolescents from single-parent families. These adolescents did not change their belief after the intervention.

Source: <http://www.dibbleinstitute.org>

Within My Reach

Overview: The Within My Reach curriculum, geared towards low-income individuals, is designed to provide information and skills necessary for participants to strengthen healthy relationships, end unhealthy or unsafe relationships, and choose future partners wisely.

Additional information about this program and the evaluation is not available at this time.

Source: Antle, B.F., Sar, B.K., Christensen, D.N., Ellers, F.S., Karam, E.A., Barbee, A.P., & Van Zyl, M.A. (in press). The impact of the Within My Reach relationship training on relationship skills and outcomes for low-income individuals. *Journal of Marital and Family Therapy*.

Level III: Program for youth in foster care that has been evaluated using a randomized control treatment design, with a relationship component as part of a broader range of program components.

1. The Kempe Fostering Healthy Futures Program

The Kempe Fostering Healthy Futures Program

I) Description of Program

Overview: The Kempe Fostering Healthy Futures Program is designed to help abused and neglected 9- to 11-year-old children in foster care learn life skills that will help them deal with the challenges of adolescence. This 30-week program includes two components: life skills groups and mentoring. A randomized control treatment evaluation found statistically significant impacts immediately following the intervention, as well as 6-months following the intervention in the areas of quality of life, social support, and mental health. It does not appear that relationship outcomes have been examined.

- a) Curriculum/Program Content: Fostering Healthy Futures is a 9-month intervention for children in foster care. It includes two components: Skill-groups and mentoring. Skills groups meet for 30 weeks for 1.5 hours per week during the academic year. Each group consists of 8-10 children and 2 group facilitators. Facilitators are licensed clinicians and graduate student trainees. Skills groups follow a manualized curriculum that “combines traditional cognitive-behavioral skills group activities with process-oriented material.” Topics include emotion recognition, taking perspectives, problem solving, anger management, cultural identity, change and loss, healthy relationships, peer pressure, abuse prevention, and future orientation. Skills groups include weekly activities that are designed to encourage children to practice their newly learned skills with their mentors.

The mentoring component also lasts for 30 weeks. Mentors are graduate students of social work. Mentors are each paired with 2 children, and spend 2-4 hours of time with each per week. They also transport the child to and from the skills group and join the skills groups for dinner. Designed to support the mentors, each mentor receives weekly individual and group supervision, and mentors attend a seminar. These are meant to support mentors as they “create empowering relationships with children, serving as positive examples of future relationships; ensuring that children received appropriate services as multiple domains and serving as a support for children as they faced challenges within various systems; helping children generalize skills learned in group to the ‘real world’ by completing weekly activities; engaging children in a range of extracurricular, educational, social, cultural, and recreational activities; and promoting attitudes to foster a positive future orientation.” All mentoring activities were individually tailored to support the child’s needs, strengths and interests.

- b) Program setting: Community
- c) Types of activities: Discussion, lecture-style lessons, mentoring

II) Evaluation(s) of Program

- 3) Cites: (RCT) Taussig, H. N. and Culhane, S. E. (2010). Impact of a Mentoring and Skills Group Program on Mental Health Outcomes for Maltreated Children in Foster Care. Archives of Pediatric and Adolescent Medicine, 164 (8), 739-746.
 - b) Evaluated Population: Participants were recruited in 5 cohorts over 5 consecutive summers from a list of all children aged 9-11 years who were placed in foster care in participating Colorado counties. The mean age was 10.4 years for both the control and intervention groups. Of the control group, 49% were male, 51% were female; 56% were Hispanic; 25% were African American; and 44% were white. Of the intervention group, 52% were male, 48% were female; 44% were Hispanic; 34% were African American; and 42% were white.

- c) Approach/Methods: All children who participated in the baseline interview were screened for cognitive, educational, and mental health problems. Eligible children were manually randomized, by cohort, in a single block and assigned to the control group (assessment only) or intervention group (assessment plus intervention). Each group was assessed 3 times: at baseline (2-3 months prior to the start of the intervention), immediately following the intervention (11-13 months after baseline), and 6 months after the intervention (17-20 months after baseline). At each interview, children and their current caregivers were interviewed by separate interviewers, typically at the child's residence. Interviewers were masked to the participants' condition.
- d) Results: Statistically significant impacts on quality of life (youth reported) and social support factor (youth reported, secondary outcome) were found immediately following the intervention. Mental health symptoms, trauma symptoms, dissociation, mental health therapy, mental healthy psychotropic medications, positive coping, negative coping, global self-worth, and social acceptance were not found to have statistically significant impacts at this time point. Analysis of outcomes 6 months following the intervention found statistically significant impacts on mental health symptom factors (youth, caregiver, and teacher report), trauma symptoms (youth report), dissociation (youth report), and frequency of mental health therapy (youth report).

Level IV: Evaluated programs (non-RCT) with a relationship education component that addresses romantic relationships, but relationship outcomes do not appear to have been examined in the evaluation.

2. Best Friends
3. Choosing the Best (grades 9-10 and grades 11-12)
4. The Art of Loving Well

Best Friends

Overview: Best Friends is a school-based character education program for girls, beginning in the sixth grade and continuing until high school graduation. When Best Friends girls reach ninth grade, they enter the Diamond Girl Leadership program. Best Friends teaches students about many topics, including friendship, love and dating, self-respect, decision making, alcohol and drug abuse, physical fitness and nutrition, HIV/AIDS, and other STDs and STIs. In addition, the program uses role model presentations, mentoring, community service, and a recognition ceremony at local schools to help young girls abstain from premarital sex, drugs, alcohol and smoking. The Diamond Girls program for high school students focuses on career development and leadership activities during monthly and weekend sessions. Best Friends has been evaluated using a quasi-experimental design. Survey data were collected prior to and following participation in the program year. This was compared to responses from a sample of girls to the Youth Risk Behavior Survey. The study found associations between Best Friends and likelihood girls would smoke, drink, take drugs and become sexually active during the Best Friends program. It does not appear that relationship outcomes were evaluated.

Source: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/all-studies-reviewed-v2.pdf>

<http://www.frc.org/get.cfm?i=IS06B01>

<http://www.bestfriendsfoundation.org/>

Lerner, R. (2005). Can abstinence work? An analysis of the Best Friends program. *Adolescent and Family Health*, 3(4), 185-192.

Choosing the Best (grades 9-10 and grades 11-12)

Overview: Choosing the Best is an abstinence-centered program with five different curricula according to grade level, beginning with grade 6 and continuing through grade 12. Grades 9-10 receive Choosing the Best JOURNEY curriculum, which covers topics such as setting goals, making the best decisions, avoiding pregnancy, avoiding STDs, developing the best relationships, choosing abstinence until marriage, overcoming pressure, and being assertive. Grades 11-12 receive Choosing the Best SOUL MATE which covers “finding the right one,” “being the right one,” “developing relational skills,” “dating to discover,” and “making marriage work”. Choosing the Best has been evaluated using quasi-experimental design and found to have significant impacts on delaying sexual initiation. Relationship outcomes do not appear to have been evaluated.

Source: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/all-studies-reviewed-v2.pdf>

Nagel, R. W. (2010). Effectiveness of a four-year abstinence education intervention. Unpublished manuscript.

Walker, C. (2009). Better Family Life CBAE grant evaluation report for 2008-09. Milwaukee, WI: Angela M. Turner Consulting.

Weed, S. E., & Anderson, N. (2008). What kind of abstinence education works? Comparing outcomes of two approaches. Unpublished manuscript.

<http://www.choosingthebest.org/>

The Art of Loving Well

Overview: The Art of Loving Well is a relationship skills curriculum structured through the use of literature. It is designed to be incorporated into English classes in middle schools and high schools. The program is designed to develop values and attitudes surrounding romantic relationships that encourage responsible sexual behavior in adolescents. The teaching modules consist of short readings and poems, with related discussion and writing activities, about various aspects of human relationships. It has been evaluated using a quasi-experimental design. Associations were found for sexual activity and attitudes about sex. However, it does not appear that relationship outcomes have been examined.

Source: Kreitzer, Amelia. Evaluation of the “Loving Well” Curriculum. CSTEPP, Boston College. December, 1992.

<http://www.bu.edu/education/lovingwell/>

Level V: Relationship education program, or programs with a relationship education component, without a formal evaluation, but are evidence informed by basic research studies and theory.

1. About us
2. Healthy Choices, Healthy Relationship
3. Independent Living Program
4. Love Notes
5. Power Through Choices
6. PRIDE: Module 12
7. Sisters Informing, Healing, Living and Empowering
8. WAIT Training
9. You-Me-Us

About Us

Overview: About Us focuses on relationships and related behaviors that may affect HIV/STI risk. Areas covered include how to develop healthy relationships, sexual partnering, relationship norms, condom use and HIV/STI testing within relationships; and ending unhealthy relationships. The curriculum is covered over 12 lessons. Lessons include discussions and self-reflection, as well as activities lead by the instructor.

Source: You-Me-Us Middle School Relationships Project documentation provided by ETR Associates

Healthy Choices, Healthy Relationships

Overview: Healthy Choices promotes forming strong, satisfying relationships. Over 11 lessons, the curriculum examines how peers, family, and media influence expectations about love and life. Lessons cover identifying healthy friendship and dating behaviors, identifying and preparing for potential problems, exploring the characteristics of mature interpersonal behavior, practicing decision-making, and problem solving. The program is designed to be implemented in health education classes in high schools, but it is also applicable to afterschool programs as well as juvenile facilities, family planning centers and health clinics. Healthy Choices, Healthy Relationships does not appear to have been evaluated.

Source: <http://www.dibbleinstitute.org/>

Independent Living Program

Overview: Independent Living Program (ILP), developed by Orangewood Children's Foundation, provides workshops, special events, and support services to foster youth between the ages of 16 and 21, to help prepare them for emancipation from the child welfare system. Each month, ILP focuses on one of four areas – education, career, relationships, and daily living – through workshop topics and homework assignments. This program does not appear to have been evaluated.

Source: http://www.orangewoodfoundation.org/programs_indliving.asp

Love Notes

Overview: Love Notes is a 15-lesson activity-based program aimed to teach young people skills to form healthy and meaningful relationships. It is designed for youth aged 16-24 who are at risk for unplanned pregnancy, single parenting, and troubled relationships, as well as those already pregnant or parenting. It uses activities based upon realistic scenarios, drawing, role-playing, story-telling, poetry, music and film to improve decision-making about partners, sex, pregnancy, and other interpersonal challenges. This program does not appear to have been evaluated.

Source: <http://www.dibbleinstitute.org/>

Power Through Choices

Overview: Power Through Choices (PTC) is a ten-session curriculum for adolescents in foster care, ages 15-19, who are in out-of-home care. Through a variety of interactive exercises, youth build self-empowerment and increase decision making skills. The goal of PTC is to help prevent pregnancy and the HIV and other sexually transmitted diseases among foster care youth. Power Through Choices is currently being evaluated for youth living in group foster care homes. Initial findings from an implementation study reveal promising results.

Source: Becker, M.G., Barth, R.P, (2000). Power through choices: the development of a sexuality education curriculum for youths in out-of-home care. *Child Welfare*,79(3):269-82.

Parent Resources for Information, Development, and Education (PRIDE): Module 12

Overview: Parent Resources for Information, Development, and Education (PRIDE) is a model for developing and supporting foster families and adoptive families. The PRIDE Program consists of 12 modules and is designed to strengthen the quality of family foster care and adoption services. It provides a framework for recruitment, preparation, and selection of foster and adoptive parents. In addition, it provides training and professional development opportunities to foster parents. Module 12 of this program is titled “Understanding and Promoting Preteen and Teen Development,” and covers topics related to social, physical and emotional changes adolescents face. PRIDE does not appear to have been evaluated.

Source: Yancey, Antronette K. Building Positive Self-Image in Adolescents in Foster Care: The Use of Role Models in an Interactive Group Approach. *Adolescence*, Vol. 33, 1998

<http://www.cwla.org/programs/trieschman/pride.htm>

Sisters Informing, Healing, Living, and Empowering (SiHLE)

Overview: SiHLE (adapted from the SISTA program) is designed to reduce risky sexual behavior among African American adolescent females. Through small-group sessions, the intervention emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners. In addition, facilitators model proper condom use skills. Using an interactive approach, often with a role-play component, SiHLE aims to enhance confidence in initiating safer-sex conversations, negotiating for safer sex, and refusing unsafe sex encounters. A randomized control treatment evaluation found statistically significant impacts on participants related to safer sexual practices, such as consistent condom use and limiting the number of sexual partners. It does not appear that relationship outcomes were evaluated.

Source: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/all-studies-reviewed-v2.pdf>

DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook, E. W., et al. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. *JAMA*, 292(2), 171–179

WAIT Training

WAIT (Why Am I Tempted?) Training is a school-based relationship education program for middle school and high school students. This program not only teaches about sex and pregnancy prevention, but also teaches teens how to have healthy relationships and navigate through the challenges and temptations to these healthy relationships. Some topics covered include alcohol and drug prevention strategies, communication skills, conflict resolution, decision making, safe dating strategies, partner selection strategies, assertion training, negotiation skills, managing peer pressure, life mapping and future orientation. WAIT Training is currently being evaluated.

Source: <http://www.myrelationshipcenter.org/home/curriculum/w-a-i-t-training/>

You-Me-Us

You-Me-Us aims to promote relationship development as a path to reducing sexual risk taking behaviors. The program implements a multi-faceted curriculum that focuses on relationships and related behaviors that may affect disease risk. These include developing healthy relationships, sexual partnering, relationship norms, condom use within relationships, and ending unhealthy relationships. There is also a school-wide social norms component that features regular peer-led activities to permeate the school environment with pro-social norms regarding healthy relationships; reinforcing and extending the potential effects of the classroom curriculum, and providing positive models for other youth. You-Me-Us is currently undergoing an evaluation.

Source: HS Relationships Project documentation provided by ETR Associates

Level VI-A: Evaluated programs already implemented with foster youth that could be augmented with a relationship education component.

1. TOP-Wyman

Teen Outreach Program (Wyman)

Overview: Wyman's Teen Outreach Program is designed for youth, grades 6-12, and has been applied to foster care populations. The curriculum is split into four age-appropriate levels, and includes: personal values, relationships, communication and assertiveness, goal-setting, decision-making, human development and sexuality, and community service learning. It has been evaluated by a randomized control trial. Impacts were found for school suspension, course failure and pregnancy. It does not appear that relationship outcomes were examined.

Source: <http://wymancenter.org/nationalnetwork/top/>

Allen, J.P., Philliber, S., Herrling, S., Kupermic, G.P. (1997). Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach. *Child Development*, 64 (4): 729-742.

Level VI-B: Other evaluated programs that could be augmented with a relationship education component.

1. Aban Aya Youth Project
2. Children's Aid Society (CAS)- Carrera Program
2. It's Your Game: Keep it Real
3. Minnesota Early Learning Design
4. Respecting and Protecting Our Relationships
5. Step-Up with Mentoring
6. Young Dads
7. Youth Build

Aban Aya Youth Project

Overview: The Aban Aya Youth Project (AAYP) is a program designed to reduce rates of risky behaviors among African-American children in grades 5-8. Over 16 to 21 lessons per year are provided over 4 years. The school/community intervention promotes abstaining from sex, and covers topics including how to avoid drugs and alcohol and how to resolve conflicts without violence. Each participating school forms a local task force, consisting of school representatives, students, parents, community members, and project staff, which proposes changes in school policy, develops school-community collaborations, and conducts program activities. A random control treatment evaluation examined the community and school intervention in addition to a solely classroom based version, and found no statistically significant impacts for girls. However, statistically significant impacts were found for all outcomes in the school/community intervention, including self-reported violence, provoking behavior, school delinquency, substance use, sexual activity, and condom use for boys. Similar but statistically marginal impacts were found for boys in the schools that received only the classroom curriculum. It does not appear that relationship outcomes have been examined.

Source: Flay, B. R., Graumlich, S, Segawa, E., Burns, J. L., Holliday, M. Y. (2004). Effects of 2 prevention programs on high-risk behaviors among African American Youth. *Archives of Pediatrics and Adolescent Medicine*, 158(4), 377-384.

<http://www.childtrends.org/Lifecourse/programs/abanaya.htm>

Children's Aid Society (CAS) - Carrera Program

Overview: The CAS–Carrera program is a multi-year, year-round afterschool program comprised of five activity components and two service components. Thirteen, 14, and 15- year olds are eligible for the program, and participation continues through the end of high school. The program uses a “parallel family system” strategy for staff to develop long-term relationships with participating teens, to provide individually tailored planning and tracking, and to practice a non-punitive approach to youth development. CAS-Carrera aims to reduce teen pregnancy, sexual initiation, and risky sexual behaviors, and drug use. It also aims to improve sexual and reproductive health knowledge, employment, health care utilization, and academic skills. With the exception of medical and mental health services, all activities are offered year-round, after school (for three hours a day), and at the same program site. Classes and services include engagement with parents to reinforce skills and learning. Component 3, Family Life/Sex Education, specifically focuses on communication skills for a healthy relationship and on increasing sexual literacy. This section includes information on body image, gender roles, social roles, family roles, and sexual orientation. CAS-Carrera was evaluated using randomized control treatment evaluation and was found to have statistically significant impacts on reproductive health knowledge and sexual initiation and health. The impacts on sex and contraception were only significant for girls. It does not appear that relationship outcomes were evaluated.

Source: http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/cas_carrera.pdf

Philliber, S., Williams Kaye, J., Herrling, S., & West, E. (2002). Preventing pregnancy and improving health care access among teenagers: An evaluation of the Children's Aid Society–Carrera Program. *Perspectives on Sexual and Reproductive Health*, 34(5), 244–251.

<http://www.childtrends.org/Lifecourse/programs/CAS-Carrera.htm>

It's Your Game: Keep it Real

Overview: It's Your Game: Keep it Real (IYG) is a school-based HIV, STI, and pregnancy prevention program targeting middle school students. The curriculum is grade-specific and includes both group and individual modules. The curriculum covers topics such as puberty, dating, safe sex, STIs and HIV, and pregnancy and is designed to encourage students to set limits on their personal risk behaviors and to use refusal skills. A parent-child homework component is also used at both grade levels to help catalyze conversations around covered topics. A randomized control treatment evaluation of IYG found the program to have statistically significant impacts in reducing initiation of sex for participants from 7th to 9th grade. It does not appear that relationship outcomes have been examined.

Source: Tortolero, S.R., Markham, C.M., Peskin, M.F., Shegog, R., Addy, R.C., Escobar-Chaves, S.L., & Baumler, E.R. (2010). It's your game. Keep it real: Delaying sexual behavior with an effective middle school program. *Journal of Adolescent Health*, 46(2), 1-19

<https://sph.uth.tmc.edu/iyg/home/>

<http://www.childtrends.org/Lifecourse/programs/ItsYourGame.htm>

Minnesota Early Learning Design

Overview: Minnesota Early Learning Design (MELD) is a five-session curriculum designed to improve the co-parenting skills of young fathers ages 16-25. The goals of the program include helping fathers share parenting responsibilities regardless of their relationship with the child's mother; reducing father's isolation; and providing positive role models for the participating fathers. The five sessions include: (1) sharing responsibilities of parenthood, (2) communicating with the mother, (3) co-parenting benefits to babies, (4) solutions to barriers of co-parenting, and (5) solidarity between co-parents. MELD has been evaluated using a randomized control treatment evaluation, and was found to have positive impacts on one of the four outcomes measuring fathers' involvement with children, and on one of the four outcomes related to co-parenting. No impact was observed on the remaining six outcome measures. The sample consisted of 165 fathers and the mothers or expecting mothers of their children. Relationship outcomes do not appear to have been evaluated.

Source: Fagan, J. "Randomized Study of a Prebirth Coparenting Intervention with Adolescent and Young Fathers." *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, vol. 57, no. 3, 2008, pp. 309-323.

Respecting and Protecting Our Relationships

Overview: Respecting and Protecting our Relationships is a community based HIV prevention program branch of *Be Proud! Be Responsible!*, targeting inner-city Latino adolescent parenting couples in Los Angeles, California. Program utilizes a culturally-based curriculum that is covered over six 2-hour sessions and is co-led by one male and one female facilitator. Couples participating in the program discuss HIV prevention strategies, gender and power, and how to develop and maintain healthy relationships. While a random control treatment evaluation found to have positive associations with condom use, engaging in unprotected sex, and knowledge of HIV/AIDs, due to small sample size and high attrition rates, statistically significant conclusions could not be drawn. It does not appear that relationship outcomes have been evaluated.

Source: Bronte-Tinkew, J., Burkhauser, M., Metz, A. Elements of Promising Practice in Teen Fatherhood Programs: Evidence-Based and Evidence-Informed Research Findings on What Works. August 21, 2008, National Responsible Fatherhood Clearinghouse.

Step-Up with Mentoring

Overview: In the STEP-UP with Mentoring program, young fathers work with a case manager and a volunteer mentor to improve their economic self sufficiency, strengthen their family relationships, and make healthy choices, such as avoiding drugs and alcohol. It has been used with juvenile offenders in Ohio, and it has also been used with pregnant and parenting teens in San Marcos, TX. Although it has been evaluated, the study was found to have high attrition rate, and baseline equivalence could not be established.

Source: The Administration for Children and Families. "STEP-UP with mentoring for Young Fathers." Available at [www.acf.hhs.gov/programs/cse/pubs/1996/reports/fth/fth_b.htm]. Accessed May 18, 2012.

Young Dads

Overview: The Young Dads program targets African American adolescent fathers in New York City and was designed to help young fathers aged 16-18 years to become more responsible fathers. The program aims to establish and meet individualized goals; help the father to develop stronger support systems; and develop consistent, positive feelings about their relationship with their children now and in the future. While a randomized control trial evaluation of Young Dads found impacts on economic self-sufficiency, well-being, and involvement with children, there was high attrition from the sample and baseline equivalence was not established.

Source: Bronte-Tinkew, J., Burkhauser, M., Metz, A. Elements of Promising Practice in Teen Fatherhood Programs: Evidence-Based and Evidence-Informed Research Findings on What Works. August 21, 2008, National Responsible Fatherhood Clearinghouse.

Mazza, C. (2002). Young dads: The effects of a parenting program on urban African-American adolescent fathers. *Adolescence*, 37(148), 681-693.

YouthBuild

Overview: YouthBuild includes a variety of programs for low-income adolescents and young adults, ages 16-24. The goal is for participants to work towards their GEDs or high school diplomas while also learning necessary job skills. This often includes participating in leadership development activities in their communities. Specific programs include alternative school programs, job training programs, community service programs, and leadership programs.

In 2004, the Department of Labor selected YouthBuild to participate in its Incarcerated Youth Offenders Program. Positive impacts were found in all but one of the short-term outcomes examined, including enrollment, completion, GED or high school diploma attainment, job placement, wages, and recidivism.

Source: Wally Abrazaldo et al, Evaluation of the YouthBuild Youth Offender Grants. Social Policy Research Associates, 2009.

Additional programs reviewed but not selected:

- Ansell Casey Life Skills Assessment (Case Life Skills)
- A Parent Education Program for Young Fathers in Prison
- ARC Clinical Services
- Big Brothers, Big Sisters
- Cognitive Behavioral Intervention for Trauma
- Fatherhood Program (Unnamed)
- Larkin Extended Aftercare
- My First Place
- Natural Mentoring
- One-on-One DCF
- Planning for Children
- Project Passage
- Shared Family Care Model
- Teen Parenting Services Network, IL
- The Family Services program At the Idaho State Correctional institution
- The Responsible Fatherhood Program
- Trauma-Focused Cognitive Behavioral Therapy