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Taking a Teen Pregnancy Prevention Program to the Home: The *AIM 4 Teen Moms* Experience

Implementation Report

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I. INTRODUCTION

In 2009, staff at Children's Hospital Los Angeles (CHLA) saw a need for new reproductive health and pregnancy prevention programming for pregnant and parenting teens. Parts of Los Angeles County are home to especially vulnerable teens and families, with high teen birth and sexually transmitted infection rates (Los Angeles County Department of Public Health 2009). Structured programs for teen parents, especially to prevent rapid repeat pregnancies and reduce sexual risk behaviors, are limited.

CHLA identified an evidence-based program to reduce sexual risk-taking, but it was not designed for pregnant or parenting teens. Project AIM (Adult Identity Mentoring) had demonstrated success in reducing sexual risk outcomes in middle school youth. The program employed a group-based model to deliver services twice a week in classrooms or after-school settings. However, this model and format did not take into account the needs and circumstances of teen mothers or focus on delaying repeat pregnancy.

The CHLA team, which included the developer of Project AIM, adapted the intervention to address the needs of teen mothers. This adaptation, called *AIM 4 Teen Moms,* incorporates the foundational elements of Project AIM, which emphasize positive thinking and future planning but also includes elements focusing on motherhood and reproductive choices. The program encourages participants to imagine a positive future and plan realistic steps to achieve and safeguard this future. *AIM 4 Teen Moms* brings the intervention into participants' homes versus a school setting.

CHLA's implementation of *AIM 4 Teen Moms* is supported through a grant from the Personal Responsibility Education Innovative Strategies (PREIS) program at the Family and Youth Services Bureau of the Administration of Children and Families within the US Department of Health and Human Services (HHS). The *AIM 4 Teen Moms* program, targeting an underserved population, was selected along with 6 other programs to participate in the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a national evaluation funded by the Office of Adolescent Health in HHS. The PPA evaluation studies the effectiveness of promising new or innovative teen pregnancy approaches (Figure I.1).

The federal PPA study is designed to provide rigorous evidence about program impacts, document program implementation, and generate insights about the successes and challenges of program delivery (Smith and Colman 2012). The evaluation in Los Angeles County focuses on the implementation of *AIM 4 Teen Moms* and its impacts on teen mothers (enrolled when they are 15 to 19 years old with one child from 1 to 7 months old). The program is being delivered to eight cohorts of teen mothers in 12-week cycles from November 2011 to March 2014. The evaluation will test whether the program increases long-term contraceptive use and reduces or delays repeat pregnancy.

This report discusses findings from the study of program implementation in the first 18 months of the evaluation. In this report we describe the program's development and design, recruiting approach, facilitators' training in and delivery of the program, and youth engagement and response to the program. The report concludes with lessons learned for future replications of programs serving parenting teens, such as *AIM 4 Teen Moms*.

Figure I.1. *AIM 4 Teen Moms* Evaluation — A Snapshot

- Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches
  - Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
  - Conducted by Mathematica Policy Research, with Child Trends and Twin Peaks Partners, LLC
  - Assessing effectiveness of seven programs
- Approximately 950 teen mothers ages 15 to 19 years old with one child younger than 7 months old in the Los Angeles, California, area are being recruited and randomly assigned—half to a program group and half to a group that does not receive *Aim 4 Teen Moms*.
  - Program delivered to 8 cohorts of teen mothers in 12 week cycles, November 2011 to March 2014.
  - Rolling sample intake through December 2013.
  - Staff recruit participants through (1) referrals from El Nido Family Centers, Project NATEEN, and AltaMed (programs already serving teen mothers); (2) local outreach at schools and health fairs; (3) referrals from pregnant and parenting teen schools and local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices; and (4) free hotline and text messages.
  - Program implemented in three locations: metro LA, South LA/Compton, and San Fernando Valley
- Program components:
  - Seven individual one-hour sessions with a trained facilitator in participant's home
  - Two 90-minute (approximately) group sessions, in the middle and at the end of the program, conducted by one or two trained facilitators
- Adaptation of Project AIM, a curriculum originally used in 7th-grade classrooms in Birmingham, Alabama
- Topics include positive thinking, future planning, birth control, birth spacing, reproductive planning, and motherhood as an identity strength
- Impacts on long-term contraceptive use and rapid repeat pregnancy measured by follow-up surveys 12 and 24 months from baseline

The study explored particular implementation issues and questions:

1. How did CHLA and the developer create *AIM 4 Teen Moms* and why?
2. What needs was the new program designed to address? How did it propose to do so?
3. Who did the program serve? What strategies did staff use to reach and retain the participants?

4. How well was the program delivered and by whom? Did staff adhere to the program model and how did it have to be modified or changed?
5. How did the participants respond to the program?
6. What successes and challenges did staff face in implementing the program in LA?

To address these questions, two staff from the PPA evaluation team (composed of Mathematica Policy Research, Child Trends, and Twin Peaks Partners, LLC) observed group sessions and conducted in-person interviews with CHLA staff, program facilitators, and partner agency staff. The team also conducted telephone interviews with key community stakeholders, analyzed fidelity checklists completed by facilitators, and examined post-program surveys completed by participants. The team assessed adherence to the implementation plan based on the program's design, theory of change, *AIM 4 Teen Moms* curriculum, data collected during the site visit, attendance data, and fidelity monitoring documents. Details on data sources and methodology for the implementation study are provided in Appendix B.

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II. DEVELOPING A TAILORED APPROACH FOR TEEN MOTHERS: *AIM 4 TEEN MOMS*

To meet the need in Los Angeles County for additional services to prevent rapid repeat pregnancies among teen mothers, CHLA sought an evidence-based program well suited to the needs of teen mothers and communities served by CHLA. The search led to Project AIM, which CHLA adapted for use with teen mothers. The resulting program, *AIM 4 Teen Moms*, consists of a structured curriculum delivered to teen mothers in home visits and two group sessions.

To improve on existing services for teen mothers, CHLA looked for a different, more-structured approach

Teen mothers in Los Angeles County have access to a number of services through community-based programs, medical providers, and schools. However, these services are generally not based on a formal program driven by a structured curriculum. Community-based programs offer case management services to teen parents (for example, Project NATEEN, El Nido, AltaMed), including job preparation services, parenting and post-partum home visits, and counseling. Some local hospitals provide education and home-visiting services to eligible new mothers through programs such as *Welcome Baby* at the California Medical Center. Small neighborhood "Doc in a Box" clinics are a popular resource for many teen parents, but according to CHLA staff, the care they offer is of uncertain quality and limited scope, and not tailored specifically for teen mothers. Los Angeles County schools reportedly provide sex education and school-based health services for all youth, but again not necessarily targeted to teen mothers.

To improve on these existing services, CHLA sought a new program that would help teen mothers delay repeat births and reduce risky behaviors. CHLA identified Project AIM, a six-week group-based program, proven effective in reducing HIV risk behaviors among African American 7th graders in Birmingham, Alabama (Clark et al. 2005). The experimental study in Birmingham reported increased abstinence and decreased sexual initiation among the youth who received the program. In 2005, using Centers for Disease Control and Prevention funding, Dr. Leslie Clark, Project AIM's developer, brought the program to Los Angeles to implement it with youth in three out-of-school settings. Since Project AIM's initial development and success, Dr. Clark has adapted the original program model to serve other populations, such as transgender youth and young gay men.

Project AIM had evidence of success but was not suitable for teen mothers

CHLA staff agreed that any program serving teen mothers has to accommodate their special circumstances. Teen mothers must spend time, energy, and resources caring for their children, often in difficult circumstances, making it challenging for them to attend regular community-based classes or sessions. Transportation looms as a substantial barrier to program participation for teen mothers with young babies and scant financial resources. The demands of school or a job can also prevent teen mothers from enrolling in a structured program.

Project AIM's developer sought input from key stakeholders to adapt the new program. Over a period of seven months, a coalition of community stakeholders provided feedback on what would work best for teen mothers. When the adaptation of Project AIM neared completion,

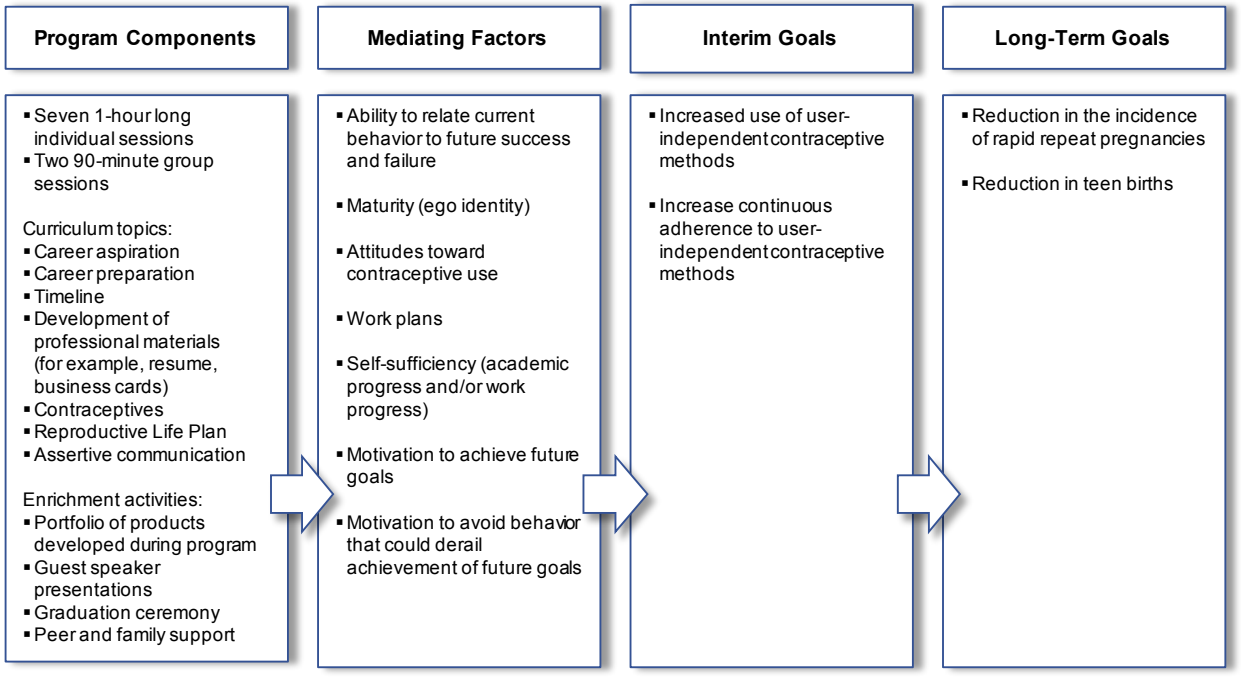
the developer piloted the new program with a small group of teen mothers who had received services at CHLA.

The CHLA team changed the format and added new content to create *AIM 4 Teen Moms*. The intervention shifted from a group-based, 12-session program for middle school youth to a new 9-session program delivered to teen mothers over 12 weeks primarily in their homes. The developer added information on birth control, birth spacing, and reproductive planning. The final version of the program consists of seven individual sessions, one group session in the middle of the program, and another group session at the end of the program.

Tailored for teen mothers, the new curriculum ties reproductive choices to achieving future life goals

AIM 4 Teen Moms targets mediating factors to reduce risky behaviors, increase the use of long-term user-independent contraceptives (such as intrauterine devices [IUDs] or DepoProvera), and delay repeat pregnancies (Figure II.1). Drawing on the theory of possible selves and youth development principles, *AIM 4 Teen Moms* intends to identify and build on teens' hopes for the future and motivations for attaining adulthood goals (Clark et al. 2005; Boland et al. 2005). *AIM 4 Teen Moms* seeks to affect sexual risk outcomes by helping teens define specific life aspirations and make appropriate choices to achieve them. The program emphasizes control over one's future, connects present actions and reproductive choices with future achievements, and defines motherhood as an identity strength rather than a stigma.

Figure II.1. *AIM 4 Teen Moms* Logic Model



A number of core content elements weave through the program's activities.

- **Thinking about the future.** Through games, role-plays, and discussion, the program encourages youth to envision their future in a balanced way and make smarter choices by imagining both positive and negative future possible selves.

- **Present actions to achieve future.** Youth engage in development of their current and future resumes, identify strengths and supports, practice assertive communication, and engage in planning to achieve future goals.
- **Safeguarding future through family planning and reproductive life plan.** The curriculum incorporates comprehensive guidance on methods of contraception and birth spacing, recognizing that making healthy reproductive choices is critical to achieving future goals.
- **Seeing motherhood as an identity strength.** The program encourages participants to overcome the stigma of teen parenthood and acknowledge assets they have gained from their experiences as teen mothers.

To maximize participation, program staff deliver the curriculum in teens' homes

Delivering program services primarily through home visits was seen as a way to engage hard-to-reach teens who would otherwise not participate. The one-on-one interaction during a home visit also offers a greater opportunity to build a supportive and continuing relationship between the staff member and the participant.

AIM 4 Teen Moms staff make seven one-hour home visits to teen mothers and facilitate two 90-minute group sessions (Figure II.2). In each visit trained staff called advisors guides the teens in imagining, brainstorming, role-playing, communication, and creative activities. The group sessions, which take place in central community-based locations, reinforce the information provided at home, offer an opportunity to share aspirations, and encourage participants to give one another positive feedback and support. The first group session is aimed at fostering connections among participants, helping teens identify a network of supportive peers, and practice different communication styles in a group setting. During the second group session at the end of the program, participants celebrate their accomplishments with family and friends and receive a certificate of completion and a final portfolio of materials.

The activities build on each participant's life experiences. For instance, the teen mothers begin by identifying their future aspirations and choosing a career path. In subsequent sessions, they work with their advisors to develop resumes, draw time lines, outline their sources of emotional and financial support (tree of support), and define their reproductive life plans based on their present experiences and future goals. During these activities, advisors engage the teens in discussions, focusing on current and future achievements, sources of support, and detours or roadblocks and the ways they could be overcome. Participants compile a portfolio that represents their positive possible future self and the work they have done to pursue that vision of themselves in the future.

The curriculum reinforces these activities by weaving information and guidance on birth control and healthy behaviors through multiple sessions and by including frequent reminders, as illustrated in the following examples:

1. **Reproductive life plan.** Beginning in Session 2, advisors start working with participants to develop their future childbearing goals. Teen mothers discuss if and when they would like to get pregnant again, how they could prevent a pregnancy,

what their career goals are, and how a family fits in with these life plans. This activity ties in with other activities focused on planning for the future.

2. **Birth control methods and choices.** Teen mothers discuss the full range of birth control methods with their advisors using an information sheet included in their handbooks. Advisors bring a birth control kit to the individual sessions so teen mothers can see and feel the various birth control methods. They then help participants select two potential options that would work for them and their lifestyle. Subsequent sessions include detailed discussions using samples of the selected methods. As part of these discussions, advisors encourage teens to make an appointment with a doctor and obtain the appropriate birth control method of their choice. Advisors continue to remind teen mothers about their chosen methods and follow up to ensure that the participants keep their doctor's appointment.
3. **Condom demonstration**. In Group 1, advisors demonstrate condom use with an anatomical model, providing instructions on how to correctly open, put on, remove, and dispose of a condom. Afterward, group leaders invite the teen mothers to practice opening, placing, and removing the condom using the model.
4. **Relationship bill of rights.** In Session 6, advisors and teen mothers discuss what constitutes a healthy, intimate relationship and the decision making, negotiation skills, and behaviors that are important.

Figure II.2. AIM 4 Teen Moms Curriculum

Session	Title	Purpose
Session 1	Orientation, Legacies, and Careers as Future	Introduce concept of personal legacy Articulate a positive and a negative future Take career interest inventory to identify career aspiration
Session 2	Choosing My Career	Use results of career inventory to choose future career Visualize the future collage *Engage in values clarification around having more children and contraception *Introduce reproductive life plan
Session 3	Building My Resume for Future Career	Create current resume Create resume for career aspiration *Revisit reproduction life plan *Discuss two birth control options chosen by participant
Session 4	My Life and Those Who Lift Me Up	Create timeline of my life *Superimpose milestones from reproductive life plan Identify positive and negative influences in my life Identify social support people
Group 1	Timelines, Detours, and Effective Communication	Inspirational speaker Share career aspirations Guided imagery of positive future Add detours to timelines Communication role plays
Session 5	Presenting Myself to the World	Thank you letter activity *Connect family planning to future Communication styles and relationship conflicts Interview for letter of recommendation
Session 6	My Legacy	Bill of relationship rights Business cards for future career Preparing for graduation
Session 7	Putting It Together	Letter to teenage child *Repeat of values clarifications insights *Discussion of birth control and reproductive life plan Review timeline detour and contingency plan Assemble portfolio
Group 2	Graduation Group	Inspirational speaker Letter of recommendations for future career What *AIM 4 Teen Moms* means to me

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III. MEETING RECRUITING CHALLENGES FOR *AIM 4 TEEN MOMS*

The first challenge CHLA faced in implementing *Aim 4 Teen Moms* was recruiting teen mothers to participate. Recruiting required (1) addressing the obstacles that make it generally difficult for teen mothers to participate in programs, (2) collaborating with other community providers serving teen mothers, and (3) extending outreach by participating in community events and advertising the program in new ways. The multiple approaches to finding and recruiting teen mothers resulted in a diverse group of participants.

To reach and enroll teen mothers, CHLA staff faced an uphill battle

Teen mothers in Los Angeles County often live in circumstances that make it difficult for them to participate in a structured and intimate intervention such as *AIM 4 Teen Moms* (SmithBattle 2000, 2006). According to CHLA staff, challenging living situations such as homelessness and overcrowding prevent teen mothers from being able to listen and work in a quiet space that affords privacy. Many teen mothers have partners or families who are unsupportive of or even disagree with the teens' personal or career choices and goals (East and Chien 2013). Drug abuse, violence, and crime often pervade the homes and neighborhoods of teen mothers (Raphael 2005). Financial needs lead many teen mothers to focus on earning an income or completing school, leaving them little time to participate in other activities. Undocumented teen mothers cannot envision themselves having traditional careers or job prospects, so it is difficult for them to relate to or see value in a program that offers career guidance.

Anticipating challenges, CHLA formed partnerships to capitalize on an existing pool of eligible clients

CHLA initially established referral relationships with two programs that already served teen mothers and could refer eligible clients to *Aim 4 Teen Moms*. El Nido Family Centers is a nonprofit agency providing youth counseling, teen parent education, child abuse prevention, and teen pregnancy prevention services in Los Angeles County. The two El Nido sites involved in the partnership serve predominantly Latina clients in San Fernando Valley and South Los Angeles/Compton. Project NATEEN is a health, education, and counseling program operated by CHLA for low-income pregnant and parenting teens in metro Los Angeles.

Both El Nido and Project NATEEN serve teen parents primarily through two state-funded programs. The first, Cal-Learn, is a mandatory program for teen parents younger than 19 who receive welfare from the state but do not have a high school diploma or its equivalent. The program provides intensive case management, stipends, child care, and transportation assistance to help pregnant and parenting teens attend and graduate from high school. The Adolescent Family Life Program also offers comprehensive case management to teen parents through home visits and community-based appointments. Trained case managers assess the needs of teen parents and their babies and link them with services, such as health care, counseling, educational assistance, vocational training, housing, and nutritional and/or income support.

Establishing strong referral and implementation relationships with partner agencies required building trust and removing logistical hurdles. Project staff found that partner buy-in was critical

to ensuring that referral and enrollment processes worked as planned. To help partners understand eligibility criteria and the requirements of the program and the evaluation, CHLA staff conducted presentations and discussions with leadership and case management staff at El Nido and Project NATEEN. Case managers at the two agencies were responsible for screening participants at intake and making referrals to *AIM 4 Teen Moms*. The project employed a number of staff who already worked at El Nido and Project NATEEN, or had previously worked there, which facilitated the referral process.

State budget cuts and other barriers forced CHLA staff to spend more time and resources than expected on outreach

In early 2011, California suspended funding for Cal-Learn, a significant source of assistance for teen parents. The funding reduction eliminated an important revenue stream for both Project NATEEN and El Nido, forcing them to dramatically reduce the number of staff providing services and the number of teen mothers served. Thus, CHLA could not depend only on clients served by Project NATEEN and El Nido to fill program spaces.

CHLA therefore had to expand its own outreach activities. CHLA established a hotline and distributed flyers and brochures in target neighborhoods inviting potential participants to call the hotline or text designated staff. Staff also presented information at health fairs and public events to recruit for the program.

Through their professional networks, CHLA staff also reached out to other case management agencies and schools to encourage them to refer eligible teens to *AIM 4 Teen Moms*. In early 2013, CHLA established a partnership with a large community-based health center, AltaMed, to refer eligible teen mothers being helped by Cal-Learn and services funded by the Adolescent Family Life Program. CHLA staff also worked closely with local WIC offices to identify eligible teens. Finally, CHLA partnered with the Los Angeles Unified School District (LAUSD) so program staff could distribute flyers and present information about *AIM 4 Teen Moms* in schools serving pregnant and parenting teens.

CHLA's recruitment efforts attracted teen mothers with multiple risks and service needs

Staff recruited teen mothers who were 15 to 19 years old, with one child from one to seven months at the time of program enrollment. Recruited teens lived in three main geographic areas served by El Nido and Project NATEEN: South Los Angeles/Compton, metro, and San Fernando Valley. As of December 2012, the program had served 160 primarily Hispanic teens (Appendix A). Most teens in the program had the following characteristics:

- Were 17 to 19 years old
- Spoke English and Spanish at home (56 percent)
- Were enrolled in school (about 50 percent were in high school, 30 percent were in continuation or alternative school, and 7 percent had entered college)
- Were in a serious relationship (50 percent)
- Were unemployed and looking for work (62 percent)

Teen pregnancy was not unusual in participants' families (Table III.1). Nearly 50 percent of the teen mothers who enrolled in the program were born to teen mothers themselves. Many of the teen mothers had a sister or grandmother who was also a teen mother. About two-thirds of the participants had friends who were teen mothers.

At enrollment, slightly fewer than half of teen mothers reported being sexually active in the prior four weeks (Table III.2). On average, participating teen mothers reported that they had begun having sex at age 15 and had had three sexual partners.

Many of the teen mothers who reported recent sexual intercourse before enrollment were not protected by birth control (Table III.2). Among teens who said they had recently had sex, 48 percent reported not having used any birth control when they last had sex, including 3 percent who said they had sex more than 10 times in the past four weeks without any birth control. The most common reasons for not using birth control were "Haven't gotten around to getting any" and concerns about side effects.[1] Among those who used birth control, condoms, DepoProvera (the shot) and the pill were used most often.

Table III.1. Family History of Teen Motherhood Among Program Participants

	Treatment Group (percentage)
Mother	48
Sister	37
Grandmother	26

Note: Sample size = 210.

Because CHLA staff broadened their outreach efforts, the teen mothers recruited to participate in *Aim 4 Teen Moms* included those who had additional service needs and some who received support services from other sources. For instance, many teen mothers enrolled in the program struggled with issues such as poverty, depression, homelessness, or domestic abuse, which can interfere with program participation and engagement.

[1] 41 percent of the respondents chose other and did not provide a reason.

Table III.2. Sexual Activity and Birth Control Use Among Participants at Baseline

	Treatment Group (percentages unless noted)
Average Age at First Sexual Intercourse	15
Average Number of Sexual Partners	3
Had Sex in Past 4 Weeks	46
Average Number of Times Had Sexual Intercourse in Past 4 Weeks	2
Frequency of Sex Without Birth Control in Past Four Weeks (among those who reported having had sex in past 4 weeks)	
None	52
1–5 times	44
6–10 times	1
More than 10 times	3
Had Sex Using the Following Birth Control Methods (among those who reported having had sex in past 4 weeks)	
Condoms	65
Pill	14
Depo Provera	21
Patch	2
NuvaRing	1
IUD	10
Implanon	3
Plan B (Emergency Contraception)	1
Other	2
Reasons for Not Using Birth Control (among those who reported having had sex in last 4 weeks)	
Haven't gotten around to getting any	48
Don't think can get pregnant right now	11
Partner doesn't want me to use	11
Side effects	24
Other	41

Note: The sample sizes for each item differ due to item nonresponse and logical skips, and ranged from 46 to 208. 96 respondents reported they had had sex in the past four weeks and 46 reported having sex without birth control in the past four weeks.

Staff reported that a small number of participants in each cohort were no longer eligible for case management services (such as those offered by El Nido, Project NATEEN, or other community-based providers) to help them cope with these issues due to age restrictions or other criteria. To help these participants find the support they need, advisors offer referrals to other community-based resources, such as crisis hotlines or free clinics.

Early data from 38 participants who completed the 12-month follow-up are illustrative of the types of services received[2]. Most teen mothers enrolled in the program (92 percent) had received some services through WIC. Participants also reported receiving case management (18 percent),

[2] Follow-up surveys to measure program impacts are administered at 12 and 24 months from baseline.

parenting education (13 percent), and CAL-Learn or Adolescent Family Life Program services (12 percent) in the 12 months before follow-up data collection.

More than 90 percent of those enrolled in *AIM 4 Teen Moms* also said they had received information on birth control. Of these, most participants said they had received this information from a clinic (65 percent) or in their homes from a nurse or social worker (47 percent), whereas others cited friends, a school class, or a hospital as their sources of information on this topic.

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IV. DEVELOPING STAFF CAPACITY AND SKILLS TO IMPLEMENT *AIM 4 TEEN MOMS*

CHLA managers had to hire and train advisors with the skills needed to deliver *Aim 4 Teen Moms* as intended. Advisors had to be able to engage teen mothers in the curriculum activities in varying and sometimes chaotic environments. CHLA hired staff who already had some of the required skills and experience and provided pre-service and ongoing refresher training.

To deliver the new program, CHLA sought staff with a specific combination of skills

Given the home-visiting format of *AIM 4 Teen Moms,* staff had to be comfortable managing multiple roles. Teen mothers' home environments are often chaotic and crowded, so sessions are frequently interrupted. Most of the teen mothers live in one home, with parents, siblings, and grandparents (Table IV.1). A small number of teens live in multiple homes, residential facilities, or are homeless. To keep the session flowing and the teenagers engaged, staff must not only engage them in the curriculum activities, they must often help care for the baby, interact with other family members to protect the teen mother's privacy, and respond to other needs presented by the teen mother or other family members (Figure IV.1). CHLA sought applicants who would be accepting, nonjudgmental, supportive, and compassionate with families.

Table IV.1. People Living with Participants in the Home[3]

	Percentage of Treatment Group
Mother	73
Father	27
Grandmother(s)	8
Grandfather(s)	2
Aunts/Uncles	9
Siblings	59
Baby	76
Father of Baby	18
Parents of Baby's Father	8
Friends/Roommates	2
Live Alone	0.5

Advisors also have to be flexible, persistent, and experienced in delivering services in challenging circumstances. Crime, violence, and drug abuse plague many participants' neighborhoods, making safety an important concern. CHLA looked for applicants who

[3] Note: Sample size is 208. For each category, the participants selected whether or not they lived with that person or group of people. Any respondent who left a category blank is considered to not live with that person or group of people. The 24% who did not select 'baby' include those whose babies do not live with their mother because of family or financial circumstances, custody issues, or state-mandated constraints.

understood the social and economic challenges, and knew about the cultural background of families in the program's target population.

Delivering *AIM 4 Teen Moms* as intended requires advisors who can adhere to the curriculum while tailoring content to individual participants and building rapport. In each session, advisors must discuss important and intimate information, keep the teenage participants engaged, cover all the material, and meet specific goals and benchmarks. In addition, advisors have to remain flexible and build trust so participants feel comfortable sharing their concerns, experiences, and goals.

Figure IV.1. A Sample Session

[Note: This vignette does not describe an actual session, but is an illustration based on the experiences of multiple participants and advisors. Sources for this vignette are participant worksheets and materials, fidelity monitoring documents and notes, and staff and advisor interviews.]

The advisor arrived at the home of Diana, a 16-year-old participant with a 4-month-old son. Diana lives with her two younger siblings, her mother, and maternal grandmother. Her apartment building was in Compton, on a busy and noisy main thoroughfare. The apartment was on the second floor and had two bedrooms, a small living room, a kitchen, and a balcony.

The participant asked the advisor to sit with her in the living room because her bedroom was being used by her grandmother. Her younger siblings were watching television in the living room. Diana's baby was sleeping when the advisor arrived and her mother kept him in the bedroom. The advisor asked Diana to turn the volume down on the television.

The advisor began by reviewing concepts covered in the previous session (session 1): building a legacy and the future the participant wants for herself. Diana said that she was unable to complete her journal entry as assigned because she forgot she had to do it for today. The advisor reminded her to complete the entry for the next session and moved on to the next activity.

Diana discussed her personalized career report with the advisor based on the choices she had made in the previous session. She completed the Making My Choice worksheet in front of the advisor, and said she wanted to be a teacher. They discussed her answers for a few minutes. The advisor then showed Diana the Aspiration Declaration and asked her to complete it in her workbook. When she was done, Diana read it out aloud:

> "I, Diana, will put all my efforts during *AIM 4 Teen Moms* into becoming a teacher. One thing about myself that will help me reach this goal is my interest and dedication for teaching kids. One thing about myself that might keep me from reaching this goal is that I get easily distracted and impatient. One strength I realized I have as a mom that will help me reach my goal is that I am great with kids."

Moving to the next activity, the advisor gave Diana a few magazines and some arts-and-crafts supplies. She told Diana that for about 10 minutes she could use the materials provided and design a collage that represents what she wants for herself and her baby 15 years in the future.

As Diana began working on the collage, her 4-year-old sister said she wanted to play with the glue and scissors. Diana called her mother to come out and distract her siblings so she could continue with the collage. Her mother came out carrying the baby, who had just awakened and had to be fed. Diana took the baby while her mother took her siblings to the kitchen to get a snack. Diana nursed the baby for about 15 minutes. When she was done, the advisor volunteered to hold the baby and play with her while Diana finished the collage. Diana had to rush through the activity because they had lost a lot of time.

Diana held the baby while the advisor explained the next activity, called My Thoughts on Values and Beliefs Card Game. The cards were different colors with a variety of statements related to her child, partner, goals, birth control/contraception, and other children. The advisor asked her to pull out cards that resonated with her thoughts and beliefs. When she selected all the cards she wanted, the advisor helped her sort them by color and discussed each group by theme. Diana also completed the Values and Beliefs worksheets, writing her thoughts regarding the various cards she had chosen and what she had learned about herself through this activity.

In discussing the cards, the advisor asked Diana about her history with birth control.

At this point Diana said she felt uncomfortable talking about this with her mother and grandmother within earshot. She asked the advisor if they could move onto the balcony and continue their conversation. They sat on the balcony but the traffic and street noise was very loud and made discussion harder.

Diana said she was already on DepoProvera but would like more information on other options. The advisor talked to Diana about available methods using the birth control methods information sheet and probed issues of comfort, preferences, adherence, and desire or pressure for other children. Diana expressed interest in learning more about Implanon and Mirena, and said that she had access to birth control at her clinic.

Continuing the discussion, the advisor introduced the concept of making a reproductive life plan to Diana. She explained that it was related to the game they had just played and how thoughts and beliefs affect the decisions people make about health, having babies, and career goals. Using a handout in her workbook, the advisor talked about how to make the plan and what to think about when setting goals. She asked Diana if she saw any connections between what she knew about herself and how making a reproductive life plan could be useful for her. Diana indicated that she and her partner had decided to be on the shot [DepoProvera] because they wanted to wait to have more children. She did not feel that her life was stable right now.

The advisor noticed that Diana's 6-year-old brother was knocking on the screen door and wanted to come out and sit on the balcony with them. Diana's mother took him back into the living room and turned on the television. The advisor could also hear loud arguing in the kitchen. Because they had gone over an hour and did not have any more time left, the advisor decided to wrap things up. In addition, the baby had started crying again and had to be nursed again. Diana's mother also had called Diana a number of times to ask her to watch her siblings while she went grocery shopping.

Bringing the session to a close, the advisor told Diana that she was leaving the birth control methods sheet for her to review and think about the methods she wanted to discuss in more detail at the next session. The advisor reminded Diana to complete a journal entry about the Values and Beliefs card game and thanked her for her time and her commitment to the program. The advisor also scheduled the next session for the following week and told Diana she would send her a confirmation via text to remind her. As a precaution, she advised Diana that they would discuss birth control and other private topics, so if Diana preferred they could meet elsewhere. Diana said she would text the advisor with her preference within the next two days.

Prior experience with teen parents formed a critical foundation for staff hired to deliver *AIM 4 Teen Moms*

No program gets everything it wants when it hires. CHLA knew that finding applicants with all of the required skills would be difficult and program-specific training would be needed. However, CHLA staff recognized that an understanding of adolescent development and empathy for the challenges teen parents face would be essential for applicants to be comfortable working with the target population.

AIM 4 Teen Moms
Training and Technical Assistance

- *Three-day training provided by program developer in July 2011*
- *California Reproductive Health Council certification for family planning health counselors*
- *Two-day facilitator skills training in August 2012*
- *Ongoing, short refresher trainings to address problems and provide feedback*
- *Weekly group conference calls to discuss concerns and respond to questions*
- *One-on-one in-person meetings for direct support, clinical supervision, and feedback*

To find the right mix of skills and experience, CHLA and its partner, El Nido, recruited applicants with case management backgrounds who had previously worked with teen parents and their families in the target communities. Reacting to the impending state funding cuts, both CHLA and El Nido first looked within their agencies to find staff with the requisite experience.

The six advisors CHLA and El Nido hired all had Bachelor's degrees and previous experience working with vulnerable teens, but had not facilitated scripted sessions or delivered a structured curriculum. Three had conducted support groups before and one transitioned from Project

NATEEN to *AIM 4 Teen Moms* and contributed directly to the development of the program. Others had already been working as case managers at El Nido but joined the project after losing those jobs because of the state funding cuts. All the advisors were female, Latina, between 25 and 40 years old, and spoke both Spanish and English. Three of them had been teen mothers themselves, and the majority lived in one of the geographic areas being served by *AIM 4 Teen Moms*.

The first step in training the advisors was a three-day workshop in summer 2011, before the start of program delivery. The developer, along with the *AIM 4 Teen Moms* program director and supervisors, conducted live demonstrations by role-playing each of the program's nine sessions to familiarize the advisors with the content. Advisors participated in the role-play and discussed the curriculum. The training emphasized fidelity to the program model. The trainers also had to be cognizant of the advisors' varied skill levels in delivering scripted content and group facilitation, and provide additional support to those who needed it. The CHLA medical director of the High Risk Youth Program trained advisors on providing guidance to teen mothers on contraception and developing the reproductive health plan.

As a supplement to CHLA's own training, each advisor was trained in developing reproductive life plans and certified as a family planning health counselor by the California Reproductive Health Council. This additional three-day training helped them develop skills in patient-centered contraceptive counseling, sharing accurate sexual and reproductive health information with clients, and teaching and communication styles for working with diverse populations. At the end of the training, advisors completed a test to receive their certifications.

Partnering for program delivery brought credibility and convenience, but also challenges

Developing local partnerships helps establish trust and obtain buy-in from potential participants and their communities. CHLA's partnership with El Nido was a natural and fruitful one, in that El Nido had a visible presence in Los Angeles County as a service provider and already provided case management services to teen clients and their families. El Nido staff were intimately familiar with the local population and its needs and wanted to help improve teen parents' lives by providing a new and relevant program, such as *AIM 4 Teen Moms*.

In any partnership, to ensure consistency and fidelity in program delivery, staff must establish clear processes, define roles and expectations, and develop direct lines of communication. CHLA staff said that this was especially important because *AIM 4 Teen Moms* was a new and untested program, with a defined script but implemented in dispersed and private home visits, largely invisible to all but the advisors. In conversations with supervisors and advisors, CHLA realized that the lack of direct and frequent communication between the partner's frontline staff and program leadership sometimes caused missed opportunities for providing real-time feedback and support to help improve program delivery and staff comfort. Advisors also reported feeling overwhelmed with the demands of delivering the program with fidelity and the challenges of working with a population with so many needs that were outside the scope of the program. To address these concerns, the intervention director or program supervisor set up weekly meetings with partner agency staff and individual advisors to provide additional support, clinical supervision, and time for the advisors to ask questions or share problems.

Refresher training, practice, and ongoing technical assistance helped improve delivery and increase comfort level

The developer and program leaders monitored advisors and offered technical assistance when they identified areas of concern. To monitor performance, the program director and supervisors arranged for audio recordings of each individual session (with participants' consent), which were randomly sampled for audio observation. They also conducted in-person observations of all group sessions. After each home visit and group session, advisors completed a fidelity monitoring checklist (Appendix D) on which they indicated activities planned for that session that were completed, partially completed, or not completed. Program supervisors held weekly group calls with the advisors they oversaw. Staff said they found the calls useful as opportunities to provide one another feedback and address specific concerns. Advisors and their supervisors also participated in quarterly group meetings and monthly one-on-one meetings.

> *"The advisors are really good just working with the participant and interacting with the baby too … Picking up on having to get the baby and redirect the baby so that the teen can focus."*
>
> *–Staff*

Monitoring revealed areas in which advisors could use supplemental guidance through additional training and supervision. Some advisors were initially nervous or unsure about conducting scripted activities and read the scripts verbatim. Others found it difficult to give teens the quiet time they needed to digest the information and respond. Staff also noted that advisors needed more practice time to get used to the material. A few advisors expressed concern about how to handle hostile home environments or the discovery that teens had additional service needs outside the scope of the program. To address some of these concerns and further refine program delivery, CHLA arranged a facilitator skills training in August 2012. The developer reminded advisors of the importance of allowing participants to think and process instructions and information, calling it the gift of silence.

As they used the curriculum and implemented the scripts, the advisors saw ways they could adjust the language to match their own styles and comfort levels. Additional practice helped staff become more adept at delivering lessons without reading verbatim. Two of the original advisors left because of personal or medical reasons, so new staff, who joined after implementation had begun, also shadowed more experienced advisors until they became comfortable with the program content and delivery. Program supervisors continued to provide guidance to advisors on how to make appropriate referrals to case management services (for eligible participants), crisis hotlines, clinics, or other community-based providers.

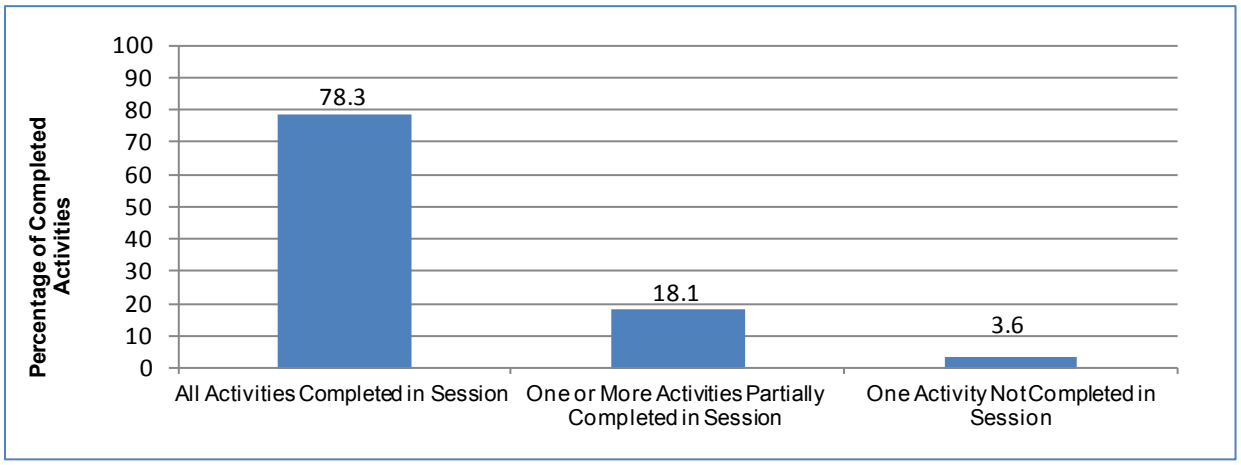
For the most part, advisors adhered to prescribed content and activities and suggested ways to enhance participants' experiences

A random sampling of 108 fidelity monitoring checklists (98 individual sessions, 10 group sessions, across all advisors) revealed that advisors completed most activities as planned for the sessions they conducted (Fig. IV.2-3). In rare cases, when activities were only partially or not completed, the most frequently cited reasons were previously missed sessions or assignments, lack of child care, or a noisy or distracting environment.

Staff emphasized that some of the materials and activities needed to be targeted more to the teenage population and more inclusive of youth with language limitations, such as non-English speakers or those with disabilities. For example, advisors felt that participants who did not speak any English should be allowed to develop their resumes in Spanish (this is currently not the case). They also indicated that more interesting and dynamic visual aids would be useful for teens with low literacy levels.

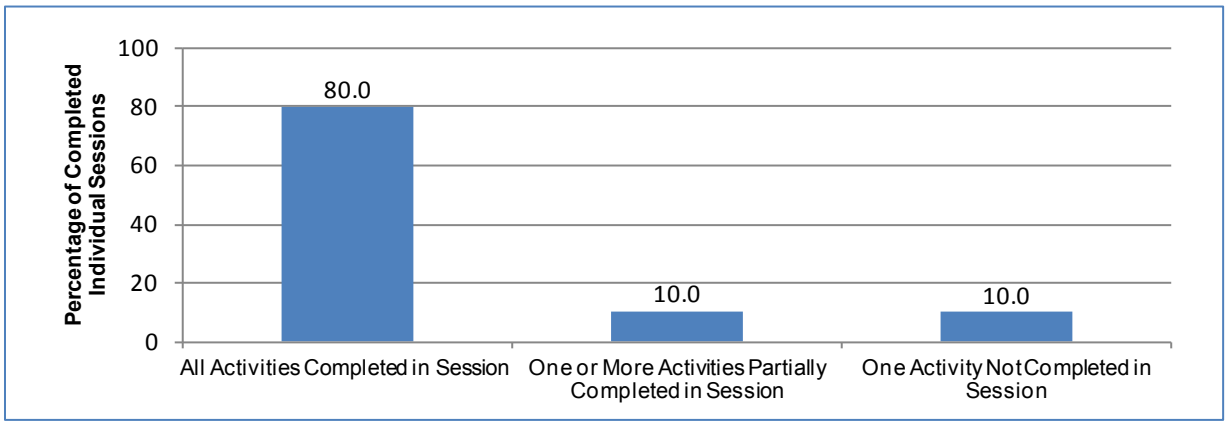
To make the program more accessible and engaging for the target population, staff were able to make some minor but necessary enhancements to the curriculum and materials. For example, activities (such as the Values and Beliefs game or building the resume) that required reading or writing were challenging for those with diagnosed reading disabilities or lower literacy levels. Advisors helped participants understand by reading the information aloud. To make the materials more appealing, advisors added colorful new posters and signs for use during sessions.

Figure IV.2. Adherence to Planned Activities in *AIM 4 Teen Moms* Individual Sessions



Note: Sample size is 83 individual sessions (Does not include 15 of the 98 individual sessions sampled which were not conducted due to missed appointments or scheduling constraints).

Figure IV.3. Adherence to Planned Activities in *AIM 4 Teen Moms* Group Sessions



Note: Sample size is 10 group sessions.

V. ENGAGING AND RETAINING PARTICIPANTS IN *AIM 4 TEEN MOMS*

Ultimately, the biggest challenge for *AIM 4 Teen Moms* staff was engaging and retaining participants in the program. For the program to affect sexual risk-taking behavior and prevent rapid, repeat pregnancies, enrolled participants must be present and engaged and be able to apply what they learned when the program ends. They must leave the program with the skills and self-confidence to make appropriate sexual decisions, as well as a practical understanding of how to prevent repeat pregnancy.

Advisors had to be persistent and creative to schedule visits and retain participants in the program

Advisors were the participants' main points of contact with *AIM 4 Teen Moms*. When participants were assigned to the treatment group, advisors established contact and scheduled appointments. Advisors connected with participants primarily through texting and telephone calls. When advisors could not reach a participant, the teen mother's parents or other family members often helped locate the teen and facilitated making the appointment. If a participant missed an appointment, advisors called and texted her to reschedule. If the timing or location of the visits was dangerous or uncomfortable, advisors coordinated with the participants to meet at another location.

> *"I have a girl right now, she has not missed a single appointment, she's on top of it, she's never late, if I go to her house, she is always there.... I have other clients that I'm scheduling them three, four times for a session. I go to their house and they are not there. I call them and say, 'I'm on my way! I'll be there in an hour.' They're not there. They're like, 'Okay I'll see you there.' And they aren't there. It just really depends."*
>
> *–Advisor*

Missed appointments were common. For those who missed sessions, advisors were instructed to reschedule appointments as soon as possible and make up the session. Ideally, participants should have completed the first four sessions before attending the first group session together.

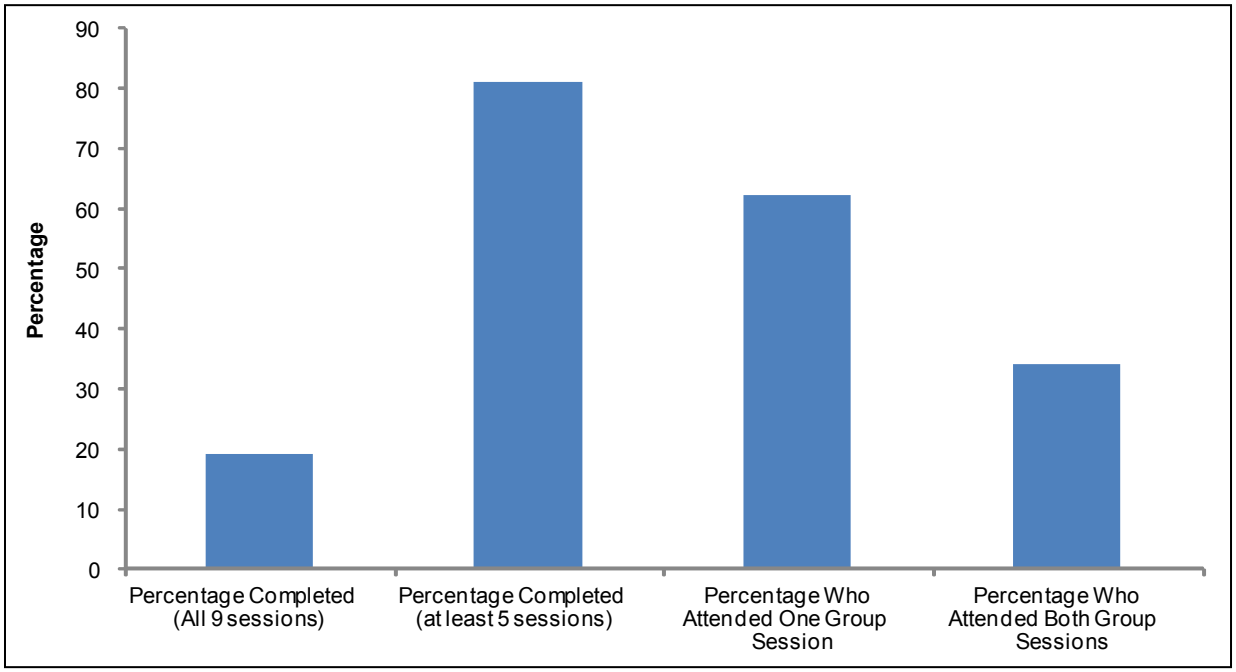
However, time and scheduling constraints often prevented make-up sessions. If too much time elapsed between a missed session and a rescheduled one (for example, more than two weeks), advisors did not have time to go back and conduct the missed session. The timing of the individual sessions could not be adjusted very much for individual teen mothers because they had to attend the group sessions at the appropriate time for all teen mothers in their cohort.

To help compensate for missed content and to keep participants on schedule, the developer identified the activities advisors should try to make up if a previous session was missed. Anticipating that teen mothers would miss sessions, the developer had also incorporated redundancy in the curriculum to reinforce messages and help ensure that participants received all of the key content, even if some sessions were missed.

Few participants attended all nine sessions, but most got the minimum specified dosage

Of 160 participants who began the program early in its operation, 19 percent attended all nine sessions, including the two group sessions (Figure V.1)[4,5]. However, based on the developer's criteria, most teens (81 percent) completed the minimum five or more sessions required by the program. Given the redundancy built into the curriculum, the developer determined that participants who attended any five sessions would gain exposure to most of the critical activities and content. On average, teens attended six of the nine sessions.

Figure V.1. AIM 4 Teen Moms Attendance



Advisors also succeeded in delivering core messages about contraception to most participants. Attendance was relatively high in sessions with most of the sexual risk and pregnancy prevention content, ranging from 74 to more than 80 percent (Figure V.2).

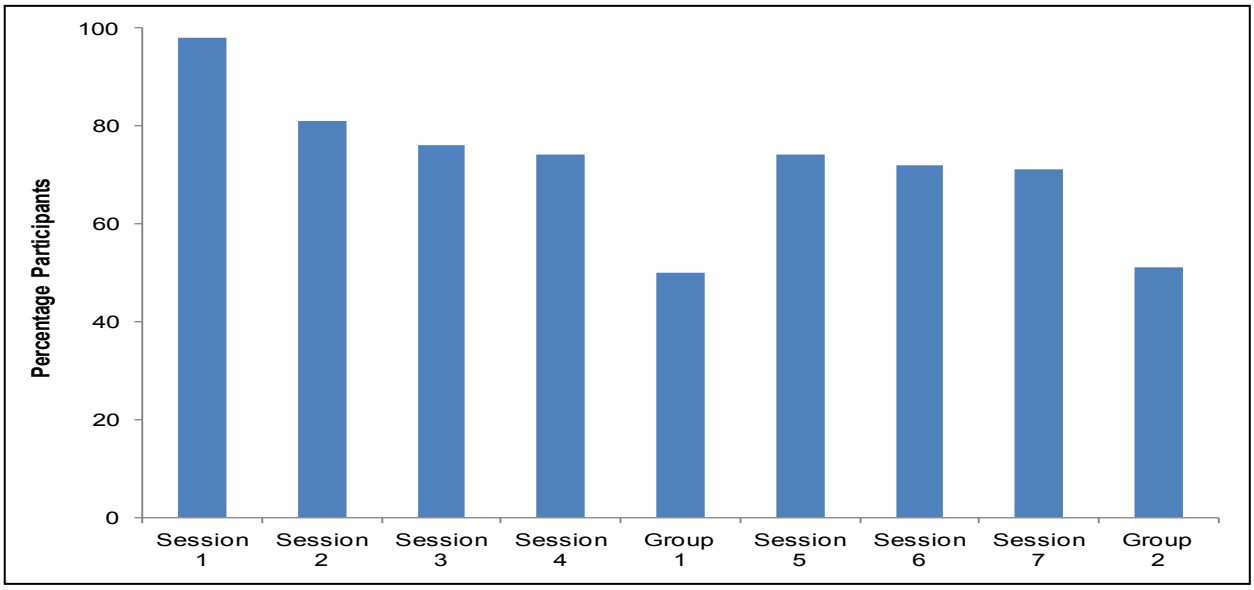
Transportation barriers, parenting demands, and other logistical hurdles made attending group sessions difficult for most participants. Staff and participants cited lack of access to viable transportation as a major barrier to group attendance. To help overcome this barrier, program staff provided bus tokens, arranged taxi service to pick up the teens at home and bring them to the group sessions (when necessary), provided gift cards as incentives, and offered dinner and child care at each group session. Whenever possible, advisors at El Nido offered rides to participants without alternative transportation. CHLA also investigated the possibility of renting

[4] The sample is based on the first four cohorts and does not include those who were deemed ineligible after randomization or who refused the program after enrollment.

[5] Teens per cohort who began the program: Cohort 1 (26 participants); 2A (29); 2B (29); 3A (18); 3B (17); 4A (22); 4B (19).

a van or shuttle to transport the teens to and from the groups, but legal and liability concerns made this option unworkable. Although the taxi service helped bring more participants to group sessions, staff expressed frustration that group attendance was still lower than they had hoped. Among program participants who began the program in the first four cohorts, 34 percent attended both group sessions and 62 percent attended at least one group session.

Figure V.2. Attendance by Session



Participants liked the aspirational content and personal focus[6]

The program's emphasis on self-empowerment and working toward a greater potential appealed to the teen mothers. Among 88 participants who provided feedback at the end of the program, many indicated that *AIM 4 Teen Moms* helped them reevaluate themselves and their goals. Participants felt that they had a better chance of succeeding in life. After attending the program, several teen mothers reported a greater interest in attending college and developing a career.

> *"My advisor helped me open my eyes about what I want to do in my life."*
> *–AIM 4 Teen Moms Participant*

Advisors noted that participants especially appreciated the confidence-building activities and interviewing and negotiation skill development, which they said felt empowering for the teen mothers. According to advisors, teen mothers felt these skills would enable them to advocate for themselves and achieve their objectives despite societal pressures. For instance, in making medical decisions, advisors reported that teens often feel that they "… don't get a choice when they go to the doctor. They are told what to use because the doctors know it all and they are just [considered] young stupid teens who got pregnant. I like to empower them and say 'If you don't

[6] CHLA conducted a short survey of participants to obtain feedback at the end of each program cycle. Slightly more than half of the participants completed the survey and provided feedback on the program. Response rates were low because the survey was completed during the last group session, which many participants were unable to attend.

want the shot, you can always get the pill. It's your choice, not the doctor's.' Of course the doctor is going to suggest what they would like, but ultimately it is about what you want."

For many teen mothers, the time spent with their advisors helped them to recharge. The weekly sessions provided a break from their busy and challenging lives and enabled teen mothers to focus briefly on themselves. Some participants particularly enjoyed the creative and interactive aspects, such as collage-building and the Values and Beliefs game. Others reported that writing a future letter to their child and defining their legacy was most fulfilling.

> *"That's what our program allows, for us to give them information and for them to process it. It's not going to happen in one session, two sessions, but eventually we start to see those little steps that they take, whether it was talking to a friend about birth control, going to the clinic, they might not have gotten on birth control, but just talking to a doctor that makes a difference."*
> *–Advisor*

As trusted adult allies, advisors filled a gap in participants' lives

Advisors offered a rare supportive relationship to the teen mothers who often lack social and emotional support from families, parents, and friends and feel isolated, depressed, or stressed (SmithBattle 2006). Through *AIM 4 Teen Moms,* participating teen mothers were able to share their lives and feelings with someone who visited them in their homes and listened, taught, and advised them on a regular basis.

To build a relationship and good rapport with each participant, advisors first had to gain their trust. Some advisors used their own life experiences and challenges to connect with the teen mothers. Regular interaction, open communication, and avoiding judgment helped advisors gain participants' confidence over the course of the program.

> *"[AIM 4 Teen Moms] show[ed] me that because I'm still a teen mom, I can still do it: finish high school and attend college."*
> *–AIM 4 Teen Moms Participant*

Participants also reported enjoying their regular interactions with a nurturing adult who wanted to help them improve their chances for success in life. When asked what they liked most about the program, most teen mothers noted the close positive relationships they had developed with their advisors. Participants clearly appreciated being able to talk to an adult without fear of judgment and to receive regular guidance and support. As one advisor pointed out, teen mothers responded well to an adult who could "see their assets, see their potential, make a big deal about any little step that they do, because they don't have those types of role models or they don't have those types of people encouraging them and telling them positive things."

> *"I could think twice about a second baby, and think about my future a little more."*
> *–AIM 4 Teen Moms Participant*

Participants found the program valuable and regretted that it lasted only 12 weeks

Among survey respondents, teen mothers strongly agreed that participating in *AIM 4 Teen Moms* and spending time with their advisors was worthwhile. Participants found the materials helpful and said they learned something new. They would recommend the program to other teen mothers. The individual sessions were more popular than the group sessions.

Participants wanted the program and their relationship with their advisors to continue beyond the 12-week period. When the program ended, so did the relationships the teens had developed with their advisors. Especially for those teens not connected to any case management program or other service provider, this meant losing a rare source of support, information, and guidance. Participants indicated that what they liked least about the program was that "it had to end" and they would miss the regular interaction with their advisors. Although the program does not call for follow-up interactions with the teen mothers, advisors and program leaders agreed that many of the participants would benefit from additional follow-up and services.

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VI. LOOKING FORWARD: LESSONS TO INFORM FUTURE REPLICATION EFFORTS

Lessons from CHLA's implementation of the *AIM 4 Teen Moms* program could support stronger implementation of *AIM 4 Teen Moms* in the future. CHLA leaders learned that filling program spaces required multiple strategies for finding and enrolling teen mothers, and advisors needed training along with regular communication about their experiences to master the curriculum materials, use them as intended, and address the challenges they encountered. CHLA's experiences also suggest that further adjustments to the program format might improve attendance, and identifying and linking participants to services that can continue reinforcing the messages of *Aim 4 Teen Moms* after the program ends might help sustain the program's effects.

A multipronged recruiting approach can maximize potential reach

Program implementation and scale-up requires access to a steady stream of teen mothers and a well-managed recruiting effort. Establishing structured and formal referral partnerships is important for successful recruiting. Clear communication between the implementing and partner agencies about the program goals and eligibility criteria for participants is also critical.

However, programs should also prepare contingency plans if these existing relationships do not yield sufficient numbers of eligible participants. Using sources and methods outside of traditional partnerships (such as advertising through social media or providing telephone numbers to which potential participants can send text messages) can facilitate recruiting challenging populations such as teen mothers. To find and enroll teen mothers not already served by case management agencies, program staff must conduct additional outreach to build buy-in and trust with local partners and institutions. For instance, in addition to community-based providers, staff can reach out to and develop relationships with businesses, hospitals, doctors' offices, relevant social or religious organizations, and support groups offered by community-based organizations.

Concrete guidance on handling difficult home environments and well-defined staff supports would facilitate program delivery

To help advisors improve their mastery of the material and become comfortable delivering a scripted program in chaotic home settings, program managers must provide regular feedback, opportunities for practice, and direct technical assistance. For inexperienced or new staff, shadowing experienced colleagues is a valuable learning opportunity. Training should provide guidance to advisors on building in extra flexibility and time in the curriculum to compensate for distractions and participants' additional service needs. Concrete guidance on making referrals, handling difficult or sometimes hostile home environments, and working with undocumented participants will help advisors navigate challenges and conduct sessions consistently.

Open and regular communication among program leaders and frontline staff is critical in addressing any inconsistencies and problems as they arise. Lead agency staff should engage and involve partner staff early in the implementation process to ensure that everyone has a comprehensive understanding of the program and staffing requirements.

Establishing specific protocols and procedures from the outset of program implementation also helps advisors remain consistent in their delivery of the content. Especially when working with multiple partners, program leadership and staff should clearly define roles, expectations, and reporting relationships.

Increasing individual sessions and eliminating the first group session could help improve attendance

Despite advisors' efforts to schedule and reschedule home visits, it was not always possible to do so within the constrained time line. In the future, replacing the first group session with an additional individual session could provide advisors greater latitude for rescheduling home visits and increase the proportion of participants who receive all or most of the sessions.

The first group session is intended to promote peer-to-peer interaction through sharing of experiences and to offer support to participants. It might be worth exploring how the content and skills offered during the group session could be incorporated into an additional home visit. The higher probability of attendance and improved dosage through an individual session might outweigh the need for group interaction, especially when it is limited to just one session.

Although replacing the first group session with another home visit could promote better attendance without compromising on content, staff advise retaining the last group session (dinner celebration) because it offers closure and validation for the participants.

Integrating the program within a broader service delivery model could extend benefits and keep teen mothers connected to services they need

One of the defining features of this program is the relationship advisors build with participating teen mothers. When the program ends, the relationship with the advisor ends and the teen mothers might feel abandoned and isolated. Although advisors do help refer participants to support and needed services on an ongoing basis, some participants might not be eligible for services beyond what they received through the program.

Formally embedding the program within a community-based agency that already serves teen parents or as one component of a larger service delivery context would help make referrals and additional support more seamless and sustained for participants. Teen mothers would be able to stay connected and engaged with the service provider and staff, even after *AIM 4 Teen Moms* ended.

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APPENDIX A

SAMPLE CHARACTERISTICS

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Table A.1. Sample Characteristics

	Percentage of Treatment Group Students (unless otherwise noted)
Demographic and Background Characteristics	
Age in Years	
15	7.2
16	17.7
17	32.1
18	30.1
19	11.0
20	1.9
Race/Ethnicity	
Hispanic/Latino	85.2
Black (non-Hispanic)	11.9
White (non-Hispanic)	1.0
American Indian or Alaskan Native	0.5
Asian	1.5
Language Spoken at Home	
Spanish	15.9
English	27.5
English and Spanish	56.5
Highest Grade Completed	
7th	0.5
8th	8.1
9th	19.4
10th	28.9
11th	29.4
12th	10.9
GED pre-test	0.5
GED	0.5
Postsecondary	1.0
No answer	1.0
School Enrollment Status	
Public/private middle or high school	49.8
Continuation or alternative school	30.6
Adult education classes	3.3
Technical or vocation school	1.0
Two-year college	1.4
Four-year college or university	1.9
Not currently enrolled	10.9
No answer	1.4
Employment Status	
Not employed and not currently looking for a job	33.8
Not employed, but currently looking for a job	62.4
Employed, have a part time job	2.9
Refuse to answer	1.0
Relationship Status	
Not currently seeing anyone	29.5
Casually dating	7.6
Seriously dating	50.0
Engaged	10.0
Married	1.0
No answer	1.9

Table A.1 *(continued)*

	Percentage of Treatment Group Students (unless otherwise noted)
Living Situation	
One home	92.4
Multiple homes	4.3
Homeless	1.4
Residential program	1.4
No answer	0.5
Live in the Home with …	
Mother	73.0
Father	26.5
Grandmother(s)	7.6
Grandfather(s)	1.9
Aunts/Uncles	9.0
Siblings	59.2
Baby	75.8
Father of baby	18.0
Parents of baby's father	7.6
Friends/roommates	2.4
Live alone	0.5
Family History of Teen Motherhood	
Mother	47.9
Sister	37.4
Grandmother	25.6
Number of Friends Who Are Teen Mothers	
None	7.1
Some	61.9
Half	9.1
Most	12.4
All	1.4
Don't know	8.1
Intentions For Future Sexual Activity	
Intention to Have Sexual Intercourse in the Next Year	71.0
Intention for Partner to Use a Condom	92.9
Intention to Use Other Birth Control Methods in the Next Year	95.3
Specific Methods of Birth Control Intend to Use in Next Year	
Pill	23.8
Depo Provera	35.0
Patch	6.8
NuvaRing	8.7
IUD	27.7
Implanon	5.8
Pregnancy History	
Number of Times Pregnant	1.1
Likelihood of Next Pregnancy Before Baby Turns 2 Years Old	19.4
Ideal Timing of Next Pregnancy	
Before baby is 1 year old	1.4
When baby is between 1 and 2 years old	1.0
When baby is between 2 and 3 years old	8.6

Table A.1 *(continued)*

	Percentage of Treatment Group Students (unless otherwise noted)
When baby is older than 3 years old	36.4
Never again	36.4
Unsure	16.3
Attitudes About Birth Control	
Birth Control Should Always Be Used	85.2
Birth Control Is a Hassle	30.9
Birth Control Is Pretty Easy to Get	74.4
Birth Control Is Important to Make Sex Safer	81.3
Birth Control Has Too Many Negative Side Effects	37.0
Birth Control Is Morally Wrong	6.2
Sexual Activity	
Age at First Sexual Activity (mean years)	14.8
Number of Sexual Partners (mean)	2.7
Number of Times Had Sexual Intercourse in Past Four Weeks (mean)	2.1
Did Not Have Sexual Intercourse in Past Four Weeks	53.6
Pressure to Have Sex Without Birth Control	8.2
Frequency of Sex Without Any Birth Control (among those who had sex in past four weeks)	
None	51.6
1–5 times	44.2
6–10 times	1.1
More than 10 times	3.2
Had Sex Using Following Birth Control Method (among those who had sex in past four weeks)	
Condoms	64.6
Pill	13.5
Depo Provera	20.8
Patch	2.1
NuvaRing	1.0
IUD	10.4
Implanon	3.1
Plan B (Emergency Contraception)	1.0
Other	2.1
Reasons for Not Using Birth Control (among those who had sex without any birth control)	
Haven't gotten around to getting any	47.8
Don't think can get pregnant right now	10.9
Partner doesn't want me to use	10.9
Side effects	23.9
Other	41.3

Notes: Sample size for each variable differs due to item nonresponse and logical skips, and ranged from 46 to 211. The "Likelihood of Next Pregnancy Before Baby Turns 2 Years Old" refers to the percentage of treatment

Table A.1 *(continued)*

group participants who answered "I am sure I will," "I probably will," or "there is a 50/50 chance I will" get pregnant before her baby turns 2. The "Pressure to Have Sex Without Birth Control" refers to the percentage of treatment group participants who answered they receive "a lot of pressure," "some pressure," or "a little pressure" to have sex without birth control.

APPENDIX B

IMPLEMENTATION STUDY DATA SOURCES AND METHODOLOGY

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Several data sources provided the information for this report: (1) site visits and key stakeholder telephone interviews, (2) fidelity checklists and performance monitoring data, and (3) survey data (a baseline survey and 12-month follow-up survey administered by Mathematica Policy Research and a participant survey administered to teens participating in [Adult Identity Mentoring] *AIM 4 Teen Moms* at the end of the program).

Site Visits

Two researchers conducted a site visit to Los Angeles to collect in-depth data on (1) the planned intervention, (2) adherence to the planned intervention, (3) delivery of the facilitator training and curriculum, (4) participants' responsiveness to the curriculum, and (5) successes and challenges encountered during program implementation. During the site visit, which took place in November 2012, the researchers (1) conducted in-person interviews with staff from Children's Hospital Los Angeles (CHLA) and El Nido Family Centers and (2) observed two facilitated group sessions of the curriculum. Table B.1 details the sources for the data collected, the time period during which these data were collected, and topics covered.

Analysis approach. Qualitative analysis of the site visit data involved an iterative process using thematic analysis and triangulation of data sources (Patton 2002; Ritchie and Spencer 2002). Because of the number of interviews conducted, we used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997), to facilitate organizing and synthesizing the qualitative data. First, we developed a coding scheme for the study, organized according to key research questions. Within each question, we defined codes for key themes and subtopics we expected to cover in the interviews. Then, we applied the codes to passages in the interview and focus group notes. To ensure accurate and consistent coding, an analyst and a research assistant/programmer independently coded site visit data and a researcher (a member of the site visit team) reviewed the coded documents and reconciled any differences in coding. To address the research questions, we used the software to retrieve relevant passages and then examined the patterns of responses across respondents and identified themes emerging from the responses.

Fidelity and Performance Measure Data

To determine whether facilitators adhered to the planned time line and duration of lessons and followed the prescribed scope and sequence of lessons, we randomly sampled and analyzed monitoring data based on 98 individual and group sessions spread across five advisors and participants in Cohorts 4A (22 teens) and 4B (19 teens). CHLA provided the relevant fidelity monitoring documents to Mathematica.

Program fidelity checklists. Program facilitators completed fidelity checklists for each of the sessions they completed and submitted them to CHLA. (An example of the fidelity forms used to monitor program delivery is in Appendix D.) In these checklists, facilitators reported on the number of activities scheduled and completed in each session; any changes made to activities or reasons for noncompletion of activities; concerns; and other relevant information about the session, such as pressure or involvement of other family members.

Program fidelity observations. In addition to monitoring activity completion in the fidelity logs, CHLA staff monitored individual and group sessions to report on adherence to the planned

intervention, facilitators' comfort with the material, facilitator–youth interactions, and the engagement and receptiveness of youth to the material. CHLA staff listened to randomly sampled audio recordings of 10 percent of the individual sessions and conducted observations of every group session. To document their observations, each observer completed the same fidelity monitoring checklists as those used by the facilitators.

Analysis approach. We established implementation benchmarks to assess fidelity to the program design, model, and content for *AIM 4 Teen Moms* based on the theory of change, the site's implementation plans, curriculum, and program fidelity checklists. We examined the time line and duration of program delivery, staffing, training, topics and key messages covered, attendance and participant engagement, and instructional strategies. The primary implementation benchmarks assessed dosage and adherence. To determine dosage, we analyzed attendance data collected by CHLA for each participant in Cohorts 1 through 4B. Using 102 program fidelity checklists to assess adherence to the program design and curriculum, we examined whether sessions and activities were delivered in the correct order, in the time allotted, and as prescribed—and, if not, why. Secondary benchmarks (based on group observations and site visit interviews) included whether facilitators established rapport with participants and facilitators had good knowledge of the program and were able to communicate session goals effectively.

Our assessment of implementation fidelity was largely determined by a tabulation of facilitators' and site observers' assessments of whether sessions and activities were delivered in the correct order and as prescribed. We found that facilitators clearly hit this benchmark; they implemented the observed sessions in the correct order and as prescribed, with minor adaptations. Although data for the remaining benchmarks were more limited and based on site visit observations, fidelity documents, and interviews, they consistently showed that facilitators were able to establish relationships with the participants who attended, had good knowledge of the program, and communicated well when they became comfortable with the material. Based on these data, we concluded that *AIM 4 Teen Moms* was implemented with fidelity to the implementation plan.

Survey and Administrative Data

Population served. Data on the population served by the intervention were gathered from several sources. The baseline instrument collected data on demographic and background characteristics, risk-taking behavior, previous receipt of sex education, and knowledge and attitudes toward sexual activity and contraceptive use of consented youth. It was administered to consented youth on a rolling basis, beginning in October 2011; the data in this report are from the 211 youth who participated in *AIM 4 Teen Moms* and completed the baseline survey.

Attendance. Each advisor reported completion and scheduling information after each session for the participants on their caseloads. Staff also monitored attendance at each group session. Data on attendance in the *AIM 4 Teen Moms* individual and group sessions came from CHLA.

Participant response. Data on participants' satisfaction with the *AIM 4 Teen Moms* curriculum were gathered from a participant survey administered by CHLA at the end of each cohort. The survey collected data on participants' feelings about the program and its core messages, and their relationships with the facilitators who led the sessions. The survey also

collected data on participants' likelihood to use birth control and changes in their opinions about sexual risk behavior.

Table B.1. Data Sources

Research Question	Data Sources							
	Staff Interviews	Key Shareholder Interviews	Group Observations	Post-Program Survey Summaries	Facilitator Checklists and Notes	Curriculum and Materials	Survey Data	Attendance and Participation Date
1. What is the *AIM 4 Teen Moms* program and what is it intended to do?								
a. How was the curriculum developed?	X					X		
b. Who is it designed to help?	X					X		
c. What is different or unique about *AIM* compared with other services for teen mothers?	X	X				X		
d. What is the minimum dosage for completion of the program? What criteria were used to determine this?	X					X		
e. What are the program's approach and main messages?	X	X	X			X		
f. What are its intended outcomes?	X	X				X		
2. How was *AIM 4 Teen Moms* implemented in Los Angeles?								
a. What was the implementation plan (recruitment and enrollment, schedule, content, staffing, and so on)?	X					X		
b. Who did the program serve? What are the characteristics of the population?		X					X	
c. How did staff recruit teens for the program? What strategies were used?	X							
d. Were staff well prepared for program delivery? Were they comfortable with material and format?	X		X		X			
e. What modifications or changes were made by sites or staff to the original plan and why?	X		X		X			
f. What were attendance rates for individual and group sessions?								X
g. What were the barriers to participation and engagement? How did staff respond to these challenges?	X		X	X	X			

Research Question	Data Sources							
	Staff Interviews	Key Shareholder Interviews	Group Observations	Post-Program Survey Summaries	Facilitator Checklists and Notes	Curriculum and Materials	Survey Data	Attendance and Participation Date
3. How did participants respond to the program?								
a. How did the participants feel about program activities and the curriculum?	X			X				
b. How did the schedule and format of the program work for participants?	X			X				
c. What was their comfort level with the material and staff?								
4. Was this implementation a good test of the program model?								
a. How well did sites adhere to the planned schedule?	X		X		X			
b. How well did sites adhere to the planned content?	X		X		X			
c. Were sites able to deliver the program at the recommended dosage levels?	X				X			X
d. Were sites able to reach and engage teen mothers as planned?	X			X	X			X
e. How was this program different from other programs offered or available to the target population in the community?	X	X						
5. What were the lessons learned from this study that might be relevant for future replication efforts?	X	X		X	X			X

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APPENDIX C

SUMMARY OF *AIM 4 TEEN MOMS* LESSONS

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Table C.1. Summary of *AIM 4* Teen *Moms* Lessons

Session	Name	Purpose	Materials	Activities	Length
1	Orientation, Legacy, and Careers as Future	• Establish rapport • Understand the advisor's role • Understand the concept of legacy • See careers as their futures • See parenting as a positive motivator	• Legacy photos and guides • Journals • Quotes/affirmations clear labels • Manila folder • Centers for Disease Control and Prevention developmental milestones handout • Arts and crafts kit • Career game booklets • Career report sample • Positive future and negative future web charts • How to create a personalized career report • Take-home activity reminder	1.1 Introduction of *AIM 4 Teen Moms* and journal decorating 1.2 What Parenting Means to Me 1.3 Legacy introduction and web chart 1.4 The career game 1.5 Wrap-up and take-home activity—journaling	15 minutes 10 minutes 15 minutes 15 minutes 5 minutes
2	Choosing My Career	• Establish rapport • Values clarification • Understand the reproductive life plan	• Participant file • Handouts: – Make a reproductive life plan – Birth control methods – "My Thoughts" on Values and Beliefs game sheet – Making My Choice worksheet • Participant's career game report • Magazines • Aspiration declaration • Collage paper • Arts and crafts kit • Values and Beliefs game cards • Birth control methods sheet • Take-home activity reminder	2.1 Review legacy 2.2 Career game report and making my choice and aspiration declaration 2.3 Where Will I Be in 15 years? collage 2.4 My Thoughts Values and Beliefs card game and reproductive life plan #1 2.5 Wrap-up and take-home activity—journal about Values and Beliefs card game and review birth control methods sheet and choose two	5 minutes 15 minutes 10 minutes 25 minutes 5 minutes
3	Building My Resume for Future Career	• Review career choice • Articulate career aspiration • Begin current and future resumes • Reproductive life planning • Identify birth control options	• Participant file • Handouts: – Current resume worksheet – Personal experience worksheet – Future resume worksheet – What can I do to get there worksheet • Completed aspiration declaration • Resume sample • Birth control kit • Birth control methods handout • Take-home activity reminder	3.1 Share journal entry and review aspiration declaration 3.2 My current and future resumes 3.3 Reproductive life plan #2, review birth control options and kit 3.4 Wrap-up and take-home activity—action step for birth control	10 minutes 20 minutes 25 minutes 5 minutes

Session	Name	Purpose	Materials	Activities	Length
4	My Life and Those Who Lift Me Up	• Identify future goals • Identify support network • Plan long-range goals • Reproductive life planning • Build self-confidence	• Participant file • Handouts: – "My Thoughts" on Values and Beliefs game – My time line worksheet – Tree of support worksheet (2 copies) – Influences in my life worksheet – Practices for self-confidence • Arts and crafts kit • Self-confidence cards • Key chains • Worksheets • Take-home activity reminder	4.1 My time line and reproductive life plan #3 4.2 Complete influences in my life worksheet 4.3 Tree of support 4.4 Practices for self-confidence and cards 4.5 Wrap-up and take-home activity—practice self-confidence cards	30 minutes 10 minutes 10 minutes 5 minutes 5 minutes
Group Session 1	Time Lines, Detours, and Effective Communication	• Identify network of support • Understand how detours affect future goals • Share work • Learn effective communication styles	• Handouts: – Imagining my future worksheet – Choose my style • Newsprint, easel, markers • Wood condom demonstrator • Condoms • Folder with each participant's aspirations declarations • Folder with each participant's time lines • Role-play scenarios • Communication style cards • Note taking sheet • Thank you letter instructions and stationary • Take-home activity reminder	Group 1.1 Group agreements and condom demonstration Group 1.2 Share aspiration declarations Group 1.3 Imagining my future Group 1.4 Time line with detours Group 1.5 Communications role-play Group 1.6 Guest speaker Group1.7 Wrap-up and take-home activity—choose my style and thank you letter	15 minutes 10 minutes 10 minutes 15 minutes 30 minutes 20 minutes 5 minutes
5	Presenting Myself to the World	• Review time line and detours • Reinforce reproductive life plan • Discuss relationship conflict • Practice communication styles • Complete individual interview	• Participant's file • Choose my style handouts • Time line with detours • Individual interview guide • Letter of recommendation example • Self-confidence cards • Hand-held mirror • Take-home activity reminder	5.1 Review and collect thank you letter 5.2 Relationship conflict, reproductive life plan #4 5.3 Mirror-mirror activity 5.4 Conduct interview 5.5 Wrap-up and take-home activity—practice communication style and building self-confidence	10 minutes 25 minutes 10 minutes 15 minutes 5 minutes

Session	Name	Purpose	Materials	Activities	Length
6	My Legacy	• Practice and reinforce assertive communication • Identify own legacy • Think about baby's future	• Participant's file • Handouts: – Choose my style – My personal business card worksheet – "My Thoughts" on Values and Beliefs game – "My Thoughts Now" on Values and Beliefs game – Make a reproductive life plan – Birth control methods – Relationship bill of rights worksheet – My time line worksheet • Arts and crafts kit • Card stock and ribbons for graduation announcements • Directory of images/icons • How to create a business card instructions • Values and Beliefs game cards • Birth control kit • Stationary for letter to baby • Take home activity reminder	6.1 Review of communication and bill of relationship rights 6.2 Prepare graduation announcements 6.3 What's your legacy business cards 6.4 Repeat the Values and Beliefs card game, time line, and reproductive life plan #5 6.5 Wrap-up and take-home activity—letter to baby and journal about your legacy	10 minutes 10 minutes 10 minutes 25 minutes 5 minutes
7	Putting It Together	• Contingency planning • Review individual work • Provide information on developmental milestones • Increase self-confidence • Identify graduation invitees	• Participant's file • Handouts: – Centers for Disease Control and Prevention developmental milestones – Time line with detours – Birth control methods – Planning my next steps worksheet • Participant's completed worksheets, collage, resumes, business cards, and letter of recommendation • Portfolio • The career game web ticket guide • 3 sheet protectors • Graduation reminder	7.1 Review letter to baby and share journal entry 7.2 Contingency plans for detours and birth control options 7.3 Assemble portfolio 7.4 Planning my next steps 7.5 Wrap-up—parenting as motivation discussion	15 minutes 10 minutes 15 minutes 10 minutes 10 minutes

Session	Name	Purpose	Materials	Activities	Length
Group Session 2	Graduation	• Celebrate completion of program • Share what was learned Receive portfolio and letter of recommendation	• Group agreements poster • Graduation programs • Newsprint, easel, markers, and pens • Portfolios and letters of recommendation • Certificates of accomplishment • USB flash drives with resumes and business card template • Thank you card and certificate of appreciation for speaker • Samples of certificates	Group 2.1 Welcome and review of *AIM 4 Teen Moms* Group 2.2 Inspirational speaker Group 2.3 Graduation and letter of recommendation Group 2.4 Graduates share "What *AIM 4 Teen Moms* Means to Me" Group 2.5 Final remarks Group 2.6 Wrap-up	10 minutes 20 minutes 20 minutes 20 minutes 15 minutes 5 minutes

APPENDIX D

AIM 4 TEEN MOMS FIDELITY MONITORING FORMS

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PROJECT AIM 4 TEEN MOMS Fidelity Form

Implementation ***Subject ID:*** _____

Session 1

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		Facilitator		Teens
1. Introduction & Journal Decorating		Introduced self and program		
		Distinguished roles of case manager and advisor		
		Explained the importance of the journal		Decorated journals
2. What Parenting Means to Me		Reviewed child developmental milestones and her parenting skills/knowledge		Participated in discussion about her parenting skills
3. Legacy Introduction and Web Chart		Gave definition of building a legacy		
		Discussed the Legacy Poster		Gave suggestions of others who are leaving a legacy
		Defined future and handed out handouts on web charts for a POSITIVE and NEGATIVE future		Suggested POSITIVE and NEGATIVE future ideas
		Discussed differences between a positive and negative future		Discussed type of future she wants
		Discussed obstacles to a successful future		Participated in discussion about obstacles to a successful future
4. The Career Game		Read through the *Career Booklet* with participant		Gave responses for *Career Booklet*
		Explained the differences of different educational goal choices		Selected her educational goal
		Collected score cards		
5. Wrap Up & Take Home Activity		Assigned Home Activity		
		Scheduled next session		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions,
etc.)_____

_____

_____

2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

_____

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3) Did an activity go especially well (from your perspective as well as participant's)?

_____

_____

_____

4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

_____

_____

_____

_____

_____

5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

PROJECT AIM 4 TEEN MOMS Fidelity Form

Implementation ***Subject ID:*** _____

Session 2

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		Facilitator		Teens
1. Review Legacy		Reviewed concept of building a legacy		Shared her thoughts on legacy
2. Career Game Report & *Making My Choice & Aspiration Declaration*		Passed out and explained Career Reports		Reviewed career reports
		Explained *Making My Choice*		Completed *Making My Choice*
		Explained the *Aspiration Declaration*		Completed *Aspiration Declaration*
		Signed the *Aspiration Declaration*		Read aspiration out loud
3. Collage		Explained collage activity		Created her collage
4. "My Thoughts" VB Card Game & Reproductive Life Plan #1		Explained VB game and addressed themes		Actively participated in the VB game
		Recorded participants cards on the VB Card Game Tally Sheet		
		Gave participant *My Thoughts on VB* sheet		Completed *My Thoughts on VB* sheet
		Introduced concept of a Reproductive Life Plan		Provided thoughts about her personal Reproductive Life Plan
		Provided Birth Control Options Information Sheet		
5. Wrap Up		Assigned Take Home Activity		
		Scheduled next session		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

_____

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2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

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3) Did an activity go especially well (from your perspective as well as participant's)?

_____

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4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

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_____

5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

Session 3

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		Facilitator		Teens
1. Share Journal and Aspiration Declaration		Ask if participant wrote in her Journal		Shared her Journal entry
		Reviewed the *Aspiration Declaration*		
2. My Current and Future Resume		Explained resumes and have participant complete *Personal Experience* Worksheet		Completed *Personal Experience* worksheet
		Helped participant transfer information into her Current Resume Worksheet		Transferred information into Current Resume Worksheet
		Helped participant complete *What Can I Do to Get There* Worksheet		Completed the worksheet
3. Reproductive Life Plan #2		Reviewed concepts from last week's Life Plan about birth control		Provided thoughts about her Family plan and BC options
		Talked about the two options the participant selected		Shared her two BC options
4. Wrap Up & Take Home Activity		Assigned Take Home Activity		
		Scheduled next session		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

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_____

3) Did an activity go especially well (from your perspective as well as participant's)?

_____

_____

_____

4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

_____

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5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

PROJECT AIM 4 TEEN MOMS Fidelity Form

Implementation ***Subject ID:*** _____

Session 4

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		**Facilitator**		**Teens**
1. My Time Line & Reproductive Life Plan #3		Followed up with participant BC action step		Discussed her BC action step
		Explained Timeline activity		Created her timeline
		Encouraged participant to consider Reproductive Life Plan on timeline		Included her Reproductive Life Plan on timeline
		Discussed how participant will keep true to her timeline		Shared her thoughts on her timeline
2. Influences in My Life		Introduced *Influences in My Life* worksheet		Completed *Influences in My Life* worksheet
		Discussed who the participant identified as positive and negative influences		Shared who she identified as her positive and negative influences
3. Practices for Self Confidence and Cards		Handed and explained the *Practices for Self-Confidence Sheet*		Talked about her self-confidence strategy and why she chose it
		Gave participant the self-confidence cards chosen and a key chain		
4. Wrap Up & Take Home Activity		Assigned Take Home Activity		
		Introduced *Tree of Support* Activity		
		Confirmed group session attendance		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

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3) Did an activity go especially well (from your perspective as well as participant's)?

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_____

4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

_____

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_____

_____

5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

PROJECT AIM 4 TEEN MOMS Fidelity Form

Implementation

Group 1 **Session Date: _____** **Start time: _____** **End Time: _____**

Advisor: _____ **Group Assistant: _____**

Location: _____ **Language**: ❑**English**❑**Spanish**

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		**Facilitator**		**Teens**
1. Group Agreements & Condom Demonstration		Had youth introduce themselves		Introduced themselves one at a time
		Explained importance of Group Agreements		Signed group agreements
		Explained that there is a variety of condoms		At least 1 teen volunteered to demonstrate
		Explained the use of lubrication		
		Explained to check for expiration date and storage		
		Explained to check for air in package		
		Explained how to open the condom package		
		Demonstrated how to place condom on a erect penis		
		Explained proper removal and disposal of condom		
2. Aspiration Declarations		Distributed workbooks for Aspiration Declarations		Shared their Aspiration Declarations
3. Imagining my Future		Created a safe space and lead guided imagery		
		Informed participants to turn to *Imagining my Future* worksheet		Completed worksheet and shared thoughts
4. Time Line & Detours		Explained Timeline and Detour activity		
		Provided an example of a detour		Added detours to timelines
		Ask volunteers to share timelines with a possible detour		Shared their timelines with detours
5. Communication Style and Role Plays		Informed participants to turn to the *Choose My Style* handout		Read aloud from *Choose My Style*
		Instructed youth to read communication styles aloud		
		Role-played different communication styles		
		Divided youth into groups and distributed cards		Acted out role-play scenarios in groups
		Discussed communication style after each group role-play		Guessed communication style of each group role-play
6. Guest Speaker		Introduced guest speaker		Asked guest speaker questions
		Informed teens of note taking sheets		
7. Wrap Up & Take Home Activity		Assigned Take Home Activity including Thank You Letter		

Implementation

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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_____

2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

_____

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_____

3) Did an activity go especially well (from your perspective as well as participant's)?

_____

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PROJECT AIM 4 TEEN MOMS Fidelity Form

Implementation ***Subject ID:*** _____

Session 5

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		Facilitator		Teens
1. Review		Collected Thank You Letter		
		Reviewed Tree of Support		Shared/Completed Tree of Support
		Reviewed Self Confidence Cards		Discussed communication styles she used
2. Relationship Conflict & Reproductive Life Plan #4		Reviewed *Choose My Style* Handout		Shared style of communication
		Reviewed timeline with detours and her milestones of more children in relation to her future		Shared how she plans to protect her future goals
		Explored how she handles disagreements or conflicts with significant members		Participated in the discussion
3. Mirror Mirror		Explained Mirror Mirror Activity and demonstrated		Practiced all three communication styles in front of the mirror
4. Interview		Conducted individual interview		Answered all questions
5. Wrap Up & Take Home Activity		Assigned Take Home Activity		
		Scheduled next session		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

_____

_____

_____

2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

_____

_____

_____

3) Did an activity go especially well (from your perspective as well as participant's)?

_____

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_____

4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

_____

_____

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_____

_____

5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

Session 6

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		**Facilitator**		**Teens**
1. Review Communication & Relationship Bill of Rights		Review styles of communication participant practiced		Discussed communication styles practiced
		Asked participant to complete *Relationship Bill of Rights* worksheet		Completed Relationship Bill of Rights worksheet
2. Graduation Announcements		Informed the participant of the graduation logistics and announcements		Prepared announcements for self and guests
3. What's your Legacy Business Cards		Explained *My Personal Business Card* instructions and *Directory of Images*		Participated in the creation of her business cards
4. Wrap Up & Letter to Baby Take Home Activity		Described Letter to Baby		
		Assigned Journal		
		Scheduled next session		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

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3) Did an activity go especially well (from your perspective as well as participant's)?

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4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

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5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

Session 7

Session Date: _____ **Start time:** _____ **End Time:** _____

Advisor: _____

Language: ❑**English**❑**Spanish** **Audio**: ❑**Yes** ❑**No**

Location: ❑**Home** ❑**Office** ❑**Residential:** _____ ❑**Other:** _____

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		Facilitator		Teens
1. Review Letter to Baby & Journal Entry		Reviewed *Letter to Baby*		Discussed her *Letter to Baby*
		Asked participant to share her legacy journal entry		Shared her journal entry
2. VB Card Game, Timeline, Reproductive Life Plan, Contingency Plans for Detours & Birth Control Options		Re-did VB Card Game and Compared her choices		Participated in VB Card Game
		Discussed Birth Control		Talked about her current BC methods
		Review resources from Birth Control Options Handout		Filled out *"My Thoughts Now on VB*" handout
		Review Timeline with Detours and discussed contingency plans		Discussed her contingency plan
3. Assemble Portfolio		Review each worksheet with participant		Helped in compiling her portfolio
		Get input from the participant about the project		Gave input about the project
4. Planning My Next Steps & Wrap Up		Discussed *Planning My Next Steps* Worksheet		Completed Worksheet
		Discussed *Parenting as Motivation* and distributed remaining pages		Gave her thoughts about being a teen mother
		Remind participant about Graduation		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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2) Were there any challenges with the activities/session? If any of the activities were skipped or changed, please describe the reason

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3) Did an activity go especially well (from your perspective as well as participant's)?

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4) Current crisis situations involving client (suicide, DCFS, DV, Baby Hospitalizations, etc.)?

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5) Participant was influenced during session by: ____Boyfriend ____Parent _____Sibling
___Other_____

Group 2/Graduation **Session Date: _____** **Start time: _____** **End Time: _____**

Advisor: _____ **Group Assistant: _____**

Location: _____ **Language**: ❑**English**❑**Spanish**

Please indicate how the activities were completed using the following scale: (0=Did not do, 1=Did partially or with changes, 2=Did as outlined in materials)

Activity		**Facilitator**		**Teens**
1. Welcome & Review		Welcome participants and their guests		
		Provide overview of AIM 4 Teen Moms		
2. Inspirational Speaker		Introduced Guest Speaker		Asked guest speaker questions
3. Graduation & Letter of Recommendation		Read each participants Letter of Recommendation		
		Present participant with her Certificate of Accomplishment and Portfolio		
4. "What AIM 4 Teen Moms Means to Me"		Invite participants to share what the program means to them		Participants shared what they felt
5. Final Remarks		Invite guest to share the progress they noticed about the participants		
6. Wrap Up		Congratulated participants and reminded them to sign Thank You Card		

1) Were there any activities/situations that caused the session to take longer than expected? Why? (e.g. baby took time to settle down or was crying often; family members walking through often; limited privacy; young woman did not understand the directions, etc.)

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2) Were there any challenges with the activities/session? If any of the activities were skipped, please describe the reason.

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3) Did an activity go especially well (from your perspective as well as participant's)?

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