

Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care

Adapting a Curriculum for Parents and Caregivers of Youth in Foster Care into an Online Course

January 2023

Betsy Keating, Jacqueline Crowley, Veronica Murphy Sotelo, Jean Knab

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Overview

Introduction

To reduce the risks related to sexual activity and help youth transition to adulthood, Congress authorized the Personal Responsibility Education Program (PREP) as part of the 2010 Affordable Care Act. PREP programs must educate youth on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, and provide instruction to prepare youth for adulthood. PREP grantees are funded by the Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS).

To support PREP programming, ACF contracted with Mathematica to conduct the PREP: Promising Youth Programs (PREP-PYP) project. One aim of PREP-PYP was to develop or adapt sexuality education curricula for underserved populations. The PREP-PYP team adapted the in-person curriculum Promoting Healthy Sexual Development and Pregnancy Prevention with Children and Youth in Care, which was created by the Uhlich Children's Advantage Network and the Illinois Department of Children and Family Services, into an online course titled Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: An Online Training Course for Parents and Caregivers of Youth in Foster Care. The online course has 10 modules and takes about three hours to complete.

Purpose

This report summarizes the process for adapting the curriculum for parents and caregivers of youth in foster care. It describes how the PREP-PYP team identified parents and caregivers of youth in foster care as a population of interest and then chose a curriculum to adapt. In addition, the report identifies the steps for adapting the curriculum and documents what was learned from usability testing and small-scale pilot implementation of the course. The report also shares potential next steps for the curriculum and for future research.

What we learned

- Through a review of literature and curricula, and discussions with experts and parents and caregivers of youth in foster care, the PREP-PYP team identified gaps in the existing materials available for these parents and caregivers. This information guided the adaptations to Promoting Healthy Sexual Development and Pregnancy Prevention with Children and Youth in Care, including adding content about adolescent brain development, monitoring and supervising youth's online activities, and sex trafficking.
- During usability testing of the online course, the PREP-PYP team learned that it was not working as expected on mobile phones or tablets, and the course navigation was not clear to all users.
- Participants in the small-scale pilot felt the course's modules presented information that was informative, relevant, and useful for their roles as parents and caregivers of youth in foster care.
- Pilot participants also reported the modules presented content in an engaging way and provided a strong foundation to help parents and caregivers feel more comfortable and prepared to have conversations about sexual health with youth.

- Following the pilot implementation, the PREP-PYP team developed additional instructions for the course to help improve navigation, edited the course to improve clarity, and created supplemental tip sheets to enable users to have handy references after completing the course. Because of the scope and schedule of this project, the PREP-PYP team was not able to implement all suggested changes for the final course, such as adding more examples about how to communicate with youth who have experienced trauma or integrating videos directly into the training platform.

Methods

Adapting the curriculum into an online course was a multistep, collaborative process to revise the curriculum content and modify activities for an online format. The PREP-PYP team worked closely with federal partners; experts; parents of youth in foster care; young adults formerly in care; and dfusion, Inc., which specializes in the development of online trainings. Once the team revised the course's content, dfusion, Inc. designed the visuals and programmed the course for the pilot.

The small-scale pilot took place in September 2022, addressing three research questions:

1. Did parents and caregivers of youth in foster care find the modules engaging, and did they think the modules conveyed relevant information related to the importance of discussing sexual health with the youth in their care?
2. Did parents and caregivers feel more comfortable and prepared to have conversations about sexual health with youth after completing the modules?
3. What modifications to the modules did parents and caregivers suggest before the modules are finalized?

Pilot participants from five organizations across the United States completed the course and participated in a virtual focus group to share their feedback. There were five focus groups, each focused on specific topics and modules within the course, with five participants providing feedback on each topic. The PREP-PYP team analyzed the qualitative data to identify themes.

Considerations for future programming and research

Future programming could consider adding more examples on how to communicate with youth who have experienced trauma or abuse. Through the pilot process, the PREP-PYP team identified several potential opportunities to expand the content offered in the course to meet the needs of other youth-serving professionals, including child welfare case workers and school guidance counselors. Further research could explore whether the course is appropriate as written for these other populations. In addition, further research could examine outcomes for course participants to determine whether their knowledge, skills, attitudes, and behaviors changed after completing the course.

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I. Introduction

To reduce the risks related to sexual activity and help youth transition to adulthood, Congress authorized the Personal Responsibility Education Program (PREP) as part of the 2010 Affordable Care Act. PREP was reauthorized in 2015 and 2018 for additional years of funding. PREP programs must educate youth on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections (STIs), and provide instruction to prepare youth for adulthood. PREP grantees include state and tribal agencies, and community-based organizations (CBOs); they are funded by the Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS).

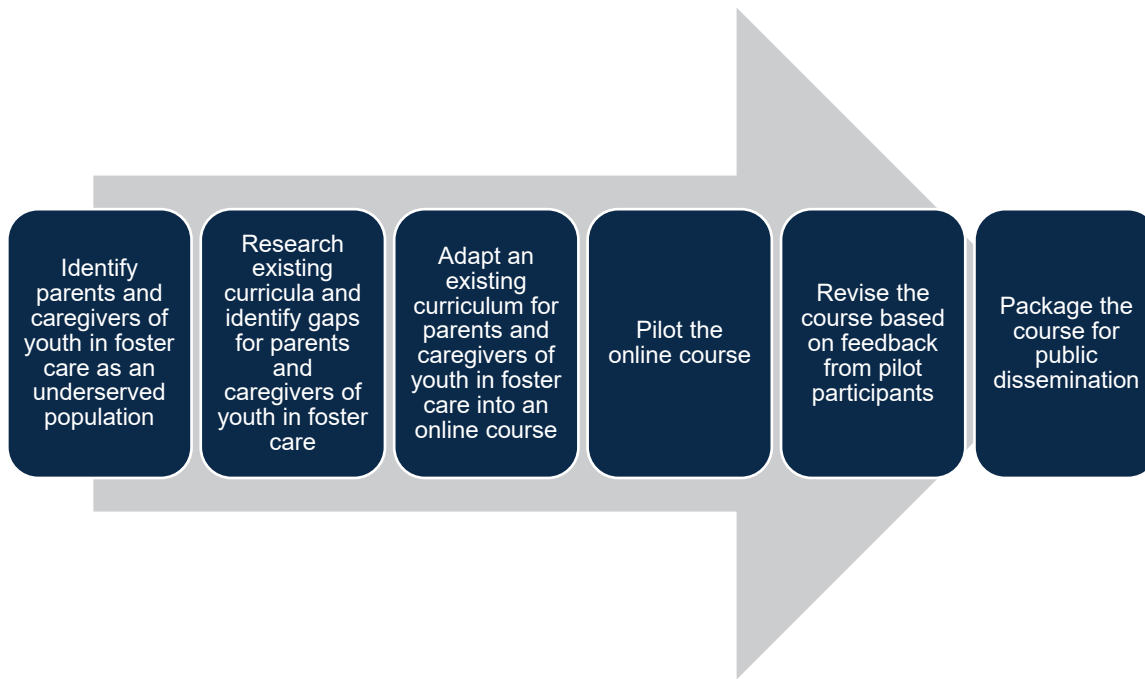
To support PREP programming, ACF contracted with Mathematica to conduct the PREP: Promising Youth Programs (PREP-PYP) project. One aim of PREP-PYP was to develop or adapt sexuality education curricula for underserved populations. With funding from FYSB, the work was overseen by the Office of Planning, Research, and Evaluation (OPRE) within ACF. The PREP-PYP team conducted several steps for the curriculum adaptation, including doing an initial assessment to select populations not well served by existing sexuality education curricula; identifying gaps in curricula for the focal populations; developing or adapting selected curriculum content; piloting the curriculum; and disseminating the final curriculum publicly.

During the initial assessment activities, parents and caregivers of youth in foster care were selected as a focal population, and content on adolescent sexual health was identified as a gap in existing curricula (see Figure 1). To help fill that gap, the PREP-PYP team adapted the in-person curriculum Promoting Healthy Sexual Development and Pregnancy Prevention with Children and Youth in Care, created by the Uhlich Children’s Advantage Network (UCAN) and the Illinois Department of Children and Family Services (ILDCFS), into an online course. [Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: An Online Training Course for Parents and Caregivers of Youth in Foster Care](#) is designed to help parents and caregivers of youth in foster care ages 10 to 19 feel more comfortable talking with youth about relationships and sex (Crowley et al. 2023). Because the in-person curriculum already included high quality lessons on adolescent sexual health topics, the PREP-PYP team decided to adapt these lessons into an online course for broad dissemination, rather than develop an online course from scratch. This adaptation is the focus of this report.¹

This report has several sections. First, it summarizes the process for selecting parents and caregivers of youth in foster care as a population of interest and selecting the curriculum to be adapted. Next, the report outlines the process for adapting the curriculum into an online course. It then describes usability testing and a small-scale pilot implementation with parents and caregivers of youth in foster care. Finally, the report lists considerations for future research and concludes with next steps.

¹ The other focal population selected was youth with intellectual and developmental disabilities (IDD); a separate report describes the two Internet safety lessons adapted for youth with IDD (Adamek et al. 2023).

Figure 1. Overview of the process for adapting and refining the online course for parents and caregivers of youth in foster care



II. Identifying underserved populations

To identify populations underserved by current sexuality education curricula, the PREP-PYP team conducted formative research that involved expert discussions, a literature review, and a curricula scan. The team held expert discussions with staff at FYSB, the Office of Population Affairs (formerly the Office of Adolescent Health), and independent organizations that focus on the prevention of adolescent pregnancy and STIs. These experts were asked to suggest populations that may have been underserved by sexuality education curricula available at the time of the discussion, including those served by the PREP program or other federal grant programs focused on teen pregnancy prevention (TPP). The PREP-PYP team then conducted a high-level review of academic and

grey literature to identify a targeted set of articles that reviewed the state of the TPP field and identified populations that may have been underserved by existing curricula. Finally, a curricula scan was conducted to identify whether curricula tailored for potential populations of interest exist or were in development. Based on the findings from these activities, we prioritized seven populations determined to have the highest need for tailored sexuality education curricula (see text box).

For each underserved population, the PREP-PYP team conducted a deeper dive into the research to understand the characteristics; sexual health outcomes and determinants; and sexuality education curricula, interventions, or strategies. The team presented the findings to FYSB, which selected two focal populations for adapting sexuality education curricula. FYSB selected parents and caregivers of youth in foster care as one focal population because of the important role they play in the healthy development of youth in foster care—a population at disproportionate risk of poor sexual health outcomes.

Underserved populations

- Youth with intellectual and developmental disabilities
 - Parents and caregivers of youth in foster care
 - Transgender and gender nonconforming youth
 - Youth who have experienced trauma
 - Youth who are at risk of or survivors of trafficking
 - Immigrant or refugee youth
 - Youth who are transient, runaway, or homeless ▲
-

III. Identifying gaps in curricula for parents and caregivers of youth in foster care

Once parents and caregivers of youth in foster care were identified as a focal population, the PREP-PYP team completed several data collection activities to better understand the needs of the population and gaps in existing curricula. They included the following:

- 1. A targeted literature review.** Because the curriculum would be designed to influence outcomes for both foster parents and the youth in their care, we searched for, screened, and reviewed articles that described the characteristics of youth in foster care, risk and protective factors related to their sexual health and sexual health outcomes (such as relationship with parents and caregivers; history of abuse or neglect; and access to healthcare services and sexual health education), and interventions or strategies available to protect and improve their sexual health.
- 2. Discussions with experts, program practitioners, and curriculum developers.** We consulted with 13 individuals, including experts, program practitioners, and curriculum developers (Appendix A). These discussions addressed (1) the needs of foster parents and youth regarding education on sexual health and relationships, (2) the availability of educational materials and programming for foster parents on sexual health, and (3) gaps the curriculum task could address.
- 3. A comprehensive search for and review of sexuality education curricula.** The study team searched for curricula for parents of youth in foster care that either were available or under development. This process included considering interventions reviewed by the U.S. Department of Health and Human Service’s Teen Pregnancy Prevention Evidence Review and curricula used by federal grantees including those funded by PREP, as well as suggestions from experts. The study team identified two state-specific curricula and one curriculum undergoing evaluation at the time of the review. We reviewed the two state-specific curricula to learn about the length and format of the curricula, content covered, and teaching strategies used. Materials for the curriculum undergoing evaluation were not available for review, but we spoke with its developers and reviewed evaluation documents.
- 4. Discussions with parents of youth in foster care.** The study team conducted six individual interviews with parents of youth in foster care and three focus groups with youth in foster care to gather information on how youth in foster care receive sexual health education. During the discussions, respondents provided input on (1) experiences with receiving sexuality education programs, (2) desired implementation features for a sexuality education program, (3) how youth in foster care make decisions about avoiding or engaging in sex and preventing pregnancy and STIs, and (4) primary sources of information available to youth in foster care for learning about relationships and sex.

Analysis of the findings from these data collection activities underscored the sexual health needs of youth in foster care, the important role parents and caregivers play in their transition to adulthood, and the lack of widely available curricula to prepare parents and caregivers to support healthy adolescent development. After reviewing the findings and materials from the two state-specific curricula, ACF selected for adaptation the curriculum titled Promoting Healthy Sexual Development and Pregnancy Prevention with Children and Youth in Care, created by UCAN and the Illinois Department of Children and Family Services, based in part on a mixed methods study of the program with parents and caregivers in Illinois that showed promising results (Dworsky and Dasgupta, 2014). Developed in 2013, the two-day in-person training educates parents of youth in foster care and child welfare professionals about healthy sexual

development, how childhood trauma may affect sexual decision making, and how to talk with youth about sex and relationships. The in-person training has two three-hour sessions, with several learning objectives for parents and caregivers (Champange-Thompson et al., 2013):

- Identify the stages of sexual development.
- Provide developmentally appropriate information on sexual health, development, and behavior.
- Provide information on decision making, relationship choices, and contraceptives as resources to delay or prevent teen pregnancy.
- Demonstrate effective communication techniques to discuss sexual development and sexual health with youth in care.
- Describe how parents' attitudes and values about sex affect their capacity to address developmental issues related to sexuality with youth in their care
- Identify behaviors and attitudes adults can role-model for youth in care to facilitate the development of healthy sexual values, attitudes, and behaviors.
- Provide a rationale and effective techniques for caregivers to use to educate youth about issues of sexuality, privacy, and individual rights related to sexuality including sexual orientation.
- List and explain methods of contraception effective for pregnancy delay or prevention, and prevention of sexually transmitted infections

To serve as a resource for parents and caregivers of youth in foster care nationwide and address barriers with in-person trainings (for example, lack of transportation and child care), ACF preferred to adapt the curriculum into an online format. The team intended for the adapted course to be used by state agencies and other organizations serving parents and caregivers of youth in foster care as part of parents' and caregivers' required or recommended training for foster parent licenses.

IV. Adapting curriculum into an online course

To adapt the curriculum into an online course for national distribution, the PREP-PYP team made several changes to curriculum content and modified activities for an online format. Federal staff, parents of youth in foster care, and youth formerly in foster care then reviewed and provided input on the adapted curriculum. Once revisions were made in response to reviewers' feedback, the team hired dfusion, Inc. to design the visuals and program the course. The sections below describe in more detail the process for adapting the curriculum into an online course.

A. Initial adaptations to the selected curriculum

Adaptation of the in-person curriculum into an online course was a multistep, collaborative process. The PREP-PYP team first reviewed and annotated the curriculum to flag content that might need to be (1) adapted to align with the needs of youth in foster care as identified by the initial research, (2) updated to reflect a national audience and the current understanding of terms and concepts related to sexuality, and (3) modified to be responsive to a virtual learning environment. Table 1 describes the adaptations in more detail. In all, the adapted curriculum contained 10 modules, or lessons, lasting about 3 hours. We also added a certificate of completion to allow participants to receive continuing education credits toward their license requirements for completing the course. Once flagged content was modified and new content drafted, the PREP-PYP team shared the adapted curriculum with staff at OPRE, FYSB, and the Children's Bureau. The PREP-PYP team then made further revisions to the curriculum to address their feedback.

List of modules in adapted curriculum

- **Module 1:** Introduction
 - **Module 2:** Exploring attitudes, beliefs, and values related to adolescent sexuality
 - **Module 3:** Adolescence: A critical period for growth
 - **Module 4:** Communicating about sexuality: Part I
 - **Module 5:** Healthy sexuality and sexual behavior
 - **Module 6:** Helping youth navigate sexual feelings and behaviors
 - **Module 7:** Partnering with youth to promote their health and safety
 - **Module 8:** Sex trafficking
 - **Module 9:** Communicating about sexuality: Part II
 - **Module 10:** Training review ▲
-

Table 1. Summary of adaptations made to the in-person curriculum

Adaptation	Additional details
Modified in-person activities for a virtual learning environment	Changed in-person activities requiring group engagement or discussion to interactive activities (such as a matching game), or virtual conversations between the trainers and example parents. Added opportunities for participants to share written responses to virtual discussions.
Added resources by topic and intended audience	Added two resource lists, one for parents and caregivers to learn more about specific topics, and one for parents and caregivers to explore and share with youth, as appropriate. Resources include articles, factsheets, guides, and informational videos publicly available on the internet.
Added activities for setting and achieving goals related to supporting the sexual health of youth in foster care	In Module 1, asked participants to set personal goals for what they hope to learn or accomplish by completing the course. In Module 10, asked them to revisit their goals, or create new ones, and to develop action plans for achieving the goals.
Added content on adolescent brain development and how trauma affects the adolescent brain	Added two publicly available videos on adolescent brain development and how trauma affects the adolescent brain to enhance the module on puberty and adolescent development.
Added recommendations for ways parents and caregivers of youth in foster care can support youth who identify as LGBTQ+ or gender non-conforming	Shared recommendations for how parents and caregivers can support youth who identify as LGBTQ+ or gender non-conforming. Recommendations are from the Child Welfare Information Gateway (Child Welfare Information Gateway, 2021).
Added content on monitoring and supervision strategies	Based on feedback from experts, parents of youth in foster care, and youth formerly in foster care, added a module on monitoring and supervision strategies for parents to use with youth in foster care to promote their health and safety. Provided recommendations for helping youth transition to adulthood as well as how to keep youth safe online (Child Welfare Information Gateway, 2018).
Added definitions of terms related to sexuality	Added definitions for terms related to sexuality. Definitions are from federal agencies, like the Centers for Disease Control and Prevention.
Added content on sex trafficking	Based on feedback from experts, parents of youth in foster care, and youth formerly in foster care, added a module on sex trafficking. Provided background information on sex trafficking, why youth in foster care are at higher risk of becoming victims of sex trafficking, and how parents can help youth avoid trafficking situations or provide support to young people victims of sex trafficking. Clarified the signs of grooming, which is a process through which sex traffickers can create a sense of security and protection for the young victim while isolating them from families and peers.

B. Feedback on the adapted curriculum

Following review by federal partners, the team shared the adapted curriculum with nine people (four parents of youth in foster care, four young adults formerly in foster care, and one staff member from the organization that created the original curriculum) to obtain their feedback. The PREP-PYP team met with each person to describe the process used to adapt the curriculum, provide an overview of it, and give instructions for their review of the adapted curriculum. The reviewers received a set of high-level review questions to ensure each of them considered a consistent set of topics (Appendix B); however, the PREP-PYP team told the reviewers they welcomed any feedback about the curriculum, even if it fell outside of the scope of the questions.

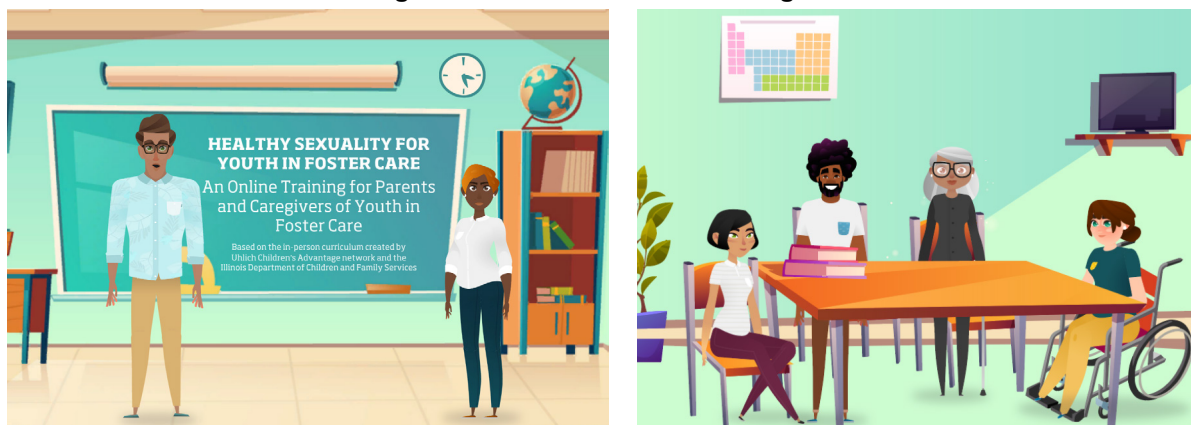
After these individuals reviewed the adapted curriculum, they discussed their feedback with the PREP-PYP team in either a focus group or individual interviews. Some reviewers also provided written feedback on the adapted curriculum. Overall, the reviewers liked the adapted curriculum and provided useful feedback to guide further revisions. The feedback included revising phrasing throughout to be more trauma informed and inclusive of diverse sexual orientations and gender identities, adding more resources on consent and healthy relationships, representing a diverse set of parents and caregivers within the course graphics, and adding more guidance on talking to youth who have experienced sexual abuse.

The PREP-PYP team discussed potential revisions with the federal team and then updated the curriculum to incorporate the reviewers' feedback.

C. Designing and programming the online course

After the PREP-PYP team adapted the curriculum content and received initial feedback, we partnered with dfusion, Inc., which specializes in developing online trainings, to create the online course. The course was designed to look like a virtual classroom, where participants encounter two trainers and seven other characters (avatars) serving as fellow parents and caregivers of youth in foster care. Figure 2 contains screenshot images from the course showing the virtual trainers and some of the parent and caregiver avatars. The use of a virtual classroom as the backdrop of the course allows participants to interact with other parents and caregivers like themselves and simulate the experience of in-person training. The characters represent diverse backgrounds and provide opportunities for participants to identify with and learn about their views, values, and lived experiences. Avatars model best practices, act out scenarios, and practice skills. Avatars also create opportunities to discuss more sensitive topics and acknowledge the values and viewpoints that may influence a parent's or caregiver's perspective on a certain topic, such as sexual orientation or the use of contraception. At the outset of the course, participants are also invited to create a personal avatar for the course to allow them to engage in scenarios and practice skills in a manner similar to an in-person training. To keep participants engaged in the course, we designed interactive activities, such as a matching activity, or one in which participants use a scale to indicate their own level of comfort in communicating with youth about a particular sexual health topic. The entire course takes approximately three hours to complete, with the option to complete it over multiple sessions.

Figure 2. Screenshot images from the Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: An Online Training Course for Parents and Caregivers of Youth in Foster Care



V. Implementing and improving the online course for parents and caregivers of youth in foster care

To ensure the virtual format was functional for those completing the course, the team conducted usability testing both internally and with four of the individuals who participated in the initial review of the adapted curriculum.

The team also conducted a short, small-scale pilot of the course, during which parents and caregivers of youth in foster care took the course and provided feedback to the team via virtual focus groups. The feedback gathered through usability testing and the pilot helped the team identify refinements to the course before public release, as well as changes and additions outside of the scope of the current effort but that could be implemented in the future. The sections below highlight more details from the usability testing and pilot, how the team integrated feedback into the course refinements, and suggestions for disseminating the course following refinement.

.....
Usability testing is a process to evaluate whether a product is operating as planned. For this project, usability testing included attempting to access and navigate the online course and logging any issues encountered, such as content not appearing correctly or navigation tools not working as intended.▲
.....

A. Usability testing

To assess whether the course was working as intended, the team conducted usability testing with various devices and browsers. The team tested the course on devices including Windows computers, Mac computers, iPhones, Android phones, and iPads. On computers, the team tested the course using Google Chrome, Microsoft Edge, Mozilla Firefox, and Apple Safari, whereas on tablets or phones, the team tested using Apple Safari and Google Chrome. Outside of the formal usability testing, the team also considered feedback that pilot participants volunteered about the course's functionality.

Usability testers identified several functionality issues with the course. For instance, the initial testing found the course was not working as expected on mobile phones or tablets. In addition, several testers and pilot participants found the course navigation confusing and were unsure of how to move successfully from one module to the next. The usability testing also identified that the course was not properly logging participants' progress throughout the course, especially in Module 10. Finally, several testers struggled to locate and download the certificate of completion.

B. Small-scale pilot with parents and caregivers

Mathematica conducted a small-scale pilot implementation of the online course with parents and caregivers of youth in foster care ages 10 to 19 to understand their experiences with the course and its content.

Overview of the pilot process

The pilot sought to answer three broad research questions:

1. Did parents and caregivers of youth in foster care find the modules engaging, and did they think the modules conveyed relevant information related to the importance of discussing sexual health with the youth in their care?

2. Did parents and caregivers feel more comfortable and prepared to have conversations about sexual health with youth after completing the modules?
3. What modifications to the modules did parents and caregivers suggest before the modules are finalized?

Working closely with ACF, the PREP-PYP team identified organizations to assist with referring parents and caregivers for the pilot. Twenty-five parents and caregivers provided consent and participated in the pilot. These individuals were referred by (1) a human services agency in Oklahoma; (2) a human services agency in Colorado; (3) a training support network in Kentucky; (4) a state agency in Massachusetts; and (5) a social services organization in Illinois.

The team assigned each pilot participant to one of five focus group topics. Each focus group topic had five participants; focus groups lasted roughly 45 to 60 minutes.² One of the focus group topics covered high-level questions about the course, while the other four topics each focused specifically on two or three modules. For example, the second focus group topic only included questions about Modules 1, 2, and 3. Table 2 has more details on the five focus group topics. Each focus group topic had unique questions; there was no overlap in the questions asked across the focus group topics. Before starting the course, the PREP-PYP team informed the participants of their focus group topic so they could pay particular attention to the respective modules that would be covered in their focus group.

The PREP-PYP team took notes during each focus group.³ Using the qualitative data in the notes, the team identified themes and findings.

The pilot was small and had several limitations. First, there were only five respondents for each focus group topic. In addition, the team used a convenience sample of referral organizations and included parents who expressed interest in participating; therefore the participants were not representative of all parents and caregivers of youth in foster care across the United States. Other individuals may have different reactions to the course.

² The study data collection approach was reviewed and approved by HML Institutional Review Board #1100MATH22.

³ Because of scheduling constraints, 7 participants completed a one-on-one conversation with the PREP-PYP team rather than a focus group with other participants.

Table 2. Summary of focus group topics

Topic	Description of questions covered on the topic	Example questions on the topic
1. High-level overview and the terms and resources tabs	General impressions of the overall course and the terms and resources tabs, as well as dissemination suggestions for the course	<ul style="list-style-type: none"> • What were the main takeaways of the course, in your opinion? • Would you recommend the course to another parent or caregiver?
2. Modules 1, 2, and 3	Specific feedback on Modules 1, 2, and 3, which cover information on values and puberty	<ul style="list-style-type: none"> • Did you find the information on adolescence and puberty in Module 3 to have enough detail? • Is there any information about puberty that was not included in Module 3 that you wish had been?
3. Modules 4, 9, and 10	Specific feedback on Modules 4, 9, and 10, which cover information on communication skills	<ul style="list-style-type: none"> • Did learning about communication strategies to use to talk with youth about relationships and sex change how comfortable or prepared you feel to talk with them about these topics? • In Module 10, the course revisited the personal goals you set at the beginning of the course. Did you find it useful to revisit those goals? Why or why not?
4. Modules 5 and 6	Specific feedback on Modules 5 and 6, which cover healthy sexuality and pregnancy and STI prevention	<ul style="list-style-type: none"> • In Module 5, the course highlighted some tips for supporting youth in their sexual orientation and gender identity. Do these tips seem realistic and reasonable to use with youth? Would you use any of these tips in your own life? Why or why not? • In Module 6, how did you find the presentation of information on contraceptive methods? Was there enough detail? Was it presented in an interactive way?
5. Modules 7 and 8	Specific feedback on Modules 7 and 8, which cover partnering with youth to promote their health and safety, and sex trafficking	<ul style="list-style-type: none"> • In Module 8, there was an example of a potentially manipulative or coercive relationship, shown through messages between Sarah, a 17-year-old in foster care, and Dan, a young man she meets online. Did you find this example relevant to the youth in your care? • Were the best practices on how to engage with others online useful, and do you have any suggested additions to that list of practices?

Feedback from the pilot process

Overall, the pilot participants found the course to be informative, relevant, and useful for their roles as parents and caregivers of youth in foster care. While the PREP-PYP team asked questions tailored to specific modules in each focus group, many participants also shared their overall impressions of the course, unprompted by the PREP-PYP team. The findings described below incorporate both the feedback on specific modules from participants as well as their overall impressions that they shared unprompted.

The course’s modules provided relevant, helpful information with enough detail.

Pilot participants found that the modules shared useful information presented in a logical manner. One participant in the high-level overview focus group said, “I found [the course] to be very informative for how to approach all aspects of sexuality to a teen.” Another in the same group shared that they thought the course “gives you tools in your toolbox ... these topics are hard to discuss sometimes ... I think the course fills a real need.” Participants in the focus group on Modules 1, 2, and 3 cited the content on cognitive development as informative, since typically they had heard about physical changes during puberty but had heard less about emotional and cognitive changes. Likewise, participants in the focus group on Modules 5 and 6 felt the content on supporting youth with gender identity and sexual orientation as particularly helpful. For instance, parents appreciated the course’s suggestion that parents and caregivers use gender-neutral language when speaking with youth about relationships, asking “Is there anyone special in your life?” instead of “Do you have a girlfriend?” Another parent in the focus group on Modules 7 and 8 stated that the course taught the factors that are and are not associated with increased risk of sex trafficking, which helped them better understand the issue.

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“I found [the course] to be very informative for how to approach all aspects of sexuality to a teen.”

- Pilot participant

Across the modules, the participants found the level of detail provided in the course to be sufficient; enough background information was shared without making the content too burdensome to absorb. For example, pilot participants in the focus group on Modules 5 and 6 found the information shared on contraceptive methods and STIs in Module 6 to be a digestible, meaningful overview of the topics. One participant in the high-level overview focus group indicated they appreciated the resource list, noting that the resources allowed parents to read more about certain topics: “All of us are more comfortable in some areas than others, but there’s an opportunity to dig deeper in areas where we need more education.”

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“I like the practice examples, I’m a concrete thinker.”
- Pilot participant

Across the focus group topics, pilot participants felt the course’s content resonated with their experiences as parents and caregivers of youth in foster care. One parent in the high-level overview focus group stated that they appreciated how the examples used throughout the course helped them relate the course’s content to the youth in

their homes. Other parents stated that Modules 4 and 9 had helpful, relevant examples on how to implement communication strategies, such as using door openers or windows of opportunity with youth in foster care. Several participants in the focus group on Modules 7 and 8 highlighted the example of grooming provided in Module 8 as very realistic, given their experiences, and that it was important to show a specific example of how grooming can start with what appears to be an “innocent text thread.” As one parent participating in the focus group on Modules 7 and 8 said, “I like the practice examples, I’m a concrete thinker.”

Participants reported that the course’s modules presented content in an engaging way.

Pilot participants noted that the modules exhibited a balance of presentation styles, with the interactive activities interspersed well throughout the course. One participant in the high-level overview focus group stated that the interactive activities helped hold their attention: “It’s good to make you do something” rather than just listening to content.” The PREP-PYP team also asked pilot participants in the focus groups on specific modules about their experiences with the interactive activities in those modules. Pilot participants in the focus group on Modules 1, 2, and 3 liked the interactive activity in Module 3, in which

participants match cards on adolescent development to the correct type of development (physical, cognitive, and social-emotional) and age range (early, middle, and late adolescence). Similarly, participants in the focus group on Modules 5 and 6 praised the interactive activity in Module 5, in which participants have to identify how comfortable they feel talking with youth about particular topics.

Pilot participants also noted that they liked the virtual classroom and avatars used in the course. One person in the focus group on Modules 1, 2, and 3 found that picking their own avatar in Module 1 helped them engage more deeply with the course; picking an avatar to represent themselves and seeing that avatar appear throughout the training “gets us into that mindset” of putting oneself in the scenarios and examples. In addition, several pilot participants shared that they enjoyed having the other parent avatars speak in the modules. One participant in the focus group on Modules 4, 9 and 10 stated, “It felt like you were in a support group” and found it helpful that Modules 4, 9, and 10 shared what those parents might do in a particular scenario and then asked the participant how they would respond. Likewise, another participant in the high-level overview focus group said they “liked hearing from the various avatars since [they had] different points of view,” and having different voices throughout the course helped keep the audio interesting and engaging.

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“It felt like you were in a support group.”
- Pilot participant

Finally, several participants in the high-level overview focus group, the focus group on Modules 1, 2, and 3, and the focus group on Modules 4, 9, and 10 said they appreciated that the course had them set goals in Module 1 and then revisit the goals in Module 10. Participants in the focus group on Modules 4, 9, and 10 also cited the action planning for goals in Module 10 as beneficial for identifying specific steps needed to achieve their goals. However, two participants (one in the high-level overview focus group and one in the focus group on Modules 1, 2, and 3) indicated they were not sure what their goal should be in Module 1 because they did not feel they had enough information about the course at that point to know what an appropriate goal would be; the participant in the high-level overview group suggested having a check-in on the goals halfway through the course so people could revise them, if needed, after hearing more of the course content.

Participants felt the modules provided a strong foundation for helping parents and caregivers feel more comfortable and prepared to have conversations about sexual health with youth.

Pilot participants noted that the course helped build parents’ and caregivers’ skills in speaking with youth about sexual health topics. One participant in the focus group on Modules 5 and 6 stated that the course

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“[The course] made me realize I need to have the conversations with my sons. I didn’t think about this for kids in care.”

-Pilot participant

helps parents and caregivers “be comfortable and ready” for conversations with youth about sexual health, including helping youth get contraception, STI testing, or other health care related to sexual health. One parent in the high-level overview focus group explained the course “made me realize I need to have the conversations with my sons. I didn’t think about this for kids in care.” Several other parents noted they had tried the strategies

from the course with the youth in their care. One parent in the focus group on Modules 7 and 8 said that “since I started the course, I started using [the strategies on partnering with youth to promote their health and safety from Module 7] immediately and it’s nice to use,” and they helped the parent have deeper conversations with the youth in their care.

When answering the focus group questions, pilot participants often volunteered information based on their own experience, which indicated that they had varying levels of comfort with discussing adolescent sexual health before taking the course. Some participants in each focus group topic shared that they have had decades of experience having conversations about this topic with adolescents, whereas others in each focus group topic said they were relatively new to it. For example, some participants in the focus group on Modules 7 and 8 were less familiar with the topics of sex trafficking or helping youth stay safe online; these participants indicated that the course helped them become more comfortable with these topics. Meanwhile, those in the focus group on Modules 7 and 8 who started off with greater familiarity with these topics noted that the course affirmed they were on the right track and helped provide reminders of best practices and tips.

Participants felt the course provided parents and caregivers with practical tips and guidance, which made them more ready to discuss sexual health with youth. Several people from the high-level overview focus groups and the focus group on Modules 4, 9, and 10 said they would revisit the examples within the presentation of communication strategies in Modules 4 and 9 to help guide their future conversations with youth. A few parents noted that the modules helped them feel more prepared to put their own thoughts and values aside and focus on what youth need. In particular, multiple participants in the focus groups on Modules 1, 2, and 3 shared that Module 2 assisted them in clarifying their personal attitudes and beliefs and in understanding how to help youth develop their own attitudes and beliefs. In addition, participants in the high-level overview focus groups and the focus group on Modules 5 and 6 highlighted the content on gender identity and sexual orientation in Module 6 as helping better prepare parents to communicate well with youth. For instance, one parent in the high-level overview focus group said, “There are so many people that don’t feel able to cope” with helping LGBTQ+ youth, but if everyone was “better informed and more open,” it could help more LGBTQ+ youth successfully transition to adulthood. Another parent in the focus group on Modules 5 and 6 noted that before the course, she felt uncomfortable dealing with “gender issues” but felt the course material, particularly in Module 5, had prepared her to support gender nonconforming or transgender youth that may live in her home in the future. Although several pilot participants in the high-level overview focus groups stated that they felt other parents might be somewhat uncomfortable with the course’s material on gender identity and sexual orientation, they believed the content should still be covered. They did not suggest substantive changes to the course content on these topics.

Participants shared suggested changes to clarify information and increase functionality of the modules, as well as additions to improve it.

The pilot participants made several suggestions for altering the existing content to improve clarity and functionality, including the following:

1. Several participants in the focus group about Modules 4, 9, and 10 felt the course should clarify that every child is different so parents and caregivers can tailor the communication strategies in those modules to best fit the youth living in their care. Another participant in the focus group on Modules 1, 2, and 3 shared that the material on development in Module 3 should clarify that youth may reach developmental milestones at different points in their lives.
2. A few participants volunteered information on the functionality of the course, including suggesting that it would be helpful to make clear at the beginning of the course that people could retake it or come back to access materials later after they completed it.

3. Outside of the questions posed during the focus groups, several participants noted usability challenges, including navigating from the course to external links and videos on other platforms (for example, YouTube). They suggested the course integrate videos from external sources into the course itself; one participant suggested that the course have its own video on consent, rather than using an external source.

In addition, the pilot participants suggested several additions to the course that could help prepare future users to have conversations with youth about healthy sexuality, including the following:

1. A few participants in the high-level overview focus group and focus group on Modules 4, 9, and 10 suggested adding more examples of the communication strategies in Modules 4 and 9, including one of parents communicating with youth who have experienced trauma, another of parents speaking with younger preteens, or one with youth who have different cognitive or developmental levels.
2. Some participants in the focus group on Modules 7 and 8 provided more tips that could be added to Module 7 on how to partner with youth to keep them safe online, such as warning youth about putting too much information in their social media profiles and being cautious when someone they do not know attempts to connect or message them on social media.
3. Some participants from the focus group on Modules 5 and 6 felt it would be useful to have an accompanying guide to help parents have conversations with youth and carry out the strategies from the course.
4. One participant from the high-level overview focus group suggested checking in midway through the course on the goals set in Module 1.
5. A participant in the high-level overview focus group suggested adding material on youth who intend to have children at a young age, and another participant in the focus group on Modules 7 and 8 suggested adding material to Module 7 on the potential dangers of sharing sexually explicit videos or pictures.

C. Integrating feedback into the final course

Based on the feedback from the usability testing and pilot, the PREP-PYP team identified several updates to the course. First, the team worked to rectify the issues with progress tracking and downloading the certificate of completion. In addition, the team developed a set of tip sheets to accompany the course. These tip sheets pull out practical guidance from the course, as well as suggestions from pilot participants, to make key information readily available and easy to find for future users. The team also revised the course script in several places to add or clarify information. For example, the team clarified in the first module that people can return to the course at any time to access the materials and shared navigation tips for using the course.

Due to the scope and schedule of this project, the PREP-PYP team was not able to implement all suggested changes for the final course. In the future, others may want to consider whether these changes are feasible. These potential changes include adding content on youth who wish to be pregnant at a young age and more examples of how to communicate with youth who have experienced trauma or abuse. Another change could be to include an example of parents not communicating well with youth, such as overreacting to a question a youth might raise about sexual health. The course could then walk through the example to show how parents could more successfully communicate with youth. Finally, the course could add videos and integrate them into the course platform.

D. Dissemination of the course

The online course titled Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: An Online Training Course for Parents and Caregivers of Youth in Foster Care was developed to fill a gap in training on sexual health and communication topics for parents and caregivers of youth in foster care. Child welfare agencies and other organizations that work closely with parents and caregivers of youth in foster care can inform parents and caregivers of the course and encourage them to complete it. If possible under their state's regulations, child welfare agencies could give parents and caregivers continuing education credits for completing the course to help fulfill their license requirements. In addition, ACF could inform grantees serving youth in foster care about the course and ask them to circulate the link to relevant parties in their community and state. Pilot participants from the high-level overview focus group also suggested the course could be circulated to school guidance counselors, therapists, counselors, child welfare case workers, group home staff, training coordinators at child placement agencies, and associations and groups for parents and caregivers of youth in foster care.

VI. Considerations for future programming and research

This section summarizes potential future programming opportunities and suggestions for future research to assess how the course affects parents' and caregivers' attitudes and behaviors.

A. Suggestions for future programming

The PREP-PYP team identified several potential opportunities to expand the content offered in the course to meet the needs of other youth-serving professionals.

- Several organizations mentioned that child welfare case workers could also benefit from a course on adolescent sexual health and how to communicate with youth about this topic. For some youth, their case worker is the most consistent adult in their life, so case workers are well positioned to support youths' healthy sexual development.
- One pilot participant in the high-level overview focus group stated that the course could also benefit guidance counselors; their school guidance counselor had recently struggled with how to support a nonbinary student and could have used more education on how to support gender nonconforming youth.
- Several pilot participants in the high-level overview focus group suggested that the online course could be integrated into an in-person training to promote further discussion and skill building among parents. For instance, an in-person training could start by playing one module for a group of parents; then, the group could discuss the communication strategies mentioned and role play with each other to practice the strategies.
- Two pilot participants in the focus group on Modules 4, 9 and 10 said that parents and caregivers could use a "Part 2" of the training to build on the skills presented in Modules 4 and 9 to strengthen communication with youth in other areas outside of sexual health, including more examples of parents communicating with youth who have experienced trauma.

B. Suggestions for future research

The PREP-PYP team gathered qualitative data from a small number of parents and caregivers on their impressions of course's modules. However, the current study was not able to assess the impact of the course on parents and caregivers. Future research could include a formative evaluation based on a larger scale implementation of the course, an outcomes evaluation that examines data from parents and caregivers before and after completing the course, or a more rigorous impact evaluation of the course to determine how it affects parents' and caregivers' knowledge, attitudes, and behaviors.

Throughout the course development and pilot process, the PREP-PYP team heard that the course could possibly be useful for other youth-serving professionals (such as case workers and school guidance counselors). Future research could examine whether the course, as written, is appropriate for these other populations, as the PREP-PYP team tailored it to the specific audience of parents and caregivers of youth in foster care.

VII. Conclusion

The online course, Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: An Online Training Course for Parents and Caregivers of Youth in Foster Care, is intended to help parents and caregivers of youth ages 10 and older in foster care learn about sexual health topics to guide youth in making healthy decisions. Adapted from the in-person course titled Promoting Healthy Sexual Development and Pregnancy Prevention with Children and Youth in Care, the online course has 10 lessons and takes roughly three hours to complete. As part of the process to refine the course before its public release, the Mathematica team conducted usability testing and a small-scale pilot implementation of the course. Through the pilot, parents and caregivers of youth in foster care completed the course and provided feedback on their experiences with specific modules of the course.

Pilot participants indicated that the modules in the course were beneficial and relevant for parents and caregivers of youth in foster care. They also felt that the modules, particularly with their concrete examples and tips, helped prepare parents and caregivers to feel more comfortable speaking with youth about sexual health. However, the sample for the pilot was small and not representative of all parents and caregivers of youth in foster care across the United States, so the findings may not be generalizable. In the future, funders could consider revising the course to (1) add more content on how to communicate and support youth who have experienced trauma, (2) add modules for other populations (such as case workers), and (3) conduct additional research on the course's effectiveness in meeting its objectives. At this time, the current version of the online course is a free resource available to any parent or caregiver of youth in foster care across the country and can help parents and caregivers learn more about sexual health topics and how they can communicate with youth in their care about sexual health.

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Appendix A

Experts Consulted

Name, title, and affiliation	Relevant experience
Dr. Kym R. Aherns Associate Professor Seattle Children’s Hospital and Research Institute/ University of Washington	Co-developer of Heart to Heart, a sexual health training for foster and kinship caregivers to improve sexual health outcomes for foster youth and decrease caregiver-child conflict in the home
Deborah Chilcoat Senior Manager of Capacity Building and Evaluation Healthy Teen Network	Member of the team that developed the Healthy Sexuality and Teen Pregnancy Prevention curriculum for foster parents and adults who work with youth in out-of-home care
Dr. Ramona Denby-Brinson Associate Dean for Research and Professor, College of Public Service and Community Solutions Arizona State University	Evaluator for an adolescent pregnancy prevention program for youth currently and formerly in foster care; has implemented programming for youth in foster care
Dr. Amy Dworsky Research Fellow Chapin Hall	Principal investigator for a study of housing programs for transitioning foster youth, an impact evaluation of an adolescent pregnancy prevention program, and an implementation evaluation of training for caregivers and caseworkers on healthy sexual development in youth
Dr. Xavier Foster Health Education Supervisor, Southern Nevada Health District	Program practitioner responsible for implementing Families Talking Together with parents of youth in foster care as part of an evaluation conducted by Dr. Denby-Brinson
Dr. Vincent Guilamo-Ramos Dean and Professor, Duke University School of Nursing	Developer of Families Talking Together, a parent-based intervention to prevent risky sexual behavior among adolescents
Michael Leach Deputy Commissioner for Child Programs Tennessee Department of Children’s Services	Oversees foster parent licensing requirements and training in Tennessee
Sharon Rodine Director Healthy Teens Oklahoma	Previously had a lead role in the Power Through Choices project, which adapted the curriculum for youth in out-of-home care as part of a Personal Responsibility Education Innovative Strategies (PREIS) grant
Joann Schladale Executive Director, Resources for Resolving Violence, Inc.	Provides consultation, program development and evaluation, clinical supervision, and staff development and training on evidence-based practices and empirically driven assessment and treatment
Katy Suellentrop Senior Research Public Health Analyst, RTI International (at the time of the interview: Vice President of Programs, Power to Decide)	Oversees multiple programs designed to prevent teen pregnancy, including one focused on preventing unplanned pregnancy among older youth in foster care, which is part of the Innovative Teen Pregnancy Prevention Programs (ITP3) grants; has authored several resources on implementing sexuality education with foster youth
Dr. Wadiya Udell Associate Professor University of Washington	Co-developer of Heart to Heart, a sexual health training for foster and kinship caregivers to improve sexual health outcomes for foster youth and decrease caregiver-child conflict in the home

Name, title, and affiliation	Relevant experience
Kevin Walsh Administrator for Education and Transition Services Illinois Department of Children and Family Services	Oversaw implementation of training for parents of youth in foster care and caseworkers on adolescent sexual health; training was evaluated by Dr. Dworsky
Cathy Watson Program Director Baltimore City Health Department	Member of the team that developed the Healthy Sexuality and Teen Pregnancy Prevention curriculum for foster parents and adults who work with youth in out-of-home care

Appendix B

Review Questions for Parents of Youth in Foster Care and Young Adults Formerly in Care

1. Does the tone of the modules resonate with you? Do you think it is respectful of and relatable to most parents of youth in foster care? If not, what do you suggest we change?
2. Do you think the examples and suggested responses in the script seem realistic and reasonable? If not, do you have suggestions for improvement?
3. Are there any text edits you would recommend making to make the modules easier to understand or more relevant to parents of youth in foster care?
4. Are the scenarios presented in the modules realistic? Are there any other scenarios or improvements you would recommend?
5. Is there any additional feedback you would like to provide about the modules?

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