



**POWER**  
THROUGH  
*Choices*



Healthy Teen Network

*Curriculum Overview*

## WHAT'S POWER THROUGH CHOICES?



SEXUAL  
HEALTH  
CURRICULUM



10 LESSONS



90 MINUTES  
EACH



FOR GROUPS  
OF 8-20  
PARTICIPANTS



BASED IN  
THEORY



LGBTQ+  
INCLUSIVE



TRAUMA-  
INFORMED



PROVEN  
EFFECTIVE

*“The only sexual health program designed  
with and for youth in systems of care”*



## DESIGNED FOR YOUTH IN SYSTEMS OF CARE

*Power Through Choices: My Life, My Choices* (4th Edition) is a 10-session prevention curriculum specifically designed for adolescents ages 13–18 who are in systems of care. Power Through Choices was developed for youth who are involved in a child welfare or juvenile justice system to help them prevent pregnancy, HIV, and other sexually transmitted infections (STIs).

### GOAL

The curriculum's goal is to provide youth in systems of care with specific information and skills to help them avoid risk-taking sexual behavior and reduce the incidence of adolescent pregnancy, HIV, and other STIs.

### WHAT'RE THE OBJECTIVES?

FOR YOUTH PARTICIPATING TO...

- MAKE *healthy, positive choices* RELATED TO SEXUAL BEHAVIOR
- DEVELOP AND PRACTICE *effective communication skills*
- IDENTIFY AND ACCESS *available resources*
- USE EFFECTIVE *pregnancy and STI protection*

### WHAT'S THE FOCUS?



### CURRICULUM OUTLINE

The curriculum is divided into 10, 90-minute sessions.

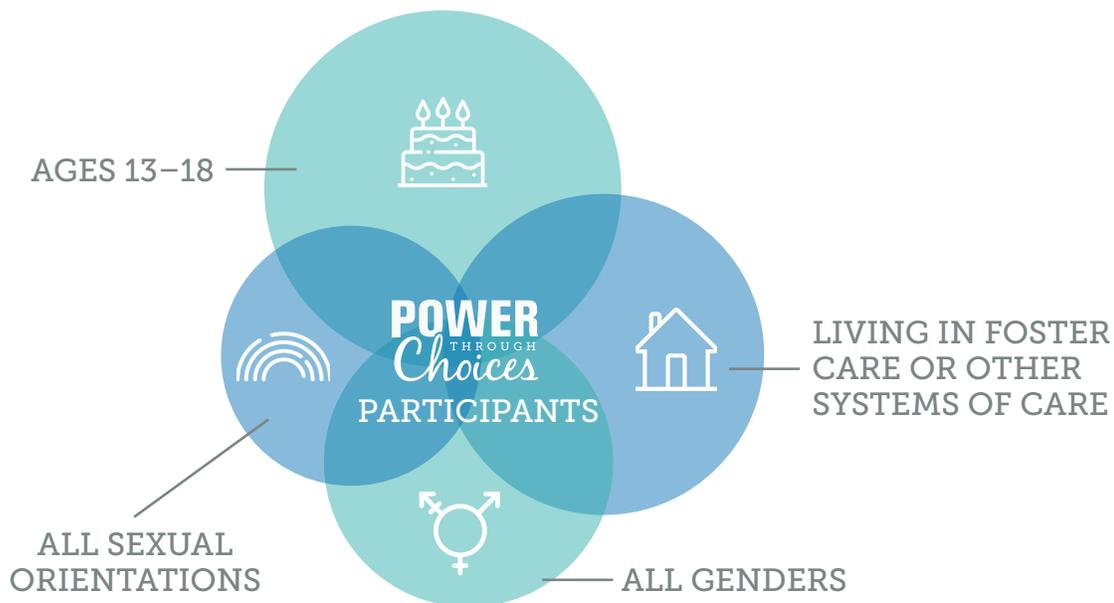
1. Introduction
2. Making Choices Clear
3. Adolescent Reproductive Health Basics
4. Increasing Contraceptive Knowledge
5. Understanding STIs and HIV and How to Reduce Your Risks
6. Practice Makes Perfect
7. Using Resources to Support Your Choices
8. Making Choices that Fit Your Life
9. Creating the Future You Want
10. Plan + Prepare = Power

### AUTHORS

*Power Through Choices: My Life, My Choices* was developed by Janene Fluhr, MS; Shante Fenner, BS; Richard P. Barth, MSW, PhD; Marla Becker, MPH; Helen H. Cagampang, MPP, PhD; and Ruth C. White, MSW, MPH. The 4th edition was updated by Deborah Chilcoat, MEd and Jamie Keith, MS.

## WHO'S IT FOR?

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### PROGRAM SETTING

This curriculum can be delivered in a wide range of settings. The setting should be spacious enough for participants to divide into small work groups, move around, participate in role-plays, and use writing tools for activities. Settings should be comfortable, put the young people at ease, and make them feel safe and positive about participating in the activities.

### GROUP SIZE, AGE, AND GENDER

Due to the interactive nature of the curriculum and the needs of the participants, it is best suited for small groups of 8–20. The curriculum is designed for adolescents between the ages of 13–18 and can be implemented with any gender and in groups of all genders.

### FACILITATORS

Our research experience strongly suggested that the curriculum be presented by a team of two experienced, effective facilitators who have an aptitude for working with youth and an understanding of this particular population, as well as training in adolescent sexual and reproductive health.

### TRAINING & CURRICULUM

Healthy Teen Network provides trainings-of-facilitators (TOF) and trainings-of-trainers (TOT) on *Power Through Choices*. Public trainings, when available, are listed online. All training participants receive a copy of the curriculum and accompanying materials. To request a training or support, contact Healthy Teen Network ([CapacityBuilding@HealthyTeenNetwork.org](mailto:CapacityBuilding@HealthyTeenNetwork.org)).

## RATIONALE FOR THE CURRICULUM

*Power Through Choices* is the first evidence-based curriculum tailored for the special needs, situations, and concerns of youth in systems of care, and it addresses the specific characteristics which may motivate these youth to become pregnant or engage in sexual risk-taking behavior.

Some of these reasons may include:

- Intense need for affection
- Absence of a dependable family or social network
- Desire to have something of their own that they do not have to share
- Exposure to sexual abuse or violence
- Limited skills in identifying and securing resources, other than sex, to support themselves now and in the future

These characteristics tend to be magnified among youth involved in systems of care because of prior deprivation and/or social isolation, placing them at increased risk for sexual activity, pregnancy, HIV, and other STIs. Although the exact rates of sexual activity, teen pregnancy, and births among youth in the foster care and juvenile justice systems are not known, research indicates that this population is far more sexually active than youth in general.<sup>1</sup> Other research documents that young people in foster care are 2.5 times more likely to have a pregnancy by age 19 compared to those not in foster care, according to the “Midwest Evaluation of the Adult Functioning of Former Foster Youth.”<sup>2</sup> Additionally, nearly half (46%) of teen girls in foster care who have been pregnant have had a subsequent pregnancy, compared to 20% of their peers outside the system.<sup>3</sup>

## THEORETICAL FRAMEWORK

*Power Through Choices* is anchored on four theories:

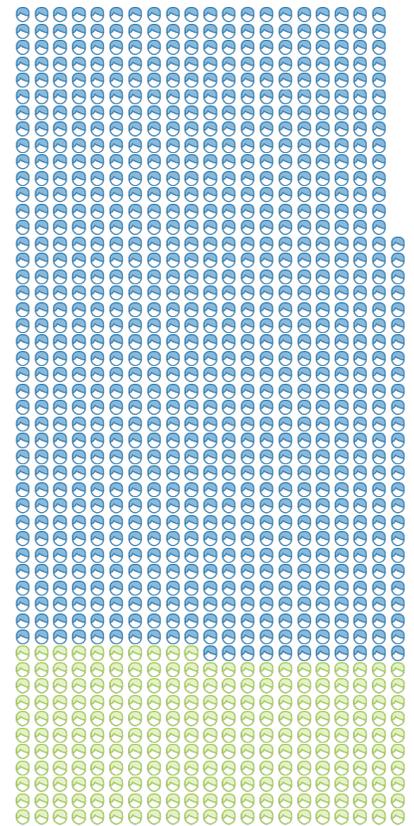
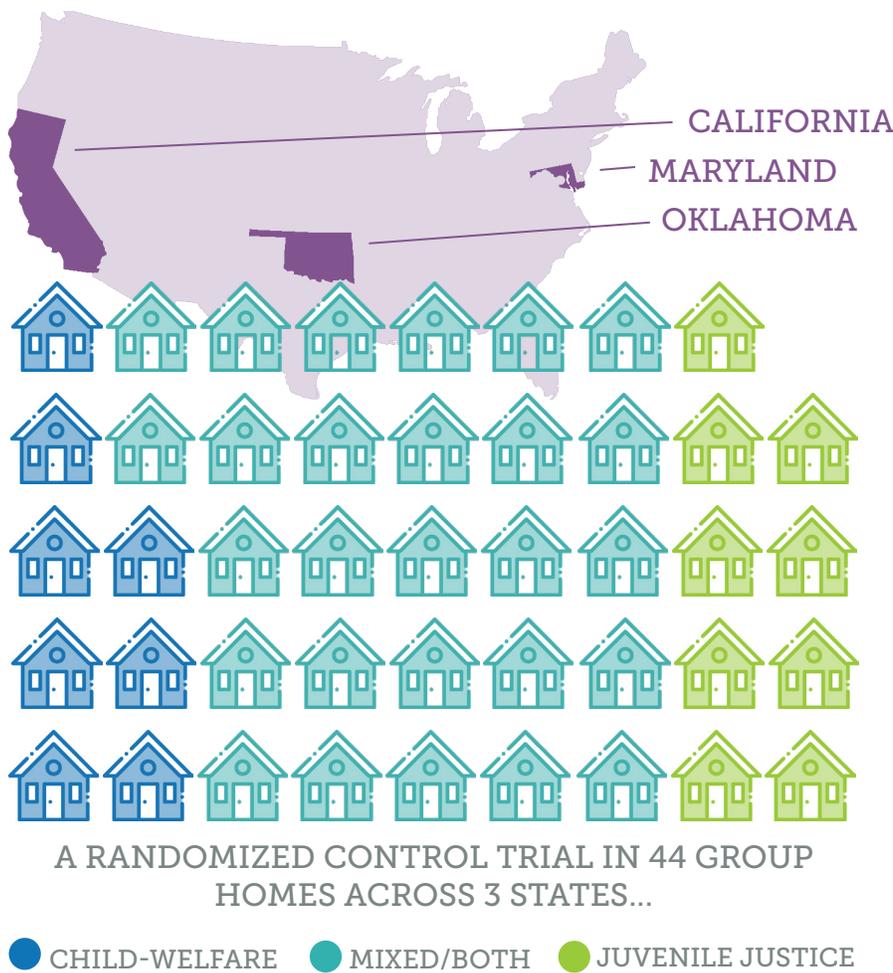
- **Health Belief Model<sup>4</sup>**  
Readiness for action stems from an individual’s perception of the threat of an undesired outcome and the likelihood of being able, through personal interaction, to reduce that threat. In this case, the undesired outcome is pregnancy, or the contraction of HIV or another STI. The curriculum’s skill-building approach and its focus on self-empowerment seek to increase the perceptions of participants of their own abilities to reduce these situations.
- **Self-Regulation Theory<sup>5, 6</sup>**  
Individuals are viewed as feedback systems attempting to bring their current states closer to their goal states. *Power Through Choices* focuses on setting short- and long-term goals, as well as the importance of planning ahead and protecting oneself if they are going to have sex.
- **Theory of Reasoned Action/Rational Model<sup>7, 8</sup>**  
Behavioral intention is a strong predictor of behavior. This theory focuses on the individual evaluating the consequences of their behavior and their attitudes, as well as the attitudes of others. The curriculum’s emphasis on making choices and the impact of choices on an individual’s future relates directly to this theory.
- **Social and Cognitive Learning Theory<sup>9, 10, 11</sup>**  
Actions are often learned by watching others model the action and then practicing the behavior. *Power Through Choices* provides many opportunities for observation and practice through activities which engage the youth.

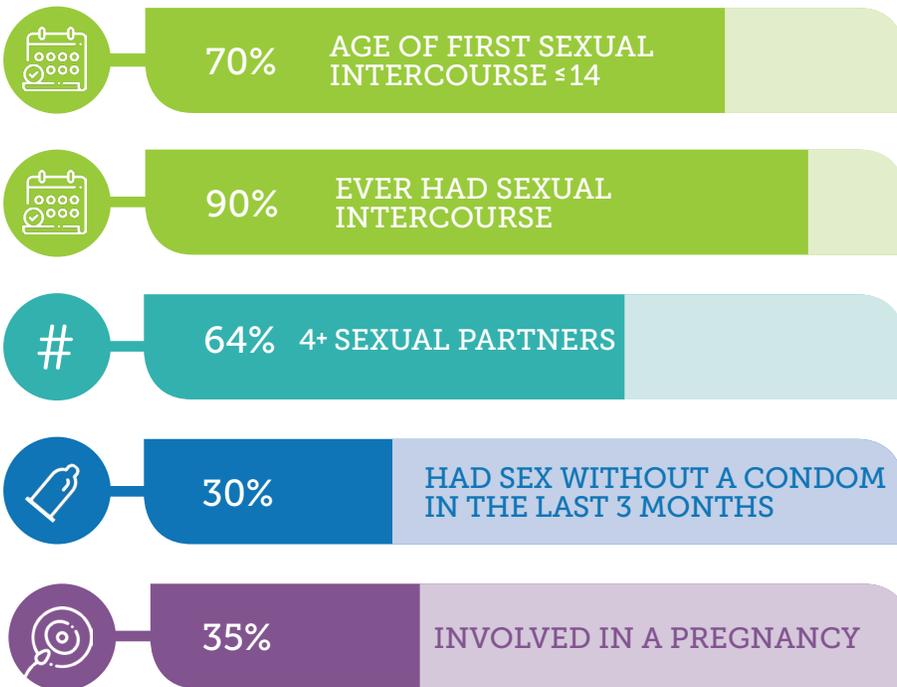
## RESEARCH AND EVALUATION

The *Power Through Choices* Demonstration and Evaluation Project conducted a multi-year, multi-state evaluation of the new *Power Through Choices* curriculum. The rigorous study, which included over 1,000 youth, was funded by a Personal Responsibility Education Innovative Strategies (PREIS) grant from the U.S. Department of Health and Human Services Administration on Children & Families (HHS/ACF), with additional support from The Annie E. Casey Foundation.

In addition to the independent evaluation conducted by the University of Oklahoma Health Sciences Center, the project was included in the large federal evaluation directed by Mathematica Policy Research. Full *Power Through Choices* project implementation and evaluation reports are available online ([www.PowerThroughChoices.org](http://www.PowerThroughChoices.org)).

### HOW WAS IT PROVEN EFFECTIVE?





*Includes randomized control trial participants at baseline*



WHO REPORTED RISK FACTORS THAT COULD LEAD TO ADVERSE SEXUAL HEALTH OUTCOMES.

*Compared to youth in the control group*



THE STUDY FOUND THAT PARTICIPANTS INCREASED THEIR ABILITY TO PREVENT AN UNPLANNED PREGNANCY AND STI/HIV INFECTION.

## ENDNOTES

- 1 U.S. Department of Health and Human Services, Office of Adolescent Health. (2016). Final impacts of the Power Through Choices program. Retrieved from [https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/assets/ptc\\_finalimpactreport.pdf](https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/assets/ptc_finalimpactreport.pdf)
- 2 Courtney, M.E., Dworsky, A., Brown, A., Katz, C., Love, K., & Klodnick, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Retrieved from [https://www.researchgate.net/publication/264883847\\_Midwest\\_Evaluation\\_of\\_the\\_Adult\\_Functioning\\_of\\_Former\\_Foster\\_Youth\\_Outcomes\\_at\\_Age\\_26](https://www.researchgate.net/publication/264883847_Midwest_Evaluation_of_the_Adult_Functioning_of_Former_Foster_Youth_Outcomes_at_Age_26)
- 3 Bilaver, L.A. & Courtney, M.E. (2006, August). Foster care youth, *Science Says*, 27. Washington, D.C.: The National Campaign to Prevent Teen Pregnancy
- 4 Becker, M. (1974). *The health belief model and personal health behavior*. Thorofare, NJ: C. B. Slack.
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- 6 Mithaug, D. (1993). *Self-regulation theory: How optimal adjustment maximizes gain*. Westport, CT: Praeger.
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- 8 Terry, D., Gallois, C., & McCamish, M. (1993). *The theory of reasoned action: Its application to AIDS-preventive behavior*. New York: Pergamon Press.
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- 10 Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- 11 Rosenstock, I., Strecher, V., & Becker, M. (1988). *Social learning theory and the health belief model*. *Health Education Quarterly*, 15(2), 175-183.



## Healthy Teen Network

1501 Saint Paul Street, Suite 114  
Baltimore, Maryland 21202  
410.685.0410

[www.HealthyTeenNetwork.org](http://www.HealthyTeenNetwork.org)

[www.PowerThroughChoices.org](http://www.PowerThroughChoices.org)

[CapacityBuilding@HealthyTeenNetwork.org](mailto:CapacityBuilding@HealthyTeenNetwork.org)