Interview with Norman A. Constantine, Ph.D.
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Interviewer: Daniel Ceballos, MBA, MA

1. How would you describe the "state of sex ed" in this country?

The first word that comes to mind is "fragmented." There's a lot of good sex ed taking place in this country, and certainly Planned Parenthood educators are in the forefront. Most American youth these days do get some sort of formal school-based sexuality education at some time. Yet many school districts provide only a bare minimum, presented in a fragmented and incomplete manner, often with important topics omitted or presented inaccurately, and too often by teachers who do not have the proper training and support.

It's very rare for anyone to get the full comprehensive version -- I'm thinking of something like *Our Whole Lives*, a truly comprehensive curriculum that starts in kindergarten and runs right through late adolescence, young adulthood, and beyond. That's got to be considered the ideal, even if we aren't close yet for the general population.

And if we are talking about the ideal, we have to include sexuality education and sexual socialization within the family, as well as youth friendly access to low or no cost sexual and reproductive health services. Across all of these aspects of comprehensive sexuality education, we've made progress, but as a society we have a long way to go.

One challenge involves the remnants of abstinence-only-until marriage-education. This thoroughly debunked approach still receives federal funding support, and in some parts of the country remains the norm. A less publicized problem involves limitations in the popular curricula and programs that claim to be comprehensive. Some of these are good, few are great. And even those most widely used have significant limitations. For example, most curricula are based on the assumption that adolescents are deliberative rational decision makers striving to maximize positive outcomes. But cognitive scientists have known for some time that most decision making is more automatic than deliberative, is heavily dependent on emotion, and often does not appear to be rational, in the usual sense of the word. This is true for all of us, by the way, not just adolescents. To the extent that a curriculum relies on this outmoded assumption, it will be limited in how far it can reach.

Another challenge involves parent sexuality education and support. Many parents and other caregiving adults are uncomfortable or unconfident in fulfilling their unique roles as providers of sexuality education within the family. They could benefit greatly from various types of support and education. PPFA's *Real Life Real Talk* initiative is a worthy effort in that regard. There also is a need for high quality culturally appropriate parent sex education materials written at levels accessible to those parents most in need. Planned Parenthood Los Angeles' *A Parent's Guide to Talking with Your Teen* is a good example.

2. What does the research tell us about what works for unwanted pregnancy prevention, STI prevention, and healthy sexuality education efforts?

We know in an overall sense that comprehensive sexuality education as generally practiced has been somewhat effective in terms of reducing unwanted pregnancies and preventing STDs. And we also know that abstinence-only education has been a failure. The research is pretty clear about this, both from large scale survey studies, and from the full body of individual program evaluations.

Where we are on shakier research ground is with interpreting program evaluations at the individual curriculum or program level, and especially the prolific but misguided "Programs that Work" and "Science-Based Programs" lists that use these results to certify curricula and programs, often determining program eligibility for funding. These lists are typically based on some variation of the "one study/one outcome rule." In other words, if just one evaluation that meets certain minimal standards can be found with as little as one outcome showing a statistically significant positive effect, the program earns a place on the list – regardless of how many other evaluations or outcomes tested within the same evaluation showed no positive effects. But this approach and the evidence-based labels that result amount to little more than institutionalized selective reporting. This problem is illustrated by the list of approved programs for US Department of Health and Human Services PREP Teen Pregnancy Prevention funding eligibility. Twenty-eight programs were certified as evidence-based. However, according to the Coalition for Evidence-Based Policy, an independent research-use watchdog group, only 2 of these 28 approved models have strong evidence of effectiveness.

I think the biggest challenge in research and research use in this area is that we as a field need to move away from asking these simplistic out-of-context yes/no questions about effectiveness of individual name brand curricula. These types of questions inevitably lead to the picking and choosing of supportive isolated findings. Instead, we need to do a better job of weighing the entire body of program evaluation evidence. And at the same time, we can make much better use of the substantial body of basic science research knowledge that is available on the topic of adolescent psychosocial development, drawing from the fields of developmental, social, and educational psychology, among others, and from more specialized areas, for example implicit social cognition, motivational systems theory, and reactance theory. This type of more basic research can and should provide a strong scientific foundation for sexuality education, but so far has been grossly underused, and in fact largely ignored.

3. What are the "cutting edge" issues and research that grab your attention and that we should pay attention to?

There are so many, I'll mention just a few. First, we should keep the focus on health promotion as the best means to prevention of negative outcomes. Funding often can be easier to obtain when the focus specifically is on preventing problems, such as teen pregnancies or STD's, yet programs that focus on promoting positive sexuality, healthy sexual development, and sexual, reproductive, and other human rights ultimately have the best potential to prevent negative outcomes. While the basic science supports this, we need additional evidence at the specific program level to complement and extend this evidence.

There has been a lot of development work on rights-based, gender sensitive curricula in the last decade, especially internationally. This includes the Population Council's *It's All One* curriculum, which is actually a large set of curriculum activities that can be mixed and matched for a local cultural context and needs. My research group at the Public Health Institute is working with Planned Parenthood Los Angeles and USC to demonstrate and evaluate a sexuality education

initiative based on similar principles with a mostly Latino population in Los Angeles schools. This is an exciting area with tremendous potential, and much work remains to be done.

Another area is promoting critical thinking as part of sexuality education. This can be easier said than done – it's more time consuming and skill demanding than merely attempting to convey adults' messages to students in a captive audience, and it can be threatening to give up some control. Yet it's a much better way to reach students and to promote healthy development and behavior. This is well supported by research in educational and developmental sciences, but even without the research it should be intuitive to anyone who has spent more than a few minutes with an adolescent. We would benefit from more guidance in how to do this effectively, and within the constraints of the public school classroom environment.

4. What advice would you give comprehensive sexuality health educators who are struggling with funding stream cuts, conservative backlash, and an organizational environment that doesn't always value their work?

Things are tough out there, no doubt. But we have a strong foundation of public support. Over and over again opinion surveys have shown that large majorities of parents as well as the general public support comprehensive sexuality education. This support spans all geographic, political, ideological, and religious spectra, including political conservatives, and evangelical Christians.

But this support doesn't necessarily translate into adequate funding to do our work. Resources are scarce, and other good causes are competing for their pieces of what seems to be an ever shrinking pie. Comprehensive sexuality educators need to learn how to advocate effectively, and to see this as part of their jobs. Many Planned Parenthood affiliates have strong public affairs offices, providing a good potential opportunity for collaboration and mutual support in advocacy.

Advocacy at its best will be based in relevant credible data, skillfully mixed with real life stories and presented through real person voices. Our youth should be involved in every aspect of advocacy – this makes for more effective advocacy, and at the same time promotes youth development and learning. An excellent model is the California Youth Connection, which for many years has trained and supported foster and former foster youth in legislative advocacy for better foster system and support policies.

Partnerships are also critical. In the past when money flowed a bit more freely programs could compete for funds. But now it is becoming more important to collaborate to meet the broader mission. Smart partnering on proposals, on program implementation, and on advocacy can make for stronger programs and services. It also can help reduce duplication of efforts.

As for perceived value within the organizational environment, it's an unfortunate fact that in our society educators often are under appreciated for the important work they perform. Even within education, health education and especially sexuality education are often undervalued by other educators. In my experiences with different PP affiliates I've witnessed much greater respect for sexuality educators and their unique contributions, not surprisingly. Yet it doesn't hurt to demonstrate this value internally, and to help the organization in the process. Get to know your colleagues in other departments, and understand their goals and challenges. Look for ways to provide them with educational support and professional development opportunities. And just as with external advocacy, don't forget to involve your youth. One of the most moving and informative activities I've experienced on the Planned Parenthood Shasta-Pacific board of trustees was a half

hour presentation by our Vallejo Teen Peer Group staff and teen educators. We learned from this experience about our clients, our staff, and their work. But perhaps most importantly we learned about – and we felt -- their commitment, their motivation, and their goals and hopes, and were energized and renewed by the experience. If anyone in the room had had any doubts about the value of our educational services, they lost those doubts that morning. Just as with advocacy, it takes data, combined with real stories and real people, to make the most powerful impression.

5. What professional development opportunities should we pursue to stay relevant and effective in our work?

All sexuality educators can benefit by staying up to date on the latest in contraceptive technology, STD facts, HPV vaccination, adolescence and the law, and the many other nuts and bolts topics that are so critical to our field. At the same time, it is equally valuable to learn what the scientific research says on such topics as youth development, adolescent decision making, intrinsic motivation, family dynamics, working with parents, and related areas. One good starting point is a free downloadable document published by the American Psychological Association titled *Developing Adolescents: a Reference for Professionals* [http://www.apa.org/pi/families/resources/develop.pdf]. It's about ten years old so not fully up to date, and its coverage of pregnancy and STDs could be stronger, but it does provide excellent and accessible presentations of key aspects of adolescent development.

Then there's the newly emerging area of gender and rights based approaches to sexuality education, and related to this, how to teach critical thinking, a very challenging but important area in any kind of education. Developing one's cultural competence is also important, along with the skills necessary to meet the needs of youth from underserved groups such as sexual minority youth, foster youth, and youth with disabilities.

Thankfully, there are many sources of sexuality education trainings. CARDEA (formerly Center for Health Training), ANSWER, AASECT, and the California Family Health Council are favorites of mine that offer a wide range of high quality workshops and conferences of interest to sexuality educators. Increasingly, these and other organizations are also offering online training courses and webinars. Staying connected to local health departments to understand what initiatives are happening locally is also useful. So is attending some of the national and regional conferences when possible – such as the Society for Adolescent Health and Medicine, the Society for Research on Adolescence, and the US Conference on AIDS.

A competent and engaging educator provides the foundation for educational success, at least as much as the particular curriculum used. Regular high quality professional development is essential to maintaining this competence.

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[Norm Constantine is Director of the Center for Research on Adolescent Health and Development at the Public Health Institute in Oakland, California, and Clinical Professor of Community Health and Human Development at the UC Berkeley School of Public Health. Constantine coauthored a chapter on sexuality education with Eva Goldfarb in the newly published *Encyclopedia of Adolescence*, and a chapter on issues in intervention effectiveness research in the forthcoming *Handbook of Adolescent Health Psychology*, both of which go into more detail about many of the issues mentioned here.]