

NWX-OS-OGC-RKVL (US)

Moderator: Jaclyn Ruiz
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3:15 pm CT

Coordinator: Excuse me, this conference is being recorded. If you have any objections, you may disconnect at this time. Thank you.

Woman: Thank you. Today, we'll be interviewing Dr. Norweeta Milburn as part of our developer interview series. The Office of Adolescent Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services Teen Pregnancy Prevention Evidence Review as having shown effectiveness at reducing teen pregnancy, sexually transmitted infections, or sexual risk behaviors.

The goal of these interviews is to ask developers some of the most frequently asked questions by OAH grantees. This webinar series was developed by the Technical Assistance Product for use with OAH grant programs to provide additional guidance on selecting, planning, and implementing an evidence-based program for teen pregnancy prevention.

This webinar should not be used on its own but as a compliment to various other resources available online. Additional resources are identified later in this PowerPoint presentation.

Please note that inclusion on the HHS TPP evidence review does not imply endorsement from OAH. Program selection is up to grantees.

As I mentioned today, we are interviewing Dr. Norweeta Milburn. Dr. Norweeta Milburn is a professor in residence of the Department of Psychiatry and Biobehavioral Sciences at the UCLA Semel Institute Nathanson Family Resilience Center. She received her PhD in community psychology from the University of Michigan at Ann Arbor and her interests include homelessness, substance abuse, mental health, and family-based behavioral interventions.

Welcome, Dr. Milburn.

Dr. Norweeta Milburn: Thank you.

Woman: Can you please briefly describe the program Strive?

Dr. Norweeta Milburn: Strive is a five session family-based intervention for at-risk youth, primarily homeless youth. And the purpose of the intervention is to reduce sexual risk behaviors, reduce substance use, and reduce delinquency. Strive is designed to be implemented with a youth and a parent or guardian, and a guardian can include a family member. It can be a foster parent. It can be an older sibling. But the intervention is designed for a young person and an adult because it is a family-based intervention.

The target population for this intervention are youth who've recently run away ages twelve to seventeen years. I'm just going to talk about a couple of the key components of the intervention. One key component is the use of tokens to really teach parents and youth to re-engage in affirming behaviors with one

another -- so, to really learn how to be positive in their interactions with one another.

We also use a feeling thermometer to teach emotional regulation. The purpose of the feeling thermometer is to help both the youth and the parent identify how they're feeling at different points in time and the feeling thermometer is just like a regular Fahrenheit thermometer going from zero to 100. Higher levels indicate that they're feeling more stressed; they're experiencing higher emotional arousal. And so people who are in the intervention are really trained to use the feeling thermometer to get in touch with their own feelings so they know how they are feeling at a particular point in time.

We also do problem-solving. We teach them how to use a think, feel, do approach for problem-solving so that they are able to identify problems that they're having; also identify the emotions that are going on in relation to the problems, and then also determine action plans and solutions for dealing with a problem and trying to help those action plans and solutions. And that's all within that think, feel, do framework.

We also engage in role-playing and reframing. I will say that this is a psychoeducational intervention, so we're really trying to teach certain skills, and teaching skills that we think are generalizable and lasting skills.

The delivery method for this is, as I said before, family-based and it's done face to face. And it involves an interventionist or facilitator and the youth and, as I've said, a family member with family being very broadly constructed -- so parent, guardian, older sibling, grandparent -- but someone who is a responsible adult who is willing to work with the youth. This intervention does not involve any technology. There are no technology requirements to deliver the program.

Woman: Thank you for that information. Can you talk a little bit about your previous evaluation results?

Dr. Norweeta Milburn: So this intervention, as I said, was developed for recently homeless youth and it has gone through what we call a randomized control trial where we have a group that receives the intervention and a group that does not. And we compare the outcomes. So we've conducted a randomized control trial here in Southern California, primarily in Los Angeles and Riverside Counties.

And our findings - looking at outcomes one year after the intervention -- and we did collect data at three, six, and twelve months -- we looked at the twelve month findings in particular and those findings demonstrated that the intervention was efficacious in terms of helping to - in that youth who participated in the intervention reported fewer sexual partners than youth who did not receive the intervention.

Youth who participated in the intervention also reported less hard drug use, less alcohol use, and fewer contact disorders. That's comparing them to youth who did not receive or participate in the intervention. So we would say that the effects of the intervention are long term because we've seen them twelve months past the intervention period.

Woman: Thank you. Can you explain a little bit, if possible, on the population which the intervention was evaluated and then maybe some recommendations on other populations that may be applicable for this intervention?

Dr. Norweeta Milburn: So the intervention, as I said, was done in Southern California. It's a very diverse population, so most of the participants in the intervention were

young people of color -- so primarily Latino and African-American. We had both male and female participants. Most of the participants were low income.

We had both English- and Spanish-speaking participants. We were able to deliver the intervention in both English and Spanish. Because the focus of the intervention is the youth or the young person even though it's a family-based intervention, we delivered the intervention in the language of the youth's choice. So if the young person wanted the intervention delivered in Spanish, we would deliver it in Spanish.

We also had young people who were not heterosexual who were in the intervention and our intervention was done primarily in Los Angeles and Riverside Counties which are primarily urban counties, even though they're - I say urban and suburban in terms of the population that we reached.

So other populations - our sense is that the intervention probably could be expanded to other ethnic and racial minority groups. I think I probably could argue that it's an intervention that could be done as well with participants who are not low income participants.

Woman: Okay. And so it sounds like it was evaluated and I guess we'll get - you know what I'll do is I'll ask the next question because you might answer it in my next question. Can you talk a little bit about the setting in which the program was evaluated and then other settings that the program might be able to be implemented in?

Dr. Norweeta Milburn: Right. So in terms of - the evaluation of the intervention was really implemented with community-based settings and the youth that participated in the intervention were recruited from community-based settings such as drop-in centers for youth, shelter sites for youth, and other youth-serving programs

that have the ability to reach homeless youth. So it's really - in that sense, it's community-based interventions in terms of where the young people come from.

The intervention itself is delivered at home or a setting of the youth's choice because we do need to be in a setting that the youth and their family are comfortable with. So it can be delivered in the home. It can also be delivered in other sites as well - other community-based sites. It can be delivered in agency sites as well as long as there is a place where - for privacy.

Woman: Okay. Thank you for that clarification. I think I was going to ask a little more about that, but you clarified that for me.

One of the questions I did have was - so I know that you mentioned that the study occurred in a more urban/ suburban setting. Would you think that was the most appropriate area for this intervention or can it be expanded to rural areas?

Dr. Norweeta Milburn: I think that it can be expanded into rural areas as long as there's the ability on the part of the interventionist to be able to reach the youth and their families.

Woman: Okay, sounds great. Thank you. Well, adaptations require OAH prior approval and, at times, approval by the developer. It can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented. Can you provide any examples on the types of minor adaptations that are allowable?

Dr. Norweeta Milburn: I think probably minor adaptations would be in terms of where the settings that youth are coming from. So I think youth could be recruited from,

for example, juvenile justice system. They could be recruited in schools. They could be recruited in health clinics. As long as the intervention is still delivered in a setting of the youth's choice and if the intervention can be, again, either in the home or in a place where there can be privacy.

Woman: Any other adaptations you want to talk about?

Dr. Norweeta Milburn: So, in developing this intervention, I should say that it also grew out of work that I and others had done previously in Los Angeles County with homeless youth and also gratis work that had been done with some other at-risk youth populations.

But because of our location, we really try to create an intervention that we thought would be most appropriate for ethnic and racial minority youth. That's why the frame is a very behavioral frame. It's a very task-oriented frame and it also is a psychoeducational versus just a purely - shouldn't say purely, but just a therapeutic model.

Because we have that perspective, I think it could probably be used with other ethnic and racial minority youth. I think it could be potentially used for some Asian-American youth. I think it would need to go through a - there would need to be some cultural tailoring and that's probably the group that I would be - I think would be okay to think of as a minor adaptation. I think if someone wanted to use this intervention with Native American and American Indian youth, even though it has a family focus which I think is important, that would require a more substantial - that would be a major adaptation.

Woman: So it sounds - correct me if I'm wrong. Grantees listening to this and wondering - they might be in an area that the population they want to serve is not one that you've mentioned, but they really love this program. They should

probably reach out to you to see if that is an appropriate population to be targeting.

Dr. Norweeta Milburn: Absolutely. I would encourage them to do that. And I've focused on ethnic and racial minority, mostly African-American and Latino youth. The intervention also had European American youth as well - would work with that population.

Woman: Okay. Can you describe any staffing recommendations that you have for implementation of the program?

Dr. Norweeta Milburn: For staffing, we do need at least one interventionist per five families. I think that's a reasonable caseload in terms of, like I said, their educational background. The interventionist could be someone who is a Bachelor's level person who has a background in psychology or counseling. If we wanted to move to a higher level -- someone who is an MSW or MFT would be good as well.

In terms of skills, I think an important skill is that the interventionist or the staff person have experience working with at-risk youth. So that could be homeless youth, delinquent youth. Something that I would add is not only experience but also enjoys working with youth and young people.

I also think it's good for the interventionist to have the ability to read and write and to have really good listening skills. Recommended skills would be that - when appropriate, you do need interventionists who are bilingual, depending on the population that you're working with.

Woman: Any training considerations or opportunities available for this program?

Dr. Norweeta Milburn: Currently, the training would be done through our team here at UCLA and the training can be delivered on site or at UCLA. And training costs, if it's done on-site, it's about \$2140 per person. Offsite is slightly -- by offsite, I mean it's not done at UCLA -- a little less. It's like \$2112 and it's because the offsite training assumes that the agency would provide travel costs and expenses for the training team.

I think just to - so things are not confusing, I think when we are - for us, we're defining on-site as at the agency site. I'm sorry, we're defining onsite as here at UCLA and offsite as the agency site. Just so that's clear.

We can do a train the trainer model because I know agencies really would like to have their staff trained and then their staff be able to train other staff. We understand that but what we would ask is that the trainers would need to be certified and experienced. We would train the trainers and they would receive certification so that they could then go out and train other staff. So train the trainer model is available, yes, but with us providing it.

Woman: And if they want more information on that, I'm sure they can contact you.

Dr. Norweeta Milburn: They can contact me, yes.

Woman: Sounds great. Can you describe some implementation challenges that you're aware of and any possible strategies to overcome those challenges?

Dr. Norweeta Milburn: I can say probably the greatest challenge is going to be engaging the families of these young people. What we have found is that often families of youth who are at risk like youth who are homeless, for example, or youth who are involved in the juvenile justice system - that sometimes family members, in particular parents or guardians, have had enough and they don't

want to do anything else. They feel that they have done all that they can do. So for us, the biggest challenge is really engaging that adult parent or guardian or family member to be willing to work with the young person in the intervention. Often what we find, is youth really want to participate but it's difficult getting a family member on board. So that's been our biggest challenge.

So I will just say, because of that, we do think - I talked about it's good to have staff who have experience with working with at-risk youth. It's also good, I think, for staff to have the perspective that family reunification -- and I'm saying family very broadly -- is a good thing. It's something that can be done with young people because there are staff who are not as interested in family reunification. So if you have a staff or a program that's youth-oriented and not as interested in the family, then this is probably not an intervention for your program or your agency.

So in terms of - how do we overcome that challenge? One of the ways that we overcome it is to really emphasize that this is - our approach at Strive is a psychoeducational model and we say from the very beginning that we are not blaming the youth or the family for what is going on currently in the young person's life. It's not a blaming. It's really a way of being - becoming more positive, to become affirming, and that neither the youth nor the parent is responsible for where the youth is currently. We're not affixing blame and we think that using that perspective does help engage the family.

We also - something else that we do is we really stress that some of the experiences that youth are having and that family is encountering are normative. Some of the - and really go back to that. This is adolescence. It can be a potentially turbulent period with conflict and problems, but that's

normative for adolescents. We use both the non-blaming and the normative approach to really try to bring family in.

Woman: Thank you. And we're pretty much running out of time, but I do have a question I feel like may come up from grantees that I just have. You mentioned implementing this program in the language of the youth. So if the youth is primarily English-speakers - but also involving the family. So for those families, especially, that are second generation where the youth may feel more comfortable in English but the family member may feel more comfortable in Spanish, how do you bridge that language gap?

Dr. Norweeta Milburn: I'm glad you brought that up. The way that we bridge it is we have bilingual interventionists and they go back and forth.

Woman: Okay, perfect. I wanted to ask that question, but I was waiting to see if it would get answered.

Dr. Norweeta Milburn: I'm really glad that you asked that. We go back and forth.

Woman: Thank you for that. So you'll see on slide twelve the recent or planned curriculum revisions coming up. If you have any questions about that, we encourage you to please reach out to Dr. Milburn for more information.

And on slide thirteen, you'll find additional resources on Strive. We hope these resources in conjunction with today's webinar will provide a comprehensive understanding of this evidence-based Teen Pregnancy Prevention Program and will assist you in making not only an informed decision on which evidence-based program to select for your community, but how to best prepare for and implement this program.

Dr. Milburn, any final words?

Dr. Norweeta Milburn: No. I'm just - thank you for letting me share Strive. I certainly appreciate it.

Woman: Well, we appreciate you coming on today's call. I know you have not been feeling well so we really appreciate you taking your time and pulling yourself together for this. I know that our grantees will find it incredibly helpful and it's very nice to know that you are also there available in case they have any additional questions about this program. So thank you again.

Dr. Norweeta Milburn: Okay, and thank you again.

Woman: (Tiffany), if we could please end the recording...

Coordinator: No problem. The conference is being disconnected. One moment.

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