NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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1:00 pm CT

Coordinator: Excuse me, I would like to inform all parties today's conference call is now being recorded. If you have any objections, you may disconnect at this time. Thank you and you may begin.

Jaclyn Ruiz: Thank you. Today we'll be interviewing Dr. Leslie Clark as part of our developer interview series. The Office of Adolescent Health will be hosting a series of interviews with developers under those programs identified by the Department of Health and Human Services teen pregnancy prevention evidence review as settings showing effectiveness in reducing teen pregnancy, sexually-transmitted infections or sexual risk behaviors.

The goals of these interviews is to ask developers some of the most frequently-asked questions by OAH grantees so our series was developed as a technical assistance product for use with OAH grant programs to provide additional guidance on selecting, framing and implementing an evidence-based program for teen pregnancy prevention.

This Webinar should not be used on its own but as a complement to various other resources available online. Additional resources are identified later in this PowerPoint presentation. Please note that inclusion on the HHS TPP

evidence reviews does not imply endorsement from OAH and that program selection is up to grantees.

As I mentioned we're interviewing Dr. Leslie Clark. She is the Director of Research and Intervention Science for the Division of Adolescent Medicine at Children's Hospital, Los Angeles.

Her funded work includes development, implementation and evaluation of small groups at community-level interventions for low-income, high-risk populations including minority adolescents, homeless youth, young men who have sex with men, male-to-female transgender youth, HIV-positive youth and HIV-positive couples in Sub-Sahara Africa.

She developed and evaluated the project team, adult identity mentoring and has packaged it for community-based agencies through CDC reps NW programs. Hello, Dr. Clark.

Leslie Clark: Hi.

Jaclyn Ruiz: Can you please briefly describe the program Project AIM?

Leslie Clark: Yes. Project AIM is a program that was developed for middle-school-aged youth and the goal is to reduce sexual risk behaviors by providing them with motivation to make safe choices in their life so it's really a program that's based on motivation rather than education or particular skill-building.

The other part of the program that I think sets it apart a little bit from other programs that are out there is that it really focuses on having used envision a positive future and then that positive future that they desire motivates them to

think about what they're doing in their life now and how they can go towards that future so it's I would say basically a motivation-based program.

The key components of the program are future thinking, activities around present action and what they can do in their life now and then this notion of safeguarding that positive future by the decisions that they make and the behaviors that they engage in, in the present.

The delivery methods of the program are really we use role-playing and goal-setting, a lot of group discussion and we have youth workbooks that they follow through different activities for different sessions that are really all based around those key components that I mentioned.

Another aspect of the program is that it is done is small groups and there's a number of what we call out-of-sessions paths that facilitators are require to do that help the youth create really what we call a portfolio for that future possible self.

So things like having in session the youth develop business cards that for their future occupation that the facilitators then outside of session are tasked with creating and bringing back to the youth.

Jaclyn Ruiz: Are there any - it doesn't seem like it but any change confirm - are there any technology requirements in terms of any of the activities requiring audio-visual equipment or access to the Internet?

Leslie Clark: During in-session activities there really aren't but for out-of-session tasks as I mentioned before, we do have the requirement that they use a computer program for taking an interest inventory information that you fill-out during a session for example and then plugging-in their answer. The computer is a

resource that spits back out their information or what we call career reports about those future careers.

So I think as I mentioned before the business cards but also this career interest inventory that they take which is paper and pencil inside of the session. The facilitators then need access to the Internet and particularly to this software access online that would allow them to create those career reports that they give back to the youths.

Jaclyn Ruiz: Thank you. Can you talk a little bit about your previous evaluation results?

Leslie Clark: Yes, Project AIM originally was developed for African-American middle school aged kids. It was developed at a school-based program originally and so it was evaluated in a large primarily African-American junior high school or middle school in the South in Bessemer, Alabama.

And that version of it was really the original research version of it was 11 to 12 sessions. We have guest speakers come in and so that was in general it was an 11-session program I would say and what we found then was looking at kids that were in these health education classes.

We randomly assigned the health education classes to either receive project aid in those separate sessions as part of their course versus not and what we found was that the classes where kids had Project AIM it reduces sexual intentions and it increased sexual abstinence both from baseline to about three months post-intervention.

And secondly for boys the long-term results showed that for 12 to 14 months later after the intervention ended that males in the study continued to show those increases in sexual abstinence.

For young girls I think in this study because we were looking at seventh-graders, there weren't really enough girls engaged in sex so we didn't show that effect with girls that was a long-term effect although, you know, it looked like it continued to show increased effects for abstinence but it wasn't statistically significant but it was for young boys.

Jaclyn Ruiz: Very interesting. In terms of the population that was evaluated, could you expand a little bit upon that and also talk a little bit about other populations that you think the program would be able to be implemented with?

Leslie Clark: Okay, originally it was as I said developed for African-American youth and primarily the way we get one example that's kind of thematic is the way we talk about the future is often how you think about and discuss legacies that other people have left with their lives.

What they're turned their lives into and the legacies that they leave and this is the way for young people in that developmental age of 11 to 14 to think about the future and their own future and what they might want their own future to be like and so we did a lot of original work around how to bring-up those conversations with African-American kids.

These are originally the program and still to this point is primarily I believe useful for socially-disadvantaged youth for kids from low-income neighborhoods and in the time since this work was done in the late '90s we have been funded to do work to see whether or not the program is able to be applied to other youth in poverty.

And what we've learned from a lot of our experiences both domestically and international is that this is really a program that speaks to youth I would say all youths that are disadvantaged particularly financially disadvantaged.

And we have specifically worked in the Southern California area looking at its use for Latino students and we also have a Puerto Rico site which has done a lot of work.

So I think that when the CDC when we were funded by the CDC to package this for national distribution as an HIV prevention program originally, we were funded to create that distribution package including the trainings and so on and worked with a lot of agencies who piloted the program with youth in their communities.

So I have a lot of confidence that this program is really much broader than only useful for African-American communities and it's since been funded by other agencies, I mean, funded by the national government to other agencies to use with rural youth and Caucasian with children of Chinese immigrants with American Indian youth as well as Latino and African-American.

Jaclyn Ruiz: And in terms of the setting, can you talk a little bit about the evaluated setting versus other settings that this program may be applicable for?

Leslie Clark: Yes, before I go to settings which is relevant to settings is I just want to mention also that the CDC has this translated into Spanish and we worked closely with people both scientists and implementers in Puerto Rico for the last I would say three years or so to ask them to use it with Puerto Rican youth.

And they have I wouldn't say modified it but they've actually been kind of testing-out its use in the Spanish versions for things that are culturally Puerto Rican. We've also done a small pilot study of the implementation in Guatemala.

So the Spanish-speaking version of AIM I think is out there and for people to use and we've done a lot of work around actually using it in Spanish or having our colleagues use it in Spanish and give us feedback about that.

The settings I think even though it was a school-based program originally the CDC first funded us through this HIV programming money to create a dissemination package for community-based settings.

So as we were both looking at its usefulness with kids in poverty or disadvantaged youth in general beyond just African-American, we were also looking at it in the settings that were non-school-based settings and by non-school-based I mean out-of-classroom settings.

So we partnered with three agencies here in Southern California, one of which was a church part of a storefront church venue where we inserted it into a youth program. One was a program that was almost all Latino-based and it was created - the agency created this program - that was somewhat school-like at the time we had these round the school year programs.

And so because of the overburden on the school system, kids sometimes have, you know, breaks of six weeks or longer that could be anywhere from the spring or the fall or the wintertime and so this agency created basically a nine-to-three program which was kind of an alternative school where there was a lot of experiential aspects around computers and sculpture and artwork.

And in that they allowed us to insert Project AIM as one of the classes so to speak and implement it in that setting which is not what I would call a normal school setting by any stretch of the imagination.

And then the third avenue was an agency in the Watts neighborhood where it was more of a freestanding group that they would go out into the community and bring kids in for this freestanding group.

So those are three of the settings that we use to help us create the national package and get that experience in out-of-school settings and Boys and Girls Club was involved in that as one of the settings. Since then it's been used a lot in after-school programs.

It's been used in different kinds of kind of cultural context and so the settings then I feel confident for it to be used as an out-of-school setting but we worked really hard to pilot it and do implementation work to make sure that not only were the activities working in those settings but that we created enough implementation and other kinds of technical assistance for providers or facilitators to use it in those settings including as I mentioned Boys and Girls Club, the YMCA, after-school programs and so on.

There's even been a little bit of work around using it in conjunction with health clinics so really most of my I have a lot of work experience with interventions in settings other than schools and I think that that, you know, we've kind of tried to bring to bear for a number of different kinds of community settings.

Even I think in Puerto Rico they used it as part of day camp settings so it's been pretty broadly implemented in a number of different kinds of both standalone and existing programs.

Jaclyn Ruiz: And we're about to get onto questions about adaptations which I think flows well with what you're talking about but before we do I just want to sort of clarify or maybe just make sure that I'm understanding.

So for the most part I wanted just the population it doesn't seem as if there's any really cultural issues in terms of what population you use as long as it's sort of focused on youth that are either low-income settings or disadvantaged youth.

So whether they're in a rural versus urban setting or there are African-American, Latino, Asian-American, it's more of low-income disadvantaged youth.

Leslie Clark: In general that's true; however, you know, I learned a year or two ago that the Colorado group that was funded from OAH has used it with kind of high and middle and even higher class youths because they've been doing it in a number of different schools.

And so, you know, we met to talk about I traveled there and we met to talk a little bit about what are the, you know, differences when you're using it with kids who have, you know, are not coming from disadvantaged or coming from highly advantaged and what does that mean for how you apply it?

So but so even though I think the mission of the program in general is for helping kids deal with instances where they've had disadvantages and part of those disadvantages, you know, when we talk about income also have to do with, you know, maybe not having as much time with parents in the home because parents are working or having to, you know, at the age of 12 or 14

take care of younger brothers and sisters and so, you know, the notion of the lifestyles, you know, it's create for that.

And there's really we found that the intervention as it was originally created is incredibly flexible to, you know, deal with the dreams of people and with the living circumstances of people in those environment over and above whatever things we might have thought were particularly suited for African-Americans.

Even to the point where, you know, discussions we had for example with an agency in Manhattan around getting it to children of immigrant parents from China, they at first started thinking that they might make major adaptations and that they might change the language and so on.

And they've decided after doing a little piloting that it was fine the way it was and they had to do, you know, basically almost nothing in terms of adapting it and similarly as I mentioned another organization in South Dakota has been using it with seventh-graders who are some of whom have been raised on the reservation with Lakota-American Indians.

And again have done very, very little other than maybe changing a few names or something to adapt that seventh-grade version and it's been found that it's been working well so I think...

Jaclyn Ruiz: Well, so this will go probably well into Slide 9 where we talked a little bit about adaptation so, you know, adaptations require OAH prior approval and at times approval by developers as well but it can be helpful for organizations. They have a sense of previous adaptations that have been successfully implemented.

I mean, you've talked a lot about those. Do you want to expand upon any others especially those mentioned on Slide 9?

Leslie Clark: Yes. I think one of the things that I think developers think a lot about when it comes to adaptation or at least I'll speak for myself is that, you know, there's a range of adaptations obviously and some of the adaptations that I've been directly involved in or that my team has helped consult on are adaptations that were funded or are currently funded by OAH and others where there's a strong evaluation component.

So even though it's an adaptation a lot of times adaptations they need reevaluation or evaluation so I'll give you one example in the Lakota - the agency that works with Lakota-American Indians - they were funded to both do the seventh-grade version without adaptations and to adapt it for ninth-graders for 15-year-olds where they really pull-in a lot more of more cultural, some of the vision quest aspects.

And, you know, really are talking about it as a coming-of-age program within the cultural context of the Lakota tribe's history and we worked with them around that adaptation so that's a pretty serious adaptation and definitely one that, you know, needs evaluation.

Similarly we've adapted it for older youth - much older youth actually - 18 to 24, homeless youth, transgender youth, HIV-positive youth and some of those adaptations are extremely what I would call strong adaptations and require that separate evaluation.

And then on the way on the other end of the spectrum you have adaptations which are a little bit closer in my mind to tailoring it which may not require evaluations.

So the real issue for developers are under what circumstances do we feel confident that the program will deliver the sort of results that we originally saw in our original research and the adaptations will not lead us to the extent that we don't feel confident that we can project that kind of outcome for your agency or for the use of it.

And these are conversations that also go on a lot between developers and the actual funders of the programs as well so one of the things that I think to give one example about an adaptation that we have made that was funded, okay so sorry, so I'm talking a lot about evaluation because I think that's a really important part.

And when people say well they're going to tweak something or change something, it's usually better if they can communicate with the developers or someone extremely familiar with the program so that they know whether or not they've crashed over that boundary where they need new evaluation.

The packaging of the program itself was an adaptive process so the program now has 12 sessions for example partly because in the past we just called those visiting role models, we didn't consider them a part - a regular session - but after working with lots of agencies and going through that process for 2-1/2 years, they became, you know, institutionalized as they should have been probably from the beginning as part of those 12 sessions.

And things did change to allow the program to be implemented in a way that would have a lot more, you know, fidelity across different implementers and so on so I think the question is asking, you know, what experiences do we have adapting and what do we consider adaptation?

And there was a separate study that was funded by through the federal government through monies through CDC for us to put our packaged program that we created with both the school and the communities in mind to take that packaged program and put it back into school settings.

And one of the things we learned when we put it back into school settings in a large-scale implementation study of about 11 schools in New York, California and Georgia is that a lot of these schools that Project AIM is currently being used in are, you know, as we mentioned low-income schools, low-income communities so there's large classes.

There's understaffing in general in the school or infrastructure, you know, challenges. There's time constraints. There's just chaos in some of these school settings.

And so as a function of that we created a technical report for CDC that where we took some of those sessions that were before were in 12 sessions and we stretched them out into a 16-session version that would fit more into the semester programming of a lot of these schools and would take into account that the program, you know, the classes were only 45 minutes long.

And so we do now have a second packaged version that we recommend for particularly those kind of school settings where you're going to have 30 kids in a class and not a lot of time to do the program in and we also had a lot of implementation advice around how to put it into those busy school settings.

And so those are our adaptations if you will in the sense that they are changes but they are done in an atmosphere where there's a lot of thought and knowledge and experience about what does it mean to take a session apart and so on?

We don't recommend that other people take the sessions apart and that's considered a non-allowable adaptation but we have had people who say well, we only have 14 sessions so they come to Dr. Clark and we figure out how to give them guidance around, you know, using it and which of those versions they use and what a 14-session version looks like.

But in general we have a pretty strict standing about what is allowable or not and the program was created to have a lot of wear and tear to it so even though there's a core element for example of having two facilitators, we acknowledge that when you actually implement it, a facilitator might be sick one day and so it's created in such a way to be able to bear through that.

So it's not an adaptation for example if somebody's sick one day and then you have to put off doing the program because you only have one implementer for that day, one facilitator.

But the core elements we really especially the implementation core elements we've tried very hard to stick to it and to discourage people from doing weekend versions of it or other kinds of major adaptations of the program.

Jaclyn Ruiz: And so I think you shared a lot of information on adaptations and I want to keep us going to make sure we stick to a reasonable amount of time but it sounds as if and I think you've made a lot of important sort of distinctions between, you know, what's sort of an adaptation that a simple change versus something that may be steering clear from what the original intent of the program is and therefore requires sort of an evaluation to make sure that it is still being effective.

And I think grants - what it sounds like is the best idea - is that if a grantee sees what the program is and has questions about it that they should most definitely reach out and contact you.

Contact the AIM service center and get more information about is this something that can be done easily or is this something that's we're now going down the path of this will require some evaluation and make sure that you're still sort of have the integrity of the program appropriate to meet the needs and the outcomes that we said that we can do.

Leslie Clark: That is correct.

Jaclyn Ruiz: So...

Leslie Clark: Yes, I just wanted to add that, you know, because we have this opportunity that right now AIM is not appropriate for ninth-graders. It's not appropriate for sixth-graders and those are a lot of times questions that we get of, you know, wanting to move it up or down in age.

Jaclyn Ruiz: Oh, great, great for saying that. That will probably help with some of the questions so you're not getting bombarded too much. Can you describe - you mentioned a little bit about the two skilled and trained facilitators - can you describe any other staffing recommendations that you have as well as any training opportunities that are available?

Leslie Clark: Yes, one of the recommendations particularly if an agency is going to take on doing this in a lot of for example in school settings sometimes they're doing it in lots of classes, you know, one back to back to back to back sort of thing.

So we've created in our implementation and in training both discussions around the use of an assistant because when you're talking about doing it with 200-300 kids at a time, even if you have four facilitators or six facilitators, it starts so they have out-of-session tasks become very onerous.

And so we have talked a lot about what the role of kind of an assistant is and how that is different than a full-fledged facilitator and also just the use and the infrastructure of your agency to help, you know, be a support to those two facilitators.

The in-service center did develop the original training for Project AIM so they have a lot of experience piloting it and modifying it and making it the way it is now. We also have a train-the-trainer module which we use for agencies that have previous experience.

We feel pretty strongly that it's important to have a TOF - a train the facilitator - and to have experience in implementing it and then often times those people go on to become trainers for their agency either with us or on their own.

And the other thing is we have, you know, we have the basic things like starter kits and a couple of small videos and things like that but in terms of staffing recommendations, I think one of the biggest aspects is, you know, not only having two facilitators or four or six or eight or however many, you know, the size of your program allows you or that you require.

But also to have a person who's in a supervisory capacity to lead kind of those weekly debriefing sessions and help both problem solve what's been happening and help facilitators to anticipate the sessions coming up.

So those are the primary staffing requirements as it really is around two facilitators with a particular group but then, you know, as I mentioned the assistant and the potential hopefully the supervisor that plays a role in leading kind of problem-solving aspects.

Jaclyn Ruiz: In terms of implementation challenges, can you describe any implementation challenges that you're aware that it's possible any strategy that you've known organizations used to overcome those challenges?

Leslie Clark: Yes, one of the basic implementation strategies - there's a few of them - but one of the basic ones that's kind of inherent in this target population that we spend a lot of time and training around and in our implementation is the behavioral challenges of using a group setting with this particular, you know, developmental age of 11 to 14.

Particularly in schools as I mentioned before and other settings where kids are, you know, they have kind of self-regulation issues so being able to develop and to create the package in such a way to help facilitators we have, you know, for example a chance to talk a little bit about group dynamics and leading groups.

But we do sometimes have youth who are I wouldn't say rebellious but, you know, who are engaged and we want them engaged and so a lot of our training as well as the curriculum itself is created in such a way to help that process along in and of itself.

Other kinds of implementation challenges I kind of alluded to but they have to do with group size so when you go into schools a lot of times you don't have the choice. You have a class size of 35 which is a large class size and so again, you know, we have strategies.

We hear back from others but we also spend a lot of kind of front-end work on how to handle when you have groups of 35. I mentioned the facilitation assistant but also the activities themselves, the workbooks, other things have been built into the curriculum to deal with those issues.

Finally I would say one of the biggest challenges for implementers over time is the staffing turnover at agencies so you have trained staff but then they leave an agency or they lose a staff member because of agency fluctuations and this can happen in school settings but it's more often happening in community settings.

So again we do encourage people to be certified as a trained facilitator so it's not uncommon for us to do trainings or other people to have done trainings where you're sending two new staff members because you're trying to replace staff members that were interventionists and they need to come and, you know, do the three-day training and be certified as facilitators themselves.

In terms of, you know, working we hear different things but it's just I think it's a problem that will stay with us because not all programs require two facilitators. We feel so strongly about it that it's a core element.

And so while we have provided a lot of information to help people make those decisions, it remains kind of a challenge for implementers to keep staff on long enough in these multiyear projects to keep that turnover to a minimum.

Jaclyn Ruiz: Thank you and I just wanted to note that on Slide 12 you'll see information. There are no recent or planned curricular revisions so I just wanted to note that and then on Slide 13 you'll find additional resources on Project AIM and we hope that these resources in conjunction with today's Webinar will provide

a comprehensive understanding of this evidence-based teen pregnancy prevention program.

It will assist you in making not only an informed decision on which evidence-based programs to select for your communities but how to best prepare for and implement the program. Do you have any final words?

Leslie Clark: I guess I would like to end this with saying that I think my experience with people who have implemented Project AIM is the faith and the belief in the program, the degree to which it fits the mission of their own agencies is a huge factor I think in the success both in implementing it and in the kind of results that we would like to see with you.

So we encourage at the AIM service center people talking to us about not only adaptations but what they plan on doing and the kinds of kids that they're providing it for because we really do believe that the degree to which the program matches with what their existing missions are just generates a lot of enthusiasm and belief in the program and that that is a really critical factor in having it change kids' lives.

Jaclyn Ruiz: Well, I just want to thank you so much Dr. Clark for taking the time today to put this information together for our grantees and present it to them. I know they'll find it incredibly helpful. You gave a lot of great information especially in terms of speaking through programs and adaptations they may want to do and, you know, evaluations they may want to consider.

So I just want to thank you again and of course any grantee who's interested in implementing AIM to please contact you or the service center for more information. Thank you.

Leslie Clark: Thank you.

Jaclyn Ruiz: And if we can please end the recording?

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