Coordinator: This is the operator so all parties are aware today’s conference is now being recorded. If you have any objections, you may disconnect at this time. You may begin at this time. Thank you.

Tish Hall: Thank you. Good afternoon. Today we’ll be interviewing Regina Furpo Triplet as a 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 shown to have effectiveness in 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. The webinar series was developed as a 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 the various other resources available online. Additional resources will also be added and highlighted at the end of this PowerPoint presentation. Inclusion in this HHS TTP evidence review does not imply endorsement from OAH. Program selection is up to the grantee.

So today I want to introduce Regina Furpo Triplet. She has an MPH and is a master certified health educator specialist and is an experienced health educator specializing in youth sexual and reproductive health and evidence based program.

She has developed, trained, and evaluated science-based programs for youth and providers from a variety of settings including school, juvenile justice, community-based organizations, clinics, and homeless shelters throughout the United States.

Regina has served as the principle investigator for six NIH funded studies focused on providing effective skill based online mobile training to prepare educators to lead evidence based interventions. Two of these studies were related to Reducing the Risk which we’ll talk about today. Hi Regina thank you for joining us today.

Regina Furpo Triplet: Hi Tish. Thanks for having me.

Tish Hall: Great. So Regina I wanted to take a moment to talk about Reducing the Risk and could you give us a brief description of what Reducing the Risk is about - maybe the goals and the core components of the program?

Regina Furpo Triplet: Sure and I just want to say up front that I know this is a developer interview and I work for ETR who publishes and distributes RTR - Reducing
the Risk - but the developer is Dr. Rick Bars and so he’s the brains behind the program.

And the program that we call RTR - the goals of the program are to delay the onset of intercourse and to reduce the rates of unprotected sex and to increase parent child communication. And it does this by teaching skills - refusal skills and delay tactics and condom use. And it also changes peer norms. That’s a big part of it. Its skills based and norms based.

So it is designed to be taught in the classroom with high school age youth and so there’s a whole series of 16 lessons - 16 or 17 - there’s one optional lesson. And there’s a variety of activities but some of the core activities are role plays to build youth skills so there’s role plays in eight of the lessons. There’s a bunch of positive social norm activities that are interwoven throughout.

There’s reproductive health services homework where the youth go into the community or call and get information on contraceptives and different services related to contraceptives and there’s parent homework assignments to increase parent student communication.

Tish Hall: Great. So Regina I’m sure with the implementation of Reducing the Risk over the years, there’s been some evidence shown for effectiveness of the program. Could you share some of the evaluation results for the program?

Regina Furpo Triplet: Sure. There’s three main studies that have shown RTR to be effective. So the first one was back - published back in 1991 and back when RTR was kind of like bold and new and really different than the sex education that was happening in the schools because it was so interactive and it had these activities in the community and the parent pieces.
Anyway so the first study was a two group design that half of them used. The control group had just a standard sex ED curriculum of an equal length and the intervention group had received RTR and this was in California schools and mainly overall and urban schools - 13 different California high schools. And they found that it did delay the onset of intercourse at 18 months out amongst sexually inexperienced students by 24% which was a pretty astounding finding at the time and to go 18 months out was - it’s still really impressive because a lot of programs - they don’t keep the outcomes past nine months so we were really thrilled to see that.

It also reduced the rate of unprotected intercourse by 40% and did increase teen parent communication. So that was the first study and then the positive findings of this study were replicated in an Arkansas school study in 1998. The findings were published in 1998 by Hubbard and Colleagues and it was a similar study. The control group got standard section and the treatment group got Reducing the Risk and again it delayed the initiation of sex among those who have not had sex at pretest and it increased condom use so that was very positive.

And then there was a third study that happened a few years later headed up by Zimmerman and his colleagues and this was in Kentucky and Ohio schools and this was urban and rural schools and again it was found to delay the initiation of sex among youths who haven’t had sex and increased condom use. What was different about this study is this was a three group study where there was the standard sex ED in the classroom. There was the regular RTR - the entire RTR curriculum and then Zimmerman and colleagues created this modified version of RTR for high sensation seeking youth.

And this version had like more trigger videos, youth facilitators, speakers who were living with HIV, games and prizes and really was more fast paced, tried
to be more engaging and to get the - to kind of reach the more impulsive youth with a lot more happening in each classroom.

And that ended up - that version of RTR ended up to not be any more effective of the regular version of RTR and since it was so much more labor intensive to deliver, that never got published or, you know, rolled out to the teams.

(Zimmerman) did another study that I don’t have here that looked at a shortened version of RTR since people often say what can I cut out of RTR to make it shorter. Well Zimmerman tried and did a shorter - a 12 session version of RTR but found it was not as effective as the full 16 session RTR. So those are the studies that we know of that have shown effectiveness.

Tish Hall: Great. Thank you for sharing that information. So let’s talk about target population. Who exactly is the program geared towards and what target populations have been evaluated?

Regina Furpo Triplet: So this slide target population just shows who it’s been used with since it’s a tried and true curriculum that’s been around for over 20 years. It’s been used - it was designed for in school sort of mixed gender classrooms. It’s been used with single genders, all different ethnic and racial groups, urban to urban rural, low income, different languages. I mean it’s been used in pretty much any setting because people have just changed it in many different ways over the years but they haven’t all been evaluated.

And as far as being evaluated the next slide - evaluated settings and populations shows that all three studies evaluated in mixed gender classes in schools and a variety of ethnic and racially diverse groups - it’s been between those three studies. It was shown to be effective with white, African American
and Latino youth. It was presented in English in all the studies and it was in urban, suburban and rural communities - some in low income communities and some in low school achievement areas. So it was with a variety of communities.

Tish Hall: Great, thank you for sharing that information as well. So let’s talk about adaptations. We know that with OAH we require grantees to notify and get prior approval from OAH before they adapt any programs and OAH actually contacts the developer or the distributor to talk about adaptations. Can you talk a little bit about successfully adapting programs such as RTR and what resources you may offer around that?

Regina Furpo Triplet: Sure. So we offer - we offer - on our site we offer logic models, really in depth core components for Reducing the Risk so they’ll be monitoring tools and what’s pictured on this slide is the adaptation guidelines which lays out lots of common adaptation questions and then how we would respond and the rationale for what would be a minor adaptation or a green light adaptation or a major adaptation which is more of a yellow light adaptation.

We use the model as green light means go for it. It’s a good change. It makes it more effective. Yellow is this is caution. You need to think about this plan. This may not be a good idea. And red light is just don’t do it. There’s no basis for it. But obviously all adaptations need to be approved by OAH staff.

So as far as the common adaptations we’re asked about since a lot of folks are interested in leading RTR outside of the classroom and we would consider that a yellow light or a major adaptation because one of the important things about RTR is that at 16 lessons each class builds sequentially on the other and it’s important to have most of the youths there in most of the classes and this
allows for the social norm activities to work. Like it’s not different students every time. It’s like the same group of kids for most of the classes.

So once it comes out of the classroom, it’s harder to make that happen. More needs to be done with logistics, with incentives. So it’s possible. It just will - it just - it changes the program again because you have to add more support to start getting and keeping the youth there.

As far as cultural relevance it really is - it was not designed for a specific ethnic or racial group so with very minor adaptations to names, language, role play context - without - if there’s not a change in the objective or purpose of the activity, lots of little changes can be made throughout to make it more culturally relevant to a specific population.

The same goes true for language. It can be translated into different languages and as long as the purpose and objective of activities isn’t changed in that, we would say that that would be green light. And for target population we’re often asked if it can be used for a younger or older youth and again we would consider that a major adaptation since it was at the time to be specific for this age group.

Tish Hall: Great. Thank you for walking through the adaptation information. So another key component other than making sure the program is a fit for your community is staffing. Staffing seems to be one of the key successful things that each of the grantees need to implement programs. So are there any staffing qualifications or recommendations that you would make?

Regina Furpo Triplet: Yes. So basically it’s set up to have one instructor lead a class of youths so 20 to 30 - 35 youths and this can be a classroom teacher or it can be a visiting instructor from a community based organization. We find through the
different work we’ve done in different studies we’ve done that the teacher - classroom teachers who seem to feel most comfortable and confident and can just jump in the quickest are health and science teachers but it doesn’t need to be limited to them.

It just, you know, other teachers may need a little more practice or a little more training or, you know, it all depends on the individual too because the characteristics of educators is they need to have a good connection with youth, experience with interactive activities such as role plays. Our role plays are pretty intensive that there’s observation cards. The youths get feedback each time they practice. So it’s a lot to get setup and monitor and there’s a lot of room for kids to goof around which is part of it.

They need to do a little bit of goofing around and a little bit of fun to make it - to make it engaging and fun for them but it can also get out of control. So teachers need to be comfortable with that kind of activity and also just have experience and comfort with just leading sexuality education because you know questions will come up - really sensitive sexual questions and different discussions so they need to feel comfortable with that. And that’s why really no matter how experienced a teacher is, we do recommend that they receive training on RTR so that they can go in with the best chance of success.

Tish Hall: Well I’m glad you brought up training. So could you go ahead and give us some more information about training that’s available for RTR?

Regina Furpo Triplet: Sure. We offer a variety of training services based on our distributed learning process. We believe just a face-to-face skill-based training isn’t enough. That learning needs to happen before, during and after so that the educator has what they need when they need it in the implementation process.
So our training services are offered in packages to be more cost effective or a la cart. So we’ve got training of educators with their skill based face to face training and we are doing some blended versions of those. We’ll do RTR booster sessions which help boost the teachers’ skills and assist them with any challenges that they’re having at the time of implementation and they can also learn from each other in those booster sessions.

We offer training of trainers - TOT’s - and that helps build capacity and sustainability for the program. We do offer program enrichment training which those are trainings that aren’t necessarily specific to RTR but do help educators so they can be like for instance learning on the adolescent brain would be - could be an example topic of a program enrichment training.

And then we do offer tailored technical assistance and consultation. Often really specific challenges that folks have because of an adaptation or just because of a population they’re working with that they just need a little added assistance.

We additionally have an online training and implementation support program called bridges and the risks which has - excuse me - which is called our care works. And this training offers a lot of video modeling on how the activities should be led and what the student skills are that, you know, we’re hoping that students gain.

So it has a lot of great video models that teachers can go back to again and again before they lead those activities. So we have more information on all of these services on our website.
Tish Hall: Great. So with implementation comes challenges. So do you have any helpful hints of common challenges that have occurred with implementing Reducing the Risk and some strategies for success for overcoming those challenges?

Regina Furpo Triplet: Sure. I would say one of the bigger challenges that we hear is that it seems like there’s too many role plays and why are there so many role plays and if a teacher is not excited about the role plays then they don’t lead them or if they don’t feel comfortable with them, they might not lead them. And this is based on the social learning theory and model where the user’s supposed to be modeled the behavior and practice the behavior and get feedback on the behavior.

So the role plays are important and they’re all - they all serve different purposes. I mean some are refusing someone who’s being insulting and disrespectful. Sometimes it’s our delaying tactic for someone who’s coming on really strong and manipulative. So and sometimes it’s just someone who just really feels like they love the person they’re pressuring and they’re just trying so hard to get their way.

So and then there’s also role plays about like talking to a kid sister and convincing her not to have sex or responding to someone who has misconceptions about birth control. So even though there are a lot of role plays, they are - they serve different purposes in the curriculum and they’re all important.

So the way we deal with that is we make sure in training that the educators understand the importance of the role plays and we really focus on leading role plays as I have several skills around leading role plays that we really focus on in the face to face trainings because it is so core to the curriculum.
I’d say another challenge is what we call the reproductive health services activities in the community and these can be considered controversial activities because we’re asking the youth to either go to a clinic, call a clinic to get information on what their services are if someone wanted to learn about what it takes to get some birth control in a clinic or the shopping activity is going into three different locations and looking at the condoms, whether they’re different types, you know.

So both of these activities are about going to the community and getting information. So not all - not all schools and communities feel comfortable with this because they have the sense that, you know, the program is encouraging students to get on birth control or start having intercourse now.

And so the way we deal with this again is in training and letting them know the context and the importance of these activities and it’s really for the youth to not only know and feel like I’m not having sex without protection or I’m not having sex right now to not only knowing that but knowing what it takes to get those things.

What does it take to get from here to using protection successfully every time? So some of that helps - that challenge - and the other thing that helps is we have less controversial alternatives of those activities that the teachers can use if they can’t get these approved by their school.

The last challenge I would mention is that it is 16 hours of class time and for some schools that’s really difficult to get that much craft time and one of the ways that we’ve heard that a lot of schools are getting around that is they’re using block periods which doesn’t really cut down the class time but it does cut down the number of classes it takes to get through the entire curriculum so
I know that that’s been a strategy that a lot of schools are using. So I feel like those are the big ones.

Tish Hall: Okay. Thank you for sharing that. I think that will be helpful for anyone considering implementation - just kind of forewarning them what’s to come and how to overcome those. So almost last but not least are there any recent or planned curriculum revisions that are on the horizon?

Regina Furpo Triplet: Well we do have one exciting new version of RTR that is under development right now. We’re calling it blended RTR and it’s a flipped classroom blended learning version of RTR and it’s basically taking just the basic information instruction components of it out of the classroom. The youth would do that online as homework and the in class time is reserved for application where it’s role plays or a teacher led discussion or like the real application where some of the social norms work.

So basically we’re looking at we’ll be cutting down the class time from about 16 hours in the classroom to nine hours in the classroom and we know that’s something the field’s been asking for as a shorter version so we’re working on it. It won’t be out for a couple of years. We’re in initial stages.

And then we’ll also be looking at a revision of RTR in the future, not anything significant, just updating the facts and source citations and also with the research around LARC - the long acting reversible contraceptives - and the importance of those.

We are - when we come out with our next revision, we will reprioritize birth control as it’s presented to the youth. So LARC’s are going to get a higher billing so that they’re not lost at the very end of the list. So that’s - that would
be - that’s coming up in the future but like I said, that’s not going to be a major revision.

Tish Hall: Great. So Regina this last slide - it talks about additional resources that you can find more information about Reducing the Risks. We hope that the resources in conjunction with today’s webinar will provide a comprehensive understanding of Reducing the Risk as an evidence based team pregnancy prevention program and it will help to assist 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.

So with that being said, are there any final words that you’d like to offer those who are listening Regina?

Regina Furpo Triplet: Well I just want to say I’ve really enjoyed working with Reducing the Risk and even though - I mean it’s one of the tried and true curriculum. It’s been around for a while and it doesn’t have a lot of fancy bells and whistles but it has shown, you know, like the new media that it has shown every time it’s been evaluated to be effective. So we’re proud of that and we hope people consider it.

Tish Hall: Great, thank you. Well I’d like to just thank you so much for taking the time today to put this information together and to present it to grantees and potential grantees. I know they’ll find the information incredibly helpful and the last slide indicates information where you can contact Regina for additional information about RTR.

So I’d like to thank you again and it was great talking to you today.

Regina Furpo Triplet: Thank you, Tish.
Tish Hall: Thank you.

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