

Two Pre-risk Prevention Programs to Address Sexual Health

Disparities among African American Youth

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Abstract

In this manuscript, we describe two novel interventions that address sexual risk behaviors of African American youth. *Parents Matter!* is a family-based intervention targeting parents of 4th and 5th graders, and *Project AIM: Adult Identity Mentoring* is a youth development intervention for 11-14 year old middle school students. We provide information about each program's theoretical basis, characteristics and components, program efficacy, and feasibility in different settings.

Keywords: interventions, African American, youth, risk behavior, sexual health, disparities

Pre-risk interventions, such as parenting and youth development programs, are important strategies for the pre-risk stage of HIV prevention for African American youth. In this paper we introduce a parenting program, the *Parents Matter! Program*, and a youth development program, *Project AIM: Adult Identity Mentoring*, to address sexual health disparities among African American youth. For each program, we provide information about its theoretical basis, characteristics and components, program efficacy, and current efforts to examine the feasibility of implementing it in different settings.

Parents Matter!

The Parents Matter! Program (PMP) is a parent intervention designed for primary caregivers of 9-12 year-olds to promote

positive parenting and effective parent-child communication about sexuality and sexual risk reduction (Dittus, Miller, Kotchick, & Forehand, 2004). The ultimate goal of PMP is to reduce sexual risk behaviors among adolescents, including delaying the onset of sexual debut, by giving parents tools to deliver primary prevention to their children early, before the onset of sexual risk

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behaviors. PMP offers parents instruction and guidance in general parenting skills related to decreasing sexual risk behavior among youth (e.g., relationship building, parental monitoring) and helps parents develop the sexual communication skills necessary to effectively convey to their children both their values and expectations about sexual behavior, and critical HIV, STD, and pregnancy prevention messages.

Theory

Fundamental to the conceptual framework of PMP are Social Cognitive Theory (Bandura, 1986) and the Theory of Reasoned Action (Fishbein & Ajzen, 1975). These theories have been tested in hundreds of research studies and often form the theoretical basis of programs targeting adolescent sexual risk behavior.

Social Cognitive Theory emphasizes the role of external modeling and reinforcement, outcome expectancies, and self-efficacy in the learning, performance, and maintenance of behavior (Bandura, 1986). PMP incorporates the principles of reinforcement and modeling delineated by Social Cognitive Theory both within the components of the parent intervention sessions (e.g., demonstrations, observation, and practice through role-play), and in the behaviors parents are encouraged to engage in with their children. Parents are encouraged to provide supportive environments, positively reinforce risk-reduction behavior, and structure or monitor children's environments so that exposure to problem or "risk" models is limited, with the goal of preventing a problem behavior (i.e., sexual risk behavior) before it happens.

PMP applies the construct of self-efficacy to both adolescent and parent behavior. PMP seeks to increase adolescents' self-efficacy to avoid sexual risks by promoting open and well-informed dialogue between parents and children about sexual risk reduction strategies. For parents, PMP directly targets their self-efficacy for communicating with their children about sexual topics.

The Theory of Reasoned Action posits that attitudes toward a behavior and the perceived social norms for that behavior determine individuals' intentions to act, and ultimately their behavior (Fishbein & Ajzen, 1975). PMP attempts to influence adolescents' attitudes and perceived social norms through parents. Parents are provided with the tools they need to communicate their own attitudes and expectations regarding sexual behavior with the supposition that children will incorporate these expectations into their own attitudes and intentions surrounding sexuality. Additionally, PMP seeks to make open communication with children a social norm among parents. Positive attitudes and expectations among parents toward discussing sexuality with their children are promoted by providing useful communication strategies and increasing parents' confidence in their ability to engage their children in effective and accurate dialogues about sexual issues.

Program description

PMP is delivered to groups of parents of 9-12 year-olds in five weekly 2.5 hour sessions by skilled facilitators using participatory learning techniques. Three components constitute the core content of the intervention: 1) Risk Awareness; 2) Positive Parenting; and 3) Sexual Communication Skills.

The first component, Risk Awareness, focuses on increasing parents' awareness of adolescent sexual risk and the critical role parents can play in helping their children avoid such risks. Risk awareness is incorporated into the first session to form the basis and justification for parents' participation in the intervention. Parents discuss the pressures children face in today's society with regard to sexual risk behaviors, the prevalence of adolescent sexual risk behaviors, and the frequency and extent to which children are bombarded with sexually explicit materials and messages. These discussions are designed to raise parents' awareness about the issues and risks their

children currently face, or may face in the near future, and the role they have to play in helping their children confront these issues and avoid the negative consequences of sexual risk behavior. Although many factors influence children, parents are in a unique position to provide their children with messages and guidance to help them develop into healthy adults. The success of PMP depends on parents' willingness to see the importance of the role they can play in positively impacting their children's decision-making and to accept this responsibility.

Once parents have acknowledged their role in their child's sexual development, the next step is to help parents improve their knowledge, skills, comfort, and confidence with regard to positive parenting and communication about sexual topics. PMP's second component, Positive Parenting Skills, was developed to impact several important parenting behaviors which foster and reinforce risk reduction in adolescents. These parenting behaviors include positive reinforcement, general communication, and parental monitoring. PMP helps parents strengthen their relationships with their children by teaching them to give children attention for positive behavior, encourage children, and spend quality time with them. Parents' communication skills are improved through exercises and practice that promote listening, using open-ended questions and "I" messages, and expressing openness to children's view points. Finally, parents are taught to supervise their children closely as they grow older by knowing where they are going, who they will be with, what they will be doing, and when they will be home. This helps place environmental constraints on children's activities that protect against exposure to risk-promoting situations. The importance of continuing to monitor children as they become more independent during the transition to adolescence is stressed.

The third component of PMP, Sexual Communication Skills, focuses on increasing parents' skill, comfort, and efficacy to discuss sexual topics with their children. Many parents are reluctant to talk with their children

about sexual issues because they are uncomfortable with the subject matter, they fear encouraging sexual behavior in their children, and they often lack confidence in their own skills and knowledge. This component occurs in later sessions, and seeks to enhance parents' comfort and confidence in discussing sexual topics with their children. Parents are encouraged to clarify their own values concerning their adolescents' sexual behavior and to be prepared to answer children's questions about sex topics. Guidance regarding the timing and frequency of communication about sex is provided, as well as information about a wide range of topics parents can consider discussing with their adolescents.

Throughout the intervention, parents improve their skills by learning specific parenting strategies and steps for communicating, by observing the behavior of role models in videos, and by gaining an understanding of what constitutes effective communication. Parents increase their parenting and communication efficacy through practice and participation in role-playing, through group support, and by receiving feedback from group leaders and other parents. (For more information on the specific content of the intervention sessions, see Long et al., 2004.)

Program efficacy

Results from a randomized control trial conducted in two African American communities in Georgia and one in Little Rock, Arkansas demonstrate the effectiveness of PMP (Forehand et al., 2007). At one-year follow-up parents who participated in the enhanced intervention (five sessions) and their preadolescents both reported higher levels of sexuality communication and parental comfort and confidence to communicate about sexuality compared to those in the brief (one session) and control (health information) interventions. In addition, preadolescents whose parents attended all five sessions of the enhanced intervention had a likelihood of sexual risk at the one year follow-up of less than 1.00

relative to those whose parents attended the control (relative risk, 0.65; 95% confidence interval, 0.41–1.03) and brief (relative risk, 0.62; 95% confidence interval, 0.40–0.97) interventions. Additional analyses are underway to examine a range of parent and youth outcomes, including adolescent's sexual attitudes, norms, intentions, and sexual risk reduction self-efficacy, and parent's communication and monitoring efficacy.

Operational research phase

Prior to national dissemination of PMP, an operational research phase is being conducted to ensure the program can be delivered in a variety of community settings, and that appropriate materials and methods are in place. The operational research phase is underway in high HIV/AIDS prevalence areas (i.e., New York City, Washington, DC) across the U.S. in four sectors: public schools, community-based organizations, faith-based organizations, and health departments. The goal of this phase is to assess whether the sites involved are able to implement the program with integrity and fidelity to the methods outlined in the program materials. In addition, this phase will allow for feedback from the community at the organization, facilitator and participant level. All feedback will be considered when enhancements are made to the PMP. The operational research phase will also test two types of training modalities (self-paced CD ROM and instructor-led); assess the amount and type of technical assistance needed to successfully implement the program; and assess the viability of the tools developed for the project (i.e., implementation manual, facilitator manual, parent handbook, posters, videos).

Project Aim

Project AIM is a youth development intervention designed for African American youth aged 11–14 years to prevent sexual risk by addressing social risk factors such as peer pressure, risk opportunities, and some of the

debilitating effects of poverty and racism. The goals of Project AIM are to provide youth with the motivation to enact safe choices, and to address social barriers to sexual risk prevention such as hopelessness, poverty, and risk opportunities in low income environments. Project AIM provides specific skills to support youth in articulating their aspirations for the future to help them define a positive future self. Through group activities and using youth-generated content, Project AIM elicits discussions about adolescents' life goals and the risk behaviors that act as barriers to achieving these goals.

Theory

The Theory of Possible Selves forms the theoretical underpinnings of Project AIM. This theory maintains that individuals are motivated in their present life by mental images of possible future selves (Markus & Nurius, 1986). The motivation to change is enhanced when individuals find a balance between those future selves they wish to achieve and those they wish to avoid. As these images become better articulated, they become more real and hence more motivating to achieve or avoid. When individuals only have images of positive future selves, they may not accurately gauge their chances at success or properly prepare themselves for obstacles, short-term disappointments, or setbacks. With only negative future selves in mind, individuals have no belief that a positive future is possible, and therefore do not plan for the future and are not motivated to avoid present gratification in the pursuit of long-term goals.

Constructs from the Theory of Possible Selves have been successfully used to predict adolescent risk behavior (Stein, Roeser, & Markus, 1998) and recidivism among African American male juvenile offenders (Oyserman & Markus, 1990a, 1990b; Oyserman & Saltz, 1993), and to identify which at-risk African American male adolescents are likely to graduate versus drop out of high school (Oyserman, Gant, & Ager, 1995). In addition, a curriculum based on

the Theory of Possible Selves (School to Jobs Program) has successfully improved bonding and commitment to school among African American eighth graders (Oyserman, Terry, & Bybee, 2002).

The Theory of Possible Selves offers a new approach to HIV prevention by focusing on young adults' desires and motivations to successfully achieve goals. Project AIM encourages at-risk adolescents to articulate personal goals and uses exercises to teach them the skills required to achieve these goals (Clark, Miller, & Nagy, 2001). A fundamental assumption of Project AIM is that many at-risk youth are looking to define themselves in terms of adult identities, and this search is what leads them to engage in risk behaviors, such as risky/unprotected sex, smoking, and drug use. These adolescents may see no reason to follow adult authority because they do not believe that it will render them the adult independence they seek. Project AIM was developed to steer adolescents away from risky behavior choices by offering alternative avenues to defining themselves as adults. The program promotes the belief that one can achieve successful adulthood through academic excellence and advanced schooling or through planning for careers not requiring education beyond high school.

One possible insight gained through participation in Project AIM is that engaging in risk behavior during early adolescence reduces one's chances of succeeding in adulthood. Encouraging adolescents to focus on a positive future self can also produce a competing adult agenda for at-risk youth, providing them with the motivation to pursue goals that directly conflict with engagement in risky behaviors.

Description of the Program

Project AIM consists of 12 sessions delivered over six consecutive weeks in twice weekly 50-minute sessions. These sessions are structured to work well in classroom settings, and the program is easily integrated into an existing school health education curriculum, and nicely aligns with The

National Health Education Standards (Joint Committee on National Health Education Standards, 2007). Four core components comprise the program: 1) Legacy, Role Models and Peers; 2) Exploring my Future; 3) Expressing Myself in Communication and Relationships; and 4) Choosing my Future.

The first component, Legacy, Role Models and Peers, encourages youth to think ahead to their future and raises their consciousness about how their current choices and the choices of those close to them can influence that future. Through four sessions, youth explore what it means to create a legacy for oneself and the importance of having goals for the future; practice self-confidence-building strategies to prepare for a positive future; learn from young adult speakers about the paths they took to secure a successful future; and discuss the influence that others have upon their lives.

In the second component, Exploring my Future, youth identify possible career goals and learn about the skills needed to succeed as an adult. Through four sessions youth assess their interests and strengths to help them think about a future possible career by completing an interest inventory; identifying a career choice and making a public declaration of their choice; considering how current activities affect their future success; prepare a personal resume; and discuss activities they can do now to prepare for their future and achieve their goals.

In the third component, Expressing Myself in Communication and Relationships, youth learn how to communicate effectively and clearly and how to work with others to plan for future activities. Through two sessions youth address negative peer pressure and its potential impact on their goals for the future. Youth also participate in role-playing activities around passive, aggressive, and assertive communication styles and expressing themselves effectively in difficult situations. Using team-based planning and decision-making, youth apply the skills they have learned and plan a strategy to achieve a defined goal.

The fourth component, Choosing my Future, engages youth in long-term planning

and problem-solving strategies for overcoming obstacles and challenges that may arise. Through two sessions, youth are provided the opportunity to think about their future in terms of milestones and steps toward accomplishing life goals, and to develop a timeline for their life and future possible self. Youth also develop a strategy to prepare themselves for high school and beyond and discuss how they can apply what they have learned to future jobs and experiences.

The Project AIM program activities encourage self-examination through exercises to identify desired future selves and support adolescents in learning the skills necessary to achieve their goals (e.g., writing business cards, resumes, planning, decision-making, self-presentational skills). To help determine a possible future career, youth take an interest inventory, research possible occupations, and interact with visiting role models. Activities further enhance participants' investment in a positive future self through recruitment of participants' imagination, role-plays, peer support, and facilitator reinforcement of participants' ideas and goals. Motivation to achieve one's positive future self also propels youth to reduce or avoid risky behaviors.

Discussions throughout the program require youth to consider how their present choices and behaviors may promote or impede the achievement of desired future self identities. These include peer discussions of risky behavior, presentations by role models, and small group activities that help create and reinforce group norms of reducing behaviors that disrupt achievement of future goals.

Efficacy

Project AIM has been evaluated in a behavioral trial of 240 African American seventh graders using random assignment of 20 health education middle school classes to Project AIM or the usual curriculum (Clark, Miller, & Nagy, 2005). Surveys about sexual activity were conducted before the intervention, 2 months after the intervention,

and again at one year after the intervention. Hierarchical linear modeling (HLM) showed significant intervention effects on sexual abstinence overall and sexual debut among males. After controlling for gender and baseline sexual experience, overall AIM students were more likely to report total abstinence (from 64% to 74%) at two-month follow-up than comparison students (from 67% to 66%), $t(18) = -2.69$, $p = .015$ ($\beta = -1.218$, $SE = 0.453$), partial odds ratio = 0.30, 95% CI = 0.11, 0.77. At one-year follow-up the intervention still protected males: AIM males increased in abstinence reporting by 5% while control males decreased in abstinence reporting by 25% ($t(18) = -2.08$, $p < .05$ ($\beta = -1.221$, $SE = 0.586$, partial odds ratio = 0.30, 95% CI = 0.09, .94). There were also interesting trends for short term effects of AIM. For delay of sexual debut among virgins, AIM participants seemed less likely to initiate sex (4%) than control participants (14%), $t(1,18) = -1.91$, $p < .07$, ($\beta = -1.375$, $SE = .719$). In addition, gender specific analyses showed an interesting trend in that 6% of AIM males seemed to initiate sex versus 24% control males $t(1,15) = -1.92$, $p < .07$, ($\beta = -1.700$, $SE = .888$; partial odds ratio = .18 95% CI .034, 1.06 (Clark, Miller, et al., 2005).

Next steps/venues

The Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) has a number of activities underway to test the adoption of Project AIM in community and school settings. Project AIM is being packaged through DHAP's Replicating Effective Programs (REP) project. REP is funding the development of materials for national dissemination and engaging three community agencies in the delivery of Project AIM. These three community settings (community center, church, and a social service setting) are testing the materials and methods developed, and the technical assistance needs and the sustainability of the program in the community are being assessed. DHAP is also conducting operational research on the

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implementation of Project AIM in three Local Education Agencies (LEAs) school settings in cooperation with CDC's Division of Adolescent and School Health (O'Donnell et al., 2006). These efforts by CDC to explore the diffusion process will make Project AIM more acceptable to and sustainable in these communities and will further enhance CDC's efforts to disseminate effective programs with fidelity and cost effectively to community-based settings nationwide.

Both the Parents Matter! program and Project AIM fill a significant void in HIV pre-risk prevention efforts with African American youth. Both programs were conceptualized, designed, implemented and evaluated with and for African American populations. They are theory-based, rigorously evaluated, and can be administered in a variety of venues. Importantly, these programs engage populations other than high-risk youth in adolescent HIV prevention, avoiding much of the controversy that typically surrounds sexual risk reduction interventions for youth and providing two unique and viable pre-risk approaches to reduce sexual risk in pre and early adolescents. Programs like Parents Matter! and Project AIM are vital as we increasingly engage with youth in an effort to stop the HIV/AIDS epidemic among African Americans in the United States.

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