

INTERVENTIONS THAT WORK AND WHY:

A One-Day Training on Evidence-Based HIV Prevention Interventions for People Living with HIV

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Introductions

- What is your County doing with prevention with positives?
- What do you want to get from today's training?

Hello, my name is . . .



Training Goals



- To review the need for prevention with positives.
- To review major components used in cognitive-behavioral theories.
- To discuss effective interventions targeting People Living with HIV (PLH) that can be used in full or partially adapted for a variety of populations and settings.
- To practice selected exercises from effective interventions.
- To provide tools to assess agency capacity and readiness to adapt and tailor existing intervention

Part 1:

Need for Prevention With Positives

- Review research that supports the need for prevention with positives
- Identify individual and community benefits for doing prevention PLH
- Discuss elements of effective intervention with PLH

Need for Prevention With Positives

- 950,000 people living with HIV (PLH) in the U.S.
- One-third are unaware of their HIV status.



Need for Prevention With Positives

While transmission risk decreases after HIV diagnosis, many persons living with HIV continue to engage in transmission behaviors.

MSM (Kalichman et al, 1997)

- 33% reported unprotected receptive anal sex.
- 24% reported unprotected insertive anal sex.

MSM (Gomez et al, 1999)

- 31% reported unprotected receptive anal sex
- 24% reported unprotected insertive anal sex

Need for Prevention With Positives

Serodiscordant heterosexual couples (Padian et al, 2000)

- 69% HIV + reported unprotected vaginal or anal sex within past 6 months.

IDU (Gomez et al, 1999)

- 36% of females reported unprotected vaginal sex with a negative or unknown status partner.
- 20% of males reported unprotected vaginal sex with a negative or unknown status partner.

Need for Prevention With Positives

Transmission of Drug Resistant Virus

Resistant to:	July 1996 to July 2001	
Any Drug	16.7%	27.6%
Protease Inhibitors	0%	10.3%
2+ Drug Classes	1.5%	13.5%

Source: Grant et al., (2002) 9th Conference on Retroviruses and OIs.

Need for Prevention With Positives

Benefits to the Individual

- Treatment of HIV and related medical conditions
- Access to other services
- Prevention of opportunistic infections
- Prevention of sexually transmitted diseases
- Prevention services for partners

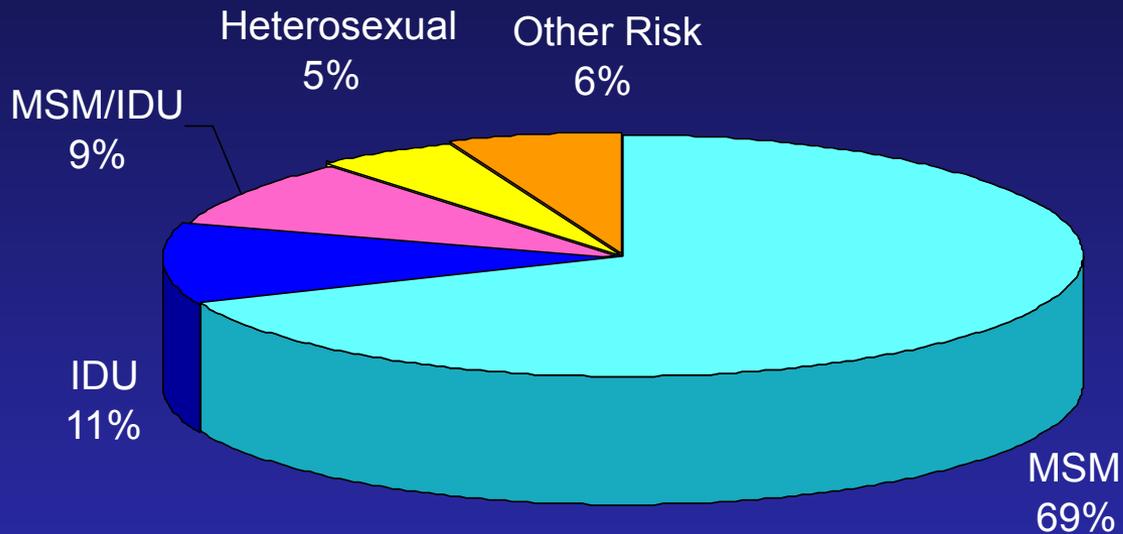
Benefits to the Community

- Health & productivity of the community
- ↓ HIV transmission



California's Epidemic

AIDS Cases, 2003



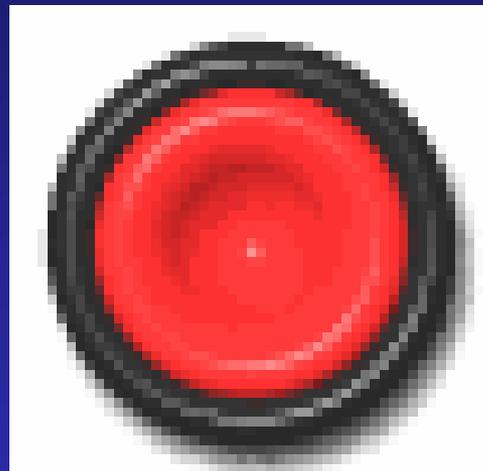
How does
your county's
epidemic
differ



7% of AIDS cases are among women, where 37% are transmitted by injecting drugs and 44% by heterosexual transmission.

Source: DHS, Office of AIDS available at:
www.cahwnet.gov/ps/ooa/statistics/pdf/stats2003/dec03/hiv

How do we address the need of those living with HIV?



Press Button
to find out

Early Interventions

Interventions that have been studied with high risk negatives have not been studied with PLH

Adapted from: R. Wolitski, Ph.D. presented at the Community Planning Leadership Summit, March 14, 2003



What Do PLH Want ?

- Little research on PLH's interests/focus in prevention
- Knowing target population's interest is essential to developing effective programs



What Do PLH Want ?

(N= 208)

- 71% Exercise, nutrition, etc. 
- 71% Financial help 
- 68% Treatment & Medication 
- 63% Alternative therapies
- 55% Opportunities to socialize with HIV+ men
- 54% How to disclose serostatus to sex partners
- 44% Dating issues with HIV- men 

Partially Abstracted from: Courtney-Quirk et al. (2003 June). Society for Community Research & Action, Las Vegas, NM.

Implications of Prevention for PLH

Prevention programs for PLH may need to address a broader range of issues.

- Programs focusing only on safer sex may have trouble recruiting participants
- African-Americans and persons whose behavior are influenced by HAART may be most interested
- People using avoidant coping styles may be more difficult to recruit

Thoughts on Prevention for PLH

- Prevention should be a partnership
- Prevention programs should reflect what PLH want and need
- Prevention messages should be clear (targeting specific behaviors)
- Messages should be responsive to other factors influencing risk (e.g. age, ethnicity, etc.)
- Prevention messages should reflect the need to protect their partners and themselves

Identify Factors Related to Risk Among Positives



Small Group Activity:

- Risk behaviors
- Environmental factors
- Social contextual factors
- Personal/Individual factors

Part II:

Behavioral Science Theories

- Be able to define theory
- Understand why theories are used in intervention programs
- Review the components used in cognitive-behavioral theories
- Be familiar with intervention techniques to achieve behavior change and skills building

What is a Theory?

“A systematic arrangement of fundamental principles that provide a basis for explaining certain happenings of life.”

Source: McKenzie & Smeltzer, second edition, 1997.

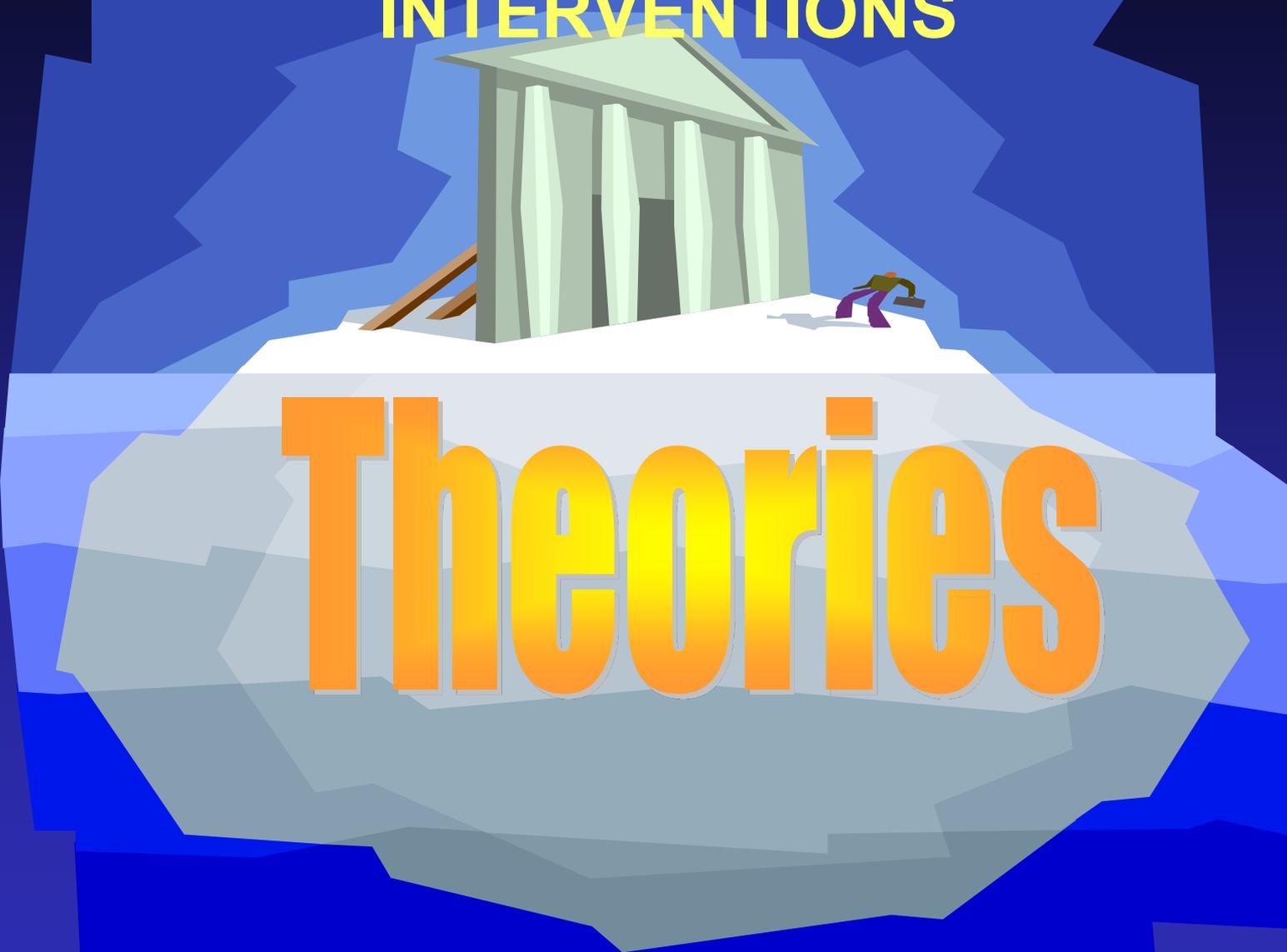
“A plausible or scientifically acceptable general principle or body of principles offered to explain phenomena.”

Source: Merriam Webster's College Dictionary, tenth edition, 1993.

Why Are Theories Used?

- To better understand the influences upon human behaviors
- To understand the necessary components for change
- To determine how to shape approaches used to reach target audience
- To define what should be measured, monitored, or compared in program evaluation

INTERVENTIONS



Theories

Behavioral Theories in HIV Interventions

- Health Belief Model
- Theory of Reasoned Action
- Theory of Planned Behavior
- AIDS Risk Reduction Model
- Trans-Theoretical Model
- Social (Cognitive) Learning Theory
- Diffusion of Innovation Theory

Behavioral Theories in HIV Interventions

State of California, Dept. of Health Services,
HIV/STD Training Center

*Bridging Theory and Practice: Applying
Behavioral Theory to HIV/STD Prevention*

For more info, call (510) 883-6614



What Are You Trying to Influence?

- **Knowledge**
 - About the disease, vulnerability, and prevention techniques
- **Triggers**
 - Identify what triggers the risk behavior you want to change so you can develop a way to avoid or overcome the trigger
- **Perceived Outcomes of behavior**
 - Perceived benefits and barriers
 - Outcome expectations

What Are You Trying to Influence?

- Perceived Controls over behavior
 - Self-efficacy
 - Perceived behavioral control
- Positive Social Influence on behavior
 - Perceived norms
 - Subjective norms

What Techniques Can Be Used to Influence Change?

Modeling

- Used to help clarify concepts and to demonstrate particular behaviors or skills.
- Procedures:
 - Explain your purpose
 - Tell participants ahead of time what you want them to notice
 - Have group members do the actual modeling
 - Review the purpose again and get feedback

What Techniques Can Be Used to Influence Change?

Role Playing

- Used to rehearse or practice for an expected future event.
- Procedures:
 - Introduce the situation and give instructions
 - Ask for volunteers and allow people to take a less overt role
 - Provide instructions to non-players as to what they are to pay attention to

What Techniques Can Be Used to Influence Change?

- After role play:
 - Ask players how the experience was for them
 - Ask group member to report their reactions
 - Discuss the critical events, important issues, and solutions with the group
 - Summarize the discussion

What Techniques Can Be Used to Influence Change?

Group Discussion

- Provide clear topic and purpose
- Provide non-judgmental, supportive atmosphere
- Recap and emphasize main points at the end

Dyads and Triads

- Explain purpose to the audience
- Discuss experiences in the dyad or triads to the larger group

What Techniques Can Be Used to Influence Change?

Brainstorming

- Can be an effective tool for exploring solutions
- Primary rule is that criticism is not allowed
- Procedures:
 - Encourage participants to come up with as many solutions as possible
 - Write down all ideas stated on paper or a board
 - When finished, organize and the discuss the list of ideas



Source: adapted from Chesney et al, (1997). CHANGES Project facilitator's Manual pgs. 7-9.

What Techniques Can Be Used to Influence Change?

Reinforcement

- Process of learning behavior through rewards

Self-Reward

- Rewarding yourself to something good

Problem Solving

- Process of identifying a problem, defining a goal, brainstorming solutions, making and acting on decision

What Techniques Can Be Used to Influence Change?

Self-Talk

- Inner voice “Talking to yourself”
- Can lead to negative/positive behavior

Cognitive Restructuring

- Changing the way you think about a situation or behavior



Part III:

Evidence-based Interventions for People Living with HIV/AIDS

- Briefly describe programs that have been found to be effective with PLH
- Practice selected exercises from effective interventions
- Articles and websites for these interventions are included in the appendix.

Project Talk

Primary Author

- Mary Jane Rotheram-Borus, Ph.D.

Intervention

- A 12-week, 24-session skills-building intervention designed to help families living with HIV develop healthy coping styles for illness-related tasks.

Target Population

- Parents living with HIV and adolescent youth ages 11-18 years old.

Project Talk

Theoretical Framework

- Social Learning Theory

Research Outcomes

- Adolescents and parents reported significantly fewer problem behaviors and less emotional distress
- Adolescents and parents began to relapse into old behaviors in years two through four.

Project Talk

Research Outcomes

- Over all four years, fewer parent problem behaviors (e.g. unprotected sex and substance abuse relapse) and fewer adolescent conduct problems (e.g., fighting, stealing).
- Adolescents and parents reported significantly higher coping skills and more positive social support

Project Talk

Sample Intervention Exercise #1 (25 min)

“What happened the last time I used drugs or alcohol?”

- Uses the feeling thermometer to help participants measure their feelings toward conflict and to personalize the resolution of the conflict.
- The Feeling Thermometer is used to help participants recognize their feelings throughout the sessions.

Project Talk

Sample Intervention Exercise #1(cont'd)

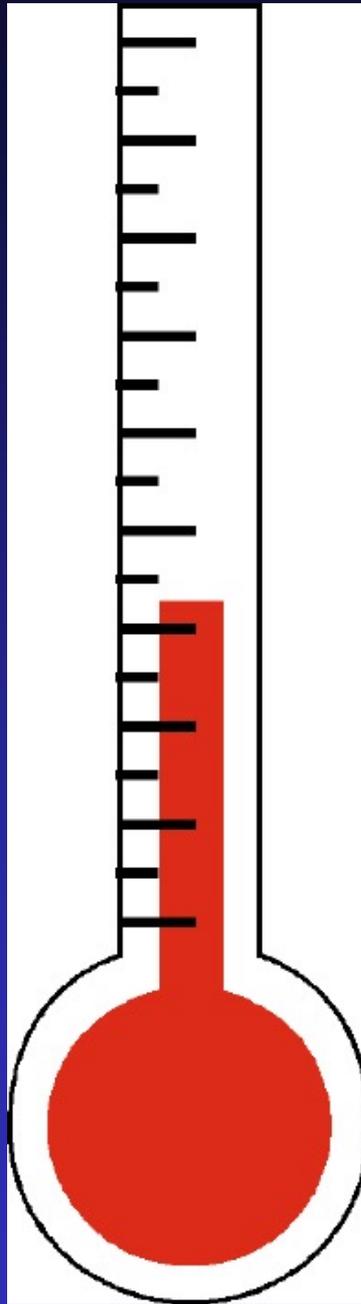
- Participants rate their feelings of discomfort in common situations on a scale of 100 (very uncomfortable) to 0 (very comfortable).
- Participants are taught to anticipate their feelings of discomfort in a range of situations and to relax when discomfort arises.
- When participants need to practice new behaviors in situations (e.g., refusing a sexual encounter), they practice the situation in a role play.

Exercise #1

“What happened the last time I used drugs or alcohol?”



Feeling Thermometer



<u>Level</u>
Very Uncomfortable 100
Uncomfortable 75
Mildly Comfortable 25
Very Comfortable 0

Project Talk

Sample Intervention Exercise #2 (25 min)

“How do I ask my partner to use protection?”

- Purpose of activity is to increase initiating condom use and increase confidence in being able to talk to partner.

Guidelines to Asking

- Decide on when/where to ask about protection.
- Be clear on your strategy
- Say positive things about partner and relationship
- State what you need
- State how you feel
- State what you want from your partner
- Listen to your partner
- Suggest that the two of you solve the problem together
- Stop fights immediately!

Exercise # 2

“How do I ask my partner to use protection?”



Project TLC

Primary Author

- Mary Jane Rotheram-Borus, Ph.D.

Intervention

- A 31-session skills-building intervention designed to help youth living with HIV reduce transmission risk behaviors and increase their treatment adherence.
 - Module I: Improve the youths' health status
 - Module II: Reduce transmission acts among youth
 - Module III: Improve the youths' quality of life

Project TLC

Target Population

- Youth living with HIV between 14-21 years old.

Theoretical Framework

- Social Action Theory

Research Outcomes

- Youth reported:
 - More positive lifestyle changes
 - More positive coping styles
 - More social support
 - Better at keeping medical appointments

Project TLC

Research Outcomes (cont'd)

- Decreases in the number of unprotected sexual risk acts:
 - 45% fewer sex partners
 - 50% fewer HIV-negative sex partners
- Decreases in drug use:
 - Marijuana use decreased by 6%
 - Hard drug use decreased 22%

Project TLC

Sample Intervention Exercise # 3 (25 min)

“What are my next week’s goals”

- Used to encourage the youth to set goals related to reducing risk behaviors (e.g., drug use and sexual risk)
- Interviewing and goal-setting techniques are used
- To reinforce the behavior of setting a goal and sharing the goal with the group, the facilitator hands out reward tokens to the participant after each participant shares.

Exercise # 3

“What are my next week’s goals”



Project TLC

Sample Intervention Exercise # 4 (25 min)

“Should I tell?”

- Purpose of the exercise is to improve youth’s decision-making and problem solving skills through practicing steps used in problem solving.

Steps to Problem Solving

1. **Define the problem** - “What exactly has to be solved?”
2. **Identify the goal** - “How do you want the situation to come out?”
3. **Brainstorm choices** - “What are the different ways to fix the problem?”
4. **Decide and make action plan** - “What is the best choice?” “How do I plan to do it?”
5. **Do it!** - Try out the action you select
6. **Review it!** - “Did it work?”

Exercise # 4

“Should I tell?”



“Should I tell?”

Julia has an older brother, named Gabriel, who is very negative toward people living with AIDS. She really loves her brother and has been close to him. She wants to tell Gabriel because she needs someone to talk to someone to help her feel better. Julia is very upset over being HIV positive. She needs Gabriel, but she is afraid of his reaction.

Project NOW

Project SMART/EST

Primary Author

- Stephen Weiss, Ph.D., MPH

Intervention

- A three-session cognitive behavioral skills-building intervention designed to help women living with HIV reduce transmission risk behaviors and increase the use of barrier methods.

Target Population

- Sexually active women 18 years old or older who were diagnosed with AIDS and who were drug dependent.

Project NOW

Project SMART/EST

Theoretical Framework

- Social Learning Theory

Research Outcomes

- Participants reported higher rates of trying nonoxynol-9 spermicide
- No change observed in using the male condom.
- Willingness to use products without one's partner's knowledge increased 18%
- Use of female-controlled products continued to increase throughout nine months post-intervention.

Project NOW

Project SMART/EST

Sample Intervention Exercise # 5

“Changing the way we think (and our emotions)”

- Designed to help participants apply cognitive behavioral skills to adherence to use sexual barrier methods (e.g. condoms).
- These skills are taught using the following techniques:
 - Linking thoughts to emotions
 - Breaking down the process of reacting with thoughts and feelings
 - Identifying automatic thoughts
 - Rational thought replacement
 - Cognitive restructuring

Exercise # 5

“Changing the way we think (and our emotions)”



SHARE Project & AIDS Survival Project

Primary Author

- Seth Kalichman, Ph.D.

Intervention

- A five session cognitive-behaviors skills-building intervention designed to:
 - Reduce sexual risk behaviors
 - Build behavioral skills
 - Enhance self-efficacy for practicing risk reduction behaviors
 - Promote intentions to change risk behaviors
 - Develop strategies for changing behaviors

SHARE Project & AIDS Survival Project

Intervention (cont'd)

- Each session two-hours in length; delivered two sessions per week over the course of 2.5 weeks
- The intervention message was presented in the context of managing stress associated with disclosing HIV status and practicing safer sex behaviors

Target Population

- Men and women living with HIV

Theoretical Framework

- Social Learning Theory

SHARE Project & AIDS Survival Project

Research Outcomes

- Lower rates of unprotected sex
- Lower rates of sex with HIV negative partners at 3 and 6 month follow-ups
- Estimates of HIV transmission risk for male-to-male and male-to-female transmission were lower for a projected 12 month period.

SHARE Project & AIDS Survival Project

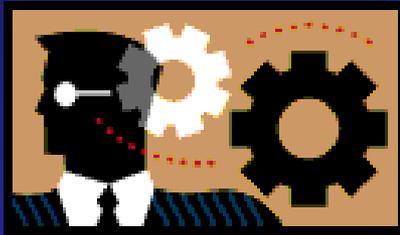
Sample Intervention Exercise #6

“Triggers and Barriers”

- Designed to help participants define what triggers and barriers are and key factors in dealing with stressful situations and solving problems.
- Five steps to solving a problem are reviewed in the exercise as well as the criteria for making a good decision.

Exercise # 6

“Triggers and Barriers”



CHANGES Project

Primary Author

- Margaret Chesney, Ph.D.

The Intervention

- The CHANGES project is an intervention study of Coping Effectiveness Training (CET) for Gay men living with HIV.
- The intervention consisted of 12 small group sessions, which were 90 minutes each in length that met weekly.

Target Population

- Gay men living with HIV

CHANGES Project

Theoretical Framework

- Stress and Coping theory

Research Outcomes

- Improvements in psychological well-being.
- Improvements sustained throughout the nine month maintenance period following the intervention.
- Improvements in coping skills were associated with reduced negative moods including perceived stress and burnout.

CHANGES Project

Research Outcomes (cont'd)

- The role of social support on positive and negative moods differed among older men as compared with younger men.
- High levels of support appear to enhance positive moods
- Low levels of support were associated with lower levels of positive moods.
- Findings suggest that enhanced social support may be useful for older men living with chronic illnesses including HIV.

CHANGES Project

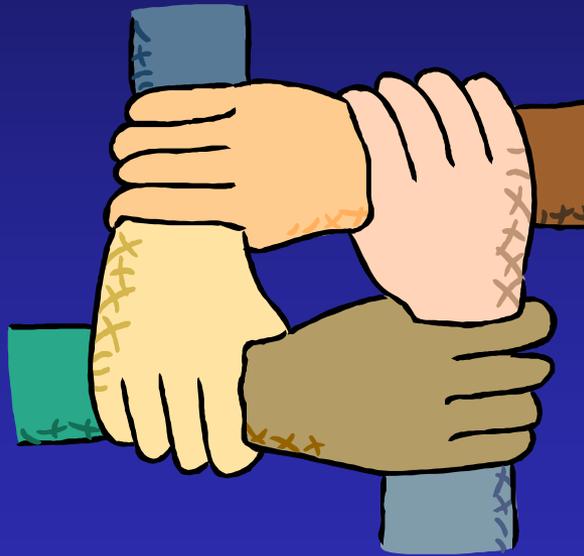
Sample Intervention Exercise # 7 (20 min)

Giving and receiving social support

- Defines the various types of social support
- The purpose of the exercise is to demonstrate how to effectively request support and provide appropriate support.

Exercise # 7

Giving and Receiving Social Support



Types of Support

Emotional Support

Words or actions that make a person feel cared about, understood, and affirmed. For example, emotional support may include empathy, caring love and trust

Information support

Information, advice, suggestion

Tangible support

Money, labor, assistance, aid in kind

HIV Harm Reduction Program (HHRP+)

Primary Author

- S. Kelly Avant

Intervention

- An enhanced Methadone Maintenance Program and twice weekly manual-guided group therapy sessions (n=12).
- Intervention looked at three major outcomes;
 - Risky sex and drug related behaviors
 - HAART adherence
 - Severity of drug addiction

HIV Harm Reduction Program (HHRP+)

Target Population

- HIV + Injection Drug Users

Theoretical Framework

- Information-Motivation-Behavioral Skills Model

Research Outcomes

Compared with control condition, participants:

- Were less likely to engage in risky sex or drug related behaviors at 3, 6, and 9 month follow-ups.
- Demonstrated a greater improvement in prevention behavioral skills.

HIV Harm Reduction Program (HHRP+)

Research Results

- Demonstrated a greater decrease in opiate use, cocaine use only up through the 6 month assessment.
- Demonstrated a greater reduction in addiction severity.
- Were less likely to report medication non-adherence.
- More likely to report 95% or greater medication adherence.

HIV Harm Reduction Program (HHRP+)

Group Session One: REACHING YOUR GOALS

Sample Intervention Exercise #8 (15 min)

“Concentration” Game

- Create matching cards with prevention skills on them. Divide the group into two teams and have each member from each team alternate in turning cards over.
- The goal is to remember where they saw two like cards that would make a pair. The more pairs a team accumulates the more points they accumulate.
- The purpose of the activity is to improve memory concentration.

HHRP⁺
GROUP RULES

RESPECT

R*elaxation* (complete quiet...no talking, shuffling of papers, or walking around during relaxation exercise)

E*ating* (No eating during group)

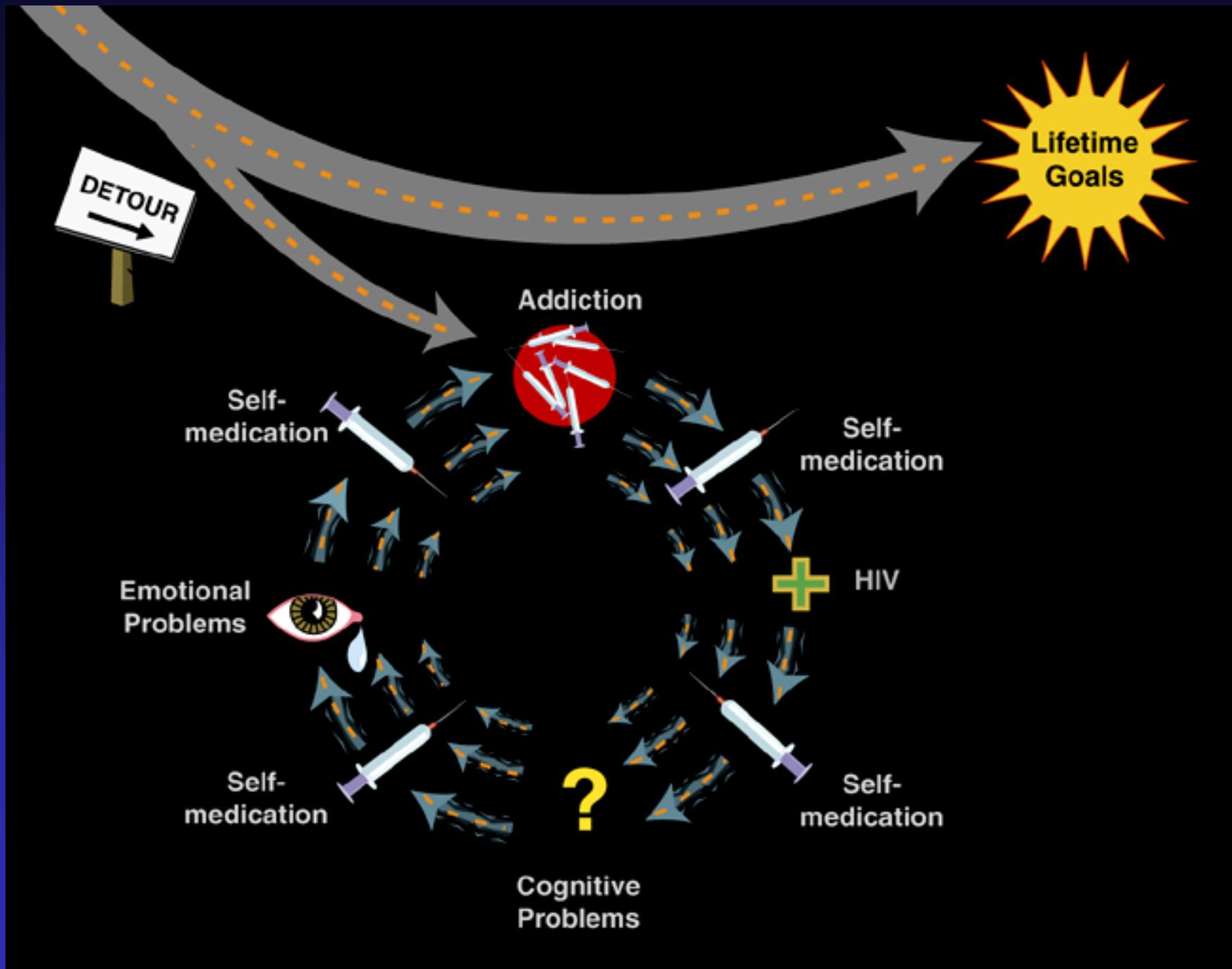
S*ober* (don't come to group high)

P*unctuality* (come to group on time)

E*veryone can't talk at once* (no crosstalk)

C*onfidentiality* (what's said in group, stays in group)

T*eamwork* (group members work together towards recovery)





Frog



Scissors



Hat



Hammer



Anchor



Hamburger



Telephone



Butterfly



Chair

PROSPECTIVE MEMORY

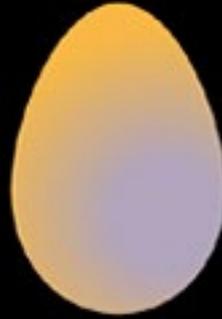
Memory required to carry out
future actions

If Goal is Living a Healthy Lifestyle

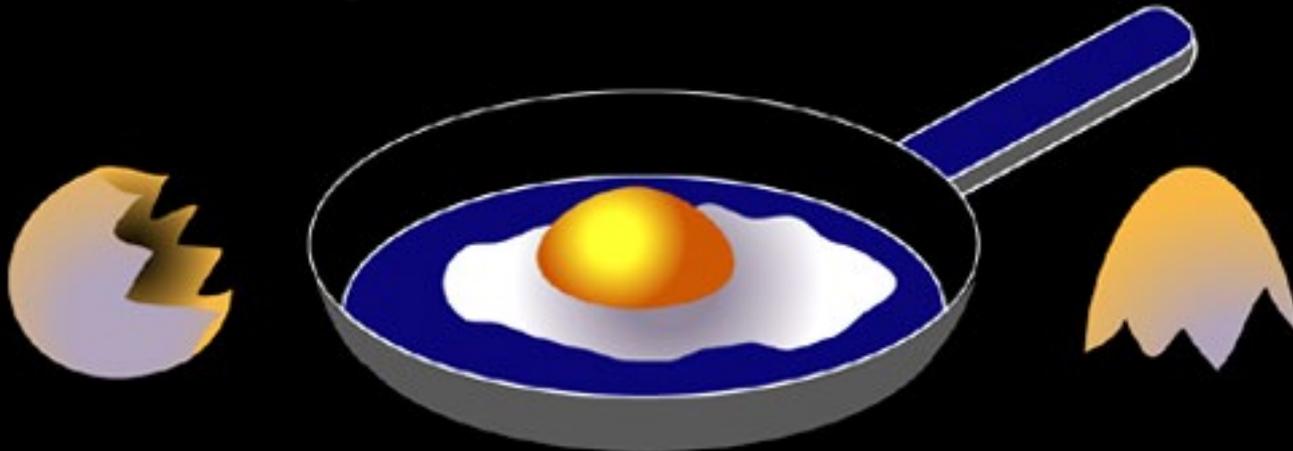
Remember.....

- + Come to treatment
- + Practice harm reduction skills
- + Keep doctor's appointments
- + Take prescribed medication
- + Use a condom when you have sex
- + How to get new needles
- + Clean a needle properly

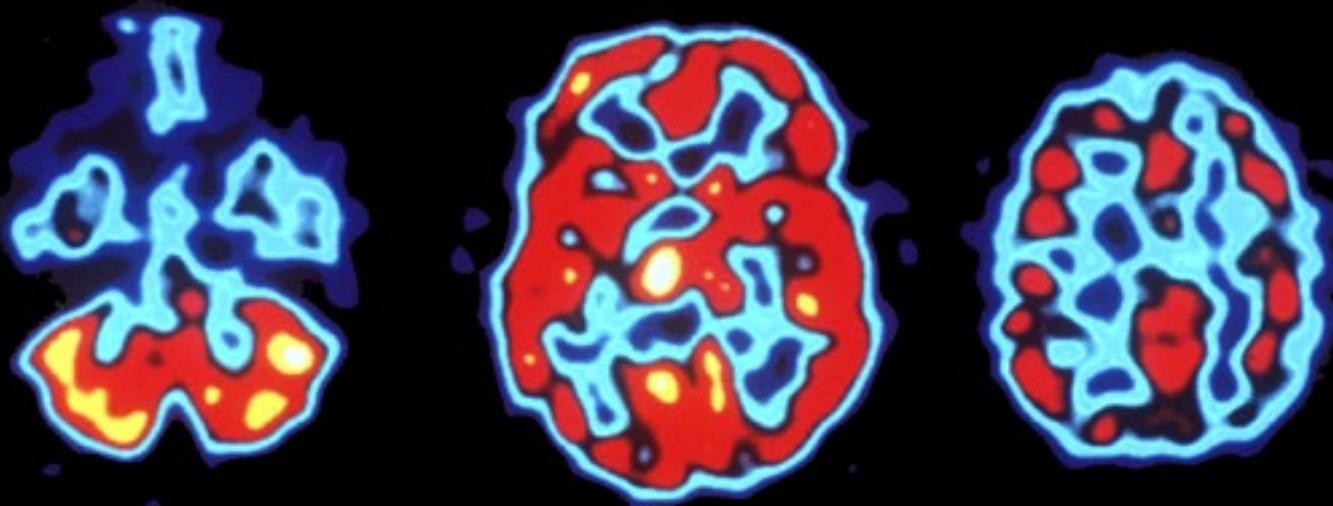
This is your brain



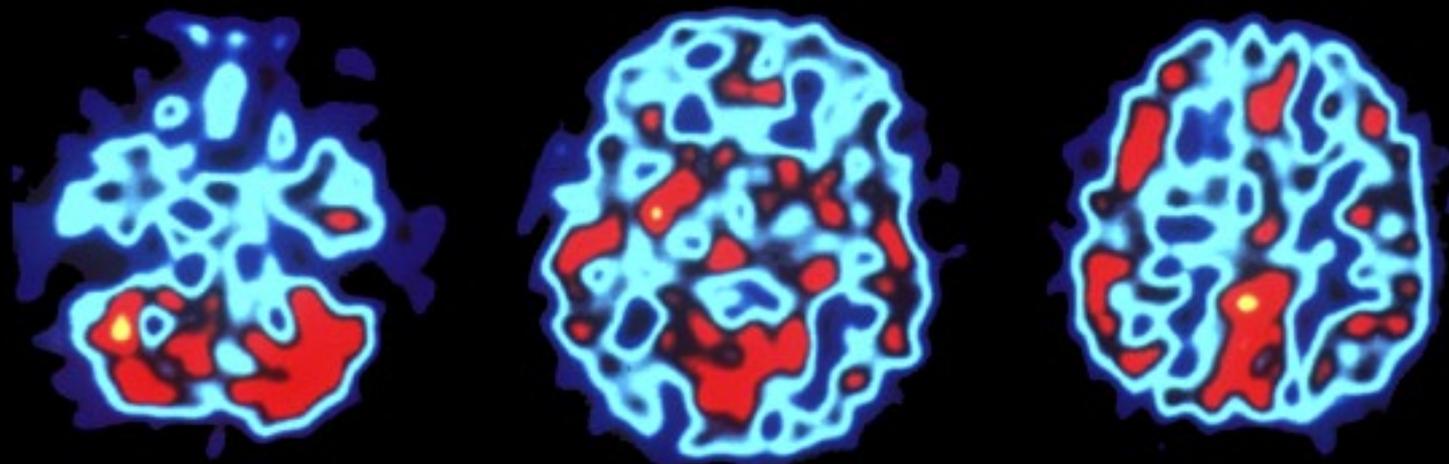
This is your brain on DRUGS



Healthy Control



Cocaine Dependence



COGNITIVE DEFICITS ASSOCIATED WITH DRUG USE AND HIV DISEASE

- + *Learning and memory deficits***
- + *Attention/concentration deficits***
- + *Deficits in action initiation and self-regulation***
- + *Concreteness and mental inflexibility***
- + *Deficits in insight, reasoning, and judgment***

STRATEGIES EMPLOYED BY HHRP⁺ TO FACILITATE LEARNING

- 1. Multi-modal presentation of material*
- 2. Review*
- 3. Games and experiential exercises*
- 4. Memory book system*
- 5. Breaks*
- 6. Structure and consistency*
- 7. Questions, quiz, and feedback*
- 8. Stress management training*

MEMORY COMPENSATION STRATEGIES

EXTERNAL MEMORY AIDS

- ★ *Memory/Client Workbook*
- ★ *Watch*
- ★ *To Do List*
- ★ *Address Book*
- ★ *Calendar*
- ★ *Grocery List*
- ★ *Alarm*
- ★ *Map*
- ★ *Post-It Notes*
- ★ *Appointment Book*
- ★ *Bulletin Board*
- ★ *Item Placement*

MEMORY COMPENSATION STRATEGIES

INTERNAL MEMORY AIDS

★ **STORYTELLING**

Linking items to be remembered by making up a story.

★ **ORGANIZATION**

Categorize information when learning and recalling it.

★ **FIRST LETTER CUEING**

Cue yourself by making a word starting with the first letter of each item (example: HALT = Hungry, angry, lonely, tired = triggers for relapse).

★ **REPETITION**

Frequently review what you have to do. Over-learning improves memory and increases confidence.

★ **RELAXATION**

Anxiety and stress can block memory. if you forget, do a relaxation exercise and try to remember when you are relaxed.

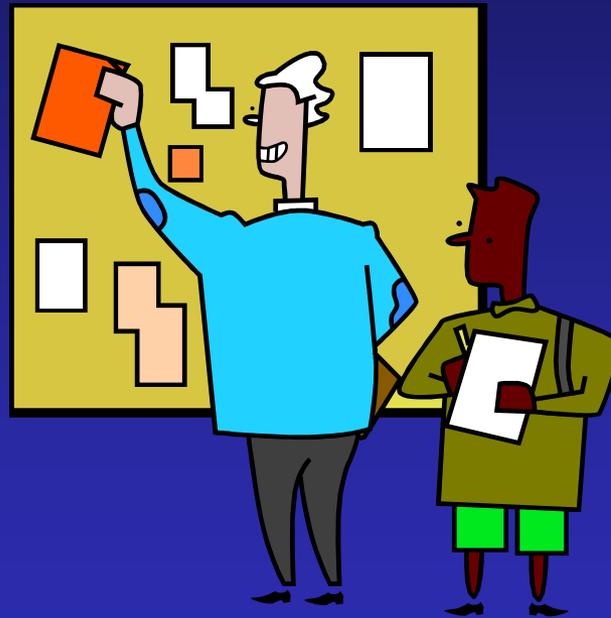
TAKING STEPS TOWARDS REACHING YOUR GOAL



- 1. Identify your goals (long-term and short-term)*
- 2. Prioritize your goals (in order of importance)*
- 3. Identify activities necessary to achieve goals*
- 4. Prioritize identified activities*
- 5. Schedule the activity*
- 6. Get started*
- 7. Engage in activity*
- 8. Identify next activity towards goal, repeat 5-8.*

Exercise # 8

“Concentration”



Part IV: Adapting Existing HIV Interventions For Your Community

- Review a tool to assess agency capacity and readiness to adapt and tailor intervention

Adapting and Tailoring Interventions

Adaptation

- Changes in *who* receives an intervention and *where* it is delivered (CDC, 2003)

Tailoring

- Changes in *when* it is delivered, *what* is addressed, and *how* the message is conveyed (CDC, 2003)

Before Implementing, Consider . .

- Fit with agency mission
- Resources available
- Costs/benefits
- Staff buy-in
- Training, adaptation or tailoring
- Available CBA and TA

Questions & Answers and Discussion

THANK YOU FOR SHARING YOUR
EXPERIENCE AND KNOWLEDGE!

People Living with HIV



INTERVENTIONS THAT WORK AND WHY:

Day Two

Ron Brooks, Ph.D.
Uyen Kao, MPH

UCLA Center for HIV Identification, Prevention,
and Treatment Services



Part V:

Providing Prevention With Positives

- Discuss different approaches to using evidence-based behavioral interventions for persons living with HIV
- Group discussion

Approaches to Using Evidence-Based Interventions

- Fidelity - is implementing or adapting an intervention that adheres to the core elements and internal logic of the original intervention.
- Adaptation – is the process of modifying key characteristics of an intervention to make it culturally, age or linguistically appropriate for a target population that is different from whom it was originally intended.

Approaches to Using Evidence-Based Interventions (cont'd)

- Reinvention – occurs when changes are made that compete or are in conflict with the core elements of an intervention that was previously shown to be effective. When reinvention occurs it is not known whether the program outcomes will be similar to those in the original research; therefore, rigorous evaluation and renaming of the altered intervention is necessary.

Steps to Program Development

Assessment

- ✓ Client needs
- ✓ Stakeholders & community
- ✓ Agency readiness
- ✓ Intervention characteristics

Preparation

- ✓ Adapt and tailor
- ✓ Pre-test & revise
- ✓ Prepare agency

Implementation

- ✓ Implement intervention
- ✓ Monitor, evaluate, & modify

Step 1: Assessment

- Who is the target population?
- What are their HIV risk behaviors?
 - Those behaviors in and of themselves that can result in the transmission of HIV
- What factors are influencing risk behaviors?
 - Common aspects of our thoughts, social interactions, or the environment that support or prevent behavior change
 - These factors are connected to the theory(s) that support the intervention

Step 1: Assessment (cont'd)

- What other challenges or issues are affecting the target population?
 - Health care
 - Coping with disease
 - Poverty
 - Racism
 - Threat of violence
 - Alcohol or drug abuse
 - Homophobia
 - Stigma
- Where and when can the target population be reached?

Step 1: Assessment (cont'd)

- How do you get the information you need to answer the previous questions?
 - Review existing epidemiological data
 - Conduct focus groups with members of target population
 - Conduct key informant interviews

Step 1: Assessment (cont'd)

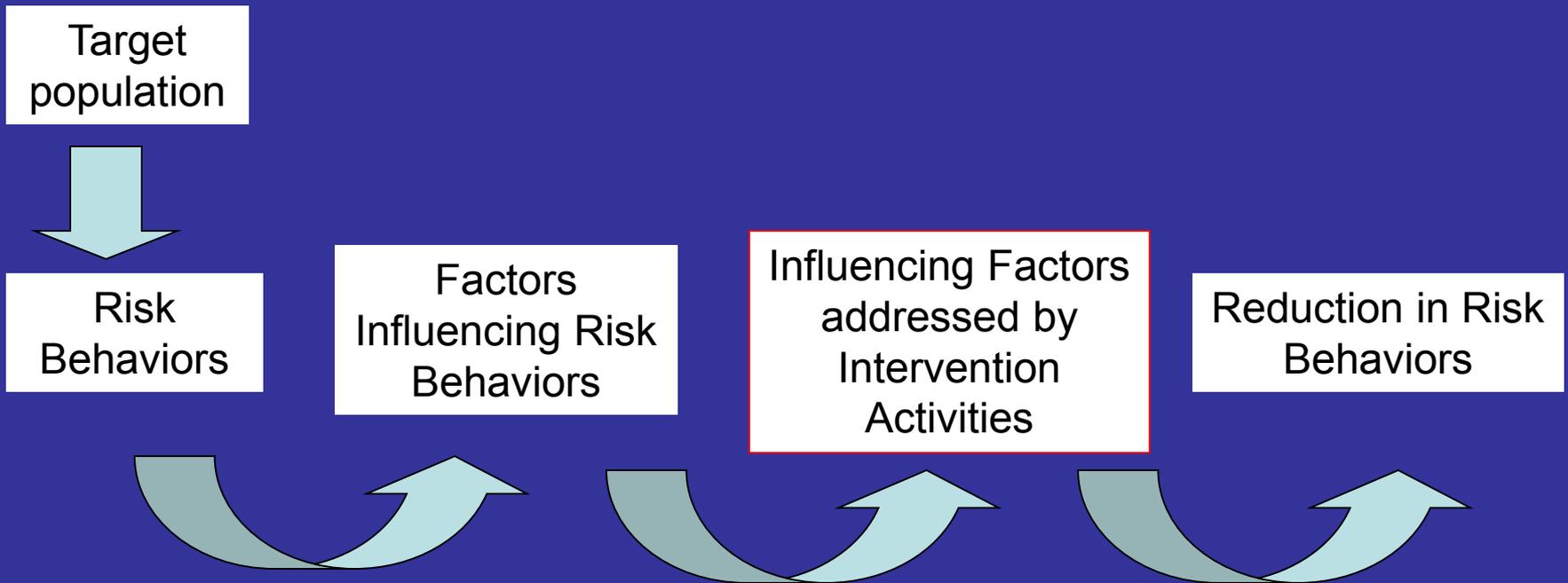
- **Who are the stakeholders and community partners?**
 - Local agencies
 - Community planning groups
 - Health department
 - Community associations
 - Community leaders or gatekeepers
 - Funding agencies
- **Why do we need them?**
 - Provide insight into community norms, beliefs and attitudes
 - Partnerships
 - Resources (e.g., recruitment sites, referral services, funding, food, etc.)
 - Community buy-in or support
 - Expertise

Step 1: Assessment (cont'd)

- What is your agency's capacity and readiness to implement the intervention?
 - Are the intervention's goals consistent with your agency's mission?
 - Can you afford to do this intervention (e.g. cost, staff time)?
 - Do your staff have/can they get the necessary skills to adapt and implement the intervention?
 - Does your agency want to do this?
 - Can you get access to the intervention information you need to implement the intervention appropriately?

Step 1: Assessment (cont'd)

- Which interventions can reduce the risk behaviors of the target population?



Step 2: Preparation

- Adapt or tailor an intervention for a target population to be culturally, age or linguistically appropriate
- Adaptation and tailoring must come from understanding the target population (e.g., cultural factors, risks behaviors, and influencing factors)

Step 2: Preparation (cont'd)

- If reinventing an intervention, then you need to:
 - Communicate responsibility without shame or stigma
 - Acknowledge need for intimacy through sex
 - Improve communication between partners
 - Consider diverse opinions on disclosure
 - Understand diversity of epidemic and need for multiple interventions
 - Address contextual factors that contribute to risk

Source: Collins, C, Morin, S, Shriver, M, & Coates, T. (2000). Designing primary prevention for people living with HIV. AIDS Policy Research Center, Center for AIDS Prevention Studies, UCSF AIDS Research Institute, Policy Monograph Series.

Step 2: Preparation (cont'd)

- Developing prevention messages can be challenging due to unanswered biomedical questions, such as:
 - Is there a risk of re-infection or super-infection?
 - Does low viral load indicate reduced infectivity?
 - What are the real risks of oral sex?

Step 2: Preparation (cont'd)

- Pre-test and revise to ensure intervention appropriateness
 - Reading level
 - Comprehension of materials
 - Consistent with community values/norms
 - Attractiveness of materials
 - Clarity of messages
 - Interest in topics
 - Uses language/slang used by target population
 - Satisfaction or comfort with intervention activities

Step 2: Preparation (cont'd)

- Prepare agency for implementation
 - Consult with others
 - Hire and train staff
 - Develop necessary policies and standards
 - Establish quality assurance protocol and evaluation measures
 - Coordinate logistics and ensure resources (e.g. supplies, equipment, TV/VCRs, materials, rooms)
 - Develop outreach and retention protocol

Step 3: Implementation

- Implement intervention
 - Recruit and retain participants
 - Coordinate day-to-day activities
 - Conduct intervention

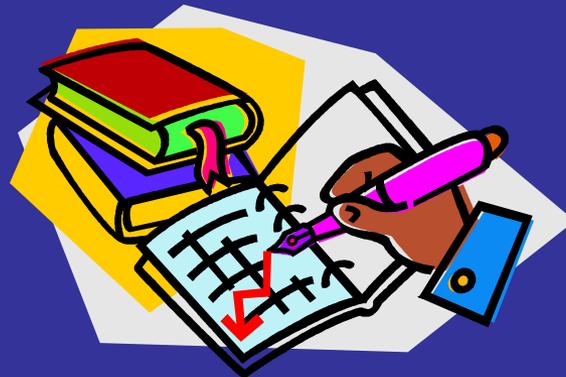


Step 3: Implementation (cont'd)

- Monitor, evaluate, and modify
 - Collect, manage, and analyze data
 - Monitor intervention fidelity
 - Evaluate program success
 - Reassess and modify program as needed

Step 3: Implementation (cont'd)

- Process monitoring
 - Describes the characteristics of the population served, the services provided, and the resources used



Step 3: Implementation (cont'd)

- Process evaluation
 - Collects detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention
- Outcome monitoring
 - Collects data about client outcomes before and after the intervention (e.g. knowledge, attitude, skills or behaviors)

Developing and Implementing Prevention With Positives

Group Discussion

Capacity Building Assistance

- California State Office of AIDS funds several training and technical assistance providers to assist local agencies with implementing prevention activities with positives
 - California STD/HIV Training Center (CA PTC) www.stdhivtraining.org, (510) 625-6000
 - AIDS Health Project, www.ucsf-ahp.org, (415)-502-4586
 - AIDS Project Los Angeles - Cornerstone Initiative www.cornerstone-initiative.org, (213) 201-1641
 - UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) chipts@ucla.edu



Prevention With People Living with HIV

