

CORE ELEMENTS, KEY CHARACTERISTICS AND LOGIC MODEL

CORE ELEMENTS:

Core Elements are components of a curriculum that must be maintained without alteration in order to ensure the program's effectiveness. They are required elements that represent the theory and internal logic of the program and most likely produce the program's main effects. Core Elements must be maintained with fidelity – and without alteration to ensure the effectiveness of the program. Fidelity is conducting a program by following the Core Elements, protocols, procedures, and content set by the research study that determined its effectiveness.

The developers reasoned that when teaching adolescents strategies to practice abstinence as a strategy to reduce their risk for HIV, STDs and pregnancy, it is necessary to give them correct information, build their perception of vulnerability, bolster positive attitudes and outcome expectancies, and build self-efficacy and skill to negotiate and practice abstinence. Therefore, the core elements have been organized in two sections: Content Core Elements and Implementation Core Elements. Content core elements are the essential elements of WHAT is being taught in the intervention that is believed to change risk behaviors. Implementation Core Elements are the essential characteristics of HOW the intervention can be implemented with fidelity that would result in a positive learning experience with good outcomes. A comprehensive list of these elements follows:

CONTENT CORE ELEMENTS

Content Core Element 1: Teach correct information about HIV, STDs and Pregnancy and prevention strategies.

- ▶ Content on HIV, etiology, transmission and prevention,
- ▶ Content on STDs, etiology, types, transmission and prevention,
- ▶ Content on pregnancy and prevention.
- ▶ Content on prevention strategies (negotiation, condom use, problem solving)
- ▶ Content focusing on gender specific safer sex issues for female adolescents.

Content Core Element 2: Bolster four types of behavioral attitudes/outcome expectancies emphasized in Sisters Saving Sisters!

- ▶ Prevention Belief (the belief that condom use can eliminate the risk of HIV, STDs and pregnancy).
- ▶ Partner Reaction Belief (the belief that one's partner would not approve of using condoms and react negatively to it; i.e. hit them, leave them, find another girlfriend).
- ▶ Hedonistic Belief (the belief that condoms interfere with sexual pleasure, not natural, ruins the mood, don't fit etc.)
- ▶ Personal Vulnerability to HIV/STD and Pregnancy Belief (the personal belief that HIV, STD and pregnancy could happen to them if they have unprotected sex).

Content Core Element 3: Teach negotiation skills and problem solving skills.

- ▶ Teach negotiation, refusal and reframing skills using the 4-step STOP Negotiation Strategy to respond to partner's negative reaction towards abstinence or condom use.
- ▶ Use role-plays activities to practice negotiation, refusal, and reframing skills.

Content Core Element 4: Teach Condom use skills (2-step procedure)

- ▶ The facilitator teaches condom use skills by demonstrating how to use a condom on an anatomically correct penis model.
- ▶ The participant demonstrates and practices the skill on the same model.
- ▶ The facilitator and the participant discuss strategies on how to make condoms more fun and pleasurable

Content Core Element 5: Build self-efficacy and confidence in negotiating condom use and condom use skills.

- ▶ Incorporate the theme "Sisters Saving Sisters: Respect Yourself! Protect Yourself! Because You Are Worth It" throughout the intervention.
- ▶ Build participant's confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially in the role-plays and in demonstrating condom use skills.

IMPLEMENTATION CORE ELEMENTS

Implementation Core Elements are integral to the intervention. They describe the **HOW** the intervention should be implemented.

Implementation Core Element 1: Demonstrate a caring and supportive attitude.

- ▶ The facilitator must create a supportive and caring environment.
- ▶ For example, the facilitator should demonstrate a feeling throughout the intervention of, “I truly care about you and your success, I believe in you and you can do this,” using engaging strategies, including active listening, eye contact, supportive feedback, be non-judgmental, etc.).

Implementation Core Element 2: Integrate and use the core intervention materials only.

- ▶ The Intervention Curriculum Manual, posters and activity materials
- ▶ The DVDs specifically selected for the intervention.

Implementation Core Element 3: Type of Facilitator

- ▶ Implemented by specially trained female facilitator (who has attended a Jemmott Certified Training). You cannot change the gender of the facilitator.
- ▶ Facilitator must facilitate this curriculum using highly participatory and interactive skills.
- ▶ Facilitator must be able to work with youth and relate to them and their life circumstances. They must believe in the teens and believe in their resilience.

Implementation Core Element 4: Gender composition of the group

- ▶ In the original study the groups were all adolescent females. You should not change the gender composition of the group

Implementation Core Element 5: Implementation Delivery Style

- ▶ Delivery of intervention must be engaging, highly participatory, and very interactive facilitation
- ▶ Facilitator cannot add any other educational materials, social gathering, community events, etc to this program during the span of the evaluation.

KEY CHARACTERISTICS

Key Characteristics: Key Characteristics are activities and delivery methods for conducting a program that, while considered of great value and assistance, can be altered without changing the effectiveness of the program. These activities and delivery methods can be modified for different agencies and populations. Changes to the Key Characteristics allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the program to the participants. There are 7 Key Characteristics of the Sisters Saving Sisters Program.

There are 7 key characteristics of the “Sisters Saving Sisters!” Intervention.

- 1. Type of facilitator/educator:** In the original study the facilitators were all female. They were nurses, health educators, counselors and teachers, who had experience working with adolescent girls. You can vary your facilitator type to include others women as long as they have experience working with the female adolescents and are knowledgeable about the population.
- 2. Setting:** In the study the original study the intervention was implemented in an adolescent medicine clinic that provided reproductive services to teens. You may vary the setting to include other sites, such as community based organization, or schools during the regular school day or after school programming, etc. However the activities must remain interactive and all of the girls must have a chance to participate and practice new skills. If you are integrating this curriculum into the school class period for girls only, you must remember that class periods are less than an hour (for which the curriculum is designed). You need to contact the Jemmotts and their training team to determine who to spread the curriculum over more than four sessions to cover all of the material with fidelity.
- 3. Number of days to deliver of modules:** In the original study the intervention was implemented on one Saturday, consisting of the 5 modules. You can vary the delivery of the modules in different ways. All 5 modules must be implemented in order. However, you should try to complete this intervention in a 2-week period.
- 4. Race of facilitator:** In the study the facilitators were African American and Latino women. You can use facilitators from different ethnic backgrounds as long as they are female and demonstrate they have the skills and characteristics of a good facilitator, including good listening skills, caring attitude, non-judgmental, etc.

5. **Race of the participants:** In the original study the participants were African American and Latina female adolescents. You can vary this and use this curriculum with teens from different races. You might want to change the names of the teens in the role-plays and the settings of the situations to reflect the participants in your program.
6. **Age of the participants:** The students in the study were age sexually active adolescent girls ages 12-19. The mean age was 15.5 years. We did not mix younger teens with older teens. Therefore you can implement this intervention with different groups of adolescent girls; with all female adolescents ages 12-19, with younger adolescent girls only, or with older teens only. If you have girls ages 12-19 then you should divide the groups into groups of teens with similar age range.
7. **Group size:** In the original study the group size was 6-8 girls in a group. If you want to enlarge your group size and implement this curriculum with fidelity you need to contact the Jemmotts and be trained by the Jemmott training team. The activities must remain interactive and the girls must be able to participate and practice new skills, therefore the developer needs to because it reflects the need to additional facilitators and some adaptation of the activities.

IMPLEMENTATION FIDELITY CONCERNS:

Below are things that would make your implementation of “Sisters Saving Sisters” difficult to do with fidelity:

1. **Peer-facilitation:** Two peers should not implement this intervention. The best way to use peers is to have a peer co-facilitate with an adult facilitator. If you really want to use 2 peers as co-facilitators, they need to go through an extensive certified training by the Jemmott training team and have extensive Technical Assistance.
2. **Integration into a normal classroom setting:** Normal classroom settings time frame is about 45 minutes. Our intervention modules are 55 minutes. Therefore you cannot integrate this curriculum with fidelity into a normal classroom setting. If you want strategies on how to do this, with fidelity, you need to contact the researchers so that we prepare a different version of the curriculum for you that would be worked into your budget prior to your grant submission, and your staff would be trained by the Jemmott training team.

3. Implementing this curriculum with large groups of more than 15 students:

This intervention was evaluated with adolescent females in small groups of about 6-8 in a group. If you are implementing this intervention in a larger group setting, you are not implementing it with fidelity. If you want to use large group settings you need to be trained by the Jemmott training team to assist you in this process.

Implementation Fidelity Concerns:

If you still have concerns about implementing with fidelity for this grant, you may contact the developer. If you need to discuss your application in detail, however, you can schedule a TA call with Dr. Loretta Jemmott by contacting Select Media at 800-707-6334.

SISTERS SAVING SISTERS LOGIC MODEL

Issue/Problem

Having unprotected sex due to:

- ▶ Limited information
- ▶ Negative attitudes and beliefs regarding condom use
- ▶ Minimal negotiation and condom use skills
- ▶ Low self-efficacy to negotiate condom use or lack of confidence
- ▶ Minimal problem-solving skills

Inputs:

- ▶ Sisters Saving Sisters curriculum and materials
- ▶ Facilitator training and materials
- ▶ Participant recruitment
- ▶ Agency space

Activities:

- ▶ Conduct risk assessment
- ▶ Provide activities that will increase knowledge about HIV/STD transmission and pregnancy prevention strategies
- ▶ View DVDs
- ▶ Provide opportunity for negotiation and condom-use skill-building activities
- ▶ Facilitate activities that build confidence and self-efficacy to negotiate condoms
- ▶ Facilitate activities that build skills in problem solving and how to get out of risky situations
- ▶ Provide gender-specific activities to build a sense of self-worth and self-respect
- ▶ In a group environment, create an atmosphere of care and trust.
- ▶ Facilitate referrals

Outputs:

- ▶ Sisters Saving Sisters curriculum implemented with fidelity
- ▶ DVDs viewed
- ▶ Condom use and negotiation discussed
- ▶ Negotiation skills practiced, using role-plays
- ▶ Referrals made
- ▶ Immediate Outcomes
- ▶ Increase knowledge about HIV/STD infection, transmission, unplanned pregnancy and condom use
- ▶ Increase perception of risk for HIV, STD and unplanned pregnancy
- ▶ Bolster positive attitudes and beliefs regarding condom use and condom negotiation
- ▶ Increase intentions to use condoms, consistently and correctly

Intermediate Outcomes:

- ▶ Improve negotiation skills
- ▶ Reduce the incidence of unprotected sex
- ▶ Increase consistent and correct condom use
- ▶ Increase confidence to use condoms

Long Term Outcomes:

- ▶ Consistent condom use
- ▶ Reduction in risky behaviors
- ▶ Reduction of unprotected sex

Impact:

- ▶ Reduction in HIV among young women
- ▶ Reduction of STDs incidence young women
- ▶ Reduction of unplanned pregnancy

ASSUMPTIONS

Young women may not use condoms because:

- ▶ They don't perceive themselves to be at-risk
- ▶ They don't have knowledge about HIV/STD transmission, unplanned pregnancy, risk behaviors and condom use
- ▶ They have negative attitudes towards using condoms
- ▶ They fear their partner's reaction to condom use
- ▶ They don't know how to make condoms fun and pleasurable
- ▶ They don't have the skills to negotiate condoms use
- ▶ They don't have the confidence or power to introduce condoms into the relationship
- ▶ Don't feel valued

Young women will change their behavior if:

- ▶ Program and messages targeted for them are gender specific
- ▶ Program is implemented in a caring and supportive manner
- ▶ They can learn the skills needed, i.e., condom use and negotiation skills
- ▶ They have positive attitudes and beliefs towards condoms use, i.e., condoms can be fun and pleasurable
- ▶ They feel that their partner will react positive to condom use
- ▶ They feel that condom use will prevent HIV/STD transmission and unplanned pregnancy
- ▶ They feel validated and believe in the themselves and their skills
- ▶ They have opportunity to practice these skills with supportive feedback