



ASSESS

for Adolescent Risk Reduction

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FOCUS

- Primary Pregnancy Prevention
- Secondary Pregnancy Prevention
- STD/HIV/AIDS Prevention

ORIGINAL SITE

- School-Based
- Community-Based
- Clinic-Based

APPROACH

- Abstinence
- Behavioral Skills Development
- Community Outreach
- Contraceptive Access

SUMMARY

The ASSESS program provides tools to enhance risk-reduction communication between health care providers and teens while in a physicians office or clinic setting. A randomized controlled behavioral intervention trial of the program was conducted in the metropolitan Washington, DC area between 1995 and 1997. The trial involved 19 physicians at five primary care pediatric practices, and 215 teens, aged 12-15.

After obtaining consent from both the teen and parent(s), researchers randomly assigned the teen to either the intervention (n=105) or the control group (n=114). Control group teens received their usual care health examination. Intervention group teens listened to a 14-minute audiotape (wearing headphones for privacy) and answered 11 risk-related questions on the ASSESS Answer Sheet (that did not contain the questions). With the parent out of the room, the physician used program materials (answer sheets, pamphlets, and an ASSESS Pyramid icebreaker) to encourage the teen to discuss risk behaviors and their answers on the Answer Sheet. The physician used role-play strategies to encourage the teen to practice refusing risky behaviors.

All participants were given a face-to-face exit interview following their checkup to determine how many sexual topics they had discussed with their health care provider. Telephone follow-up interviews were conducted at three months and nine months.

Study findings showed that ASSESS program materials had a positive impact on adolescent-reported discussion with the physician about sex. More intervention teens reported discussion on sexual topics with their physicians than did their control group counterparts. The program also had a positive impact on young adolescent knowledge about HIV transmission and attitudes towards condom use. At three-month follow-up, more

- Contraceptive Education
- Life Option Enhancement
- Self-Efficacy/Self-Esteem
- Sexuality/STD/HIV/AIDS Education

COMPONENTS

- Adult Involvement
- Case Management
- Group Discussion
- Lectures
- Peer Counseling/Instruction
- Public Service Announcements
- Role Play
- Video
- Other: Audio Cassette, Individual Discussion

sexually active teens reported condom use in the intervention group than the control group. While more vaginal intercourse was also reported in the intervention group than the control group, this was not true of overall sexual intercourse (including anal and oral). At nine months, there were no group differences in sexual behavior; however, more signs of STDs were reported by the control than the intervention group.

SUITABLE FOR USE IN

ASSESS is suitable for use in physician and clinic offices (for routine general health examinations or annual physical exams as required for participation in sports), as well as school and STD-related clinics.

ORIGINAL INTERVENTION SAMPLE

Age, Gender

The original intervention sample of 215 young adolescents aged 12-15 included 107 males and 108 females.

Race/Ethnicity

More than half of the participants (65%) were African-American, 19% were Caucasian, 7% were Hispanic, and 13% were Other.

PROGRAM LENGTH

This single-session, two-component intervention is designed to be offered while participants wait for their scheduled general health check up, and continued in the physicians office without a parent present. The first part of the intervention involves the participant listening to a 14-minute audiotape and answering personal risk-related questions. The physician uses the color-coded responses to the questions to guide the private discussion that follows.

STAFFING REQUIREMENTS/TRAINING

The ASSESS program package includes a 15-minute videotape of a simulated ASSESS visit for use as on-site training. In addition, the ASSESS program binder provides detailed tips on implementing the program and using the communication tools during patient visits. Although the original intervention focused on primary care physicians to deliver the intervention, you may choose to include physician assistants, nurse practitioners and other health professionals among those who administer ASSESS in your setting.

PASHA PROGRAM PACKAGE

The PASHA Program Package for this program includes:

ASSESS User's Guide

The ASSESS Program Manual

2 copies of the ASSESS audiotape for use by teens in the waiting room or other private area (14 minutes)

Videotape of a simulated ASSESS visit for those involved in the program delivery (15 minutes)

50 copies of two of the three brochures used for role-play with the teens, and for their use after the office visit (.101 Ways to Say No to Sex,. and a condom-use brochure, and .List of Support Services for Teenagers..note: this last brochure is specific to the area in which the intervention was originally developed; PASHA staff recommend that you consider developing a similar resource for your area if one is not readily available; only one copy is included for reference purposes)

50 copies of two parents. brochures (.HIV: Talking with Your Teen,. and .Drugs: Talking with Your Teen.)

50 copies of the ASSESS Answer Sheet for teens. use

2 copies of the ASSESS STD/HIV Risk Assessment Template for the physician.s use

2 copies of the cut-and-paste ASSESS Pyramid (requires simple assembly)

Note: There are some secondary materials you will need to obtain to offer this intervention. A television and VCR will be needed to view the simulation video, an audiocassette player with headphones will be needed for the risk assessment audiotape, and scissors and tape or glue will be needed to assemble the ASSESS Pyramid.

Telephone technical support on implementation and evaluation for 1 year

NOTES ABOUT EVALUATION

This program box contains a copy of the exit interviews for girls and boys, as well as the follow-up phone questionnaires that were used to collect baseline and follow-up data during the original evaluation of this program. (Please refer to the yellow .Original Evaluation Materials. booklet.) Additional resources for evaluation are also included: (1) Prevention Minimum Evaluation Data Set (PMEDS), a generic questionnaire that can be adapted to suit most prevention programs, and (2) Local Evaluator Consultant Network Directory.