



FAMILIES TALKING TOGETHER:

Creating Healthy Family Conversations
to Prevent Teen Pregnancy

COMMUNITY HEALTH WORKER CURRICULUM

AUTHORS:

Vincent Guilamo-Ramos, PhD, MPH, LCSW

Jane Lee, MSW

James Jaccard, PhD

Community Health Worker Curriculum

Community health workers/promotores de salud have emerged as effective agents in promoting healthy communities. By providing culturally appropriate and accessible health information, linking community members with services, and advocating for individual and community needs, community health workers/promotores de salud play an important role in supporting community health and success.

In recent years, there has been great interest by the U.S. government in defining community health workers/promotores de salud and in supporting their work. Specifically, organizations such as the American Public Health Association, the Office of Minority Health and the Human Resources and Services Administration (HRSA) have dedicated efforts to better understand and describe community health workers/promotores de salud. Community health workers/promotores de salud are often community experts, allowing them to establish relationships based on mutual understanding and respect. They often share the race/ethnicity, language and socioeconomic status of the community members they serve. As trusted and accessible members of their communities, community health workers/promotores de salud can engage in transformative and meaningful work. Examples of community health worker/promotores de salud responsibilities include enhancing provider-patient communication, engaging in preventive care, supporting adherence to treatments, conducting follow-up, making referrals, and facilitating healthcare navigation. They can also increase individual and community capacity through education, counseling and advocacy.

Therefore, community health workers are critical to helping families address the sexual and reproductive health of adolescents in their communities. Unintended pregnancies, sexually transmitted infections (STIs), and HIV disproportionately affect Latino and African American youth, placing them at risk of other negative consequences and greatly challenging the future and well-being of those youth and their families (See www.TheNationalCampaign.org for more information).

This curriculum is intended to help community health workers/promotores de salud engage parents in discussions about adolescent sexual and reproductive health. Specifically, the curriculum explains how community health workers/promotores de salud can use the evidence-based parent intervention, Families Talking Together, to help delay sexual activity and increase correct and consistent contraceptive use, and is a guide for community health workers/promotores de salud to implement and maintain fidelity to this evidence-based intervention. For the purposes of this curriculum, community health workers/promotores de salud will be referred to as community health workers.

By training community health workers to confidently present the Families Talking Together components, we can promote positive adolescent sexual and reproductive health in our communities.



Introduction to the Community Health Worker Training

Getting to Know Each Other

Before the start of the training, all of the community health workers should briefly introduce themselves.

- **Why did you decide to become a community health worker?**
- **What are the issues most important to you?**

(Go around in a circle and introduce yourselves to each other)

You will learn valuable information that you will share with families in your community. The other individuals in this training are integral components to facilitating the learning process. We encourage you to support and help each other along the way.

Ice Breaker: Find Someone Who...

In order to get better acquainted with your fellow community health workers, find someone in the room who has the certain characteristic listed below. The first person to locate someone who matches each statement is the winner and can share his/her answers with the group.

(Remember, no duplicates!)

1. ...was born in December. _____
2. ...has three pets. _____
3. ...is an only child. _____
4. ...has broken a bone. _____
5. ...has more than three kids. _____
6. ...speaks more than two languages. _____
7. ...drank more than two cups of coffee today. _____
8. ...plays a musical instrument. _____
9. ...is the oldest in his/her family. _____
10. ...has been to New York City. _____

Training Goals and Objectives

The goal of this training curriculum is to provide the necessary knowledge and skills for community health workers to effectively implement *Families Talking Together*—an evidence-based parent intervention to prevent and reduce risky sexual behavior among Latino adolescents. The curriculum provides specific activities to be conducted during the training of community health workers for *Families Talking Together* and also specific instructions for community health workers to use while delivering *Families Talking Together* to parents. Additional materials such as the training schedule, fact sheet, and fidelity checklist that accompany the curriculum can be downloaded for free at clafh.org.

Families Talking Together: Community Health Worker Curriculum

Goal: To train community health workers with the knowledge and skills to effectively implement the *Families Talking Together* intervention.

LEARNING OBJECTIVES	FORMAT	CONTENT
INTRODUCTION		
1. Understand the goals and expectations of the training.	Introductory activity, lecture, discussion.	Overview <ul style="list-style-type: none"> • Role of community health workers, training expectations. • Introductory video & discussion.
PHASE 1		
2. Demonstrate that parents can influence teens' decisions on sexual behavior.	Module I Individual & group review; group practice.	Intro: Goals of intervention & importance of parents' influence on teens.
3. Explain common barriers to parental communication about sexual behavior with their teens and teach techniques for overcoming those barriers. <ol style="list-style-type: none"> a. Use specific health outcomes to motivate parents. 	Lecture & small group discussion; small group practice. Group review; partner practice; role play.	Part II: Discuss cultural and personal barriers to talking to teens about sex. Part III: Discuss the impact of sexual behavior on teen health overall; discuss teen health in the community. Focus on healthy teens.

PHASE 2

<p>4. Understand the importance of communication between parents and teens & teach skills that parents can use when talking about sex and contraception with their teens.</p> <p>a. Discuss with parents the importance of social influence on teens' beliefs.</p> <p>b. Teach parents skills for discussion of teen beliefs about sex.</p>	<p>Group discussion; small group brainstorming and practice.</p> <p>Video, group discussion.</p>	<p>Intro: Introduce Think Health, Talk Social, Stay Involved.</p> <ul style="list-style-type: none"> • Read story of Victor and Maria, talk about how important social factors are in teens decisions to have sex. Practice talking to parents about story. • Review common teen beliefs, brainstorm more examples. Practice discussing teen beliefs with parents in small groups. <p>Part II: Discuss parent counterpoints to teen beliefs.</p>
<p>5. Demonstrate the importance of positive parental monitoring and supervision of teen activities & teach skills parents can use to improve supervision.</p>	<p>Lecture; partner practice; partner role play in large group; discussion.</p>	<p>Part III: Talk about when and where to talk to teens about sex and how to start the conversation. Role-play community health worker/parent conversation & discuss with group.</p>
<p>6. Teach parents skills that will help them develop positive relationships with their teens.</p>	<p>Objective is discussed throughout.</p>	<p>Part IV: Talk about what parents do already for supervision and ways in which they can improve. Brainstorm options for setting clear rules and maintaining a positive relationship between parents and teens.</p> <p>Convey trust and respect, set aside time to be with teen not just for special events or talking about reproductive health; etc.</p>
<p>7. Ensure that learning objectives have been met.</p>	<p>Class review; discussion.</p>	<p>Conclusion: Discuss outreach; troubleshoot any problems the community health workers might have.</p>

What is *Families Talking Together (FTT)*?

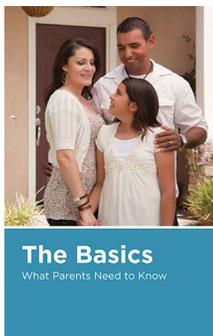
Families Talking Together is an evidence-based parent intervention designed to support effective parent-adolescent communication among African American and Latino families in order to delay teens from having sex. *Families Talking Together* has materials for both parents and teens and is available in English and Spanish.

Families Talking Together is unique because it was designed specifically for Latino and African American parents in a community setting and has proven to change behavior.^{1,2} In a recent randomized, controlled study, *Families Talking Together* improved teens' decisions about sex. Specifically, nine months after the intervention, 6% of youth (ages 11-14) in the intervention group had ever had sex compared to 22% of those in the control group.^{1,2} The *Families Talking Together: Community Health Worker Curriculum* is a guide for community health workers to implement and maintain fidelity to this evidence-based intervention.

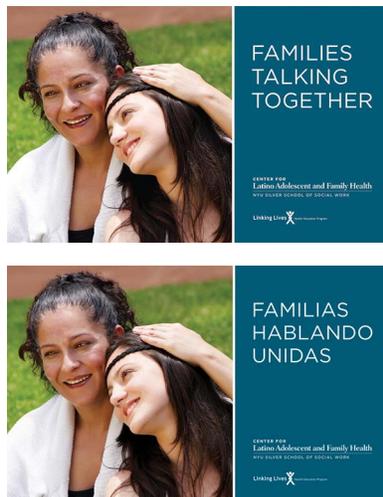
THE *FAMILIES TALKING TOGETHER* INTERVENTION HAS TWO PRIMARY COMPONENTS:

I. *Families Talking Together* written materials:

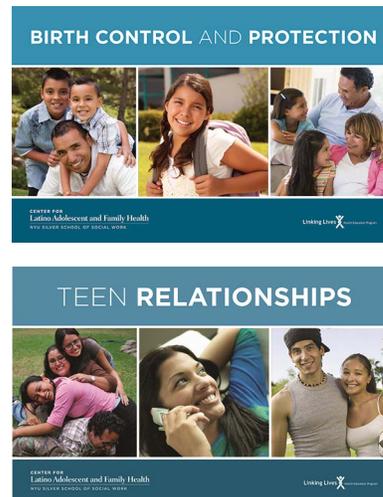
The Basics



Parent Materials



Teen Materials



II. Face-to-face parent interviews:

- Meeting with the community health worker.
- Receiving *Families Talking Together* written materials.
- Reviewing the importance of communication, monitoring and supervision, and quality of parent-teen relationships.
- Learning how to apply *Families Talking Together* at home.

Group Guidelines & Rules

Before jumping into the materials, community health workers and trainers should establish ground rules for the training. During the training, there will be role playing activities and discussions where each individual will want respect and attention from others. Furthermore, confidential information may be shared. Establish a set of rules to be written and make sure these rules are in a place for all community health workers to see. Keep each other accountable for these training guidelines!



Training Expectations

Accompanying this community health worker curriculum is a training schedule that outlines the plan for three days of training. Review the schedule with the group; if you do not have a training schedule, review the community health worker curriculum snapshot and the materials that will be covered.

AS A RESULT OF THIS TRAINING, COMMUNITY HEALTH WORKERS SHOULD:

- Understand the objectives, significance, and design of the community health worker curriculum.
- Understand the theoretical framework and unique mechanisms of *Families Talking Together*.
- Demonstrate a solid understanding of adolescent sexual behavior and the potential risks of engaging in too-early sexual activity.
- Understand the important role parents play in delaying too-early sex among adolescents and preventing poor sexual health outcomes.
- Learn the guidelines and the *Families Talking Together: Community Health Worker Curriculum*.
- Understand how to ensure fidelity based on a fidelity checklist.
- Demonstrate problem solving and negotiating skills to address a variety of parental concerns.

The Role of Community Health Workers

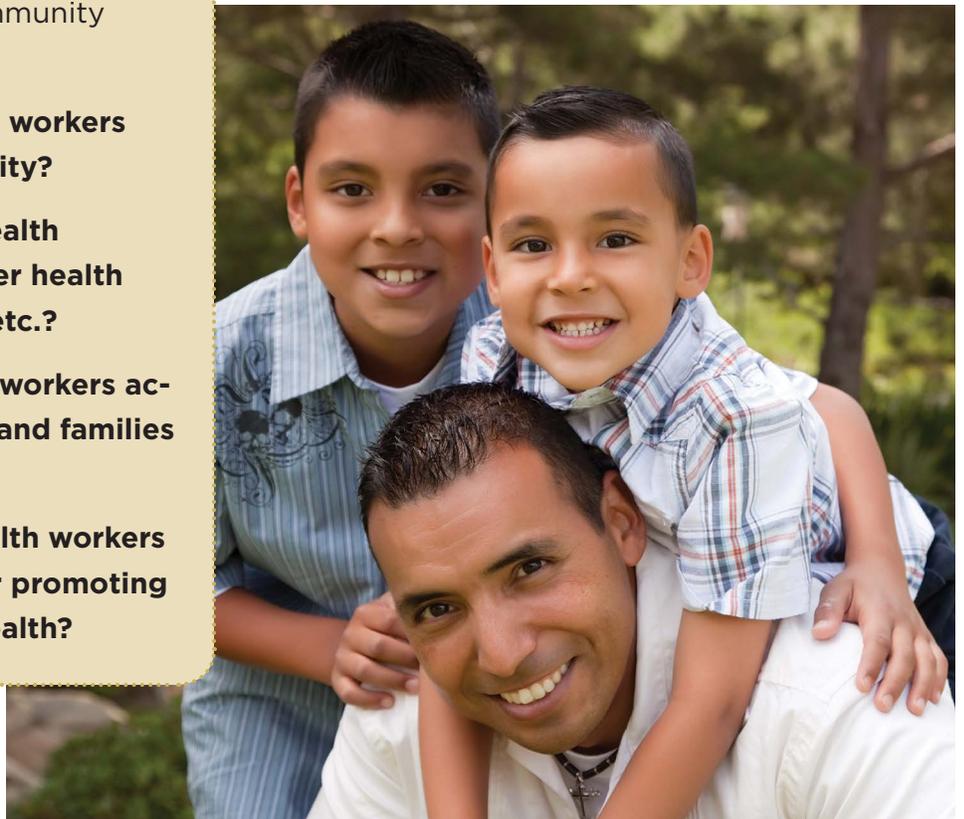
COMMUNITY HEALTH WORKERS ARE EFFECTIVE AGENTS IN PROMOTING THE HEALTH OF THEIR COMMUNITIES:

- They provide culturally appropriate and accessible health information.
- They link community members with services.
- They advocate for individual and community needs.
- They are trusted, accessible members of their communities and are critical to helping families address the sexual and reproductive health of teens in their communities.

Discussion

Think about your role in the community and the unique responsibilities of community health workers.

- **Why are community health workers important to your community?**
- **What makes community health workers different from other health providers, social workers, etc.?**
- **How do community health workers access and reach individuals and families in their communities?**
- **Why might community health workers be especially important for promoting sexual and reproductive health?**



Training Preparation: Adolescent Sexual Risk Behavior and Health Outcomes

Video: **Demasiado Joven**

Demasiado Joven is a five minute, informative, candid, and ultimately hopeful video that provides a snapshot of teen pregnancy in the Latino community, as told by Latino teen parents. It shows how teen pregnancy is connected to other social issues and is a powerful discussion starter.

(It can be found on The National Campaign's website at:

http://www.TheNationalCampaign.org/latino/demasiado_joven.aspx)

DISCUSSION

- What was your reaction to the video?
- Were you surprised by anything you saw in the video?
- Were you aware of all the information presented in the video?

EXAMPLES OF RISKY ADOLESCENT SEXUAL BEHAVIOR

To prepare for the training, discuss examples of risky sexual behavior and their health outcomes. This intervention aims to prevent the following:

- **Sexual activity before adolescents are mature enough to protect themselves from risks (premature sex);**
- **Inconsistent and incorrect condom use;**
- **Sex without using contraception;**
- **Sex with multiple partners;**
- **Sexual activity before age 13; and/or**
- **Using alcohol or drugs combined with sexual activity.**

Adolescent sexual risk behavior can lead to:

- **Teen pregnancy;**
- **Sexually transmitted infections; and/or**
- **HIV/AIDS.**

Know the Facts

A fact sheet, *Latino Teen Sexual Behavior & Outcomes*, accompanies this curriculum. Review the facts specific to California. (If you do not have a fact sheet, find data on teen pregnancy, STIs, and HIV online at <http://www.TheNationalCampaign.org/state-data/state-profile.aspx?state=california> or at teenbirths.phi.org for accurate information pertinent to your community).



Discussion

After reviewing the facts, follow the facilitation/discussion guide below for a focused conversation about the facts we just learned and the video we just watched.

- **What do you recall from the fact sheet and the video?**
- **What stood out to you?**
- **What do you remember seeing, hearing, and feeling?**
- **What did you have positive reactions to?**
- **What did you have negative reactions to?**
- **What sense do you make of the data you just learned?**
- **Did you make any decisions based on what you learned? What do you think is the best way to move forward with what you learned?**

Families Talking Together: Community Health Worker Curriculum Snapshot

Phase 1: Parents Can Make a Difference

Goal: The goal of Phase 1 is to motivate parents to talk to their teens about delaying sexual activity. Phase 1 does this in three ways: overcoming parent barriers, sharing health outcomes, and conveying the message that parents really can make a difference in keeping their teens healthy.

I. INTRODUCTION

Goal: Build rapport, introduce *Families Talking Together*, and state the goal of the intervention.

- a. Build rapport with parents.
- b. State the purpose of *Families Talking Together* to parents.
- c. Introduce *Families Talking Together* to parents.
- d. Distribute materials to parents.
- e. Explain the Community Health Worker Tool/Resource: *The Basics* to parents.



II. OVERCOMING PARENT BARRIERS

Goal: Overcome barriers parents might face when talking to their teen about sex.

- a. Share the most common reasons parents don't talk to their teens about sex.
- b. Provide counterpoints to common reasons.
- c. Discuss the importance of parents' roles.
- d. Discuss with community health workers the issue of teen pregnancy in the Latino community.

III. MOTIVATE PARENTS WITH HEALTH OUTCOMES

Goal: Motivate parents to talk to their teens about delaying early sexual activity by discussing the risks of negative health outcomes and emphasizing healthy sexual behavior.

- a. Share some of the potential consequences of risky sexual behavior.

- b. Motivate parents by sharing local facts and statistics about youth in the community.
- c. Emphasize the goal of keeping teens healthy.

IV. QUESTIONS AND WRAP UP

V. REVIEW OF PHASE I

Phase 2: Think Health, Talk Social, Stay Involved

Goal: After completing Phase 1, parents should be motivated to talk to their teens about delaying sex. Phase 2 provides parents with specific skills in the areas of communication, monitoring, and supervision, and the quality of parent-teen relationships to help parents effectively influence teen behavior and delay teens from having sex.

I. THINK HEALTH, TALK SOCIAL, STAY INVOLVED

Goal: Introduce and explore the concept of Think Health, Talk Social, Stay Involved using a narrative example.

- a. Introduce and briefly define Think Health, Talk Social, Stay Involved.
- b. Read aloud: Story of Maria and Victor found in *The Basics*.
- c. Ask parents to learn what their teens think about sex and parental involvement.
- d. Discuss the story with parents. Ask what they heard. Point to the social reasons teens decide to have sex and the consequences of lack of supervision.
- e. Review common teen beliefs about sex found in *The Basics*.
- f. Engage with parents and ask for examples of common teen beliefs about sex.
- g. Reiterate Think Health, Talk Social, Stay Involved.

II. TALK SOCIAL ACTIVITY: TEEN BELIEFS / PARENT COUNTERPOINTS

Goal: Practice talking about the social reasons teens give for having sex and effective parent responses.

- a. Use *Families Talking Together* Chapter 8, page 12.
- b. Read teen beliefs and parent approaches.
- c. Role play: Read teen beliefs and ask parents for responses.
- d. Repeat three times.

III. STAY INVOLVED: MONITORING AND SUPERVISION

Goal: Provide parents with specific monitoring and supervision skills to reduce the likelihood of teens engaging in early sexual activity as well as emphasizing the importance of a quality parent-teen relationship.

- a. Reiterate: Think Health, Talk Social, Stay Involved. State that monitoring and supervising your teens means staying involved in their lives.
- b. Review three specific monitoring techniques.
- c. Review five specific supervision techniques.
- d. Discuss maintaining a quality relationship.

IV. COMMUNICATION: GETTING THE CONVERSATION STARTED

Goal: Provide communication strategies for parents and have parents commit to a specific time and place that they will start talking with their teens.

- a. Discuss parental approaches on starting a conversation with their teens.
- b. Ask parents to share their approaches.
- c. Provide communication tips.
- d. Document date, time, and place parents will begin talking to their teens about sex.

V. CONCLUSION

Goal: To summarize materials, answer questions, and encourage the use of *Families Talking Together*.

- a. Summarize *Families Talking Together* and restate purpose.
- b. Review *Families Talking Together* materials and answer all questions.
- c. Record a specific date and time when parents will talk with their teens using *Families Talking Together*.
- d. Thank parents and conclude, Think Health, Talk Social and Stay Involved.
- e. Present outreach strategies.



Families Talking Together: Expanded Community Health Worker Outline/Curriculum

Phase 1: Parents Can Make a Difference

Goal: The goal of Phase 1 is to motivate parents to talk to their teens about waiting until they are older to have sex. Phase 1 does this in three ways: overcoming parent barriers, sharing health outcomes, and conveying the message that parents really can make a difference in keeping their teens healthy.

I. INTRODUCTION

Goal: Build rapport and introduce *Families Talking Together*.

- a. Build rapport with parents.
 - i. Personalize. Ask about teen's name/gender.
- b. State purpose to parents.
 - i. The purpose of the *Families Talking Together* intervention is to help parents talk to their teens about waiting until they are older to have sex.
- c. Introduce *Families Talking Together* to parents.
 - i. *Families Talking Together* is a tool that you will be using throughout the intervention and that will serve as a resource for parents when talking to their teens. *Families Talking Together* serves as a resource for parents and provides teen perspectives on sexual decision making.
 - ii. The information in *Families Talking Together* provides parents with information that will likely have the greatest impact on their teens' behavior.
- d. Distribute materials to parents.
- e. Community health worker tool/resource: *The Basics*

Community Health Worker Discussion with Parents

State: Thank you for participating in our *Families Talking Together* Program. My name is _____. What is your name? What is the name of your teen? How old is your teen?

State: I am here to talk with you about the important role you have as a parent in helping your teen delay having sex at an early age.

At the beginning of the session, the community health worker will review the purpose of the session and will distribute the intervention materials to parents. Specifically, the community health worker will let parents know that they will be discussing the importance of communicating with teens about sex. The community health worker will tell the parents that they are going to review written materials and discuss teens' perspectives on sex. The community health worker will also tell the parents that they will review some key points that are likely to have the greatest impact on their teens' behavior.

At this time, the parents will have the opportunity to select intervention materials. The intervention has been tailored for either African American or Latino parents. Materials for African American parents are written in English. The intervention materials for Latino parents are available in English and in Spanish. It is possible that parents who are predominantly Spanish-speaking will have adolescents who are predominantly English-speaking. Parents will have the option of receiving some materials in both English and Spanish.

COMMUNITY HEALTH WORKER TOOL/RESOURCE: *THE BASICS*

The Basics module provides highlights from *Families Talking Together* and presents the types of issues teens face when thinking about whether or not to have sex as well as specific strategies parents can use when talking to their teens about sex. The community health worker will use *The Basics* module throughout the intervention as a reference and guide.

Each panel in *The Basics* lists a number which corresponds with a specific *Families Talking Together* module where parents can find more in-depth information about a topic.

After parents have received the materials, the community health worker will begin the next part of the intervention.

Training Practice

Community health workers should pair up and practice building rapport, stating the purpose of *Families Talking Together*, and introducing themselves until they feel comfortable. The tips and information above can be used to master the introduction section of the intervention. Community health workers can also share prior experiences building rapport with families when discussing sensitive topics. Discussion questions:

- **What are ways to make the parent feel comfortable?**
- **How might your role impact your delivery?**
- **Why might community health workers be especially important for promoting sexual and reproductive health?**

II. OVERCOMING PARENT BARRIERS

Goal: Overcome barriers parents might face when talking to their teens about sex.

- a. Share the most common reasons parents don't talk to their teens about sex.
- b. Provide counterpoints to these common reasons.
- c. Discuss the importance of parents' role.
- d. Discuss teen pregnancy in the Latino community.

Training Practice

In small groups, community health workers will share common reasons and cultural barriers that might be present in their communities that may prevent parents from talking to their teens about sex. Community health workers should become familiar with these reasons.

- **What are some unique cultural barriers that parents might face when talking to their teens about sex?**
- **Why might parents in your community not want to talk to their teens about sex?**

To enhance the likelihood that parents will communicate with their adolescents about sex, the community health worker will briefly discuss the important role that parents play in preventing their teens from engaging in risky sexual behavior. First, the community health worker will discuss some of the most common reasons why parents may not communicate with their adolescents about sex.

Community Health Worker Discussion with Parents

State: *While parents want to keep their teens healthy, many parents find it difficult to talk to their teens about sex.*

Ask: *What are some barriers you might face when talking to your teens about sex?*

State: *Here are some reasons why you should talk to your teens (found in *The Basics*).*

NOTE: Community health workers should be clear in explaining *The Basics* and how to identify different sections located in *Families Talking Together* in order to encourage and model future use.

PARENT BARRIERS

- Some parents believe that talking with their teens about sex won't make a difference.
- Some parents don't talk with their teens about sex because they're embarrassed or are worried about embarrassing their child.
- Some parents feel like they don't have enough knowledge or information to talk clearly with their teens about sex.
- Some parents feel uncomfortable because they had sex as a teen.
- Some parents say they just don't feel confident enough to talk with their teens about sex.
- Some parents are worried about talking with their teens about sex because they think it might distract them from school or that such talks might make their child think that it is okay to have sex.
- Some parents think that their teens will get enough information about sex from other places, such as health classes at school, and that talking about sex right now isn't their responsibility.

While presenting the reasons that some parents have for not talking with their teens about sex, the community health worker will discuss a list of **counterpoints**. The counterpoints are designed to address any potential reasons parents may have for not communicating with their teens about sex. The counterpoints highlight the importance of parent-adolescent communication about sex and are designed to make parents feel comfortable and confident talking with their children about sex.

THE COUNTERPOINTS TO BE COVERED INCLUDE:

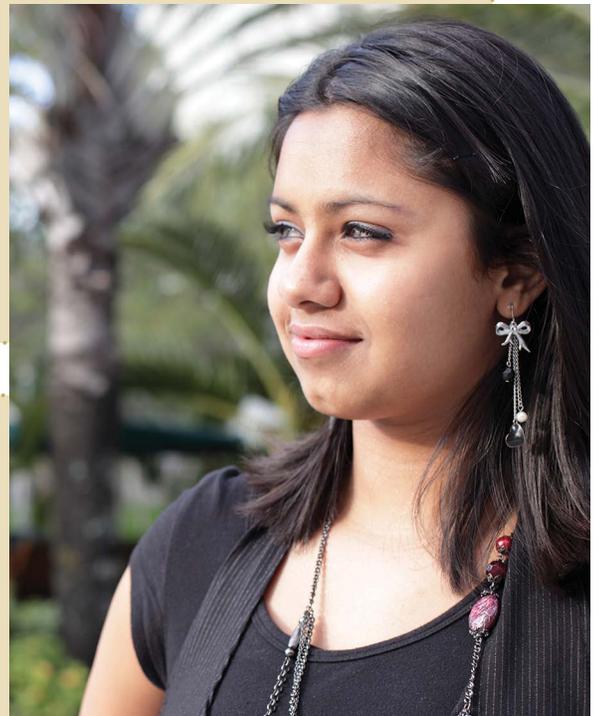
- **What you say can really make a difference.** Studies have found that parents can have a major impact on their teens' behavior and the decisions their teens make, especially when those decisions involve big issues, like having sex.
- **Talk to your teens about sex.** Studies show that talking to your teens about not having sex actually decreases the chances of them having sex and increases the likelihood that they will make healthy choices.
- **No one knows your adolescent better than you do.** As a parent, you're the expert on your child's life and you can feel confident that your children look to you for love, support, and guidance. If you need some extra support to feel confident, try talking with other parents of teens. Other parents can be a great source of support and could help boost your confidence to talk with your teens about sex.
- **Be truthful.** If you had sex as a teen, don't be afraid to say so but talk with your teens about what considerations you made before deciding to have sex and whether you wish you had waited or not.

- **Practice talking.** Many parents feel embarrassed or nervous talking about sex—this is normal. Try practicing on your own or with a friend first to get more comfortable. Review the pointers in *Families Talking Together*, the materials you’re receiving today. Parents say that practicing with someone helps them to feel calm and comfortable about talking with their teens.
- **Parents need to talk.** Studies show that kids don’t get enough information at school about *not* having sex. Many of your teens’ friends probably have incorrect information about sex, and the teens who say they know it all actually do not. Do not let this stop you from talking! Talking with your teens about sex now could help them do better in school and will help them become responsible, mature, and healthy adults later on.
- **Teens are affected by what their parents say. It is important for you to be involved in all of the important aspects of your teens’ life and to talk with them.** Even if your teens are getting information about sex in their classes at school, what you say to them is likely to have the biggest impact on their decision to not have sex.

Training Practice

ACTIVITY: BARRIERS AND COUNTERPOINTS

Community health workers should pair up and take turns using the counterpoint to address parent barriers. Community health workers should practice until they feel that they have mastered using the counterpoints.



Training Practice

ACTIVITY: HAVE YOU TALKED ABOUT SEX?

Think about the following two questions:

1. Have your parents talked to you about sex?
2. Have you talked to your own kids about this topic?

DISCUSSION

- What do you think are the reasons behind why we have or have not talked about sex?
- What do you think were the reasons behind why your parents did or did not talk to you about sex?
- How do these reasons compare to the cultural barriers that parents might face when talking to their teen about sex?

Training Practice

VIDEO: LATINO YOUTH: LIFE AS WE KNOW IT (STAYTEEN.ORG)

This informative video from StayTeen.org provides perspectives from Latino teens about delaying sex. The video can be found on YouTube at:

http://www.youtube.com/watch?v=UbVWsuKosPc&feature=youtube_gdata

DISCUSSION

- What was your reaction to the video?
- How did you feel listening to these teen voices?

III. MOTIVATE PARENTS WITH HEALTH OUTCOMES

Goal: Motivate parents to talk to their teens about delaying early sexual activity by discussing the risks of negative health outcomes and emphasizing positive overall health and sexual health.

- a. Share health outcomes that may result from adolescent sexual risk behavior.
- b. Motivate parents by sharing facts and statistics about youth in your specific community.
- c. Emphasize the goal of keeping teens healthy.

The community health worker will then briefly review some of the negative consequences associated with premature sexual activity, including HIV/AIDS, STIs, and unplanned pregnancy.

Community Health Worker Discussion with Parents

Ask: *Why is it so important to talk to your teens about delaying sex? It is important because we want your teens to stay healthy and safe. Teens who start having sex at a young age are at increased risks for poor health outcomes.*

State: *Studies have found that parents who have a better idea about the possible negative consequences of sex are more likely to talk about sex with their teens.*

Share the following facts: **(Must include teen pregnancy, STIs and HIV/AIDS, as well as two community-specific facts.)**

a. TEENS ARE SEXUALLY ACTIVE.

- **Most parents are not aware that their teens are sexually active.**
- **Many teens start having sex between the ages of 11-17.**
- **The Centers for Disease Control and Prevention report that 46% of teens in high school have had or are having sex.**

NOTE: Please be sure to include local data from your community and keep health facts up-to-date. For most recent data or more information please visit:

<http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>.

b. HEALTH RISKS FROM TEENS HAVING SEX TOO EARLY INCLUDE:

- **Unintended Pregnancy**
 - » More than 4 in 10 minority youth report getting pregnant at least once before the age of 20—nearly twice the national average.
- **Sexually Transmitted Infections (STIs) and HIV/AIDS**
 - » Almost half of all STIs are among youth ages 15-24.
 - » African Americans and Latinos bear the largest health burden of HIV/AIDS.
- **School Dropout**
 - » Teen parenthood is a leading cause of school dropout among adolescent girls.

Training Practice

BRIEF ACTIVITY: MYTHS AND REALITIES

- The trainer will read aloud the barriers that prevent parents from talking to their teens about sex on page 16 in the community health worker curriculum. The community health worker will determine whether this barrier is a concern in his/her community. Community health workers can share with the group why he/she believes the barrier is relevant/irrelevant for their community.

Training Practice

Community health workers will practice motivating parents to talk to their teens about sex with a partner or another community health worker in the training. Community health workers should use their knowledge about health outcomes that may result from risky sexual behavior and local facts and statistics about youth in their community. Also, community health workers should remember to think about parent barriers and emphasize the goal of keeping teens healthy.

ROLE PLAY

Community health workers will practice mastering Phase 1 of the intervention. In between role plays, the community health workers can refer to the materials and review anything they might have missed. Additionally, community health workers can present role plays to the group and allow for others to engage in constructive criticism about ways to deliver Phase 1 of the intervention.

IV. QUESTIONS & WRAP UP

This concludes the first phase of the intervention. Community health workers should practice and master Phase 1 before continuing to Phase 2. Community health workers should discuss anything that was unclear and raise any questions about the materials.

PHASE 1 CLOSURE ACTIVITY:

To conclude the first part of the training, participants will fill out a confidential card that notes one thing they learned, one thing they would like to understand better, and one thing that could be improved for the next portion of the training. The participants will hand these cards to the trainers to review before the next day or next portion of the training.

V. REVIEW OF PHASE 1

Before the start of the next section or day of the training, the community health workers should review the materials from Phase 1. Additionally, the closure cards from the first part of the training should be reviewed.

The community health workers will participate in another ice breaker activity to promote the sense of community and support in the group.

Ice Breaker: That's Me!

- Each community health worker will write one thing that they share in common with everyone in the group, one thing that they think they share in common with most people in the group, one thing that they share with some people in the group, and one thing that is unique to them. The cards will be collected and read aloud.
- Ask everyone to stand, then select one card. Read the first question, and ask who shares the answer given on the card you chose. Players should sit down (and remain seated) if the answer doesn't apply to them. Continue reading aloud answers on the card to the second and third questions. As each response is read, more and more players are likely to sit down. The game usually narrows by the fourth question to the one person whose trait is unique in the group. Announce the name of the person who remains standing.
- Participants are encouraged to ask the group questions. At the end of the activity, the instructor will address the similarities and differences among the group and the importance of diversity.

Training Practice

Practice makes perfect! Community health workers will practice performing the steps in each of the parts of Phase 1 with a partner. The intervention fidelity checklist will be introduced to ensure that community health workers are covering all of the necessary points and materials. The fidelity checklist is a guide that lists the important facts and activities that the community health worker is required to do in order to deliver the intervention with fidelity. The checklist will be used to evaluate and ensure community health workers' comfort with Phase 1.



Phase 2: Think Health, Talk Social, Stay Involved

Goal: After completing Phase 1, parents should be motivated to talk to their teens about delaying sex. Phase 2 provides parents with specific communication, monitoring, supervision, and relationship building skills in order for parents to effectively influence teen behavior and help teens delay having sex.

I. INTRODUCTION TO: THINK HEALTH, TALK SOCIAL, STAY INVOLVED

Goal: To introduce and explore the concept Think Health, Talk Social, Stay Involved using a narrative example to help illustrate.

- a. **Read aloud:** Story of Maria and Victor (found in *The Basics*).
- b. **Ask parent:** Learn what teens believe about sex and parental involvement.
- c. **Discuss the story with parents:** Ask what they heard. Point to the social reasons teens decide to have sex and the consequences of lack of supervision.
- d. **Review:** Common teen beliefs about sex found in *The Basics*.
- e. **Engage with parents:** Ask for examples of teen beliefs about sex.
- f. **Reiterate:** Think Health, Talk Social, Stay Involved.

The community health worker will introduce the phrase: Think Health, Talk Social, Stay Involved. After stressing the important influence that parents have on their children's decisions about sex, the community health worker will introduce the Think Health, Talk Social, Stay Involved message to the parents. The Think Health, Talk Social, Stay Involved message was developed utilizing results from two pilot studies conducted in support of *Families Talking Together*. In our formative work, several results were observed that are important for increasing the likelihood and efficacy of parental communication about sex.

1. First, parents who were concerned about the negative health consequences of premature sexual intercourse were more likely to talk with their adolescent children about sex. When parental concern about unintended pregnancies, STIs, HIV/AIDS, and other health risks increased, parent-adolescent communication about not having sexual intercourse also increased. The Think Health part of this curriculum appeals to the primary motivation parents have for talking with their children about sex.
2. Second, while teens were aware of the risks associated with premature sexual activity, the fear of unintended pregnancies, STIs, and HIV/AIDS were not strongly associated with their

decision to have sex. Rather, teens focused on the perceived positive and negative social effects of having sex, which were topics not addressed by most parents. This suggests that parental messages about abstaining from too early sex must address the positive and negative social associations that are most important to teens (hence the Talk Social part of this curriculum).

All of these findings have been incorporated into the Think Health, Talk Social, Stay Involved message, which is designed to: **a)** provide parents with some basic data on teenage sexual activity, **b)** briefly review the health risks of adolescent sexual intercourse, **c)** provide parents with examples of the social reasons associated with teens' decisions to have or abstain from sex, and **d)** help parents deliver messages with content that reflects teens' perspectives.

Community Health Worker Discussion with Parents

State: *We've spent the last few minutes discussing the poor health outcomes that could happen if teens start having sex too young. I know that keeping your teens healthy is your #1 priority. However, while teens are often aware of the risks of having sex at a young age, what really affects their decision making is their social world. They care about what their friends think, how they'll appear, etc. Talk Social means that parents need to talk to their teens about the social reasons they choose to have sex. Lastly, parents need to stay involved in the lives of their teens and we'll be reviewing some important strategies.*

State: *First, I would like to read you the story of Victor and Maria. It's a real-life story of Latino teens. While I'm reading, listen for teen beliefs about sex and parental involvement.*

Read: Story of Maria and Victor.

Discuss the story with parent.

Ask: *Listening to the story, what were some of the reasons Maria and Victor chose to have sex?*

State: *This story highlights many of the social reasons why teens choose to have sex and some of the consequences that could happen if parents don't stay involved in the lives of their teens. Next, I want to review some more of the social reasons why teens have sex and some parental approaches for talking to teens.*

The community health worker will tell the parent that it's not just about raising adolescents' awareness of the possible negative consequences of sex, but it's about sending the right message to them. By presenting the social reasons associated with teens' risky sexual behavior, the community health worker will help parents better understand sex from their teens' perspective.

Community Health Worker Discussion with Parents

State: *Now I'd like to review some common social reasons teens decide to have sex. This can be found in The Basics (review 3-5 reasons).*

Ask: *Can you think of any social reasons why a teen like yours might have sex?*

WHY DO TEENS CHOOSE TO HAVE SEX?

- *“If I have sex, I will feel more grown up.”*
- *“I think I would enjoy the way it feels.”*
- *“Having sex would make me happy.”*
- *“I think having sex would make me more popular at school.”*
- *“More girls/boys would like me if I had sex.”*
- *“I believe in having sex if I truly love the other person.”*
- *“It’s okay if I have sex because a lot of kids at my school are doing it.”*
- *“Sex will make me feel closer to my boyfriend/girlfriend.”*

WHY DO TEENS CHOOSE NOT TO HAVE SEX?

- *“I’m not having sex because my parents would be upset.”*
- *“Having sex would interfere with school and my future.”*
- *“I don’t want to have sex because I think it will give me a bad reputation.”*
- *“I’m not going to have sex because I want to wait until I’m married.”*
- *“I think that having sex right now would be morally wrong.”*
- *“I won’t have sex because I think that my boyfriend/girlfriend would lose respect for me.”*

Training Practice

ACTIVITY: CONFIDENTIAL QUESTIONS

Please fill out the questions below on a separate sheet of paper, thinking about the time when you were an adolescent. Everyone will fill out the questions with the same color pen to ensure confidentiality. After answering the questions, the trainer will collect your responses and redistribute the papers to the group so that each participant does not receive their own paper.

The trainer will read each question aloud and everyone who has a sheet with a “yes” response for that question will stand up. (Remember the person that stands up is not necessarily the one who answered yes to the question).

The group will be able to see the number of people in the room that answered yes to each question.

DISCUSSION

- Were you surprised by the number of people who answered yes to the questions?
- Which question were you most surprised by?
- What did you learn from this activity?

QUESTIONS	YES	NO	UNSURE
1. My parents talked with me about sex.			
2. The first information I received about sex was through my friends.			
3. I had relationships before I knew how to protect myself.			
4. The first time I had sex was planned.			
5. I or my partner have/has had a sexually transmitted infection.			
6. I or my partner have/has had an unintended pregnancy.			
7. I or my partner have/has had an abortion.			
8. I have had multiple sexual partners at the same time.			
9. I had sex before I was 18 years old.			

A Real Life Story: Victor & Maria

Maria is a 14-year-old girl and is regularly dating Victor, 17 years old. Victor and Maria care about each other very much and call their relationship serious. Maria's mother doesn't approve of their relationship, but does not enforce any rules to prevent them from spending time together. Maria's mother does not keep track of who her daughter invites over or her afterschool activities because she believes that Maria is old enough to take care of herself. Victor's parents rely on him to take care of his younger siblings, but have not set clear rules when he is out of the house.

Maria really cares for Victor and feels that having sex will show him how much she loves him. Victor is getting tired of feeling like he is missing out by not having sex. Maria feels very close to Victor and trusts that he would never let anything bad happen to her. Maria and Victor both feel that if they have sex they will be more grown-up and closer to each other. One night when Victor's parents aren't home, Maria and Victor decide to have sex. A month later, Maria discovers she is pregnant. Maria decides to keep the baby.

HOW DID THIS HAPPEN?

- Parents did not set clear expectations about sexual activity.
- Lack of monitoring and supervision.
- Age difference between Maria and Victor is more than two years.
- Too serious of a relationship.
- **Teen Belief:** "I'm mature enough for a sexual relationship."
- **Teen Belief:** "I believe in having sex if I truly love the other person."
- **Teen Belief:** "I will feel closer to my boyfriend/girlfriend if we have sex."

HOW COULD PARENTS MAKE A DIFFERENCE?

- Setting clear rules and expectations about not engaging in sexual activity.
- Keeping track of where your teen is, who he/she is with and what he/she is doing.
- Discouraging dating older teens.
- Encouraging friendships rather than serious dating relationships.
- **Parent Approach:** "If you are mature enough to have sex, are you also mature enough to be a parent? There is no way to be completely certain that a pregnancy will not happen should you decide to have sex."
- **Parent Approach:** "Sex can be a special way of sharing love with someone. But you should be liked whether or not you have sex. Let's think of other ways of sharing love without having sex."

Training Practice

READ

Community health workers will read the story of Maria and Victor found in *The Basics* and become familiar with its message.

DISCUSSION

Community health workers will discuss the story within small groups. They will review common beliefs about sex and ensure that they would feel comfortable reading and introducing the story with a parent.

SMALL GROUPS

Community health workers will practice Part I of Phase 2 in small groups. In these groups, they can think about other reasons why teens might choose to have sex, receive feedback from other community health workers, and become comfortable with Part I.



II. TALK SOCIAL ACTIVITY: TEEN BELIEFS/PARENT COUNTERPOINTS

Goal: Practice talking about the social reasons teens give for having sex and effective parent responses.

- Use *Families Talking Together* Chapter 8, pg. 12.
- Read teen belief and parent approach.
- Role Play: Read teen belief and ask parents for responses.
- Repeat three times.

Community Health Worker Discussion with Parents

State: *Parents need to talk to their teens about their social world. Again, Think Health, Talk Social. But sometimes it's difficult to know what to say. Families Talking Together provides examples of teen beliefs and parent approaches. Over the next few minutes, I'm going to start by giving an example of a teen belief and together, we can come up with a parent response. We'll do this a few times in a role play to practice.*

ADOLESCENT BELIEF 1: *HAVING SEX AT THIS TIME IN MY LIFE WILL MAKE ME MORE POPULAR.*

PARENT COUNTERPOINTS:

- I understand how important your friends are to you and how much you value what they think. However, I think it is wrong to have sex as a way of being popular with your friends.
- True friends don't care whether or not you have had sex. Friendship goes beyond this. True friends support your decision to not have sex.
- How popular would you be with your friends and your boyfriend/girlfriend if you got a sexually transmitted infection or became pregnant/got your girlfriend pregnant?

ADOLESCENT BELIEF 2: *HAVING SEX WILL MAKE MY BOYFRIEND/GIRLFRIEND LOVE ME MORE.*

PARENT COUNTERPOINTS:

- If your boyfriend/girlfriend pressures you to have sex, then they don't love you regardless of what they say. Why are they pressuring you to do something you don't want to do?
- A loving relationship is one where your boyfriend/girlfriend respects your decision to not have sex and does not place conditions on you.

- I know that you think sex will bring you closer to your boyfriend/girlfriend, but it could also change your relationship in a negative way.
- Let's talk about how you can express your love in ways other than having sex.

TEEN BELIEF 1: *I'M MATURE ENOUGH FOR A SEXUAL RELATIONSHIP.*

PARENT COUNTERPOINT:

- If you are mature enough to have sex, are you also mature enough to be a parent? There is no way to be completely certain that a pregnancy will not happen should you decide to have sex.

TEEN BELIEF 2: *I WILL FEEL CLOSER TO MY BOYFRIEND/GIRLFRIEND IF WE HAVE SEX.*

PARENT COUNTERPOINT:

- Sex can be a special way of sharing love with someone. But you should be loved whether or not you have sex. Let's think of other ways of sharing love without having sex.

Video: 16 and Pregnant

Watch the video clip about Allie—a young girl who becomes pregnant. The clip can be found at: <http://www.mtv.com/videos/16-and-pregnant-season-3-ep-10-allie/1666182/playlist.jhtml>

DISCUSSION

- What did you hear in Allie's story?
- How does Think Health, Talk Social, Stay Involved apply to this story?
- Discuss what you thought about the teen relationship in the video.
- Discuss parent-teen relationships in relation to Allie's story.



III. STAY INVOLVED: MONITORING AND SUPERVISION

Goal: Provide monitoring and supervision skills to reduce the likelihood of teens having sex at an early age as well as emphasizing the importance of quality parent-teen relationships.

- a. **Reiterate:** Think Health, Talk Social, Stay Involved. Emphasize that monitoring and supervising your teens means staying involved in their lives.
- b. **Review:** Three specific monitoring techniques.
- c. **Review:** Five specific supervision techniques.
- d. **Discuss:** Maintaining a quality parent-adolescent relationship.

MONITORING AND SUPERVISION: HELPING YOUR TEEN GROW UP

When parents fail to supervise their teens, they are more likely to get into trouble. They might drink, smoke, or have sex. Teens do not like supervision because they want to be independent, but most teens accept supervision if they have a good relationship with their parents.

Community Health Worker Discussion with Parents

State: *Monitoring and supervising your teen means staying involved in their life, hence our message Think Health, Talk Social, Stay Involved. It also means maintaining a strong relationship.*

Ask: *What are ways that you stay involved in your teen's life?*

Based on previous research with parents, we know some **specific strategies** that parents can use to help delay early sexual activity (found in *The Basics*).

MONITORING:

- **Set Clear Expectations.** Make sure your teens know the rules and what is expected of them. Studies show that most teens are not clear about what their parents want.
- **Follow Through.** If your teens break rules or agreements, talk about it. You don't want it to happen again.
- **Be Accessible and Consistent.** Let your teens know that their life is your #1 priority. Check in regularly, appeal to common goals, and be consistent.

SUPERVISION:

- **Discourage your teens from going out on school nights.** You want to keep your teens focused on school. You want your teens to do their homework and get plenty of sleep on school nights. Partying or hanging out on school nights is not the way to do this.
- **When your teens go to parties, make sure there will be an adult present.** Call the parents of the teen who is hosting the party. Double check the time of the party and ask if an adult will be there. You might even offer to help chaperone.
- **If you let your teens have a party, make efforts to keep alcohol and smoking out of the party.** Ask guests to leave jackets and bags with you when entering the party. Allow only invited guests into the party.
- **Discourage your teens from hanging out with older teens.** Friendships or relationships with teens two or more years older than your teen can lead to trouble because older teens are more likely to take risks.
- **Do not encourage your teens to date.** A romantic partner can have a big influence on your teens. The influence may not always be good. As early involvement in a romantic relationship is one of the best predictors of an adolescent having sex, teens who date early are more likely to get STIs or become pregnant. This is even more likely if your teen dates someone older. This does not mean you should forbid dating nor should you stop your teens from interacting with the opposite sex. Just do not encourage it. At this young age, your teens will do fine without being romantically involved with someone. Be extra careful if your teens want to date someone who is older.
- **Encourage friendships.** At this time in your teens' life they can explore ways to have fun that do not have to include sex.

As the community health worker discusses monitoring and supervision, they will also describe **characteristics of a quality parent-teen relationship**. Characteristics include: (At least three)

- **Respect** between two people.
- **Consideration** for the other person's feelings.
- **Trust** between two people.
- **Concern** for the other person's feelings.
- **Understanding** what each other is like, what each other wants, and what each other likes and dislikes.

Recommendations for maintaining good quality relationships:

- **Keep in touch.** Touch base with your teen regularly, even when things are going smoothly.
- **Spend time together.** Even if it's just taking a walk together, your teens will notice that you're making the time.
- **Keep your word.**
- **Be courteous.**
- **Be thoughtful.** Remember special days. It doesn't have to be with a gift—just let them know you remembered.
- **Recognize special efforts.** Praise your teens!
- **Say you care.** Make it a habit.
- **Be supportive.** When your teens have a bad day, offer a shoulder to lean on.

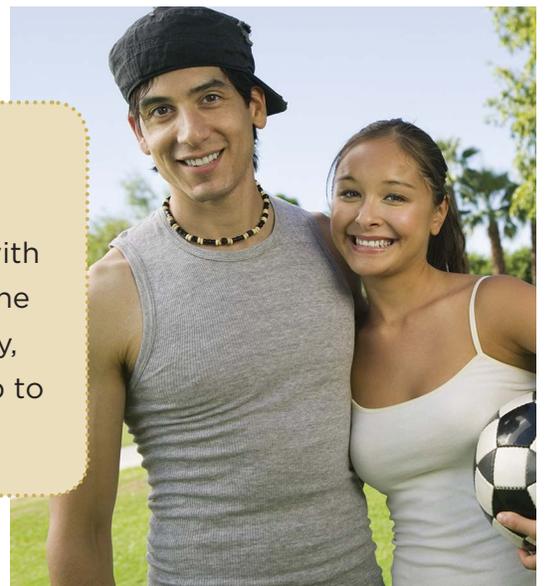
After the community health worker reviews the importance of **communication, monitoring** and **supervision**, and quality of parent-teen relationships the community health worker will then answer any questions or concerns the parents have.

Community Health Worker Discussion with Parents

Ask: *Do you have any questions? What are some ways that you monitor or supervise your teens?*

Training Practice

Community health workers will practice Parts I-III of Phase 2 with a partner. They will make sure that their partners understand the concept of Think Health, Talk Social, Stay Involved. Additionally, partners will take turns role playing in front of the larger group to receive constructive feedback and suggestions.



IV. COMMUNICATION: GETTING THE CONVERSATION STARTED

Goal: Provide communication strategies for parents and have parents commit to a specific time and place that they will start talking with their teens.

- a. Discuss ways parents can start a conversation with their teens.
- b. Ask parents to share their approaches.
- c. Provide communication tips.
- d. Document date, time, and place when parents will begin talking to their teens about sex.

GETTING THE CONVERSATION STARTED (Chapter 4 in the *Families Talking Together* materials). Parental Approaches on starting a conversation with their teen:

- **Use a direct approach.**
- **Remind teens of an event.**
- **Ask teens for advice.**
- **Convey trust.**
- **Be the expert.**

DOCUMENT DATE, TIME AND PLACE PARENT WILL BEGIN TALKING TO TEENS.

The last section of *Families Talking Together* focuses on how parents communicate about sex with their teens. Previous pilot studies conducted by CLAFH suggest that the ways in which parents communicate about sex can make a difference in how their adolescents receive the message. Specifically, adolescents' perceptions of parental expertise, trust, and accessibility were all related to how adolescents internalized their parents' messages about sex.

To further enhance the likelihood that parental communication about sex will affect adolescents' behavior, the community health worker will briefly discuss the practical strategies and scenarios parents can utilize when talking with their teens. The following sections are reviewed in *The Basics* pamphlet (within *The Basics* a number is listed with the corresponding module in *Families Talking Together*).

Good communication between parents and teens can help teens become responsible, self-confident, and thoughtful adults.

Community Health Worker Discussion with Parents

State: *We've covered a good deal of information and now it's time to think about how you are going to start talking to your teens. Remember, it's not a one-time conversation, but something that is ongoing. You want to be clear that it's important that your teens wait to have sex.*

Ask: *How do you think you might start talking with your teens? What might you say?*

FOUND IN THE BASICS:

Below are some useful approaches to help parents get the conversation started: **(Review All)**

- **Use a direct approach.** *“Miguel, there is something I want to talk about with you that has been on my mind a lot lately. Is this a good time to talk?”*
- **Remind your teen of an event.** *“Sara, remember that show we saw on TV where that girl decided to have sex with her boyfriend? I've been thinking about that and I'd like to talk with you about it.”*
- **Ask your teen for advice.** *“Juan, I have a friend who is upset because she found out her daughter is having sex. She asked me for advice and I wanted to find out what you think I should tell her.”*
- **Be available.** Parents have busy schedules, but it's important that they make themselves available to talk and that their teen is a priority. While teenagers say that it's hard when they can't find time to talk with their parents, they also say that parents can still communicate how much they care.

COMMUNICATION TIPS:

- **Choose a time.** Pick a time when there is no upcoming activity and you and your teen aren't thinking about doing something else. Write down a date and time on a calendar and stick to it.
- **Pick a place.** Choose a location to talk that is free of distractions and interruptions. Some teens have said that important talks can happen when doing activities together such as doing laundry, cooking, walking to the park, going to church, or taking the bus together.
- **Convey trust.** Let your teens know that you always have their best interests at heart. Talk to your teens about what it means to trust each other. Teens want to talk with their parents about sex but sometimes fear that parents won't trust that they aren't having sex. Some teens also worry that their parents may react badly if they learn that they are having sex or are thinking about having sex. Teens want their parents to trust them and to show that they love them no matter what. This doesn't mean that you have to be overly permis-

sive or hide your disapproval of your teens' decisions. Instead, we encourage you to talk with your teens about trust and what it means for each of you to trust each other. You can tell your teens that you trust that they will share their thoughts about the big issues in their lives, including the decision to have sex. In turn, your teens can trust that you will be there for them to talk about the big issues in life, like the decision to have sex.

- **Be the expert.** Teens say that it's important for their parents to know about their world and to understand what they think about having and not having sex. Teens who feel like their parents know a lot about sex from a teenager's perspective are more likely to listen to their parents. Even if you feel like you don't have all the answers to your teens' questions, take the time to listen and to respond. When it comes to adolescent sexual intercourse, many of the answers can be found in the materials you were given today. Add to your expertise by reading the materials and talking about the information with your teens.

Community Health Worker Discussion with Parents

Ask: *Where might be a good place to talk to your teens? Is there an activity you can do together? What time of day would be best for a conversation?*

At this point the community health worker will ask parents to think about a time and place and document this in order to follow-up with a call.

Training Practice

Community health workers will practice Phase 2, Part IV with a partner. They will practice until they feel comfortable with communication strategies and with talking to parents about setting a time to talk to their teens. Potential scenarios are written below. One partner will play the role of the parent explained in the scenario and the other partner will play the role of the community health worker. These scenarios will provide specific challenges and obstacles that community health workers may come across, and will help them identify strategies for working through them.

Case 1: The community health worker will play a parent with very strong religious beliefs. This parent does not believe that teens should have sex at a young age.

Case 2: The community health worker will play a parent who does not feel that he/she has a good relationship with their child. This parent does not talk often with his/her child and is unsure about how to even bring up the topic of sex.

Case 3: The community health worker will play a parent who feels that he/she has already talked to his/her child about sex. This parent thinks that his/her child is well informed and does not need to hear more about this issue.

V: CONCLUSION

Goal: To summarize material, answer questions, and encourage the use of *Families Talking Together*. Record a specific date and time when parents will talk with their teens using *Families Talking Together*.

Step 1: Summarize *Families Talking Together* and restate purpose.

Step 2: Review *Families Talking Together* materials and ask if there are any questions.

Step 3: Record a specific date and time when parents will talk with their teens using *Families Talking Together*.

Step 4: Explain that you will call and follow up.

Step 5: Thank parents and conclude.

- In this final part, the community health worker will briefly summarize and restate the purpose of the intervention.
- The community health worker will stress that parents read and utilize the materials with their teens.
- The community health worker will then ask parents to choose a specific date and time to talk with their teens using *Families Talking Together*. It is important to write this date and time down and for the parents to make a commitment. If possible, the community health worker will follow up with parents after the recorded date and ask how the conversation went and address any further questions or concerns.
- The community health worker will explain to the parents that they will be contacted later to follow up and see how the materials are being used.
- Lastly, the community health worker will thank the parents for participating and conclude the intervention.

Training Practice

Before the role play, ensure that you are comfortable with all components of the intervention. Choose one module in the *Families Talking Together* intervention that you want to understand better and spend some time carefully reading the section.

Community health workers will alternate role playing Phase 2 until they deliver Phase 2 with comfort and ease, are able to accurately follow the community health worker curriculum, and maintain intervention fidelity. Community health workers should role play Phase 2 until it is mastered. Community health workers will have the opportunity to role play in front of the entire group to receive feedback and constructive criticism.

ENSURING FIDELITY

The community health workers will receive the fidelity checklist that indicates all of the important points to be covered in the intervention for both Phase 1 and 2.

The checklist is divided into sections and highlights information that should be covered. Community health workers should indicate whether or not they covered this material with the parents. It is important for the community health worker to be honest with this checklist, so that during the follow-up call, they can touch on anything they might have missed.

Community health workers will practice using the check list based on their role plays. They will also rate the other community health workers to point out strengths and weaknesses.

QUESTIONS & WRAP UP

The community health workers and trainers should debrief and review the activities conducted during the second part of the training. Community health workers should practice all materials and information until the next day/portion of the training.

Trainers may have community health workers complete evaluation forms for the training in order to receive additional feedback and comments.



Role Play Phase 1 & Phase 2

Community health workers will alternate role-playing and delivering the entire intervention with a partner. Community health workers will practice role playing with partners in front of the entire group. All community health workers will have the opportunity to receive feedback and guidance.

After the training, community health workers may have additional questions and need follow up information. Hence, community health workers should know who they can contact to ensure that community health workers feel supported. Additionally, they should be familiar with community organizations that can serve as resources throughout the implementation process.

QUESTIONS TO CONSIDER

- Do you know what steps you can take if you have any questions after the training?
- What organizations or agencies in your community could you contact to obtain additional resources or support?
- Do you have the contact information for that organization or person? If not, is there someone who you could ask to find that information?
- While all sessions that community health workers have with parents are confidential, do you know what to do in situations where you feel that there may be possible abuse and/or neglect of children? Although you may not be required to report such abuses, be aware of your state/county's reporting requirements.
- If you have questions regarding the FTT curriculum specifically, community health workers can always access the CLAFH website and resources free of cost at: **www.clafh.org**.

EVALUATION OF INTERVENTION

Evaluating outcomes is an important component to any successful intervention. If the intervention will be evaluated, community health workers should be aware of the evaluation process before completion of the training.

Questions to Consider

- How will the intervention be evaluated?
- Have community health workers reviewed all relevant forms/surveys that will be used for evaluation?
- Do community health workers have any questions about the evaluation process?
- Are community health workers clear about the expectations and timeline for completing and submitting evaluation forms?

Training Practice

Practice using the forms and surveys that will be used to evaluate the intervention. Make sure that the process is clear and that you fully understand how the intervention will be evaluated.

Outreach Strategies

Conducting outreach and engaging parents and families to participate in the program is an important part of delivering *Families Talking Together*. Below is a checklist of outreach skills for community health workers to use as a guide.

OUTREACH SKILLS:

- Understand the needs and health topics relevant to your community.
- Know your community. Community health workers should be knowledgeable about the population in their communities. This includes knowing the areas where families reside and spend time, the language and behaviors of community members, and their cultural values and beliefs.
- Given community health workers' familiarity with their neighborhoods and their trusted role in the community, targeting the homes of community members as primary locations for recruitment may be particularly effective for community health workers.
- Be aware of the geographic and structural features that define the community. Every neighborhood and community is unique. Community health workers should be familiar with their target community and how to navigate that particular space.
- Be aware of events and activities that impact families in your community (i.e. school vacations, holidays, community-wide events).
- Community health workers should be able to engage parents and families in ways that establish trust and rapport.
- Community health workers should ensure that they reach parents in a safe environment and that they create a non-judgmental atmosphere in their interactions.
- Community health workers should always be aware of their own safety and the safety of the families they are trying to reach.

Training Practice

Community health workers will identify specific locations and organizations where they will be conducting outreach and accessing individuals and families for participation in *Families Talking Together*. Community health workers can review the following questions to help them guide their outreach strategies and then develop a recruitment plan. After answering these questions, community health workers will partner with another community health worker in the training and share their plan.

- Where will you go in your community to reach families, and why will you go there?
- Think about your connections to groups and organizations. Who will you specifically target? How can your networks facilitate access to families for participation?
- Is there information or a contact person that you would need to know before going to a particular location?
- What obstacles might you encounter during the recruitment process? Who can you contact to help resolve potential challenges?
- Do you feel comfortable and confident about your task and objectives?
- How can you be better prepared? What materials will you need to take with you? Do you have sufficient materials and resources in the appropriate languages?
- How much time will you need to conduct the intervention? (Include time for travel and other potential barriers that you may encounter.)

Community health workers will develop a specific strategy and write down the time and place where they will be going to conduct outreach. Additionally, community health workers will set goals and a timeline for reaching a specific number of families. Community health workers will share their strategy and goals with the group and receive feedback from the trainers.

Ensuring that community health workers address the main points in the *Families Talking Together* intervention is critical to successful delivery of the intervention. Discuss the following questions to emphasize the importance of the implementation process and to examine potential barriers to intervention delivery.

DISCUSSION:

- What are specific strategies that community health workers can use to ensure they deliver the intervention successfully?
- How can community health workers assess a participants' understanding of the content and materials?

Training Practice

Community health workers will alternate role playing and delivering the entire intervention with a partner. Community health workers will practice role playing with partners in front of the entire group. All community health workers should have the opportunity to receive feedback and guidance.

This last role-play should demonstrate that the community health workers have complete understanding of the materials and have the ability to deliver all phases of *Families Talking Together* to a parent and if necessary, conduct the evaluation.

Recommended Readings and Media for Training

ARTICLES

- Guilamo-Ramos, V., Bouris, A., Jaccard, J., Gonzalez, B., McCoy, W. and Aranda, D. (2011). A parent-based intervention to reduce sexual risk behavior in early adolescence: Building alliances between physicians, social workers, and parents. *Journal of Adolescent Health* 48(2):159-63.
- Guilamo-Ramos, V., Goldberg, V., Lee, J., McCarthy, K., & Leavitt, S. (2011). Latino adolescent reproductive and sexual health behaviors and outcomes: Research informed guidance for agency-based practitioners. *Clinical Social Work Journal*.
- Guilamo-Ramos, V., Bouris, A. (2009). Working with Parents to Promote Healthy Adolescent Sexual Development. *The Prevention Researcher*, 16(4), 7-11.
- Guilamo-Ramos, V., & Bouris, A. (2008). Parent-Adolescent communication about sex in Latino families: A guide for practitioners. The National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, DC.
- Guilamo-Ramos, V., Dittus, P., Jaccard, J., Goldberg, V., Casillas, E., & Bouris, A. (2006). The content and process of mother-adolescent communication about sex in Latino families. *Social Work Research*, 30(3), 169-181.

WEBSITES

- **Center for Latino Adolescent and Family Health:** <http://www.clafh.org/>
NYU Center provides Families Talking Together online
- **CDC:** <http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm>
Up-to-date statistics on adolescent sexual risk behavior and outcomes.
- **The National Campaign to Prevent Teen and Unplanned Pregnancy:** <http://www.TheNationalCampaign.org/>
Information for teens and parents on preventing teen pregnancy.
- **Stay Teen:** <http://www.StayTeen.org/>
Encourages teens to enjoy their teen years and avoid the responsibilities that come with too-early pregnancy and parenting.
- **Planned Parenthood:** <http://www.plannedparenthood.org/>
Information for teens and parents.

MEDIA LINKS

- **Desamasiado Joven: Demasiado Joven** (http://www.TheNationalCampaign.org/latino/demasiado_joven.aspx) is a five minute, informative, candid, and ultimately hopeful video that provides a snapshot of teen pregnancy in the Latino community, as told by Latino teen parents.
- **16 and Pregnant, Teen Mom, and The Secret Life of the American Teen** can be useful starting points to talk to teens about sex as well as for use in interventionist trainings. Check out The National Campaign's teen website, StayTeen.org (<http://www.StayTeen.org/stay-tuned>) site for links to episodes as well as discussion guides.

References

1. Guilamo-Ramos V, Bouris A, Jaccard J, Gonzalez B, McCoy W, Aranda D. A Parent-Based Intervention to Reduce Sexual Risk Behavior in Early Adolescence: Building Alliances Between Physicians, Social Workers, and Parents. *Journal of Adolescent Health*. 2011;48(2):159-163.
2. Guilamo-Ramos V, Jaccard J, Dittus P, et al. A Comparative Study of Interventions for Delaying The Initiation of Sexual Intercourse Among Latino And Black Youth. *Perspectives on Sexual and Reproductive Health*. 2011;43(4):247-254.

Acknowledgments

The National Campaign to Prevent Teen and Unplanned Pregnancy (The Campaign) is a research-based private, nonprofit, nonpartisan organization that seeks to improve the lives and future prospects of children and families. Its specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults.

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VyC is the only statewide network to support the ongoing training, communication, and legitimacy concerns of community health workers in California. The network represents over 4,000 community health workers in 13 regions of California, one region in Mexico, and many others currently in progress across the United States.

The Center for Latino Adolescent and Family Health (CLAFH) is a research center at New York University's Silver School of Social Work that investigates the role of parents in shaping the development and well-being of adolescents. CLAFH works to address key issues among Latino and other families and seeks to foster the development and evaluation of evidence-based interventions to prevent and reduce problem behaviors among youth. The Center serves as a link between the scientific community, Latino health and social service providers, and the broader Latino community. www.clafh.org.

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