

# PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

## **Program Name:**

*Adult Identity Mentoring (Project AIM)*

## **Developers:**

Leslie Clark, Ph.D.; Steve Nagy, Ph.D.; and Kim Miller, Ph.D.

## **Program Description and Overview**

The overall goal of *Project AIM* is to reduce sexual risk behaviors among low-income youth between the ages of 11 and 14 by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention (e.g., hopelessness, poverty, risk opportunities in low-income environments).

*Project AIM* is a group-level youth development intervention originally designed to reduce HIV risk behaviors among youth. The intervention is based on the Theory of Possible Selves. This theory states that a person's motivation is determined by a balance between the positive and negative ways they see themselves in the future. When youth are able to envision both a possible positive and negative future for themselves they are more likely to work towards their life goals and achieve future successes. *Project AIM* makes an impact by taking youth through a series of lessons to help them imagine a positive future and identify how current risk behaviors can be a barrier to a successful adulthood.

*Project AIM* is implemented through 12 sessions (50 minutes each). These 12 sessions are divided into four primary parts of the intervention:

- Part 1: Youth are encouraged to explore their personal interests, social surroundings, and what they want to become as an adult. Youth explore the idea of who in their lives may be barriers or supporters towards their successful adulthood. Guest speakers who are young adults on their road to success are invited to present during this part of the program.
- Part 2: Youth envision themselves in a future career and connect current behavior directly to possible success as an adult. Hands on activities are included in this part of the program such as developing business cards and resumes, completing a career interest inventory, and participating in job interviews.
- Part 3: Youth are engaged in role play and small group activities around communication, planning, and decision-making.
- Part 4: Youth have the opportunity to think about their future in terms of milestones to accomplish goals and overcome potential obstacles they may encounter in life.

## **Core Components**

### **Content Components**

- Engage youth in thinking about a positive possible future self.
  - Look ahead to the future as successful adults.
  - Envision a positive future self.
  - Set goals and plans to achieve a positive future as an adult.
  - Articulate the specific details of a positive future self.
- Engage youth in present actions to achieve future success.
  - Develop skills to achieve effective communication.
  - Identify their strengths and the resources needed for future success.
- Encourage youth to safeguard the future through risk reduction.

- Develop strategies to safeguard the likelihood of a positive future self through risk reduction and a balance of their future possible positive and negative selves.

### **Pedagogy Components**

- Have youth create a compilation of their work representing their positive possible future self and the activities for achieving that possible future self.
- Deliver activities in ways that support youth with enthusiastic positive feedback that focuses on their individual strengths.

### **Implementation Components**

- Use two skilled and trained facilitators whom youth find credible to deliver *Project AIM*.
- Deliver multiple intervention sessions, with sufficient time between sessions for youth to process information, draw conclusions, and invest in their goals. (Somewhere between 2 days and 1 week)
- Implement the program with high-risk youth, boys and girls, ages 11-14.
- The lessons should be facilitated in the order described in the manual.
- All program agencies should have an attendance policy/expectation in place. It is recommended that youth attend at least 9 out of the 12 sessions. If a youth misses sessions 5 and 6, he or she must make up those sessions before moving on with the other lessons. This can be done in a one-on-one session with the facilitator.
- Groups should be 10-20 youth in size.

### **Target Population**

#### **Target population evaluated**

- African-American youth
- 7<sup>th</sup> grade students

#### **Potential additional target populations noted by developers**

- "At risk" youth
- Ages 11-14

### **Program Setting**

#### **Program setting evaluated**

- In-school

#### **Potential additional program settings noted by developers**

- After school settings

### **Program Duration**

- 12 sessions
- Typically 6 weeks

### **Curriculum Materials**

Curriculum materials are available through the developer- Children's Hospital of LA; Dr. Leslie Clark- [lclark@chla.usc.edu](mailto:lclark@chla.usc.edu).

### **Adaptations**

#### **Basic allowable adaptations**

- The intervention has been tested and proven effective with African-American and Latino high-risk youth. Programs can adapt the target population by serving any high-risk population in the age range of 11-14 years old.

### **Program Focus**

*Project AIM* focuses on youth development.

### **Research Evidence**

#### **Study Citation:**

Clark, L. F., Miller, K. S., Nagy, S. S., Avery, J., Roth, D. L., Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk for African-American seventh grade students. *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 37(4), 337e1-337e10.

#### **Study Setting:**

Seventh-grade required health education classes in a suburban middle school in the southeastern United States

#### **Study Sample:**

242 seventh grade students:

- Mean age 12 years
- 98% African American
- Predominantly from low-income families

#### **Study Design:**

Cluster randomized trial. Out of 20 seventh-grade health education classes offered in an academic year, 11 were randomly selected to receive the *AIM* intervention and 9 were randomly selected for a control group that followed the standard health education curriculum. Student surveys were administered one week before the start of the intervention (baseline), 19 weeks after the baseline survey, and one year after the intervention ended.

#### **Study Rating:**

The study met the review criteria for a **high** study rating.

#### **Study Findings:**

Nineteen weeks after the baseline survey (and approximately three months after the intervention):

- Adolescents participating in the intervention were significantly less likely to report having had sexual intercourse.
- The study found no statistically significant program impacts on sexual intercourse for subgroups of youth defined by gender or baseline sexual experience.

A year after the intervention ended:

- Males participating in the intervention were significantly less likely to report having had sexual intercourse.
- The study found no statistically significant program impacts on sexual intercourse for females, youth were not sexually experienced at baseline, or the full study sample.

The study also examined program impacts on participants' intentions to have sex. Findings for this outcome were not considered for the review because they fell outside the scope of the review.

**Last Updated:** 05/31/2012