



**SISTERS
INFORMING
SISTERS ABOUT
TOPICS ON
AIDS**

A PEER-LED PROGRAM TO PREVENT HIV
INFECTION AMONG AFRICAN AMERICAN YOUNG
ADULT WOMEN

GUIDE FOR TECHNICAL ASSISTANCE PROVIDERS

Developed by
Centers for Disease Control and Prevention

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When spider webs unite, they can tie up a line. And so it is with HIV prevention— with united prevention efforts, we can halt the transmission of HIV.

Words cannot fully express the appreciation and thanks for those who participated in the development of this manual. This manual could not have been done without the understanding, time, and compassion of those who supported it.

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Thank you! Thank you! Thank you!

TABLE OF CONTENTS

INTRODUCTION	1
OVERVIEW	5
MODULE 1: INTERVENTION SESSIONS.....	6
I. Session 1 – Ethnic/Gender Pride.....	6
II. Session 2 – HIV/AIDS Education.....	6
III. Session 3 – Assertiveness Skills Training	6
IV. Session 4 – Behavioral Self Management.....	7
V. Session 5 – Coping	7
MODULE 2: PRE-IMPLEMENTATION—GETTING STARTED	8
I. Assessing Your Population.....	8
II. Recruiting the SISTA Team.....	10
III. Resource Essentials.....	11
IV. Training Your Team in Using SISTA.....	12
MODULE 3: IMPLEMENTATION—PUTTING SISTA TO WORK	13
I. Marketing/Recruitment for the Program.....	13
II. Implementing the Program	15
III. Adaptation of the Program.....	18
IV. Evaluation of the Program	19

INTRODUCTION

The SISTA Guide for Technical Assistance Providers is designed to assist individuals who provide capacity building assistance on the SISTA Project intervention. The SISTA Project is a social skills training HIV prevention intervention designed to encourage condom use and condom negotiation skills among African American women, ages 18-29. This peer-led intervention convenes groups of women in five weekly two-hour sessions, emphasizing pride in one's race and pride in being a woman through discussions, poetry readings and homework. Information on HIV/AIDS and other STD's, risk behaviors, condom use, condom skills and condom negotiation is delivered by facilitated group discussions, homework, role-play and hands on exercises. The five sessions that generate these discussions and activities include Ethnic/Gender Pride; HIV/AIDS Education; Self Assertiveness Skills Training; Behavioral Skills Management; and Coping.

The SISTA Project was originally implemented in 1993 with 128 African American women from the Bayview's Hunter Point neighborhood located in San Francisco, California. Women were recruited using street outreach and media advertisements from hair salons, laundry facilities, grocery stores, unemployment offices, health clinics and other venues. The inclusion criteria consisted of being a sexually active African American female, 18-29 years of age. Women were excluded if they had a history of injection drug use or used crack in the three previous months. An African American female conducted a face-to-face interview with each of the women. Women were later assigned to one of three study conditions: a delayed HIV education control group; a single-session HIV education group; or a five-session social skills intervention group. Social Cognitive Theory and the Theory of Gender and Power were the theoretical models used to guide the development of the five-session social skills intervention – or SISTA.

The participants in each experimental group received the following:

- **Delayed HIV education control group** did not receive any HIV information until they completed follow up interviews.
- **Single session HIV education group** received one 2-hour HIV risk–reduction information session, similar to the information in the 5-session social skills intervention.
- **Social Skills Intervention group (i.e., SISTA intervention)** received five 2-hour weekly group sessions implemented by two female African American peer health educators. The sessions emphasized ethnic and gender pride, HIV risk reduction, sexual assertiveness and communication, proper condom use skills and coping skills.

Some of the reported findings were that the women in the social skills intervention (SISTA intervention) demonstrated increased and consistent condom use, greater sexual communication and sexual assertiveness when

compared with the delayed HIV education control group. Implications suggest that interventions that are culturally sensitive and gender relevant can effectively enhance consistent condom use.

SISTA has several core elements. As defined, core elements are the fundamental features of an intervention's intent and design that are thought to be responsible for the intervention's effectiveness.

The core elements of the SISTA Project intervention include:

- Recruiting and training a peer facilitator
- Discussing the strengths and challenges of being a black woman
- Using cultural and gender appropriate materials for African American females to acknowledge pride in being African American (i.e., poetry written by African American women—which is included in the intervention box)
- Convening small group sessions to discuss values and role-play, and, overcoming barriers to condom use, alcohol and other drug use, etc.
- Teaching HIV/AIDS risk and its personal application
- Enhancing participant skills in condom negotiation, problem solving and personal assertiveness

These components should be maintained and implemented to ensure program effectiveness and fidelity to the intervention.

The SISTA Project intervention box was developed by Sociometrics. The contents of the SISTA Project intervention box include the:

- User's Guide
- Facilitator's Manual (provides step-by-step implementation guidelines)
- Videotape (*It's Like This*, used during Session 2: HIV/AIDS Education to elicit group discussion)
- Program Materials for all five sessions (includes all handouts for all sessions, i.e. homework)
- Evaluation instrument, an evaluation assistance kit, and a process evaluation booklet.

Clients will reap several benefits from agencies that implement the SISTA Project intervention. These benefits include:

- **Increased self esteem.** Clients are empowered discussing the strength of African American women – historically and presently; through poetry readings written by African American women who focus on pride, honor and respect; through teaching and engaging role play to demonstrate

skills in being assertive in various life-situations and creating an environment where people can share and feel good about themselves.

- **Increased confidence.** Clients engage in role play to demonstrate and develop assertiveness skills and by enhancing clients knowledge of HIV/AIDS and other STDs that can be used to assist family and friends.
- **Skills are developed and sharpened in various areas.** Self survival skills, assertive behavior skills, good decision making skills, and negotiation of condom usage with partners are enhanced.
- **Enhanced knowledge of HIV.** Through the sessions the participants gain knowledge of HIV and STDs. Women in the program may come into SISTA with little or no knowledge of the virus; however, one of the objectives of the program is to provide them with a wealth of retainable information.

By the end of the program participants will be able to take knowledge that they have gained to educate their peers. The women become peer health educators within the community and can help further disseminate HIV prevention information.

- **Referrals.** Participants may need to be referred to various organizations. If information is needed the facilitator should provide the necessary contact information. Referrals include but are not limited to: Domestic abuse hotlines/agencies, Women's shelters, STD clinics, etc.

There are several benefits for the agency that implements the SISTA Project Intervention. These include:

- The SISTA Project is an intervention that has been endorsed by the Center's for Disease Control and Prevention (CDC) as a science-based effective intervention.
- The agency can gain new clients through the SISTA program as well as receive referrals to other clients through SISTA participants.
- The agency will increase the amount of individuals in which it positively affects. The organization will have the confidence in knowing that they have improved the quality of life of others.
- At any time, trainers of SISTA will offer technical assistance free of charge to the agency. Trainers are committed to guiding agencies in successfully implementing SISTA.

Prior to implementing SISTA, the agency should address the following:

- **Recruitment and/or retention issues.** If recruitment and/or retention issues are not given proper consideration, the program may not be successful. Strategies should be put in place to address these issues.
- **Facilitator savvy.** The successful implementation of the SISTA Project intervention weighs heavily on the skills of the facilitator. Although SISTA was developed by African-American women for African-American women, it can be adjusted to fit other audiences. However, it is important the facilitator is culturally and gender appropriate.
- **Resources.** Inadequacy of organizational support and/or resources can hinder the effectiveness of the intervention. (Assess the amount of human and material resources available before you implement the program.)

In summary, according to Social Cognitive Theory (SCT), individuals need not only the appropriate education but also the social skills and norms in order to apply that education. In that respect, the SISTA program educates women on pride in their ethnicity and gender, being assertive about safe-sex behaviors, coping skills, negotiation skills and self-management skills. This information is then reinforced through role-play exercises, homework assignments, group discussions and lectures. The homework assignments are designed to involve their partner, establishing a discussion that may not have existed. Lastly, women are more likely to respond to a culturally sensitive program; thus, it is important that the facilitator represent the culture of the participants.

OVERVIEW

The SISTA Guide for Technical Assistance Providers provides answers to the most commonly asked questions agencies may have about implementing the SISTA intervention. This guide includes strategies to help agencies do the following:

- Assess the population
- Recruit the SISTA Team
- Establish what resource essentials are needed
- Train staff in using SISTA
- Market/Recruit for the program
- Implement the program
- Adapt the program
- Evaluate the program

The guide has been divided into the following modules:

Module 1: Intervention Sessions

Module 2: Pre-Implementation

Module 3: Implementation

Module 1 provides a brief overview of each of the five sessions. Modules 2 and 3 use a question-and-answer format to address a variety of issues that may arise.

MODULE 1: INTERVENTION SESSIONS

Each intervention session address a specific topic and has a specific focus. This section gives you a brief overview of each section, the topic and the focus.

A. Session 1 – Ethnic/Gender Pride

The goal of session 1 is to generate a discussion about ethnic and gender pride in African-American women. This session focuses on having pride in oneself and valuing oneself as a Black woman. The activities in this session include: introductions; poetry readings; development of ground rules and expectations; discussion on gender and ethnic pride and personal values; homework; and, evaluation of the session.

B. Session 2 – HIV/AIDS Education

The goal of session 2 is to provide the women with factual and statistical information about HIV/AIDS. The differences between HIV and AIDS are discussed, as well as how the virus affects the immune system. Several misconceptions about HIV/AIDS are addressed. This session focuses on how women can protect themselves from being infected with the virus. The activities in this session include: poetry readings; review of ground rules and expectations; review of session 1 and homework; current statistics on AIDS; discussion of HIV/AIDS; the card swap game; Video viewing: *It's Like This*; Homework; and evaluation of the session. The Card Swap game is an interactive game played in session two. In the game players are given four different color cards each. Each player writes their name on each of the different color cards. Each card represents a different activity with or without the risk of transmitting HIV (e.g. a red card represents unprotected sex, a blue card represents hugging, etc.). After the facilitator says "SWAP" the players swap a card with their name on it. This is repeated 3 times. At the end, the facilitator says, "For the purposes of this game, I am HIV positive." Each person who had a card representing risky behavior with the facilitator's name should stand. Individuals who had cards representing risky behavior with the standing individuals are now at risk. The game stimulates the discussion about HIV.

C. Session 3 – Assertiveness Skills Training

Session 3 addresses the difficulties in facing pressures from partners to practice unsafe sex. This session aims at developing strong safe sex decision-making skills. The session focuses on the differences between assertive, aggressive, and non-assertive behavior, and their respective consequences. Scenarios are role-played to help the women learn how to initiate safer sex discussions, or decline unsafe sexual behaviors. The activities in this session include: poetry readings; review of session 2 and homework; discussion on aggression, assertion, the SISTA assertiveness model, and handling sticky situations; homework, and evaluation of the session.

D. Session 4 – Behavioral Self Management

Session 4 is focused on Behavioral Self Management and demonstrates proper condom usage. Session 4 aims at decreasing women's anxiety about condom use by eroticizing safer sex. The activities of this session include: poetry readings; review of session 3 and homework; condom discussion; proper condom usage demonstration and practice; role playing; homework; and evaluation of the session.

E. Session 5 – Coping

Session 5 is designed to further enhance the women's skills in communication as well as proper condom usage. This session discusses coping with alcohol use and sex; rejection and negative responses. The link between alcohol and AIDS is further discussed. This session's activities include: poetry readings; review of session 4 and homework; discussion of coping, rejection/negative responses, and alcohol during sex; condom use demonstrations; and evaluation.

MODULE 2: PRE-IMPLEMENTATION—GETTING STARTED

The success of the SISTA intervention is somewhat dependent upon the pre-implementation stage. This module is designed to help prepare agencies in getting started.

The module contains information through questions and answers addressing topics such as:

- Assessing your population
- Recruiting the SISTA team
- Resource essentials
- Developing a work plan
- Training your team in using SISTA

ASSESSING YOUR POPULATION

The SISTA Project intervention was originally designed for young adult African American women. The intervention can be tailored and adapted to meet the needs of another population; however, it is important that agencies assess the needs of the target population beforehand.

Here are some commonly asked questions that potential providers may ask about the target population:

Q. How can I ensure that this intervention addresses my clients' needs?

A. Define the community and target population. A clear assessment of the population should be completed to get to know the community where SISTA will be implemented. By speaking to individuals within the community, one can get a feel for possible community members that may be involved as well as give the community members an idea of the program. Staff should speak to community leaders and seek permission from all officials within the community (e.g. administrative authorities overseeing public housing, citizens' councils). Everyone should have a clear understanding of the objectives and goals of SISTA.

After gaining the appropriate permission, learn as much as possible about the community. How do community members view HIV prevention and HIV-related issues? What perceptions do you foresee being most difficult in overcoming? How can the attitudes of community members be changed?

Determine where to find women who need to learn more about HIV prevention. Ask community members which areas are safe as well as unsafe. By attending community meetings you can learn about the community and build relationships with the community members.

Focus groups and key participant interviews are used to learn about the needs of women for HIV prevention information. Focus groups should include individuals who are familiar with and a part of the community. The focus group should bring familiarity with resident's perceptions of HIV prevention and their community. By repeating focus groups with different residents, you may discover obstacles that may confront the implementation process. A focus group should consist of eight to ten people from the community, which may include: community leaders; patriarchal members of the community; adult females; adult males; and teenagers. Focus group members may be substituted depending on the community.

Key participant interviews are individual interviews intended for residents familiar with the community. The same issues should be addressed with the key participant interviews as with the focus groups. The key participants should be individuals affected by SISTA. Key participants may be selected by referrals from project staff, other key participants, or from community meetings. There is no specific number of key participant interviews to complete however at least 20 should be completed. In interviews, notes should be taken and if possible, tape recorded. The focus groups and key participant interviews can be simultaneously completed within six to eight weeks.

Evaluation of the focus groups and key participant interviews should include a community review panel. A community review panel is important in keeping the community members as active parts in planning the intervention.

Q. What population does the SISTA intervention target?

A. The SISTA intervention was originally developed for heterosexually active African American women between the ages of 18-29 located in San Francisco, California. Women were recruited using street outreach and media advertisements from hair salons, laundry facilities, grocery stores, unemployment offices, health clinics and other venues. Women were excluded if they had a history of injection drug use or used crack in the three previous months.

Q. Should the SISTA intervention only be used with African American women?

A. Although the SISTA Project was originally developed for African American women, ages 18-29, it has and can be adapted for women of various racial/ethnic populations as well as older women, battered women, women in recovery centers and women in prisons. It is important to tailor/adapt the intervention for the target population.

Q. I want to talk with a housing development. Are there any steps I should take prior to this?

A. Prior to implementing the SISTA project at the housing development, you should speak with management in order to get their approval before proceeding. Management personnel can be very helpful in recruiting participants for your sessions as well as possibly providing a space and refreshments for your meetings.

Q. Where do I find participants?

A. To encourage participation, SISTA should be publicized as a program for African American women developed by African American women. Participants for the intervention can be found in any place where African American women congregate, including (but not limited to) churches, beauty salons, universities, social groups, jails/prisons, AA meetings, treatment centers, STD clinics, and sororities.

RECRUITING THE SISTA TEAM

The SISTA intervention is a peer-led intervention. This intervention should be facilitated by a peer health educator—specifically a peer who is of the same race/ethnicity. The Facilitator’s Manual provides detailed instructions to help implement the program.

Here are some commonly asked questions that potential providers may ask about recruitment:

Q. What skills should I look for in recruiting the SISTA Team?

A. The staff should be well versed on HIV transmission and methods for preventing HIV transmission. The staff should have an indifferent opinion on people living with HIV/AIDS. Definitions of terminology should be established before implementation of SISTA.

Q. How can I collaborate with other agencies to recruit women for this intervention?

A. Other local agencies or programs may be used to collaborate with in order to find clients and resources. Collaborations are strongly encouraged. The use of a Memorandum of Agreement/Understanding must be employed. The memo is binding (like a contract) and the language used in the memo should make collaboration amicable across the parties involved. The contents of the memo should include, but is not limited to, identification of lead organizations, scope of work for each organization, points of contact and any monetary agreements.

RESOURCE ESSENTIALS

The SISTA Project intervention box contains everything you need to implement the program. It also contains resources for evaluation consisting of the Original evaluation instrument, the HAPPA Evaluation Assistance Kit and the HAPPA Process Evaluation for the SISTA Project. For further inquires, contact Practitioner Support Group, Sociometrics Corporation, 170 State, Suite 260, Los Altos, CA 9402-2812. Or call (650) 949-3282 (Select the “Practitioner Support Group” option. Fax: (650) 949-3299. Email: happa@socio.com.

Here are some commonly asked questions that potential providers may ask about resource materials:

Q. What other materials will I need which are not in the intervention box?

A. Other materials that you will need to conduct the intervention will include: newsprint, markers, index cards, condoms, and phallic models for condom demonstrations.

Q. What materials in the intervention box do I need to copy?

A. You will need to make copies of all of the handout materials included in the red packets entitled “The SISTA Project Program Materials.”

TRAINING YOUR TEAM IN USING SISTA

The SISTA team is very important in planning and implementation. In the SISTA Project Intervention box, you will find everything you need to begin implementation.

Here are some commonly asked questions that potential providers may ask about training your team in using SISTA:

Q. What type of training should the SISTA facilitator and staff have prior to implementing the intervention?

- A. The staff should thoroughly review all program materials, plans and logistics. The staff should create a culturally sensitive atmosphere. Cultural sensitivity is the awareness of the nuances of one's own culture and other cultures. With a culturally sensitive staff, the facilitators will be able to understand norms, values and behaviors within the culture of a specific group of people. Staff-participant language and dialect matches should be considered. Staff should understand the participant's cultural heritage and institutional barriers. This will enable the staff to understand how the clients relate to the world.

HIV prevention efforts targeting African American women have had many implications, due to the fact that African American women carry the triple burden of race, class, and gender. As a result, HIV prevention efforts for African American women must incorporate information on African American culture and history. The African American woman's contribution to the family and society should also be communicated.

Facilitators should serve as peer educators that can effectively communicate with the clients. The tools that are used in the intervention should be culturally sensitive as well. Music, visuals, and humor should all be culturally familiar to the clients.

MODULE 3: IMPLEMENTATION—PUTTING SISTA TO WORK

Once you have assessed your population, recruited your SISTA team, developed a work plan and trained your staff in using SISTA, you are ready to begin implementing SISTA. This module is designed to help you put SISTA to work.

The module contains information through questions and answers addressing topics such as:

- Marketing/Recruitment for the program
- Implementing the program
- Adaptation
- Evaluation

MARKETING/RECRUITMENT FOR THE PROGRAM

Recruiting participants for the program can be a very intimidating task. Where to find participants, who to recruit and where to get support are a few of the questions addressed in this section.

Here are some commonly asked questions that potential providers may ask about marketing/recruitment for the program:

Q. How do I recruit participants?

- A. To encourage participation, SISTA should be publicized as a program for African-American women developed by African American women that discusses dating, relationships, healthy sexual practices, and a program that works at improving women's ability to effectively communicate with sexual partners. SISTA is a behavioral change intervention targeting women at very high risk for HIV. Clients may be recruited from various venues, including shelters, juvenile court systems, bars, focus groups, jails/prisons, STD clinics or community organizations.

Q. What incentives will keep participants coming back (to the sessions)?

- A. Incentives can be used to effectively enhance retention in the SISTA program. For example, bus tokens may be used to provide women with transportation to and from the sessions, and childcare may be provided during the sessions. In addition, gift certificates, monetary incentive, and food are all used as positive reinforcements. Oftentimes,

the chance to have open, honest dialogue with other women is enough incentive for the women to remain actively involved in coming to the sessions. The facilitator plays a key role in this.

Q. How do you market to high risk populations? And, how do you retain high risk populations?

A. The SISTA Project can be marketed to high risk populations through internal resources, referral networks and outreach. Internal resources would include providers of other services within the agency and by mass messaging strategies. Referral networks would include linkages with those services that African American women are most likely to access. Lastly, outreach would include going to venues where potential participants frequently congregate. Retaining high risk populations for your intervention would include providing incentives to enhance retention in the SISTA program.

Q. How can I get the support of other agencies providing HIV services in my community?

A. Initiating collaborative efforts is very important in the provision of the SISTA intervention. Soliciting memorandums of agreement from other agencies is an excellent way to gain support. If your agency is not able to provide extensive HIV prevention services, partnering with other organizations that can offer this expertise is imperative.

Q. How can I collaborate with other agencies to recruit women for this intervention?

A. Initiating collaborative efforts is very important in the provision of the SISTA intervention. It is even more important in implementing the SISTA intervention, due to the fact that the women may have needs that your agency can not meet. Having a referral network established enables you to provide more comprehensive services to your participants.

IMPLEMENTING THE PROGRAM

Implementing the program is the most important step of the SISTA Project. If the program is not implemented correctly, the intervention will not be effective. Any changes made can be beneficial to the clients, but it can also be detrimental. This section attempts to help you effectively implement the program, make modifications as necessary and still maintain the fidelity of the program.

Here are some commonly asked questions that potential providers may ask about implementing the program:

Q. What incentives can I use to retain participants?

A. Incentives should be used to effectively enhance retention in the SISTA program. Bus tokens may be used to provide women with transportation to and from the sessions. Childcare may be provided during the sessions for women who have children. Personalized “Thank You” and/or holiday cards are important to show women that they are special. Success stories can be mailed to the women to hear how other women are overcoming barriers. In addition, gift certificates, monetary incentives, and food are all used as positive reinforcement.

Q. Who should conduct the counseling and testing?

A. Participants should be referred to Community Based Organizations (CBO), Health Departments and STD Clinics that conduct counseling and testing.

Q. How long will it take me to implement?

A. The implementation stage of SISTA varies based on the organizational capacity of the intervention. The organization should therefore assess their understanding of the SISTA project intervention, assess understanding of the objectives of the intervention, how the intervention should be implemented, and assess the target population’s awareness of the SISTA project. This process can take up to six months or more before you are able to implement the intervention.

Q. What is a good group number for presenting SISTA?

A. SISTA should be implemented with a minimum of six participants. Less than six participants reduces the interaction required to truly understand the intervention. More than 15 participants can be quite challenging; therefore, two facilitators may be necessary.

- Q. Does everyone receive a copy of the poems (that are listed in each of the sessions)?**
- A. All participants should receive copies of all program materials.
- Q. How can I access training?**
- A. Go to the www.effectiveinterventions.org website to request training or contact your CDC Project Officer or CDC Program Consultant.
- Q. How do I modify existing interventions to incorporate SISTA?**
- A. Request Capacity Building Assistance or contact your CDC Project Officer or CDC Program Consultant.
- Q. Can this training be done by peer educators?**
- A. This training should be done by peer educators. Remember that SISTA was designed by African American women for other African American women. It is imperative that it is delivered by peers.
- Q. How do we find a timeframe conducive for the participants to fit the facilitator's timeframe?**
- A. When implementing SISTA the timeframe should be conducive for the participant's schedule. This is something that should be determined during the pre-implementation stage. Due to the fact that you are reaching African American women, it is important that you remember that you have to make yourself available to them.
- Q. How often should you facilitate SISTA (monthly or what)?**
- A. Facilitation of SISTA, should be based on the availability of the participants. This should be covered during the pre-implementation stage. Some groups meet once a week and others meet twice a week. Still others may only meet once a month. This should be decided with the participants.
- Q. When you go through the sessions, how do you talk about "who you are?"**
- A. This should be done very carefully. Self-disclosure can be very helpful; but at the same time, if it is done too often, it can be distracting for participants.

Q. Will the SISTA kit teach me how to teach women, even if I am a transsexual?

A. SISTA was originally designed for heterosexually active African American women and to be implemented by Peer Facilitators. This form of tailoring would depend on the comfort level of the participants and the skills of the facilitator.

Q. How should our organization address confidentiality?

A. It is imperative that all facilitators and participants are aware of the fact that everything that happens in the sessions should remain confidential. Oftentimes, very personal matters are discussed in groups and if anything were to be disclosed it might be quite detrimental to all concerned. This could possibly also cause the other participants to close up and not want to discuss any pertinent issues.

Q. How can I make modifications to the intervention while maintaining fidelity?

A. Modifications can be made to the SISTA intervention as long as the core elements remain the same. If the core elements are changed, you have reinvented the intervention. You can change such things as the place where the intervention will be conducted and/or the times you meet. Adaptation questions should be answered before the intervention is implemented.

Q. How can I shorten the intervention without affecting its effectiveness?

A. The intervention originally was designed for five once a week two hour sessions. This can be changed based on the availability of participants which may require you to meet more than once a week. This does not mean, however, that you can change the materials within each session. All materials must be covered within your sessions.

Q. How can I make sure that this intervention addresses my clients' needs?

A. Evaluations should be completed after each session and this will tell you if the intervention is addressing their needs. You can also have a focus group to determine if the intervention is addressing their needs.

ADAPTATION OF THE PROGRAM

Adapting the program to fit your particular population is a task that requires special attention. This section covers suggestions for specific adaptations for a few populations.

Here are some commonly asked questions that potential providers may ask about adaptation of the program:

- Q. Can the SISTA program be adapted for bisexual people?**
- A. Yes. The SISTA intervention can and should be adapted to include information on sexual partners regardless of whether they are male or female. Sometimes participants do not disclose the gender of their sexual partners and it is important to provide factual information which can reduce the risk of some of your participants.
- Q. Is SISTA just for African American women? Can SISTA be used with other populations?**
- A. SISTA should be publicized as a program for African-American women developed by African American women that discusses dating, relationships, healthy sexual practices, and works at improving women's ability to effectively communicate with their sexual partners. If you change the target population, you have in essence reinvented the intervention. It can be used with other populations; however you must take into consideration the cultural issues of the population that you are targeting.
- Q. Is the SISTA intervention appropriate for HIV positive women?**
- A. Yes, the SISTA intervention can be used for HIV positive women. However, you must understand that some additional issues may have to be discussed relating to the needs of this population.
- Q. How can I combine SISTA with prevention case management?**
- A. SISTA can be utilized as a theory-based behavioral change intervention that works with women at very high risk. Women that are currently enrolled in prevention case management (PCM) and are very high risk can be referred to the SISTA intervention to work on their goals and objectives. Also, women that are not in PCM can be referred to PCM based on their issues while in the SISTA intervention.

Q. Is it okay to involve my clients' male partners in this intervention?

- A. Involving client's partners in the SISTA intervention is acceptable as it relates to the completion of homework. However, actually having the partner come to the sessions is not acceptable. This could cause concern for the other members of the group.

EVALUATION OF THE PROGRAM

Evaluation of the program can help you answer the following questions: Is this intervention working? Have the participants exhibited the expected behavior changes? Please refer to the Evaluation Technical Assistance Guide to address these and other questions.

Here are some commonly asked questions that potential providers may ask about evaluation of the program:

Q. When should I start the evaluation?

- A. An agency should assess their readiness to evaluate their intervention before beginning evaluation activities. If an organization attempts an evaluation before they are ready; limited funds, time, and other resources may be misused and program staff may become frustrated and discouraged from conducting evaluation. An effective evaluation is not necessarily a large-scale outcome evaluation; it could mean a smaller process evaluation. An assessment of your organization's resources and staff evaluation expertise should be conducted before your agency develops plans to evaluate their implementation of SISTA. In addition to resources needs, other factors should be considered as plans to evaluate SISTA are made. These factors may include:

- The stage of implementation of SISTA (for example, piloting the intervention for the first time or with a new target population versus having implemented the intervention a few times to get a feel of how it works best with the target population(s))
- Stage of development of the organization (new organization versus more experienced and established organizations)
- Evaluation experience and/or access to evaluation expertise

Evaluation planning begins with determining what kind of evaluation is appropriate for your organization and your stage of implementation of SISTA.

- Q. When assessing behavioral outcomes, should we use the questionnaires in the SISTA box?**
- A. The SISTA evaluation kit includes a set of instruments designed for **outcome monitoring** and **outcome evaluation** to measure changes in knowledge, attitudes, beliefs, and risk behaviors of participating women. The instrument bank **is not intended to be administered in its entirety** to individuals who participate in the SISTA intervention. The bank is provided so that organizations can easily select questionnaire items that are consistent with their evaluation plan and appropriate for their target populations.
- Q. How do you monitor whether the SISTA sessions were implemented with fidelity?**
- A. The SISTA evaluation kit has templates that can be used to record any changes made to session activities (substitutions, modifications, deletions), reasons for the changes, and participant reaction to the changes. The templates are in the yellow booklet labeled, ***"HAPPA Process Evaluation: The Facilitator's Evaluation Instrument."*** The intended user is the facilitator and templates are designed to be completed following each session. Reviewing information collected on these forms will help you to determine whether you are implementing SISTA with fidelity (or as intended by the original researchers).
- Q. How do I determine if SISTA is an appropriate intervention for my clients?**
- A. You can determine if SISTA is an appropriate intervention for your target population by conducting formative evaluation. Formative evaluation is the process of testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths *before* they are put into effect. It may also be used when an unanticipated problem occurs *after* beginning to implement the intervention.
- Q. How can I determine whether or not this intervention changed HIV risk behavior among my clients?**
- A. You can determine whether your SISTA project is achieving a reduction in HIV risk behavior by conducting outcome monitoring. Outcome monitoring is tracking changes in knowledge, skills, behaviors, attitudes, beliefs, and/or intentions of individuals participating in the intervention. A commonly used outcome monitoring data collection tool is pretest and posttest questionnaires. Test the questionnaire with a few volunteers who are similar in characteristics and educational level to your target population (field test/pilot) to

ensure it is culturally appropriate. Administer the questionnaire to women participating in the intervention before the intervention and after completing all sessions. Plan appropriately for administering the questionnaire to women who cannot read. Comparing the participants' responses on the questionnaires before and after the intervention will allow you to determine whether or not this intervention changed your participants risk behavior.

Q. What should I do if the desired behavioral outcomes (i.e., increase in condom use) are not achieved for my clients?

A. If SISTA was implemented according to plan and the expected changes did not occur, the process data should provide some insights into some of the reasons. When reviewing the data, consider the following:

- Did the implementation include all of the core components and **key characteristics** of SISTA?
- Was something left out or changed from the SISTA project that may make the intervention less effective than originally demonstrated?
- What components were actually delivered and to whom?
- How well were the components implemented?
- Were the activities culturally appropriate for the target population?
- How well did participants respond to the activities?
- How well did participants respond to the facilitator(s)?

Based on your finding to these questions, you may have to make adjustments and modifications to the implementation of SISTA.