



VIDEO **O**PPORTUNITIES
FOR **I**NNOVATIVE **C**ONDOM
EDUICATION AND **S**AFER SEX

GUIDE FOR TECHNICAL ASSISTANCE PROVIDERS



VIDEO
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INNOVATIVE
CONDOM
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SAFER SEX

Guide for Technical Assistance Providers

Developed by
**Health and Human Development Programs
Education Development Center, Inc.**

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INTRODUCTION

The *VOICES/VOCES Guide for Technical Assistance Providers* is a five-part guide designed to support individuals who provide technical assistance (TA) on the research-based VOICES/VOCES intervention. VOICES/VOCES is a brief, single-session, video-based intervention for African American and Latino men and women. Culturally relevant videos (including a bilingual video and a Spanish language video), are used to trigger group discussions that encourage condom use by building condom negotiation skills. Because sessions only last about 45 minutes, which includes video viewing and a facilitated small-group discussion, it is critical that facilitators convene and deliver group sessions in accordance with the VOICES/VOCES protocol. Ongoing technical assistance helps ensure that agency staff have the skills and support they need to deliver the intervention with the fidelity required to achieve the desired results.

The *VOICES/VOCES Guide for Technical Assistance Providers* includes information TA providers need to keep new adopters "on track" as they begin or continue to use VOICES/VOCES. Using a question-and-answer format, this guide offers suggestions and innovative ideas based on input from users in community-based agencies and data collected during field testing to address questions like these:

"Who is VOICES/VOCES for?"

"What can I say to assure my supervisor that VOICES/VOCES sessions won't create obstacles to service delivery or interfere with client flow?"

"I'm not sure we see enough clients to convene gender- and ethnically-specific groups on a regular basis. What should we do?"

Your responses to these questions and others like them will play a key role in helping all levels of agency staff, including administrators, deliver VOICES/VOCES with fidelity, maximize intervention effectiveness, and make VOICES/VOCES an ongoing part of the agency's human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs) prevention services. In this guide, we have included examples of common questions that new agency users have asked about the intervention and how TA providers can respond. We have also included "proactive" questions at the end of each section that will help TA providers assess how sites are proceeding, and identify and anticipate obstacles that may arise during implementation. This kind of proactive troubleshooting can help ensure the success of the intervention.

Overview of VOICES/VOCES

VOICES/VOCES is designed to encourage condom use and improve condom negotiation skills. It targets African American and Latino adult men and women at high risk of becoming infected with and/or transmitting HIV and other STDs. The intervention was originally developed and evaluated in STD clinics in New York, Chicago, and Boston. When used with this clinic population, VOICES/VOCES proved to be an effective tool for helping men and women develop the skills they need to use condoms consistently.

Specifically, after the intervention, participants demonstrated the following:

- increased knowledge about transmission of HIV and other STDs,
- a more realistic assessment of their personal risk,
- a greater likelihood of obtaining condoms and intending to use them regularly, and
- fewer repeat STD infections.

VOICES/VOCES includes four core elements:

1. viewing of culturally-specific videos;

2. gender- and ethnically-specific, small-group skill-building sessions;
3. condom features education using the Condom Features Poster Board; and
4. distribution of sample condoms identified by participants as meeting their needs.

To achieve fidelity to the intervention, these four core elements must be maintained. When used in combination, they have been shown to produce behavior change. Group discussion "brings home" to clients the messages they see and hear in the video and lets them practice condom negotiation strategies with the support of their peers. Condom features education then provides them with the precise information they need when they go to purchase and negotiate condom use with their partners.

The basic VOICES/VOCES package includes the following:

- A CD with the bilingual *VOICES/VOCES Planning and Implementation Manual* and an *Administrator's Preview Guide for Agency Administrators*. Agencies offering VOICES/VOCES should print both the implementation manual and the preview guide for use at their agencies.
- Five DVDs with videos developed specifically for the VOICES/VOCES intervention: *Do It Right, It's About You, Se Trata De Ti, Porque Sí* and *Safe in the City*.
- A bilingual (English/Spanish) Condom Features Poster Board, which displays a variety of commercially available condoms and descriptions of their particular features.
- A penile model.
- Sample condoms and lubricant.
- A small carrying bag for all the items above except the Condom Features Poster Board.

In addition to having the basic package, agency staff who are implementing VOICES/VOCES, including administrators, are required to attend a two-day training session. This training focuses on conducting the intervention and identifying agency-specific implementation strategies. VOICES/VOCES should also be supported through ongoing technical assistance. The purpose of this guide is to support VOICES/VOCES TA providers with an informative written resource to which they can refer as they work with agencies that are implementing the intervention.

The Field Test

Over a two-year period, VOICES/VOCES was field-tested in community-based health agencies throughout Massachusetts and Connecticut. The purpose of the field test was to use community input to finalize and shape the materials, and to determine the types and amount of technical assistance new adopters needed to implement, sustain, and, ultimately, institutionalize VOICES/VOCES at their sites.

As part of the field test, facilitators delivered approximately 100 VOICES/VOCES sessions to more than 600 African American and Latino men and women. Information was collected from several sources, including monthly interviews with site administrators and direct service staff, periodic observation of VOICES/VOCES meetings, and direct requests for assistance. EDC also worked closely with the sites to identify the costs associated with both preparing and implementing the intervention. Researchers used the information collected during the field test to develop this guide.

OVERVIEW OF THIS GUIDE

The *VOICES/VOCES Guide for Technical Assistance Providers* provides straightforward answers to questions agencies may have about how to implement the VOICES/VOCES intervention. This guide includes strategies for helping agencies do the following:

- identify an appropriate target audience,
- garner adequate administrative support,
- convene small groups for skill-building sessions,
- maintain the intervention's four core elements,
- tailor the intervention to meet client needs,
- strengthen staff facilitation skills,
- troubleshoot potential challenges associated with using VOICES/VOCES, and
- use VOICES/VOCES to supplement and strengthen existing on-site services.

The guide has been divided into the following sections, with Sections One through Four corresponding to a different phase of implementation.

Section One:	Helping Potential Users Get Started
Section Two:	Addressing the Training Needs of VOICES/VOCES Facilitators
Section Three:	Preparing Facilitators to Run VOICES/VOCES Sessions
Section Four:	What Users Need to Know About Maintaining VOICES/VOCES in Their Settings
Section Five:	Technical Assistance Tools

Sections One through Four use a question-and-answer format to address a range of potential issues and requests for technical assistance. Each of these sections is divided into two parts. The first part contains common questions that TA providers may be asked by agencies implementing VOICES/VOCES and answers to each of these questions. The second part contains proactive questions that TA providers could ask users during each phase of implementation. Section Five includes a collection of flyers, information sheets, and contact lists that can be photocopied and distributed as needed.

As noted earlier, agencies involved in implementing the intervention are required to participate in a VOICES/VOCES training session. The information included in this guide, therefore, is designed to help TA providers build on the skills and information that agencies receive during the training. In addition to attending a VOICES/VOCES training themselves, TA providers are also encouraged to carefully review the *VOICES/VOCES Planning and Implementation Manual*, which includes additional information on the intervention that is not in this guide.

SECTION ONE: HELPING NEW USERS GET STARTED

VOICES/VOCES is a fun and innovative intervention, and most new users are eager to begin convening groups as soon as they have a VOICES/VOCES package. Before getting started, however, agencies must understand how, where, and for whom a new intervention will be implemented, and mobilize ongoing support for a smooth and uninterrupted implementation.

In helping new adopters prepare for implementation, the role of the Technical Assistance Provider is twofold. First, TA providers should be prepared to respond to questions that new users have on successfully launching, implementing with fidelity and maintaining the VOICES/VOCES intervention at their agency. Second, TA providers should proactively help new users with their early planning needs, help them foresee potential road blocks to implementation and maintenance over time, and assist them in strategizing ways to overcoming these challenges.

This section addresses six issues that have been identified as key to successful program start-up:

- identifying appropriate clients,
- identifying an appropriate setting,
- mobilizing agency support,
- finding space and securing equipment,
- paying for VOICES/VOCES, and
- maintaining quality control.

Common Implementation Questions from Agencies

Identifying appropriate clients

VOICES/VOCES is a targeted intervention designed for specific client populations. Although the prevention messages included in the intervention can be tailored to meet the needs of different cultural groups and/or men and women at different levels of risk, new users should understand that the intervention may not be equally effective for all groups.

Here are some questions users may ask about the target population:

Q. Who is VOICES/VOCES for?

A. VOICES/VOCES targets heterosexual men and women at high risk of becoming infected with and/or transmitting HIV and other STDs. The intervention was originally developed and field-tested in STD clinics in New York, Chicago, and Boston that served a high proportion of African American and Latino clients. When used with this clinic population, VOICES/VOCES proved to be an effective tool for helping men and women develop the skills they need to use condoms consistently. The intervention was particularly effective with men who had a large number of sex partners.

Q. Does this mean that VOICES/VOCES should only be used with clients who are African American or Latino?

A. VOICES/VOCES was designed for use with African American and Latino men and women. The five videos included in the VOICES/VOCES package were developed to be consistent with the values, style, and customs of these populations. *Do It Right* is culturally tailored for African American audiences. Three of the videos are culturally tailored for Latino audiences: *It's About You* is in English only, *Se Trata De Ti* is in Spanish only, and *Porque Sí* is bilingual (English and Spanish). The fifth video, *Safe in the City*, is for more multi-cultural and multi-ethnic (i.e., Latino and African American) audiences. It also has a bisexual character that has both male and female sexual partners. During field testing, men and women from both African American and Latino cultures were comfortable discussing sex and condom use in a group setting with their peers. This group discussion is a core element of the intervention and one of the reasons VOICES/VOCES is effective.

This is not to say that VOICES/VOCES should *not* be used with men and women from other cultures who may also benefit greatly from the intervention. Before doing so, however, you should consider several factors:

- Can you identify a video suitable for the men and women you want to reach? The video sets the stage for the intervention. It cannot be preachy, but should challenge stereotypes and must engage viewers. Above all, the content and presentation of the video(s) you select should suit the needs of your clients. During field testing, we found that clients were much more responsive to videos that included characters and situations to which they could relate. We can help you look for an appropriate video, but cannot promise that a suitable one exists. (Also see page 33 in this guide for criteria for selecting an alternate video.)
- Is a group intervention the best way to deliver prevention messages to this population? Some cultures have strong taboos against discussing sex. Men and women from these groups may be more likely to benefit from one-on-one counseling than a group intervention. In other cultures, men and women use different gender-specific sexual terms. When working with men and women from these cultures, you will need to make a special effort to convene gender-specific groups. It may also be necessary to match group facilitators and participants by gender.
- Is your target audience somewhat different from the characters depicted in the videos? VOICES/VOCES provides targeted, culturally-specific prevention messages that may not be as effective with groups that have participants who are less "Americanized" or acculturated than some of the characters in the video, or participants who come from different cultures or regions. For example, pilot-testing revealed that highly acculturated Puerto Rican women responded much more favorably to the video *Porque Sí* than did Latinas from Central America, who had trouble relating to the characters. *It's About You* and *Se Trata De Ti*, however, were developed with more input from individuals in the Southwest region of the US; therefore, they may be more appropriate for Latinos of Central American descent. Because of these cultural and regional differences, it is especially important for facilitators to pre-screen the videos prior to selecting which video to use. Facilitators should also make a special effort to tailor the intervention's prevention messages and group discussion so that each will be well-received by the group. Group discussion is essential because it provides an opportunity for the facilitator to structure the messages portrayed in the video in a way that responds to the specific cultural needs of the participants.

VOICES/VOCES is not a magic bullet, and we cannot guarantee that it will work for everyone. However, there may be benefits to using VOICES/VOCES with men and women who are not African American or Latino, and for that reason, it may be worth a try. During field testing, the intervention was delivered to "other" populations, including White clients, youth at high risk, and men who have sex with men, and was well-received by clients and providers alike.

Q. Are there cultures other than Latino and African American for whom the VOICES/VOCES videos are appropriate?

A. The videos have proven to be effective when a skilled facilitator is working with an audience that is more acculturated or "Americanized;" these audiences have included Haitians, Dominicans, and White viewers. But there may be some clients, even within these groups, who are uncomfortable with the way that sex is discussed in the videos and who find it too westernized. It is important for facilitators to recognize and respond to signs of discomfort and to help participants explore ways to negotiate condom use that are comfortable for them.

Q. Our agency serves a mix of Latino, African American, and White clients. Where should we "put" our White clients?

A. Ask them! Explain that you will be convening separate VOICES/VOCES sessions for Latinos and African Americans and ask them where they'd feel most comfortable. Explain that *Porque Sí* is bilingual and *Se Trata De Ti* is in Spanish, and that the session may be run in Spanish, but don't automatically assume that this will deter participation. If you eventually decide to convene separate groups for White clients, pre-screen the videos, and think about the clients you serve and which video you think would be best for them. You can also try alternating videos and noting participants' reactions.

Q. I'm not sure we see enough clients to convene gender- and ethnically-specific groups on a regular basis. What should we do?

A. We strongly recommend convening gender- and ethnically-specific groups for several reasons. First, our research shows that men and women often find it easier to talk about sensitive subjects with members of the same sex. Second, there are many culturally based reasons why people engage in unsafe sex practices, and ethnically-specific groups make it easier for you to tailor your prevention messages. The videos that accompany the intervention are designed to be used with specific ethnic groups as they depict culturally specific types of relationships and interactions, as well as culturally appropriate models of condom negotiation.

However, if you don't think you see enough clients to convene gender- and ethnically-specific groups, consider the following options:

- If certain clinic sessions are busier than others, try delivering the intervention when the clinic is busiest. The larger your client pool, the easier it is to be selective.
- Try convening smaller groups. During field testing, some sites convened groups of fewer than four participants to ensure gender- and ethnic-specificity. There are both disadvantages and benefits to using this strategy. Our experience showed that participants in small groups often felt self-conscious and "overly visible," the facilitator had a harder time stimulating group discussion, and participants weren't able to get the peer support they needed. On the other hand, small groups also meant more time for each group member to speak, strategize, and practice his or her negotiation skills. Rather than missing an opportunity, try convening a smaller group and see what happens!
- Try convening mixed-gender groups. Although we can't attest to the effectiveness of this strategy, we did implement the intervention with several mixed-gender, same-ethnicity groups during pilot testing. Both clients and providers enjoyed these sessions, explaining that it gave men and women the chance to talk openly and practice their negotiation skills with the other gender. It is

not recommended that couples participate in VOICES/VOCES group sessions together, as they are more likely to be reluctant to share information if their own sexual partner is in the room. In addition, couples may engage in conflict and derail the small group discussion. If a couple is participating in your group session, be prepared to handle these possible challenges and keep the discussion on track.

- Try convening groups that include participants of different ethnicities. This, too, may provide a forum for men and women from different cultures to share perspectives and strategies. As mentioned earlier, *Safe in the City* may be more appropriate for an ethnically-mixed group. However, you will need to experiment with which format works best for your clients and agency.

Identifying an Appropriate Setting

VOICES/VOCES was shown to be effective when delivered at a "teachable moment," for instance when a visit to an STD clinic may motivate a person to change behavior. However, many clients at high risk for developing and transmitting HIV and other STDs are no longer treated in STD clinics, yet might benefit greatly from the VOICES/VOCES intervention. New users should examine their own clinic settings and develop strategies for delivering the intervention so that the greatest number of clients will benefit.

Here are some questions users may ask about using VOICES/VOCES in different types of clinic settings:

Q. We're not an STD clinic, but we do see STD patients as part of our family planning services. Is VOICES/VOCES the right intervention for us?

A. VOICES/VOCES was designed to be delivered to men and women during an STD clinic visit, thus capitalizing on a "teachable moment"—a moment when individuals may be especially motivated to think about their risky behaviors and how they might protect themselves from getting infected with HIV or other STDs in the future. There is no reason why clients treated for STDs at a family planning clinic would be less receptive to these messages than those treated at an STD clinic. However, before bringing the intervention into this clinic setting, consider the following:

- What proportion of your family planning clients do you treat for STDs? If the number is small, it may be difficult to identify and convene small groups of 4-8 patients to participate in VOICES/VOCES sessions.
- When during the visit will you convene groups? You will need to meet with all levels of clinic staff, including administrators, clinicians, and front-desk personnel to determine how you plan to integrate VOICES/VOCES into your service flow.
- Do you have a mechanism for selectively identifying and convening clients who are being treated for STDs? Research has shown that clients who are being treated for an STD are more likely to respond to prevention messages than those who are not. Because VOICES/VOCES has only been evaluated with STD clients, we have no way of knowing whether the intervention's prevention messages will be as meaningful to clients receiving routine care as they are to clients receiving care for acute STD infection.
- Do you have a mechanism for identifying clients at high risk of STD or HIV infection? Having said the above, it is important to recognize that many clients who come in for routine care may have prevention needs that are similar to those of your STD patients. For example, they may not currently have an STD but may have been treated for one in the past. Or they may be at risk of future infection because they have multiple sex partners or a partner who uses or used injection

drugs. Your family planning providers can help you identify these clients, whom you can then invite to a VOICES/VOCES session scheduled for a future date.

Q. Our STD waiting room is shared with people attending the high blood pressure clinic down the hall. How will we know who is eligible to participate in VOICES/VOCES sessions?

A. The clinic receptionist can be a great resource for both identifying eligible participants and recruiting clients to participate in VOICES/VOCES sessions. Ask the receptionist to notify the VOICES/VOCES facilitator as clients check in for their appointments. Also, ask the receptionist to present the intervention to eligible clients as part of their clinic services, rather than as an option. This will increase the likelihood that they will agree to participate in the intervention.

Q. Most of our patients don't have to wait long before being seen by a service provider. Without a waiting room full of clients, how can we convene VOICES/VOCES participants?

A. VOICES/VOCES was first evaluated at a time when most large STD clinics used a drop-in appointment system. Clients would check in and then wait—sometimes for hours—before being seen by a clinician. This waiting period provided researchers with ample time to convene groups and deliver VOICES/VOCES sessions without interrupting clinic flow.

Over the past several years, STD service delivery has changed significantly. Fewer clinics see large numbers of clients, and those that do tend to use an appointment system. However, these changes in service delivery mean that you will need to explore new ways to identify and convene program participants. Here are some suggestions for doing so:

- If your agency still uses a drop-in system, ask the receptionist to notify the VOICES/VOCES facilitator as new clients arrive. Let clients know that the intervention will be a scheduled part of the services they will receive that day, and that they will see a clinician either before or after the session is over.
- If you use an appointment system, describe the intervention to clients as they check in and invite them to return at a designated time to participate in a session.
- Actively "market" the intervention. During pilot testing, several sites promoted VOICES/VOCES by posting attractive flyers and announcements around the waiting room, prominently displaying the VOICES/VOCES Condom Features Poster Board, and offering incentives such as free condoms, food, gift bags, and child care.

Q. What can I say to assure my supervisor that VOICES/VOCES sessions won't create obstacles to service delivery or interfere with clinic flow?

A. Concern about possible disruptions to existing services shouldn't automatically present a barrier. Otherwise, educational innovation would be impossible! When discussing the intervention with your supervisor, place VOICES/VOCES in the context of ongoing HIV/STD prevention at your agency. Explain that this brief, single-session format is a useful and highly effective way to reach a large number of at-risk men and women, and that incorporating this intervention into routine practice can help improve and provide quality assurance to your agency's HIV prevention services. Specific suggestions for minimizing service disruption include the following:

- Incorporating sessions into client services, delivering them either before or after appointments, so that clients and clinicians alike know what to expect. It has been our experience that clients are willing to stay for VOICES/VOCES at the end of their clinic visits.

- Offering the intervention on days when an extra staff member or trained volunteer is available to facilitate the group sessions.
- Scheduling regular meetings to review implementation procedures and addressing problems as they arise.

Mobilizing Agency Support

Intervention success depends on the clear and public support of all levels of agency staff. New users should begin by mobilizing the support of agency administrators and key decision makers willing to take on the role of program "champions"—people willing to provide hands-on leadership and guidance for the VOICES/VOCES intervention. Eventually, users should develop a VOICES/VOCES team, consisting of a hands-on leader responsible for introducing the intervention and ushering it through implementation; a higher-level manager with the power to allocate human and material resources to the intervention; front-desk staff; and at least two facilitators responsible for convening and conducting skill-building sessions.

Here are some questions users may ask about ways to mobilize agency support for VOICES/VOCES and overcome potential resistance to program start-up:

Q. What can I say to spark the interest of our agency administrators in a program like VOICES/VOCES?

A. First, describe the overall benefits of VOICES/VOCES:

- VOICES/VOCES has been shown to be effective in reducing the incidence of new STD infections, and increasing the rate of condom acquisition and other attitudinal and self-reported behaviors associated with safer sex practices.
- VOICES/VOCES is a theory-based intervention that has been rigorously evaluated.
- VOICES/VOCES is one of several interventions selected by the Centers for Disease Control and Prevention for its Diffusion of Effective Behavioral Interventions Project, a program designed to help bridge the gap between HIV/AIDS prevention research and practice.
- VOICES/VOCES is one of the few interventions shown to be effective for primarily heterosexual men who are not injection drug-users.
- VOICES/VOCES has the potential to reach a large number of individuals at risk.
- VOICES/VOCES is brief. Unlike other group interventions that require participants to come to multiple sessions over time, the intervention is intended to be delivered at the time of a clinic visit, which will help reach those clients who may not be sufficiently motivated to attend longer or more comprehensive HIV prevention interventions.

Second, clarify the ways in which VOICES/VOCES can benefit your agency. Specifically VOICES/VOCES can help your agency do the following:

- offer clients prevention education at the moment they are seeking health services—a critical "teachable" moment,
- provide options for gender- and culture-specific, small-group education,

- identify opportunities to partner with state and local departments of public health,
- Create innovative professional development opportunities for staff,
- meet federal funding requirements for adopting innovative, research-based HIV/STD prevention education programs that are client-centered and tailored to culture-and gender-specific needs,
- save time and money through more efficient delivery of effective HIV/STD prevention education, and
- attract and sustain additional funding through use of a proven prevention program.

Finally, emphasize that VOICES/VOCES builds on and supplements current activities and programs by doing the following:

- establishing rapport with DIS (Disease Intervention Specialist) facilitators to support and strengthen later interactions with clients,
- providing an easy way to improve the consistency and quality of your prevention education,
- encouraging clients to learn from one another and practice strategies they can use to protect themselves,
- ensuring that prevention messages and strategies are culturally appropriate, and
- providing new materials that have been enthusiastically received by both providers and clients.

Q. Our administrators are always so busy-and hesitant to take on anything new. Can you suggest any quick and easy ways to gain their buy-in?

A. Use the *Administrator's Preview Guide* to promote and/or market the program internally. The preview guide includes the at-a-glance information agency administrators need to help them understand the benefits of the VOICES/ VOCES intervention and how it can enhance prevention efforts at their sites.

You can deliver a VOICES/VOCES session to administrators so they see firsthand how the program works. You can also invite administrators to participate in a VOICES/VOCES Training of Facilitators.

Q. I'd like to hold a workshop for agency staff to let them know about the VOICES/VOCES program. Do you think this is a good idea?

A. Absolutely! Letting staff know about the intervention and how you plan to use it will go far in helping the program run smoothly. An introductory workshop offers staff the opportunity to see the videos, preview the materials, voice concerns, and ask questions. The more people understand the intervention, the greater their stake in its success-and the more likely they are to refer clients to you, help you locate a DVD player, or share their offices for last-minute VOICES/ VOCES sessions.

During field testing, total staff buy-in was a critical factor in intervention success. Client recruitment at one site increased significantly after clinicians were invited to participate in a VOICES/VOCES session, while recruitment at another site improved once front-desk staff became active members of the VOICES/VOCES team.

Finding Space and Securing Equipment

VOICES/VOCES combines video viewing with small-group discussion. New users must have access to a DVD and a private space in which to conduct sessions.

Here are some questions users may ask about finding space and securing equipment:

Q. We don't have a separate room available for convening VOICES/VOCES sessions. Can we use a corner of the waiting room?

A. VOICES/VOCES participants may disclose confidential information about their lives and relationships during group sessions. To protect participant confidentiality, sessions *must* be held in a private setting; using a corner of the waiting room is not an option.

If you cannot identify a room that is consistently available to you, think creatively. Are there any staff offices that are reliably empty? Can you identify a space that is commonly used for other purposes but that you could occasionally reserve for VOICES/VOCES sessions? Is there an available space you might regularly borrow from another department? Remember, you won't need a lot of space—just enough to comfortably seat 4-8 participants and a facilitator, and into which you can squeeze a portable television and DVD.

Q. We no longer have a working DVD. What should we do?

A. Video viewing is one of the core elements of VOICES/VOCES; you cannot implement the intervention without showing a video. As a temporary measure, see if there is a DVD you can borrow from another agency or program; then speak with your supervisor or agency administrator about securing the funds to purchase a new one. You can also try to identify local resources, such as private businesses in your community, who might be willing to donate a DVD to your agency. Finally, identify a secure place to leave the equipment so that it will be safe in the future.

Paying for VOICES/VOCES

VOICES/VOCES is an inexpensive and highly cost-effective intervention. A complete understanding of the costs associated with implementing the package in a clinic setting will help new users mobilize agency support and obtain continued funding for the intervention.

Here are some questions users may ask about the cost of adopting and implementing VOICES/VOCES:

Q. How can I purchase a VOICES/VOCES kit?

A. For questions about purchasing a kit, go to www.effectiveinterventions.org for contact information. If you are receiving VOICES/VOCES training through the DEBI project, kits are provided to trainees at the training.

Q. How much will it cost my agency to adopt VOICES/VOCES and deliver it regularly?

A. The cost of implementing VOICES/VOCES per client will vary depending on your agency's overhead costs, how you implement the program, for what audience, and how often. A cost worksheet was developed to help agencies estimate how much it would cost them to implement VOICES/VOCES. A copy of this worksheet, as well as steps for maximizing the cost-effectiveness of VOICES/VOCES at your site, is included in Section Six of the Implementation Manual and on www.effectiveinterventions.org.

Q. Will implementing VOICES/VOCES require more staff?

A. Not necessarily. VOICES/VOCES was designed as a single-session intervention because this format is relatively easy to incorporate into routine clinic practice. In Massachusetts, where the intervention

package was field tested, the intervention was incorporated into existing STD and HIV prevention programming, using existing staff working their regular schedules. If your agency has an on-site health educator it might be more cost-effective for him or her to use the VOICES/VOCES group approach rather than one-on-one sessions.

Maintaining Quality Control: DEBI and CDC Staff Evaluation Tools

Quality assurance and process monitoring are important to the continued diffusion of VOICE/VOCES. They allow Danya and CDC staff to assess the degree to which VOICE/VOCES trainings are successfully delivered to appropriate participants and identify specific processes or steps needed to maintain and/or improve the diffusion of VOICES/VOCES.

The collection of process monitoring data will help CDC and Danya staff keep track of essential information: (a) number of training sessions held during a given period, (b) number of participants that attended the training, (c) types of organizations (e.g., community based organizations, health departments) represented by training attendees, and (d) how many technical assistance or coaching events were requested and how many of those actually occurred.

There are three methods used for process monitoring of VOICES/VOCES—the Post Course Evaluations (PCE), the Capacity Request Information System (CRIS), and Trainer Observation (TO):

- Post Course Evaluations (PCE)—Participants complete a post course evaluation form at the end of the training session. Completed forms are sent to Danya by mail in the envelopes provided where they are analyzed and distributed to appropriate CDC staff and the National Training Partner who conducted the training. PCE is a useful process monitoring tool that provides information on the quality of the training from the participants' perspective, as well as knowledge and skills gained upon completion of the training.
- Capacity Request Information System (CRIS)—A web-based portal developed for Community Based Organizations and Health Department to submit requests to CDC for technical assistance. This system is used to document and monitor technical assistance provided by Capacity Building Assistance Providers and CDC staff.
- Trainer Observation (TO)—CDC staff periodically observe training sessions to assess the trainer competencies and fidelity to the curriculum. Trainer observation provides process monitoring information on the areas of the training that were conducted with fidelity and those areas that need more attention.

Maintaining Quality Control: All Facilitators

Quality assurance and process evaluation are important to the continued life of VOICES/VOCES. They allow program administrators and staff to assess the degree to which VOICES/VOCES is being successfully implemented and to identify specific processes or steps needed to maintain and/or improve the program. New users should understand the importance of ongoing program assessment and how to monitor program quality at their agencies.

Here are some questions agencies may ask about quality control:

Q. Is there a way to document VOICES/VOCES implementation at our site without requiring facilitators to fill out a lot of paperwork? They're already so overloaded!

A. Documentation is important not only for quality control, but also to ensure future funding and the ongoing implementation of VOICES/VOCES at your site. Fortunately, if you are currently providing client

services, you are probably collecting much of the data needed to track VOICES/VOCES. To ease the "burden" of data collection, try the following:

- Have administrators and staff sit down together to establish a common purpose for data collection. Is it to secure future funding? Track demographics? Identify challenges to implementation? Make sure all parties have a shared understanding of why records are being kept.
- Keep data collection simple! This will reduce paperwork and decrease the chance of error.
- Don't reinvent the wheel. Whenever possible, use or adapt existing data collection instruments. The *VOICES/VOCES Planning and Implementation Manual* includes several instruments you can use to ensure that the program is being delivered with fidelity and meeting the needs of agency clients and staff. Have administrators and staff work together to adapt these forms so they work for you.
- Develop documents that can serve multiple purposes. For example, one pilot site used a form to collect information about VOICES/VOCES that they were already using to comply with state requirements.

Q: Should we designate a specific staff member to be responsible for data collection and quality control?

A: Absolutely. We recommend designating a specific staff member to be responsible for all aspects of intervention implementation, whether it be quality assurance or delivering the intervention.

Q: We'd like to develop a client satisfaction survey for our program participants. How should we begin?

A: Begin by looking at the Client Satisfaction Survey included in the *VOICES/ VOCES Planning and Implementation Manual* to see if it meets your needs. Are there questions you'd like to add or delete? Does the language seem appropriate for your client population? Refer to surveys used by other programs at your agency and see if there are questions you'd like to borrow. Finally, obtain feedback on a pilot version of the survey from two or three groups of VOICES/VOCES participants before finalizing the questionnaire.

Proactive Technical Assistance Questions to Ask Agencies

Q. In what ways do you see VOICES/VOCES supplementing or strengthening existing programs and services within your agency?

This question can help early adopters identify benefits to agency planning and can assist the TA provider in understanding agency objectives. It also creates an opportunity for the TA provider to brainstorm examples of ways that VOICES/VOCES can supplement existing services.

Probes:

- What programs come to mind that would fit well with VOICES/VOCES?
- What current services convene clients in groups?

Q. How often are you able to meet with your supervisor or agency administrator to discuss plans for getting VOICES/VOCES up and running? Do you work collaboratively to prepare for introducing and using VOICES/VOCES?

This question will give the TA provider insight into collaboration and coordination at different levels within an adopting agency. The information can be used to troubleshoot early problems and leaves the door open for suggesting possible ways to coordinate efforts within an agency that will support implementation.

Probes:

- What kinds of regular staff meetings are currently scheduled?
- How often and in what context do you meet one-on-one with your supervisor?
- Are there opportunities to meet with a smaller team of staff who may implement VOICES/VOCES?

Q. How are your colleagues responding to the information you have shared with them about VOICES/VOCES?

Feedback from this question creates opportunities for the TA provider to gain understanding about marketing efforts within an agency that might support preparation for VOICES/VOCES. It also provides an opportunity to offer alternative suggestions for conducting marketing that can lead to successful implementation.

Probes:

- What are your colleagues' reactions towards implementing VOICES/VOCES?
- What do they like best about it?
- What are their questions or concerns, and how are you addressing them?

SECTION TWO: ADDRESSING THE TRAINING NEEDS OF VOICES/VOCES FACILITATORS

All staff involved in implementing the VOICES/VOCES intervention should participate in a two-day training session prior to implementation. The training focuses on conducting the intervention and identifying agency-specific implementation strategies. The goals of the interactive training are as follows:

- introduce agency staff to the VOICES/VOCES intervention and materials,
- help staff develop the group facilitation skills they need to deliver VOICES/VOCES sessions with fidelity, and
- gain the support, trust, and buy-in of new intervention implementers.

The intervention, which was developed with extensive input from community-based agency administrators, front-line staff, and public health officials, is designed so that people with and without experience in running groups will be able to benefit. TA providers can facilitate access to the VOICES/VOCES training by doing the following:

- letting new users know where they can go to be trained,
- describing why training is critical to program success, and
- describing how facilitators with all levels of experience can benefit from the training program.

A schedule of upcoming VOICES/VOCES Training of Facilitators can be accessed via the training calendar at <http://effectiveinterventions.org>

Common Implementation Questions from Agencies

Here are some questions VOICES/VOCES implementers may ask about training:

Q. Most of the staff at my agency do one-on-one counseling, and no one has a lot of experience with running groups. Should we hire someone to deliver the VOICES/VOCES sessions?

A. Not necessarily. Just because people don't have experience in running groups doesn't mean they can't do it. Many of the skills people use when providing one-on-one counseling are easily translated to a group setting, such as good communication and listening skills, empathy and sensitivity, knowledge of the subject matter, and humor. Furthermore, the VOICES/VOCES training recognizes that participants come with different levels of experience, and therefore includes ample time for new facilitators to practice their group facilitation skills.

Encourage staff who have expressed interest in facilitating VOICES/VOCES sessions to think about their current delivery styles and how these may differ from the skills they'll need to run a group. Then have *all* the new facilitators—regardless of experience—participate in the VOICES/VOCES training program.

Field testing revealed that even staff with experience in running groups benefited from this training, which focuses less on "generic" group facilitation and more on the specifics of running VOICES/VOCES sessions. Finally, provide ongoing opportunities for staff to share their experiences delivering the intervention with one another and with their program supervisor. This positive support is critical to the success of intervention implementation. You may also send staff members to additional trainings on group facilitation skills, if needed.

Q. Most of our staff have experience running groups. Do they still need to attend a formal training, or can they get what they need from the *VOICES/VOCES Planning and Implementation Manual*?

A. We strongly suggest that *all* intervention facilitators participate in the VOICES/VOCES training program. Data collected during field testing revealed that even facilitators with vast experience in leading groups sometimes had difficulty running interactive sessions, using a video to trigger discussion, and/or focusing the discussion on condom negotiation. To help facilitators develop these skills, the training program focuses on these key aspects of the intervention:

- identifying the target audience,
- strategies for maintaining the intervention's core elements,
- strategies for using a video to trigger discussion,
- strategies for focusing group discussion and helping participants use condom features to negotiate condom use,
- the meaning of "fidelity" to the intervention, and
- balancing fidelity and the needs of intervention participants.

By focusing the agenda in this way, people with and without experience in running groups can benefit from the training program.

Q. Sometimes the staff members at my agency are concerned about trying something new. What can I do or say to encourage their participation?

A. Here are some strategies for overcoming staff concerns:

- Let staff members know they will receive the training and ongoing support they need to deliver VOICES/VOCES sessions with ease and comfort. A primary goal of the VOICES/VOCES training is to assure new facilitators that they will have access to the resources and equipment needed to conduct VOICES/VOCES groups.
- Emphasize the ways that VOICES/VOCES is compatible with or similar to the type of patient/client education they're already doing.
- Highlight the benefits of using VOICES/VOCES. For example:
 - Interactive educational methods are a challenging yet desirable way to provide health education.
 - Using condom features to motivate people to use condoms is a "cutting edge" approach to HIV/STD prevention.
 - VOICES/VOCES was shaped, tested, and welcomed by communities and educators like themselves.
 - The intervention establishes rapport which makes other interactions easier.

Explain that pilot site staff enjoyed and were motivated by positive responses and feedback from their clients, particularly regarding the video and the variety of specialty condoms available for distribution. Specific discussion about condom features, such as texture, size, and color, proved to be an innovative incentive for both men and women who participated in the sessions. .

Q: How should we deal with staff turnover among our facilitators?

A. We strongly suggest that agencies train at least two staff members to deliver VOICES/VOCES sessions. Here are some reasons why:

- Having a trained "back-up" facilitator assures that intervention delivery will not be interrupted when there is staff turnover for any reason (e.g., vacation, maternity leave).
- With several trained facilitators, it is less likely that the intervention will be abandoned when one person leaves.
- Teams of facilitators can support and learn from one another. This reduces feelings of isolation and the risk of "burnout."
- Training multiple staff members is good for overall staff development, offering staff the opportunity to acquire new skills and participate in a new and exciting intervention.

Q: Our staff is so busy, it's difficult to find a time when everyone can come together to attend a VOICES/VOCES training. Is it possible to train the facilitators more informally, on an individual basis?

A. There are many benefits to having agency staff come together to attend the VOICES/VOCES training:

- The group sessions provide an opportunity for staff to learn about the intervention and meet other educators and administrators involved in implementation.
- The sessions allow time for staff to address the logistics of implementation, such as when sessions will be run and how participants will be recruited.
- The group format is key to gaining the support, trust, and buy-in of new intervention implementers. Staff develop a sense of team identity and learn from *one another* by sharing their questions and concerns and clarifying mutual expectations.

For these reasons, we strongly suggest that, *whenever possible*, agencies train staff collectively. If you must train staff individually (when, for example, new staff members are hired), have these new facilitators observe at least two VOICES/VOCES sessions in conjunction with their training. We also suggest that new facilitators meet regularly with other members of the VOICES/VOCES team to share their experiences with implementing the intervention.

Q. Many of our facilitators are native Spanish speakers who will conduct VOICES/VOCES sessions in Spanish. Is there a way for them to receive training in Spanish?

A. Trainers have been trained to conduct VOICES/VOCES in Spanish. If you would like information on attending a training in Spanish, go to www.effectiveinterventions.org to learn about any upcoming trainings or to inquire about one.

Q. I've been trained in VOICES/VOCES but would like to design a training for staff at my own and a partnering agency. How should I go about this?

A. If you were trained as a VOICES/VOCES trainer through the DEBI project, please contact www.effectiveinterventions.org to inquire about offering your own training on VOICES/VOCES.

Proactive Technical Assistance Questions to Ask Agencies

Q. Can you give me an overview of how your agency staff currently conducts activities with clients? Is it mostly one-on-one, or do you also conduct sessions with groups? Is there an outreach team?

This question will give the TA provider an idea of the experience and skill range of potential small-group facilitators within an agency. It can also help agency staff identify which delivery skills need strengthening before conducting VOICES/VOCES.

Probes:

- How long are the group/one-on-one sessions?
- How many clients are in the group sessions?
- How much interactive discussion goes on in the session?

Q: Do you currently use videos in any of your services or programs? Can you tell me a little about them and how and/or when you use them?

This question will give the TA provider background on the agency's experience with using videos to trigger interactive discussions with clients.

Probes:

- How long are the videos?
- Describe the circumstances under which clients view the videos (e.g., are you with them or are they seeing them alone)?
- How do you use the videos?

Q. What kinds of condoms are you currently using and/or making available to clients within your agency? Is the staff familiar with the wide range of condom features that are currently available, including the female condom?

This question will help a TA provider anticipate the level of awareness and professional development that will be needed regarding condoms and condom features in a staff training.

Probes:

- How does your agency currently obtain its supply of condoms?
- How knowledgeable is your staff about condoms you don't ordinarily give out?
- How receptive do you think your staff would be to learning more about condoms and their features in order to provide their clients with more options?

SECTION THREE: PREPARING FACILITATORS TO RUN VOICES/VOCES SESSIONS

The purpose of the training is to prepare new users to run VOICES/VOCES sessions. During the two-day session, new facilitators develop recruitment plans, practice group facilitation skills, and learn to deliver VOICES/VOCES so that its core intervention elements-video viewing, facilitated small-group discussion, condom features education, and distribution of sample condoms-are maintained. These pre-implementation planning, practicing, and problem-solving activities facilitate understanding and buy-in from staff and increase the likelihood that the intervention will run smoothly.

Despite careful preparation, however, even well thought-out implementation strategies must often be revised, as new users begin running sessions and confronting unforeseen challenges. Sometimes users recognize the need to make these changes. In other cases, it is up to the TA provider to troubleshoot potential problems and work with the user to improve intervention delivery. Often, facilitators have a sense that something's "not right" but can't quite identify the cause of the problem or how to remedy the situation. This is where the TA provider can intervene and help users get back on track.

Above all, the TA provider's primary responsibility throughout intervention implementation is to help staff facilitate the skill-building sessions with fidelity to the intervention's core elements. This means helping new facilitators understand ways in which the intervention can-and cannot-be altered without sacrificing program effectiveness.

This section contains the information TA providers need to help facilitators run VOICES/VOCES sessions. It includes questions and answers related to four issues that were identified during field testing:

- recruiting program participants,
- facilitating small groups,
- providing effective condom education, and
- delivering VOICES/VOCES with fidelity.

Common Implementation Questions from Agencies

Recruiting Program Participants

VOICES/VOCES relies on a single group session to encourage condom use and improve condom negotiation skills. It works best when delivered on a regular basis to all clients who can benefit from it. This means that it is preferable for agencies to offer the intervention to as many small groups of clients as they can during the day.

For many agencies, conducting single-session workshops will be a new experience. These agencies may have general questions about how to convene small groups efficiently and consistently. Agencies with experience in holding group sessions may be more interested in discussing specifically how to approach clients and encourage them to participate in VOICES/VOCES.

Here are some questions users may ask about recruiting intervention participants:

Q. Many participants say "No" when I approach them in the waiting room to participate in VOICES/VOCES. What can I say to convince them?

A. VOICES/VOCES is best received when presented to clients as a routine part of their clinic visits. The more VOICES/VOCES is treated like a valuable benefit and a component of regular services, the more readily it will be received by both clients and providers. One way to do this is by asking the clinic receptionist to present the intervention to clients as they check in, instead of approaching clients in the waiting room. Here are some examples of what the receptionist might say:

- This is part of your clinic services today.
- This session is short, only 45 minutes; it can be scheduled right now.
- You'll see a good video. Most people really like it and find it fun.
- You get samples of specialty condoms.
- You'll like the information about different kinds of condoms—we talk about condoms that come in different sizes, flavors, and textures.
- We've learned it really helps people reduce their risk of becoming infected with HIV and other STDs—and it gives you an opportunity to discuss related issues that you might be concerned about.
- You'll have an opportunity to talk with other women (or men) about issues related to negotiating safer sex.
- People come away feeling better able to talk to their partners about using condoms.

You can also advertise and promote VOICES/VOCES as part of your regular clinic services by distributing informational leaflets around the community, posting flyers around the agency, and prominently displaying the VOICES/VOCES Condom Features Poster Board at your clinic.

Q. How do I convince married women that they're at risk for HIV/STD infection?

A. One of the goals of VOICES/VOCES is to increase clients' awareness that they are at risk of getting and transmitting HIV and other STDs and that these diseases endanger not only their own health but also the health of their partners, children, and loved ones. To convince married women that they are at risk for HIV/STD infection, you could do the following:

- Explain that everyone who is sexually active is vulnerable to HIV infection and other STDs, as are the person's partner and loved ones. Many men and women believe that they are invulnerable to health risks, including HIV infection, particularly if they are involved in what they perceive as a monogamous relationship.
- Explain that a married woman may be at risk if her husband or partner, or if she has had other partners or uses injection drugs.
- Explain that people with HIV or other STDs can look perfectly healthy and may not have any symptoms. People with HIV often do not know they are infected.
- Describe the VOICES/VOCES videos, emphasizing that they show men and women in different types of relationships negotiating condom use and helping family members and friends stay safe.

Q: Many of our female clients bring their children with them. Do you have any suggestions for providing child care while clients attend a VOICES/VOCES session?

A: Provide crayons and coloring books for children to use during the session.

If you have access to a second DVD and available space, have children watch their own video in a separate room. You will also need to identify a staff member or volunteer who is willing to provide ongoing supervision during this time.

If your agency provides on-site child care, find out if the children can stay there while their parents attend VOICES/VOCES sessions.

Invite clients with children to return at a designated time to participate in a session. This will give the parents time to schedule their own child care.

Q: On several occasions, participants have been called out of sessions to see their clinicians. Is there some way we can avoid having this happen in the future?

A: Keep people informed! Make sure that everyone connected to the client visit—from receptionist to clinician—knows about VOICES/VOCES, where and how sessions are being delivered, and how the intervention fits into clinic flow. If you haven't already done so, circulate copies of the *VOICES/VOCES Administrator's Preview Guide* to all relevant staff and invite them to an introductory VOICES/VOCES session. During the session, have an agency administrator emphasize the numerous ways in which VOICES/VOCES can benefit the entire agency. The more staff members know about the intervention, the more invested they will become in its success and the less likely they will be to interrupt group sessions.

Q: We'd like to hang flyers around the agency to promote the VOICES/VOCES intervention, but we don't have access to a computer with a design program. Where can we go for help?

A: We developed a "generic" flyer in English or Spanish to promote VOICES/VOCES. I could email it to you—just fill in the appropriate names, dates, and contact information before photocopying. (See Section Five.) Or you can also develop your own flyer, using a standard word-processing program. Most programs let you create clear, easy-to-read text in a variety of fonts and formats. You can then copy, cut, and paste the VOICES/VOCES logo from our generic to your customized flyer.

Q. Is it appropriate to offer small gifts or refreshments as incentives for program participation?

A. Yes. During our Massachusetts pilot test, staff from several sites offered small gifts and refreshments as incentives for participation—most often to clients who returned to the clinic at a designated time to attend a session. Gifts included specialty condoms, jewelry, hair accessories, body care products, and small frames and photo albums. Incentives were not routinely provided to clients who participated in VOICES/VOCES as part of their clinic visits. However, all participants received a selection of specialty condoms as part of the VOICES/VOCES session.

Facilitating Small Groups

Group facilitation requires a specific set of skills that may be new to people who usually do one-on-one prevention counseling. A good facilitator encourages clients' active participation in discussions and helps them draw on their own experience, knowledge, attitudes, and skills so that they understand and accept new concepts and gain new skills and confidence.

Facilitating VOICES/VOCES sessions requires an additional set of skills that may be new even for experienced group facilitators. VOICES/VOCES facilitators must be able to do the following:

- use a video to trigger group discussion,

- guide the discussion so that it remains focused on condom use and condom negotiation, and
- help clients develop the skills they need to practice safer sex and negotiate condom use.

We strongly suggest that VOICES/VOCES facilitators adhere closely to the implementation protocol (in the *VOICES/VOCES Implementation Manual*) to guide group discussion. The protocol contains questions facilitators can use to start and guide group discussion, role-play scenarios to help participants practice different condom negotiation strategies, and references to specific scenes and encounters in the videos that illustrate ways to introduce condoms in different relationships.

Here are some questions users may ask about facilitating small groups:

Q. How can I keep from falling back on my old habits and turning each VOICES/VOCES session into an HIV 101 presentation?

A. Old habits are hard to break! VOICES/VOCES is meant to be an interactive group discussion, not a presentation. This is why we strongly suggest that *all* facilitators, regardless of their experience running groups, not only attend the two-day VOICES/ VOCES training, but also carefully review the *VOICES/VOCES Implementation Manual* and adhere closely to the implementation protocol for running group sessions. These activities will help you lead interactive sessions, use a video to trigger discussion, focus the discussion on condom negotiation, and strengthen your own group facilitation skills.

Q. Do I have to follow the protocol word for word?

A. If you are accustomed to facilitating discussion groups that are more open-ended or guided by client needs, following a structured protocol may feel strange at first. However, because VOICES/VOCES is so brief—only 45 minutes, including 20 minutes of video viewing—the time allotted to discussion must be spent helping participants develop the skills they need to negotiate condom use successfully. This can be done most effectively by adhering closely to the implementation protocol.

Having said that, we recognize that you may need to tailor your language, style, and prevention messages to match the beliefs and life experiences of the clients in your group. For example, one facilitator at a Massachusetts pilot site described how groups for Latinas responded best to a specific type of leadership style. "In our country," the facilitator explained, "we do not, as counselors, keep ourselves on the other side of the table. We have to take the table away in order for people to trust us." However, the more informal style that this facilitator subsequently adopted with these groups did not prevent her from implementing each of the steps outlined in the protocol, in the order prescribed.

Q. Although clients seem to enjoy the videos, it's difficult to get the discussion started once the video ends. Help!

A. We found that group members are often more likely to respond to targeted questions about particular scenes or comments from the video than to open-ended questions like "How did you like the video?" This is why we developed the video activity sheets, contained in Section Three of the *VOICES/VOCES Implementation Manual*. Each sheet contains a list of specific "trigger/talking points" that you can use to begin and guide discussion.

For example, the first trigger point on the *Porque Sí* sheet is Eddie saying, "I don't need to use a condom! I can tell when a woman is clean." You can begin your discussion by referring to Eddie's comment and asking participants whether they agree or disagree with his statement and why. This should trigger a discussion on the importance of using condoms during all sexual encounters—since people with HIV or other STDs can look and feel perfectly healthy. You can continue to refer to the activity sheets throughout the session to help you use trigger points in the video to keep the discussion interactive and on track.

Q. Sometimes clients ask me specific questions about STDs or modes of HIV transmission. I want to address their questions but also keep the discussion focused on condom negotiation. How can I keep from getting sidetracked?

A. Clients often have other questions they wish to raise during a VOICES/VOCES session. To avoid getting sidetracked, we strongly suggest pursuing these topics *after* the session is completed. Let clients know that their concerns are important and will not be ignored, but that the purpose of the intervention is to help them develop the skills they need to successfully negotiate condom use. Then use the VOICES/VOCES implementation protocol (found in the *VOICES/VOCES Implementation Manual*) to help you redirect the discussion.

Q. How do you discuss condom negotiation with a woman who's afraid of physical or sexual violence if she talks about condoms with her partner?

A. To be effective, prevention education must recognize that a female client's ability to adopt risk-reduction strategies may be influenced by a variety of barriers, such as fear of physical violence, economic dependency, or lack of confidence in her ability to persuade and negotiate with partners. There are no hard and fast rules for negotiating condom use; clients need to develop their own strategies for changing risky behavior, depending on their personal characteristics and life circumstances.

If a client discloses during a session that she is being abused or fears her partner will become violent, however, suggest that the two of you meet after the group to discuss her situation further and make the appropriate referrals. This not only allows you to keep the group discussion focused on condom negotiation, but also prevents the client from inadvertently disclosing more information than she is comfortable sharing. Utilize your agency's patient confidentiality policy to make sure you understand what steps to take if a similar situation arises in the future.

Q. Two clients started arguing in the middle of a recent session, and I completely lost control of the group. What could I have done or said to manage the situation?

A. Group interaction often produces strong emotional responses-sometimes crying, sometimes joy, and sometimes strong disagreement. When arguments erupt during a session, take a moment to assess where you think it's going. Does it look like the argument can be resolved quickly? Is the rest of the group getting involved? Does the argument appear to be escalating? Most clients who disagree with one another either resolve their differences or put them aside so that group discussion can continue. However, if you sense that you may be losing control of the group, take these steps:

- Acknowledge each client's point of view.
- Let the clients know that they can continue their conversation after the session, and that you will be willing to hear what they have to say at that time.
- Explain that right now the group needs to move forward and continue its discussion of condom negotiation.
- If the situation appears to be escalating into a more violent confrontation, end the session and refer to your agency's protocol for the appropriate steps to take.

Condom education typically means showing clients how and when to use condoms correctly. VOICES/VOCES goes several steps further by using condom features to help participants negotiate condom use:

- The VOICES/VOCES package includes a poster-sized Condom Features Poster Board, which displays pictures and provides descriptions (in Spanish and English) of condom features. The Condom Features Poster Board is used to trigger condom features education.
- During group sessions, clients discuss their objections to using condoms and practice using condom features to overcome the objections of their partners. Clients also see and touch a variety of condoms, including the female condom and condoms of different sizes (large and small), levels of thickness, textures, shapes, and degrees and types of lubrication. This helps participants identify and remember the types that best meet their needs and the needs of their partners.
- Clients receive a selection of specialty condom samples and information on where to obtain (for free) or purchase more.

Here are some questions VOICES/VOCES facilitators may ask about providing condom education:

Q. I spend a lot of time talking about condom features, but I'm not really sure how to use these features to help clients negotiate condom use. Any suggestions?

A. You've probably heard your clients complain that condoms come in one-size-fits-all packages, break too often, and are uncomfortable for men and women. Clients are often unaware of the many styles and features of available condoms that can overcome these traditional barriers. Yet "large" condoms; features such as texture, color, and flavor; and the fact that condoms are available for both men and women can enhance men's and women's ability to successfully negotiate safer sex, overcome discomfort, and find pleasure.

Try using the VOICES/VOCES Condom Features Poster Board to show clients the variety of condoms and features available to them. Then have clients generate common excuses for not wanting to use condoms and possible responses. For example:

Excuse: Condoms are uncomfortable.

Response: The thin latex condoms feel really natural. Putting a drop of lubricant in the tip might even give more feeling.

Excuse: They don't fit right (too small/big).

Response: We can try condoms in different sizes. If it's too small, we can get ones that are labeled "large" or "maxx."

Excuse: The first time is so special. Baby, I just want to feel you!

Response: Honey, you'll be able to feel me with these ultra-thin kinds.

Excuse: Condoms are expensive

Response: Let's share the cost.

Excuse: They destroy the mood.

Response: I can think of some ways we can use condoms to put us both in the mood. We can use ribbed condoms to make it feel even better, and I can put the condom on for you.

Excuse: Condoms taste bad.

Response: Let's try the flavored condom—they have all kinds.

Finally, let clients see and feel a variety of condom samples and take home a selection that best meets their specific needs.

Q: Do you recommend opening condom packages and letting clients feel them?

A: Yes. The more comfortable clients feel handling condoms, the more likely they are to use them. Also, taking them out of their packages gives clients a real sense of what various condoms look and feel like and how they differ.

Q: I feel uncomfortable talking about condoms that we don't provide at the agency. Do you have any suggestions for how to solicit donations or purchase specialty condoms inexpensively?

A: There are many condom vendors. A resource list with contact information is available in Section Five of the *VOICES/VOCES Planning and Implementation Manual*. On this list are contact names and numbers for vendors that sell the condoms represented on the VOICES/VOCES Condom Features Poster Board, as well as website addresses for companies that sell condoms over the Internet. You can also call your local HIV/AIDS hotline, which may be able to direct you to some less expensive vendors or identify companies that may be willing to donate an assortment of samples.

Q: Several clients have asked me why condoms break. Do you have any information about the predictors of condom breakage?

A: There are several reasons why condoms break. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, and they can be torn by teeth, jewelry, or fingernails. However, most condoms break because they are put on incorrectly. The *VOICES/VOCES Implementation Manual* includes a handout that describes how to correctly put on-and take off-a condom.

Q: Several clients have asked about the efficacy of polyurethane versus latex condoms. What are your recommendations? Should we provide polyurethane condoms?

A: A polyurethane male condom was approved by the Food and Drug Administration in 1991 and is now available in the United States. It is made of the same type of plastic Guide for Technical Assistance Providers as the female condom. Lab studies show that polyurethane condoms are as safe as latex. They also offer an alternative for condom users who are allergic to latex, and can be made thinner than latex, have no odor, and are safe for use with oil-based lubricants. Unfortunately, polyurethane condoms are usually more expensive and less available than their latex counterparts.

Q. Where can we obtain a low-cost penile model we can use to demonstrate proper condom use?

A. Each VOICES/VOCES package includes one penile model. You can purchase additional models at condom specialty stores or sex shops, or over the Internet.

Delivering VOICES/VOCES with Fidelity

VOICES/VOCES contains four core intervention elements: (a) viewing of culturally-specific videos, (b) small-group skill-building sessions, (c) condom features education, and (d) distribution of sample condoms. Our original research revealed the importance of implementing these elements in combination. Group discussion brings home to clients the messages they see and hear in the video and lets them practice new condom negotiation strategies with the support of their peers. The VOICES/VOCES Condom Features Poster Board then provides clients with important facts about condom features and the precise information they need when they go to purchase condoms.

Pilot-testing later revealed the importance of implementing each of the four core elements with fidelity, that is, as closely as possible to how they are described in the intervention protocol. "Group discussion" and "condom features education" can mean different things to different educators. Unfortunately, different interpretations can also lead to very different outcomes.

What we mean by delivering VOICES/VOCES with fidelity is that in order to maximize program effectiveness, facilitators must implement and maintain all four core elements as intended and described in the implementation protocol in the *VOICES/VOCES Implementation Manual*.

Here are some questions VOICES/VOCES facilitators may ask about delivering VOICES/ VOCES with fidelity:

Q. How much can I change the VOICES/VOCES session without sacrificing program effectiveness?

A. VOICES/VOCES contains four core elements: (a) viewing of culturally-specific videos, (b) small-group skill-building sessions, (c) condom features education, and (d) distribution of sample condoms. Intervention effectiveness depends on the combined interaction of these four elements and the extent to which they are implemented with fidelity. If you show the video alone, use VOICES/VOCES materials in one-on-one counseling sessions, or fail to provide condom features education, your program is much less likely to achieve the same benefits as during the intervention's evaluation study. The implementation protocol included in the *VOICES/VOCES Implementation Manual* offers a step-by-step guide for delivering VOICES/VOCES with fidelity. We strongly suggest that you closely adhere to it.

Q. Does this mean that I should deliver the same prevention message to all of my clients?

A. Not at all. Each VOICES/VOCES session will have differing characteristics, depending on the group's composition. Each participant comes to the group with a different set of experiences that affect how he or she will respond to the video, safer sex messages, and encouragement of condom use. To have the greatest impact on your clients' attitudes and behaviors, you will need to tailor your prevention messages and session characteristics to their beliefs, customs, and life experiences. Here are some variables you may want to consider:

- *Culture and language:* Messages should be consistent with the values, norms, dialect, and terminology of the client population.
- *Gender:* Prevention planning should recognize the fact that men are asked to *use* condoms while women are asked to *get someone* to use them. The VOICES/VOCES videos were developed for use with both male and female groups. However, for male groups, you will probably use different trigger points in the video than you would with female groups. For example, in *It's About You*, you might use the pool hall scene with male groups to explore their personal reasons for not using condoms or to discuss reasons why men should use condoms. With women, you might focus on Joanna's negotiation strategies with David after he became upset. During condom features education, you might ask men to select a condom that they would want to use. With women, you might ask women to role play how they would use condom features to make condom use more attractive to their male partners.
- *Sex practices and relationships:* Individuals often have different types of relationships. For example, they may have sex with primary or non-primary partners, or have same sex or heterosexual sex encounters. Each situation in which clients may be exposed to unsafe sex must be considered, with a plan for changing the risky behavior in each circumstance.

- *Life circumstances:* Recognize that a client's ability to adopt risk-reduction strategies may be influenced by economic and other barriers, such as partner violence, homelessness, shelter living, the exchange of sex for drugs or money, and access to condoms.
- *Literacy and developmental abilities:* Sessions should be delivered at a level the clients can understand.
- *Individual strengths and skills:* Risk-reduction planning should consider the client's ability to problem solve, plan behaviors in advance, persuade and negotiate with partners, and use the skills and resources necessary to enforce the desired behavior.
- *Motivating factors:* Staff can help clients identify personal motivations for behavior change and should recognize that these motivations may differ by gender, culture, and individual characteristics of a client. For example, explore the strongest motivations for a client to change risky behavior, considering such factors as caring for one's own health, protecting family, fear of disease, not wanting to get pregnant (or get a partner pregnant), and so on.

The protocol highlights the need to respond to your clients' needs and situations when discussing strategies for condom use. As noted above, the topics and issues raised in a male-only small group discussion will mostly likely be very different from those raised in a female-only group. The video serves to trigger this discussion, but the accompanying small-group discussion should then be tailored to clients' own attitudes, experiences and situations. By focusing the discussion to the needs of the clients, facilitators can help clients feel motivated to change their behavior and leave with strategies that they can use in "real life" after they have left the group.

Remember, tailoring should focus on customizing characteristics to meet the client's needs. It should not interfere with the program's core elements-video viewing, skills building, condom features education, and condom distribution!

Q. Often, participants have so much to say about the video that we don't have enough time to discuss condom negotiation. Is it really possible to do everything in 45 minutes?

A. Yes, it is possible, but it can be challenging! Data from our Massachusetts and Connecticut pilot tests revealed that even facilitators with extensive experience in running groups often had difficulty "doing everything"—showing videos, facilitating skill-building discussions, providing condom features education, and distributing sample condoms—in 45 minutes. It takes practice to learn to do this successfully. However, VOICES/VOCES works because it relies on group participation, which lets participants learn from and help one *another and* because it focuses intensively on issues related to condom use and condom negotiation. *Both* components are critical to intervention effectiveness.

"Doing everything" requires a thorough understanding of the VOICES/VOCES core elements and material, combined with strong group facilitation skills. The *VOICES/VOCES Implementation Manual* includes an intervention protocol that provides detailed instructions for guiding a focused discussion session. All program facilitators, regardless of experience, should participate in a VOICES/VOCES training, which is designed to clarify the purpose of the VOICES/VOCES sessions, review the intervention protocol, and help leaders achieve an effective balance between tailoring group discussion to the needs and circumstances of individual group members and maintaining fidelity to the intervention's core elements.

Q. Do we have to use the videos included in the VOICES/VOCES package?

A. If your agency serves predominantly African American and Latino clients, we recommend that you begin with the videos included in the package. However, if the needs of your client population are better served by another video, you may want to substitute it to initiate the skill-building session.

To be effective, the video(s) you choose should have these characteristics:

- brevity, i.e., 20 minutes or less,
- current, up-to-date information on HIV/STDs,
- actors with racial and ethnic backgrounds similar to the viewers,
- both male and female actors,
- real-life situations involving characters similar to the clients,
- condom negotiation portrayed as a shared responsibility between sex partners,
- modeling of communication skills,
- subject matter that is not so sexually explicit as to prevent viewing in your site, and
- bilingual dialogue (if appropriate to the clients' needs).

Q. Do we have to use the VOICES/VOCES Condom Features Poster Board to provide condom features education?

A. VOICES/VOCES must include condom features education, and the Condom Features Poster Board has been shown to be an effective tool for doing so. However, there are many other ways to spark clients' interest in this topic and convey the necessary information. For example, during our field test, staff from one site displayed condom samples by hanging them from a clothesline. Another facilitator fashioned an alternative condom board out of real condoms and condom packages. The important thing is that the tools you use help clients take advantage of condom features to negotiate condom use with their partners.

Q. I find that I'm much less formal when running groups for Latinas. Is that OK?

A. Yes. Different groups require different facilitation styles, depending on the culture and individual experiences of the group members. Participants from some cultures may feel more comfortable with a leader who takes on the role of "expert;" others may expect their facilitator to act more like a peer. To have the greatest impact on your clients' attitudes and behaviors, you will need to tailor your style and prevention messages to be consistent with the values and norms of each group, without altering the intervention's core elements: video viewing, skill-building, condom features education, and condom distribution.

We recognize that Spanish-speaking clients come from many different countries and backgrounds and use a variety of dialects, yet the materials included in VOICES/VOCES are in "standard" Spanish. You may want to explore ways to adapt these materials to local cultures, for example, by including the words and expressions clients use to talk about sex and protection.

Q. As a facilitator, is it appropriate to share my own experiences with the group?

A. Facilitators share personal experiences for a variety of reasons: To launch group discussion, illustrate specific prevention messages, put group members at ease, or even put themselves at ease. Sometimes sharing personal experiences is entirely appropriate. However, the effectiveness of VOICES/VOCES depends on your ability to keep group discussion focused on condom use and negotiation. We therefore suggest using the characters and situations depicted in the VOICES/VOCES videos as reference points for discussion, rather than your own experiences. Each of the videos included in the VOICES/VOCES package have been developed to deliver specific prevention messages to men and women at high risk of developing HIV or other STDs. They are also effective vehicles for "breaking the ice" and launching discussions about personal behaviors that clients might otherwise feel uncomfortable discussing. Try using these tools to launch and guide discussion, rather than relying on your own experiences or opinions.

Q. Can we supplement the client handouts included in the *VOICES/VOCES Implementation Manual* with our own handouts?

A. Yes, as long as the information provided in the handouts is consistent with that included in the manual.

Proactive Technical Assistance Questions for Agencies:

Q. What kinds of protocols for conducting training sessions are currently used by staff who run programs?

We have found that keeping the discussion focused condom use and negotiating safer sex makes VOICES/VOCES sessions run effectively and remain brief, but that staying on course, i.e., focusing on the core elements that make VOICES/VOCES unique, is often the greatest challenge facing new facilitators. This question will alert the TA provider to the need for built-in support around the use of the VOICES/VOCES implementation protocol, which can be a very useful tool for helping facilitators focus on the core elements.

Probes:

- What protocols are staff currently using in service delivery?
- Please describe one of those protocols.
- How does your agency create protocols?
- What is your staff's attitude towards using protocols?

Q. What do you think is the best way to recruit clients into small groups? Who do you think should do it? When should it be done?

Although we offer considerable guidance about convening small groups in the *VOICES/VOCES Implementation Manual*, each agency knows its clients and its options the best. This question will help a TA provider identify successful ways to implement VOICES/VOCES sessions and will assist in maximizing opportunities to convene sessions.

Probes:

- Where within the flow of your agencies services do you see VOICES/ VOCES fitting in?
- How would it work to have your front desk staff identify participants and present VOICES/VOCES as part of a client' s regular clinic visit?
- What kind of incentives to attend sessions do you think clients would respond to best?

Q. Would you like to find some ways to advertise or market VOICES/VOCES sessions to clients within the clinic?

This question opens the door for creative brainstorming about ways to get the word out about VOICES/VOCES sessions. The TA provider can suggest strategies (e.g., flyers, newsletters, special events) to market the program.

Probes:

- What would be some effective marketing strategies to promote VOICES/VOCES in your agency?

Q. Are you clear about the difference between the core elements of VOICES/VOCES, which must be maintained to ensure effectiveness and other characteristics that you can tailor or adapt to customize the intervention to fit better with client needs? Which core elements are the hardest for you to maintain with fidelity? Why?

This question is meant to be friendly rather than challenging. It is both reasonable and important for a TA provider, in a supportive way, to see if the core elements are understood by the facilitator. This question can help the TA provider clarify each element and its importance within the overall intervention. It can also assist in problem-solving ways to appropriately tailor related characteristics. There is plenty of opportunity for TA in this area as confusion about the core elements can challenge both fidelity and tailoring.

Probes:

- What do you understand the term "core elements" to mean?
- What are the core elements of VOICES/VOCES?
- What are some ways you might consider adapting VOICES/VOCES to meet your clients' or agency's needs?

Q. What kinds of clients or client reactions have you found difficult to manage when running a session?

This question can identify ways to strengthen facilitator's skills in managing disruptive behavior and respectfully responding to a client's statement or question in a way that does not disrupt the session. For example, a client might disclose a confidential matter within a group discussion or respond aggressively to another member's comment. Responding respectfully but assertively to address these types of situations as they arise will ensure both the quality and fidelity of the intervention. This question will also assist facilitators in anticipating questions and circumstances that can be disruptive to VOICES/VOCES sessions.

Probes:

- What kinds of challenging or difficult client behavior have you encountered in running sessions?
- How did you manage it?
- How did the other participants respond?

SECTION FOUR: WHAT USERS NEED TO KNOW ABOUT MAINTAINING VOICES/VOCES IN THEIR SETTINGS

Institutionalizing new interventions—however well-received and effective they may be at first—can be challenging. Staff turnover, equipment breakdown, and funding shortages all pose potential threats to the continued life of new interventions. As "program champions" move on to new initiatives, the excitement of trying a new intervention begins to wane and unforeseen challenges arise.

Once VOICES/VOCES has become a regular part of agency services, it will be necessary for administrators and staff to assess the degree to which VOICES/VOCES is being successfully implemented and to identify specific processes or steps necessary to maintain and improve the program. The role of the TA provider during this period is to help users respond to newly emerging needs and programmatic changes *without sacrificing intervention effectiveness*.

Common Implementation Questions from Agencies

Here are some questions VOICES/VOCES facilitators may ask about maintaining VOICES/VOCES in their settings:

Q. I've been running VOICES/VOCES sessions for three months now, but getting participants to talk is still difficult. What should I do?

A. Sometimes subtle changes in the way you facilitate discussion can have a significant impact on group participation. For example:

- Have you been following the implementation protocol included in the *VOICES/VOCES Implementation Manual*? The protocol includes the prompts and tools you need to conduct interactive skill-building sessions.
- Do you begin each session by thanking clients for their participation and establishing ground rules? Clients may feel more comfortable volunteering personal information if they know that their opinions and confidentiality will be respected.
- Do you use video Activity Sheets to trigger discussion? These sheets offer specific examples and reference points that you can use to illustrate prevention messages and initiate conversation.
- Do you tend to ask specific questions (e.g., What are some reasons your partner doesn't like using condoms?) or general ones (e.g., What did you think of the video?)? The more specific your questions, the easier they will be to answer. Also, try to avoid questions that can be answered with a simple "yes" or "no."
- Have you selected the right video for your target audience? The video establishes the tone for the group discussion that follows. To be effective, the video should be consistent with the language, values, and norms of your target audience. VOICES/VOCES includes five recommended videos: *Do It Right*, *It's About You*, *Se Trata De Ti*, *Porque Sí* and *Safe in the City*. If your client population is primarily white, or people whose primary risk factors involve same-gender sex or substance abuse, you may want to select a different video. Criteria for choosing a video are included in the *VOICES/VOCES Implementation Manual* and on page 33 of this guide.
- Do you give participants enough time to form their thoughts? Silence can be uncomfortable, but sometimes it takes a little time for participants to warm up and/or think through what they want to say. The next time you pose a question that no one answers, try sitting back for a minute or

two instead of slipping into lecture mode. Invariably, someone from the group will speak up before it is necessary for you to do so.

- Do you use humor to encourage group participation? Appropriate humor can help clients feel comfortable discussing sensitive subjects.

Group size can also affect participation. We suggest convening groups of between four and eight participants. In groups smaller than four, participants may feel too "visible" and self-conscious about speaking up, while participants in groups larger than eight may feel intimidated by the crowd.

Finally, ask a colleague or supervisor to sit in on one of your sessions and provide feedback. He or she may be able to help you identify steps you can take to make your discussions more interactive.

Q. Now that I look back at the manual, I realize that I'm not really running sessions *exactly* as they are described. How can I figure out if the way I'm running sessions is okay?

A. First, construct an outline of how you have been running sessions, including as much detail as possible. Then, compare your outline to the implementation protocol in the *VOICES/VOCES Implementation Manual*. How similar are they? Any response less than "very" may be reason for concern.

The VOICES/VOCES implementation protocol provides the tools you need to help clients negotiate condom use successfully. It includes questions you can use to start and guide group discussion, role-play scenarios to help participants practice different condom negotiation strategies, and references to specific scenes and encounters in the videos that illustrate ways to introduce condoms in different relationships. These activities have been evaluated and shown to increase condom use among program participants. We cannot guarantee that other activities-however innovative or well received-will produce similar changes in behavior. In fact, these other activities may actually *reduce* program effectiveness, since they take time away from delivery of the core intervention elements.

In addition to creating an outline, invite a colleague or supervisor to sit in on one of your sessions and provide feedback. He or she may be able to provide the input you need to stay on track.

Q. I've been delivering VOICES/VOCES to groups of Latinas for quite a while now. They love the video, but I'm getting a little bored. Do you have any suggestions on how to keep things "fresh?"

A. Keeping things fresh is a challenge for anyone doing the same activity over time. Fortunately, although the video doesn't change, your group members will-bringing with them a unique set of experiences, opinions, and perspectives. During group sessions, try watching the group-rather than watching the video itself-and note how and to what participants react. Then refer to and build on these reactions during the group discussion to emphasize your prevention messages.

Q. We've been having a hard time incorporating VOICES/VOCES into our regular clinic services. However, we convene regular parenting groups as part of our community education program. Can we try delivering the intervention to them?

A. Offering VOICES/VOCES in different programs at your agency is a good way to make sure that you reach a broad group of clients. Note, however, that the intervention was evaluated with clients recently diagnosed with an STD, a time when they were highly motivated to change their behavior. The intervention was not evaluated with clients participating in educational programs-such as men and women in parenting groups-so we do not know whether the intervention's prevention messages will be equally meaningful to those clients. However, the adults in your parenting groups may have prevention needs similar to those of STD patients, so it might be worthwhile to try delivering the intervention to them.

Q. I understand that VOICES/VOCES was designed to be used as a single-session intervention, but I'd like to try using it as the final session of a multi-session program we're conducting at the agency. Will it work?

A. When we pilot-tested the intervention package, one site delivered VOICES/VOCES as the fourth and final session of a multi-session intervention, following three weeks of discussion about risky sexual behavior. Another agency delivered the intervention as a follow-up session in their home-based group education program. In both cases, VOICES/VOCES was received with interest and enthusiasm. However, because the intervention was not evaluated in these settings, we can make no claims about its effectiveness when used this way.

Q. I'd like to distribute flyers around the community to let people know about VOICES/VOCES, but they would need to be in Spanish and I don't speak Spanish. Where can I go for help?

A. We developed a "generic" flyer in Spanish to promote VOICES/VOCES. I can email it to you—just fill in the appropriate names, dates, and contact information before photocopying. (See Section Five.)

Try to identify a translator from among your staff. If you have a large Latino client base, chances are you will be able to find someone who is eager to help you out.

Contact your local department of public health and/or other community-based agencies that specifically address the needs of Latinos.

Q. How can we let people know that we now offer child care for VOICES/VOCES participants?

A. Make sure that staff responsible for recruiting clients, including clinic receptionists, group facilitators, and primary care providers, share this information with potential participants. Also, post colorful, eye-catching flyers around the agency.

Q. Can you tell me how to connect with other people running VOICES/VOCES sessions to find out how it's been going for them and see what problems they've been running into?

A. We can send you a directory of agencies and clinicians who have implemented VOICES/VOCES and you should feel free to contact them.

Q. How can I get funding to expand VOICES/VOCES outside of my agency?

A. Contact your local or state department of public health or public planning group to enlist their support. Since VOICES/VOCES is an intervention based on research that has demonstrated evidence of effectiveness, most public health officials will try to find ways to support your implementation efforts. Here are some good ways to inform state or local officials:

- Send them a copy of the *VOICES/VOCES Administrator's Preview Guide*.
- Send them a copy of a research article describing the original research (found in the Section Six of the *VOICES/VOCES Implementation Manual*).
- Meet to discuss ways that your agency can partner with public health officials to implement VOICES/VOCES.

Q. Clients have asked if they can bring or send their partners or relatives to VOICES/VOCES sessions. Is it OK to do this?

A. We encourage clients to inform their friends and family about VOICES/VOCES and to invite them to join available sessions. It's a good idea to ask them to check with agency staff to find out when VOICES/VOCES sessions are scheduled. Don't forget to mention the client handouts in Section Five of the *VOICES/ VOCES Implementation Manual*, as they may help VOICES/VOCES participants inform others about the intervention.

Proactive Technical Assistance Questions for Agencies

Q. How often did you refer to the *VOICES/VOCES Implementation Manual* when you ran VOICES/VOCES sessions?

The manual is often an under-utilized resource once agencies begin implementation. This question is a good way for the TA provider to point out some of the resources in the manual that can support program delivery and quality control and reduce the need for TA.

Probes:

- Which parts of the manual do you refer to most often?
- Which parts of the manual do you take with you to use during VOICES/ VOCES sessions?
- Describe how you have used the sample instruments in the manual to track or evaluate your implementation efforts.

Q. Do you still enjoy running VOICES/VOCES sessions, showing the video, and facilitating groups?

We have learned that over time facilitators need to find fresh approaches to running VOICES/VOCES sessions so that they don't fall into patterns that seem repetitive (especially when watching the same videos). This question may prompt a TA provider to assist facilitators in identifying both innovative and simple approaches, such as using different discussion triggers for the videos.

Probes:

- What do you like most about running VOICES/VOCES sessions?
- How have you maintained a fresh approach to conducting sessions?
- What has been the most challenging aspect of routinely running VOICES/VOCES sessions?
- What kind of feedback from your clients have you gotten after a session?

SECTION FIVE: TECHNICAL ASSISTANCE TOOLS

Agencies may ask you to send them flyers and handouts they can use or adapt to meet their needs. Section Five includes these Technical Assistance Tools:

- VOICES/VOCES Marketing Flyers (English and Spanish)
- Steps for Effective Condom Use (English and Spanish)
- Ordering Specialty Condoms
- Replica of VOICES/VOCES Condom Features Poster Board
- VOICES/VOCES Contact List

During the VOICES/VOCES field test, several sites also requested clinical and technical information related to CDC prevention protocols, research findings, and epidemiological information. Many of these resources can be found on www.effectiveinterventions.org as well as in Section Six of the *VOICES/VOCES Planning and Implementation Manual*.



You are invited to participate in
a new program being offered here at
_____ called:

VOICES/VOCES

Date: _____

Time: _____

This program offers a comfortable environment
where you can learn and share ideas about
how to protect yourself against HIV/AIDS
and other sexually transmitted diseases.

For more information about VOICES/VOCES
and how to sign up, please contact

_____ at _____



Le invitamos a participar en un programa nuevo:

VOICES/VOCES

que se ofrece aquí en _____

Fecha: _____

Hora: _____

Este programa ofrece un ambiente cómodo en donde usted puede aprender y compartir ideas sobre cómo protegerse del VIH/SIDA y otras enfermedades de transmisión sexual.

Para más información acerca de este programa y de cómo inscribirse, por favor comuníquese con _____ al número de teléfono que aparece a continuación: _____



Steps for Effective Condom Use

Putting it on

- Check the expiration date on the package.
- Make sure the condom is made of latex or Polyurethane.
- Open package at the corner and be careful not to tear the condom.
- If using a water-based lubricant, squeeze a few drops into the tip of the condom.
- Pinch the tip of the condom to create space for the ejaculation.
- Put condom on the head of the penis when it is hard (before it comes into contact with your partner's mouth, genitals, or anus).
- Keep space at the end and keep air out of it.
- Unroll condom all the way down to the base of the penis.
- Apply water-based lubricant on the outside of condom.

Taking it off

- After ejaculation, pull out penis while still hard.
- Hold condom rim while pulling out so it does not slip off the penis.
- Remove condom by rolling it down and off the penis.
- Throwing away condom. (Don't flush it down the toilet.)
- Use a new condom each and every time you have sex. When ready to have sex again, start over with a new condom. Don't reuse old condoms.



Los Pasos para el uso eficaz del condón

Al colocárselo

- Verifique la fecha de vencimiento del paquete.
- Asegúrese de que el condón esté hecho de látex o de poliuretano.
- Abra el paquete en la esquina y tenga cuidado de no romper el condón.
- Si está usando un lubricante a base de agua, ponga algunas gotas dentro de la punta del condón.
- Apriete un poco la punta del condón para dejar un espacio para guardar el semen más tarde.
- Coloque el condón en la cabeza del pene cuando está erecto (antes de que entre en contacto con la boca, los genitales o el ano de su pareja).
- Mantenga el espacio al final y evite que le entre aire.
- Deslice todo el condón hasta la base del pene.
- Asegúrese de que el espacio todavía esté en la punta del condón.
- Aplique un lubricante a base de agua en la parte de afuera del condón.

Al quitárselo

- Después de la eyaculación, saque el pene mientras todavía está erecto.
- Sujete el borde del condón mientras lo saca para que no se deslice del pene.
- Quite el condón enrollándolo hacia abajo y hacia afuera del pene.
- Tire el condón (pero no lo eche en el inodoro o tasa).
- Use un condón nuevo cada vez que tenga relaciones sexuales. Cuando esté listo para empezar el acto sexual otra vez, comience del principio con un nuevo condón. No vuelva a usar un condón ya usado.



Ordering Specialty Condoms

You can order specialty condoms (some examples listed below) by going to the manufacturer's websites or calling the toll-free numbers below.

TrojanCondoms.com

800-24-1328

TrojanProfessional.com

800-4TROJAN

- Trojan Non-Lubricated
- Trojan Ribbed
- Trojan Extended Pleasure
- Trojan Magnum
- Trojan Natural (Jelly) Lube

LifeStyles.com

- LifeStyles Assorted Colors
- LifeStyles Prime Snugger Fit
- LifeStyles Rough Rider
- LifeStyles SKYN

Durex.com/en-US

- Durex Extra Sensitive
- Durex Avanti Bare
- Durex Performax

Kimono-condoms.com

800-426-6366

- Kimono Textured
- Kimono Ultra Thin
- Kimono Maxx
- Kimono Ultra Lubricated

BeyondSevenCondoms.com

800-283-7546

- Beyond Seven Aloe
- Beyond Seven Crown
- Beyond Seven Studed

FemaleHealth.com

312-595-9123

FC2FemaleCondom.com

800-274-6601

- Reality Condom for Women (a.k.a. FC2 Female Condom)

You can also order condoms easily and inexpensively through the Internet. Websites that sell condoms include the following:

Drugstore.com

Condoms Express

Condom USA

Total Access Group

www.drugstore.com

www.condomexpress.com

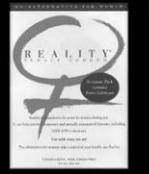
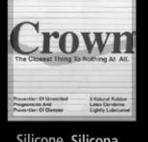
www.condomusa.com

www.totalaccessgroup.com

Condom Features Poster Board

VOICES VOICES

FOR HIV/STD PREVENTION, VIDEO OPPORTUNITIES

 <p>Extra head room Más espacio para el bálano Regular fit Ajuste Regular Smooth Liso Medium thickness Grueso Mediano Latex Látex</p>	 <p>Silicone Silicona Extra Large Size Muy Grande Medium thickness Grueso Mediano Smooth Liso Latex Látex</p>	 <p>Regular fit Ajuste regular Ribbed (outside) Nervudos Externos Colors Colores Scented lubricant Lubricante fragrant Latex Látex</p>	 <p>Silicone Silicona Regular fit Ajuste Regular Smooth Liso Medium thickness Grueso Mediano Colors Colores Latex Látex</p>
 <p>Silicone Silicona Snug fit Ajustado Smooth Liso Medium thickness Grueso Mediano Latex Látex</p>	 <p>Silicone Silicona Regular fit Ajuste Regular Nubbed (outside) Protuberancias Externas Medium thickness Grueso Mediano Latex Látex</p>	 <p>Silicone Silicona Large size Grande Smooth Liso Thin Delgado Latex Látex</p>	 <p>Non-lubricated No Lubricado Regular fit Ajuste Regular Smooth Liso Medium thickness Grueso Mediano Plain end Punta Lisa Latex Látex</p>
 <p>Silicone Silicona Regular fit Ajuste regular Thin Delgado Smooth Liso Polyurethane Poliuretano</p>	 <p>Desensitizing agent Regular fit Ajuste Regular Smooth Liso Medium thickness Grueso Mediano Latex Látex</p>	 <p>Silicone Silicona Regular fit Ajuste Regular Ribbed (outside) Nervudos Externos Medium thickness Grueso Mediano Contoured Contornado Latex Látex</p>	 <p>Jelly lubrication Lubricación con gelatina (no silicona) Regular fit Ajuste Regular Ribbed (outside) Nervudos Externos Medium thickness Grueso Mediano Latex Látex</p>
 <p>Flavored lubrication Lubricación de Sabores Regular fit Ajuste Regular Smooth Liso Medium thickness Grueso Mediano Latex Látex</p>	 <p>Female condom Femenino Smooth Liso Thin Delgado Lubricated Lubricado Polyurethane Poliuretano</p>	 <p>Silicone Silicona Regular fit Ajuste Regular Nubbed (inside) Protuberancias Internas Thin Delgado Latex Látex</p>	 <p>Silicone Silicona Regular fit Ajuste Regular Smooth Liso Thin Delgado Receptacle end Punta Recipiente Latex Látex</p>

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FOR INNOVATIVE CONDOM EDUCATION

AND SAFER SEX.

Design by Emily Reaman

Diffusion of Effective Behavioral Interventions (DEBI)



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801 Roeder Road, Suite 700 | Silver Spring, MD 20910

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To obtain information on VOICES/VOCES training through DEBI, go to www.effectiveinterventions.org

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