

IMB Model-Based Classroom Intervention for HIV Risk Behavior Change



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Principal Investigators: Jeffrey D. Fisher, Ph.D. and William A. Fisher, Ph.D., two of CHIP's researchers, investigated the effects of the IMB Model-Based Classroom Intervention for HIV Risk Behavior Change. The IMB Model Classroom Intervention for HIV Risk Behavior Change was developed with the needs of inner-city adolescents in mind. To evaluate different types of intervention modalities that could be used in the schools, the researchers compared the results of a classroom-based intervention to a peer-based intervention and a combined (peer-classroom) intervention among inner-city minority adolescents.

The Bottom-line: The IMB classroom-intervention, when delivered by regular classroom teachers proved to have a lasting impact on inner-city adolescent HIV risk behavior by increasing the students' HIV prevention information, motivation, and behavioral skills. The effects were evident immediately following the intervention and at a one-year follow-up.

Target Population: High school-aged inner-city minority adolescents

Why target inner-city minority adolescents?

According to researchers (e.g., Jemmott, Jemmott, & Fong, 1998; Rodrique et al., 1997) and organizations such as the National Institutes of Health (1997) developing effective HIV prevention interventions for urban minority adolescents is a top research priority.

Inner-city minority adolescents are at increased risk of sexually transmitted HIV infection (American Academy of Pediatrics, 2001; American Association for World Health, 1998; U.S. Department of Health and Human Services, 1999; Thurman, 2000), and research shows that such youth are experiencing an increase in HIV seroprevalence. Young Americans between the ages of 13 and 24 are contracting HIV at a rate of two per hour (Thurman, 2000). Among newly infected teens 49% are African-American and 20% are Hispanic.

The Intervention: Why a school-based intervention?

School-based interventions represent the most efficient and comprehensive method for targeting adolescents at risk of HIV infection (Basen-Engquist et al., 1997; Thurman, 2000).

Nevertheless, the present research attempted to overcome many noted shortcomings of past school-based interventions, such as not demonstrating a significant impact on students' HIV risk behavior or using poorly articulated and poorly tested behavior change theory. You can read more about our Classroom Intervention for HIV Risk Behavior Change in the *Journal of Health Psychology*, 2002 Vol. 21, No. 2, 177-186 or by writing to Jeff Fisher, Ph.D., at the Center for Health/HIV Intervention and Prevention, Department of Psychology, Unit 1028, University of Connecticut, Storrs, Connecticut 06269-1028. You can also email him at jeffrey.fisher@uconn.edu.

Results: What Behavior Change can you expect when you implement the intervention? (Based on study results)

Information: Sexually inexperienced and experienced adolescents experienced significant increases in HIV prevention information.

Motivation: Sexually inexperienced adolescents improved their HIV prevention attitudes and HIV prevention intentions.

Sexually experienced adolescents viewed condom use during sexual behavior positively.

Behavioral Skills: Sexually inexperienced and experienced adolescents demonstrated improvement in HIV prevention behavioral skills such as the ability to discuss safer sex with their partners.

Behavior Change: One full year later, sexually experienced students who participated in the IMB Model Classroom Intervention for HIV Risk Behavior Change reported using condoms more frequently.

Did the intervention increase the adolescents' likelihood of engaging in sexual activities?

Although many people are concerned that introducing classroom instruction about sexual health issues, particularly about condom use, will increase the likelihood that adolescents will engage in sexual activities, *that did not happen here*. The IMB Classroom Intervention did not alter teens' propensity to engage in sexual intercourse nor did it accelerate the onset of initial intercourse.

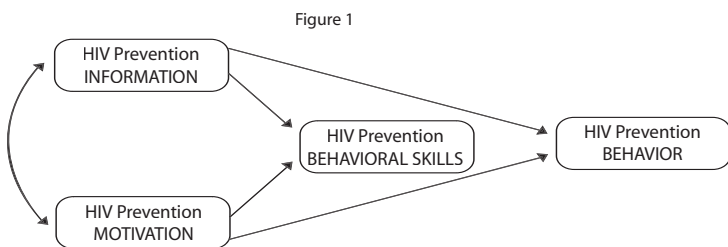


Did behavior change happen because the most at-risk youth could have dropped out of school?

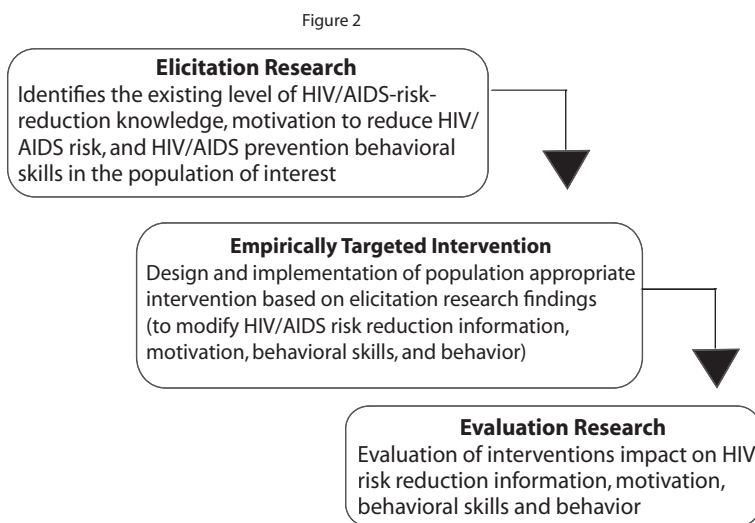
CHIP researchers do not think this is the case. As a matter of fact, the chance is low that the effectiveness of the intervention was due to selective loss to follow-up or differential attrition. The statistical procedures used to examine the data and the use of the “intent-to-treat approach” adequately adjusted for such issues.

Key Components of the Intervention: What you have to “keep-in” to achieve the expected results?

The Theory: The IMB Model (Figure 1) is the theoretical framework for the high-school classroom intervention. According to the IMB model, HIV risk behaviors are driven by deficits in HIV prevention **information, motivation, and behavioral skills**. In order to increase HIV preventive behaviors, school-based interventions must identify and remediate these deficits.



The IMB model employs 3 guiding principles that are critical to impact levels of prevention behavior within an individual or population (Figure 2).



1. Weaknesses within each of the model components (information, motivation, and behavioral skills), must first be identified. This is done through a technique called **elicitation research**. Focus groups, surveys, and other quantitative and qualitative can be used to conduct elicitation research and catalogue the population’s existing deficits. To design school-based interventions, elicitation research can be done by school-based personnel.

2. Using the findings from the elicitation research, **interventions** are designed to address the specific deficits identified.

3. Determining whether or not the intervention impacts the information, motivation, behavioral skills, deficits and the actual behavior of the participants is critical in measuring the intervention’s success. This involves **evaluation research**.

Classroom Session Content:

Session #1: Provides factual **information** about HIV transmission and prevention and on correcting widespread misconceptions about HIV.

Session #2: Increases HIV prevention **motivation** by changing students’ attitudes and social norms concerning HIV risk and prevention using a video made especially for this intervention.

Session #3: Continues to enhance HIV prevention **motivation** through video and role play.

Session #4: Develops HIV prevention **behavioral skills** for abstinence and condom acquisition and use.

Session #5: Reviews and discusses rules for effective safer sex communication by developing and practicing verbal responses to a series of common HIV risk scenarios (**behavioral skills**).

For more details about the classroom sessions, and for teacher training materials, a User’s Guide in .pdf format is downloadable from <http://www.socio.com/> for a nominal fee.

Evaluation Forms: Using evaluation measures, such as pre and post tests, are necessary to accurately assess the impact the intervention on HIV prevention information, motivation, norms, intentions and behavior skills. The IMB Model Classroom-Intervention uses a set of evaluation measures and it is recommended that these measures be taken at the beginning and immediately following the intervention. The measures are easy to administer.

Cost to implement: Based on calculations from the original research study in 2001, the cost of the classroom-based intervention using existing personnel totaled \$2.22 per pupil.

You can find information about purchasing The IMB HIV Prevention Program kit, including recent videos and evaluation forms, by calling The Sociometrics Corporation at 650-949-3282 or accessing it on the internet at <http://www.socio.com/srch/summary/pasha/passt17.htm>

Related CHIP Publications:

Fisher, Jeffrey D., Fisher, William A., Bryan, A. D., & Mishovich, S. J. (2002). Information-Motivation-Behavioral Skills Model-Based Hiv Risk Behavior Change Intervention for Inner-City High School Youth. *Health Psychology*, 21, 2, 177-186.

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