Employing a teen advisory board to adapt an evidence-based HIV/STD intervention for incarcerated African-American adolescent women

Teaniese P. Latham¹,²*, Jessica M. Sales¹,², Tiffaney L. Renfro¹, Lorin S. Boyce¹, Eve Rose¹,², Colleen C. Murray¹,², Gina M. Wingood¹,² and Ralph J. DiClemente¹,²

¹Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road NE, Room 414, Atlanta, GA 30322, USA and ²Emory Center for AIDS Research (CFAR), 1518 Clifton Road NE, 8th Floor, Atlanta, GA 30322, USA

*Correspondence to: T. P. Latham. E-mail: tlatham@emory.edu

Received on March 15, 2010; accepted on January 9, 2011

Abstract

This manuscript assesses priorities and challenges of adolescent females by conducting a meeting with teen advisory board (TAB) members to collect information regarding their lives and experiences pre-, during and post-incarceration in a juvenile detention facility. Multiple themes emerged regarding the impact of incarceration on young African-American females, including experiencing a loss of personal liberties, the importance of making money upon release, unfaithfulness by partners on the ‘outside’, substance use and lack of control over their environment upon release, including parents, peers and male sexual partners. Based on feedback from TAB members, unique barriers and challenges were identified that suggested areas where adaptations to an evidenced-based HIV/sexually transmitted disease (STD) intervention would be justified to more adequately meet the needs of this particular subgroup of young African-American women. Adaptations to the evidence-based interventions included enhancing activities related to goal setting, emotion regulation skills, decision-making, recognizing and utilizing support networks and addressing the relationship between substance use and risky sexual behavior. Future health education efforts focusing on either the creation of new HIV/STD interventions or adaptations to existing interventions should consider utilizing advisory boards with members of the priority population at the earliest stages of intervention planning.

Introduction

Adolescent female detainees are currently the fastest growing population of incarcerated adolescents. In 2008, female adolescents were 30% of total juvenile arrests. While the overall crime rate has declined in the past decade, the incarceration rate for girls, relative to boys, decreased less than males in most categories of crimes, including violent offenses [1]. Although there are fewer adolescent females in comparison to adolescent male offenders, they have often been referred to as a ‘neglected population’ [2].

African-American women and female adolescents are a particularly vulnerable group indicated by the high incidence of HIV among African-American women and female adolescents. African-American women accounted for almost three-quarters (71%) of new HIV/acquired immunodeficiency syndrome diagnoses in the South and comprised a majority of diagnoses in the Northeast (64.4%) and Midwest (63.5%). Effective interventions that reduce risky sexual and substance use behaviors remain one of the most powerful tools in curbing the HIV
epidemic. Currently, there are no evidence-based interventions (EBI) specifically tailored for the unique needs of recently detained African-American adolescent females, a distinct population that comprises nearly half of all adolescent females in detention [3, 4]. This subgroup of recently detained African-American adolescent females has markedly higher prevalence of HIV-associated risk factors such as sexual victimization [5], substance use [6, 7], trauma [8] and depression [9, 10]. Adolescent females in detention are more likely to affiliate with peers who are delinquent [2] and substance users [11] compared with non-detained youth. With respect to sexual behavior, detained adolescent females report earlier onset of sexual activity, higher prevalence of sexual abuse associated with early initiation of sex, having more older male partners and less condom use [7, 9] than non-detained youth. Interventions tailored specifically for this subgroup are urgently needed to decrease disease burden among incarcerated youth.

In addition to being at increased risk for HIV, many incarcerated females also lack the social support and structure necessary for successful integration back into society following release [12]. Education, counseling and behavioral and mental health programs that focus on skill building and healthy decision-making are critical to making a smooth transition from incarceration to the community. Without a solid foundation in place, formerly detained adolescents are at increased risk for recidivism [13], engaging in HIV/sexually transmitted disease (STD)-associated behaviors including substance use [14] and failure to complete their high school education [15]. Thus, HIV prevention programs that address the unique multifaceted challenges of detained adolescent females are critical.

As previously reported, our research team applied the ADAPT-ITT model to an evidence-based HIV prevention intervention being adapted for African-American adolescent women remanded to short-term detention [16]. The ADAPT-ITT framework involves eight phases: (i) Assess the proposed new priority population’s HIV risk profile, (ii) Decide on whether to adopt or adapt an EBI, (iii) Administer novel methods to facilitate the adaptation process, (iv) Plan on what aspects of the EBI need to be adapted and plan on how best to evaluate the adapted EBI, (v) identify Topic experts to assist in the adaptation process, (vi) Integrate material from the topic experts to adapt the EBI, (vii) Train staff to implement the adapted EBI and (viii) Test the adapted EBI [17].

The current manuscript focuses in greater depth on Phase 1 of the ADAPT-ITT model. We assessed the risk profile of detained adolescent females by examining information elicited from a teen advisory board (TAB). The TAB serves as a liaison between the population of interest and the research team. Specifically, TAB members provide feedback relevant to teen culture and issues related to incarceration. This vital step allows researchers to explore factors that differentiate the risk profile and social needs of incarcerated youth from the original population on which the EBI was validated [17]. Phase 1 of ADAPT-ITT also provides valuable information and insight regarding incarcerated youths’ vulnerability for HIV and STD acquisition [18].

Methods

TAB recruitment

To develop a TAB, we contacted the Director of Probation Officers at the State, Department of Juvenile Justice (DJJ) to get African-American adolescent female youth who were previously detained at a youth detention center and were willing to participate in the TAB. The Probation Office Director served as liaison between our staff and probation officers who provided recommendations. Our staff called the recommended girls to solicit participation separate from probation officers and reminded them participation in the advisory board was completely separate from DJJ and their probation. TAB members were not research participants. They served as hired project consultants and were compensated for hours served on the advisory board, approximately 4 hours total per TAB member during the adaptation Phase 1. TAB members were compensated $10 per hour for their time and participation throughout
the adaptation process and were free to discontinue attending TAB at any time.

**TAB meeting structure**

For Phase 1 of the ADAPT-ITT model, we met with TAB members to discuss factors related to their life pre-incarceration, their incarceration experience and their life post-incarceration to adequately identify themes and issues that were specifically germane to incarcerated African-American adolescent females. The TAB meeting during Phase 1 of ADAPT-ITT was structured similar to a focus group with research participants. Two Lead Health Educators conducted the TAB discussion and a post-doctoral fellow was a note-taker. The TAB meeting lasted approximately 2.5 hours. Four TAB members participated in Phase 1. The goal was to limit the discussion to four to eight people since the topic was sensitive [19]. Facilitators used semi-structured questions and a phenomenological approach [20] to elicit information regarding TAB members’ lives and experiences pre-, during and post-incarceration. Direct follow-up questions were used to clarify and better understand ideas presented by TAB members. Questions are listed in Table I.

With the phenomenological approach, it is essential to include people that can discuss the lived experience of interest, which for this work was the experience of incarceration. The purpose of phenomenological interviewing is to capture that lived experience or phenomenon [21].

The TAB discussion was transcribed verbatim by an external transcription company and was coded by three lead health educators trained to do thematic coding, two of whom facilitated the TAB discussion. Transcripts were de-identified to keep the names of TAB members and the detention center confidential. Two health educators read through the transcripts line-by-line and highlighted quotes that emerged from the transcripts and then jointly grouped the quotes into themes. Next, the third lead health educator read through the TAB discussion transcripts separately and compiled notes on the themes that emerged. The final step was to cross-reference the two sets of themes and determine percent agreement and differences in the themes identified. Disagreements were resolved through discussion among the three health educators until 100% agreement on themes was achieved. Themes that emerged are presented below.

### Table I. Questions for TAB members

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What kind of impact has your experience at the detention center had on you?</td>
</tr>
<tr>
<td>2</td>
<td>When you first got out of the detention center, what types of things were important to you?</td>
</tr>
<tr>
<td>3</td>
<td>Who was your main support when you first got out of the detention center?</td>
</tr>
<tr>
<td>4</td>
<td>How often do you hang out with your friends since you went home?</td>
</tr>
<tr>
<td>5</td>
<td>How did your experience at the detention center change your outlook on … Relationships (family, friends, boyfriends)? Sex? Drugs? Alcohol?</td>
</tr>
<tr>
<td>6</td>
<td>While you were at the detention center, what some short-term goals you had for yourself?</td>
</tr>
<tr>
<td>7</td>
<td>What kinds of things would be on your goal list that would help you stay out of the detention center?</td>
</tr>
<tr>
<td>8</td>
<td>What kinds of conversations do you have about condoms/sex … At the detention center? With friends? With boyfriends? With parents?</td>
</tr>
<tr>
<td>9</td>
<td>When do you think it’s alright not to use condoms with a partner?</td>
</tr>
<tr>
<td>10</td>
<td>How do you talk to your boyfriend or sex partner about condoms and sex?</td>
</tr>
<tr>
<td>11</td>
<td>Thinking of people your age, how many people out of 10, would you say … Drink alcohol? Use drugs? Have unprotected sex?</td>
</tr>
<tr>
<td>12</td>
<td>How do you think drugs &amp; alcohol impact teens’ behavior?</td>
</tr>
<tr>
<td>13</td>
<td>How many girls at the RYDC would you say out of 10 use drugs</td>
</tr>
<tr>
<td>14</td>
<td>How many not at the RYDC out of 10 use drugs?</td>
</tr>
<tr>
<td>15</td>
<td>How do you think drugs and alcohol relate to sex?</td>
</tr>
<tr>
<td>16</td>
<td>What are the best ways to talk to teens about … Drugs? Alcohol? Sex?</td>
</tr>
</tbody>
</table>
Since TAB members were hired Emory employees rather than study participants, they were hired through the University and no institutional review board oversight was required. Board members were advised their involvement was completely separate from the DJJ and Regional Youth Detention Center and could neither expedite nor impede any separate legal matters.

Results

Multiple themes emerged from the TAB meeting regarding the impact of incarceration on young African-American females, including experiencing a loss of personal liberties, social environment and goal setting, social support, life post-detention and sexual partnerships. This manuscript also discusses suggestions from TAB members about methods of addressing substance use among incarcerated adolescent girls.

Loss of personal liberties

TAB members indicated that one of the most striking challenges of being incarcerated was the loss of liberty to choose their own toiletries, wear their own underwear or wear panty liners even when not menstruating. One participant even said that the lack of ability to wear your own underwear was incentive enough to stay out of detention. She stated, ‘Oh yeah, and another reason you might not want to go back to [the facility], because you get some new underwear when you first come in’. Following this discussion, TAB members suggested offering body wash or feminine hygiene products as intervention participation incentives for girls at the detention center and indicated that young women would especially appreciate these products. Based on the detention center rules, we could not give them these items. Therefore, we added a pampering activity at the beginning of the workshop where girls give themselves a manicure while listening to positive music. Providing a lost personal liberty like a manicure opened up discussion about how to find comfort even in situations outside of their complete control.

Yeah, ‘cause my momma always used to tell me to stop hanging around just certain people and she supported me. She supported me. She—well, she told me like why do you still hang around them. Because I’m still—sometimes we’re on relapse, like, the bad influences.

There were repeated references to challenges making healthy decisions once released from the detention center. Specifically, another TAB member discussed her emotional reaction, stating ‘I was happy to be out but sad to be back in that situation’. Young women expressed the desire to make changes and ‘do right’. However, the TAB members each acknowledged that it was hard to make those changes. This sentiment also held true for TAB members when discussing their friends and boyfriends. As one TAB member explained:

There was another reason I broke up with my boyfriend, ‘cause he just kept on smoking and he was on probation too so I’m trying to help him, at the same time trying to help me ... He wasn’t trying to change. So I keep trying [to lead.

Social environment and goal setting

Social environment involves the conditions that surround a person on a daily basis. During the TAB meeting, young women discussed conditions involving family, peer groups and neighborhood exposures. Incarceration allows for ample reflection, even short-term incarceration. Young women set goals while detained. Goals mentioned by TAB members included getting out and staying out of detention, staying away from bad influences and getting a job. However, a uniform message from TAB members was that challenges for achieving their goals intensified when young women were released from detention and were back in the same unhealthy environment prior to entering the correctional system. When asked what makes it hard to meet the goals set in detention after leaving, one TAB member simply stated, ‘The environment’. With additional probing, the participant followed up by saying:

Yeah, ‘cause my momma always used to tell me to stop hanging around just certain people and she supported me. She supported me. She—well, she told me like why do you still hang around them. Because I’m still—sometimes we’re on relapse, like, the bad influences.

There were repeated references to challenges making healthy decisions once released from the detention center. Specifically, another TAB member discussed her emotional reaction, stating ‘I was happy to be out but sad to be back in that situation’. Young women expressed the desire to make changes and ‘do right’. However, the TAB members each acknowledged that it was hard to make those changes. This sentiment also held true for TAB members when discussing their friends and boyfriends. As one TAB member explained:

There was another reason I broke up with my boyfriend, ‘cause he just kept on smoking and he was on probation too so I’m trying to help him, at the same time trying to help me ... He wasn’t trying to change. So I keep trying [to lead.

T. P. Latham et al.
you the right way and you ain’t trying to go the right way yourself.

Another person noted,

Most of the folk that I got locked up with then that was just my partners from the hood. And when they got out, we was back in … doing the same thing … like my sister and ‘em they was in there. Two of my little sisters are in there.

Thus, a clear message was that people in their social and familial networks may be formidable barriers impeding efforts to initiate positive changes in their behavior. Young women may decide to break up with a boyfriend who they see as a barrier to change. However, there may also be other people, such as family members, from whom it is more difficult to distance themselves. Environmental challenges are difficult to overcome especially if young women are not in a position (e.g. financial, emotional or logistical) to change their environment.

For a few of the TAB members, parents or guardians may be apathetic to drug and alcohol use. For example, one TAB member stated ‘Some could be with their families, cause I know a lot of families—you can be in front of your mom and you can be drinking in front of her and a lot of families don’t—like, a lot of mothers and fathers, they probably wouldn’t care … or be on drugs themselves’.

However, one TAB member talked about the point at which she understood how making changes to her environment would help her accomplish her goal of staying out of detention, ‘I know my first two times I kept saying I’m not coming back and then I turned around, did the same thing and I was back right in there. And now that I changed who I’m actually around, I don’t see those people that I was with before, and I’m actually doing better than I was before. So it’s like my whole outlook just changed’.

The evidence-based intervention had a goal-setting component to address the tools and resources needed to achieve goals. Based on the TAB feedback, we included activities to the adapted intervention that help young women address barriers to reaching their goals. It is an interactive game that helps girls identify the tools that help them move past barriers. These skills can be transferred to addressing challenges in any arena.

**Social support**

While some credit their ability to stay out of detention to making changes in their environment, one TAB member expressed that the support from Junior Corrections Officers (JCO) helped her stay out of the detention center.

… But every time I kept coming back it was like—my third time, it was like, no, I just sat down, talk to the JCO that I got close with and was like, I’m definitely not coming back. So when I left, I actually went to my Godmomma’s house who is now my legal guardian, because my PO knows that I can’t go back home … But—and I felt like if I went back home with my mom, I wouldn’t be there, I would be right back at step 1 … So I can’t do this, and that’s what really opened my eyes or whatever. [The facility] is not the place for me because I’m gonna be stuck there and then if I keep coming back, by the time I’m 18, I’m gonna be in big people’s jail and it’s not—that’s not where I want to be.

Support from the center staff and access to programs at the detention center also helped one TAB member avoid returning to the detention center. She discussed groups held at the detention center in which youth could elect to participate. Some were dependent upon the level of privileges they earned while detained. Every adolescent starts with the same level of privilege upon entering the detention center. Exhibiting ‘good’ behavior and following facility rules are chances to earn points and gain privileges, like watching movies and making longer telephone calls. Others were open to everyone, such as mental health services and counselors. She stated,
What made me actually—what also made me actually see was the groups that they had, or whatever, and you can sign up for the group or the counselor that was there, ’cause they did have counselors, and the—it was like the mental health people … So that’s also what was a good experience to actually change my mind about coming back. Because if I keep coming back than I’m gonna still have to see those same people but I’m still getting help. But with them seeing you over and over again, it was like telling them your help wasn’t—what you was doing wasn’t helping.

For some, the feeling that staff at the detention center would hold them accountable for their actions was important, especially if they returned to the detention center. JCOs were identified as sources of support even after young women were released. As one member noted, ‘but like JCOs, I can call up there and be like how are you doing and all that. But only one JCO, I actually got her number and address, or whatever, and we keep in contact like that’. There were also other supportive aspects of detained young women’s relationships with the JCO. TAB members also mentioned that JCOs would pray with them, offer to pray for them, or just sit down and talk to them. However, for others, support came from other incarcerated females on their unit in the detention center or from probation officers (PO). Also, one TAB member stated that she did not have any external support that helped her.

The adaptation team included a new activity helping young women identify people in their social networks and the level of support those individuals provide. Facilitators encourage young women to utilize people in their network who provide substantive support instead of focusing on individuals who are not as supportive.

Life post-detention

The responses were varied regarding TAB members’ priorities upon release from detention. Some young women mentioned earning money, shopping, turning the cell phone back on, getting hair and nail appointments, while some mentioned going to see their boyfriend and smoking marijuana. Understanding the priorities of young women immediately upon release and returning to life post-incarceration is critical for intervention development as this moment represents a pivotal transition and a window of opportunity to make decisions that can either be beneficial or harmful.

One of the first goals endorsed by TAB members after getting out of detention was to earn money. Some TAB members said having a job helped keep them focused.

That’s the whole point when you—to be honest if you put your mind to get a job and you see you ain’t—you got to keep asking for this and keep asking for that, you really want your own one day eventually. So you’re gonna be like, well, I got this job, this money looking right. So I’m fittin to continue to keep going … but if you mess up your money, you’re gonna be like I’m back at square 1.

Jobs represent independence and as one person stated ‘a job can really help’. TAB members indicated that it was easier to focus on setting goals and avoiding returning to the detention center while they were incarcerated but upon release sticking with those goals was difficult. An intervention activity on developing goals called ‘Map to My Future’ was revised based on this. The goal-setting activity was narrowed in scope to help participants establish SMART goals that were beneficial to the individual and the goals were specific, measureable, achievable, realistic and time-bound based on what they could achieve given their release date.

Sexual partnerships

While incarcerated, young women with male partners on the ‘outside’ expressed uncertainty regarding whether their partners were cheating and they would share these concerns with other young women in detention. For example, one TAB member stated, ‘How you know they’re not cheating on you? You in jail. They could be out having sex with
somebody else’. Another TAB member recounts another young woman’s plans with her partner once released from detention. She recalls, ‘... we’re gonna move in together as soon as I get out. I got my engagement ring this and that. Okay, then next thing you know, they call ‘em and they’re off the phone and they’re crying. You ask them what happened. He’s cheating on me. We done told you that’.

Although TAB members acknowledged talking openly about general relationship concerns while in detention, they reported that they did not discuss details related to condoms and condom use. According to TAB members, condom discussions were initiated by JCOs if a young woman was pregnant or disclosed having a current or prior STD.

The adaptation team enhanced partner communication pieces to allow participants to role-play sexual health communication pieces that specifically dealt with scenarios with participants finding out that, while detained, partners have moved on to other partners.

Alcohol and drug use
One of the aims of our particular HIV/STD prevention intervention is to help young women understand the connection between alcohol, drug use, risky sexual behavior and sexual decision-making. Therefore, TAB members were also asked for suggestions on how to make transparent the connection between drug/alcohol use and poor decision-making. One suggestion was:

To tell them probably cut off those friends that has you doing them drugs or whatever. You can still—I mean you can say they can still be with them, but not as much as they was. Like, they can call ‘em, hey, how you doing, I’m doing this and that. But then they have another person on the other side trying to help them do better or whatever it is. They have like that information then they be fine.

In response to discussing drugs and alcohol, the prevailing message from all TAB members was to help young women make incremental changes in their social environments. These changes would entail limiting their interactions with risk-taking friends. However, while considered prudent to reduce interactions with risky friends, the TAB also felt that it would not be realistic to terminate communication and interaction with these friends.

The adaptation team used information from TAB members and incorporated it with advice from a topic area expert in drug and alcohol intervention with adolescents (Phase 6) to develop an activity focused on examining the pros and cons of alcohol and drug use as a group. Then girls individually talk about how drugs, alcohol, risky sexual behavior and poor sexual decision-making could impact the goals they established in a previous activity.

Conclusions
Our goal for the initial TAB meeting was to better understand young African-American females’ perspectives on life pre-, during and post-incarceration. The open structure of the TAB discussion permitted a better assessment of the priorities and challenges in these young women’s lives. Gathering this information from TAB members was part of Phase 1 of the ADAPT-ITT process, which was essential to adapting the EBI for this subgroup. On the surface, it might be reasonable to assume that an EBI specifically tailored for young African-American females would be sufficient for implementation with incarcerated African-American adolescent females. However, based on feedback from our TAB members, additional, unique barriers and challenges were identified that suggested areas where adaptations to the EBI would be justified to more adequately address the needs of these particular young women. Thus, all adaptations made to the EBI considered these unique factors specific to incarcerated young women that may impact their ability to initiate and maintain healthy risk reduction strategies.

Since social and environmental factors were such a large part of the discussion with the TAB, many of
the adaptations made to the EBI addressed these factors and their association with increased likelihood of engaging in risky behaviors. Given that the goal of the intervention is to help young African-American women make safer and healthier sexual health decisions, the research team added an intervention activity explaining steps to making healthy decisions and an activity focused on identifying levels of support in their social networks. This was accomplished using a 4-step model of decision-making, recognizing who is in their support network and acknowledging the level of support they provide. Further, adaptations to the EBI included enhancing activities related to goal setting, addressing the relationship between substance use and risky sexual behavior and efficacy to communicate sexual health decisions to partners. A more detailed description of the intervention adaptations based on the ADAPT-ITT model is described in [16]. The adapted EBI has been theater tested with TAB members with favorable feedback. It is currently being tested for efficacy using a randomized controlled trial with African-American female adolescents in short-term detention.

Limitations

Our focus was to present our work with the TAB to inform the adaptation process of an evidence-based HIV intervention. TAB members assisted the adaptation team in other phases of ADAPT-ITT, including theater testing the last draft of the adapted intervention. There were benefits and challenges to soliciting involvement from girls identified by probation officers. It was difficult to gain access to girls who were currently incarcerated. Therefore, the girls on probation were easier to locate because of their required check-ins with probation officers. From a practical standpoint, it was especially important to have TAB members who were identified by probation officers as being ‘on the right track’ (i.e. not currently in trouble with the law or about to be detained again). We also felt the opinion of this group would be valuable because they had been out of detention for enough time to be reflective and insightful regarding their experiences surrounding incarceration while not being too far removed from the incarceration experience. However, TAB members were still experiencing challenges. Indeed, one TAB member was detained again after participating in our discussion. Thus, we feel that the TAB group was highly representative of the population we were developing the intervention for and their lived experiences demonstrate that we are working with a hard to reach and transient population.

The TAB meeting had four participants, which is small, but not uncommon for discussing sensitive topics in a focus group format [19]. The ADAPT-ITT process included input from quantitative data on incarcerated adolescents, TAB members, community advisory board members and experts in the areas of alcohol and drug use and depression. The changes discussed in the results section are based on the combined feedback and are not based solely on the initial TAB meeting. This work contributes to the literature by allowing audiences to read the authentic voice of young African-American women’s experiences with life pre-, during and post-detention.

Implications for practice

Establishing a TAB and utilizing feedback for adaptation of an EBI was an essential component of the ADAPT-ITT process required to make the existing intervention relevant to African-American adolescent females in short-term detention. TAB insight was the first step in this process and provided a solid foundation for understanding the girls’ life circumstances prior to, during and post-incarceration, as well as facilitated the identification of areas for adaptation. Future health education efforts focusing on either the creation of new interventions or adaptations to existing interventions should consider utilizing advisory boards with members of the priority population at the earliest stages of intervention planning.

Conflict of interest statement

None declared.
Funding

Centers for Disease Control and Prevention (Cooperative Agreement 5UR6PS000679).

References