Project AIM
An evidenced-based program to reduce HIV sexual risk behavior among youth

A I M
adult identity mentoring

Starter Kit
Acknowledgements

We acknowledge the support provided by the Centers for Disease Control and Prevention (CDC) through cooperative agreement #1 H62 PS000575 for the development of this product. Project AIM is one in a series of products sponsored by CDC’s Prevention Research Branch–Replicating Effective Programs (REP) (www.cdc.gov/hiv/projects/rep/default.htm).

We would like to thank the REP team members: Jennifer Galbraith, Ph.D., Aisha Wilkes, M.P.H., A. Vyann Howell, M.ED., JoAna Stallworth, Ph.D., M.P.H. (DEBI Liaison), and Leigh Willis, Ph.D, M.P.H.

The original implementation research was done by Leslie Clark, Ph.D. (Children’s Hospital of Los Angeles) and Kim Miller, Ph.D. (CDC Project Officer). It was supported by the Centers for Disease Control and Prevention, (#U64/CCU41327).

The research outcomes are published in:


Special thanks to the case study sites for the testing of the Project AIM intervention package and the following individuals from youth serving organizations for serving on the Project AIM Community Advisory Board:

**Case Study Sites**
- Heart of Los Angeles, Los Angeles, CA
- One Light International, Los Angeles, CA

**Community Advisory Board**
- Edgar Estrada of Boys and Girls Club of Hollywood
- Irene Lim, MSW of Hollywood LA Bridges Violence Prevention Program at YMCA
- Timothy Kordic of Los Angeles Unified School District – HIV/AIDS Prevention Unit Health Education Programs
- Velma Union, PhD of One Light International
- Martha Chono-Helsley & Frank Armenta of Reach LA
- Gloria E. Lockheart of Toberman Settlement House

© 2008 by Childrens Hospital Los Angeles
We are grateful to the following staff at Children’s Hospital Los Angeles for all of their hard work and commitment in the development of the Project AIM intervention package:

Leslie F. Clark, Ph.D, M.P.H.
Francisca Angulo-Olaiz, Ph.D.
Catherine Forbes, Ph.D.
Donna M. Lopez, M.S.W.
Cesar Arauz-Cuadra

Leo Castillo
Mia Humphreys, M.S.W.
Stanley Wipfli, MSW
Griselda Monroy
Matthew Moyer, M.P.H.

Ellen Iverson, M.P.H.
Leah Molaiepour, M.P.H.
Mona Desai, M.P.H.
Yesenia Nicolas

Contact Information

For more information regarding Project AIM please contact the AIM Service Center at:

Children’s Hospital Los Angeles
Division of Adolescent Medicine
5000 W. Sunset Blvd., 7th floor Los Angeles, CA  90027
AIM@chla.usc.edu
323-361-3126
# Table of Contents

## Section I: Overview of Project AIM
- What Is Project AIM .......................................................... 1
- Goals of Project AIM .......................................................... 2
- Theory Behind the Intervention: Theory of Possible Selves .......... 2
- How Project AIM Works ...................................................... 3
- Youth Development ............................................................. 4
- Research Results ............................................................... 6
- Core Elements and Key Characteristics .................................. 7
- Understanding Project AIM Logic Model ............................... 9
- Modifications to Project AIM .............................................. 11

## Section II: Getting Started ................................................. 12
- Overview ........................................................................... 12
- Agency Capacity Self Assessment ........................................ 13
- Getting Stakeholders Buy-in .............................................. 14
- Project AIM Staffing Requirements ..................................... 19
- Developing a Budget .......................................................... 22
  - Agency staff requirements .............................................. 22
  - Licensing agreement ..................................................... 23
  - Intervention materials Cost ............................................ 24
- Suggested Timeline ............................................................. 29
What is *Project AIM*?

*Project AIM* is a group-level, youth development intervention designed to reduce HIV risk behaviors among youth ages 11 to 14. The intervention is based on Markus’ Theory of Possible Selves, which states that a person’s motivation is determined by a balance of positive and negative ways people see themselves in the future. Individuals who are able to imagine both possible positive and negative futures are more likely to work toward their life goals and achieve future success. Thus, *Project AIM* encourages youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood.

*Project AIM* consists of twelve 50-minute sessions conducted by 2 facilitators to groups of 10 to 20 youth. *Project AIM* is implemented in small groups twice a week, over a six-week period. *Project AIM* is divided into four parts.

**Part One**

Encourages youth to explore their personal interests, social surrounding, and what they want to become as an adult. Youth also identify people in their lives who may be barriers or supporters to their successful adulthood. Young adults from the community who are on their road to success are invited to speak with youth.

**Part Two**

Allows youth to envision themselves in a future career and connect current behavior with success as an adult through activities such as completing a career interest inventory, developing business cards and resumes, and participating in interviews.

**Part Three**

Engages youth in role-plays around communication and small group activities involving planning and decision-making.

**Part Four**

Provides the opportunity for youth to think about their future in terms of milestones to accomplish goals and overcome potential obstacles they may encounter in life.
Goals of Project AIM

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

Theory Behind the Intervention: Theory of Possible Selves

The Theory of Possible Selves offers a new approach to HIV prevention by focusing on adolescents’ desires and motivations for attaining adulthood goals. In brief, the theory asserts that behavior change is motivated by both what youth hope to become (positive possible future self) and what they wish to avoid becoming (negative possible future self). Project AIM promotes the capacity of at-risk young adolescents to persevere in their efforts to attain a positive future and to avoid risk behaviors that would endanger the success of a positive future adulthood.

The more clearly youth can envision and communicate the positive future selves (their hopes, goals, and dreams), the more attainable (or real) they seem and the more motivated youth become to achieve them. The more youth imagine a negative future, the more they may believe it will come true, and the more hopeless they feel. Being in jail, addicted to drugs, and homeless are some examples that youth may envision of a negative future. In communities of poverty, youth are often overwhelmed by images of the negative future possible selves based on what they see around them in their immediate environment.

It is important for youth to have a balance of images of both positive and negative potential futures. If youth envision only positive future selves, they may not accurately gauge their chances at success, or properly prepare themselves for obstacles, setbacks, or short-term disappointments. On the other hand, with only negative future selves in mind, there is no belief that a positive future is possible, no plans for the future, and no motivation to pursue long-term goals. It is a balance of both positive and negative future images that makes youth most likely to persevere in efforts towards achieving goals.
How *Project AIM* Works

*Project AIM* is different from other HIV prevention programs. Historically, programs to prevent HIV risk behaviors in adolescents have taken one of two approaches: an abstinence-based approach or a comprehensive sex education approach. The goal of abstinence-based programs is to delay the initiation of sexual intercourse or to stop having intercourse for youth who have already begun. Activities in these programs address refusal skills and norms for waiting to engage in sex. The challenges to these programs are the lack of evidence that they are effective in getting youth to abstain. Comprehensive sex education approaches also try to encourage youth to abstain but also are based on the idea that while some youth may engage in sexual intercourse we can still reduce the harm by promoting the use of condoms or reducing the number of sex partners that an adolescent has. These programs are generally based on Social Behavioral Learning Theories and include activities such as condom use skills and condom negotiation.

*Project AIM* affects change in sexual behavior without focusing explicitly on sexual risk. *Project AIM* is based on a motivational theory that engages youth in activities that reduce their engagement in risky behaviors. It is designed to encourage young people to think about their desired future and how current risky behavior choices can adversely affect it.

*Project AIM*’s efficacy to change youth’s behaviors are due to the holistic approach of applying the theories of motivation towards helping youth with adult identity exploration, a task developmentally associated with adolescence. The overall objective of *Project AIM* is more than changing a specific sexual behavior, it’s about offering alternative positive choices to defining themselves as successful adults and providing them with actual opportunities of achieving success within the program.
Youth Development

Youth development programs promote healthy adolescent development and resilience through positive activities that encourage appropriate, age-relevant skills and attributes. *Project AIM* is considered to be a youth development approach. The strategies and activities that are used in *Project AIM* protect them from engaging in risky behaviors and also foster important aspects of youth development such as:

<table>
<thead>
<tr>
<th>Youth Development Constructs</th>
<th>Project AIM Strategies &amp; Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clear and positive identity</strong></td>
<td><em>Project AIM</em> enhances youth’s articulation of future self through interest inventories, business cards, and resumes. Youth conduct self-examination of their strengths, talents, interests, needed resources, and are encouraged to perceive themselves as one who is on the path to success.</td>
</tr>
<tr>
<td><strong>Belief in the future</strong></td>
<td>Based on the theory of possible selves, <em>Project AIM</em> activities require youth to see themselves in terms of succeeding in their future; and in terms of the future as holding opportunities that will enable them to succeed in life.</td>
</tr>
<tr>
<td><strong>Self-determination</strong></td>
<td>Youth are asked to consider how their behaviors might promote or impede the achievement of desired future self-identities. There are peer discussions about risky behaviors, creating choices in their futures, and making decisions about what they want in life.</td>
</tr>
<tr>
<td><strong>Self-efficacy</strong></td>
<td>Youth engage in role-playing different styles of communication (aggressive, passive, and assertive) to practice self-expression and resist peer pressure. Facilitators conduct individual interviews with youth to enhance youth communication skills and help them identify their strengths and resources to increase the likelihood of future success.</td>
</tr>
<tr>
<td><strong>Pro-social norms</strong></td>
<td>The use of small group and role models (guest speakers and facilitators) create and sustain group norms of delaying or abstaining from sexual activity and other behaviors that could disrupt achievement of their goals.</td>
</tr>
<tr>
<td>Youth Development Constructs</td>
<td>Project AIM Strategies &amp; Activities</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Behavioral and social competences</td>
<td><em>Project AIM</em> promotes skills in positive self-presentation such as writing business cards, resumes, decision-making and planning skills, interview skills, relationship &amp; self-expression skills. Youth identify role of family, peers, and others in supporting or negatively impacting their future success.</td>
</tr>
<tr>
<td>Positive emotions</td>
<td><em>Project AIM</em> activities encourage a sense of hope for the future, pride in self-attributes, and creative self-expression.</td>
</tr>
<tr>
<td>Resiliency</td>
<td><em>Project AIM</em> includes activities around withstanding peer pressure and communicating with peers, accessing resources, and connecting with positive adults in their lives.</td>
</tr>
</tbody>
</table>
Research Results

*Project AIM* has been tested in a randomized behavioral trial of 240 African American seventh graders using random assignment of health education classes to *Project AIM* or the standard curriculum for the health education class.\(^1\) The research was conducted in a city adjacent to Birmingham, Alabama. The community had mostly low-income households and the school was on academic probation, meaning that the average standardized test scores for reading, language, and math were in the bottom 50% of the country.

Results showed that *Project AIM* was effective in reducing sexual intentions and increasing sexual abstinence. Surveys about sexual activity were conducted before the intervention and 12 weeks and one year after the intervention ended. Research findings showed significant increases in sexual abstinence, across all youth in *Project AIM* from the baseline to 12 weeks after the end of the intervention.

---

Core Elements and Key Characteristics

Core Elements
All packaged, CDC-Identified Effective Behavioral Interventions have what is referred to as core elements. Core elements are required elements that embody the theory and internal logic of the intervention and are thought to most likely produce the intervention’s main effects. Core elements should be identified through research and program evaluation. Core elements essentially define an intervention and must be kept intact (i.e., with fidelity) when the intervention is being implemented or adapted, in order for it to produce program outcomes similar to those demonstrated in the original research.

There are three types of core elements: content, implementation, and pedagogical. Content core elements are the elements of what is being taught that are believed to be responsible for the behavior change. Implementation core elements relate to the logistics of the environment, while the pedagogical core elements refer to how the content is being delivered that reflects the theoretical framework of the intervention. Project AIM has the following 7 core elements:

Content Core Elements

1. **Future Thinking**
   Engage youth in thinking about a positive possible future self.

2. **Present Action**
   Engage youth in present actions to achieve future success.

3. **Safeguarding One’s Future**
   Encourage youth to safeguard the future through risk reduction.

Implementation Core Elements

4. Use two skilled and trained facilitators.

5. Deliver sessions twice a week across several weeks, with days in between sessions, for youth to process information, draw conclusions, and invest in their goals.

Pedagogical Core Elements

6. Have youth compile their work into a professional portfolio.

7. Deliver activities in ways that focus on youth’s strengths, using positive feedback and a belief in their abilities.
Key Characteristics

Key characteristics are important, but not essential, attributes of an intervention’s recommended activities and delivery methods. They may be modified to be culturally appropriate and fit the risk factors, behavioral determinants, and risk behaviors of the target population and the unique circumstances of the venue, agency, and other stakeholders. Modification of key characteristics should not compete with or contradict the core elements, theory, and internal logic of the intervention.²

Project AIM has the following key characteristics:

1. The optimal group size is between 10-18 youth. For a larger group size, it is recommended to have an assistant work with the facilitators to help with the out of session tasks.

2. It is recommended that facilitators are young adults from backgrounds similar to youth, preferably one male and one female, AND able to relate/interact positively with youth.

3. Session length is 50 minutes. However, sessions could be extended to accommodate for more in-depth discussions about key concepts and/or to facilitate supplemental activities that reinforce the core elements.

4. Guest speakers share their experiences with working towards a positive future and the challenges they may have encountered; these presentations can be in-person (preferable), video, or other format.

5. Project AIM uses the career software and the internet to match youth interests to career possibilities.
Understanding *Project AIM* Logic Model

The *Project AIM* logic model is the explanation of the relationships between the intervention, risk group, theory underlying the intervention, behavioral determinants, intervention activities, and the intended outcomes.

The purpose of a logic model is to teach the specific logic of change underlying *Project AIM*. It shows the main elements of *Project AIM* and how they work together to modify changes in behavior. For example, these logical relationships can aid understanding to select and adapt interventions.

**Target population** refers to the individuals for whom *Project AIM* was designed and tested. Characteristics of the target population may include (but not limited to) race/ethnicity, gender, and/or age.

**Risk behaviors** are behaviors that place the target population at increased risk for HIV and that *Project AIM* intends to modify.

**Risk factors** are descriptions of behaviors and contexts in which HIV is likely to be transmitted.

**Behavioral determinants** are the basic determinants or constructs of the behavioral change models or theories that the intervention directly focuses on in order to modify risk. These are mediators of behavioral change and should correspond to risk factors identified in the problem statement.

**Intervention activities** address the behavioral determinants. These are action-oriented, measurable activities of *Project AIM* which are most likely to have the desired effect on the outcomes or the behavioral determinants.

**Outcomes** are expected changes as a result of activities targeting behavioral determinants.
**Problem Statement**

*Project AIM* is designed for at-risk African American, Hispanic/Latino, and other at-risk male and female youth, between the ages of 11 to 14. This target population is at risk for HIV due to early initiation of sexual behaviors, unprotected sex, and multiple sexual partners. Major risk & contextual factors for HIV include: living in communities impacted by high prevalence of HIV, poverty, violence, high rates of school drop-outs, substance abuse, and racism; sense of hopelessness about the future; barriers to engaging in positive activities; and lack of vision to achieve a positive future.

### Behavior Change Logic

<table>
<thead>
<tr>
<th>Behavioral Determinants</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corresponds to risk or contextual factors</strong></td>
<td><strong>To address behavioral determinants</strong></td>
<td><strong>Expected changes as a result of activities targeting behavioral determinants</strong></td>
</tr>
<tr>
<td>- Negative or non-existent view of positive possible future self</td>
<td>- Utilize role models to reinforce positive view of self &amp; allow youth to experience success</td>
<td>- Increased motivation towards school achievement</td>
</tr>
<tr>
<td>- Lack of a balance of positive and negative possible future selves</td>
<td>- Reinforce the balance of positive &amp; negative future possible selves</td>
<td>- Increased motivation to achieve positive future self</td>
</tr>
<tr>
<td>- Feeling of hopelessness for future</td>
<td>- Create, envision &amp; set goals of a positive possible future self</td>
<td>- Increased ability to identify &amp; cope with barriers</td>
</tr>
<tr>
<td>- Present versus future life orientation</td>
<td>- Identify positive and negative influences in youth’s life</td>
<td>- Increased skills to enable reaching goals</td>
</tr>
<tr>
<td>- Lack of connections to positive adults &amp; organizations</td>
<td>- Identify strengths and resources to achieve future possible positive self</td>
<td>- Increased self-esteem/self-efficacy achieving positive future</td>
</tr>
<tr>
<td>- Lack of self-efficacy to achieve future goals</td>
<td>- Promote skills to achieve effective communication</td>
<td>- Intentions to reduce sexual risk</td>
</tr>
<tr>
<td></td>
<td>- Strategize on safeguarding their positive future through risk reduction</td>
<td>- Increased abstinence or delay of initiation of sex</td>
</tr>
<tr>
<td></td>
<td>- Use of small group activities to create &amp; sustain low-risk group norms</td>
<td>- Improved grades</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Belief in the positive future</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Further development of positive possible future self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Engagement in coping and problem solving related in achieving future goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Engagement in safer sex activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reduction in other risk behaviors (drug use, delinquency)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Delay of initiation of sex or continued abstinence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Decreased disciplinary problems</td>
</tr>
</tbody>
</table>
Modifications to Project AIM

Project AIM was field tested in two community-based settings, including a church setting, by non-research staff with African American and Latino youth. This intervention package is appropriate for implementation in community settings by agency staff with African American, Latino, and other at-risk youth. With minor adaptations, the intervention package also may be appropriate for youth of other races or ethnicities living in low-income neighborhoods. Project AIM has been field tested in low-income school districts across the United States.

During its preparation for use in the field, Project AIM was adjusted in the following ways to make implementation easier.

- The original version of Project AIM consisted of 10 sessions for delivery in school settings with African American youth between the ages of 11-14. Project AIM was expanded to 12 sessions for implementation in community-based organizations (CBOs) with African American and Latino youth. A session was created for the guest speakers, while 2 activities from the original version were re-organized to create another session. This modification was based on the feedback from facilitators from the pilot study who expressed the need for more time to allow for more time to engage youth in discussions and complete activities.

- During the pilot study, Latino youth also participated due to the geographical location of the CBOs and the demographic profile of their clients. In addition, African American and Latino youth face similar issues of living in impoverished areas. Therefore, the intervention was also broadened to Latino youth to meet the needs of the CBOs.

- Two supplemental sessions were created for CBOs who have the resources to plan a local field trip with their youth and conduct one of the Project AIM activities in a computer lab to access more information about their future careers and education. These sessions are optional and can be found at the end of the Facilitator Handbook.

- The Community Advisory Board that consulted with the Project AIM replication team strongly recommended assigning activities to youth at the end of most sessions. Thus, To-Do Tasks were added to each session to reinforce Project AIM core elements and enhance communication between youth and their parents or trusted adults in their lives.
Section II: Getting Started

Overview

A key part of getting started is for an agency to put together an implementation plan. Before getting started, agencies must understand how, where, and for whom Project AIM will be implemented, and mobilize the support necessary for smooth implementation. Agency capacity issues and developing the budget are two central getting started activities. It is important to note that these activities do not happen strictly in the order that they appear in this manual; they may happen simultaneously. These activities appear in this order in the manual because they build on one another; capacity issues lead to the discussions around budget development.

This section provides all of the information and tools that are part of effective implementation plan, including:

- Agency capacity self-assessment
- Getting stakeholders buy-in
- Stakeholder’s checklist
- Developing a budget
- Staffing requirements
- Suggested timeline
### Agency Capacity Self Assessment

The following is a brief self-assessment tool intended to help agencies (e.g., CBOs) determine whether they possess the capacity, or can build the capacity, to adopt and implement the *Project AIM* intervention. Please review each item and then place a check mark (√) in only one response option.

<table>
<thead>
<tr>
<th>Capacities and Resources Needed for <em>Project AIM</em></th>
<th>Yes, we have this capacity</th>
<th>We do not presently have but can build the capacity</th>
<th>No, we do not have this capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>One program manager (10-20% FTE) to supervise and coordinate implementation of <em>Project AIM</em>.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency commitment to and completion of 3-day training course for facilitators.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency commitment and support (executive, managerial, staff) to implement and sustain <em>Project AIM</em> over time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to recruit 10 to 18 African American, Latino, or other youth ages 11-14 to participate in 12 sessions of <em>Project AIM</em>.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity to collect, maintain, and use process and outcome monitoring data.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to a private space to conduct 12 sessions of <em>Project AIM</em> with youth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources to provide low-cost incentives for youth participants (e.g., transportation vouchers, snack, stipends, local field trip).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to supplies such as newsprint, markers, and pens for use during sessions.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If all of your responses were in the columns *Yes, we have this capacity* and *We do not presently have this capacity, but can build the capacity*, your agency is likely ready for *Project AIM*.

If some or most of your responses were in the column *No, we do not have this capacity*, these are the areas of development where your agency will need to further explore and identify resources in order to successfully implement *Project AIM*. CBOs may consider forming partnerships with other agencies.
Getting Stakeholders Buy-In

Getting buy-in assures the support of agency administration and lets agency resources be used for intervention implementation. Getting buy-in is done best with an intervention champion. The champion is often the project manager or could be a facilitator or a team of people who convinces the agency that Project AIM would improve the quality of its prevention services and that the agency can implement Project AIM.

A champion is someone within the agency generally who is a mid-to-upper level administrator and who links the administration and staff. The champion can negotiate any necessary trade-offs or compromises. The champion becomes the intervention’s spokesperson, anticipates the reservations of the staff, and answers questions about the intervention needs and resources. The champion can use the marketing materials in the intervention package to gain supporters. Also, the champion can use the information presented in this manual and the rest of the package to answer any questions or concerns about Project AIM. Your agency’s intervention champion can use the following stakeholder’s checklist to obtain support for implementing Project AIM. Stakeholders are those people on your Board of Directors/Executive Board, in your community, agency, your staff, or your funding source who have an interest in the successful implementation of an intervention.
**Stakeholder’s Checklist**

Step 1: Assess the community support *Project AIM*.

Step 2: Identify your stakeholders.

a. Your agency’s Board of Director/Executive Board

b. Agency staff with a role in the intervention operation

   (✓) Administrators who will obtain support
   
   (✓) Supervisors who will monitor the intervention
   
   (✓) Staff who will implement the intervention including recruitment of youth and co-facilitating the sessions

   c. Local agencies from which to recruit participants

   (✓) After-school programs; Middle schools
   
   (✓) Youth-serving agencies (i.e., Boys and Girls Club, YMCA, Big Brother/Big Sister)
   
   (✓) Social service agencies; Department of Probation
   
   (✓) Faith-based organizations
   
   (✓) Department of Parks and Recreation
Stakeholder’s Checklist

d. Organizations which could provide assistance or other resources

(√) Local merchants for incentives and refreshments
(√) Agencies that can provide a venue for the intervention
(√) Agencies that can provide transportation
(√) Agencies that can help identify local guest speakers
(√) Agencies that can provide funding sources
(√) Advisory board to help modify the intervention to the youth
(√) Agencies, merchants, printers, publishers, broadcast- ers to help advertise the intervention
(√) Agencies that can provide facilitators
(√) Other collaborating agencies to provide information and services to youth for resources

e. Other agencies with which to collaborate or partner

(√) Local school districts
(√) Local youth serving agencies
(√) City council
(√) Health departments
(√) After school programs
(√) Parent Teacher Association
Stakeholder’s Checklist

Step 3: Getting stakeholders informed, supportive, and involved

a. Decide in advance what specific assistance is needed from each stakeholder. Possible assistance includes:

(√) provide financial support or letters of support
(√) refer youth to the intervention
(√) be a resource to which you can refer youth
(√) join your community advisory board
(√) help tailor the intervention for your target population
(√) provide a room in which the sessions can be held
(√) provide or donate resources such as small incentives and refreshments
(√) help with recruitment and outreach effort

b. Send letters to inform stakeholders about Project AIM, its importance, that your agency is/will be making the intervention available, what specific role(s) you think that they might play in the success of the intervention.
Stakeholder’s Checklist

c. Follow-up your letters with a phone call to assess their interest. If they are interested, schedule a time to meet.

d. Gaining their support

(✓) Describe several specific role(s) they could play (i.e., youth incentives, space to conduct Project AIM, recruit youth, guest speakers)

(✓) Emphasize the benefits of their involvements to themselves, their agency, the community, and the youth. Answer their questions.

(✓) Invite them to commit to supporting Project AIM by taking on one or more roles. Keep track of commitments.

e. Getting them involved

(✓) Send thank you letters that specify the role(s) to which they committed or thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.

(✓) For persons who committed to a role that is important to pre-implementation, put them to work as soon as possible.

(✓) For persons who committed to involvement later in the process, send brief progress updates and when their support/assistance will be needed.

(✓) Hold regular meetings to acknowledge and value their support, update them on progress, and keep them engaged.
Project AIM Staffing Requirements

In order for Project AIM to run smoothly you will need a Project Manager and at least 2 trained co-facilitators.

**Project Manager**

This list of items below contains some of the Project Manager’s primary responsibilities. They are not necessarily the only tasks that the program manager will do in the course of the intervention.

<table>
<thead>
<tr>
<th>PROJECT MANAGER DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Budget and Administration</td>
</tr>
<tr>
<td>✦ Preparing the intervention materials</td>
</tr>
<tr>
<td>✦ Conducting quality assurance</td>
</tr>
<tr>
<td>✦ Deciding with which organizations to work</td>
</tr>
<tr>
<td>✦ Monitoring fidelity</td>
</tr>
<tr>
<td>✦ Hiring and managing the intervention team</td>
</tr>
<tr>
<td>✦ Recruiting and overseeing advisory board</td>
</tr>
<tr>
<td>✦ Setting up training and technical assistance</td>
</tr>
<tr>
<td>✦ Overseeing the intervention</td>
</tr>
<tr>
<td>✦ Establishing and overseeing the evaluation plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT MANAGER CHARACTERISTICS &amp; SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Ability to work collaboratively with staff, other leaders, members of a school or organization, and members of the broader community</td>
</tr>
<tr>
<td>✦ Previous experience with providing staff supervision</td>
</tr>
<tr>
<td>✦ Commitment to Project AIM and the belief in its effectiveness</td>
</tr>
<tr>
<td>✦ Skills in developing and managing the evaluation plan, recruitment/marketing plan, budget, and other administrative activities related to Project AIM</td>
</tr>
</tbody>
</table>
Facilitators
As mentioned before, Project AIM requires two facilitators. The list of items below contains some of the Facilitator’s primary responsibilities. They are not necessarily the only tasks that Facilitators will undertake in the course of the intervention. The characteristics and skills for Project AIM would also apply for any group facilitator.

### FACILITATOR DUTIES

| ✦ Attend the training course for *Project AIM* | ✦ Order and organize intervention materials |
| ✦ Conduct orientation meetings to parents and community about *Project AIM* | ✦ Recruit participants |
| ✦ Co-facilitate 12 sessions | ✦ Complete out of session tasks |
| ✦ Debrief with supervisor and co-facilitator | ✦ Collect and maintain process and outcome evaluation (if necessary) |

### FACILITATOR CHARACTERISTICS & SKILLS

<table>
<thead>
<tr>
<th>ATTRIBUTES</th>
<th>SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Trustworthy, Dynamic and friendly</td>
<td>✦ Empathetic, supportive, &amp; active listener</td>
</tr>
<tr>
<td>✦ Respect &amp; value youth’s ideas, &amp; opinions</td>
<td>✦ Promote youth self-efficacy</td>
</tr>
<tr>
<td>✦ Communicate in a direct and non-judgmental manner</td>
<td>✦ Commitment to <em>Project AIM</em> and belief in its effectiveness, youth development</td>
</tr>
</tbody>
</table>
Where to Find Effective Facilitators and Project Managers

- Local colleges and universities seeking internship positions to work with youth
- After-school programs serving youth between the ages of 11 and 14
- Local community centers
- Youth-serving agencies (i.e., Boys and Girls Club, YMCA, Big Brother/Big Sister)
- Middle schools
- Faith-based organizations
- Department of Parks and Recreation

Development and Training of Facilitators

All facilitators must attend a formal training designed to familiarize facilitators with the goals, purpose, and specific details of Project AIM. The Project AIM training will enhance specific knowledge and skills needed to deliver the program.

During training, facilitators will learn the content of the Facilitator’s Handbook. Training will also emphasize the theory and core elements of Project AIM. The participants will also have a chance to facilitate some of the activities themselves. This hands-on approach is the first step in ensuring that facilitators are implementing Project AIM successfully.

After participants attend the formal Project AIM training, they will still need to practice the intervention activities before implementing with youth. A great way is to hold practice sessions. Participants for these sessions can be recruited from the staff or agency volunteers. One of the goals of the practice session is to give the facilitators an opportunity to spend time learning the intervention before implementing with youth.

The practice sessions will provide an opportunity to manage behavior and conflict. The practice sessions will increase facilitators’ comfort-level with the intervention process, project managers and staff members may want to observe the practice sessions and give facilitators feedback. The project manager may choose to use the Project AIM fidelity checklist found in the Monitoring and Evaluation Guide to evaluate the practice session.

Once implementation with youth begins, the project manager may want to have a plan in place to ensure quality of delivery. Quality assurance is discussed in detail in the maintenance section of this document.
Developing a Budget

This budget is an example of possible costs of implementing Project AIM. Depending on how often you implement or what your specific agency needs, these figures will vary from organization to organization. This is only a guide.

Agency Staff Requirements

An agency will need a part-time project manager (10%-20% FTE) to coordinate all activities of Project AIM from program planning, implementation, monitoring, to evaluation. In addition, two part-time staff persons (12.5% FTE each) are needed to recruit youth participants and to co-facilitate Project AIM. Facilitators will need time to attend and complete a 3-day training course, while the program manager has the option to attend the entire training course or the first day of training only. It is highly recommended for the program manager to attend the entire training course to gain a more in-depth understanding of Project AIM in order to support and supervise the facilitators. Estimated intervention delivery time of 5 hours per facilitator per week includes:

- 2 hours to deliver 2 sessions of Project AIM per week (6-week period)
- 1 hour to set-up before and clean-up after each session
- 1 hour to debrief with supervisor
- 1 hour to complete additional tasks between sessions

Equipment

Facilitators will need access to a computer and a printer with the ability to access the internet and print materials from a CD disk or downloadable website.

Location, Room Logistics and Time

Project AIM is designed to take place either in or near the community of the target population. Here are some suggestions for selecting a location and room logistics:

- Youth-friendly space
- Venues where youth currently congregate (e.g., recreation centers, after-school programs)
- Room needs to be big enough to accommodate 2 facilitators and seat 10-18 youth comfortably that allows for group discussion as well as individual and group activities.
- The most ideal room set-up is a U shape.
Several factors should be considered when choosing the days and times for your sessions. It is critical that the intervention is held twice a week with enough days in between sessions to allow enough time for (1) youth to process what they are learning and (2) facilitators to complete out of session tasks. If you do a community assessment, you can ask about the appropriate times for holding sessions that are most convenient and suitable to the youth. Otherwise, your staff may be aware of other factors that will affect the decision.

License Agreement:

All agencies who implement Project AIM must sign a contract and/or license agreement, granting them the right to implement and/or adapt Project AIM under the terms outlined by CHLA. All agencies must sign this contract prior to having facilitators trained and implementing Project AIM. An associated annual license fee ($2000) must also be paid. Agencies who are receiving CDC funds specific to implementing Project AIM will NOT have to pay the annual license fee however a one-time administrative fee ($380) will be charged.

The License Agreement (or “Contract”) outlines the terms for the use of a license to implement Project AIM and associated fees. These agreements will be handled by the Intellectual Property Office of CHLA. Licenses will be renewed on an annual basis; payment of the annual license fee will automatically renew the License Agreement.

If there are any questions about licensing please contact the AIM Service Center at AIM@chla.usc.edu or 323-361-3126.
**Intervention Materials**

Most of the materials required to deliver Project AIM are included in the Project AIM package. There are, however, youth materials that must be ordered and purchased that are not part of the Project AIM package.

**Project AIM Intervention Package**

The following materials are included in the *Project AIM* intervention package and on the *Project AIM* CD-ROM. These materials are:

1. **Facilitator Materials**
   - *Facilitator Handbook* (Curriculum)
   - *Implementation Manual and Technical Assistance Guide*
   - *Monitoring and Evaluation Guide*
   - Posters (a total of 5; Sessions 1, 2, 3, 9, & 11)
   - Career Puzzle Pieces (Session 5)
   - Role-Play Scenario cards & Communication Style cards (Session 9)
   - Directory of Images (Session 8)

**Project AIM Youth Materials**

There are AIM-related items that reinforce the core elements and are integral parts of *Project AIM*. There are a total of five items that must be purchased for each individual youth participating in Project AIM.

The following three items can be ordered and purchased from Children’s Hospital Los Angeles, they include:

1) Youth workbooks
2) Key chains (Session 2)
3) Portfolios (Session 12)
The next two items can be ordered from The Career Game website. For more information on how to order the booklets and Web Tickets, go to http://www.careergame.com/07-workbooks.htm

1) Career Game Explorer booklet (Session 5)

2) Web ticket (Session 5)

Office Supplies
The following office supplies are not included in the package and will need to be acquired before implementing Project AIM. These are also listed in the budget.

- Easels with Newsprint Pads
- Markers (non-permanent)
- Pens
- 4-5 Calculators
- White/Colored Paper
- Business Card Stock (for youth business cards)
- Hole Puncher (hole punch self-confidence cards)

Incentives
Incentives are not part of the Project AIM Intervention Package. Agencies may want to consider incentives to keep youth engaged during sessions and to motivate youth to complete the to-do tasks between sessions. One suggestion is to distribute raffle tickets to youth who complete and share their to-do tasks. At the end of Project AIM, youth can turn in their raffle tickets for small prizes. Other suggestions for incentives include snacks, food coupons, discount store gift cards, movie rental cards, and a local field trip. Use creativity when identifying incentives for the youth. If your agency doesn’t have money to buy incentives, it may be possible to ask for donations from the community and offer those donations as incentives.
Project AIM Youth Materials Catalogue

These are Project AIM-related items that reinforce the core elements and are integral parts of Project AIM. A Youth workbook, Key chain, and Portfolio can be ordered as a set from Children’s Hospital Los Angeles. The Career Game Explorer booklet and Web ticket can be ordered directly from Ric Trow Productions.

Implementing agencies need to purchase these items for each youth:

- Youth Workbook $5 if ordered individually
- Key Chain $1.50 if ordered individually (Session 2)
- Portfolio $13 if ordered individually (Session 12)
- Career Game Explorer booklet AND Web Ticket $2.18 for 30 youth (Session 5)
Ordering Instructions for Children’s Hospital of Los Angeles

Ordering and payment processes for trainings/Project AIM materials, requires that we receive a Purchase Order (P.O.) from your agency with the total based on the anticipated amount your organization will spend on Project AIM related expenses. This signed original or PDF form must be sent to our center staff:

AIM@chla.usc.edu

The actual ordering of services or materials will follow three steps:

1. Your organization will submit an Order request to us by email each time you need a service or set of materials, specifying the units needed and their costs.

2. We will invoice your agency for the services and materials per each Order request, referencing your P.O. number on our invoice.

3. Upon receiving payment for each invoice, AIM Service Center Staff will confirm payment received to your administrative staff so that we each have a documentation of each completed transaction.

Ordering Instructions for Ric Trow Productions

Please order Career Game Explorer and web ticket directly from:

Rick Trow @ Rick Trow Productions*

P.O. Box 291
New Hope, PA 18938
Tel: (800)247-9404
Fax: (800)452-3753
info@careergame.com or www.careergame.com

*Please make sure to order Item # BXW78, The Career Game Explorer + Student Web Ticket
Project AIM Order Request Form

Date: ____________________________

Name: ____________________________

Agency: ____________________________

Address: ____________________________

Phone #: ____________________________

Email: ____________________________

Invoice #: ____________________________

Youth Materials Order Information

<table>
<thead>
<tr>
<th>Material Sets**:</th>
<th>Individual Materials**:</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Youth Material Sets (16.75/per youth set)</td>
<td># of Youth Workbooks ($5)</td>
</tr>
<tr>
<td># of Portfolios ($13)</td>
<td># of Key chains ($1.50)</td>
</tr>
</tbody>
</table>

Each set of Youth Materials include:

- Youth Workbook
- Portfolio
- Keychain

Orders should be placed at least one month prior to when materials are needed. Thank you!

**Shipping fees will apply and will be charged on the invoice for youth materials

Use the space below to add comments or additional instructions about your order:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Send order form AIM Service Center to AIM@chla.usc.edu to process your order.
# Suggested Timeline

A timeline covering all stages of *Project AIM* is a useful resource to aid with planning and implementation of *Project AIM*. A suggested timeline with specific tasks follows.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ACTIVITIES</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct <em>Agency Capacity Self-Assessment</em> to ensure agency has the capacity to implement <em>Project AIM</em>.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Identify key stakeholders to obtain buy-in, support, and/or needed resources to implement <em>Project AIM</em>. Use the <em>Stakeholders Checklist</em> to assist with this process.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify members of the Program Implementation team (Project Manager, Facilitators, support staff).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Secure <em>Project AIM</em> intervention package, AIM-related items, incentives, and other basic supplies.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Arrange training for facilitators and identify potential sites for training.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Send facilitators to training.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Develop an evaluation and quality assurance plan.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Develop a marketing and recruitment plan. Create flyers, information sheets, and other marketing/recruitment tools.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Begin recruitment of youth. If necessary, conduct orientation meetings to parents and community to inform about <em>Project AIM</em>.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Secure venue to conduct <em>Project AIM</em> sessions.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Schedule <em>Project AIM</em> sessions.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Arrange for transportation and snacks/food as needed.</td>
<td></td>
</tr>
<tr>
<td>MONTH</td>
<td>ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Begin facilitation coordination and practice. Set up regular meeting time with co-facilitators to review and prepare for each session.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Organize intervention materials and other paperwork (such as client forms, staff forms, and evaluation forms).</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Enroll youth who will participate in Project AIM and obtain written permission from their parents or guardians.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Provide youth and their parents/guardians information about the program location, dates and times.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Develop a crisis/referral system for youth who may need additional help.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Conduct pre-implementation evaluation as needed.</td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td>Implement 1 cycle of <em>Project AIM</em>.</td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td>Co-facilitators schedule regular meetings with Project Manager during implementation of <em>Project AIM</em> to debrief about the sessions and troubleshoot any issues that may arise.</td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td>Observe program activities and/or review facilitators’ procedures to ensure quality and fidelity.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Conduct post-implementation evaluation as needed.</td>
<td></td>
</tr>
<tr>
<td>8-9</td>
<td>Review and analyze the evaluation data.</td>
<td></td>
</tr>
<tr>
<td>10-11</td>
<td>Use the evaluation data to adjust your program as necessary.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Provide progress reports to funders, agencies, and other key stakeholders.</td>
<td></td>
</tr>
</tbody>
</table>
Project AIM is a group-level, youth development intervention designed to reduce HIV risk behaviors by providing youth motivation to make safe choices and to address deeper barriers to sexual risk prevention. Youth are motivated to achieve a positive future and avoid a negative future.

Project AIM helps and encourages youth:

- To understand the concept of legacy through the use of role models
- See a picture of themselves in the future as successful adults
- Set goals to achieve their desired future selves
- Identify strengths and resources needed for future success
- Build effective communication skills
- Protect their future through reducing risk behaviors today