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## Integrating a Theoretical Framework with Street Outreach Services: Issues for Successful Training

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### SYNOPSIS

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HIV/AIDS PREVENTION PROJECTS utilizing indigenous outreach workers often rely on the life experiences and skills of the staff to structure the intervention, without grounding in theory. However, to be most effective, community outreach projects which target harder-to-reach high-risk populations should both utilize and enhance the natural strengths of indigenous field workers' experience and style of interaction, while guiding intervention content with theoretical rigor.

In this paper we demonstrate that the challenge of successfully integrating a theoretically guided program design with field staff's credibility with, and sensitivity toward, drug-using clients can be practically and satisfactorily met through appropriate training. This training is an important investment for better utilizing valued and scarce prevention resources.

The Philadelphia site of the AIDS Evaluation of Street Outreach Project (AESOP), a cooperative agreement of the Centers for Disease Control and Prevention, designed and implemented staff trainings to reflect the enhancement of the outreach program by the Stages of Change model. Through these trainings, the outreach workers have learned to integrate their natural street and intervention skills into the structure of a theoretical framework. This paper presents specific training components, relevant issues within these components, and areas for evaluation and feedback.

Public health researchers counsel that prevention interventions targeting behavior change are more likely to succeed if they are grounded in theory (1-6). However, the design of many direct service outreach interventions to high-risk populations in community settings is often based on "an informal blend of logic and practical experience" (7). In part this may reflect a misperception that behavioral or social science theories merely confirm what intuition or "common sense" would naturally indicate (6). On the other hand, informal service designs also may result from service providers' reluctance to explore the incorporation of theory, which they may consider overly complex or impractical, into field protocol (2). Sole reliance on these informal practical skills and life experiences of staff members may create interventions that are inappropriate and difficult to evaluate and/or transfer, as they are neither standardized nor grounded in tested the-

ory (4,7). To be effective, HIV prevention outreach projects which target street drug users should both utilize and enhance the natural strengths of indigenous field workers' experience and style of interaction, while guiding intervention content with theoretical rigor.

This paper seeks to address the need to integrate a behavioral research perspective into outreach program design, without rejecting intuition and common sense. The

authors suggest that the challenge of successfully integrating field staff's credibility with, and sensitivity toward, drug-using clients into a theoretically guided program design can be practically and satisfactorily met through appropriate training. Three basic components are necessary for comprehensive and comprehensible training of qualified outreach workers.

First, training must ensure credible and culturally competent field delivery—within the practical constraints of serving individuals engaging in high-risk behaviors. Second, outreach workers need to accept, internalize, and incorporate theory-driven elements of the intervention in natural and credible interpersonal interactions with clients. Third, evaluation and feedback are crucial to ensure the success and replicability of both the training program and a successful street intervention.

As part of a CDC-funded, multisite cooperative agreement, the AIDS Evaluation of Street Outreach Projects (AESOP), a training program was developed that addressed these issues. AESOP focuses on promoting behavior change among street drug users engaging in a number of behaviors known to transmit HIV, such as needle sharing and unprotected sex. Indigenous outreach workers, who are typically residents of the target communities, if not in recovery for drug use themselves, deliver the intervention in street interactions (5, 7–10).

The enhancement to the existing (“standard”) outreach program introduced the transtheoretical model of Stages of Change (11, 12). This model describes behavior change as occurring in stages, from an initial lack of awareness and/or a lack of acknowledgement of the need for change, through making and maintaining the change. The enhanced intervention is structured around the “stage-based encounter”: an extended conversation between an outreach worker and an at-risk individual (13). Elements of a stage-based encounter include rapport-building; assessing both risk and readiness to change; providing stage-appropriate risk-reduction messages, materials, and/or referrals; and planned follow-up. In addition to the framework provided by the Stages of Change model, outreach worker-client interactions also are guided by the social work concept of the helping relationship, with a core strategy being “reflective listening” (14, 15).

## Training for Successful Service Delivery

A successful service delivery system is a necessary prerequisite for fielding an intervention. A number of authors have addressed various elements of appropriate outreach (5, 7–10, 15, 16). Training issues vital to service delivery are appropriate attitude and demeanor toward clients, attention to safety and conflict resolution, and the ability to provide accurate information and referrals to clients (7, 10, 16).

The design of many direct service outreach interventions to high-risk populations in community settings is often based on “an informal blend of logic and practical experience.”

**Demeanor and attitude.** Recognizing both the value and limitations of outreach workers' status as indigenous to the targeted communities is crucial to the success of community-based interventions (7–9). Their long-cultivated knowledge of the streets provides them with an invaluable ability to utilize an appropriate

style of interaction, to anticipate and deflect potential conflicts and dangers, and most importantly, to be considered “approachable” by the clients due to their racial, ethnic, or linguistic similarity; appearance; demeanor; and apparent comfort with the streets. These qualities alone, however, are not sufficient to ensure successful delivery of outreach. Outreach workers' attitudes toward the target population, while possibly adaptive to living in high-risk neighborhoods, may not be appropriate for direct service professionals. Staff also may experience difficulty retaining a nonjudgmental attitude with clients who constantly relapse; they may feel a sense of superiority over them, and/or resent their antisocial behaviors within their home communities. Training should include candid dialogue and exercises to investigate biases and assumptions (14), as well as draw on staff's personal insights on the process of recovery.

**Safety and conflict resolution.** While the outreach workers are acutely aware of the dangers of the street, they may need to learn how to handle potentially volatile situations in an appropriate and professional manner. For example, they may have to accept losing face by walking away from a hostile client, rather than fighting or engaging in heated discussion. Field and supervisory staff must maintain an open dialogue in order to understand fully and address the wide variety of safety issues occurring in outreach areas. Trainings led by veteran outreach workers, local police officers, and martial arts instructors emphasize conflict identification and avoidance, appropriate responses to threatening situations or persons, and the dynamics of partner cooperation to ensure mutual safety. Trainings should be ongoing, with further support and reinforcement provided by a program safety manual formalizing protocols and procedures.

**Building an information base.** To provide clients with accurate, up-to-date information about their risk and about appropriate prevention strategies, outreach staff require thorough training in HIV and STD transmission and prevention and related health issues. Regular seminars by medical professionals in "AIDS 101," STD diagnosis and treatment, contraceptive technology, and the physiology of drug addiction can address these requirements. By encouraging staff to present questions from or about clients to a physician or medical consultant, outreach workers are able to provide up-to-date information to clients, while supervisory staff are made aware of the evolving health concerns of clients.

**Referral provision.** Since clients frequently have survival needs that outreach workers cannot directly address, staff must be aided and encouraged to become familiar with relevant social service agencies and appropriate referral mechanisms (10, 16). An understanding of how to negotiate the public assistance systems and their linkages with providers of services such as drug treatment, shelter, and medical care, among others, enhances the helping relationship and facilitates the referral-making process.

## Training for a Theory-Guided Intervention

The second component of successful outreach is providing a framework of tested behavioral theory. As stated previously, numerous authors have targeted theories derived from the behavioral and social sciences as crucial contributors to successful HIV prevention (1-6).

Academic explanations are a relatively foreign modality for most outreach workers, who typically report no formal education beyond high school. Further, outreach workers are often called upon to conduct multiple and simultaneous tasks in an outreach environment constrained by the threat of violence and the unpredictable attention spans of drug-using clients. Therefore, thorough training and preparation are required for complex interpersonal interventions that must be conducted without the luxury of time and reflection.

A number of elements were identified as necessary for the implementation of a program to train outreach workers to deliver stage-based encounters. Such training must encourage outreach workers to accept the utility of theory, incorporate it into their interactions, and document its use. Maintaining both a skills and a knowledge base requires ongoing refresher trainings, as well as allowing for adjustment and reassessment of evolving local conditions.

**Acceptance of the theoretical model.** It is of prime importance that outreach workers find the Stages of Change theory to be valid and useful in its own right (17). In the course of trainings, staff are encouraged to examine and discuss points of personal identification with the principles of the Stages of Change theory. Personalizing the theory fosters greater comprehension and, perhaps more importantly, renewed appreciation for the difficulties of the change process.

Advantageously, several of the outreach workers said they prefer the enhanced intervention to standard outreach. The encounter format provides a framework for their interactions with clients, unlike the unstructured standard outreach. Moreover, lengthier interactions with clients are rewarded, since the encounter forms emphasize the importance of the quality of the interactions over the quantity of materials distributed.

Prior to the implementation of the enhanced intervention, the outreach workers experienced difficulty in determining which messages and services were appropriate for given clients. Their definition of success was either nebulous, too ambitious (for instance, the rare victory of seeing a client begin to use a new needle for every injection), or unrewarding (for example, handing two condoms apiece to persons obviously in need of extensive social service intervention). The "small steps" approach endorsed by the Stages of Change model enables the outreach workers to note more realistic increments in the progress of their clients and to record them for field and research supervisors.

**Incorporation of counseling techniques.** It is essential that assessment and intervention with the Stages of Change take place in a context of attentive listening and empathy on the part of the outreach worker (18). A "helping relationship" with clients is characterized by listening reflectively; accepting clients "where they are;" assessing their needs, strengths, and problem-solving abilities; and gently directing at-risk individuals to insight and action.

Trainings in motivational interviewing serve to enhance the outreach staff's natural ability to empathize with the situations of people who resemble them, members of their families, neighbors, and friends. Skills developed in the training include formulating open-ended questions, navigating ambivalence, overcoming resistance, and increasing attention to nonverbal cues (arising from both staff and client) (8, 14, 18). These trainings typically take the form of discussions, role-plays, and one-on-one and group exercises.

As with the initial approach to the Stages of Change theory, outreach staff were introduced to the concepts of reflective listening on a highly personal level. Significantly, staff continue to note the utility of these techniques in their personal lives. Over time, the agenda of the trainings began to include actual client case studies. As training progressed, staff showed increased proficiency in applying trained techniques for identifying and lowering resistance.

**Building assessment, intervention skills.** Another challenge addressed in training field staff is instructing them in the specific skills and knowledge necessary to apply the Stages of Change model in their interactions with clients. Outreach workers must be able to make rapid assessments of client concerns and needs and to provide appropriate messages and services. Their brief encounters with clients typically occur on noisy, dangerous street corners, with individuals who are distracted by goings-on in the street, drug

withdrawal, or being high. Thus, they must know thoroughly the five stages and their accompanying intervention strategies suggested by the Stages of Change theory, and be able to apply them to one prioritized risk behavior.

Training in the Stages of Change theory takes place in a variety of formats. The planned lectures were modified to incorporate experiential and creative teaching techniques once the trainers recognized the staff's relative passivity when presented with charts and cue cards (19). While lecturing is occasionally necessitated by the material, attempts are made to include a large proportion of discussion, role-playing, and games (14). This eclectic style of presentation accommodates the high staff turnover often noted in outreach programs (7, 9). Interspersing games into trainings is more enjoyable for experienced staff than redundant refresher lecturing, while allowing new staff to begin to learn the basics of stage-based assessment.

**Discussion.** Making discussion a habitual component of training encourages staff to offer their perceptions of the validity of the Stages of Change theory and the suggested strategies, and to seek parallels in their lives and the lives of their clients.

**Role playing.** Role playing allows staff to simulate potential street scenarios while among trainers and peers. Staff playing clients are either assigned to feign a particular client profile or encouraged to devise one. Role-play encourages discussion about the strategy the outreach worker player has chosen, allows for alternate versions with different players, and provides feedback from the client player about his or her experience in the scene.

**Games.** Two games were developed to reinforce staff's ability to make assessments with the Stages of Change and to select outreach strategies. The first is AESOPOLY, a board game in which teams of players move around the board from stage to stage, and at various points must correctly identify the stage for which a given strategy (such as "raise client's awareness about her risk") is appropriate. Staff debate the strategy within their team, as well as defend their answer to dissenting opinions from other teams, thus reinforcing their understanding of tailored messages. The second game, OEAST (Outreach Education and Safety Training), is an open table card game. Players seek to match their hand of cards with open-ended questions of the sort that the staff are encouraged to use on the street (for example, "How do you feel about using condoms?"). Players also must correctly stage the clients

depicted in story cards, and determine whether certain field behaviors (such as "wear flashy jewelry") are appropriate or inappropriate.

**Maintaining skills and knowledge base.** Once staff have undergone extensive initial training, it is necessary to periodically test and renew their skills and knowledge base. Refresher sessions supplement a regularly scheduled ongoing training agenda. These may take the form of case review-style meetings in which an outreach worker will describe a recent personal encounter for the group. Other staff members then provide feedback about the outreach worker's assessment and choice of intervention strategy. Challenging outreach workers from another AIDS prevention project at our agency to a game of AESOPOLY provides not only refresher training to the project staff, but also allows for a transfer of ideas and skills to other programs.

Building a solid foundation of training and evaluation should not be viewed as a luxury, but rather a prudent investment in outreach resources.

## Feedback and Evaluation

The feedback and evaluation component measures the benefits of staff trainings to the outreach workers, as well as their ability to apply what they have learned to their field interactions. The success of training is evaluated through both staff-instructor evaluation sessions and improvements in field staff capabilities. Researchers and supervisors have evaluated staff competency in implementing the enhanced intervention through the following: training session observation (particularly of role plays and the games of AESOPOLY and OEAST), in-field observations, post-field debriefings (both individual and in regularly scheduled meetings), aggregate review of process data, and regular interaction between field workers and supervisors.

**Observation of training sessions.** Observation of role play allows the identification of both individual and group capabilities, difficulties, and other issues related to proposed intervention techniques. The games of AESOPOLY and OEAST allow both supervisory and outreach staff to gauge individual and group progress and to assess field staff's continued ability to identify appropriate strategies for intervention. The natural rewards of a game format also enhance peer feedback among outreach staff.

**In-field supervision.** Field supervisors periodically monitor staff performance of their outreach responsibilities (7, 10). In-field monitoring serves as a supportive forum for feedback, and is also a mechanism to stem street-level

“opportunism” (9). Based on observations of outreach worker-client interactions, supervisory staff may make suggestions for improvement, problem-solve difficulties encountered, and remark on successful contacts and encounters made. Feedback from in-field supervision is also incorporated into the planning of project activities and training sessions.

**Debriefing.** Daily debriefing sessions with field supervisors allow staff to comment on any unusual events that arise during the day’s outreach. Weekly project meetings provide a forum for field staff to brief research staff on their application of the outreach protocol and to discuss potential changes and improvements. During these meetings, field staff supply anecdotal material about their reception by clients and identify any potential threats to safety among any client groups or in sections of the target areas.

Regular debriefing is also conducted immediately following a review of outreach worker field documentation, which consists of daily logs and encounter forms. These process data are collected on forms completed by the outreach workers upon their return from the field. Staff’s daily logs detail the outreach workers’ activities for the day, including the number of contacts made and materials distributed, an intersection-by-intersection account of the outreach, and a brief description of their stage-based encounters. Supervisors review the daily log before it is entered into a database for aggregate analysis. Encounter forms allow outreach workers to provide detail for a sample of their lengthier conversations with clients, to describe their stage-based assessment, and to devise a plan for intervention with the client. The encounter forms are discussed in individual debriefing sessions, with a small sample introduced for group input during regularly scheduled staff meetings.

Staff have demonstrated mastery in making stage-based assessments and have shown progress in their ability to intervene appropriately with clients. The content of their encounter forms has deepened considerably over time, especially in the follow-up plans which they design for future intervention with individuals. Process data analysis indicates that as training progressed and outreach workers became more comfortable with the protocols of the enhanced intervention, the number of encounters recorded by the staff increased.

Furthermore, preliminary data collected in street-based surveys to evaluate the efficacy of the enhanced intervention reveal that while equal proportions of respondents in the control and intervention areas reported ever seeing an outreach worker, 50 percent more respondents in the intervention area reported talking to an outreach worker in the prior 6 months.

In addition to external measures, the training program has been observed to improve staff satisfaction with their role as outreach providers. They are encouraged to view themselves as professionals with an impressive amount of knowledge and resources, rather than as local do-gooders.

They state, for example, that they have benefited from their safety training and the reflective listening training both in and out of the work environment. Moreover, the Stages of Change theory has proven successful in creating a common language for outreach workers, research staff, and supervisors to discuss clients’ inertia and/or progress.

## Discussion

Street-based AIDS education and prevention programs are growing in importance as a key modality for reducing HIV transmission within harder-to-reach high-risk populations. Incorporating theory and evaluation components into program design increases intervention effectiveness while generating standardizable, rigorous protocols that improve transferability to other sites and circumstances and provide persuasive data to funding organizations.

Given the costs of staffing and infrastructure for a street outreach intervention program, investment in a sound intervention framework and appropriate and effective staff training is wise. Despite the immediacy and urgency of the epidemic, it is important for service providers to recognize that prevention should also be viewed from a long-term perspective. Building a solid foundation of training and evaluation should not be viewed as a luxury, but rather a prudent investment in outreach resources.

Despite the different viewpoints of researchers and service providers, training in stage-based encounters has been shown to improve field staff satisfaction. Moving from distributing materials and having brief contacts to engaging in stage-based encounters has had numerous advantages. With effective training, outreach staff can feel that they have a structure for their work that is recognized by both their field and research supervisors, and program management can gain a more reasonable measure of the effectiveness of the intervention. Most importantly, clients receive more effective interventions. These benefits to clients are ongoing, as outreach workers continue improvement through training and feedback.

## References

1. Leviton, L.: Theoretical foundations of AIDS prevention. *In* Preventing AIDS: the design of effective programs, edited by R. O. Valdiserri. Rutgers University Press, London, 1989, pp. 42-90.
2. Fisher, J. D., and Fisher, W. A.: Changing AIDS-risk behavior. *Psychol Bull* 111: 455-474, May 1992.
3. Flay, B. R., and Petraitis, J.: Methodological issues in drug use prevention research: theoretical foundations. *In* NIDA Research Monograph 107: Drug abuse prevention intervention research: methodological issues, edited by C. G. Leukefeld and W. J. Bukoski. DHHS Publication No. (ADM) 91-1761, U.S. Government Printing Office, Washington, DC, 1991.
4. Leukefeld, C. G., and Bukoski, W. J.: Prevention intervention research: methodological issues. *In* NIDA Research Monograph 107: Drug abuse prevention intervention research: methodological issues, edited by C. G. Leukefeld and W. J. Bukoski. DHHS Publication No. (ADM) 91-1761, U.S. Government Printing Office, Washington, DC, 1991.

5. National Institute on Drug Abuse: The NIDA HIV counseling and education intervention model. DHHS Publication No. (PHS) 93-413, U.S. Government Printing Office, Washington, DC, 1993.
6. National Commission on AIDS: Behavioral and social sciences and the HIV/AIDS epidemic. Publication No. D-413, 1993.
7. Ashery, R. S.: Nontraditional employees: indigenous outreach workers employed as AIDS educators for street addicts. *J Community Psychol* 21: 200-209, July 1993.
8. Broadhead, R. S., and Fox, K. J.: 'Takin' it to the streets: AIDS outreach as ethnography. *J Contemporary Ethnography* 19: 322-348, October 1990.
9. Broadhead, R. S., and Heckathorn, D. D.: User-driven vs. traditional outreach to combat AIDS among drug injectors: assessing a national program and a new approach. Paper presented at 8th International Conference on AIDS, Amsterdam, The Netherlands, Jul. 19-24, 1992.
10. Wiebel, W.: The indigenous leader outreach model intervention manual. NIH Publication No. 93-3581, U.S. Government Printing Office, Washington, DC, 1993.
11. Prochaska, O. J., and DiClemente, C. C.: Stages of change in the modification of problematic behaviors. *In* *Progress in behavior modification*, edited by M. Hersen, R. M. Eisler, and P. M. Miller. Sage Publications, Inc., Newbury Park, CA, 1992, pp. 184-218.
12. Prochaska, J. O., DiClemente, C. C., and Norcross, C. J.: In search of how people change: application to addictive behaviors. *Am Psychologist* 47: 1102-1114, September 1992.
13. Valentine, J.: Planning and conducting street outreach process evaluation. DHHS Publication, Centers for Disease Control and Prevention, April 1994.
14. Miller, W. R., and Rollnick, S.: Teaching motivational interviewing. *In* *Motivational interviewing: preparing people to change addictive behavior*, edited by W. R. Miller and S. Rollnick. The Guilford Press, New York, NY, 1991, pp. 158-184.
15. Valentine, J., and Wright-DeAgüero, L.: Defining the components of street outreach for HIV prevention: the contact and the encounter. *Pub Health Rep* 111 (Suppl 1): 69-74 (1966).
16. Froner, G., and Rowniak, S.: The health outreach team: taking AIDS education and health care to the streets. *AIDS Educ Prev* 1: 105-118, Summer 1989.
17. Scherer, J.: How people learn: assumptions for design. *Training and Development J*, January 1984.
18. Clemente, C. C.: Motivational interviewing and the stages of change. *In* *Motivational interviewing: preparing people to change addictive behavior*, edited by W. R. Miller and S. Rollnick. The Guilford Press, New York, NY, 1991, pp. 158-184.
19. Cook, A. T., Kirby, D., Wilson, P., and Alter, J.: Selecting and training leaders. *Sexuality education: a guide to developing and implementing programs*. Network Publications, Santa Cruz, CA, 1984, pp. 55-61.