

Conexiones Sanas/Healthy Connections

Final Progress Report

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Center for Substance Abuse Treatment (Grant # H79 TI 14400)

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Parent Grant Summary and Description of Participants

Conexiones Sanas/Healthy Connections was an HIV/STI, hepatitis, and tuberculosis health education grant intended to target teenagers in drug treatment programs. The goal of the project was to implement and evaluate a curriculum that provided information about reproductive anatomy, puberty, HIV, sexually transmitted infections, hepatitis B and C, tuberculosis, birth control methods, and communication skills. The group portion of the curriculum consisted of three sessions delivered in 2 to 4 group meetings during which interventionists used a combination of didactic and interactive methods to provide information about reproductive health and disease risk reduction. Each participant also took part in four individual sessions during which he or she worked with an interventionist to develop a Personal Prevention Plan for practicing healthier behaviors. Participants were also offered the opportunity to be tested for HIV and STIs at no cost to themselves and were actively referred to treatment if infected.

To be eligible for the project, individuals had to be between the ages of 12 and 17 at the time of enrollment and be receiving drug treatment from AzCA's La Canada facility in Tucson, or at EMPACT-SPC or the Maricopa County Youth Recovery Academy in Phoenix. Informed consent was required from both the adolescent and his/her parent or guardian prior to participation. After eligibility was determined and consent to participate was documented, a baseline assessment was conducted to assess drug use, mental health, family and socioeconomic status, environmental stressors, and health behaviors at the time of entry into drug treatment. A pre-curriculum health knowledge measure was also administered. After baseline data was collected, participants took part in the group and individual intervention sessions and disease testing. A post curriculum knowledge measure was then conducted. Follow-up assessments were administered to measure any changes in risk behaviors at three months, six months, and for the first two years of the project at twelve months after the baseline assessment.

Youth were enrolled in the study between May 2003 and August 2007. A total of 525 adolescents were enrolled into the study. Discharge assessments were completed by 464 adolescents, three month assessments were completed by 499, six month assessments were completed by 451, and 12 month assessments were completed by 157. At the request of SAMHSA-CSAT, 12 month assessments were conducted during a portion of the project duration only and, so, were not attempted for all participants.

As detailed in the Inclusion Enrollment Report (p. 5), 245 (46.7%) of the participants were of ethnic minority and 303 (57.7%) were of racial minority. As shown in Table 1, the majority of participants were male (369; 70.3%). At baseline, the majority of participants were 15 to 17 years (90.5%). At baseline, almost half (46.1%) were involved in school or a job training program, a few (14.2%) were employed, some (24.0%) were unemployed and looking for employment, and many (52.8%) were unemployed and not looking for work. About 63% were living in someone else's home—mainly their parent's or caregiver's home, about 23% were living in an institution or residential treatment facility, and about 10% were living in their own/rented house or apartment.

Table 1. Demographics at Baseline

Characteristic	N	Percent
Gender		
Female	148	28.2
Male	369	70.3
Age (M = 15.9; 11 to 17 years old)		
11-14 years old	49	9.3
15-17 years old	475	90.5
School/job training		
Fulltime	223	42.5
Part-time	19	3.6
Employment		
Fulltime	37	7.0
Part-time	38	7.2
Looking for work	126	24.0
Not looking for work	277	52.8
Living Arrangement		
Own house/apartment	51	9.7
Someone else's home/apt	328	62.5
Residential treatment	29	5.5
Institution	94	17.9
Other (shelter, halfway house, etc.)	22	4.2

As shown in Table 2, the adolescents had high legal involvement. At baseline, about one quarter of the adolescents had been arrested (25.3%), some were awaiting trial (7.4%), and many were on parole or probation (39.8%) during the previous 30 days.

Table 2. Legal Involvement at Baseline

Characteristic	N	Percent
Arrested in Past 30 Days	133	25.3
Awaiting Trial	39	7.4
On Parole or Probation	209	39.8

Table 3 displays alcohol and drug use statistics at baseline. Half of the adolescents drank alcohol during the 30 days prior to baseline with 38% engaging in high risk drinking (i.e., 5 or more drinks in one sitting) during the 30period. On average, participants drank alcohol during 4.2 of the past 30 days and engaged in high risk drinking during 3.1 of the past 30 days. More than half (66%) of the adolescents used illegal drugs during the 30 days prior to baseline. Participants, on average, used illegal drugs during 13.4 of the past 30 days. Marijuana was the preferred drug used by 55.2% of the adolescents during the 30 days prior to baseline, with methamphetamine (29.7%) and cocaine/crack (25.5%) being the second and third most commonly used illegal drugs.

Table 3. Alcohol and Drug Use at Baseline

Characteristic	N	Percent
Number of Days of Past 30 Used Any Alcohol (M = 4.2)		
0 days	257	49.0
1-10 days	198	37.7
11-20 days	35	6.7
21-30 days	32	6.1
Number of Days of Past 30 Drank 5 or More Drinks in One Sitting (M = 3.1)		
0 days	320	61.0
1-10 days	153	29.1
11-20 days	28	5.3
21-30 days	20	3.8
Number of Days of Past 30 Used Illegal Drugs (M = 13.4)		
0 days	178	33.9
1-10 days	92	17.5
11-20 days	57	10.9
21-30 days	195	37.1
Used Drug During Past 30 Days		
Marijuana/hashish	290	55.2
Methamphetamine	156	29.7
Cocaine/crack	134	25.5
Hallucinogens/psychedelics	57	10.9
Benzodiazepines	30	5.7
Inhalants	27	5.1
Percocet	27	5.1
Non-prescription methadone	19	3.6
Barbiturates	11	2.1
Tranquilizers	7	1.3
Oxycontin/oxycodone	6	1.1
Codeine	5	1.0
Morphine	4	0.8
Tylenol 2, 3, 4	1	0.2
Other drugs	53	10.1

Principal Investigator/Program Director (Last, First, Middle): **Stevens, Sally J.**

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: **Conexiones Sanas - Healthy Connections**

Total Enrollment: **525**

Protocol Number:

Grant Number: **H79 TI14400**

**PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative)
by Ethnicity and Race**

Ethnic Category	Sex/Gender			Total	
	Females	Males	Unknown or Not Reported		
Hispanic or Latino	58	181	6	245	**
Not Hispanic or Latino	90	188	1	279	
Unknown (individuals not reporting ethnicity)	0	0	1	1	
Ethnic Category: Total of All Subjects*	148	369	8	525	*
Racial Categories					
American Indian/Alaska Native	10	5	0	15	
Asian	0	2	0	2	
Native Hawaiian or Other Pacific Islander	1	1	0	2	
Black or African American	5	12	0	17	
White	69	151	2	222	
More Than One Race	6	17	0	23	
Unknown or Not Reported	57	181	6	244	
Racial Categories: Total of All Subjects*	148	369	8	525	*

PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)

Racial Categories	Females	Males	Unknown or Not Reported	Total	
American Indian or Alaska Native	2	1	0	3	
Asian	0	0	0	0	
Native Hawaiian or Other Pacific Islander	0	1	0	1	
Black or African American	0	3	0	3	
White	8	15	0	23	
More Than One Race	1	5	0	6	
Unknown or Not Reported	47	156	6	209	
Racial Categories: Total of Hispanics or Latinos**	58	181	6	245	**

1. These totals may not agree.
** These totals may disagree.

Summary of Achievement of Study's Goals and Objectives and Study Results

Goal 1: To increase adolescents' knowledge of adolescent anatomy.

This goal was addressed in the Male and Female Anatomy sections of Session 1. In the Male and Female Anatomy section, participants took part in an interactive activity in which they worked in groups to match the names of parts of the reproductive system to posters depicting these parts. Results were then discussed as a group, with interventionists providing information about the functions of the different parts and systems. Information about the menstrual cycle was presented, including a visual depiction of the cycle. Participants were asked to look at the cycle and speculate about when the highest risk for pregnancy might be. Their answers were discussed, with interventionists providing additional information about ovulation.

In the puberty section, participants were given timelines of pubescent changes for both males and females, with a focus on individual variability to encourage them not to compare themselves to their peers. The effects of stress, nutrition, and drug use on pubescent changes were also discussed. Effects of puberty that might seem negative to adolescents were presented and normalized.

Goal 2: To increase adolescents' knowledge of HIV/AIDS.

This goal was addressed in the HIV section (Session 2 in the 2-group meeting, and Session 3 in the 4-group meeting). Routes of transmission were presented, and common myths about transmission were discussed and refuted. A graphic showing the window period and subsequent progression from HIV to AIDS was presented and discussed. Consequences of infection were presented, as well as the benefits and limitations of currently available medications. Interventionists explained the differences in HIV testing (anonymous vs. confidential, blood vs. saliva) and participants were encouraged to interact by discussing which type of HIV test the project had offered or would offer them and why.

Data from pre and post-intervention knowledge tests indicate statistically significant and clinically meaningful improvement in knowledge of HIV/AIDS. On average, participants answered 54% of the HIV/AIDS knowledge questions correctly prior to the intervention, whereas they correctly answered 78% immediately after the intervention. Much of this gained knowledge was retained to 6 and 12 months after the intervention with participants answering 71% and 70% of the questions correctly at those times.

Goal 3: To increase adolescents' knowledge of STDs (i.e., chlamydia, genital warts, gonorrhea, herpes, syphilis, and vaginitis).

This goal was addressed in the STD section of Session 2. A wide variety of STDs was presented, with pictures of the symptoms and effects to help participants understand what to look for in themselves and their partners. The relative frequency of STI infection with no symptoms was emphasized throughout the section.

Possible methods of transmission were delineated for each infection, as well as strategies to reduce one's risk. The effects of not getting treatment were discussed for each individual infection. Participants were also presented with information about Pelvic Inflammatory Disease, since it is a common result of untreated STIs in women.

Interventionists provided information about the differences between viral and bacterial STIs, and how these might impact treatment. The difference between treatment and cure presented and discussed.

Data from pre and post-intervention knowledge tests indicate statistically significant and clinically meaningful improvement in knowledge of STDs. On average, participants answered 64% of the STD knowledge questions correctly prior to the intervention, whereas they correctly answered 84% immediately after the intervention. Much of this gained knowledge was retained to 6 and 12 months after the intervention with participants answering 77% and 76% of the questions correctly at those times.

Goal 4: To increase adolescents' knowledge of TB and Hepatitis B and C.

Goal 4 was addressed in the Hepatitis B and C and TB sections of Session 1. Routes of transmission were presented, as well as ways of reducing one's risk. A list of symptoms was presented for each infection. In the Hepatitis B and C section, the basic functions of the liver were discussed, as well as how these functions might be affected by hepatitis. Participants were also provided with information about how alcohol use might interact with and exacerbate hepatitis infection. Interventionists presented information regarding available treatment for both Hepatitis B and C and TB, and encouraged discussion of the possible negative impact of not receiving treatment on both the individual and society. The importance of receiving a Hepatitis B vaccine was discussed, as well as the fact that it is required in order to attend Arizona public schools. Participants were told that they would be given the opportunity to be tested for Hepatitis B immunity, and would be offered the vaccine if they were non-immune through an active referral to the county health department.

Data from pre and post-intervention knowledge tests indicate statistically significant and clinically meaningful improvement in knowledge of Hepatitis B and C and TB. On average, participants answered 63% of the Hepatitis B and C and TB knowledge questions correctly prior to the intervention, whereas they correctly answered 88% immediately after the intervention. Much of this gained knowledge was retained to 6 and 12 months after the intervention with participants answering 87% and 86% of the questions correctly at those times.

Goal 5: To increase adolescents' knowledge of the link between drug use, sexual behavior and HIV, STDs, TB, and Hepatitis C.

The Sexual Communications, Negotiation and Limits section of Session 2 provided information about the link between drug use, sexual behavior, STDs, TB, and Hepatitis C. The curriculum explored the higher rates of STIs and HIV in drug and alcohol users, including the fact that certain drugs such as ecstasy may increase sexual desire and expose a person to sex with multiple partners in a relatively short period of time.

The specific effects of drugs and alcohol that lead to higher risk for STIs, HIV, and Hepatitis B and C were also presented. In particular, the curriculum addressed the issues of lowered inhibitions, impaired memory and motor skills, and a weakened immune system.

Participants were encouraged, through an interactive discussion of a scenario involving one partner who was under the influence of drugs and one who wasn't, to explore their perceptions of gender roles in regards to drug use and consent vs. non-consent; i.e. the idea that drug and alcohol use can also render individuals unable to provide consent to sexual contact.

The Sexually Transmitted Diseases section of Session 2 presented the fact that STIs are a route for HIV transmission. The HIV section in Session 2 addressed the fact that HIV is an STI, as well as the effect TB has on the immune system and the ways in which it can exacerbate the effects of HIV on the body.

Data from pre and post-intervention knowledge tests indicate statistically significant and clinically meaningful improvement in knowledge of the link between drug use, sexual behavior and HIV, STDs, TB, and Hepatitis C. On average, 77% of participants answered the question regarding the link between drug use, sexual behavior and HIV, STDs, TB, and Hepatitis C correctly prior to the intervention, whereas 91% answered it correctly immediately after the intervention, 92% answered it correctly 6 months after the intervention, and 89% answered it correctly 12 months after the intervention.

Goal 6: To increase adolescents' understanding of how their life context and past experience impact behavior.

An interactive Fact or Fiction game in Session 1 explored myths within our culture that may negatively affect an individual's ability and willingness to make positive health choices.

The Relationships unit in Session 3 of the 4-group meeting curriculum addressed both gender roles and peer influence through several interactive activities. Participants were asked to choose a side in various debates regarding peer, romantic, and sexual relationships, and their positions were discussed with the group as a whole.

Goal 7: To increase adolescents' ability to be abstinent from sex and negotiate safer sex (if not abstinent).

Perceived barriers to abstinence and condom usage were explored during individual sessions. Interventionists worked with youth one-on-one to pinpoint factors that discouraged them from abstaining or from using a condom, and discussed possible strategies for overcoming these barriers. Since cost and availability are both common barriers to condom usage, participants were also given the opportunity to request that they be provided condoms by the project; if they did so, the interventionist brought a bag of condoms for the participants to their final individual session.

Benefits of being abstinent or having protected sex were presented throughout the curriculum, but were the primary focus of the Sexually Transmitted Disease and Birth Control sections in Session 2.

Communication and negotiation with sexual partners were addressed in the Relationships section of the 4-group meeting curriculum. Students were asked their opinions of several scenarios involving conflicts with sexual partners, and these were discussed as a group. Communication and negotiation were also a primary focus of the individual sessions, with interventionists asking participants about the barriers to condom use they experienced, and then exploring possible benefits of condom use with them. Role playing was also used as needed to help participants practice discussing limits with their partners.

Male and female condom usage was presented during the Condom Demo section of Session 2. Interventionists brought penis and vagina models, and showed participants how to put on a male condom or insert a female condom. Participants were allowed to try these activities themselves as well, if group size and facility standards allowed.

Data from pre and post-intervention assessments indicate statistically significant and clinically meaningful improvement in perceived comfort with and ability to negotiate and engage in safer sex. Before the intervention, 85% of participants reported feeling comfortable negotiating sexual activity with their partner. Immediately after the intervention, 91% reported feeling comfortable. The percentage of participants who felt comfortable decreased to 85% at 6 months post-intervention, but then increased again to 89% at 12 months post-intervention. Before the intervention, 77% of participants reported that they could say “no” if someone pressured them to have sex. Immediately after the intervention, 92% reported being able to say “no.” The percentage of participants who could say “no” rose to 90% at 6 months post-intervention and to 97% at 12 months post-intervention. Before the intervention, 50% of participants reported that they would be able to keep from having sex even if they had a few drinks or used drugs. Immediately after the intervention, 62% reported being able to refrain from sex. The percentage of participants who could refrain rose to 75% at 6 months post intervention and to 90% at 12 months post-intervention.

Goal 8: To increase the number of adolescents who receive HIV testing (and active referrals for medical and support services if infected), STD testing (and active referrals to treatment if infected), TB testing (and active referral to treatment at the Maricopa County Health Department’s TB Clinic or private doctor if positive), and Hepatitis B and C testing (and active referral to participant’s own doctor or outside provider if positive).

A substantial number of adolescents received testing and treatment, when appropriate, from MCHD because of their participation in Conexiones Sanas. Of the 212 Conexiones Sanas participants residing in Maricopa County (and, so, received services from MCHD), 172 (81%) were tested for HIV, 174 (82%) for gonorrhea, 174 (82%) for Chlamydia, 170 (80%) for syphilis, 168 (79%) for Hepatitis B, and 168 (79%) for Hepatitis C. Zero participants tested positive for HIV, 1 tested positive for gonorrhea, 6 tested positive for Chlamydia, 1 tested positive for syphilis, and 0 tested positive for Hepatitis B and C. All who tested positive were provided treatment by MCHD.

In addition, a substantial number of adolescents who resided in Pima County received testing and treatment, when appropriate, from the Pima County Health Department (PCHD) because of their participation in Conexiones Sanas. One hundred and ten participants residing in Pima County were tested for HIV, 89 for gonorrhea, 88 for Chlamydia, 93 for syphilis, and 27 for Hepatitis C. Zero participants tested positive for HIV, 1 tested positive for gonorrhea, 3 tested positive for Chlamydia, 1 tested positive for syphilis, and 1 tested positive for Hepatitis C. All who tested positive were provided treatment by PCHD.

Goal 9: Provide program evaluation services.

We assessed prevalence of HIV, STDs, TB, and Hepatitis B and C among the target population. The results of this assessment are detailed in the response to Goal 8.

As indicated by the data presented in response to goals 2, 3, 4, and 5, participants' knowledge with regard to HIV, STDs, TB, and Hepatitis B and C improved over time from pre- to post-intervention.

Change over time in sex and drug risk behavior depended on the particular behavior. Engagement in some risk behaviors stayed the same after the intervention as compared to before the intervention and, so, did not increase over time. Engagement in other risk behaviors decreased over time. Participants use of needles to inject drugs did not change over time. Although participants engaged in sexual intercourse more often after the intervention ($M_{6\text{ months}} = 15.6$; $M_{12\text{ months}} = 17.3$) as compared to before ($M_{\text{baseline}} = 8.5$), after the intervention a smaller percentage of these sexual encounters were experienced while participants were under the influence of alcohol and other drugs ($M_{6\text{ months}} = .16$; $M_{12\text{ months}} = .11$) as compared to before the intervention ($M_{\text{baseline}} = .29$).

Participants' physical and mental health status improved over time from pre- to post-intervention. Using a scale from 1 to 5 where larger numbers reflect better health, participants reported better overall health at 3 ($M = 2.4$), 6 ($M = 2.6$), and 12 ($M = 2.7$) months post-baseline as compared to baseline ($M = 3.1$). Participants engaged in less violent behavior during the past 30 days at 3 ($M = 0.7$), 6 ($M = 1.3$), and 12 ($M = 1.1$) months post-baseline as compared to baseline ($M = 2.5$). Participants were disturbed by memories during fewer of the past 90 days at 6 ($M = 3.8$) and 12 ($M = 8.5$) months post-baseline as compared to baseline ($M = 13.5$). Participants were bothered by psychological or emotional problems during fewer of the past 30 days at 6 ($M = 0.4$) and 12 ($M = 0.5$) months post-baseline as compared to baseline ($M = 1.4$). Participants were bothered by nerve, mental, or psychological problems during fewer of the past 90 at 6 ($M = 5.2$) and 12 ($M = 6.2$) months post-baseline as compared to baseline ($M = 11.9$).

Participants' became more self-sufficient over time from pre- to post-intervention. Before the intervention, 13% of participants were employed. Immediately after the intervention, 25% were employed. At 6 and 12 months post intervention, 34% and 32% of participants, respectively, were employed.

Participants' social support and functioning improved over time from pre- to post-intervention in some of the areas assessed. The number of days of the past 30 that participants used any amount of alcohol or engaged in high risk drinking did not change over time from baseline to 12 months post-baseline. Participants reduced the number of days of the past 30 that they used illegal drugs. On average, at baseline, participants used illegal drugs during 5.6 of the past 30 days. This number reduced to 2.2 days at 3 months post-baseline, 3.8 days at 6 months post-baseline, and 3.7 days at 12 months post-baseline. Specifically, participants used marijuana, methamphetamine, and cocaine/crack less post-baseline. On average, at baseline, participants used marijuana during 4.1 of the past 30 days. This number reduced to 1.4 days at 3 months post-baseline, 2.5 days at 6 months post-baseline, and 2.7 days at 12 months post-baseline. On average, at baseline, participants used methamphetamine during 1.9 of the past 30 days. This number reduced to 0.5 days at 3 months post-baseline, 1.2 days at 6 months post-baseline, and 1.1 days at 12 months post-baseline. On average, at baseline, participants used cocaine/crack during 1.2 of the past 30 days. This number reduced to 0.3 days at 3 months post-baseline, 0.4 days at 6 months post-baseline, and 0.2 days at 12 months post-baseline. In addition, the number of days of the past 30 participants spent in detention or jail decreased from 7.6 at baseline to 1.2 at 3 months post-baseline, 2.0 at 6 months post-baseline, and to 5.1 at 12 months post-baseline.

Technical transfer of project findings was provided to various audiences and through various medium. Technical transfer activities are detailed in the list of publications and presentations resulting from this project.

Publications and Presentations

Professional Presentations:

Stevens, S. (2008). Community-Based HIV/STD Prevention: Informing Practice through Evaluation Findings. Pacific Institute for Research and Evaluation – Prevention Research Center, April 25, 2008, Berkeley, CA.

Larson, N. (2008). Conexiones Sanas: A Half Decade of Success and Lessons. Joint Meeting on Adolescent Treatment Effectiveness Conference, March 25-27, 2008, Washington, DC.

Stevens, S. (2008). Yesterday, Today, and Tomorrow. Joint Meeting on Adolescent Treatment Effectiveness Conference, March 25-27, 2008, Washington, DC.

Ruiz, B., Stevens, S., and Andrade, R. (2008). Prevalence and Practice: Current State of Affairs. Joint Meeting on Adolescent Treatment Effectiveness Conference, March 25-27, 2008, Washington, DC.

Stevens, S. (2007). Clinical Issues of Adolescent Substance Abusers. Joint Meeting on Adolescent Treatment Effectiveness, April 25-27, 2007, Washington D.C.

Stevens, S., Andrade, R., and Ruiz, B. (2006). Women and Substance Abuse: Gender, Age, and Cultural Considerations. Culturally-Based Substance Abuse Treatment for American Indians, Alaska Natives and Latinos, April 17-19, 2006, Tucson AZ.

Stevens, S. (2006). Women and AIDS. Student Organized University-wide Symposium in Honor of the National Awareness Day for Women and Girls, University of Arizona, March 7, 2006, Tucson, AZ.

Ruiz, B., Bracamonte-Wiggs, C., Barron, M., and Stevens, S. (2006). 2, 4, 6, 8, - Curriculum to Accommodate. Adolescent Substance Users. Joint Meeting on Adolescent Treatment Effectiveness, March 26 - 29, 2006, Washington D.C.

Stevens, S., Senior, M., and Ruiz, B. (2006). Conexiones Sanas: Process and Outcomes of an HIV, STD, Hepatitis and TB Prevention Program. Joint Meeting on Adolescent Treatment Effectiveness, March 26 - 29, 2006, Washington D.C.

Murphy, B.S., Stevens, S., and Senior, M. (2004). Maximizing Follow-Up: Strategies for Achieving Exceptional Rates. Center for Substance Abuse Treatment Effective Adolescent Treatment Grantee Meeting, October 18-22, 2004, Baltimore, MD.

Stevens, S.J. (2003). Trends in HIV Prevention. Presented at the World's AIDS Day Symposium, December 1, 2003, Tucson, AZ.

Murphy, B., Stevens, S.J., and Senior, M. (2003) Adolescent Environment Stress: What Does and Doesn't Stress Out Youth Who Are in Substance Abuse Treatment. Fourth Annual Substance Abuse Summer Institute, July 23-25, 2003, Sedona, AZ.

Senior, M., Smith, M., Murphy, B.S., and Stevens, S.J. (2003) The Next Phase for Adolescent Drug Treatment: The Case for Co-Occurring Disorders. Presented at the Fourth Annual Substance Abuse Summer Institute, July 23-25, 2003, Sedona, AZ.

Senior, M., Smith, M., and Stevens, S.J. (2003) Adolescent Drug Users and their Risks for HIV and Other Infectious Diseases: Intervention and Evaluation. Center for Substance Abuse Treatment Adolescent Treatment Grantee Meeting, June 2, 2003, Tulsa, OK.

Newsletters:

Korchmaros, J. D. (Summer, 2008). Conexiones Sanas: A successful culturally-sensitive youth health education program. In University of Arizona's Southwest Institute for Research on Women *Community Research News*, 7, 4-5.

Korchmaros, J. D., and Jordan, S. (Summer, 2007). Conexiones Sanas: Youth making healthy choices. In University of Arizona's Southwest Institute for Research on Women *Community Research News*, 6, 5.

Ruiz, B. S. (Summer, 2006). Conexiones Sanas-Healthy Connections: Health education for youth in substance abuse treatment. In the University of Arizona's Southwest Institute for Research on Women's *Community Research News*, 5, 5.

Rosenfeld, A., and Senior, M. (Spring, 2005). Conexiones Sanas-Healthy Connections. In the University of Arizona's Southwest Institute for Research on Women's *Community Research News*, 4, 2.

Senior, M. (Spring, 2004). Conexiones Sanas-Healthy Connections. In the University of Arizona's Southwest Institute for Research on Women's *Community Research News*, 3, 2.

Senior, M. (Spring, 2003). Effective collaborations between researcher and treatment. In the University of Arizona's Southwest Institute for Research on Women's *Community Research News*, 2, 4.

Program Manual:

Jordan, S., Stevens, S., Senior, M., and Ruiz, B. S. (2007). Conexiones Sanas / Healthy Connections Program Manual. Southwest Institute for Research on Women, University of Arizona, Tucson, AZ.

Available Research Materials

Project Forms

The following project forms can be obtained from Sally J. Stevens, Ph.D., Executive Director, Southwest Institute for Research on Women, University of Arizona, 925 N. Tyndall Ave., Tucson, AZ 85721-0438.

HIV Test Result Form

Attrition Tracking Form

Tracking Form Used for Documenting Participants' Attendance at Sessions

Publications

Publications can be obtained from Sally J. Stevens, Ph.D., Executive Director, Southwest Institute for Research on Women, University of Arizona, 925 N. Tyndall Ave., Tucson, AZ 85721-0438.

Program Manual

The Program Manual can be obtained from Sally J. Stevens, Ph.D., Executive Director, Southwest Institute for Research on Women, University of Arizona, 925 N. Tyndall Ave., Tucson, AZ 85721-0438.