

# PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

**Program Name:** *Becoming A Responsible Teen (BART)*

**Developer:** Janet S. St. Lawrence, Ph.D.

## **Program Description and Overview**

*Becoming a Responsible Teen (BART)* is an HIV prevention curriculum primarily for African American adolescents, ages 14-18, in non-school, community-based settings. It consists of eight sessions, 1.5 to 2 hours each, and includes interactive group discussions and role plays that have been created by teens. Teens learn to "spread the word" to their friends about HIV risks. They are encouraged to practice skills outside the group and share the results. The group provides creative solutions to reported problems.

Although the focus of *Becoming a Responsible Teen* is HIV/AIDS prevention, the curriculum includes topics and activities relevant to teen pregnancy prevention. Teens learn to clarify their own values about sexual decisions and pressures as well as practice skills to reduce sexual risk-taking. These include correct condom use, assertive communication, refusal techniques, self-management, and problem solving. Also, abstinence is woven throughout the curriculum and is discussed as the best way to prevent HIV infection and pregnancy.

## **Core Components**

### **Content Components**

Knowledge About:

- HIV (definitions, transmission, testing and prevention)
- how drugs and alcohol use may influence sexual decision making
- correct and consistent condom use
- problem-solving skills
- communication styles (assertive, passive and aggressive)
- avoiding situations that could lead to unhealthy sexual decisions

Attitudes About:

- talking about HIV and sex
- HIV prevention and safer sex, including condom use
- obtaining condoms
- using effective (assertive) communication
- people who have HIV
- protecting oneself and others from HIV
- making a difference by sharing with others information and skills related to preventing HIV

Skills and Self-Efficacy Related To:

- obtaining condoms and using them correctly
- negotiating condom use
- using effective (assertive) communication
- refusing sex
- communicating about HIV prevention to others
- preventing risky situations and handling these situations should they arise

Perception of Risk Related to:

- risk/susceptibility to HIV
- severity of being infected with HIV, that is, how life would be altered if infected with HIV

Social/Peer Norms About:

- supporting the prevention of HIV and promoting safer sex (including condom use)

- promoting use of effective (assertive) communication
- refusing sex

Behavioral Beliefs:

- Goals and dreams beliefs- belief that sexual involvement might interfere with one's educational or career goals and dreams.
- Prevention beliefs- belief that abstinence can eliminate the risk of HIV, STDs and pregnancy.
- Partner reaction beliefs- belief that one's partner would not approve of abstinence and react negatively to it. BART addresses this belief and builds confidence to overcome this situation.

Connectedness:

- to culture

Values About:

- preventing HIV and promoting safer sex
- communicating with a partner about safer sex
- using knowledge and skills gained through BART to make a difference to family members, friends and peers

Intentions To:

- avoid behaviors that could lead to HIV

Communication with:

- parents or other adults

**Pedagogy Components**

- Create a safe and effective learning environment in the classroom by establishing group agreements and including mechanisms for asking sensitive questions and actively involving participants.
- Teach all activities in sequence within each lesson.
- Address multiple learning styles and use different experiential activities, including videos, worksheets, roleplays and skill practice.
- Implement all activities using the interactive strategies included in the lessons, as these teaching strategies and activities were designed to influence the theory-based risk and protective factors related to sexual risk behaviors.
  - Elicit information, opinions and ideas from youth whenever possible (instead of relying on lecturing).
  - Use praise and reinforcement.
  - Tailor language to reflect African-American culture.
  - Encourage youth to think about, discuss and apply what they've learned from outside the classroom.
  - Reinforce learning with reviews and repetition.
  - Present material visually.
  - Separate girls and boys by gender when focusing on skill development.
  - Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) allow time for youth to practice; and (4) provide youth feedback.
  - Provide ample time to practice skills.
  - Help participants personalize information about risk.
  - Give participating youth a *BART* T-shirt or other items with the *BART* logo at the completion of the program.
  - Clearly state messages about important values and sexual behaviors and emphasize repeatedly. They emphasize cultural pride and responsibility. They also emphasize that abstinence is safest, but if you are sexually active, know how risky your behavior is and use condoms or engage in lower-risk activities.

- The educators should be trained to implement the curriculum and should be sufficiently experienced implementing it in order to teach the content, facilitate the interactive activities and discuss the sexual topics comfortably.
- The educators should have credibility with youth.

### **Implementation Components**

- Eight-session program in which participants meet once a week for 90-120 minutes for 8 weeks.
- Girls and boys are separated by gender when focusing on skill development.
- Two co-leaders, one male and one female, should facilitate the classes.
- Select program leaders who are as similar to youth as possible, have credibility with youth and are comfortable with discussing sexuality and demonstrating skills.
- Implement in a non-school setting.
- Train program leaders.
- Develop safeguards for confidentiality.
- Obtain parental consent and support.
- Each *BART* implementation group should include 5–15 youth participants.
- A private meeting space should be secured for implementing *BART* and the leaders should be present at all times.
- Participants should be ages 14-18.

### **Target Population**

#### **Target population evaluated**

- The curriculum is designed for participants who are the appropriate age (i.e., 14–18) or in the appropriate grades (i.e., grades 9–12).

#### **Potential additional target populations noted by developers**

- *BART* can also be implemented with middle school aged participants.

### **Program Setting**

#### **Program setting evaluated**

- The program was evaluated in a health center in a medium-sized city in the southern U.S.
- The curriculum is designed for an after-school or non-school setting.

### **Program Duration**

- All 8 classes should be taught.
- All classes should be taught in sequence, once a week for 8 weeks.
- Classes should last 90 to 120 minutes.
- The classes should be taught so that most youth attend most classes.

### **Curriculum Materials**

Curriculum materials are available from ETR Associates at [www.etr.org/pub](http://www.etr.org/pub).

### **Adaptations**

#### **Basic allowable adaptations**

- The *BART Adaptation Kit* is available through ETR Associates. This adaptation kit contains practical tools and resources to guide adolescent reproductive health practitioners in making effective adaptations and maintaining fidelity to the program's core components.

### **Program Focus**

*BART* focuses on HIV prevention.

## **Research Evidence**

- Study Citation:** St. Lawrence, J. S., Brasfield, T. L., Jefferson, K. W., Alleyne, E., O'Bannon, R. E. 3rd, & Shirley, A. (1995). Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology*, 63(2), 221–237.
- Study Setting:** Health center in a medium-sized city in the southern U.S.
- Study Sample:** 246 low-income African American adolescents
- Age range between 14 and 18 years
  - 28% male and 72% female
- Study Design** Randomized controlled trial. Participants were randomly assigned to either a treatment group that received the eight-week *BART* intervention or a control group that participated in a one-time educational program. Surveys were administered before random assignment (baseline), immediately after the intervention (posttest), and 6 and 12 months after the intervention.
- Study Rating** The study met the review criteria for a **high** study rating.
- Study Findings:** Averaged across the posttest, 6-month, and 12-month follow-up surveys:
- Adolescents participating in the intervention reported fewer occasions of unprotected oral and anal intercourse and more occasions of condom-protected intercourse.
  - There were no program impacts on number of sexual partners, number of occasions of unprotected vaginal intercourse, or number of occasions of condom-protected anal intercourse.
- Twelve months after the intervention ended:
- Adolescents who were sexually active at baseline were statistically significantly less likely to have had sex in the past two months.
  - Adolescents who were not sexually active at baseline were statistically significantly less likely to have had sex in the past two months.

The study also examined program impacts on the percentage of intercourse occasions that were unprotected. Findings for this outcome were not considered for the review because they did not meet the review evidence standards. Specifically, the outcome was measured for a subgroup of youth defined by sexual activity at follow up.

The study also examined program impacts on measures of condom attitudes, AIDS knowledge, self-efficacy, assertion skills, and substance use. Findings for these outcomes were not considered for the review because the outcomes fell outside the scope of the review.

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