

BECOMING A RESPONSIBLE TEEN (BART)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- African American adolescents

Goals of Intervention

- Increase information and skills to make sound choices
- Increase abstinence
- Eliminate or reduce sex risk behaviors

Brief Description

Becoming a Responsible Teen (BART) is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills among African American adolescents. The 8 intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. The participants also have a discussion with local, HIV-positive youth to promote risk recognition and improve their perception of vulnerability. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

Theoretical Basis

- Information Motivation Behavior (IMB) Model
- Social Learning Theory

Intervention Duration

- Eight 90-120 minute sessions delivered over 8 weeks

Intervention Setting

- A public health clinic serving low-income families

Deliverer

- Two co-facilitators (one male, one female); a small group of local youth who were HIV-positive led a discussion in one session.

Delivery Methods

- Demonstrations
- Exercises/games
- Group discussions
- Lectures
- Practice
- Role plays
- Video

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [ETR Associates](#) under the name [BART: Becoming a Responsible Teen](#).

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Jackson, Mississippi.

Key Intervention Effects

- Reduced initiation of sex
- Reduced sexual activity
- Reduced unprotected sex
- Increased protected sex

Study Sample

The study sample of 246 adolescents is characterized by the following:

- 100% black or African American
- 72% female, 28% male
- Mean age of 15 years
- Mean education of 10 years

Recruitment Settings

Comprehensive public health center

Eligibility Criteria

Adolescents were eligible if they were African American, between 14 and 18 years old, had no current symptoms of HIV/AIDS, and had parental or guardian informed consent to participate in the study.

Assignment Method

Participants (N = 246) were randomly assigned, approximately half to 1 of 2 groups: BART (n = 123) or education comparison (n = 123).

Comparison Group

The education comparison was a single, 2-hr session that was identical to the first session of the BART intervention. It provided standard HIV/AIDS education that was developmentally and culturally appropriate for African American youth, using both didactic and interactive techniques.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past two months (including frequency of unprotected and condom-protected vaginal, oral, and anal sex; and number of sex partners) were measured immediately after the intervention and at 6- and 12 -month follow-ups.

Participant Retention

- Overall Study Sample
 - n = 225 at follow-ups
 - 91% retained at follow-ups
- BART Intervention (baseline and follow-up n's not reported; worse-case scenario calculations)
 - ≥ 83% retained at follow-ups
- Education Comparison (baseline and follow-up n's not reported; worse-case scenario calculations)
 - ≥ 83% retained at follow-ups

Significant Findings

- Overall, a significantly lower percentage of intervention youth reported being sexually active compared to comparison youth at the 12 month follow-up ($p < .05$).
- For the subgroup of youths who were not sexually active at baseline, there was a significantly smaller percentage of intervention youth who reported initiating sexual activity compared to the comparison youth by 12 months ($p < .01$).
- Sexually active intervention youth reported a significantly greater percentage of sexual intercourse occasions that were condom-protected than comparison youth at the 6-month ($p < .01$) and 12-month ($p < .05$) follow-ups
- For the subgroup of sexually active female youths, the intervention participants reported a significantly lower frequency of unprotected vaginal sex than those in the comparison at the 12- month follow-up ($p < .01$). (While the above findings meet best evidence, this finding meets the good-evidence criteria.)

Considerations

- None

REFERENCES AND CONTACT INFORMATION

St. Lawrence, J. S., Brasfield, T. L., Jefferson, K. W., Alleyne, E., O'Bannon, R. E., & Shirley, A. (1995). [Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection](#). *Journal of Consulting and Clinical Psychology*, *63*, 221 – 237.

Dr. St. Lawrence has retired from Mississippi State University. **At this time there is no current contact information for this intervention.**

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