

An
Evidence-Based
Program

BART =

Becoming a Responsible Teen

An HIV Risk-Reduction Program for Adolescents

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Revised Edition

ETR
Associates

Foreword & Acknowledgments

Providing risk-reduction interventions for adolescents is unquestionably a socially sensitive undertaking. Group leaders, teachers, students, and parents alike may express deeply held and emotional concerns, fearing that if we give adolescents sexually explicit information or skills, they will interpret this to mean the adults are condoning—or even promoting—sexual activity. As a result, parents, professionals, and whole communities debate the merits of programs that promote abstinence only versus more sexually explicit interventions that combine abstinence with risk reduction training.

Proponents of programs that promote abstinence only argue, correctly, that celibacy offers the only absolute protection from unplanned pregnancy and sexually transmitted disease (STD), including HIV. Advocates of skill-training approaches note also, correctly, that sexual activity is already high among U.S. teenagers, early onset of sexual activity is rarely followed by a return to abstinence, and young people need to be equipped with skills to protect themselves from sexually transmitted diseases and unplanned pregnancies.

As the debate continues, teenagers continue to be the group most vulnerable to HIV infection in the United States and worldwide. The *Becoming a Responsible Teen* (B.A.R.T.) program recognizes that abstinence is the only absolute protection from STD; it also provides youth with the skills to refuse unwanted invitations and to protect themselves if or when they become sexually active.

This guide is designed for leaders in community-based organizations who want to provide an effective prevention program for adolescents. The program is based on a well-researched intervention funded by the National Institute of Mental Health. The project evaluated a standard HIV information curriculum against a more sexually explicit skills-based program that included training in correct condom use, refusal of unwanted invitations to engage in sex or drug use, and strategies for negotiating safety with a potential partner.

Although many prevention programs and curricula exist, few have been carefully evaluated, and most were provided in classroom settings. The B.A.R.T. program, provided in collaboration with a community-based organization, has been rigorously evaluated and proven effective.

Many caring people in the community of Jackson, Mississippi, helped to make B.A.R.T. possible. Aaron Shirley, MD, Juanita Davis, Kennis Jefferson, Edna Alleyne, Yolanda Diaz, and Ted Brasfield are gratefully acknowledged. Their concern for youth, their energy, and their ideas were invaluable.

Appreciation is also extended to the youth who served on the Teen Advisory Panel and the professionals and parents who served on the Community Advisory Committee. The breadth of support that B.A.R.T. received from parents, grandparents, and the community was unanticipated, and I want to extend my appreciation to the families who entrusted us with their children.

Jackson State University provided encouragement and a professional setting for the project staff. Dennis Mitchell transformed our original materials into a manual that was shared with health centers across the country after the program ended. Education Development Center, Inc, developed the intervention into a public use manual. Susan Wooley, from the Division of School and Adolescent Health at the Centers for Disease Control and Prevention, contributed her expertise in curriculum development to help reconstruct the program into a user-friendly guide. ETR Associates originally published B.A.R.T. in 1998, and Bill Kane and ETR have assisted with updating the program for this revised edition.

Finally, I want to thank the youth who enrolled in Project B.A.R.T. and continued to work with us for a year after the program ended. Each of these individuals deserves credit for his or her contributions, though I accept responsibility for the content.

This guide is dedicated to Dr. Aaron Shirley. His vision, caring, and lifetime of commitment are a source of inspiration and humility.

We hope this guide will enable you to provide B.A.R.T. to youth who face the formidable challenge of making a safe transition through adolescence.

Janet S. St. Lawrence, PhD

How to Use B.A.R.T.

Becoming a Responsible Teen (B.A.R.T.) is an HIV-prevention program that works. B.A.R.T. helps teens clarify their own values about sexual activity; make decisions that will help them avoid becoming infected with HIV, the virus that causes AIDS; and learn skills to put their decisions into action. The program was originally designed to be used in nonschool settings with African-American adolescents ages 14 through 18.

In general, the information about HIV and the skill-building activities taught in B.A.R.T. are appropriate for all adolescents. Certain handouts and discussions are tailored to African-American participants. Program leaders are encouraged to adapt the activities where needed to reflect the concerns and cultures of the youth they serve.

In this 8-session program, participants meet once a week for 90 minutes to 2 hours, for 8 weeks. Leaders may want to have young men and women meet in groups separated by gender to focus on skill development. It's recommended that you have 2 co-leaders for each group.

What Youth Will Learn

Through a variety of methods—interactive group discussions, roleplays, culturally appropriate videos, and first-hand interactions with HIV-positive people in the community—participants learn:

- Essential information about HIV and AIDS
- Ways to handle social and sexual pressures
- Ways to communicate assertively with friends and potential sexual partners
- Refusal skills
- Negotiation skills
- Condom use skills

In addition to learning how to protect themselves from HIV, participants are encouraged to become messengers and peer educators in their own families and communities, to “spread the word” about the information and strategies they’ve learned.

***Note:** Most of the roleplay vignettes in B.A.R.T. were developed by teenagers. At least 75% of the teens who reviewed the roleplays used in the program agreed that they had encountered a similar situation and found it difficult to handle.*

Program leaders are strongly encouraged to tailor the language in the roleplays to reflect the language and expressions used by their participants and the concerns of their communities.

Using Community Settings

B.A.R.T. is specifically designed for use in nonschool settings in the community—in youth-serving organizations such as Boys' and Girls' Clubs or YMCA programs, drug rehabilitation programs, runaway shelters, counseling centers, comprehensive health centers and church groups.

Working with these community-based organizations (CBOs) offers a number of advantages. CBO providers are caring people who devote considerable energy to making a positive contribution in their local communities—often with very limited resources. Staff in CBOs know their communities in ways no outsiders can, including cultural norms and the health risks their young people face.

While school-based programs are often constrained by competing political and moral agendas, CBOs are embedded in adolescents' social environments and can tailor programs to the language and values of the communities they serve. In addition, they have access to out-of-school youth through community centers and direct personal contact. Most CBOs are perceived as credible sources of information and are known and trusted by the community.

Establishing the Program

- **Choose a host CBO.** You'll want to meet with the organization's director to talk about your mutual concern for adolescents and providing an intervention to help reduce young people's risk for sexually transmitted diseases, including HIV infection.
- **Establish advisory panels.** You may want to help ensure that the values of the community are represented by inviting parents, adults who work with high-risk youth, and other concerned community members to serve

on a community advisory committee. This committee can provide community input and oversight of the program. A separate teen advisory panel, or youth who are included on the community panel, can help you tailor the roleplay language and lend peer legitimacy to the program.

- **Train program co-leaders.** Ideally this will be one male and one female. Above all, they should be people the youth trust and feel comfortable with. Co-leaders need to have the ability to communicate with adolescents and create an atmosphere of trust. It's also important for co-leaders to practice leading the intervention ahead of time. They should be trained in how to obtain informed consent from adolescents and their parents, how to conduct the sessions and how to administer any program evaluation measures. They should also be familiar and comfortable with adolescent development and information about HIV, other STD and sexual behavior.
- **Develop safeguards to protect confidentiality.** All the youth who participate in B.A.R.T. must be assured of confidentiality. In the original project, each participant made up a code name that was used on the assessments—youth never put their actual names on anything other than the consent form. Staff should promise that all group discussions will be kept confidential.

Note: Be sure to review your agency's requirements about reporting suspected physical or sexual abuse.

Participants should be encouraged to share what they learn about HIV and protecting themselves with others, while making a commitment not to gossip or talk outside the group about personal details other participants may share during the sessions.

- **Promote awareness and attendance.** Meet with CBO staff to describe the program and ensure that they will be able to answer questions about it. You might also meet with staff at other youth-serving agencies and enlist their help with recruitment.
- **Obtain parental consent and support.** Parents' permission should be required before adolescents can take part in the program. Staff should always make full disclosure of the sensitive nature of the program's content to parents and answer all questions. Parents also can be provided with a written brochure that explains the program and clearly indicates its focus on sexuality education and skills for dealing with sensitive situations.

Parents can support the program by going door-to-door in their neighborhoods to tell other parents or by talking about the program in their churches and other organizations.

***Note:** The original B.A.R.T. staff were amazed to be flooded with requests to enter the program. Many parents and grandparents freely expressed their relief that such a program was available and were eager to have their children learn how to face the risks they encountered in their daily lives.*

Preparing to Lead B.A.R.T.

- **Order special materials in advance if desired.** If you want to use the videos in Sessions 2 and 4, you will need to order them several weeks before you teach the sessions. Acrylic penile models can be helpful for the condom demonstration and practice in Session 3. Again, be sure to order these several weeks ahead of time.

Videos

- *Seriously Fresh* video (for Session 2)
- *Are You with Me?* video (for Session 4)

Available from Select Media, 60 Warren Street, 5th Floor, New York, NY 10007, 1-845-774-7335, www.selectmedia.org; \$65 each. The videos may also be available locally from the resource library in your state department of health or state department of education.

Models

- Acrylic penile models (for Session 3)

Available from The Evolution Store, 1-800-952-3195, www.TheEvolutionStore.com, about \$48 for 20. You'll need one for every 2 or 3 participants.

- **Get current data and prepare handouts.** You are encouraged to develop or change some of the handouts to present local data. For information on HIV rates and AIDS cases call your state health department and speak to the HIV surveillance coordinator. Census data on population by ethnic group is usually available from the public library. Centers for Disease Control and Prevention (CDC) Surveillance Summaries are another good source of data. (See Resources for more information.)

You will need to gather data for the following handouts:

- State Population by Ethnic Group (Handout 1.2)
- State AIDS Cases by Ethnic Group (Handout 1.3)

Optional: If possible, gather state data on:

- HIV infection rates in your state by ethnic group
- AIDS cases among 13 to 19 year olds in your state
- Sexual activity rates among high school students in your state

- **Gather supplies.** Review the sessions and gather needed materials. Plan ahead for special items.

Standard materials for every session:

- Participant list and sign-in sheet
- Pencils or pens for participants to use
- Chalkboard or newsprint, chalk or markers, and an eraser
- Masking tape
- Copies of handouts for the session

Special items:

- Television monitor and VCR (Sessions 2 and 4)
- A variety of condoms (e.g., latex, lambskin, lubricated, nonlubricated, lubricated with spermicide, expired and novelty); oil-based lubricants, such as Vaseline® or baby oil; water-based lubricants, such as KY Jelly™; spermicide and paper towels (Session 3)
- Refreshments (Sessions 6 and 8)
- 2 quarters and a condom for each participant (Session 7)
- Printed certificates; stamped postcards, and optional T-shirts or other items with the B.A.R.T. logo (Session 8)

- **Secure HIV-positive speakers.** Make arrangements for 3 or 4 teens or young adults living with HIV to come to Session 6 to speak to the group. Try to include both male and female speakers and individuals who became infected through different risk behaviors. Select speakers who are as close to the age of the participants as possible. You also may want to include some older speakers who became infected as teenagers and who now have health concerns. This can help counter “the Magic

Johnson effect,” because if all of the speakers appear healthy and attractive, participants may conclude HIV is not that serious.

Many communities have groups of people with HIV who are willing and trained to speak. Provide speakers with clear expectations about your goals, as well as some guidelines on how to share their stories and respond to questions from the group. Use your role as facilitators to set the tone and create a climate of sensitivity and respect. Meet with the speakers well ahead of time to be sure they are comfortable in their roles.

- If you have difficulty finding effective speakers in your community, you can use a video in which teens with HIV interact with one another and share their stories. **The following videos feature young people with HIV telling their stories:**

— *In Our Own Words: Teens and AIDS*

Profiles 5 young people who explain what it’s like to live with HIV and discusses the role of self-respect in making healthy decisions.

— *Blood Lines: It Could Be You*

An honest, first-person look at youth with HIV features over 20 diverse youth living with HIV/AIDS and provides current statistics.

Available from ETR Associates, 4 Carbonero Way, Scotts Valley, CA 95066-4200, 1-800-321-4407, www.etr.org.

- **Order T-shirts or other items with the B.A.R.T. logo.** These items can be presented at the “graduation” ceremony at the end of Session 8. In addition to rewarding and helping youth feel good about their participation in the program, such items can serve as a reminder of what they’ve learned and a way to spread the word to others. When they are asked about the logo, participants will have an opportunity to explain what it means and share what they have learned about HIV with family and peers. Master 8.2 in Session 8 provides artwork of the B.A.R.T. logo that can be used as a template for printing T-shirts, key chains, hats, etc.
- **Obtain parental consent.** Depending on your agency’s or school’s policy, you may need to obtain the consent of participants’ parents or guardians before the sessions begin. You may also need parental consent for any minors who appear as speakers in Session 6. Parents should be made aware of the sexually explicit nature of the curriculum and have the

chance to have any questions answered truthfully and fully ahead of time. Some parents may be uncomfortable discussing the content of the sessions, but as long as they are fully informed and sign the consent form, it's fine for them to keep some distance, if they prefer.

Along with sending a consent form home for parents to sign (see Appendix B), you may want to send home a copy of your agency's policy regarding HIV education.

- **Prepare for possible disclosures of abuse.** Understand your agency's and your state's requirements about reporting suspected physical or sexual abuse. You need to know the written policy, what your responsibilities are, and the person or agency to contact. The program's emphasis on assertive communication in real life may prompt survivors of physical or sexual violence to share their experiences during the sessions or with you afterward.

If a participant shares an abusive experience during a session, acknowledge the disclosure, indicate that you will talk about it together after the group leaves, and continue the session. After the session, talk with the participant in private and determine what steps, if any, need to be taken. It is very important that a child or youth in an abusive situation be protected from further risks.

- **Ensure a private meeting space for the sessions.** Be sure that the meeting room is safe and private, without interruptions from visitors or passersby. Also, be sure that both co-leaders are always present in the meeting room and during any after-session interactions with youth.

Planning the Sessions

- **Review all the sessions with your co-leader.** Look through this entire teacher's guide ahead of time. The overview for each session begins with a session-at-a-glance synopsis of the activities and their purpose. Learning objectives for the session identify what participants will learn; a materials checklist lists the handouts, supplies and equipment needed; and preparation and planning ahead reminders are provided for the leaders.

Activities for the session have several parts and are presented in sequence. There are instructions to the co-leaders that provide guidance on how to conduct the activity. Points to make are marked with a •

throughout the instruction. These are the key points to emphasize as you lead the activity. If you are presenting information, you'll make the points yourself. If you are leading a discussion, participants may make some of these points on their own and you can reinforce the points and add any they miss to the discussion.

- **Decide how you and your co-leader will present each session.** The groups may be divided by gender, but it's advantageous to have a man and a woman demonstrate roleplays, as well as have both take the lead in presenting material and facilitating discussions. It's helpful to have both genders represented when dealing with sexually explicit material.
- **Adapt the sessions for your participants.** This manual is written in standard English. However, you are encouraged to present the sessions in the style of language participants are familiar with and feel comfortable using. Be sure that everyone understands the meaning of the terms.

Bear in mind the importance of using gender-neutral language whenever possible, as well as using varied examples. For all participants to feel included and relate well to the material, it's important to treat the group with sensitivity to all cultures, genders and sexual orientations.

***Note:** Be sure that you include all of the experiential activities—discussions, roleplays and skill-building exercises. Youth participation, rather than passive learning, is an important component in B.A.R.T.'s success.*

- **Build your own skills.** Go over the activities and practice the words you will use until you are comfortable with the material. You may want to practice on your own, with your co-leader, or with a close friend or family member.
- **Plan program follow-up.** Decide what kind of follow-up activity, if any, you plan to conduct once the 8 sessions are completed. You may want to plan a reunion after a few months and include a booster session of some sort. You may want to call after a few months, to check in with how participants are doing, answer any questions they may have, and encourage them as they make efforts to stay safe. You might send postcards written by the staff after a few months, or participants could write postcards to themselves at the end of Session 8 for you to mail out later. Research shows that follow-up booster activities are effective in maintaining preventive health behaviors.

Evaluation

The initial B.A.R.T. intervention was rigorously evaluated and shown to be effective in reducing HIV risks. (See Appendix A.) How much local evaluation to carry out is a matter of choice for the organizations that use this curriculum. Many settings may require some type of evaluation for their own administrative, management or funding purposes. Most CBOs report to a board or to the public and must raise money to support their efforts. Evaluation can be helpful in documenting the program's effectiveness. The evaluation plan can be as simple as recording the number of people served or having participants give feedback about the program. Any choices about evaluation should be considered before the program begins.