

## **Becoming a Responsible Teen (BART)**

### **Overview**

Becoming a Responsible Teen (BART) is a community-based program primarily for African American teens aged 14-18. This eight-session program was designed as an HIV/AIDS prevention program and includes information on pregnancy prevention as well. Group discussion and role-playing activities seek to build participants' communication and decision-making skills regarding sexual behavior, HIV/STD and pregnancy prevention. Abstinence education is also integrated into the program and is discussed as the best way to prevent pregnancy and HIV infection. An experimental evaluation of the BART program was conducted in Jackson, Mississippi in the late 1990s, and found that, one year after program completion, participants who were virgins at the program's outset were more likely to have delayed having sexual intercourse than their control group counterparts. BART also showed positive impacts on other outcomes.

- Sexually experienced participants had lower levels of sexual activity one year after finishing the program than the control group.
- Immediately after completing the program, participants were more likely to use condoms during sex than were control group members.
- One year after finishing the program, females were more likely to use condoms than females in the control group.

BART is being adapted for other groups of youth, including whites, Latinos, and mixed race teens. To date, these programs have not been as rigorously evaluated as the original program.

Program costs included \$5,600 for training group leaders and \$60 per group leader trainee for curriculum and training materials. Travel costs averaged an additional \$2,500.

### **Program Description**

BART is a community-based HIV prevention program — which also focuses on pregnancy prevention — designed to increase knowledge about HIV/AIDS among African American youth.

#### Population Served and Setting

BART serves African American boys and girls aged 14-18. The program is usually conducted in non-school community settings and includes teens both in and out of school.

#### Goals

BART aims to help participants clarify their values regarding sex and to enhance their communication, negotiation, and problem-solving skills. This program is designed as an HIV/AIDS prevention program. However, the curriculum also includes information associated with adolescent pregnancy prevention. Abstinence is discussed as the primary way to prevent the transmission of HIV and to prevent pregnancy; however teens are also taught about using condoms to prevent HIV/AIDS.

#### Type of Intervention

BART participants are divided by gender into small groups, each of which had one male and one female leader. The groups meet eight times for discussion and role-playing, focusing on a different topic at each session (see curriculum description below).

The program is based on social learning theory and self-efficacy theory. Social learning theory posits that individuals can act to avoid problems if they are exposed to alternative behaviors and participate in role-playing. BART defines self-efficacy as the belief that an individual can prevent HIV transmission by choosing an appropriate option, such as abstinence or condom use.

### **Main Messages**

The program provides teens with HIV/AIDS prevention information and training on communication/negotiating skills regarding sex. BART stresses that abstinence is the best way to prevent HIV infection, but that other preventive measures, such as condom use, are also important.

#### Implementation/Logistics

*Length of program:* The intervention consists of one session per week for eight weeks. Each session is 90-120 minutes long.

*Size of program:* Group sizes range from five to 15 teens for each eight-week session.

*Components of intervention:* Four elements comprise the intervention:

- Youth receive information about HIV/AIDS risk.
- Youth are trained to use their knowledge about HIV/AIDS to act on their own behalf.
- Role-playing is used to enhance the teens' communication skills so they can better navigate high-risk situations
- BART reinforces positive behaviors so they would become the norm within the teens' social circles.

*Staffing requirements:* Each group should have a male and a female leader.

#### Curriculum

The BART curriculum is packaged in a three-ring binder and includes information about the program's theory, history, evaluation, and tips for starting up a program. It also includes detailed lesson plans for each session, complete with objectives, materials lists, and planning tips. Each session consists of several group activities, all of which are mapped out in detail in the curriculum. The eight sessions proceed in the following sequence:

- **Session 1** introduces the program and focuses on HIV/AIDS prevention. Activities dispel myths about HIV/AIDS and encourage participants to assess their own degree of risk.
- **Session 2** focuses on stereotypes associated with HIV/AIDS and links HIV with drug use. Participants view a video about some friends who are dealing with AIDS and play a game that teaches them about levels of risks. Discussion of abstinence, condom use, and attitudes toward safer sex occurred in this session.
- **Session 3** addresses HIV/AIDS prevention by discussing condoms, including how to use them correctly.
- **Session 4** works to enhance problem-solving and communication skills. Participants watch a video about negotiating with partners in order to learn the difference between assertive, passive, and aggressive communication.
- **Session 5** builds on session 4 and allows participants to practice using assertive communication through role-playing in potentially risky situations.
- **Session 6** uses a video and group discussion to explore feelings about peers and others living with HIV. Participants are encouraged to personalize the seriousness of engaging in risky behavior.
- **Session 7** reviews the previous six sessions. Participants engage in activities that prepare them to talk to their friends and family about HIV/AIDS.

- **Session 8** asks participants to discuss how the program has affected their lives. Activities focus on identifying strategies for building on what they have learned. A ceremony is held to celebrate program participation and achievements.

## Evaluation

### Type

Two hundred and forty-six youth were randomly assigned to either the BART program or a control group. Participants received all eight sessions of the program. Control group teens received only Session 1, which provided information on the transmission and prevention of HIV/AIDS.

### Setting

The program was located in a community health care facility in Jackson, Mississippi that primarily served low-income minority clients. Eighty-two percent of the center's clients were from families that received Medicaid.

### Population

The BART program was evaluated with low-income African American youth aged 14-18; twenty-eight percent of participants were male and 72 percent were female. The teens were either in public school or had dropped out of school. Teens who were HIV positive or who showed symptoms of HIV/AIDS were not included in the program.

### Components

*Instruments and frequency:* Self-administered questionnaires were given at baseline, immediately following program completion, and at six and 12 months after the program ended.

*Results measured:* Condom use was measured immediately after teens completed the program and again six and 12 months later. Sexual activity measures, including the number of sexual partners and condom use for vaginal, oral, and anal intercourse, were assessed one year after program completion. A 24-item assessment measuring HIV/AIDS knowledge was also given 12 months after the program ended.

### Findings

BART participants were more likely to report using condoms immediately following the intervention than were control group teens (83 percent and 62 percent, respectively). Females (not males) in the program group were more likely to use condoms one year after BART than were females in the control group (72 percent and 50 percent, respectively).

One year after the program ended, participants who were virgins at the program's outset were more likely to have delayed sexual intercourse than were control group virgins (12 percent and 31 percent, respectively). In addition, program participants who were sexually experienced prior to the intervention reported a lower rate of sexual activity than the control group at the one-year follow-up (27 percent and 43 percent, respectively). No differences were observed for the number of sexual partners.

### Key Challenges

- The evaluators had to locate a university through which to conduct the program. After doing so, the program was successfully carried out.
- Program staff had to work hard to educate parents about the program in order to gain their support.

### Lessons Learned

- The program had a positive impact on delaying first-sex for some of the teens enrolled in BART.
- Youth who are provided with information about the consequences of teen pregnancy, HIV, and other STDs can make good choices.

Source: Janet St. Lawrence, Chief, Behavioral Interventions and Research Branch, Centers for Disease Control and Prevention.

### **Contact Information and Resources**

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### **Resources**

ReCAPP Website: <http://www.etr.org/recapp/programs/teen.htm>