

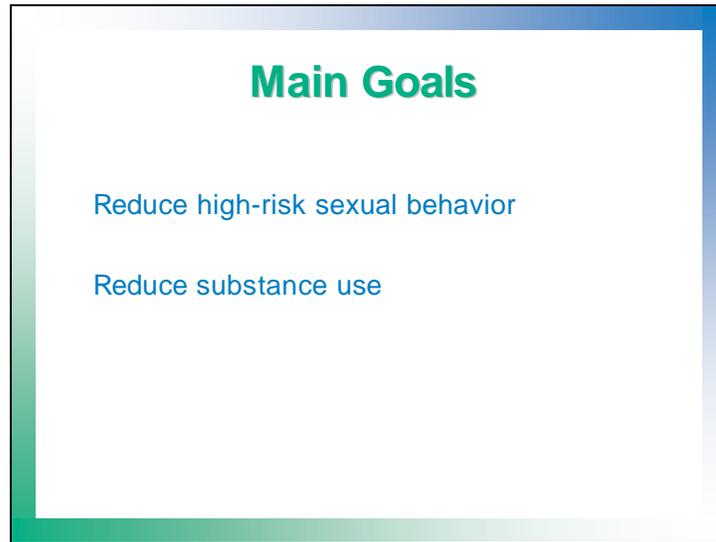
Slide 1



Now we will talk a little about the development and research support for the Street Smart program.

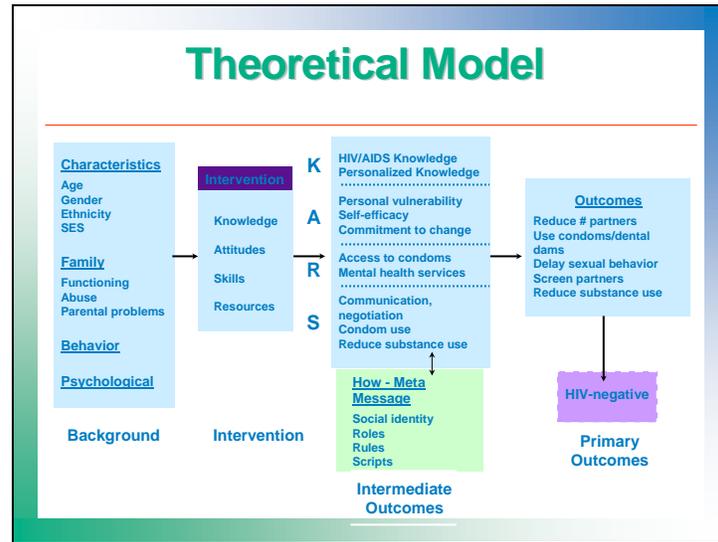
As we saw in the video, Dr. Mary Jane Rotheram-Borus developed the Street Smart program to address the high prevalence rates of HIV among homeless and runaway youth.

Slide 2



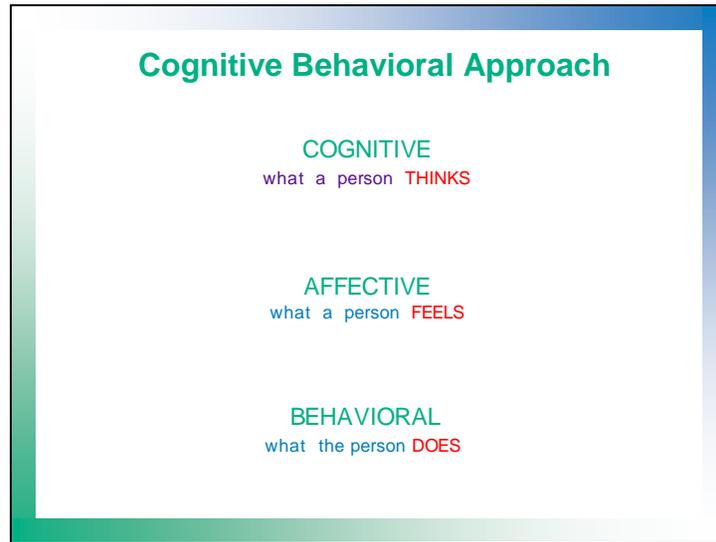
The main goals of the Street Smart program are to reduce high-risk sexual behavior and reduce substance use.

Slide 3



Now, let us discuss the theoretical background of Street Smart. When we say theoretical background, what we're talking about is the prescription for how we believe behavior change will occur. There are many theories surrounding behavior. This intervention focuses on knowledge, attitudes, skills, and resources to achieve several behavioral outcomes. The intermediate outcomes of the intervention are, for example, to increase self-efficacy, which refers to a person's belief in his or her ability to carry out and succeed with a specific task. With respect to HIV prevention, this self-efficacy has to do with one's belief that one can protect oneself. The "primary outcomes" box on the right are the primary changes that the Street Smart intervention hopes to accomplish. These include reducing the number of sexual partners, using condoms and/or dental dams to reduce the risk of transmission, delaying sexual behavior, screening partners for safety, and reducing substance use that might encourage risky sexual behavior. These outcomes will help to ensure that teens remain HIV-negative.

Slide 4

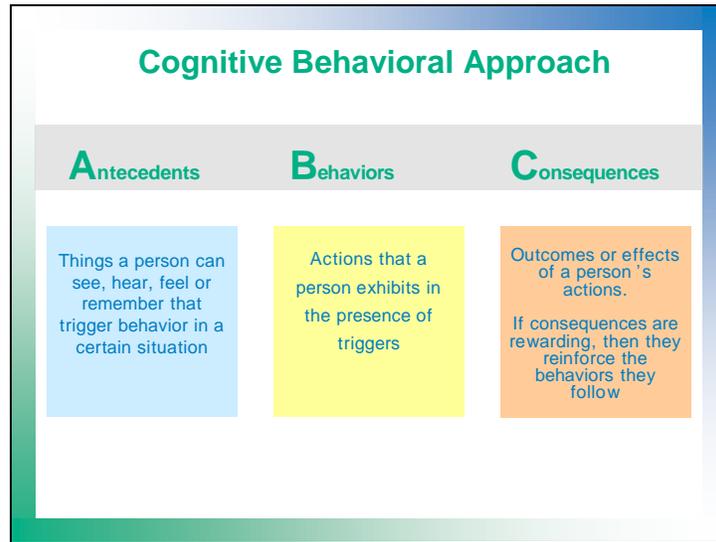


Street Smart utilizes a cognitive behavioral approach and is based on Social Learning Theory.

Cognitive behavioral approaches focus on the links between a person's thoughts (including attitudes and perceptions), feelings, and behavior.

Throughout the training, you will see how the Street Smart program trains youth to understand the link between feelings, thoughts and behaviors in order to better manage and reduce risky behaviors.

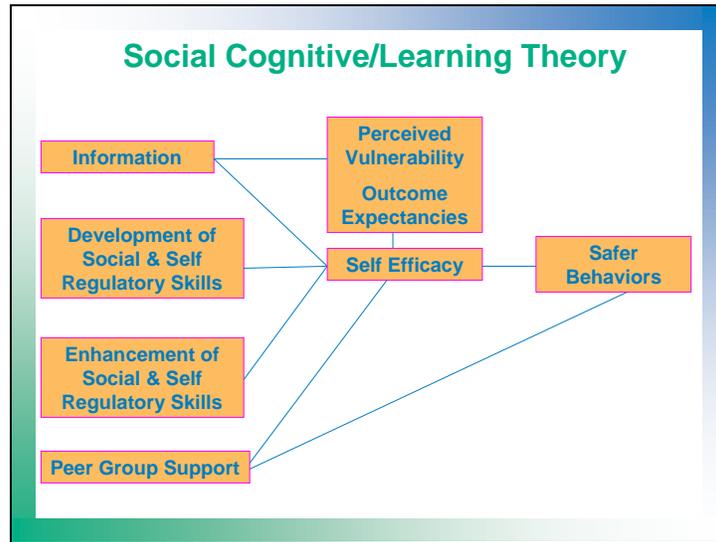
Slide 5



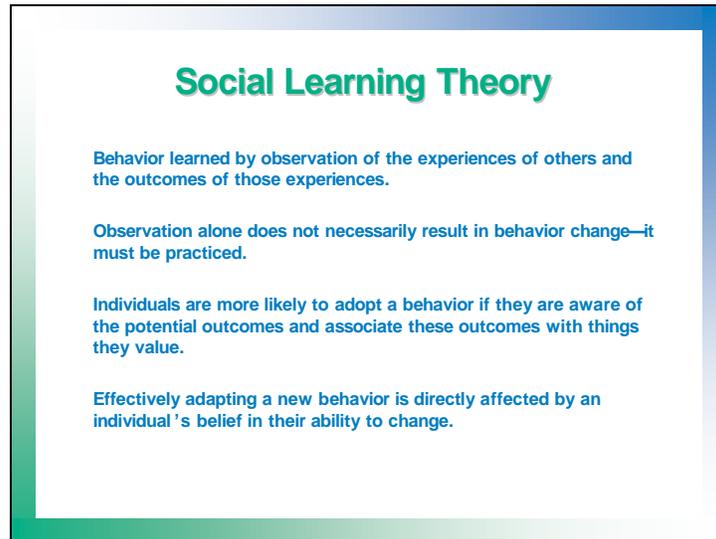
Cognitive behavioral approach also focuses on the connection between antecedents (or triggers), behaviors, and outcomes.

You will see how the intervention helps youth become aware of triggers and how it links to behaviors and outcomes.

Slide 6



Street Smart's foundation is the Social Learning Theory. This slide depicts a schema of the theory and its use in the intervention, which I will explain on the next slide.



Social Learning Theory

Behavior learned by observation of the experiences of others and the outcomes of those experiences.

Observation alone does not necessarily result in behavior change—it must be practiced.

Individuals are more likely to adopt a behavior if they are aware of the potential outcomes and associate these outcomes with things they value.

Effectively adapting a new behavior is directly affected by an individual's belief in their ability to change.

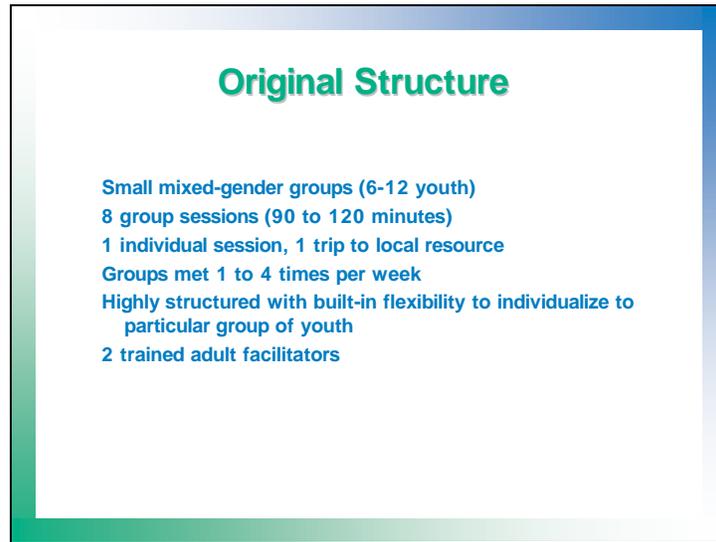
Some of the governing principles of Social Learning Theory are:

Most behavior is learned not from individual experience, but by observation of the experiences of others and the outcomes of those experiences.

Observation alone does not necessarily result in behavior change. Behavior change is most likely if the behavior is observed and rehearsed before being put into practice.

Cognition (including attention, perception, memory, reasoning, and judgment) is involved in learning. Individuals are more likely to adopt a behavior if they are aware of the potential outcomes and associate these outcomes with things they value.

Effectively adapting a new behavior is directly affected by an individual's belief in their ability to change.

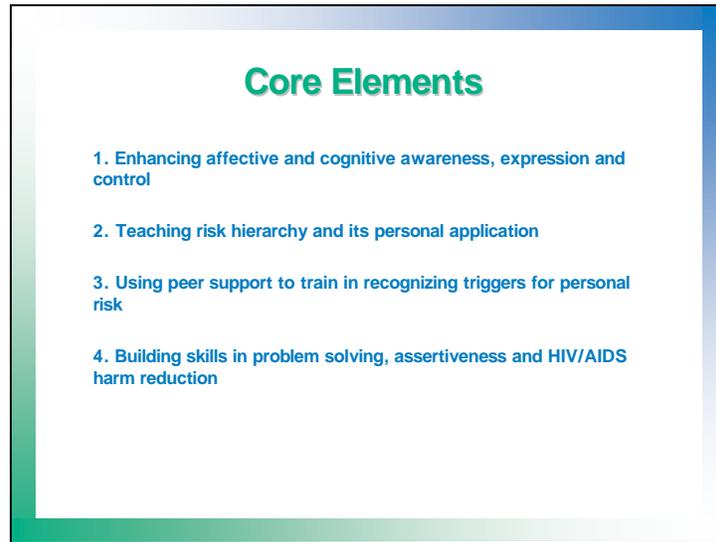


Original Structure

- Small mixed-gender groups (6-12 youth)
- 8 group sessions (90 to 120 minutes)
- 1 individual session, 1 trip to local resource
- Groups met 1 to 4 times per week
- Highly structured with built-in flexibility to individualize to particular group of youth
- 2 trained adult facilitators

The original Street Smart intervention structure is a combination of 8 group sessions, one individual session and one trip. The group sessions are typically comprised of small, mixed-gender groups of 6-10 youth, ages 11-18. The groups are conducted by two trained adult facilitators and last 90-120 minutes. Group sessions can be held 1-4 times a week. After the youth attend the group sessions, they are provided with an individual session and a trip to a local community resource to assist them in the implementation of their goals of behavior modification and risk reduction.

The program is highly structured but it has built-in flexibility to individualize the program to be most appropriate for the particular youth enrolled in the group.



Core elements are those parts of an intervention that must be present and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based and are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or altered in any way.

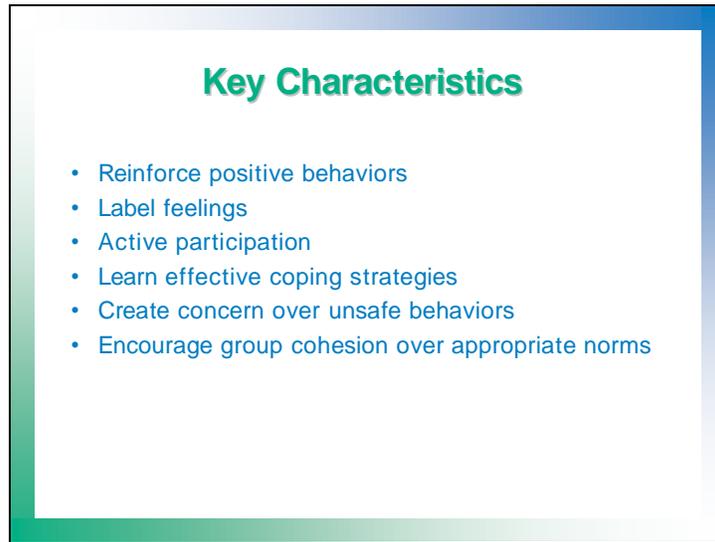
Street Smart's core elements are:

Enhancing affective and cognitive awareness, expression, and control.

Teaching HIV/AIDS risk hierarchy and its application to oneself.

Using peer support to train in recognizing triggers for personal risk.

Building skills in problem solving, personal assertiveness, and HIV/AIDS risk reduction.



Over the next few days, we will be focusing on Street Smart's Key Characteristics, the essential techniques and strategies. These include:

Reinforce positive behaviors

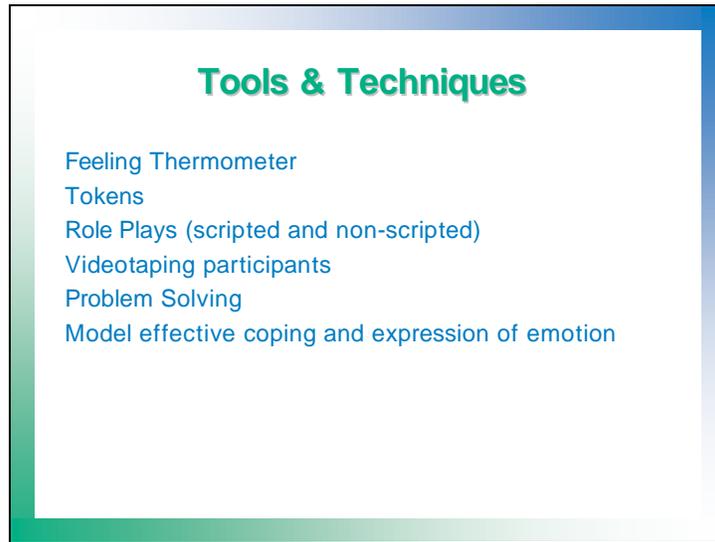
Label feelings

Active participation

Learn effective coping strategies

Create concern over unsafe behaviors

Encourage group cohesion over appropriate norms



The primary tools we use in Street Smart are:

Feeling Thermometer

Tokens

Role Plays (scripted and non-scripted)

Videotaping participants

Problem Solving

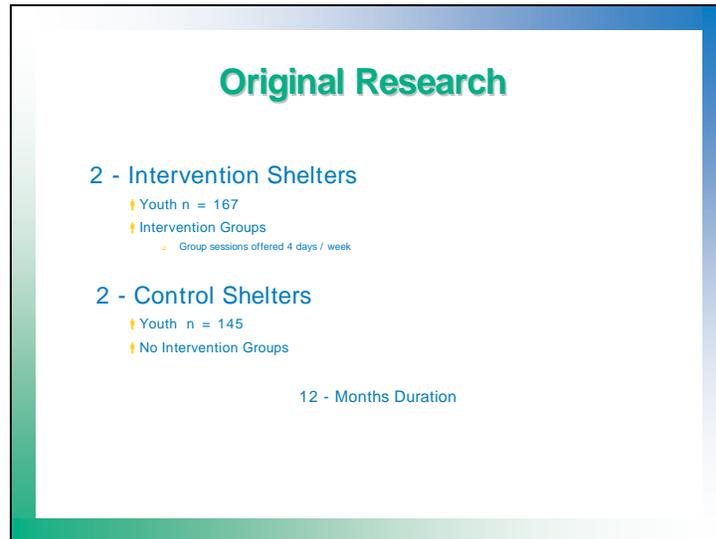
Model effective coping and expression of emotion



Original Research

- 311 Sheltered Youth ages 11-18 (average age 15.6)
- 49% female
- 59% African American, 26 % Latino/a, 15% white or other ethnicity
- 4 Shelters in New York/ New Jersey area

Now we will describe how the original research on the Street Smart program was carried out. The participants were 311 youth ages 11-18 (average age 15) who were living in youth shelters located in the New York City area (NYC and NJ). Approximately half were female, close to 60% were African American, 26% were Latino/a, and about 15% were white or other ethnicities.



The research was conducted in four shelters. Prior to the start of providing the Street Smart intervention, all youth received a baseline interview (assessment point 0) that asked about a number of issues including sexual behavior (protected and unprotected and number of partners) and alcohol and drug use over the past 3 months.

Then the shelters were assigned to intervention conditions. Two shelters were assigned to receive the Street Smart intervention; the other two were assigned as the control group (that means they did not receive the intervention). In the two shelters receiving the intervention, Street Smart was conducted 2- 4 days/week. This allowed youth to attend all the sessions whenever it was convenient for them. Many youth attended more than eight group sessions (they repeated sessions).

Assessments were conducted every three months up to 24 months after the beginning of the study. The assessment consisted of interviews with the youth (from all four shelters) about their sexual and substance use behavior.

Results

Overall reduction in substance use and high risk patterns of sexual behavior (Rotheram-Borus, et al., 1991)

Young women, greater reduction in substance use and unprotected sex than young men (Rotheram-Borus, et al., 2003)

Results varied by follow-up period:

- 6 mos. boys decreased marijuana use
- 12 mos. girls reductions in substance use
- 24 mos. girls decreased # of unprotected sex acts

These were the results of the original research study:

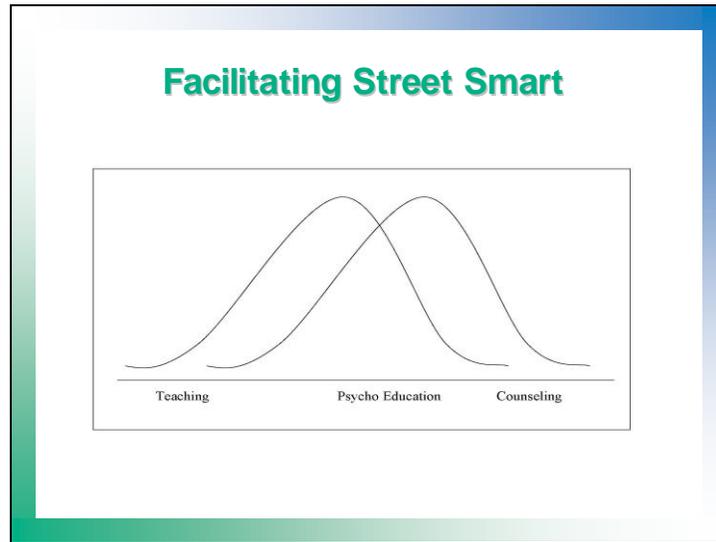
Overall, there was a reduction in substance use and in the number of unprotected sex acts among youth who attended the intervention.

This effect was more pronounced for young women than for young men. When comparing the impact of the intervention across ethnic groups, African American youth reported greater reductions in substance use than other ethnic groups.

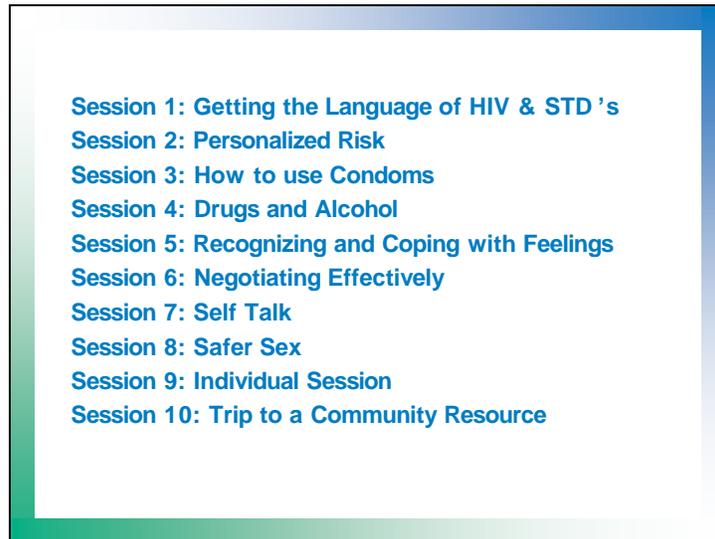
The results varied by follow-up period. As you can see from the slide, after two years a decrease in number of sexual acts was evident among girls in the intervention.

As was stated above, for this study, the 8-group session cycle was repeated several times so that youth had multiple opportunities to attend group sessions. Youth who attended 15 sessions made the most gains. This is something we will talk more about when we discuss implementation issues.

Slide 15



Street Smart is a psycho-educational intervention; that is, it is delivered in a manner that is somewhat like teaching and somewhat like counseling. All of us have our own individual style based on our own experiences. Some of you may have experience teaching HIV/AIDS prevention or care or have been trained as educators, while others have a stronger counseling background. This slide depicts where Street Smart falls on the continuum between teaching and counseling; it is a psycho-educational intervention. As a facilitator it is important to find the middle ground on this continuum. Throughout the training, we will be working on helping each of you accomplish this balance.



These are the content areas of each session. We will spend the majority of the training on Sessions 1 through 8.

Session 1: Getting the Language of HIV & STDs

Session 2: Personalized Risk

Session 3: How to use Condoms

Session 4: Drugs and Alcohol

Session 5: Recognizing and Coping with Feelings

Session 6: Negotiating Effectively

Session 7: Self Talk

Session 8: Safer Sex

Session 9: Individual Session

Session 10: Trip to a Community Resource

Information on recruitment and retention for the intervention is available in your Implementation Manual. We will discuss these issues briefly on Day 4 of the training.

Slide 17

