

Name of Intervention	Street Smart
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Summary of Intervention	<p>Street Smart is an intensive HIV/AIDS and STD prevention program for youth whose behaviors place them at very high risk of becoming infected. Life circumstances define risk for some youth; being gay, runaway or homeless, or sex offender increases the potential for risky behavior. Street Smart is designed for runaway and homeless youth, yet it can be easily adapted for very high risk youth in other settings.</p> <p>Street Smart draws on social learning theory that describes the relationship between behavior change and a person's beliefs in his/her ability to change a behavior and that changing that behavior will produce a specific result. Street Smart link thoughts, feelings, and attitudes to behavior change. Beliefs about the consequences of behavior and perceptions for self-efficacy are key determinants of effective behavior change.</p> <p>Street Smart program is held in conjunction with existing services that attract youth, such as after dinner or before an art class. The intervention held over a two to six week period. The program consists of eight 1 ½ to two-hour drop-in group sessions, one individual session, and a group visit to a community health resource. While it is preferable that teens attend every session, the program is designed so that each session stands on its own. Ideally six to ten youth attend the eight group sessions which are facilitated by two trained counselors. The intervention's goal is to reduce unprotected sex, number of sex partners, and substance use among runaway youth. The Street Smart program targets runaway youth, 11-18 years of age.</p> <p>The sessions take place in small groups to provide support for a behavior change environment among the participants. A private session with a counselor is also included to allow each youth to personally identify and problem-solve their own barriers to safer sex and risk for HIV transmission.</p> <p>Additionally, participants can access medical care, mental health car, and referrals for specific individual health concerns if needed.</p>

Clearly Defined Audience	Runaway youth between the ages of 11-18
Goals and Objectives of the Intervention	<ul style="list-style-type: none"> • Reduce unprotected sex • Reduce the number of casual sex partners • Reduce substance use
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex with multiple sex partners • Substance use
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Knowledge (lack) • Perceived risk • Perceived severity • Outcome expectancy • Self-efficacy • Self-identity (self-esteem) • Illusion of invulnerability • Group norms
Core Elements	<ul style="list-style-type: none"> • Enhancing effective and cognitive awareness, expression, and control. • Teaching HIV/AIDS risk hierarchy and its personal application. • Identifying personal triggers, using peer support and small group skills-building sessions. • Building participant's skills in problem solving, personal assertiveness, and HIV/AIDS harm reduction.
Setting	Community-based organization; sessions should be conducted in a large comfortable room protected from interruptions
Duration	Groups of 6 to 10 adolescents of both sexes for eight 90- to 120 minutes sessions, one individual counseling session, and one trip to a community resource
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Uses role-plays as an opportunity for participants to practice and observe typical circumstances in an instructive and supportive environment • Video tapes are used so participants can see themselves as others see them • Apply problem-solving steps to realistic circumstances • Creates concerns over unsafe behaviors and involvement in risky situations and risky partners • Enhances affective and cognitive awareness, expression, and control through exercises • Teaches HIV/AIDS risk hierarchy and its application to oneself • Uses peer support to train participants to recognize triggers for personal risk

	<ul style="list-style-type: none"> Builds skills in problem solving, personal assertiveness, and HIV/AIDS harm reduction
Outcomes	When Street Smart was implemented in research field trials, it was found that participants reported lower rates of substance use and unprotected sex acts following their participation in the group session. Young women self-reported greater reductions in substance abuse and unprotected sex acts than young men; and African American youth self-reported less substance use than youth of other ethnic groups
Type of Intervention	GLI

Journal Citation(s):

Rotheram-Borus M.J., Van Rossem R, Gwadz M, Koopman C, Lee M. (1997). Reductions in HIV risk among runaway youths. Los Angeles, CA: University of California, Department of Psychiatry, Division of Social And Community Psychiatry.

Rotheram-Borus M.J, Doopman C, Haignere C, Davies M. (1991). Reducing HIV sexual risk behaviors among runaway adolescents. Journal of the American Medical Association 266 (9), 1237-1241.

Contact:

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