

PROJECT STYLE (STRENGTHENING TODAY'S YOUTH LIFE EXPERIENCES)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Adolescents (aged 13 – 18 years) in mental health treatment

Goals of Intervention

- Reduce HIV risk behaviors
- Improve parental monitoring and sexual communication

Brief Description

Project STYLE (Strengthening Today's Youth Life Experiences) focuses on decreasing HIV risk among adolescents in mental health treatment. The study includes 2 group-level interventions delivered in a single 8-hour session in groups of 4 to 8: the family-based intervention and the adolescent-only intervention. The family-based intervention is delivered to adolescents and their primary caregivers, and improves general and sexual communication between parents and adolescents. The adolescent-only intervention emphasizes sexual decision-making, refusal of sex, abstinence, and condom use. Both interventions focus on reducing risky behaviors, enhancing HIV-related knowledge and self-efficacy among youth, and addressing the interaction between psychiatric disorders and health behaviors.

Theoretical Basis

- Social-Personal Framework

Intervention Setting

- Hospital and university sites

Delivery Methods

- Didactic lectures
- Group discussions

Intervention Duration

- One 8-hour session

Deliverer

- Trained facilitators
- Interactive exercises
- Videos

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Larry K. Brown**, Department of Psychiatry, Rhode Island Hospital, 167 Point Street, Suite 161, Providence, Rhode Island 02903.

Email: lkbrown@lifespan.org for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Providence, Rhode Island; Atlanta, Georgia; and Chicago, Illinois between 2003 and 2008.

Key Intervention Effects

- Increased avoidance of sex
- Increased consistent condom use
- Increased condom protected vaginal or anal sex
- Reduced unprotected vaginal or anal sex[†]

Study Sample

The baseline study sample of 721 adolescents is characterized by the following:

- 60% black or African American, 33% white, 11% Hispanic/Latino, 7% other
- 57% female, 43% male
- Mean age of 15 years

Recruitment Settings

Inpatient and outpatient mental health settings

Eligibility Criteria

Adolescents were eligible if they were in mental health treatment and living with a primary caregiver for the past three months.

Assignment Method

Adolescents (N = 721) were randomized to 1 of 3 study arms: Family-based HIV Intervention (n = 227), Adolescent-only HIV Intervention (n = 259), or Adolescent-only General Health comparison (n = 235).

Comparison Group

The Adolescent-Only General Health comparison consisted of a single 8-hour group session. The session was based on school health programs and focused on exercise, nutrition, sleep, smoking, and information about HIV.

Relevant Outcomes Measured and Follow-up Time

- Sex risk behaviors (including unprotected vaginal or anal sex[†] acts; proportion of condom use; avoidance of sex; number of partners) during the last 90 days were measured at 3 months post-intervention.

Participant Retention

- Family-based and Adolescent-only HIV interventions
 - 92% retained at 3 months
- Adolescent-only General Health comparison
 - 88% retained at 3 months

Significant Findings

- At 3 months post-intervention, combined intervention participants reported a significantly greater increase of condom use 100% of the time than comparison participants (OR = 2.37, 95% CI = 1.05—5.38, $p = 0.04$).
- Combined intervention participants were significantly less likely to report unprotected vaginal or anal sex[†] acts than comparison participants at 3 months post-intervention (RR = 0.49, 95% CI = 0.28—0.86, $p = 0.01$).
- Combined intervention participants were significantly more likely to report avoiding sex in the past 90 days than comparison participants at 3 months post-intervention (OR = 1.44, 95% CI = 1.00—2.08, $p = 0.05$).
- At 3 months post-intervention, combined intervention participants reported a significant increase in proportion of condom protected vaginal or anal sex[†] acts than comparison participants when controlling for baseline condom protected vaginal or anal sex[†] acts (Adj. relative change = 4.08, 95% CI = 2.80—4.41, $p = 0.01$).*

Considerations

- At 3 months post-intervention, combined intervention participants reported significantly more HIV prevention self-efficacy than comparison participants when controlling for baseline HIV prevention self-efficacy (Adj. relative change = 3.86%, 95% CI = 0.17—7.55, $p = 0.04$)* and HIV knowledge than comparison participants when controlling for baseline HIV knowledge (Adj. relative change = 18.85%, 95% CI = 8.89—27.21, $p < 0.01$).
- At 3 months post-intervention, participants in the family-based intervention reported significantly more sexual communication with parents than participants in the adolescent-only intervention and comparison arms when controlling for baseline sexual communication (Adj. relative change = 17.98%, 95% CI = 7.62—30.70, $p < 0.01$). Participants in the family-based intervention also reported significantly more parental monitoring than participants in the adolescent-only intervention and comparison arms when controlling for baseline parental monitoring (Adj. relative change = 11.41%, 95% CI = 3.60—21.62, $p < 0.01$).
- There were no significant intervention effects at 3 months post-intervention for reports of ever having vaginal or anal sex, report of vaginal or anal sex during the last 90 days, or number of partners during the last 90 days.

*Information obtained from author.

[†]Unprotected vaginal or anal sex measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

Brown, L. K., Hadley, W., Donenberg, G. R., DiClemente, R. J., Lescano, C., Lang, D. M., . . . Oster, D. (2014). [Project STYLE: A Multisite RCT for HIV Prevention among Youths in Mental Health Treatment](#). *Psychiatric Services*, *65*, 338-344.

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