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

Deliverer
- Trained facilitators

Delivery Methods
- Didactic lectures
- Group discussions
- 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**


Researcher: Larry K. Brown, MD
Director of Child, Adolescent, and Young Adult Psychiatry Research
Department of Psychiatry, Rhode Island Hospital
167 Point Street, Suite 161
Providence, Rhode Island 02903
Email: lkbrown@lifespan.org