

# Program Abstract

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## Summary

*MARS* is a sexual risk-reduction intervention including alcohol- and cannabis-focused content delivered in a motivational enhancement therapy format. The focus of the intervention is on improving safer sexual behaviors, particularly in alcohol and marijuana-based contexts. The approach for this intervention is grounded in the assumption that the responsibility and capability for change exist within the participant. The role of the intervention leader is to create an environment that will enhance the participant's inherent motivation for, commitment to, and movement towards behavior change. The intervention involves group discussion and exercises focused on establishing a common language, talking about condom use, provision of norms, self-affirmation, high risk situations, and how one might change, along with video review, interactive games, and skills building.

The intervention is a single two-hour group session led by an individual with training in and familiarity with Motivational Interviewing/Motivational Enhancement Therapy. Groups should be kept small and capped at 6 to 8 participants, and the age range of participants in the group should ideally be restricted to two years (for example, 14-16 or 16-18) in order to keep the range of experiences similar. Although *MARS* is appropriate for all genders, if possible adolescent groups should be kept single-sex.

*MARS* has been evaluated in a cluster randomized controlled trial. Data was collected at pre-test and immediate post-test as well as 3, 6, 9, and 12 months post-intervention. The intervention was effective at reducing STI incidence. Participants had lower incidence of STI at follow-up than participants who received comparison interventions with only sexual risk or sexual risk and alcohol content, as opposed to sexual risk, alcohol, and cannabis content.

## Focus

- |                          |                              |                          |                                |                                     |                           |
|--------------------------|------------------------------|--------------------------|--------------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Primary pregnancy prevention | <input type="checkbox"/> | Secondary pregnancy prevention | <input checked="" type="checkbox"/> | STI & HIV/AIDS prevention |
|--------------------------|------------------------------|--------------------------|--------------------------------|-------------------------------------|---------------------------|

## Original Site

- |                          |            |                                     |                 |                          |              |
|--------------------------|------------|-------------------------------------|-----------------|--------------------------|--------------|
| <input type="checkbox"/> | Home-based | <input checked="" type="checkbox"/> | Community-based | <input type="checkbox"/> | Clinic-based |
|--------------------------|------------|-------------------------------------|-----------------|--------------------------|--------------|

## Program Abstract (continued)

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### Suitable for Use In

The program was originally used with adolescents living at a juvenile detention facility. *MARS* may also be suitable for use in other detention or in-patient facilities as well as community-based and clinical settings that work with early adolescents ages 14-18.

### Approach

- Abstinence
- Behavioral Skills Development
- Community Outreach
- Contraceptive Access
- Contraceptive Education
- Life Option Enhancement
- Motivational Interviewing
- Self-Efficacy/Self-Esteem
- Sexuality/HIV/AIDS/STI Education

### Original Intervention Sample

The original implementation of *MARS* involved 460 adolescents (mean age 15.8). 347 participants (75.4%) were male, and 113 (24.6%) were female. The sample was 57.0% Hispanic. The sample was recruited adolescents living at a juvenile detention facility in the southwestern United States.

### Program Components

- Adult Involvement
- Case Management
- Group Discussion
- Lectures
- Peer Counseling/Instruction
- Public Service Announcements
- Role Play
- Video

### Program Length

*MARS* is a single two-hour group session.

### Staffing Requirements/ Training

To ensure the accuracy, integrity, and consistency of the intervention, the *MARS* program should be delivered by an individual with training in and familiarity with Motivational Interviewing/Motivational Enhancement Therapy. Therapists must be willing to adhere to the MI intervention both in terms of the overall spirit, and the procedures included in the manual.

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Therapists will first be required to read material on conducting MI, including general principles (Miller & Rollnick, 2002), conducting MI with adolescents in the juvenile justice system (Feldstein & Ginsburg, 2007), and how to provide feedback in an MI consistent way (Miller et al., 1999).

### **Program Materials**

This PASHA program contains one complete set of materials needed to implement the *MARS* program. In addition to this User's Guide, the program includes:

- *Project MARS: Your Call: An HIV/STD Prevention Program Intervention Leader's Manual*
- *Blazin* intervention movie
- Safer sex sequence cards
- HIV flashcards
- Sample peer behavior poster
- Recommended readings for facilitators

### **Notes about Evaluation**

Resources for evaluation are also included in the program package:

1. Evaluation Instruments used in the original implementation of *MARS*
2. Prevention *Minimum Evaluation Data Set (PMEDS)*, a generic questionnaire that can be adapted to suit most prevention programs
3. *Local Evaluator Consultant Network Directory*

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Before using these or any other survey instruments with your participants, it is very important that approval is received from the appropriate people in your community (e.g., school officials, parents, etc.). Most programs can benefit from outside help in designing and carrying out an evaluation. Your local university may be a good place to look for outside help—or you may refer to the *Local Evaluator Consultant Network Directory*.

### **Program Acquisition & Implementation Cost**

The cost of this PASHA program package includes one complete set of materials needed to implement this program, the resources for evaluation described above, as well as telephone technical support on program implementation and evaluation for one year (call PASHA staff; see below).

### **Contact Information**

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## *Program Abstract (continued)*

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### **Bibliography**

Bryan, A.D., Magnan, R.E., Gillman, A.S., et al. (2018). Effect of Including Alcohol and Cannabis Content in a Sexual Risk-Reduction Intervention on the Incidence of Sexually Transmitted Infections in Adolescents: A Cluster Randomized Clinical Trial. *JAMA Pediatrics*, 172(4):e175621. doi:10.1001/jamapediatrics.2017.5621