



# Program Abstract

## Summary

Adolescents in general are at high risk for sexually transmitted infections (STIs), including HIV. Even higher rates of STIs have been observed among youth involved with the criminal justice system. Typically, these adolescents are younger at first intercourse, have a higher number of sexual partners, and report lower rates of condom use than their peers. Despite the fact that these adolescents are at greater risk for HIV/STIs, few prevention interventions have been developed for them. In addition, few interventions for adolescents target both substance use and sexual risk reduction. *SEXUAL HEALTH AND ADOLESCENT RISK PREVENTION (SHARP)* aims to fill these gaps.

*SHARP* is an intensive, interactive single-session (divided into five sections) intervention lasting 3 ½ - 4 hours that incorporates videos, lecture, group discussion and activities. The groups are organized by gender, either all male or all female, with no more than 10 per session (but on average, the ideal number per session is between 3-5 participants per session).

Overall *SHARP* program goals are to deepen STI/HIV knowledge, improve correct condom use, reduce sexual risks and alcohol use and set long-term goals to utilize knowledge and skills learned during the session.

*SHARP* was evaluated using a randomized controlled trial with three group-based conditions. These three conditions were HIV information only (control group); *SHARP* program (intervention group) and *SHARP* + motivational enhancement therapy (enhanced intervention group). All subjects were recruited from three temporary juvenile detention facilities in Denver, Colorado. The study was conducted over a 12 month period, with data collected in 5 waves (baseline, 3, 6, 9 and 12 months). The enhanced intervention condition (*SHARP* + Motivational Enhancement Therapy) was statistically different and more significant than the control condition (HIV Information only). Any decrease in alcohol problems over time was statistically significant in the *SHARP* condition and the *SHARP* + Motivational Enhancement Therapy, when compared to HIV Information only.

## Focus



Primary pregnancy prevention



Secondary pregnancy prevention



STI/HIV/AIDS prevention

## Program Abstract (continued)

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*Original Site*       School-based       Community Based       Clinic-based

*Suitable for Use In:*      *SHARP* was designed to be used in a temporary adolescent detention facility. The intervention may also be suitable for use in other detention or in-patient facilities as well as community-based and clinical settings.

*Approach*

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

*Original Intervention Sample*

Age, Gender      The original intervention sample consisted of 484 adolescents with a mean age of 15.8 (SD = 1.1) and 82.7% were boys.

Race/Ethnicity      The sample self-identified as 36.6% Caucasian, 28.5% Hispanic, 12.9% African American, 4.8% Native American, 3.5% Asian, 2.1% Other Ethnicity, and 12.6% Biracial/Mixed Ethnicity.

*Program Components*

- Adult Involvement
- Case Management
- Group Discussion
- Lectures
- Peer Counseling/Instruction
- Public Service Announcements
- Role Play
- Videos and games
- Other: Goal setting

*Program Length*      *SHARP* is delivered as an intensive single session lasting 3 ½ - 4 hours.

*Staffing Requirements/ Training*      In the original implementation, *SHARP* was conducted by a gender-matched masters-level facilitator who had been trained in the provision of each intervention condition, including specific training in

## Program Abstract (continued)

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Motivational Interviewing (MI) and Motivational Enhanced Therapy (MET). Although it is possible for one facilitator to lead the *SHARP* program alone (with some adjustments to the length of the break as detailed in the facilitator's manual), it is highly recommended that each facilitator have an assistant support them throughout the program and in particular, with the creation of feedback materials that are discussed during Session 4.

Although all PASHA programs have been designed to minimize the effort of implementation at each individual adopter site, some may want more formalized training. The developers of *SHARP* have developed a two-day training session. If you would like to learn more about this training opportunity, please contact Sociometrics at (650) 949-3282 between 9 a.m. and 5 p.m. Pacific Standard Time.

### Notes about Evaluation

Resources for evaluation are also included in the program:

- (1) Evaluation Instruments used in the original implementation of *SHARP*,
- (2) *Prevention Minimum Evaluation Data Set (PMEDS)*, a generic questionnaire that can be adapted to suit most prevention programs, and
- (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 survey instruments with your teens, it is very important that consent be received from the appropriate people in your community (e.g., school officials, parents, etc.). If you are working in any kind of detention or in-patient facility, you must make sure you have the appropriate approvals from the facility leadership and possibly the court, if the potential participants are minors and/or wards of the court. 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*. For further information, call PASHA staff (see below).

### Contact Information

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### Bibliography

Bryan, A.D., Schmiege, S.J., & Broaddus, M.R. (2009). HIV risk reduction among detained adolescents: A randomized, controlled trial. *Pediatrics*, 124, e1180-e1188.