



**Introduction**

**How It Works**

---

# What is Street Smart?

Street Smart is an intensive HIV/AIDS and STD prevention program for youth whose behaviors place them at risk of becoming infected. Life circumstances define risk for some youth; being runaway or homeless, gay, or a sex offender increases the potential for risky behavior. The Street Smart program is designed for runaway and homeless youth, yet it can be easily adapted for youth in other settings. The program is the product of extensive collaboration among researchers, staff from public and private agencies serving homeless and runaway youth, and youth from diverse backgrounds. Staff and youth from homeless youth shelters and drop-in centers were instrumental in identifying key strategies to plan, implement, and evaluate the intervention.

This intensive intervention 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 links thoughts, feelings, and attitudes to behavior change. Beliefs about the consequences of behavior and perceptions of self-efficacy are key determinants of effective behavior change. The interventions selected reflect a cognitive-behavioral approach that also stems in large part from social learning theory.

Intervening successfully with youth to change behavior and reduce risk is difficult, yet rewarding. It is important to remember several issues:

- Adolescence is a time of experimentation. This frequently means engaging in unprotected sexual intercourse with multiple partners, and using drugs or alcohol. These behaviors increase youth's risk of HIV and STD infection.
- Developmental changes in behavior, cognition (thinking), affect (emotion), and social norms must be considered as essential elements in understanding risk behavior, and effecting change.
- Intervening with youth must include providing them with specific knowledge about HIV/AIDS and STDs and must build their affective (emotional) awareness so they can begin to apply this knowledge to their own lives. Building coping skills and providing access to resources are other essential elements of successful intervention programs.

The program consists of eight two-hour 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.

This introduction highlights important information, but is not a replacement for the Facilitator's Manual. Please read the Facilitator's Manual thoroughly before starting the Street Smart program.

# The Underlying Principles of the Program

The following page expands the model for the facilitators. Implications for training are made explicit as well. The essence of “what are the underlying principles of the workshop” is applying social learning theory and cognitive-behavioral approaches to reducing the risk for HIV and STDs in the targeted adolescent population. From these principles can be seen the importance of practicing, observing, and modeling as vehicles for learning new skills and improving old ones.

The development of coping skills is a constant theme. Intellectual skills such as analyzing a risky situation, physical skills such as putting on a condom, and social-emotional skills such as recognizing one’s discomfort level and being able to refuse a request for unsafe sex are all included.

Thoughts are another key factor in the program. How a person appraises threat and determines if he or she can handle it effectively; expectations, beliefs, and dysfunctional thoughts; and self-reward, social problem-solving, and self-talk as a guide through provocative situations are an ever-present focus of the interventions. The training exercises all flow from the basic tenets of the model.

The program environment itself becomes an intervention. In a safe atmosphere peers support each other, learn from each other, and build each other’s self-esteem. Thus, group cohesion is developed in every session.

## **Underlying Principles of the Program**

1. The better an experience you have, the more likely you are to repeat it.
2. The more times you have that good experience, the more likely you are to repeat it.
3. The longer the time between the good experience and any negative consequences, the more likely you are to repeat it.
4. What makes an experience good is the rewards you get from yourself and others.
5. What moves you is a desire to maximize your rewards.
6. What makes you effective in getting rewards is emotional, behavioral, and cognitive skills.
7. What also makes you effective is believing that you can be effective.
8. What further makes you effective is how well you fit into the environment in which you are operating.
9. You learn those critical skills through imitation, observation and practice.

### **Applications to the training**

1. In this training program youth are frequently rewarded for successful efforts to practice safer sex and are taught how to self reward.
2. The environment is supportive.
3. Skills are developed.
4. Appropriate behavior is modeled, and there are opportunities to practice.
5. Youth work on finding out what their immediate expectations and rewards are for unsafe sex.
6. Youth learn how to make use of their real-life environment.

# What the Facilitator Needs to Know about At-Risk Youth

1. While knowledge of HIV and AIDS may be at moderate levels, at-risk youth do not know how to apply safer sex practices.
2. Few youth use condoms.
3. Sexual contact is frequent and begins early.
4. Beliefs about what other youths do are based more on the at-risk youths' own behavior than on reality.
5. An adolescent's under-developed capacity for critical thinking leads him or her to underestimate risks.
6. Identity as male or female and heterosexual, gay or bisexual is not fully fixed for many youth. Some adolescents have been aware of their gay or lesbian orientation for a number of years.
7. Lack of knowledge about partners is typical.
8. Characteristics such as being depressed, emotionally distressed, or in trouble at school or with the criminal justice system increases the unsafe sex practices.
9. Drug and alcohol use reduces adolescents' self control in sexual situations.
10. Males are at greater risk than females because they have a larger number of partners.
11. Gay male adolescents are at greater risk because they tend to engage in unprotected anal intercourse and have partners with HIV-positive status.
12. Sexual milestones differ based on ethnicity: Caucasians are more likely to begin with kissing and petting while African Americans start with sexual intercourse.
13. Having been sexually abused increases the risk of these youths practicing unsafe sex.

**Note:** These facts have been selected for highlight from the Overview section of the Facilitator's Manual that presents research findings and their implications. For a more comprehensive and detailed examination, please read that section.

# How to Use this Manual

1. Review each session ahead of time.
2. The format consists of objectives, rationale, procedures, materials, and word-for-word presentation of what you say.
3. In the text of each session the words in bold are instructions to the facilitator and the small lettered words are what you say to the participants.
4. Many of the key elements of each session are marked by icons in the left-hand margin of the text. These should act as a visual cue to assist you in preparing for the next activity.
5. As you become familiar with what you're going to say and feel comfortable, use your own words rather than what it is written for you to say.
6. Check to make sure that you have the necessary equipment and materials.
7. Be creative. Use the manual to suit the needs of your youth and your own style, but make sure that when a session is over, participants are more competent in some observable way than they were before the session began.

## Key Elements in Each Session



### Tokens

Behaviors that are noticed and encouraged by others increase in frequency. Those that are not noticed or are punished usually decrease. This process generally occurs without awareness, and encouragement can be as simple as a smile. Facilitators should use tokens frequently in each of the sessions to encourage positive affirmation of the participants.

Tokens are pieces of 1" X 1" colored construction paper that anyone can make. Facilitators give each participant an equal stack of the tokens at the beginning of each session. Participants sit in a close circle as a discussion or activity is underway. When anyone says or does anything someone else likes or agrees with, finds encouraging, causes him/her to think, etc., he or she hands the person a token. It is best when the person explains why the token is being given. The tokens are not "turned in" at the end of the session for something of value. Simply receiving a large number of tokens from their peers and making others feel good about themselves leaves most participants at the end of the session with positive feelings about themselves.

The key to everyone using the tokens rests with the facilitators' comfort with tokens. If the facilitators take tokens seriously and use them at every opportunity to offer positive encouragement, the youth will also respect their value and will actively use them. Note that we recommend using "tokens" in every session, to encourage all participants to give positive feedback to each other.

White tokens are not recommended. In our experience with minority youth, if "white" is associated with "good," then the facilitator loses credibility.



### Feeling Thermometer

While becoming more aware of their feelings, youth often need help to recognize, name, discuss, and appropriately express those feelings. Learning these skills is important because without them the youth's intense feelings can interfere with their abilities to make good decisions and act safely.

Facilitators should use a Feeling Thermometer to allow adolescents to better assess and discuss their feelings. The Feeling Thermometer ranges from 0 to 100, with 100 representing the most discomfort: such as extreme anger, anxiety, excitement, nervousness, depression, etc. Zero represents a total lack of discomfort whether, it be "happy" comfort or the "blues" comfort. The person at or near zero is better able

to think and make decisions regardless of the particular emotion. After reviewing the Feeling Thermometer with the participants, facilitators should ask them to identify ways to reduce their level of emotion and regain control and practice techniques in different exercises in the group.



## Role-playing

Role-playing allows adolescents to act out typical situations in an instructive and supportive environment. The Street Smart manual contains several different types of role-plays. Quickie role-plays are short and scripted and are mainly used to introduce a session or topic. Quickie role-plays are usually found at the start of a session or exercise. The longer role-plays may or may not be scripted. They use feedback from other participants and videotaping to give participants a more in-depth opportunity to explore new ways of dealing with high-risk situations.

Instructions for role-playing are as follows:

- a) Provide the description of a risk situation, e.g., "You are at a party and your date wants to go make out in an empty bedroom."
- b) Assign two persons as the principal actors: e.g., two persons who are newly dating each other. One wants to make out in an empty bedroom and the other does not.
- c) Assign coaches: One is assigned to each of the principal actors to offer suggestions on what to say during the role-play.
- d) Assign one person to be the director of the scene: He or she determines who is to play which part, where the scene is taking place, and who will speak first.
- e) Assign other participants to monitor the interaction, a person to watch eye contact, and a person to watch body language.

The rest of the group should be asked to pay close attention because facilitators will be asking for their suggestions about other ways to play the scene. Be sure that each person understands his or her role. If the role-play is being videotaped, as is recommended, the first time the scene is shot ask the actors to play the characters realistically and without resolving the conflict. For example, if the scene is of two persons on a date at a party in which one wants to make out and the other does not, tell the actors the first time through they will not be able to agree. At the point when the tension seems the highest, stop the action by saying, "freeze."

There is a recommended sequence for delivering feedback at this point:

1. Ask the principal actors to tell where their Feeling Thermometers are at the moment.
2. Ask the actors what one aspect of their behavior they liked.
3. What words or acts would they change?
4. Sequentially ask participants observing eye contact and body language to report one positive aspect they observed and what these observations suggest the person was feeling.
5. Ask the coaches to express what they think the principal actors may have been thinking but not saying to the other person.
6. Ask the coaches and other participants to share their Feeling Thermometers levels.
7. Ask participants to make suggestions to the principal actors or coaches how to resolve the impasse.
8. Finally, role-play the scene again with a different stated outcome.

Continue filming while this is being discussed. Some of the most interesting and useful comments come out during this exchange of ideas. Then ask each actor to choose one of the suggested ways for resolving the conflict in "Videotape Take 2." After the scene is over, play back the scenes and ask participants to react.

Facilitators should make every effort to avoid stereotyped role-playing. Many of the activities involve role-plays between persons with specific characteristics. Be sure that these exercises do not stereotype individuals by gender, age and/or race. Reverse stereotype roles whenever possible. For example: "Let's have the woman this time be the one who doesn't want to use a condom." Also have girls role-play as boys and boys role-play girls. Fast pace changing during these role-reversals can help to reduce the possibility that the youth slip into stereotypical roles.



## Videotaping Exercises

Videotaping exercises such as role-playing fosters effective decision-making, problem-solving skills, and behavioral change. The strength of video is that it allows individuals to actually see themselves as others see them. It is important, therefore, to allow the youth to first see himself/herself in realistic circumstances, such as in role-playing the scene as they think most people would act. Then it is important to have the participants act out alternative ways of handling the situation.

## Problem-solving

Whenever possible, participants are encouraged to apply problem-solving to a situation. The steps in problem-solving have been simplified in the SMART model:

**S** State the problem

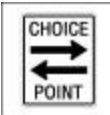
- M**    **M**ake a goal
- A**    **A**ctions – Make a list of all the possible actions you could take
- R**    **R**each a decision of which action you try
- T**    **T**ry it and review it

While the steps of problem solving appear quite logical, problem solving is often not successful because of a wide variety of human biases and limitations. These biases must be considered and guarded against while practicing problem solving.



## Newsprint

A large flipchart or newsprint on a stand is used throughout the sessions. Facilitators should save this written material throughout the 10-session cycle to refer back to goals set by participants or important points made by participants or facilitators.



## Choices

This icon represents a choice in the use of video cameras or in which exercise the facilitator can use. Depending on the make-up of the group, the pacing of the particular session, and the interest of the participants, the facilitator may choose one exercise over another. Either one will provide the learning experience that is intended in the session.

# Key Techniques

1. Reinforce positive behavior.
  - Use tokens to catch someone doing something good.
  
2. Elicit participants' assessment of their feelings.
  - Use the Feeling Thermometer to help participants recognize how they feel — their levels of discomfort.
  - Also help participants label what feeling they are experiencing —anger, depression, guilt, pleasure, sexual arousal, etc.
  
3. Encourage talking.
  - Use talk in a safe environment to desensitize participants' anxiety around taboo topics.
  
4. Model effective coping skills.
  - Demonstrate coping skills.
  - Use role-playing based on the participants' experiences to enhance observational learning.
  - Use problem solving frequently.
  
5. Create concern over:
  - Unsafe sexual behaviors
  - And involvement in risky situations and with risky partners.
  
6. Build group cohesion through:
  - Having participants share
  - And giving appreciation to other participants for their contributions.

## Tips for the Facilitator

1. Reward frequently any observable positive behavior—"catch youth doing something good!"
2. Be supportive.
3. Give compliments.
4. Be non-judgmental.
5. Create a happy group.
6. Encourage group cohesion.
7. Model appropriate assertive behavior.
8. Be firm.
9. Illustrate points through modeling.
10. Share personal experiences (not current hang-ups).
11. Keep language simple.
12. Encourage participants to share their own experiences.
13. Build on strengths.
14. Listen.
15. Let the participants do the reacting, responding, thinking, and analyzing.
16. Be flexible.
17. Keep trying. If one approach doesn't work, find another one.

# Session Overview

The program consists of eight two-hour 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.

Session 1: Getting the Language of HIV/AIDS and STDs

Session 2: Personalized Risk

Session 3: Condoms and Dams

Session 4: Drugs and Alcohol

Session 5: Recognizing and Coping with Feelings

Session 6: Negotiating Safer Sex

Session 7: Self Talk

Session 8: Staying Safe Over Time

Session 9: Individualized Counseling Session

Session 10: A Trip to a Community Resource

# Arrangements for the Sessions

Number of participants:

6 to 10 adolescents of both sexes

Number of sessions:

8 group sessions

1 individual counseling session

1 trip to a community resource

Frequency of sessions:

3 to 4 times per week, but can be less frequent according to the program and participants' needs.

Length of sessions:

90-120 minutes

Physical space:

Large, comfortable room protected from interruptions.

Seating:

Sit in a closed circle so that eye contact and interaction is encouraged. Create balance (not all boys sitting together). Split up cliques. Place a disruptive youth next to the facilitators.

Equipment:

Video recorder and VCR playback unit

Stands for newsprint pads

Materials:

Tokens

Feeling Thermometers

Newsprint and marking pens

3 X 5 cards and pencils

Xeroxed handouts, scripts and work sheets

Practice cards