| Author, year | Intervention | Description | Delivery and Format Method | No. of Sessions | Duration of Intervention | Provider |
| --- | --- | --- | --- | --- | --- | --- |
| Boekeloo, 199963,143 | ASSESS (Awareness, Skills, Self-efficacy/Self-esteem, and Social Support) | An educational program targeting physicians and adolescents provided comprehensive HIV/STI prevention information, based on social cognitive theory and theory of reasoned action. Program aimed to increase adolescent awareness about sexual risks, skills to avoid risky sexual situations, self-efficacy (e.g., feeling that peer pressure can be resisted), and social support (such that adolescents felt encouraged by the physician). 15-min audiotaped risk assessment and education program (addressed awareness and perceived susceptibility to STIs); physician review of risk assessment and discussion, with props and brochures covering skills and self-efficacy to resist intercourse or use condoms, community resources, and (for parents) how to discuss sexual risks with teens. | Individual, face-to-face, video and print | 1 | Once | Primary care physicians, including a pediatrician |
| Usual care | General health examination with no risk assessment and educational tools provided at time of visit. | Individual, face-to-face | 1 | Once | Pediatrician |
| Champion, 201269 | AIDS risk reduction | All participants received enhanced clinical counseling that included asking participants if they took all their medicine, had sex before completing treatment, their partner was treated, and if they had sex with him either before or during treatment. Physical exam and semi-structured one-to-one interview at entry, 6- and 12-month followup (1.5 to 2 hr), two workshop sessions initiated 1 to 3 weeks after entry (4 to 8 participants, 3 to 4 hr, one per week), conducted in round table format using motivational interviewing principles. Session 1 (awareness and perception of risk): raise awareness of personal risk, illustrate risks, discuss general STI and transmission routes, discuss selection of sex partners, discuss unintended pregnancy. Session 2 (commitment to change, strategies to reduce risk behavior): discuss how STIs and unintended pregnancy can be prevented, discussion with sex partner, importance of completing STI treatment, reflect on romantic relationships, share sexual decisionmaking skills, empathize how behavior can change participant life, discuss how to find support, reflect on knowledge and goals. Problem solving followup visits as needed. Weekly (3 to 5) support group sessions started 1 week after completion of both workshops. Two or more individual counseling sessions as initiated by participant to focus on expressed needs. | Individual and group, face-to-face | 11 | 3 weeks (workshops only) | Nurse practitioner |
| Minimal intervention | Enhanced clinical counseling included asking participants if they took all their medicine, had sex before completing treatment, their partner was treated, and if they had sex with him either before or during treatment. Participants told they can receive counseling intervention at study completion. Workshop and support group sessions provided to CG identical to those for IG and conducted by same facilitator, without an incentive. | Individual, face-to-face | 1 | Once | Nurse practitioner |
| Danielson, 199066 | Reproductive health consultation | Slide tape program (30 min) with photos and information on sexual health, couple communication, and access to health services; visit with health practitioner (30 min), Q&A based on patient's interests, risk reduction counseling, modeling and rehearsing discussing sex and contraception with girlfriend | Individual, face-to-face | 1 | Once | Trained nurse practitioner, physician assistant or registered nurse |
| Waitlist | Scheduled consultation after 12 months | NA | NA | NA | NA |
| DiClemente, 200468,148-153 | HIV prevention | Four 4-hr interactive group sessions implemented on consecutive Saturdays at a family clinic; 10 to 12 participants per group. Implemented by a trained African American female health educator and two African American female peer educators. Content based on social cognitive theory and theory of gender and power. Session 1: ethnic and gender pride; session 2: enhanced awareness of HIV risk reduction strategies (abstinence, consistent condom use, fewer sex partners); session 3: role play and cognitive rehearsal to enhance confidence in initiating safer-sex conversations, negotiating safer sex, refusing unsafe sex, and modeling condom use; session 4: importance of healthy relationships | Group, face-to-face | 4 | 4 weeks | Trained health and peer educators |
| Attention control | Four 4-hr interactive group sessions: two sessions emphasizing nutrition and two emphasizing exercise; administered on consecutive Saturdays | Group, face-to-face | 4 | 4 weeks | NR |
| Guilamo-Ramos, 201165 | Parent-based | After completing baseline questionnaire, mothers met with a social worker for 30 min and were provided with a packet containing reference materials and family activities to take home and use with child (homework assignments). Packet was a written manual that taught parents effective communication and parenting strategies for reducing adolescent sexual risk behavior. Included nine modules addressing adolescent development and self-esteem, parental self-efficacy to communicate, general parenting strategies, ways to improve the parent-adolescent relationship and communication, adolescent assertiveness skills and techniques for dealing with peer pressure, adolescent sexual behavior, health consequences of sexual risk taking, and birth control and protection. Also included two communication aids. After child completed physician exam, mother met with physician to discuss exam and physician provided a brief endorsement of the Family Talking Together program. Mothers received two booster calls 1 and 5 months after intervention to determine whether they had reviewed the intervention materials and implemented them with their child. Social work interventionist answered any questions the mother had regarding the materials and encouraged the mother to work with the materials. | Individual, face-to-face | 3 | 5 months | Social worker, physician |
| Usual care | After completing baseline questionnaire, mother returned to waiting room | NA | NA | NA | NA |
| Jemmott, 200567 | Information-based HIV/STI risk reduction (IG1) | Based on cognitive behavioral theory and previous research with individuals from the study population. Designed to be culturally and developmentally appropriate for inner-city African American and Latino adolescent girls. Information in this intervention group addressed the elevated risk of HIV and STI among inner-city African American and Latino young women, personal vulnerability to HIV and STI, HIV transmission, messages about sex, responsibility for risk reduction in relationships, importance of using condoms, and belief that condoms interfere with sexual enjoyment. HIV educational videotape showed correct condom use. Session lasted 250 min. | Group, face-to-face | 1 | Once | Bachelors-level facilitator |
| Skill-based HIV/STI risk reduction (IG2) | Based on cognitive behavioral theory and previous research with individuals from the study population. Designed to be culturally and developmentally appropriate for inner-city African American and Latino adolescent girls. This intervention addressed beliefs relevant to HIV/STI risk reduction, illustrated correct condom use, and depicted effective condom use negotiation. Participants practiced skills by handling condoms, practicing correct use of condoms with anatomical models, and role playing to increase skill in negotiating the use of condoms. Other issues addressed were the same is in IG1. Session lasted 250 min. | Group, face-to-face | 1 | Once | Bachelors-level facilitator |
| Attention control | Covered beliefs and skills relevant to behaviors associated with the risk of heart disease, cancer, and stroke. Focus on food selection and preparation, physical activity, breast self-examination, cigarette smoking, and alcohol use. Session lasted 250 min. | Group, face-to-face | 1 | Once | Bachelors-level facilitator |

**Abbreviations:** CG = control group; IG = intervention group; NA = not applicable; NR = not reported; Q&A = question and answer; STI = sexually transmitted infection.