

## EVIDENCE-BASED PROGRAM MODEL (EBPM) RESOURCES

Applicants are strongly encouraged to carefully review the resources, tables, and curriculum summaries listed before selecting an EBPM(s) and proposing a CA PREP implementation plan.

- **Office of Adolescent Health TPP Resource Center, Choosing an Evidence-Based Program and Curriculum** – Includes descriptions of each CA PREP EBPM in the HHS List of Evidence-based Teen Pregnancy Prevention Programs)  
[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/curriculum.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/curriculum.html)
- **ETR's Resource Center for Adolescent Pregnancy Prevention (ReCAPP), Theories & Approaches: Characteristics of Effective Programs**  
<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=482>
- **Act for Youth Center of Excellence, CAPP and PREP Implementation Guidelines** – While it is highly recommended to review the EBPM PDFs on this webpage, please note they are specific to New York PREP and not all information will apply to CA PREP.  
[http://www.actforyouth.net/health\\_sexuality/sexual\\_health/community/capp/guidelines.cfm](http://www.actforyouth.net/health_sexuality/sexual_health/community/capp/guidelines.cfm)
- **CA STD/HIV Prevention Training Center Webinar, Introduction to EBPMs for PREP (2012)** – Please note, not all information in this webinar is current. It is recommended to view the content from minute mark 9:20 – 55:45.  
<https://captc.adobeconnect.com/a956070662/p88djin62w4a/?launcher=false&fcsContent=true&pbMode=normal>
- **Putting What Works to Work. (2010). Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy**  
<https://thenationalcampaign.org/sites/default/files/resource-primary-download/WhatWorks.pdf>
- **Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections in the United States. (2008). Washington DC: Advocates for Youth. Full Report (pdf)**  
<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

**Table 1: CA PREP EBPMs At a Glance**

<b>EBPM</b>	<b>Target Audience</b>	<b>Number of Modules</b>	<b>Intended Curriculum Length<sup>1</sup></b>	<b>Facilitator : Student Ratio</b>	<b>Maximum Cohort Size</b>	<b>Implementation Schedule(s)<sup>2</sup></b>
Be Proud! Be Responsible!	Diverse youth populations, ages 13-18 <sup>3</sup>	6	<b>305 minutes</b>	1:6-12	24	<ul style="list-style-type: none"> <li>• 2 days, 3 modules/day</li> <li>• 3 days, 2 modules/day</li> <li>• 6 days, 1 module/day</li> </ul>
Cúdate!	Latino youth, ages 13-18	6	<b>365 minutes</b>	1:6-12	24	<ul style="list-style-type: none"> <li>• 2 days, 3 modules/day</li> <li>• 3 days, 2 modules/day</li> <li>• 6 days, 1 module/day</li> </ul>
Making Proud Choices	Youth ages 11-13, in middle school or in youth-serving CBOs	8	<b>485 minutes</b>	1:6-12	24	<ul style="list-style-type: none"> <li>• 2 days, 4 modules/day</li> <li>• 4 days, 2 modules/day</li> <li>• 8 days, 1 module/day</li> </ul>
Sexual Health and Adolescent Risk Prevention	Youth involved in the criminal justice system	5 Sections	<u>1 Session</u> <b>215 min w/ 2 Facil</b> <b>235 min w/ 1 Facil</b> <u>2 or more sessions<sup>4</sup></u> <b>185 min w/1-2 Facil</b>	1:1-5 max of 10 <b>(separated by gender)</b>	10	<ul style="list-style-type: none"> <li>• 1 day, entire EBPM</li> </ul>
Reducing the Risk	High school students ages 13-18	16	<b>760 minutes</b>	1:10-15	30	<ul style="list-style-type: none"> <li>• Recommended 2-3 modules/week</li> </ul>

<sup>1</sup> All Intended Curriculum Lengths include additional time for entry and exit surveys, adaptations for the CA Health & Safety and Ed Codes, and disseminating Family PACT materials.

<sup>2</sup> Any Implementation Schedule that does not replicate those below needs to be approved as an implementation adaptation. For Be Proud! Be Responsible! Cúdate!, and Making Proud Choices, 2 sessions cannot be scheduled more than 1 week apart.

<sup>3</sup> Be Proud! Be Responsible! was originally evaluated with African American males, ages 11-14.

<sup>4</sup> If SHARP is conducted in 1 session (1 day) the 30-50 minute break is included in the total curriculum length. If conducted in 2 or more sessions (days) the 30-50 minutes break **is not included** in the total curriculum length.

**Table 2: Implementation Data from 2012-2015 CA PREP Funding Cycle**

*Note: The data in this table is from CA PREP cohorts delivered between August 1, 2013 and July 31, 2014. As such, not all EBPMs are consistent with the upcoming funding cycle. EBPMs with similar implementation schedules have been collapsed. This data can be used to inform and guide implementation planning.*

<b>EBPM</b>	<b>Setting</b>	<b>Number of Implementation Sessions</b>	<b>Average number of youth in a cohort</b>	<b>Average Attrition Rate</b>
Be Proud! Be Responsible! (BPBR) and Cuidate!	Traditional School	1-2	13	3.1%
BPBR/Cuidate	Traditional School	3 or more	29 <sup>5</sup>	10.2%
BPBR/Cuidate	Other Settings <sup>6</sup>	1-2	11	3.9%
BPBR/Cuidate	Other Settings	3 or more	13	16.9%
BPBR/Cuidate	Alternative Education Setting	3 or more	16	27.8%
BPBR/Cuidate	Juvenile Justice	1-2	14	5.5%
BPBR/Cuidate	Juvenile Justice	3 or more	11	19.7%
Sexual Health and Adolescent Risk Prevention (SHARP)	In school, during school hours	2	7	1.8%
SHARP	Other Settings	1	5	0.4%
SHARP	Other Settings	2	6	3.6%
SHARP	Juvenile Justice	1	3	1.6%
SHARP	Juvenile Justice	2	7	10.1%
SHARP	Juvenile Justice	3	6	21.6%
Making Proud Choices! (MPC) and Making a Difference (MAD)	Traditional Middle School	Mean: 11	24	7.9%
MPC/MAD	Alternative Education Setting	Mean: 10	22	47.3%

<sup>5</sup> In the upcoming CA PREP funding cycle, a cohort cap of 24 will be in place for all Be Proud! Be Responsible!, Cuidate! and Making Proud Choices! cohorts.

<sup>6</sup> Other Settings include clinics, foster care settings, group homes, etc.

<p><b>CURRICULUM: BE PROUD! BE RESPONSIBLE!</b></p> <p>JEMMOTT, JEMMOTT, &amp; McCAFFREE</p> <p><b>EVIDENCE-BASED PROGRAM MODEL CORE COMPONENTS</b></p> <p><b>HHS SUMMARY:</b> <a href="http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/be_proud_responsible.pdf">HTTP://WWW.HHS.GOV/ASH/OAH/OAH-INITIATIVES/TEEN_PREGNANCY/DB/PROGRAMS/BE_PROUD_RESPONSIBLE.PDF</a></p>		
<p><b>CORE CONTENT</b></p> <p>WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p><b>PEDAGOGY</b></p> <p>HOW IS THE CONTENT BEING TAUGHT</p>	<p><b>IMPLEMENTATION</b></p> <p>WHAT ARE THE NECESSARY LOGISTICS</p>
<p><b>Teach correct information about HIV, STI, and pregnancy prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV: etiology, transmission and prevention</li> <li>• STIs: etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: the belief that abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: the belief that sex can interfere with one’s goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: the belief that one’s partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: the belief that a condom interferes with sexual pleasure, isn’t natural, ruins the mood, doesn’t fit, etc.</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: the personal belief that HIV, STIs, and pregnancy could result from sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• Teach negotiation, refusal and reframing skills using the 4-step SWAT Negotiation Strategy to respond to partner’s negative reaction towards abstinence or condom use</li> <li>• Use role-play activities to practice negotiation, refusal and reframing skills</li> <li>• Build participants’ skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use and have the participants practice this using anatomically correct penis models (or a similar type model)</li> </ul> <p><b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></p> <ul style="list-style-type: none"> <li>• Incorporate the theme “Be Proud! Be Responsible!” throughout the Intervention</li> <li>• Build participants’ confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially in the role-playing and in practicing proper condom use</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success</li> <li>• Active listening, eye contact, supportive feedback, being non-judgmental, etc. are all essential ingredients for this process</li> <li>• Develop safeguards for confidentiality</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Integrate and use the core intervention materials only. Use the Intervention Curriculum Manual, posters and activity materials</li> <li>• Use video clips specifically selected for intervention</li> <li>• Use highly participatory and interactive skills</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To increase knowledge and reduce positive attitudes and intentions regarding risky sexual behavior, and to eliminate or reduce sex risk behaviors</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations, or schools during the regular school day or in after school programming, etc. The activities must remain interactive and all youth must have a chance to participate and practice new skills.</li> <li>• In the original study, the participants were African American youth. You can vary this and use this curriculum with youth from different ethnicities</li> <li>• In the original study, the group size was 6-12 youth. If you want to enlarge your group be sure to add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice new skills</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• The intervention can be implemented in 6 sessions of 1 hour, or 2 sessions of 3 hours each over 2 days. All 6 modules must be implemented in order.</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• In the original study, the facilitators were community leaders, counselors, and teachers. You may vary your facilitator type to include others such as health educators, nurses, etc. as long as they have experience working with youth. Peer facilitators, if desired, should be paired with an adult facilitator</li> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> <li>• Be able to work with youth, relate to them and their life circumstances and believe in the youth and in their resilience</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Secure a private meeting space for implementing the program</li> <li>• Obtain needed materials ahead of time</li> </ul>

**CURRICULUM: CUIDATE!**

VILLARRUEL, A.M., JEMMOTT, J.B., & JEMMOTT, L.S.

**EVIDENCE-BASED PROGRAM MODEL CORE COMPONENTS**

**HHS SUMMARY:** [HTTP://WWW.HHS.GOV/ASH/OAH/OAH-INITIATIVES/TEEN\\_PREGNANCY/DB/PROGRAMS/CUIDATE.PDF](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/cuidate.pdf)

<p><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p><b>PEDAGOGY</b> HOW THE CONTENT IS BEING TAUGHT</p>	<p><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Incorporate the theme of ¡Cuidate!—taking care of oneself and one’s partner, family and community—throughout the program</li> <li>• Use culturally and linguistically appropriate materials and activities to show and emphasize core Latino cultural values specifically familialism and gender-roles, and how those are consistent with safer sex behavior</li> <li>• Incorporate activities that increase knowledge and influence positive attitudes, beliefs, and self-efficacy regarding HIV sexual risk-reduction behaviors</li> <li>• Model and practicing the effective use of condoms</li> <li>• Build participants’ skills in problem solving, negotiation of safe sex, and refusal of unsafe sex</li> <li>• Deliver sessions in highly participatory, interactive small groups</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Use the ¡Cuidate! logo and color scheme throughout implementation</li> <li>• Establish group/classroom standards</li> <li>• Employ classroom/group management skills</li> <li>• Encourage participant discussions</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Facilitate interactive activities and competitive games</li> <li>• View and process videos</li> <li>• Work in small groups</li> <li>• Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) allow time for youth to practice; and (4) provide youth feedback</li> <li>• Use role plays and scenarios to demonstrate and emphasize specific points included in the model and to allow participants to practice skills</li> <li>• Facilitate learning activities in a youth-centered way</li> <li>• Address multiple learning styles (visual, kinesthetic, auditory)</li> <li>• Present data visually</li> <li>• Reinforce and repeat important information and messages</li> <li>• Make sure Facilitators are comfortable with sexuality and doing skill demonstrations</li> <li>• Give clear activity directions</li> <li>• Use culturally relevant references (names, music, and videos)</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The program title, ¡Cuidate!, should remain the same</li> <li>• The message of ¡Cuidate! – take care of yourself-emphasize behavior</li> </ul> <p><b>Audience and Setting</b></p> <ul style="list-style-type: none"> <li>• ¡Cuidate! was implemented with Latino youth of mixed gender, ages 13-18, living in an urban setting. Single gender groups might also be effective</li> <li>• ¡Cuidate! was originally implemented with a small group of 6-10 participants. Group size should be large enough to provide interaction. An additional Facilitator will be needed with a larger group.</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Implement the modules (6) in consecutive order</li> <li>• In the original study, the model was conducted in two sessions (3 modules per session) within a 1 week period. It is feasible to deliver more sessions, e.g. 3 sessions (2 modules per session) over a 6-week period, or 1 module per session over a 6 week period.</li> <li>• A minimum of two sessions is recommended in order to allow sufficient time for participants to process information</li> <li>• Implement in Middle or High schools and/or CBO’s; after school, during school, or weekends.</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Recruit and train Facilitators in the ¡Cuidate! Curriculum</li> <li>• Select Facilitators who have credibility with youth</li> <li>• Select Facilitators that are culturally competent</li> <li>• Session can be conducted in either English or Spanish. It is recommended that the program be conducted in only one language</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Develop safeguards for confidentiality</li> <li>• Promote awareness and attendance</li> <li>• Secure an adequate private meeting space for implementing ¡Cuidate! with Facilitators present at all times. This space should be accessible to youth</li> </ul>

<b>CURRICULUM: MAKING PROUD CHOICES!</b> <b>JEMMOTT, JEMMOTT, &amp; McCAFFREE</b> <b>EVIDENCE-BASED PROGRAM MODEL CORE COMPONENTS</b> <b>HHS SUMMARY: <a href="http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/making_proud_choices.pdf">HTTP://WWW.HHS.GOV/ASH/OAH/OAH-INITIATIVES/TEEN_PREGNANCY/DB/PROGRAMS/MAKING_PROUD_CHOICES.PDF</a></b>		
<b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM	<b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT	<b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS
<p><b>Teach correct information about HIV, STIs, and pregnancy and prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV, etiology, transmission and prevention</li> <li>• STIs, etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: Abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: Sexual involvement might interfere with one’s goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: One’s partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: Condoms interfere with sexual pleasure, aren’t natural, ruin the mood, don’t fit, etc.</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: HIV, STI and pregnancy could happen to them if they have sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• Teach negotiation, refusal, and reframing skills using the 4-step SWAT Negotiation Strategy to respond to a partner’s negative reaction towards abstinence or condom use</li> <li>• Use role-playing activities to practice negotiation, refusal, and reframing skills</li> <li>• Build participants’ skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use, have the participants practice correct condom usage skills using anatomically correct penis models (or a similar type model)</li> </ul> <p><b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></p> <ul style="list-style-type: none"> <li>• Incorporate the theme “Making Proud Choices!” throughout the intervention</li> <li>• Build participants’ confidence in their skills by incorporating positive reinforcement, support, and constructive feedback in all intervention activities, especially in the role-plays and in practicing condom use</li> </ul>	<p><b>Creating the Learning Environment:</b></p> <ul style="list-style-type: none"> <li>• Must create a supportive and caring environment</li> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success. Active listening, eye contact, supportive feedback, non-judgmental, etc. are all essential ingredients for this process</li> <li>• Set group ground rules</li> <li>• Use brainstorming</li> </ul> <p><b>Facilitating the Learning Activities:</b></p> <ul style="list-style-type: none"> <li>• Facilitate interactive activities and competitive games</li> <li>• Use specially trained health educator</li> <li>• Use highly participatory and interactive skills</li> <li>• Use the Intervention Curriculum Manual, posters and activity materials only</li> <li>• Use video clips specifically selected for intervention</li> <li>• Be able to work with youth, relate to them and their life circumstances and believe in the youth and in their resilience</li> <li>• View and process videos</li> <li>• Work in small groups</li> <li>• Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) youth practice; and (4) provide youth feedback</li> <li>• Facilitate role-play/skill practice</li> <li>• Tailor language imbedded in the activities to better connect to the culture and norms of the youth being served</li> <li>• Facilitate learning activities in a youth-centered way</li> <li>• Address multiple learning styles (visual, kinesthetic, auditory)</li> <li>• Present data visually</li> <li>• Reinforce and repeat important information and messages</li> <li>• Ensure that program leaders are comfortable with sexuality and doing skill demonstrations</li> <li>• Give clear activity directions</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The program title, Making Proud Choices (MPC), should remain the same.</li> <li>• The message —the proud and responsible thing to do is to use a condom every time you have sex should remain the same</li> </ul> <p><b>Audience and Setting</b></p> <ul style="list-style-type: none"> <li>• MPC was studied with African-American youth of mixed gender, ages 11–13, living in an urban setting. However, MPC may be adapted for other racial or ethnic groups, other age groups, single-sex groups and other geographic settings. You might want to change the names of the youth in the role-plays and the settings of the situations to be culturally and ethnically appropriate/relevant</li> <li>• MPC was originally implemented in a community-based setting. However, the program may be conducted in youth serving agencies or schools if school policy is supportive of MPC’s core components, i.e., if schools are willing to implement MPC with fidelity.</li> <li>• In the original study, the group size was 6-12 youth in a group. If you want to enlarge your group be sure to add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice new skills</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• The program was originally implemented over two weekends (two 4-hour sessions). However, it may be implemented in other formats (e.g., 8 sessions of 60 minutes each, four two-module sessions, two four-module sessions, 16 sessions for school settings with short time frames available, etc.)</li> <li>• Implement the modules in order</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Develop safeguards for confidentiality</li> <li>• Promote awareness and attendance</li> <li>• Secure a private meeting space for implementing MPC</li> <li>• Ensure program leaders are present at all times</li> <li>• Obtain needed materials (e.g., videos) ahead of time</li> </ul>

## CURRICULUM: SEXUAL HEALTH AND ADOLESCENT RISK PREVENTION

A.K.A. HIV RISK REDUCTION AMONG DETAINED ADOLESCENTS

BRYAN, A.D., SCHMIEGE, S.J., & BROADDUS, M.R.

### EVIDENCE-BASED PROGRAM MODEL CORE COMPONENTS

HHS SUMMARY: [HTTP://WWW.HHS.GOV/ASH/OAH/OAH-INITIATIVES/TEEN\\_PREGNANCY/DB/PROGRAMS/HIV\\_RISK\\_REDUCTION.PDF](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/hiv_risk_reduction.pdf)

<b>CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM	<b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT	<b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS
<ul style="list-style-type: none"> <li>• Understanding how STI/HIV are transmitted and identifying STI/HIV myths and facts about –risky behaviors</li> <li>• Improving attitudes for future and self-efficacy</li> <li>• Supports positive changes in safer-sex attitudes and behaviors through Motivational Enhancement Therapy and goal setting exercises</li> <li>• Understanding and developing strategies for sexual risk and alcohol use reduction</li> <li>• Developing long-term goals for reduction in sexual risk and alcohol use</li> <li>• Increases awareness and knowledge of the consequences of risky sexual and substance use practices</li> <li>• Provides opportunity to practice safer-sex skills with corrective feedback</li> <li>• Improving individual condom use and negotiating condom use successfully</li> </ul>	<p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• SHARP incorporates videos, lecture, condom use demonstrations, group discussion and activities, a computer game, goal setting, and a student workbook</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• Reduce sexual risk behavior among high-risk adolescents in juvenile detention facilities by increasing condom use and reducing alcohol related sexual risk behaviors</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• High-risk adolescents in juvenile detention facilities</li> <li>• Up to 10 single gender youth per group</li> <li>• 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</li> </ul> <p><b>Implementation schedule</b></p> <ul style="list-style-type: none"> <li>• SHARP consist of one 3-hour session</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• 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 Motivational Interviewing and Motivational Enhanced Therapy (MI/MET)</li> <li>• 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</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• There is some advance preparation of materials needed before SHARP is implemented. These materials will ensure that the session will be easily conducted and include the development of a local resource list</li> <li>• There are some secondary materials you will need to obtain to offer this intervention. A TV/DVD player if feasible, laptop computers for every 1-2 participants for the “Risky Behavior”, computer game. Access to a photocopier, and if possible, to the internet during the intervention session. A calculator for the Alcohol Use and Feedback section, a flip chart and markers (or equivalent), condoms, lubricants, and penis proxies. (hand wipes or paper towels)</li> </ul>

**CURRICULUM: REDUCING THE RISK**

**KIRBY, D., BARTH, R.P.**

**EVIDENCE-BASED PROGRAM MODEL CORE COMPONENTS**

**HHS SUMMARY:** [HTTP://WWW.HHS.GOV/ASH/OAH/OAH-INITIATIVES/TEEN\\_PREGNANCY/DB/PROGRAMS/REDUCING\\_THE\\_RISK.PDF](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/reducing_the_risk.pdf)

<p><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Knowledge of pregnancy risk and prevention</li> <li>• Knowledge about STI, and HIV risk, prevention, transmission, treatment, and consequences</li> <li>• Perception of individual risk for pregnancy, STI, and HIV and their consequences if teenagers continue to engage in unprotected sex</li> <li>• Knowledge of how to be abstinent or use birth control methods effectively and how to access health care information and contraception (including condoms)</li> <li>• Effective and ineffective refusal skills and delaying tactics</li> <li>• Social and peer norms, as well as personal attitudes, about abstinence, sex, unprotected sex, condoms and contraception</li> <li>• Self-efficacy and refusal, delay, and communication skills in pressure situations in order to avoid pregnancy and STI</li> <li>• Self-efficacy and skills to obtain health care information and contraception from a clinic and use it</li> <li>• Skills to communicate with parents or other adults about adolescent sexual activity</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Create a safe and effective learning environment in the classroom by establishing group agreements and including mechanisms for asking sensitive questions and actively involving participants</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Implement all activities using the interactive strategies included in the lessons, as these teaching strategies and activities were designed to influence the theory-based risk and protective factors related to sexual risk behaviors</li> <li>• Implement all role-playing activities so that all skills are explained and modeled and participants repeatedly practice those skills</li> <li>• State messages about important values and sexual behaviors that are stated clearly and emphasized repeatedly. The key message is that the only responsible alternatives for teenagers are to abstain from sexual activity or to use condoms or other forms of contraception</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The key message that the only responsible alternatives for teenagers are to abstain from sexual activity or refuse unprotected sex should not be changed</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• Ideally Reducing the Risk should be implemented in school settings</li> <li>• The curriculum is designed for high school students, but can be implemented with students who are in appropriate grades (i.e., grades 8-12) or the appropriate age (i.e.,13-18)</li> <li>• Appropriate for students of all races and ethnicities</li> <li>• The ideal class size is between 10 and 30 youth</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Ideally, sessions should be taught 2–3 times per week</li> <li>• All 16 sessions should be taught in sequence</li> <li>• Sessions should last at least 45 minutes</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Educators should be familiar with the Reducing the Risk content, comfortable discussing the material, and experienced in teaching a skills-based program</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• If the curriculum is implemented in a school setting, appropriate approval should be obtained from the school and parents. If implemented in a non-school setting, appropriate approval should be obtained from the host organization and parents, and steps necessary to successfully recruit youth should be implemented</li> </ul>