

Evidence-Based Program Models (EBPMs) Summary								
Name of Intervention	Researcher	Theories	Target Population (those in original study or in later adaptations)	Goals of Intervention	Setting of Intervention	Number and Duration of Sessions	Number of Participants	Publication Reference (See below)
<i>ALL4YOU!: Preventing HIV, Other STD, and Pregnancy Among Young People in Alternative Ed. Settings (Gr. 9-12)*</i>	Coyle, K., Kirby, D., Robin, Banspach, Baumler, & Glassman	The core content areas are based on the behavioral determinants and underlying behavior change theories	Students in alternative high schools, ages 14-18	To reduce the frequency of unprotected sex among students in alternative high schools.	Alternative schools	26 hours total over 5-7 weeks: 9 classroom lessons of 70-90 minutes each; and 5 student service-learning visits (140 min. each) to volunteer sites	10 – 20 students	13
<i>Be Proud! Be Responsible!*</i>	Jemmott, Jemmott, & McCaffree	Social Cognitive Theory; Theory of Reasoned Action; Theory of Planned Behavior	Inner-city African American male adolescents, 13-18. (It has subsequently been used with more diverse youth populations in both in-school and out-of-school settings.)	To increase knowledge and reduce positive attitudes and intentions regarding risky sexual behavior, and to eliminate or reduce sex risk behaviors. Includes condom negotiation skills and condom demonstrations.	Middle or High Schools (on weekends), CBOs	6 sessions of 1 hour, or 2 sessions of 3 hours each over 2 days. If conducted with smaller groups, can be completed in 5 hours.	Group of 5-6 males; can be implemented with larger, or mixed gender or racial and ethnic groups with a well-trained facilitator.	11-12
<i>Be Proud! Be Responsible! Be Protective! (Strategies to Empower Youth to Reduce their Risk for HIV/AIDS)***</i>	Jemmott, Jemmott, & Koniak-Griffin, D.	Social Cognitive Theory; Theory of Reasoned Action; Theory of Planned Behavior	Low- income African American Adolescent mothers or pregnant girls, grades 7 through 12 (Can be adapted for mothers or pregnant females of other race/ethnicities)	To affect knowledge, beliefs, & intentions about condom use & sexual behaviors & address impact of HIV/AIDS on pregnant women & their children to prevent disease during pregnancy/postpartum	Middle or High Schools (on weekends), CBOs	4 sessions/2 hours each, or 8 modules/1 hr each	Small groups (e.g. 6-8) of adolescent mothers or pregnant girls.	10
<i>¡CUÍDATE! (Take Care of Yourself)** (Note: similar to Be Proud Be Responsible, but in Spanish</i>	Villarruel, A.M., Jemmott, J.B., & Jemmott, L.S.	Social Cognitive Theory; Theory of Reasoned Action; Theory of Planned Behavior	Latino Youth, ages 13-18	Increase skills and self-efficacy in negotiating abstinence and condom use, increase abstinence, and increase condom use	Middle or High Schools (on weekends), CBOs	Culturally-based interventions of 6 sessions/1 hour each, delivered over two days.	Intervention conducted by bilingual adult facilitators for small, mixed-gender groups of 6 – 10 adolescents.	8-9

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<i>Horizons</i>	DiClemente, R. J.	Social Cognitive Theory; Theory of Gender and power	Heterosexually active African-American Adolescent Females (15-21) seeking sex health services (single, not pregnant)	Reduce STDs, increase condom use, increase communication with male partners about safer sex and STDs, increase male partners accessing STD services	Public community clinic (Deliverers are African American women health educators)	2 group sessions over 2 days, 4 hours each session and 4 individual phone calls of 15 minutes each conducted over 9 months, post intervention	8 participants (participants receive \$20 vouchers redeemable by their male partner toward the cost of STD services)	6
<i>Making a Difference! An Abstinence Approach to Prevention of STDs, HIV and Teen Pregnancy*</i>	Jemmott, Jemmott & McCaffree	Social Cognitive Theory; Theory of Reasoned Action and its extension, the Theory of Planned Behavior	African American, Hispanic, and White adolescents, 11-13, who attend middle schools and youth-serving CBOs	This curriculum emphasizes that young adolescents should postpone sexual activity and that practicing abstinence is the only way to eliminate the risk for pregnancy and STDs, including HIV. No condom demonstrations or condom negotiation skills are conducted in this intervention; role plays are abstinence-focused	Community settings, including middle schools and youth-serving agencies	8 modules/1 hour; or 4 modules of 2-hour sessions.	Designed for 6-12 participants in group but can be larger	5
<i>Making Proud Choices!*</i>	Jemmott, Jemmott & McCaffree	Social Cognitive Theory; Theory of Reasoned Action and its extension, the Theory of Planned Behavior	African American, Hispanic, and White adolescents, 11-13, who attend middle schools and youth-serving CBOs	Reduce risk for STD/HIV and pregnancy risk-related behaviors by increasing knowledge about HIV, STDs, and pregnancy prevention; promote skills to support abstinence and safer sex practices; increase ability of adolescents to correctly use condoms	Community settings, including middle schools and youth-serving agencies	8 modules/1 hour; or 4 modules of 2-hour sessions.	Designed for 6-12 participants in group but can be larger	5
<i>Reducing the Risk*</i>	Kirby, D., Barth, R. P.	Social Learning Theory; Social Influence Theory; and Cognitive-Behavioral Theory	High School Students, grades 9-12 or aged 13-18; appropriate for students of all races and ethnicities	Prevention of teenage pregnancy, and protecting adolescents against HIV and other STD by changing high-risk behaviors	HS Health Education Classes	16 Sessions/ 45 minutes	10 to 30 youth	1-4

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<i>Sexual Health and Adolescent Risk Prevention (SHARP) (AKA HIV Risk Reduction Among Detained Adolescents)</i>	Bryan, A.D., Schmiege, S. J., & Broaddus, M. R.	Motivational Enhancement Therapy	High-risk adolescents in juvenile detention facilities	Reduce sexual risk behaviors among high-risk adolescents in juvenile detention facilities by increasing condom use and reducing alcohol-related sexual risk behavior	Juvenile detention facilities	1 session/3 hours, group-based intervention.	Up to 10 youth per group	7
<i>Sistering, Informing, Healing, Living, and Empowering (SiHLE)</i>	DiClemente & Wingwood	Social Cognitive Theory and Theory of Gender and Power (Adaptation of SISTA program)	Sexually experienced African American adolescent girls, 14-18 years old	To reduce sexual risk behaviors, reduce STDs and pregnancy, and to enhance skills and mediators of HIV preventive behaviors	Family medicine clinic (Deliverer is African Am. female educator & 2 African Am. female peer educators, aged 18-21)	4 sessions of 3 hours each	Small group of 10-12 girls	14
<i>Sisters Saving Sisters*</i>	Jemmott, J. B. & Jemmott, L. S.	Theory of Reasoned Action, Theory of Planned Behavior, Social Cognitive Theory	Sexually active African American and Latina adolescent female patients at family planning clinics, aged 12-19	To eliminate or reduce unprotected sexual intercourse and number of sex partners, and to prevent new STD infections	Adolescent medicine clinic, schools, youth agencies (Deliverer is African American woman with BA and experience working with inner-city adolescents)	5 module curriculum; 4 ½ hours.	Group of 2 to 6 participants, but can be implemented with up to 10 participants if extra time is built into each session	15

* REQUIRED EQUIPMENT: Monitor with DVD capabilities

** REQUIRED EQUIPMENT: Monitor with DVD capabilities and CD player

*** REQUIRED EQUIPMENT: Video monitor for videotapes

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