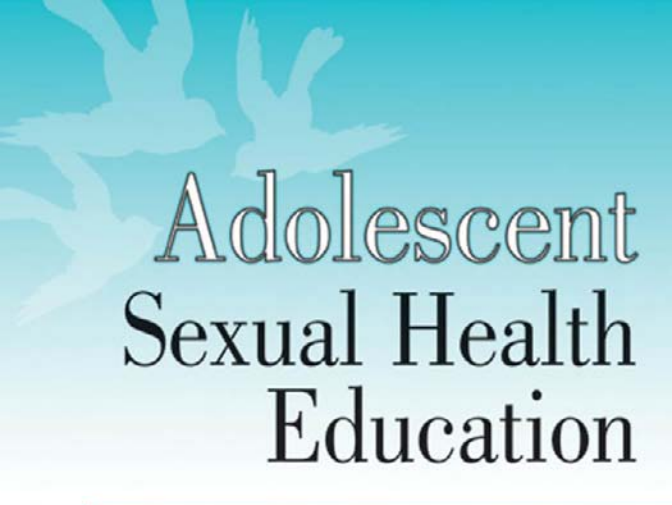




Adolescent Sexual Health Education

An Activity Sourcebook



Josefina J. Card
Tabitha Benner
Editors

Adolescent Sexual Health Education

An Activity Sourcebook

ABOUT THE EDITORS

Josefina J. Card, Ph.D., is Founder and President of Sociometrics Corporation. Dr. Card is a nationally recognized social scientist and an expert in the establishment and operation of research-based social science resources, products and services for population researchers and health practitioners. She has served as Principal Investigator of over 70 grants and contracts funded by the National Institutes of Health and the National Science Foundation, including the AIDS/STI Data Archive and the HIV/AIDS Prevention Program Archive.

Dr. Card has established a solid track record as a health and population scientist. She has authored over 80 books, monographs, and journal articles. Her work is noted for its integration of behavioral, psychological, and demographic perspectives.

Dr. Card has served as a member of many federal advisory committees, including the NIH (National Institutes of Health) Study Section for Social Sciences and Population, the NICHD (National Institute on Child Health and Human Development) Population Research Committee, and the NICHD Advisory Council.

Tabitha Benner, M.P.A., is a Research Associate at Sociometrics Corporation, and currently the project director of two projects related to STI/HIV/AIDS prevention for at-risk youth and/or adults: Program Archive on Sexuality, Health and Adolescence (PASHA) and Computer-Based HIV Prevention Interventions for African-American Women (SAHARA).

As program director of PASHA, she oversees researching new and innovative effective interventions in the areas of primary/secondary pregnancy prevention and STI/HIV/AIDS prevention for youth, and works with the original program developers to create user-friendly replication kits. As project director for the SAHARA program, she developed the storyboards and scripts for two interactive, new media interventions, one for African American women and the second for Hispanic women.

Prior to joining Sociometrics, Ms. Benner completed a Masters of Public Administration at the American University in Washington, D.C., with an emphasis on the impact of state and local regulations on minors' access to family planning and reproductive health services without parental consent.

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EDITORS

Josefina J. Card, Ph.D.
Tabitha Benner, M.P.A.

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For Gwyneth and Tiffany

For Mitch, Nelle, and most of all, David

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Acknowledgments

The activities in this Sourcebook were drawn from the model adolescent pregnancy and STI/HIV prevention programs in the Program Archive on Sexuality, Health & Adolescence (PASHA). We thank the distinguished scientists who selected programs for the PASHA collection based on the scientific evidence for their effectiveness in changing the risky sexual behaviors that cause unwanted pregnancy and sexually transmitted infections among young Americans: Drs. Claire Brindis, Jennifer Manlove, Brent Miller, Kristin Moore, Freya Sonenstein, and Brian Wilcox.

Dr. Starr Niego developed the conceptual framework for this book and the template for the activity write-ups. She also selected activities for inclusion. M. Jane Park oversaw the day-to-day activities involved in producing the book—providing guidance for writing activity descriptions, reviewing numerous drafts, coordinating final production and ensuring overall quality of the publication. Tabitha A. Benner and Evelyn C. Peterson skillfully prepared the core of the book: the individual activity write-ups. Ms. Benner also was responsible for the creative layout and design of the publication. We also wish to thank Sociometrics staff member Stephani R. Becker and health educators Terrie Lind of Planned Parenthood Mar Monte, San Jose, CA and Dona Carmack of Burlingame High School, Burlingame, CA for their review of earlier versions of this manuscript. They provided valuable insights and suggestions for improving the book's clarity and usability. We appreciate their help.

The National Institute of Child Health and Human Development (NICHD), the Office of Population Affairs (OPA), and the Centers for Disease Control and Prevention (CDC) have provided funding for PASHA over the last 12 years. We thank them for their support. Special thanks are due Program Officer Dr. Susan Newcomer of NICHD for her unfailing encouragement and support.

Last but certainly not least, we remain indebted to the work of the original developers of the programs in the PASHA collection from which all activities were obtained. Below, we list the program names and their original developers. More information on each effective program is provided in the Appendix.

Program Name

Original Developer(s)

Pregnancy Prevention Programs

Human Sexuality—Values & Choices: A Values-Based Curriculum for 7th and 8th Grades	Search Institute
Project <i>TAKING CHARGE</i>	American Association of Family and Consumer Sciences
Reducing the Risk	Richard Barth, M.S.W., Ph.D.
Reproductive Health Counseling for Young Men	Ross Danielson, Shirley Marcy, Anne Plunkett, William Wiest & Merwin Greenlick
School/Community Program for Sexual Risk Reduction among Teens	Murray Vincent, Ed.D.
School-Linked Reproductive Health Services (The Self-Center)	Laurie Schwab Zabin, Ph.D., Janet B. Hardy, M.D.C.M. & Rosalie Streett, M.S.
Tailoring Family Planning Services to the Special Needs of Adolescents: New Adolescent Approach Protocols	Lynn Cooper Breckenmaker & Laraine Winter, Ph.D.
Teen Talk	Marvin Eisen, Ph.D., Alfred McAlister, Ph.D. & Gail Zellman, Ph.D.

Secondary Pregnancy Prevention Programs

Family Growth Center	Richard Solomon, M.D. & Linda Solomon, M.Ed.
A Health Care Program for First-time Adolescent Mothers and their Infants	Ann L. O'Sullivan, Ph.D., F.A.A.N.
Queens Hospital Center's Teenage Program	Jill M. Rabin, M.D. & Vicki Seltzer, M.D.

STI/HIV/AIDS Prevention Programs

Aban Aya Youth Project	Brian R. Flay, D.Phil., Sally Graumlich, Ed.D., C.H.E.S. & the ABAN AYA Team
Adolescents Living Safely: AIDS Awareness, Attitudes and Actions	Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D. & Calvin Selfridge
Adolescents Living Safely: AIDS Awareness, Attitudes and Actions for Gay, Lesbian and Bisexual Teens	Sutherland Miller, Ph.D., Joyce Hunter, D.S.W. & Mary Jane Rotheram-Borus, Ph.D.
AIDS Prevention and Health Promotion Among Women	Stevan E. Hobfoll, Ph.D., Anita P. Jackson, Ph.D., Justin Lavin, Ph.D., Paula J. Britton & James B. Shepherd
AIDS Prevention for Adolescents in School	Heather J. Walter, M.D., M.P.H. & Roger D. Vaughan, M.S.
ARREST: AIDS Risk Reduction Education and Skills Training Program	Michele D. Kipke, Ph.D.
AIDS Risk Reduction for College Students	Diane L. Kimble-Willcuts, Jeffrey D. Fisher, Ph.D., William A. Fisher, Ph.D. & Stephen J. Misovich, Ph.D.
A Clinic-Based AIDS Education Program for Female Adolescents	Vaughn I. Rickert, Psy.D., Anita Gottlieb, R.N.P. & M. Susan Jay, M.D.
Draw the Line/Respect the Line	University of California, San Francisco: The Center for AIDS Prevention Studies & ETR Associates
Focus on Kids	Bonita Stanton, M.D., Jennifer Galbraith, M.A., Linda Kaljee, M.A., Maureen Black, Ph.D., Susan Feigelman, M.D., Xiaoming Li, Ph.D. & Izabel Ricardo, Ph.D.
FOCUS: Preventing STIs and Unintended Pregnancies among Young Women	Cherrie Boyer, Ph.D., Mary-Ann Shafer, M.D., Richard Shaffer, Ph.D., Stephanie Brodine, M.D., Lance Pollack, Ph.D., Kelli Betsinger, B.A., Y. Jason Chang, M.S., Heidi Kraft, Ph.D. & Julius Schachter, Ph.D.
Get Real About AIDS®	Comprehensive Health Education Foundation
Information-Motivation-Behavioral Skills HIV Prevention Program	Jeffrey D. Fisher, Ph.D., William A. Fisher, Ph.D., Stephen J. Misovich, Ph.D. & Angela D. Bryan, Ph.D.
Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth	New England Research Institutes and Hispanic Office of Planning & Evaluation
Rikers Health Advocacy Program (RHAP)	Stephen Magura, Ph.D., Janet L. Shapiro, M.A. & Sung-Yeon Kang, Ph.D.
Safer Choices	ETR Associates & University of Texas, Houston: Center for Health Promotion Research and Development
Safer Sex Efficacy Workshop	Karen Basen-Engquist, Ph.D., M.P.H.

SiHLE: Health Workshops for Young Black Women

Ralph DiClemente, Ph.D., Gina Wingood, Sc.D., Kathy Harrington, M.P.H., M.A.Ed., Delia Lang, Ph.D., Susan Davies, Ph.D., Edward Hook III, M.D., M. Kim Oh, M.D., Richard Crosby, Ph.D., Vicki Stover Hertzberg, Ph.D., Angelita Gordon, M.S., James Hardin, Ph.D., Shan Parker, Ph.D. & Alyssa Robillard, Ph.D.

What Could You Do?

Julie Down, Ph.D., Pamela Murray, M.D., M.P.H., Wändi Bruine de Bruin, Ph.D., Joyce Penrose, D.P.H., R.N.-C., Claire Palmgren & Baruch Fischhoff, Ph.D.

Youth AIDS Prevention Project (YAPP)

Susan R. Levy, Ph.D., Brian R. Flay, D. Phil. & Arden S. Handler, Dr.P.H.

Youth and AIDS Project's HIV Prevention Program

Gary Remafedi, M.D., M.P.H., Susan Reynolds, M.S.W., John Yoakam, M.Div. & Kevin Cwayna, M.D.

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WELCOME TO THE ADOLESCENT SEXUAL HEALTH EDUCATION ACTIVITY SOURCEBOOK!

This *Sourcebook* contains a diverse array of activities to assist you in educating teens about pregnancy and STI/HIV prevention. If you are creating a new health, sexuality, or family life education program, the resources in this book can provide a solid foundation for your efforts. If your program is already up and running, the lessons can enrich your current curriculum.

All *Sourcebook* activities are drawn from PASHA, the Program Archive on Sexuality, Health and Adolescence (Card & Benner, eds., 2007; Card, Lessard & Benner, 2006; Card, Niego, Benner & Farrell, 1996). PASHA includes 34 programs judged by a Scientist Advisory Panel to be effective in changing sexual risk-taking behavior in youth. Together, the PASHA collection and the *Sourcebook* represent the state of the art in pregnancy and STI/HIV/AIDS prevention education for youth.

A five-member Scientist Advisory Panel determined which programs merited inclusion in the PASHA collection. The panel considered whether proper research methods were used in evaluating the effectiveness of each intervention, including a pre-test, post-test, and follow-up assessment. In addition, to be considered “effective,” a program had to demonstrate a positive impact on at least one of the behaviors listed below.

- Postponing sexual intercourse
- Decreasing the frequency of sexual intercourse
- Decreasing the number of sexual partners
- Increasing contraceptive use at first, most recent, or every intercourse
- Preventing pregnancy
- Increasing the use of effective STI/HIV/AIDS prophylactic at first, most recent, or every intercourse
- Substituting lower-risk sexual behaviors for high-risk behaviors
- Increasing STI/HIV/AIDS prevention related behaviors (i.e., increased condom purchasing, increased voluntary condom carrying)
- Preventing STI/HIV/AIDS.

We relaxed the criteria somewhat for programs aimed at younger teens. For interventions targeting youth under 16 years of age, a demonstrated, positive impact on sexuality-related refusal or negotiation skills, intentions, values, or attitudes was accepted as preliminary evidence of effectiveness.

To construct the *Sourcebook*, we established a second set of criteria to guide us in the selection process. These criteria were based on our experiences developing PASHA program packages, as well as in providing technical support to PASHA Field Test sites. This experience helped us learn which activities worked best when replicated in new settings, and with different groups of teens. We also drew upon earlier projects whose methods and goals were similar to our own. The

selection criteria we used for inclusion of an activity in this *Activity Sourcebook* were:

Focus: Does the activity target teens in an appropriate age group, risk level, or environment?

Clarity of goals: Does the activity point toward clearly stated aims?

Replicability: Can the activity be used by others, working under different conditions and with different groups than were involved in the original field study? Are the instructions clear and complete? Are specialized resources, materials, or skills required?

Rationale: Is the activity linked to a theoretical model of risk reduction or behavioral change? Is the material relevant to pregnancy or STI/HIV/AIDS prevention?

Effectiveness: Is there evidence that the activity has been used successfully by the original developers or others?

Student engagement: Are students encouraged to participate actively in planning or completing the activity?

After reviewing all activities across the participating programs, we selected those that best met these criteria and represented the strengths and diversity of the PASHA collection.

How to use this book: Begin with the end in mind

Although it is tempting to jump in and begin selecting activities for your program, we recommend that you first determine what you would like to accomplish. In our view, every program should be grounded in a clear set of goals and objectives. Once these are established, you will be well-positioned to identify which of the many *Sourcebook* activities best meet your needs.

Typically, we speak of goals as the ultimate, long-term aims, and find that most programs focus on just one or a few. Many pregnancy prevention efforts, for example, are designed to delay teens' involvement in sexual activity or encourage those teens who do become sexually active to use effective contraception.

Objectives, in contrast, are the short-term pathways that lead to program goals. Consider, for a moment, how you could best help teens postpone sexual involvement. Perhaps you believe they should develop refusal skills, or learn about alternatives to sexual activity. In this example, skill development and knowledge of alternatives would be considered short-term objectives leading to your ultimate goal of delaying intercourse.

Try writing out the goals and objectives for your own program. You'll find that this exercise brings great rewards in clarifying your work, focusing your efforts, and pointing you towards the kinds of activities you'll want to include in your intervention.

Activity entries: The heart of the matter

When you are ready to select activities, turn to the "Activities" section, the heart of the *Sourcebook*. Here you will find separate sub-sections for each of six activity types:

- Role Plays
- Group Discussions
- Homework
- Group Activities

- Teacher-Led Discussions
- Other Modalities (including guest speakers, field trips, etc.)

We recommend that you read each entry thoroughly. You will find that the entries vary, reflecting the range of programs in the PASHA collection. Some were originally developed for less experienced instructors and offer detailed guidelines for implementation. Other activities simply suggest a few open-ended questions to ask teens when leading a discussion. Each entry is presented in the same format, to assist you in determining whether the activity is appropriate for your program.

On the **first page** of each entry, you will see the following:

Activity Description: The core of each entry, this explains how the activity was taught in the original intervention. Many descriptions also include tips for implementation and suggest background needed by teens (e.g., knowledge of contraceptive methods) to participate in the activity.

Attachment Flag: Many activities include attachments such as a worksheets, script, background information, etc., which are either needed for, or are supplementary to, the activity. The bottom of the Activity Description lets you know if the Activity includes an Attachment. If so, the Attachment is located on at the end of the Activity.

The first page also includes a sidebar with basic activity information:

- activity goal(s),
- original program setting,
- time needed,
- appropriate age level of participants,
- staff needed, and
- material(s) needed.

Reviewing these items will help you determine how well the activity will fit in with your program. If you think the activity is appropriate for your teens, this sidebar also provides useful information to help you prepare for the activity.

The **second page** includes the following:

Ways to Expand the Activity: We encourage you to adapt the activities to fit your program. Here are a few of our ideas.

Notes: You may want to jot down notes and ideas for implementing the activity as you read through each entry. This space is provided to facilitate that process.

A side bar on the second page provides a brief description of the original program, including how the activity relates to the program as a whole. This information may be helpful to you in adapting the activity or in determining whether the activity is appropriate for your teens. More detailed information about the original program can be found in the Appendix.

Share your experiences with us

We are eager to expand and update the *Sourcebook* by incorporating your experiences and sharing them with your colleagues. Please tell us how you used or modified activities and what additional information you would like to see in future editions of this book.

J. J. Card
jjcard@socio.com

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- Card, J. J. & Benner, T. (2007 forthcoming) *Model Programs for Adolescent Sexual Health: Evidence-Based HIV, STI and Pregnancy Prevention Interventions*. New York: Springer.
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- Card, J. J., Niego, S., Mallari, A. & Farrell, W.S. (1996). The Program Archive on Sexuality, Health & Adolescence: A collection of promising prevention programs-in-a-box. *Family Planning Perspectives*, 28(3), 210–220.

Activities

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Role Plays

There are 15 role-play scenarios. The scenario structures range from fully scripted demonstrations to non-scripted. Any necessary or suggested scripts, worksheets, etc., are included in the activity Attachments.

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Condom Demonstration.....	23
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I Don't Want to Be Gay or Lesbian	37
Jack & Lefty Coming Out.....	43
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Risks and Healthy Lifestyles: How to Reduce Risk of Infection	51
Talking to a Grownup	53
What's Your Advice?	55

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A Lunchtime Chat

Role Play

Reducing the Risk

Activity Description

“A Lunchtime Chat.” is a role play between two same-sex friends. The two friends are talking about going to a family planning clinic and getting the pill. The friend with the scripted role does not think the pill is a good method, and is the first to speak. To implement this activity effectively, students should have an understanding of oral contraceptives, their side effects (and myths about their side effects) and how to obtain them.

In this activity, one side of the conversation is scripted while the other is open-ended. (Please refer to the Attachment for the activity script.) As much as possible, students work in same-sex pairs for the role play. Each student is given the opportunity to play both roles.

This role play activity is intended to demonstrate to students that judgments about sexuality and protection are often made by talking with friends. Students begin to comprehend that if they are likely to change their minds about a particular decision (e.g., give up what they want) while talking with a close friend, they are more likely to give up what they want when talking to a boyfriend or girlfriend.

At the conclusion of the activity, the full group gathers to provide examples of other situations that arise when friends talk to each other about things related to sex.

The Attachment contains the script for “A Lunchtime Chat.”

Activity Goal

Practice communicating with a friend about protection, birth control methods and clinic services.

Original Program Setting

High school classrooms or community-based organizations

Time Needed

30 minutes

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. Pre-program training on the use of role plays and other program learning modalities may be recommended.

Materials You Will Need

“A Lunchtime Chat” script (Attachment)

Photocopier to reproduce script

Ways to Expand the Activity

As a homework assignment, have students bring to class print media articles that address the non-scripted portion of the role play.

Have students write original role play scenarios for anonymous use in class, based on real-life situations.

Notes:

About the Original Intervention and its Developer

Based on social learning theory, the *REDUCING THE RISK (RTR)* curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum explicitly emphasizes that students should avoid unprotected intercourse, whether by abstaining from sex or by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities.

Students from 13 California high schools participated in the original implementation of *RTR*.

“A Lunchtime Chat” takes place in Class 9—the first of three classes using skills integration. In this class session, the focus is on demonstration and practice: applying knowledge gained during the previous eight classes in role play discussions.

REDUCING THE RISK was developed by Richard Barth, M.S.W., Ph.D.

For additional program information, please refer to page 221.

ATTACHMENT

A Lunchtime Chat

This Attachment includes one item for your use in this activity: the role play script.

A LUNCHTIME CHAT

Setting the Stage:

You are talking to a friend at lunch. You tell your friend that you and your boyfriend (or girlfriend) are thinking about going to a family planning clinic and getting the pill. Your friend doesn't think the pill is a good method and speaks first.

Friend: Watch out, the pill might make you (your girlfriend) gain weight.

You:

Friend: But doesn't the pill give you (your girlfriend) cancer?

You:

Friend: Anyway, you'll have to tell your (her) mother because you probably need her permission to get the pill.

You:

Friend: Isn't it really expensive to take the pill?

You:

Friend: I know I'd never remember to take a pill every day.

You:

Friend: What will you use to prevent STIs? The pill won't protect you against HIV infection!

You:

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A Trip to the Drugstore

Teen Talk

Role Play

Activity Description

In “A Trip to the Drugstore,” the group brainstorms questions a drugstore clerk might ask when teens go to purchase contraception. (Students should know which effective methods are available in a drugstore prior to implementing this activity.) Once the brainstorm list is complete, with ideas/fears noted on the flip chart, the group is ready for the open-ended role play.

Set up a model drug store with all the **effective** contraceptive methods on display. Ask the group members to suppose that a guy and a girl have been going out for some time and they have decided to have sex. They have decided to go together to the drugstore to get birth control.

You will play the salesperson and each member will pretend that he/she is coming into the drug store, as part of the couple, to buy contraception. Two variants can be used: In the first, the druggist is helpful and reinforces the couple’s “mutual” responsibility; and in the second, the druggist gives them a hard time and suggests that they are not old enough to have sex.

Get the group to help create the dialogue (which should be written on the flip chart), then each group member will role play the “script.” Make it challenging and try to get everyone to participate and to laugh a lot.

Activity Goal

Help program participants feel more comfortable obtaining contraception.

Original Program Setting

Community-based organizations, schools, or as a collaboration between community organizations and schools

Time Needed

20–30 minutes

Age Level

Ages 13 to 19

Staff Needed

One lecturer per classroom, and one group discussion leader for every eight students. Group leaders should be trained in conducting effective group discussion sessions. For those implementing the entire *TEEN TALK* program, the PASHA program package includes comprehensive staff training materials.

Materials You Will Need

Flip chart and markers, or equivalent

Samples of all the effective methods of contraception for “drug store” display

Desk or table to serve as drugstore counter

Ways to Expand the Activity

Schedule a group visit to a local drug store, during which the pharmacist (or store manager, etc.) gives the group a tour of the over-the-counter contraception area. Share with the pharmacist an anonymous list of the brainstormed questions so that he/she can address the issues in a non-threatening setting. Alternatively, invite the pharmacist to the class for a question-and-answer session, and to address the brainstormed questions.

Encourage participants to visit a drug store outside the class setting, with a friend or romantic partner, to look at the contraception displays. Follow up with a discussion about their emotional reactions to the experience.

Notes:

About the Original Intervention and its Developers

T^{TEEN TALK (TT)} is a theory-based adolescent pregnancy prevention program, developed as a public health approach to sexuality and contraception education. The six-session program incorporates lectures with group discussions. Other program components include role play activities, games, video and audio tapes. The original implementation of *TT* took place in both rural and urban communities in Texas and California. The program was conducted in youth groups, health classes, and other community education programs as an alternative to their traditional sex and contraception educational outreach curriculum.

“A Trip to the Drugstore” takes place during the third of four small group-discussion sessions. Through the subject activity, the session teaches group members how to acquire contraceptive devices.

TEEN TALK was developed by Marvin Eisen, Ph.D., Alfred McAlister, Ph.D., and Gail Zellman, Ph.D.

For additional program information, please refer to the Appendix, page 231.

An Important Discussion

Role Play

Reducing the Risk

Activity Description

“An Important Discussion” is a scripted conversation between two same-sex friends. (Please refer to the Attachment for the activity script.) As they leave school at the end of the day, they discuss their feelings about using condoms. In addition to practicing integrating the information and experiences gained in the preceding classes, this role play activity is intended to demonstrate to students that judgments about sexuality and protection are often made by talking with friends. Students begin to learn that if they are likely to change their minds about a particular decision (e.g., give up what they want) while talking with a friend, they are more likely to give up what they want when talking to a boyfriend or girlfriend.

In this activity, both sides of the conversation are scripted. As much as possible, students work in same-sex pairs for the role play. Each student is given the opportunity to play both roles. There is no third-party observer in this exercise.

The Attachment includes the role play script with both roles.

Activity Goal

Practice the role play process using a scripted scenario discussion between two same-sex friends.

Original Program Setting

High school classrooms or community-based organizations

Time Needed

30 minutes

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. Pre-program training on the use of role plays and other program learning modalities may be recommended.

Materials You Will Need

“An Important Discussion” script (Attachment)
Photocopier to reproduce script

Ways to Expand the Activity

Include observers who watch for and provide feedback on specific behaviors.

Talk about participants' emotional reactions to the role play: What words/concepts made them feel uncomfortable? How would students feel about sharing a similar conversation with friends? Explore the differences/similarities.

Notes:

About the Original Intervention and its Developer

Based on social learning theory, the *REDUCING THE RISK (RTR)* curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum emphasizes that students should avoid unprotected intercourse, whether by abstaining from sex or by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities.

Students from 13 California high schools participated in the original implementation of *RTR*.

"An Important Discussion" is scheduled in the ninth of 16 class sessions, and is the first of three classes dedicated to integrating the knowledge, skills and experiences of the first eight classes.

REDUCING THE RISK was developed by Richard Barth, M.S.W., Ph.D.

For additional program information, please refer to the Appendix, page 221.

ATTACHMENT

An Important Discussion

This Attachment includes one item for your use in this activity: an activity script for the two players.

An Important Discussion: Script

Setting the Stage:

Two friends are leaving campus at the end of the day, discussing their feelings about using condoms.

Friend: You know, I just hate using condoms!

You: Shhh. People can hear us.

Friend: Do you want me to use the word “rubber” instead?

You: You can use the word “condom.” I just get embarrassed talking about those things . . . I don’t like them either.

Friend: I just don’t like to stop what’s going on. You lose something. And . . . I like the way it feels without it. It feels more . . . well, natural.

You: Yeah, I know what you mean. But you know what we’ve learned in class. That if you’re having sex, condoms and foam are the best protection against pregnancy and STIs.

Friend: I guess you’re right. I’ll just have to change my attitude and be sure we use them. My life’s pretty good now. I want to keep it that way.

You: That’s how I feel. This way, we can do everything we’re planning to do in high school and then afterward.

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Assertive Communication— Using a Condom

AIDS Prevention and Health Promotion Among Women

Role Play

Activity Description

The emphasis of this activity is on negotiating condom use with a new partner, before the couple becomes sexually active. To implement this activity most effectively, participants should be familiar with the steps involved in putting on a condom and using spermicide.

Begin the activity by leading a discussion addressing participants' concerns about getting their partners to use condoms. Discuss assertive skills that can be used to get partner to use condoms. This might include the following:

- 1) Initiate the topic.
- 2) Stick to your plan.
- 3) Acknowledge the feelings/needs/wants of your partner.
- 4) Suggest healthy choices/alternatives.
- 5) Do not compromise safety.
- 6) Plan for situations that may cause you to fail.

Invite two volunteers to participate in the non-scripted role play: "Assertive Communication . . ." The first player applies his/her action plan for convincing the partner (second player) to use a condom and a spermicide/lubricant. In this role, encourage the first player to bring all of his/her concerns about safe sex and condom use into the scenario. The second player portrays the resisting partner. (You may wish to assume the role of the second player as devil's advocate.)

The rest of the group observes the role play, sharing their observations in the discussion that follows the role play. Focus the discussion on ways to strengthen communication skills including those listed above.

Activity Goal

Help participants gain a sense of confidence and positive expectations in discussing condom use with a sexual partner.

Original Program Setting

Clinics and community-based organizations. Although the original field study was conducted with pregnant women, the program is also appropriate for all older adolescents and young adult women (ages 16+).

Time Needed

10–15 minutes

Age Level

Ages 16 to adult

Staff Needed

A female masters-level psychologist or health educator should deliver the intervention. She should be able to empathize with participants, have a working knowledge of AIDS and health concerns, communicate a positive health message. Training background should include group process, role playing and associated skills; and multicultural psychology.

Materials You Will Need

The exercise relies on a video segment to set the stage. In applications outside the formal program, the scenario established via video is less important than the role-play process itself.

Ways to Expand the Activity

As a group, brainstorm imagined and/or actual partner responses to a condom-use discussion. Explore ways to effectively (assertively) respond to such scenarios.

Explore participants' own feelings about using condoms.

Consider using the above ideas in preparation for the assertive communication role play exercise.

Notes:

About the Original Intervention and its Developer

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN (APHP) is intended to help women incorporate safer-sex practices into their lives. Based on the concepts of empowerment, and group social support, the program incorporates four 90–120 minute group-discussion sessions conducted over the course of two or three months.

The program encourages women to consider the physical and emotional consequences of unsafe sex. APHP helps them achieve a sense of mastery and positive expectations when discussing sexual history and other health-related concerns with their partners. In addition, the program teaches participants how to effectively negotiate safer sex with a partner and maintain safer-sex goals.

The original implementation was conducted in an urban Ohio clinic serving pregnant adolescents and women.

During Session 2, “Condom & Spermicide Use and Controlling Conditions of Sexual Encounters,” participants learn the importance of using condoms and spermicide. They learn appropriate condom use and have the opportunity to demonstrate it with a penis model. They also discuss barriers to safer-sex practices.

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN was developed by Stevan Hobfoll, Ph.D., Anita Jackson, Ph.D., Justin Lavin, Ph.D., Paula Britton and James Shepherd.

For additional program information, please refer to the Appendix, page 249.

At a Party

Role Play

Reducing the Risk

Activity Description

The “At a Party” role play/refusal skills development exercise is conducted in four parts.

First, two student volunteers read a fully-scripted practice scenario to the class. The other students watch for refusal behaviors, using a checklist. (Please refer to the Attachment for both the scripted role play and the checklist.) In this scenario, the two players are at a party at someone’s home with no parents present. After the enactment, ask the players how they felt about the roles and ask the other students which refusal behaviors they observed.

Second, students review a partially-scripted role play, with a scenario similar to the first. In this role play, the person taking the non-scripted role faces unwanted pressure to have sex. Students spend a few minutes thinking of what they might say in the situation.

Then the class breaks into small groups of at least three people to do the partially-scripted role play. Students rotate through the roles so that each student has the opportunity to read the scripted role, act the non-scripted role, and observe the role play using the checklist.

Finally, in a full-group discussion, students share their observations and emotional responses to the skills practice.

The Attachment includes scripts for both scenarios, the “Observer Checklist,” and activity background information/delivery guidance for the teacher.

Activity Goal

Practice using and observing refusal skills.

Original Program Setting

High school classrooms, community-based organizations

Time Needed

30–45 minutes

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. Pre-program training on the use of role plays and other program learning modalities may be recommended.

Materials You Will Need

“At a Party” scripted role play, “At a Party” role play and “Observer Checklist” (all included in the Attachment)

Photocopier to reproduce role plays and checklist

Flip chart and markers, or equivalent

Ways to Expand the Activity

Encourage students to draft open-ended scenarios for class use, based on real-life situations they have encountered.

Notes:

About the Original Intervention and its Developer

Based on social learning theory, the *REDUCING THE RISK (RTR)* curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum emphasizes that students should avoid unprotected intercourse, whether by abstaining from sex or by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities.

Students from 13 California high schools participated in the original implementation of *RTR*.

“At a Party” is one of the refusal skills activities included in session 4: “Using Refusal Skills.” The activity introduces participants to the idea of practicing new behavior skills in advance of needing the skills. Students begin to feel comfortable with refusing to participate in activities that cause them unease.

REDUCING THE RISK was developed by Richard Barth, M.S.W., Ph.D.

For additional program information, please refer to the Appendix, page 221.

ATTACHMENT

At a Party

This Attachment includes four items for your use in this activity: background/guidance for the teacher, scripted role play, role play, and observer checklist.

Activity Background/Delivery Guidance

First, recruit two student volunteers to read a fully-scripted scenario to the class. Distribute the observer checklist and ask other students to watch for the behaviors on the checklist, while the volunteers read the role play. In the role play scenario, the two players are at a party at someone's home with no parents present. Many kids are getting high, and some couples are leaving—maybe to have sex. One person in the conversation doesn't want to leave or have sex. After the volunteers have enacted the role play, ask them how they felt about the role and ask the other students for examples of behaviors listed on the checklist.

Second, pass out “At a Party”—a partially scripted role play, using a similar scenario with a different script. Explain to students that, in small groups, they will be rotating through the three roles so that each student has the chance to read a script (scripted role), respond to a script (non-scripted role) and watch (observer). Give students five minutes to write down what they might say in the role play to avoid unprotected sex when they have the unscripted part. Students can use these responses to prepare for the role play, although when playing the role, they should act as if this is a real scene and they have no script.

Third, the class breaks into groups of at least three people to enact the partially scripted role play. Try to have a mixture of males and females, if possible. Students rotate through the role play, reading the scripted role before acting the non-scripted role. If students are new to role plays, you may want to walk around from group to group to help get the process started and offer coaching if students are stuck. It may also be useful to time the each round of the role play and tell students when to change roles and start a new round.

Fourth, in a full-group discussion, students share their observations and emotional responses to the skills practice. Encourage students to discuss barriers to using refusal skills (including ways to overcome those barriers), whether the scenarios were similar to real life, and how they would use the refusal skills in the next week with their friends.

ATTACHMENT

At a Party

At a Party—Scripted Role Play

Setting the Stage:

You are at a party with someone you have gone out with a few times. The party is at somebody's home and their parents are gone. A lot of kids are getting high and couples are leaving—maybe to have sex. You don't want to have sex and don't want to leave the party.

Person 1: Let's get out of here so we can talk—it's too crowded.

Person 2: Yes, it is crowded in here—but the porch is empty.

Person 1: I just want to be with you. This is our chance.

Person 2: I want to be with you, too, but the party's fun.

Person 1: C'mon, I just want to be alone with you.

Person 2: No, I like this party—I'm glad we came.

Person 1: I've been looking forward to this night with you—please don't spoil it.

Person 2: I hope the night won't be spoiled.

Person 1: If I'd known you'd be like this, I wouldn't have come here with you.

Person 2: I guess not, but I know we can have fun. Let's get something to eat in the kitchen.

Person 1: I guess I don't have much choice.

Person 2: Yes, I suppose so. But I'll give you the choice of the next movie we go to.

ATTACHMENT

At a Party

At a Party—Role Play

Setting the Stage:

You are at a party with someone you have gone out with a few times. The party is at somebody's home and their parents are gone. A lot of kids are getting high and couples are leaving—maybe to have sex. You don't want to have sex and don't want to leave the party. Your date speaks first.

Person 1: Let's get out of here so we can talk—it's too crowded.
Person 2:

Person 1: I just want to be with you. This is our chance.
Person 2:

Person 1: I've been looking forward to this night with you—please don't spoil it.
Person 2:

Person 1: If I'd known you'd be like this, I wouldn't have come here with you.
Person 2:

Person 1: I really thought you were going to be a lot of fun.
Person 2:

Person 1: Don't worry. I'm not going to do anything. C'mon, let's go.
Person 2:

ATTACHMENT

At a Party

Observer Checklist

Refusal Skills

For each round of the role play—up to 6 rounds—observers can use this sheet to check off which verbal and non-verbal behaviors Person 2 uses in practicing refusal skills.

BEHAVIOR	1	2	3	4	5	6
Said “NO”						
Body Language Said “NO”						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						

Condom Demonstration

Role Play

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions

Activity Description

There are two players in this unscripted role play: Fred and Uncle Bill. Fred has always been comfortable approaching Uncle Bill for advice on sex.

(To do this role play, participants should be familiar with the steps involved in proper condom usage. Ensure that all participants in the class have the opportunity to practice putting on a condom, with either the hand of a partner for older groups, or a banana or zucchini for younger groups. The Attachment includes optional guidance/background for delivering this activity.)

In this setting, Fred asks Uncle Bill to tell/show him how to use a condom. Uncle Bill explains and demonstrates to his nephew, using a prop, a condom and lubricant. You may wish to repeat the activity with additional pairs to demonstrate a range of approaches to the conversation.

After the demonstration, solicit feedback from the two players: how did they feel, and what did they like about the way they played the scene. After they respond, ask the rest of the group what they might have done differently.

The Attachment includes two items you may wish to incorporate into this activity: "Steps for Using a Condom," and "Do's and Don'ts for Condoms."

Activity Goal

Increase teens' comfort levels discussing and using condoms.

Original Program Setting

Community-based settings, residential treatment programs

Time Needed

10–15 minutes

Age Level

Ages 11 to 18

Staff Needed

Two facilitators for each group of six to ten youths. Their training/background should include cognitive and behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

A condom lubricant, and a penis proxy

Attachment includes optional guidance for activity delivery

Ways to Expand the Activity

Develop a second role play/demonstration in which Sherri asks Aunt Carola for advice on condom/lubricant and dental dam use.

Before the role play, review the Steps for Using a Condom (see the Attachment, next page). Then distribute the steps (without step numbers) to participants on cards. Have participants arrange themselves in the correct order.

Notes:

About the Original Intervention and its Developers

Originally developed as an HIV risk reduction program for run-away youths, Adolescents Living Safely: AIDS Awareness, Attitudes and Actions (ALS) was field studied in New York City. Participants were recruited from two shelters.

The ALS program includes one session of private counseling and 20 group discussion sessions, 90–120 minutes each, conducted over a five-week period. Participants also receive case management services and behavioral/cognitive skills training for coping with high-risk situations. Other components of the program include role play activities, videos, and small group discussions.

The condom demonstration role play is part of session 7, “How to use a condom and dental dam.” The session is structured to include some cathartic silly time (“Blow them up, stretch them, chew them, put them on your ear...your big toe...”), steps for using a condom—including an activity in which each participant is given a card representing a step, and the group forms a line creating the correct order—and practice. There is also a lubricant role play, and a discussion of the importance of non oil-based lubricants and latex condoms for STI protection.

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions was developed by Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D., and Calvin Selfridge.

For additional program information, please refer to the Appendix, page 245.

ATTACHMENT

Condom Demonstration

If you have not covered steps for using condoms, including do's and don'ts, you may wish to incorporate the material in this section before beginning the role play.

Optional Guidance

Steps for Using a Condom

Putting on a Condom

1. Open the package carefully.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Roll down 1/2 inch of condom.
4. Put the rubber against the head of the hard penis. (If the penis is uncircumcised, pull back the foreskin first.)
5. Squeeze any air out of the rubber.
6. Roll the rubber all the way down to the base of the penis.
7. Gently smooth out any air.

Taking off a Condom

1. Pull out gently while the penis is still hard.
2. Hold the condom at the base of the penis while pulling out so the rubber doesn't leak or fall off.
3. Starting at the base, roll the rubber off carefully so the cum doesn't spill.
4. Throw the condom away. (Never use a condom twice.)

ATTACHMENT

Condom Demonstration

Do's and Don'ts for Condoms

Do

1. Use only latex condoms.
2. Use for vaginal, anal and oral sex.
3. Use only with water-based lubricant such as K-Y Jelly.
4. Check out the condom packet for punctures.
5. Put on condom before penis even touches anus, vagina or mouth.
6. Pull back foreskin.
7. Place small amount of lubricant in condom tip.
8. Roll condom all the way to the base of the penis.
9. Leave room in the end of the condom for cum.
10. Squeeze out any air pockets.
11. Hold onto the rim of the condom at the base when pulling out.
12. Carefully remove condom.
13. Throw condom away.

Don't

1. Use an oil-based lubricant.
2. Use a condom more than once.
3. Puncture them.
4. Use lambskin condoms.

Discussing Safer Sex With Partners

Safer Sex Efficacy Workshop

Role Play

Activity Description

In this role play, divide the group into small groups of four or five members each. Within each small group, two volunteers play the roles in four scenarios. The scenarios presented in the suggested script are illustrative of situations young adults encounter. (Please refer to the Attachment for the suggested leader script with additional background/delivery guidance excerpted from the original intervention.) The other members observe without comment until the four scenarios are concluded.

Allow the groups 10 to 15 minutes for discussion amongst themselves; then reconvene the full group for a guided discussion designed to help participants evaluate the strategies they used to negotiate safer sex.

The Attachment contains a suggested leader script which includes the four scenarios and background information for the guided discussion that follows the role play activities.

Activity Goal

Help participants become more comfortable discussing safer sex.

Original Program Setting

Although the program was originally delivered in a college setting, it is also suitable for young adults in other educational or community-based settings.

Time Needed

50 minutes

Age Level

Ages 18 to 22

Staff Needed

Two peer educators for each group of 10–15 participants. Peer educators should be familiar with HIV/AIDS/STIs, the basic concepts of the curriculum, and group process skills.

Materials You Will Need

“Discussing Safer Sex with Partners” suggested leader script (Attachment)

Ways to Expand the Activity

Switch role players and listeners in the small group so that everyone has the opportunity to practice talking about safer sex by role-playing the scenarios.

Modify references to sexual activity and protection so as to include oral sex and dental dams.

Notes:

About the Original Intervention and its Developer

THE SAFER SEX EFFICACY WORKSHOP (SSEW) was designed to increase college students' self-efficacy, or belief in their own ability to act successfully to prevent HIV/AIDS and other sexually transmitted infections (STIs). A field study of the workshop was conducted in an undergraduate health education class at the University of Texas. The three-hour workshop included small group discussion, role play activities, and review of basic facts about HIV/AIDS transmission and prevention. The program was guided by the Social Learning Theory, and used specially trained peer leaders to serve as persuasive, appealing models who communicated the importance of safe sexual practices. The program included mastery experiences, or practice in successfully completing a task (e.g., negotiating with one's partner and using condoms); role modeling, or watching others similar to themselves perform the task successfully; and social persuasion, which referred to information received from others indicating that they performed a task successfully.

The role plays were performed during the fourth segment of the workshop entitled "Talking about safer sex with partners and others." This segment focuses on strategies for negotiating safer sex with one's partner. It follows a discussion of barriers to safer sex. After the role plays, participants consider ways to make safer sex fun.

SAFER SEX EFFICACY WORKSHOP was developed by Karen Basen-Enquist, Ph.D., M.P.H.

For additional program information, please refer to the Appendix, page 277.

ATTACHMENT

Discussing Safer Sex With Partners

This Attachment includes one item for your use in this activity: a suggested leader script.

Discussing Safer Sex With Partners: Suggested Leader Script

Divide the group into small groups of four participants for a role-play activity. In each group, two people role-play all four scenarios. The other two people remain silent and observe.

Read the first scenario aloud, then allow five minutes for the role-play. The procedure is repeated until all the scenarios have been role-played. The four scenarios are:

1. A friend talks to you about his/her new sexual partner. They have recently met and are having sex, but are not practicing safer sex. Your friend is resistant to the idea of safer sex. How do you convince him/her that it is a good idea?
2. You meet a great woman as a party and are having a really good time. It looks like you may go home together and have sex. How do you bring up the topic of safer sex? What happens when she shows resistance to the idea of safer sex?
3. After not having a relationship for a year and a half, the man you have been seeing for two weeks wants you to have sex with him. He refuses to wear a condom, though, saying, "It's like taking a shower in a raincoat." He also says that if you don't sleep with him, he'll leave you. How will you respond?
4. You have been dating the same person for two years. You have not had sex with anyone else during that time, but you suspect that he/she was having sex with someone else a little while ago. You are willing to go on with the relationship, but are worried about the possibility that your partner may have contracted a sexually transmitted infection. How do you respond?

Allow the small groups 10 to 15 minutes of discussion before reconvening the full group. When the groups come back together, use the questions below to probe their feelings and observations. The questions help participants evaluate the strategies they use to negotiate safer sex.

1. How did you feel doing this role play?
2. What strategies worked well for convincing the person to use safer sex?
3. Where did you encounter difficulties?
4. What was it like for a person to switch from wanting safer sex to resisting it in the next role-play?
5. What did the partner say that made the situation easier to deal with?

You may want to interject the following positive comments during the discussion:

"The purpose of doing this role play is to gain experience in discussing safer sex, not to become experts in the area. Perhaps it will be helpful in the future if you find yourself in situations such as those portrayed in the role plays."

"Never bring up the subject of safer sex in an apologetic way."

"If you are discussing safer sex with a new sex partner, it is not effective and is usually a turnoff to give him/her a list of things you do not do. Try to be positive."

"Some people will be turned off or embarrassed by your bringing up the issue of safer sex. What is important is that you not allow someone else's negative response to influence your resolve to engage only in safer sex."

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Discussing Sexual History With a Partner

AIDS Prevention and Health Promotion Among Women

Activity Description

In the original field test of the program, the group watched a short video segment featuring two scenarios. In both cases, the woman is attempting to convince her partner of the long-term benefits of discussing their sexual histories before they have sex. In the first scenario, he is resistant (“That’s private!! I haven’t been with anyone sleazy!”) She drops the conversation in response to his defensiveness.

In the second, he remains resistant, but she demonstrates her assertive communication skills (she has prepared and practiced her action plan, initiates the conversation, sticks to her plan, acknowledges his feelings, and suggests alternatives to his resistance). She uses the strength of the relationship as a basis for probing deeper into her partner’s history.

Participants role play discussing one’s sexual history with a partner, integrating their own concerns about the topic. This activity gives group members an opportunity to practice assertive behavior in asking the questions, and may initiate an internal dialogue of the members’ own responses to their partners’ questions.

Following the role play, participants share issues that arose during the activity and brainstorm ways of overcoming problems or resistance.

Activity Goal

Practice communicating safer-sex behaviors with partners.

Original Program Setting

APHP can be implemented in clinics and community-based organizations. Although the original field study was conducted with pregnant women, the program is also appropriate for all older adolescents and young adult women (ages 16+).

Time Needed

10–20 minutes

Age Level

Ages 16 to adult

Staff Needed

A female masters-level psychologist or health educator, should deliver the intervention. She should be able to empathize with participants, possess a working knowledge of AIDS and health concerns, and communicate a positive health message. Training background should include group process, role playing and associated skills; and multicultural psychology.

Materials You Will Need

The exercise relies on a video segment to set the stage. In applications outside the formal program, the scenario established via video is less important than the role play process itself.

Ways to Expand the Activity

Encourage participants to develop and practice action plans for real scenarios in their lives.

Have participants develop a role play scenario for which they have no action plan, then re-do the scenario using an action plan. If possible, video tape this activity. Follow with a discussion of what they liked, disliked and would change about the performance.

Notes:

About the Original Intervention and its Developer

AIDS Prevention and Health Promotion among Women (APHP) is intended to help women incorporate safer-sex practices into their lives. Based on the concepts of empowerment, and group social support, the program incorporates four 90–120 minute group-discussion sessions conducted over the course of two or three months.

The program encourages women to consider the physical and emotional consequences of unsafe sex. APHP helps them achieve a sense of mastery and positive expectations when discussing sexual history and other health-related concerns with their partners. In addition, the program teaches participants how to effectively negotiate safer sex with a partner and maintain safer-sex goals.

The original implementation was conducted between 1990 and 1993 in an urban Ohio clinic serving pregnant adolescents and women.

“Discussing Sexual History...” takes place during the third of four sessions. Session 3, “Sexual History, Saying No to an Unwanted Intensive Sexual Proposition, and Developing a Mutual Sexual Behavior Plan,” covers such issues as discussing AIDS testing, and negotiating safer-sex plans with a partner. The session also includes cognitive rehearsal and guided fantasy work.

AIDS Prevention and Health Promotion among Women was developed by Stevan Hobfoll, Ph.D., Anita Jackson, Ph.D., Justin Lavin, Ph.D., Paula Britton and James Shepherd.

For additional program information, please refer to the Appendix, page 249.

Finding Out How Safe My Friend or Partner Is

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions

Activity Description

In this activity, two role play scenarios follow a short brainstorming session. Group participants share their thoughts on how they would feel if they were to screen a partner. They brainstorm possible questions they would use in the screening process. Now they are ready for an unscripted two-part role play. (Please refer to the suggested leader script in the Attachment.)

Role Play #1

Give the boy and girl character backgrounds and goals for their roles. Her role is to find out if he is a safe risk. His role is to get the girl into bed. He is a big stud who has had unprotected sex with many girls. He likes girls to have his babies. The rest of the group knows only that his goal is to have sex with her. The two players meet for the first time at a party.

Role Play #2

Give the boy and girl character backgrounds and goals for their roles. The boy wants to learn if the girl is safe. Unbeknownst to him or the group, she is an IV drug user who uses prostitution to pay for her habit. Business has been slow lately, and this guy looks like he may give her some money afterwards. He is walking along, and she says “hi” to him. They talk for a while and then go somewhere to have sex. They have been fooling around for a while when he decides he better find out about her.

Ask the players how they feel. What did they like about the way they handled the situation; what would they do differently? Then solicit feedback from the observers. What did they notice? What would they have done if they had been playing a role?

The Attachment includes a suggested leader script with additional activity detail and delivery guidance.

Activity Goal

Increase participants’ skills in assessing the risks their partners pose; or, in other words, “How do I find out how safe this person is without feeling bad about it myself, and without putting them in a position where they feel like they have to lie?”

Original Program Setting

Community-based settings, residential treatment programs

Time Needed

30–45 minutes

Age Level

Ages 11 to 18

Staff Needed

For each group of six to ten youths, two facilitators are needed. Their training/background should include cognitive and behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

“Finding out How Safe...” suggested leader script (Attachment)
Flip chart and markers or equivalent, for recording feedback

Ways to Expand the Activity

Brainstorm to create, then perform additional scenarios.

Discuss participants' real-life situations, whether actual screenings or worst-fear scenarios.

Notes:

About the Original Intervention and its Developer

Originally developed as an HIV risk reduction program for runaway youths, *ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS (ALS)* was field studied in New York City. Participants were recruited from two shelters.

The *ALS* program includes one session of private counseling and 20 group discussion sessions, 90–120 minutes each, conducted over a five-week period. Participants also receive case management services and behavioral/cognitive skills training for coping with high-risk situations. Other components of the program include role play activities, videos, and small group discussions.

The “Finding out how safe...” role play falls in the 17th session, “How to Choose Safe Friends.” Session 17 also explores skills involved in initiating/terminating relationships, learning differences in what boys and girls find attractive in a partner, and assessing whether their sexual values put them at risk.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS was developed by Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D., and Calvin Selfridge.

For additional program information, please refer to the Appendix, page 245.

ATTACHMENT

Finding Out How Safe My Friend or Partner Is

This Attachment includes one item for your use in this activity: a suggested leader script.

Finding Out How Safe My Friend or Partner Is: Suggested Leader Script

(Text in italics provides leader guidance.)

So how do you find out if your partner is safe?

For many teenagers, the thought of screening partners is hard to imagine. So that is what we want to practice.

What feelings would you have if you were to screen a partner?

(Encourage the sharing of feelings.)

Practicing may help some of those feelings decrease.

First, let's look at what questions we might want to ask.

We don't want to put our friends in a position of lying to us. That means we wouldn't ask most people if they are HIV positive.

What kind of questions would you ask a partner if you were trying to find out if they were safe?

(Put group member's suggestions up on the flip chart. Make sure the list includes questions such as the following:

1. What actions does a person take to practice safer sex?
2. Who is responsible for practicing safer sex—boy, girl, top, bottom?
3. Do you usually use a condom?
4. Do you use intravenous drugs?
5. Do you share needles?
6. Have you had lots of girl friends (boy friends)?
7. Where do you come from, or where do you live?
8. Do you have a condom with you?

That looks like a good list.

Now let's try to screen a partner in role playing. Who will be the boy and who will be the girl?

(Select volunteers.)

You meet for the first time at a party. The girl's goal is to find out if the guy is a safe risk. The guy's goal is to get the girl into bed.

I need to give the boy a little background information before we start.

(Take the boy aside and tell him that he is a big stud. He has had sex with many girls and doesn't believe in using condoms. He likes girls to have his babies.)

Let's make sure everyone has something to watch for during the role play.

(Assign all other group members a role. Watch for: feelings, facial expressions, body language, self-confidence, assertive about her needs, doesn't put the boy on the defensive, keeps at it, respects the boy's needs.)

So what is the girl's goal?

(Make sure girl can state goal of assessing partner.)

What is the boy's goal?

(Make sure boy can state goal of having sex with girl.)

How do you both feel now?

(Get feeling levels.)

Okay, go ahead and do the role play. Find out how safe he is.

(Allow the role play to go for a few minutes. Have other group members become the players if you wish. Then stop and discuss.)

That was very good.

I want to ask the boy and the girl how they feel now, what you liked about what you did, and what you would do differently.

(Obtain responses.)

What feedback can you give our players? First, tell them what you liked, what you observed, and then tell them what you would do differently if you had been role playing it.

(Encourage feedback.)

We'll try another role play. Who will be the boy and who will be the girl?

(Select volunteers.)

This time, it will be the boy who wants to find out if the girl is safe. The girl's goal is to have sex with the boy.

I want to give the girl some background.

(Tell the girl that she uses IV drugs a lot and is a prostitute to pay for it. When the guy will use a condom, she encourages it, but most guys won't use one. This guy looks like he might give her some money afterwards. Business has been slow recently.)

Here's the scene. The boy was walking along, and the girl said "hi" to him. They talked and then went someplace where they could have sex. They have been playing around and feeling each other up when the boy decides he better find out about her.

He doesn't want to get HIV.

Please stand toe to toe and keep your hands down at your side. Let's make sure everyone else has something to watch for during the role play.

(Assign all other group members a role. Watch for: feelings, facial expressions, body language, self-confidence, assertive about his needs, doesn't put the girl on the defensive, keeps at it, respects the girl's needs.)

So what is the girl's goal?

(Make sure the girl can state goal of wanting sex.)

What is the boy's goal?

(Make sure the boy can state the goal of wanting to find out if the girl is safe.)

How do you both feel now?

(Get feeling levels.)

Okay, go ahead and do the role play. Find out how safe she is.

(Make sure they stand toe to toe with hands kept down at the side. Allow the role play to go for a few minutes. Have other group members become the players if you wish. Then stop and discuss.)

That was very good.

I want to ask the boy and the girl how you feel now, what you liked about what you did, and what you would do differently.

(Obtain responses.)

What feedback can you give our players?

First tell them what you liked, what you observed, and then tell them what you would do if you had been role playing it.

(Encourage feedback.)

So what did these two role plays do for you?

(Discuss.)

I Don't Want To Be Gay or Lesbian

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions for Gay, Lesbian & Bisexual Teens

Role Play

Activity Description

This activity involves two role plays, each requiring two female volunteers.

Role Play #1

Maria and Grace are two lesbian friends. Grace wants to erase from her mind that she is lesbian. Maria's goal is to convince Grace that "forgetting" that she is lesbian might not be very helpful in the long run. Give Maria an instruction card with some specific suggestions on what to say to Grace. (Please refer to the Attachment for the suggested leader script, and Figure 1 with instructions for Maria's role.) There are no instructions for Grace.

Assign observer roles to the remaining group members. Each is assigned to watch for a specific attribute: facial expression, voice tone, posture, words, gestures, voice level, eye contact.

After allowing the role play to go on for a few minutes, solicit emotional feedback from the two players, and observation feedback from the other participants.

Role Play #2

In the second role play, Jenny is a lesbian explaining to her friend Gail why it is best that she (Jenny) act as though she were heterosexual. Gail's task is to help Jenny see that pretending to be something she is not may not be a good idea. Give an instruction card Gail. (Please see Figure 2 in the Attachment). Jenny's role has no instructions. Once again, assign specific attributes to the observers.

Allow the role play to go for a few minutes. Then solicit and discuss feedback from the players and observers.

The Attachment contains a suggested leader script with background information/delivery guidance, and instructions for Maria and Gail.

Activity Goal

Facilitate participants' ability to identify the harm that can come to their views of themselves from denying their gay and lesbian orientations.

Original Program Setting

Community-based and/or clinic-based settings, provided that case management and counseling are also available; also suitable for residential drug treatment programs.

Time Needed

20–30 minutes

Age Level

Ages 14 to 19

Staff Needed

Sessions (with approximately ten participants) are facilitated by two leaders, a male and a female, selected for their sensitivity to issues of cultural and sexual diversity. Their training/background includes cognitive-behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

Suggested leader script and instructions for two players (Attachment)

Ways to Expand the Activity

Discuss the reasons Grace gives in response to Maria's arguments. Are they realistic? Have the participants heard/used similar rationales?

Discuss/role play similar scenarios between two male friends. Compare/contrast the conversations along gender lines. To what extent does gender influence one's approach to the issue? What about the gender of one's friend?

Notes:

About the Original Intervention and its Developer

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS (ALS2) is designed to provide education, social and medical services and peer support to gay, lesbian and bisexual adolescents between 14 and 19 years of age. The program combines case management, comprehensive health care and risk assessment counseling with 25 group discussion sessions. Participants learn to cope with high-risk situations, such as when the HIV status of a potential partner is unknown. The sessions also address such topics as coming out, stigma and self-acceptance—particularly important to teens confronting sexual identity issues.

The effectiveness of ALS2 was investigated in a field study conducted in New York City. Researchers recruited youths who sought services from a community-based agency providing recreational and social services to gay youths.

The “I Don’t Want to Be Gay or Lesbian” role play takes place in session 3, “Coming Out to Myself.” This session is designed to provide an opportunity to work on the confusion surrounding gay and lesbian identity in adolescence. Participants practice their skills in resolving inaccurate information, preparing for adult reactions, and rejection, as well as identifying for themselves culturally-defined gender roles.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS was developed by Sutherland Miller, Ph.D., Joyce Hunter, D.S.W., and Mary Jane Rotheram-Borus, Ph.D.

For additional program information, please refer to the Appendix, page 247.

ATTACHMENT

I Don't Want To Be Gay or Lesbian

This Attachment includes three items for your use in this activity: a suggested leader script with background/guidance, and Figures 1 & 2 with player instructions.

I Don't Want To Be Gay or Lesbian: Suggested Leader Script

(Text in italics provides delivery guidance.)

During the struggle of coming-out, some gay and lesbian youth want to forget who they are or want to be heterosexual. Let's see how we would deal with that situation through a role play. Who will be Maria, and who will be Grace?

(Select volunteers.)

You two are friends. Grace wants to forget—to erase from her mind—that she is a lesbian. Grace, what is your goal?

(Have Grace state what her goal is and help her be clear if she is off.)

Maria, your goal is to convince Grace that “forgetting” it might not be very helpful in the long run. So, Maria, what is your goal?

(Have Maria state her goal—to convince Grace that trying to change who she is has negative consequences and help her become clear if she is off target.)

Maria, I am going to give you a sheet with a few ideas on it. Feel free to use your own ideas. You don't have to follow what is on the card.

The rest of you will be observers. Each person gets a specific task.

(Give each person something to focus on.)

You observe their . . .

- facial expressions
- voice tone
- posture
- words
- gestures
- voice level
- eye contact

Okay, let's get started with the role play.

(Allow the role play to go for a few minutes.)

Thanks. That was really good. Grace, what were you feeling during the role play?

(Obtain a response.)

Also, Grace, what did you do that you liked and what would you do differently?

(Obtain a response.)

Maria, what were you feeling during the role play?

(Obtain a response.)

Maria, what did you do that you liked and what one thing would you do differently?

(Obtain a response.)

Now let's hear from the observers. Tell us what you observed, what you liked, and what one thing you would have done differently if you had been playing the role.

(Obtain feedback from the observers. Look for increasing self-hatred, ending up in the wrong crowd of people, still having to deal with one's true feelings, and being so involved with denial that a lot of fun in life is missed.)

Are there any other arguments that you would have used if you were Maria?

(Obtain responses.)

Now let's do one more role play. Who will be Jenny and who will play Gail?

(Select volunteers.)

Jenny, you are a lesbian, and your task is to explain to Gail why it is best for you to act as if you were heterosexual. Tell us what your goal is, Jenny.

(Have Jenny state that her goal is to convince Gail that acting as if she were straight is the best thing for her (Jenny to do.)

Gail, your task is to point out to Jenny why pretending she is heterosexual might not be a good idea. What is your goal, Gail?

(Have Gail explain that her goal is to tell Jenny why acting like a heterosexual is not a good idea.)

Gail, here are some ideas that you might want to use. Feel free to use your own ideas. You don't have to follow what is on the card.

The rest of you will be observers. Each person gets a specific task.

(Give each person something to focus on.)

You observe their . . . facial expressions
 voice tone
 posture
 words
 gestures
 voice level
 eye contact

Okay, let's get started with the role play.

(Allow the role play to go for a few minutes.)

Thanks. That was really good. Jenny, what were you feeling during the role play? Also, what did you do that you liked and what one thing would you do differently?

(Obtain a response.)

Gail, what were you feeling during the role play? What did you do that you liked, and what one aspect would you do differently?

(Obtain a response.)

Now let's hear from the observers. Tell us what you observed, what you liked, and one thing you would have done differently if you had been playing the role.

(Obtain feedback from the observers. Look for assuming all problems are solved if one is heterosexual and dealing with stereotypes of lesbians. Encourage a discussion of gender roles. How are men as men supposed to behave? How are women as women supposed to behave?)

Figure 1

INSTRUCTIONS FOR MARIA

Your task is to convince Grace that trying to forget who she is can end up doing her no good. Some possible ideas are as follows:

1. Cutting off part of your self will leave you with a damaged self—only part of you will exist.
 2. Given that you can not change who you are, you will end up frustrated by trying to make the change.
 3. You are going to end up convincing yourself that there is some thing wrong or hateful about being a lesbian.
- Add your own ideas. Use any ideas you want.*

Figure 2

INSTRUCTIONS FOR GAIL

Your task is to convince Jenny that her plan to act like she is heterosexual might have a negative impact on her. You may want to:

1. Ask her if she thinks it is possible to be a lesbian and still think of herself as a woman and meet many of the expectations that society has of women.
 2. Help her think through what changes she expects in her life-style from “acting heterosexual” and see if they are really going to happen.
 3. Help her see who is putting pressure on her and think of ways to deal with them.
 4. Help her think through what she expects from being a lesbian and see if there are any myths present.
 5. Make sure she is not blaming being a lesbian for all the unpleasant things in her life.
- Use any ideas that you want. Make sure your ideas are included.*

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Jack & Lefty Coming Out

Role Play

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions for Gay, Lesbian & Bisexual Teens

Activity Description

In the “Jack & Lefty” scenario, two casual friends are talking. They met in high school and have known each other for several years. Lefty has already come out to himself. In the conversation, he is trying to support Jack in doing the same. Jack demonstrates part of his emotional struggle: denial of feelings, rejecting people who are gay/lesbian, feeling depressed or suicidal. (Please refer to the Attachment for the role play script.)

After soliciting volunteers to read the roles of Jack and Lefty, assign observer roles to the remaining group members. As the two volunteers enact the role play, the observers watch for specific attributes: facial expressions, voice tone, posture, words, gestures, voice level, and eye contact. Following the role play, group members share their observations. Ask whether Jack was “crazy or unusual” in his response to Lefty, and encourages further discussion about the coming out process.

The Attachment includes the role play script as well as a suggested leader script with background information/delivery guidance.

Activity Goal

Facilitate participants’ understanding that the phases they experience in coming to terms with their gay or lesbian orientations are typical and need not be feared.

Original Program Setting

Community-based and/or clinic-based settings, provided that case management and counseling are also available; also suitable for residential drug treatment programs.

Time Needed

20–30 minutes

Age Level

Ages 14 to 19

Staff Needed

Sessions (with approximately ten participants) are facilitated by two leaders, a male and a female, selected for their sensitivity to issues of cultural and sexual diversity. Their training/background should include cognitive-behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

“Jack & Lefty” suggested leader script and “Jack & Lefty” role play script (both contained in the Attachment)

Photocopier to reproduce script for players

Ways to Expand the Activity

Divide the group into two–three smaller groups to compose a short story or skit about coming out, encouraging participants to draw on their experiences and their fears. Have groups present their material to the other participants. Discuss similarities/differences, and the emotional reaction to working with others who share a parallel experience.

Notes:

About the Original Intervention and its Developers

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS (ALS2) is designed to provide education, social and medical services and peer support to gay, lesbian and bisexual adolescents between 14 and 19 years of age. The program combines case management, comprehensive health care and risk assessment counseling with 25 group discussion sessions. Participants learn to cope with high-risk situations, such as when the HIV status of a potential partner is unknown. The sessions also address such topics as coming out, stigma and self-acceptance—particularly important to teens confronting sexual identity issues.

The effectiveness of ALS2 was investigated in a field study conducted in New York City. Researchers recruited youths who sought services from a community-based agency providing recreational and social services to gay youths.

The “Jack & Lefty” role play takes place in session 3, “Coming Out to Myself.” This session is designed to provide an opportunity to work on the confusion surrounding gay and lesbian identity in adolescence. Participants practice their skills in resolving inaccurate information, adult reactions, and rejection, as well as identify for themselves culturally-defined gender roles.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS was developed by Sutherland Miller, Ph.D., Joyce Hunter, D.S.W., and Mary Jane Rotheram-Borus, Ph.D.

For additional program information, please refer to the Appendix, page 247.

ATTACHMENT

Jack & Lefty Coming Out

This Attachment includes two items for your use in this activity: a suggested leader script with background information/delivery guidance, and the role play script.

Jack & Lefty: Suggested Leader Script

(Text in italics provides delivery guidance.)

When a person is going through a deep struggle within himself or herself, it is easy to feel all alone. It is also easy to think that “there must be something wrong with me.”

It is easy to think you are really different. Those thoughts and feelings are magnified for the young person recognizing that he is gay or that she is a lesbian. Society’s lack of acceptance makes things more confusing.

This little script will help illustrate what I mean. Who will read Jack and who will read Lefty?

(Select volunteers and give them the script.)

Jack and Lefty are casual friends. They met in high school and have known each other for several years.

Before we begin reading the script, I want to give each person who is observing something specific to look for.

(Assign each person a different task.)

You observe their . . .

- facial expressions
- voice tone
- posture
- words
- gestures
- voice level
- eye contact

Okay, let’s read the script.

(Have volunteers read the script.)

Thank you. That was great. Let’s hear what people observed.

(Obtain responses. Look for denial, turning against homosexuality, and feeling vulnerable in Jack. Vulnerability is seen in feeling bad about oneself and feeling easily hurt. Look for support and concern from Lefty.)

So, Jack was obviously distressed about having Lefty suggest that he was gay, and what did he do to deal with it?

(Encourage responses.)

That’s right: first, he denied it. Then he rejects gayness and takes on some of the hatred of the dominant society. Feelings of depression and wanting to harm himself come out at the end.

Was Jack crazy or unusual in responding as he did?

(Encourage discussion.)

While there are many gay males and lesbian women who feel good about themselves, most have felt distressed at some point during the coming out process. Lesbian and gay people are gaining their rights, but society is far from being tolerant and accepting.

With the world around us considering being gay or lesbian a crime, a sin, or a sign of mental illness, it is not surprising that someone would go through the stages we saw here:

- denial of feelings;
- rejecting people who are gay or lesbian; and
- feeling depressed and suicidal.

The point is that these are normal responses—not something off the wall. Society has the problem, not gay and lesbian youth. There is nothing wrong with having these reactions during the self-discovery part of coming-out.

Jack & Lefty: Coming Out—Player Script

Lefty: I want to ask you something.

Jack: What's that?

Lefty: Are you queer?

Jack: Man! You think I'm crazy.

Lefty: No buggin. Just answer me. Are you?

Jack: Hell no! Why do you ask?

Lefty: I don't see you going out. You never try to put a move on a girl. You don't talk about sex. There's no pictures of women in your room.

Jack: Give me a break! I'm no faggot. If some queer came up to me, I'd beat him up.

Lefty: You really hate them?

Jack: You better believe it.

Lefty: You'd beat them up?

Jack: Damn right.

Lefty: You'd beat me up?

Jack: You're no queer.

Lefty: You like me?

Jack: What is this?

Lefty: Just answer me—do you like me?

Jack: Course I do—not like queer though.

Lefty: I know you, Jack. Don't hide from me. I've been watching you for a year, Jack. When are you gonna admit it? I'm gay. When are you going to say you're gay?

Jack: No, no, no!

Lefty: Don't be all upset. Be happy you can finally talk to somebody.

Jack: I wish I were dead.

Lefty: Man, don't be stupid.

Jack: I don't want to be gay!

Jackie & Al and Allison & Gary

Role Play

AIDS Prevention for Adolescents in School

Activity Description

This activity includes two role play scenarios and a class discussion.

Role Play #1: Jackie & Al

Jackie and Al have been dating for a month. Al really wants to have sex, but Jackie feels things are going too fast. Four participants play the roles of Jackie, Jackie's friend, Al, and Al's friend. In sequence, Jackie discusses her dilemma with her trusted friend; then Al does the same with his friend. Then Jackie and Al incorporate their friends' advice as they discuss the matter.

After the role play, ask the group for possible persuasion techniques that could convince a boyfriend or girlfriend to accept that their partner does not want to have sexual intercourse. (Please refer to the Attachment for a suggested leader script and discussion questions.)

Role Play #2: Allison & Gary

Two new volunteers play Allison and Gary. Allison wants to begin a sexual relationship with Gary. But Gary is not sure he's ready. The problem is that Allison gets Gary drunk and teases him sexually, and he finds it hard to stop.

Allison tries to persuade Gary; and Gary responds using some of the refusals discussed during "Jackie & Al." After the role play, solicit feedback from the players and the rest of the class. (Please refer to the Attachment for a suggested leader script and discussion questions.)

In the original implementation, this activity took place immediately after the discussion of the *Guide* "Lines" homework (Please refer to *Sourcebook*, page 99).

The Attachment contains a suggested leader script and discussion questions for both role plays in this activity.

Activity Goal

Empower participants with decision making and negotiation skills necessary to delay involvement in sexual intercourse.

Original Program Setting

Classroom setting, community-based site, or a collaboration between schools and community organizations

Time Needed

30–40 minutes

Age Level

Ages 13 to 19

Staff Needed

One classroom teacher. In the original implementation, teachers attended a one-day in-service training session to introduce the curriculum's objectives and activities.

Materials You Will Need

Blackboard and chalk, or equivalent

Suggested leader script and discussion questions (Attachment)

Ways to Expand the Activity

Lead a discussion about how realistic these scenarios are for students. Brainstorm a list of other difficult situations that teens face. Explore what students believe they need in order to feel prepared when these situations arise.

Notes:

About the Original Intervention and its Developers

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL (APAS) is a six-session AIDS prevention program. Delivered on consecutive school days, the sessions combine principles of the health belief model with social psychology, and aims to improve students' knowledge, beliefs, self-efficacy, and comprehension of risky behaviors concerning HIV/AIDS. Overall program learning components include group discussions, lectures, role plays, homework and videos. The program was originally implemented in four New York City public high schools serving a predominantly African-American and Hispanic population.

The role plays with Jackie and Al, and Allison and Gary take place in session 4, which aims to empower students to develop and apply the negotiation skills necessary to delay involvement in sexual intercourse. In the original implementation, this activity took place immediately after the discussion of the 'Guide "Lines"' homework (*Sourcebook*, page 99). The remaining sessions focus on developing skills needed for using condoms.

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL was developed by Heather Walter, M.D., M.P.H., and Roger Vaughan, M.S.

For additional program information, please refer to the Appendix, page 251.

ATTACHMENT

Jackie & Al and Allison & Gary

This Attachment includes four items for your use in this activity: two suggested leader scripts and two sets of discussion questions.

Jackie & Al and Allison & Gary: Suggested Leader Script and Discussion Questions

Jackie & Al Suggested Leader Script

Jackie and Al have been dating for one month. Al really wants to have sexual intercourse so that their relationship will be more special. Jackie isn't sure. She feels a little nervous and scared about it. Although she really cares about Al, she feels that things are going too fast and that she has no control over the situation. Jackie is afraid that she may lose Al; after all, there are other girls around who would be happy to take her place. Al cares a lot about Jackie, but he is getting impatient.

How can Jackie and Al solve their problem? This is the order for the role play:

1. Jackie discusses the dilemma with her friend.
2. Al discusses the dilemma with his friend.
3. Jackie and Al try to resolve the situation with each other.

Invite four student volunteers to act out the scene either in front of the class or from their seats. One student plays Jackie, another plays Al, and another two play friends to whom Jackie and Al turn for advice.

After the role play, ask the group for feedback. Record their observations. Ask the students for persuasion techniques that could convince a boyfriend or girlfriend to accept that their partner does not want to have sexual intercourse.

Jackie & Al Discussion Questions

1. What do you think of the advice that "Jackie's" and "Al's" friends suggested?
2. Did Jackie and Al take their friends' advice? Why or Why not?
3. Was Jackie able to persuade Al to accept her decision to not have sexual intercourse? How did she do it?

Have students suggest persuasion techniques that could convince a boyfriend or girlfriend to accept that their partner does not want to have sexual intercourse:

PROMPTS:

Make it plan and simple:

The broken record:

Delay the decision:

Make your parents the bad ones:

Leave the situation:

Reverse the pressure:

- "I just don't want to."
- keep saying "no" over and over.
- "It's not a good time."
- "They watch me like a hawk," or "They're expecting me home soon."
- "I have to leave now."
- "If you loved me, you wouldn't pressure me. You would wait until I'm ready."

Allison & Gary
Suggested Leader Script

Two new volunteers play Allison and Gary. Gary is a lot of fun to be with. Allison has never known a guy like him before. They like each other very much, and spend most of their time together.

For Gary, sex has to be with someone who's very special. He still needs more time with Allison to find out if she's that special person. Allison feels that sex would be so exciting with Gary and wants to begin a sexual relationship. The problem is that she gets Gary drunk and then teases him sexually. He gets excited and finds it hard to stop.

Allison tries some of the "lines" on Gary; and Gary tries some of the refusal techniques just discussed. After the role play, ask for feedback from participants and the rest of the class.

Allison & Gary
Discussion Questions

1. Why would a person have sex before he or she feels "ready"?
 - It's hard to say no to sex if you're excited.
 - Your relationship won't be as special.
 - You will get a lot of pressure from your boyfriend or girlfriend to have sexual intercourse.
2. What can you do if you're being "teased" but really don't want to have sexual intercourse?

Risks and Healthy Lifestyles: How to Reduce Risk of Infection

Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth

Activity Description

Before beginning the role play, ask two participants to facilitate a brainstorming session. Mark two columns on the flip chart: “Risky Lifestyles” and “Healthy Lifestyles.” Ask participants to identify behaviors, attitudes, skills, knowledge and other factors which contribute to either a “risky” or a “healthy” outcome. Keep this information in clear view for participants’ reference during the role play.

Divide the participants into three groups. Each group spends one hour designing a brief role play depicting how they would negotiate to resolve conflict, and thereby reduce the risk of HIV infection in three different situations. Although the groups have discretion to determine their own role play situations, three possible scenarios are:

- resistance to condom use among monogamous sexual partners;
- resisting sexual overtures by a date whose sexual history represents risk;
- dealing with parental concerns about a participant’s role in distributing condoms.

Then spend 30 minutes while each small group performs its role play for the other two groups. The observers give feedback regarding clarity of message, negotiating strengths and weaknesses, presentation styles, and areas to improve.

Activity Goal

Increase awareness of how to negotiate to reduce conflict and risk of HIV infection.

Original Program Setting

Community-based program

Time Needed

90–120 minutes

Age Level

Ages 14 to 19

Staff Needed

This activity is part of a training program for peer leaders. Staff who lead this training should be knowledgeable about HIV/AIDS, Latino culture and group process skills. Additionally, staff and peer leaders should be able to communicate in both English and Spanish.

Materials You Will Need

Flip chart and markers, or equivalent

One room with space for three groups to design and perform a role play

Ways to Expand the Activity

Video tape the presentations and view them after all groups have performed. Use the videos to help peer leaders assess their message-delivery skills.

Provide the peer-leader group with an additional opportunity to strengthen their leadership skills within the group setting. Note each “Risky Behavior” item on a card. Place all the cards in a hat or box. Have either individuals or pairs draw a card and prepare an activity addressing that behavior, attitude, etc. Participants deliver their activity to the full group. Group members provide feedback regarding the effectiveness of the message delivery.

Notes:

About the Original Intervention and its Developers

The New England Research Institutes (NERI) launched this community-based intervention in an inner-city Latino neighborhood in Boston, MA. Enlisting a local organization to develop the intervention materials, NERI researched local residents’ opinions, attitudes, beliefs and behaviors related to AIDS. The results of that research helped to shape the *PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH* (*PODER LATINO*) program.

The program was designed to raise the entire community’s awareness of HIV/AIDS and reduce the risk of infection by increasing the use of condoms among sexually active teens. Based on the premise that youths, themselves, can most effectively convince other youths to refrain from life-risking behaviors, *PODER LATINO* offers an eight-week program to train Latino youth to serve as peer educators/leaders. The training includes discussion and practice in conveying health education information to youth. After the training, the teen educators/leaders are charged with creating and conducting AIDS awareness activities with their peers.

The role playing activity occurs during the training program’s third week, entitled “Building Self-Esteem, Skills in Decision-Making and Conflict Resolution.” The session includes a discussion on “risky” and “healthy” lifestyles to identify behaviors, attitudes, skills, knowledge, and other factors that contribute to these lifestyle outcomes.

PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH was developed by the New England Research Institutes and the Hispanic Office of Planning and Evaluation.

For additional program information, please refer to the Appendix, page 271.

Talking to a Grownup

Role Play

Teen Talk

Activity Description

Tell the group that it makes life easier if there is a grownup they can talk to about certain things because sometimes friends don't have the answers. Ask each group member to think of at least one grownup with whom they can talk about almost anything. Then, playing the role of the adult with whom they speak, begin the role play with a volunteer. There is no script for either role in this activity. (If the group is reluctant, consider modeling the teen's role first.)

Encourage, but don't force anyone to participate in the following role play scenarios:

- your boy/girl friend just broke up with you and you are upset; and
- someone who knows your parents well visited while you were alone and acted kind of strange and it scared you.

Activity Goal

Provide both practice and feedback discussing sexuality issues with a trusted adult. Help students approach adults and understand that adults have something to offer.

Original Program Setting

Community-based organizations, schools, or as a collaboration between community organizations and schools

Time Needed

20–30 minutes

Age Level

Ages 13 to 19

Staff Needed

One lecturer per classroom, and one group discussion leader for every eight students. Group leaders should be trained in conducting effective group discussion sessions. For those implementing the entire *TEEN TALK* program, the PASHA program package includes comprehensive staff training materials.

Materials You Will Need

None needed

Ways to Expand the Activity

Brainstorm other topics that would be appropriate to discuss with a trusted adult.

Notes:

About the Original Intervention and its Developers

T^{TEEN TALK (TT)} is a theory-based adolescent pregnancy prevention program, developed as a public health approach to sexuality and contraception education. The six-session program incorporates lectures with group discussions. Other program components include role play activities, games, video and audio tapes. The original implementation of *TT* took place both rural and urban communities in Texas and California. The program was conducted in youth groups, health classes, and other community education programs as an alternative to their traditional sex and contraception educational outreach curriculum.

“Talking to a Grownup” is scheduled during the program’s second group-discussion session (fourth session overall). Students explore the risks and consequences of sexual activity in the initial group-discussion session. In the second such session, the emphasis turns to avoiding the risks and consequences, focusing on the need for communication.

TEEN TALK was developed by Marvin Eisen, Ph.D., Alfred McAlister, Ph.D., and Gail Zellman, Ph.D.

For additional program information, please refer to the Appendix, page 231.

What's Your Advice? (A Conversation About Touching)

Role Play

Project TAKING CHARGE

Activity Description

This role play activity explores friendly advice about touching, a form of non-verbal communication.

(To make this role play effective, participants should be familiar with the basic concepts of good vs. bad touch and sexual abuse. The Attachment includes optional guidance/background used in the original implementation.)

Encourage students to understand that their bodies are their own and that no one has a right to touch them if they don't want to be touched. Remind students that friends often help each other by offering advice about problems they might have. Read the following scenario:

"Your best friend comes to you for advice about a problem. He or she tells you that his/her brother's (or sister's) friend has been touching him/her in a way that makes him/her feel very uncomfortable. What questions would you ask? What would you say? What advice would you give?"

After the reading, select two student volunteers to play the parts for the class. Then lead the class in a discussion, using the following questions as a guide:

- Do you think that the advice given was good?
- What do you think would happen if the friend took the advice?
- What other advice would you give?

The Attachment includes basic information about sexual abuse and good vs. bad touch. The information was extracted from the original program curriculum, and can be used to supplement the activity or provide background.

Activity Goal

Explore how friends offer advice about touching, a form of non-verbal communication that may or may not be comfortable for the person being touched.

Original Program Setting

School classroom or community-based organization

Time Needed

15–20 minutes

Age Level

Ages 12 to 13

Staff Needed

One skilled family life educator

Materials You Will Need

Attachment (Optional basic information on sexual abuse and good vs. bad touch which you may wish to incorporate into the activity)

Ways to Expand the Activity

Brainstorm a list of refusal responses students could use should they find themselves in the situation of being touched in an unwanted manner.

Lead a discussion about appropriate actions to prevent recurrences.

Invite an experienced counseling professional to talk with the group about resources available to anyone (teens in particular) who has been sexually abused or has experienced bad touch.

Notes:

About the Original Intervention and its Developers

The field study of *PROJECT TAKING CHARGE (PTC)* was conducted with lower-income seventh-grade students and their parents in Delaware, Mississippi, and Ohio. The program aims to help young teens identify what they need to accomplish to mature successfully, make healthy behavior choices, gain self-esteem, and develop fulfilling relationships. It encourages youths to take an active part in their own development by “taking charge” while clarifying personal values and abstaining from sexual involvement.

The curriculum consists of five instructional units divided into 27 class sessions. Program components include lectures, group discussions, role plays, and videos. There are also three parent-youth sessions during which adults are encouraged to communicate their own sexual standards and assist teens in defining and attaining occupational goals.

Students act out “What’s Your Advice?” during a lesson entitled “Sexual Abuse: Your Body is Your Own.” The objectives of the lesson include identifying good and bad touch, defining types of sexual abuse, and listing sexual abuse prevention skills. The role play models how people in relationships might help each other solve problems relating to non-verbal communication by focusing on touch.

PROJECT TAKING CHARGE was developed by the American Association of Family and Consumer Sciences.

For additional program information, please refer to the Appendix, page 217.

ATTACHMENT

What's Your Advice?

If you have not covered basic information about sexual abuse, including good and bad touch, you may wish to incorporate the material in this section before beginning the role play.

Introduction to Touch: Optional Guidance

(This material is excerpted verbatim from the original implementation.)

Today we will explore the role of touch in relationships, identifying when touch makes us feel good or bad, and what we can do when touch feels confusing or bad. . . . When we were babies, we were touched a lot. Our parents held us when they fed us, when we cried, were uncomfortable, etc. This touch made us feel loved and safe.

As we get older, we begin to realize that some touch can be confusing or bad. Confusing touch makes us uncomfortable often because it is sexual in nature. Different individuals and cultures interpret touch differently. No one has a right to touch anyone if they don't want to be touched.

Sexual Abuse: Basic Concepts

Sexual abuse is not the victim's fault.

Sex offenders can be anyone.

Alcohol and other drugs are not an excuse for sexual abuse.

Rape is only one kind of sexual abuse.

There are many people and programs that can help: rape and sexual assault centers, police, child protective services, mental health centers, school teachers, counselors, and church/spiritual treatment centers.

Things to Remember

A victim of sexual abuse is often between the ages of 8–11.

If an adult touches you and you don't like it, you should tell him/her you don't like it and tell another adult about it.

Children have rights to get protection if they are being hurt in any way.

To protect yourself from sexual abuse, trust your feelings in situations that don't "feel right."

Sexual abuse is sexual mistreatment, including touching and fondling, or any forced sexual contact, including obscene phone calls.

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Group

Discussions

There are ten group discussions. They range in nature from small-group work, involving as few as two participants, to full group involvement. All necessary worksheets, etc., are included in the activity Attachments.

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Dating Decisions

Group Discussion

Human Sexuality Values & Choices: A Values-Based Curriculum for 7th and 8th Graders

Activity Description

The “Dating Decisions” activity involves students working together in small groups to respond to five questions about dating.

Prior to the class session, prepare and display either a flip chart page or an overhead transparency with the following five questions:

1. What is a good age to begin dating?
2. Who should do the asking? Who should pay?
3. What are some guidelines on whom to date?
4. What are the advantages of dating in a group?
5. How late do you think it’s okay to be out on a date?

Divide the full class into groups of three or four students each, and instruct them to answer the questions as a group. Allow the groups about seven minutes to complete their responses and record them on their flip chart sheet. Post the group sheets for the full class to see/share. With the class’ help, summarize the content. Students begin to see that dating guidelines come from thinking things through ahead of time. You may also want to have students explore this topic with their parents or other trusted adult.

In the original implementation, this activity was followed by a homework assignment in which students interviewed their parents using similar questions. (Refer to homework activity, “Parents’ Ideas and Expectations about Dating,” *Sourcebook*, page 119.)

Activity Goal

Explore various aspects of dating and develop guidelines for acting in ways that promote healthy development.

Original Program Setting

School-based/classroom setting or community organizations that provide education or services to 7th and 8th graders

Time Needed

15 minutes

Age Level

Ages 12 to 14

Staff Needed

Classroom teacher; there are no special training requirements

Materials You Will Need

Flip chart paper and markers for each small group

Prepared flip chart page or overhead transparency

Overhead projector and screen (or equivalent) if transparency is used

Ways to Expand the Activity

Discuss behavioral boundaries, or limits, that already exist at home: How do they differ for older/younger, same/opposite sex siblings? How were the boundaries developed?

Notes:

About the Original Intervention and its Developers

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS (V&C) was developed for use in 7th and 8th grade classrooms. The original field study was conducted in nine schools in four states, incorporating students from rural, urban and suburban communities. The program aims to reduce teenage pregnancy by promoting seven core values that support sexual abstinence and healthy relationships. The curriculum, comprising 15 student lessons and three adult/parent only sessions, emphasizes parent-child communication and uses a standardized, video-assisted format.

The “Dating Decision” activity is scheduled during “Going Out?”—the seventh class session. It falls between “Making Choices,” class 6, and class 8, “Saying No.” Following the activity, the students keep the guidelines in mind as they discuss potentially risky situations. Their homework assignment includes interviewing their parents on similar questions. (Refer to homework activity “Parents’ Ideas and Expectations About Dating,” *Sourcebook*, page 119).

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS was developed by the Search Institute.

For additional program information, please refer to the Appendix, page 215.

Eliminating Barriers: Identify, Prioritize, Create Solutions

Safer Sex Efficacy Workshop

Group Discussion

Activity Description

In this discussion, participants explore barriers to adopting strategies to prevent STI/HIV/AIDS transmission.

Begin by listing the following five preventive strategies on a single sheet of flip chart paper and posting it in plain view: 1) sexual abstinence, 2) monogamy, 3) using condoms, 4) careful selection of partners, and 5) avoiding sex with prostitutes. Ask participants to list the five most important barriers (or reasons why people don't use these strategies) on a piece of paper (e.g., "People don't use condoms because. . ."). Participants then share their lists with the whole group. Record the identified barriers on a blank piece of flip chart paper.

Participants prioritize barriers individually, by choosing the five most important barriers listed on the flip chart and assigning five points for the most important barrier, four for the second most important and so on. Tally each individual's points for each barrier to determine the group's most important barriers.

Ask participants to create solutions to the barriers through small group discussion. Divide participants into three groups and assign one of the top three barriers to each group. One person in each group records the solutions. Encourage the groups to be imaginative in creating solutions. Possible solutions might be:

1. educate people on how to resist peer pressure to be sexually active;
2. teach people that many parts of the body other than the genitals can be sensual to touch during condom use;
3. create a more comfortable and private atmosphere where condoms can be purchased.

The recorders report the solutions to the entire group and a discussion ensues.

Activity Goal

Facilitate participants' understanding of the barriers that may prevent the use of AIDS and STI risk-reduction strategies, and the solutions to eliminating those barriers.

Original Program Setting

College or other educational or community-based organization

Time Needed

30 minutes

Age Level

Ages 18 to 22

Staff Needed

Two peer educators for each group of 10–15 participants. Peer educators should be familiar with HIV/AIDS/STIs, the basic concepts of the curriculum, and group process skills.

Materials You Will Need

Flip chart and markers, or equivalent

Ways to Expand the Activity

Have the small groups role play overcoming the barriers. Allow the groups to determine how they will approach the role play to best deliver the message.

Notes:

About the Original Intervention and its Developer

The *SAFER SEX EFFICACY WORKSHOP (SSEW)* was designed to increase college students' self-efficacy, or belief in their own ability to act successfully to prevent HIV/AIDS and other sexually transmitted infections (STIs). A field study of the workshop was conducted in an undergraduate health education class at the University of Texas. The three-hour workshop included small group discussion, role play activities, and review of basic facts about HIV/AIDS transmission and prevention. The program was guided by the Social Learning Theory, and used specially trained peer leaders to serve as persuasive, appealing models who communicated the importance of safe sexual practices. The program included mastery experiences, or practice in successfully completing a task (e.g., negotiating with one's partner and using condoms); role modeling, or watching others similar to themselves perform the task successfully; and social persuasion, which referred to information received from others indicating that they performed a task successfully.

The discussion of eliminating barriers to AIDS and STI prevention occurs during the third section of the workshop entitled "Negative aspects of changing behavior." Discussion objectives include identifying barriers to individual utilization of prevention methods, prioritizing those barriers, and creating solutions to eliminate them. During the class discussion, participants identify and discuss the most important barriers or reasons why people do not use AIDS and STI prevention strategies.

SAFER SEX EFFICACY WORKSHOP was developed by Karen Basen-Enquist, Ph.D., M.P.H.

For additional program information, please refer to the Appendix, page 277.

HIV and AIDS

Group Discussion

Rikers Health Advocacy Program

Activity Description

This group discussion focuses on defining HIV and AIDS, their symptoms, transmission modes and prevention methods. It uses probing questions to dispel misconceptions and explore basic facts about transmission and prevention, including behaviors that put participants at risk of infection. The activity can be used with males and females alike.

The discussion provides an opportunity for participants to describe the disease and their knowledge about it, define their high-risk attitudes and behaviors, and suggest alternative actions. Use the handouts to help dispel misconceptions about HIV/AIDS. (Please refer to the Attachment for handouts and a suggested leader script for this activity.) Record participants' ideas and concerns on the flip chart.

The Attachment includes a suggested leader script with additional activity detail and delivery guidance, as well as the four handouts needed for this activity.

Activity Goal

Assess participants' knowledge about HIV/AIDS; determine the changes that participants and their peers are making in response to the epidemic.

Original Program Setting

Jail, community-based organization, or school. This activity is appropriate for school- or community-based programs serving high-risk teens, especially drug users and incarcerated youth.

Time Needed

30 minutes

Age Level

Ages 16 to 18

Staff Needed

One leader is required for each group of up to eight same-sex participants. The leader should be comfortable working with high-risk youths, and knowledgeable about HIV and AIDS.

Materials You Will Need

Four handouts and "HIV and AIDS" suggested leader script (all contained in the Attachment)

Photocopier to reproduce handouts for participants

Flip chart and markers (or equivalent)

Ways to Expand the Activity

Use participants' ideas/concerns from the flip chart as the basis for role plays, action plans and cognitive rehearsals for preventing infection and spreading the word about HIV/AIDS.

Notes:

About the Original Intervention and its Developers

RIKERS HEALTH ADVOCACY PROGRAM (*RHAP*) was originally implemented at the New York City Department of Correction's Adolescent Reception and Detention Center on Rikers Island. *RHAP* was designed as an HIV prevention program for incarcerated, drug-using males, 16 to 18 years of age.

Based on Problem Solving Therapy, the curriculum introduces knowledge about general health, transmission and prevention of HIV/AIDS, drug abuse and sexual behavior, and teaches teens how to seek health, social and drug treatment services. Active learning is emphasized, with opportunities for the participants to define high-risk attitudes and behaviors, suggest alternative actions, and engage in role plays and rehearsal activities.

The "HIV and AIDS" discussion takes place in the second of four sessions, which focuses on how a person becomes infected, avoids infection, and the effects HIV/AIDS has on all of our lives.

RIKERS HEALTH ADVOCACY PROGRAM was developed by Stephen Magura, Ph.D., Janet Shapiro, M.A., and Sung-Yeon Kang, Ph.D.

For additional program information, please refer to the Appendix, page 273.

ATTACHMENT

HIV and AIDS

This Attachment includes five items for use in this activity: a suggested leader script and the four handouts needed for this activity.

HIV and AIDS: Suggested Leader Script

To set the stage for discussion, use the handouts below for information about HIV, AIDS, Symptoms and Transmission. Encourage participants to be as specific as possible in discussing the impact of HIV/AIDS on their drug-using subculture by posing the following questions (*the sections in italics are suggestions for the group leader*):

- When did you first hear about AIDS and what causes it?
- Has the information changed since then? Have you recently heard new or different things? *For example have they known about needle sharing for a long time, but only recently learned about cookers and rinse water?*
- Okay, let's see what kind of information we've got. What is HIV? *If correct answer is given, go over acronym and what it means.*
- What is AIDS? Try to get as much information and misinformation from the group as possible. You should ultimately wind up with the literal meanings of the acronyms, as well as a more basic definition for the two terms (e.g. HIV and AIDS). Even after definitions are given and understood for the two terms, you may want to continue to use AIDS as a generic term, since it is the one most commonly recognized—just make it clear that you are using the general term AIDS for convenience. However, the information itself should be presented correctly (e.g., the virus is transmitted, and not AIDS).
- How is AIDS transmitted (how do you get AIDS)? List answers, placing correct ones to the left and incorrect ones to the right—but don't comment until all possibilities are exhausted. Separate the concepts of what transmits the virus (i.e., bodily fluids) from how the virus is transmitted (i.e., behaviors). Be specific when discussing behaviors—don't go with the general "sharing works"—if someone gives the answer, "sharing works," ask them to explain exactly what people do.
- Has anyone you know made any changes in their behavior because of AIDS? What kinds of changes? Have you? When did they/you start making these changes? How did they/you make the changes? Do you think these changes will help? Why/why not? Did you have trouble making these changes? What more needs to be done?

The discussion can be used with groups of males or females. You may wish to change the terms to be more appropriate to the participants in your group and the intervention you are using.

ATTACHMENT

HIV and AIDS

Handout #1

What Is HIV?

Human

Immuno (Immune System) Deficiency (Not enough, lacking)

Virus (Pathogen, invader—causes infection)

When a generally healthy person gets a cold, she or he feels pretty miserable for a couple of days, has the sniffles and a cough for a few more days, and then feels fine. For a healthy person, a cold is just a week-long nuisance—things eventually return to normal. But, for a person whose immune system has been damaged or **compromised** by HIV, it can be a whole different story. People don't get sick from the HIV virus. They get sick from the damage that HIV causes to the **immune system**. The immune system is like our health army. When our bodies are attacked by sickness soldiers, the immune system calls out the health soldiers to protect us. If a person is infected with HIV, the virus can disable the health army. This causes a **deficiency** in the immune system. If the immune system has weak soldiers or no soldiers at all, then it isn't able to put up a fight when sickness soldiers invade. Many of you have probably heard various descriptions of how the immune system works. Well, here's Project RHAP's version:

The immune system's army has several important generals. At the front line is the "lookout" (macrophage), who watches for foreign invaders (virus). When the "lookout" spots an invader, it alerts the T4 cells. The T4 cells act like Paul Revere, signaling the B cells to send out the fighting troops (or antibodies). The antibodies fight the invader and defend the body's health. Once the invader has been conquered, the T8 cells signal that it's okay to stop sending troops. However, some of the antibodies stay around to guard against the invader's coming back—that's why we don't get the same cold twice.

However, when HIV invades the body, it is able to trick the "lookout" and heads straight for the T4 cells. The HIV virus enters or invades the T4 cells, and basically takes over—it reprograms the T4 cells to produce new HIV cells, instead of reproducing the T4 messengers that are supposed to set the antibodies in motion. Now, when some other virus, like a cold, enters the body, when the "lookout" signals the T4s to turn on the immune system, the infected T4s release HIV instead. Now, the whole health army cannot be sent into action. In addition, the sickness army is sent out, too. That's why "little colds" can become "serious pneumonias" for people with HIV—not only does it become more difficult for the body to fight off illnesses, but each illness actually can increase the amount of HIV that is attacking the body.

So, HIV stands for a virus that attacks and can cripple our immune system. However, a person can be infected with HIV and show no symptoms of illness at all—sort of like an enemy soldier who had invaded the army, but has not attacked. We're not sure how long a person can remain healthy once he or she has been infected with the virus. HIV and AIDS are still relatively new, so we can't talk about long-range effects just yet. We do know of people who took ten years to show symptoms, and that suggests that there may be people out there who were infected long ago who have not shown any symptoms, and who may never show symptoms.

But it's important to note that this is not AIDS. The seriousness of the illness is caused by the fact that the person's immune system had been weakened by HIV—yet this is not AIDS.

ATTACHMENT

HIV and AIDS

Handout #2

What Is AIDS?

Acquired (To get)

Immune (Immune system)

Deficiency (Not enough, lacking)

Syndrome (Group of symptoms that indicate disease)

AIDS is a special group, or **syndrome**, of symptoms and illnesses that can occur as a direct result of the fact that a person's immune system has been weakened by HIV. They are called **opportunistic** infections. For example, most of us are exposed to, and often carry in our lungs the amoeba that causes PCP pneumonia, but our immune system—our antibodies—protect us from getting the disease. However, in an HIV-infected person with a weakened immune system, the amoeba takes advantage, or takes the **opportunity**, to settle in and cause infection. It's kind of like rioting or looting. Most of the time crowds walk along the street and nothing happens. But if there's a blackout, or a riot, crowds can take advantage of the situation and start busting windows and looting. Even people who don't ordinarily rob or steal may see this as an opportunity that they cannot pass up.

In order to be diagnosed with AIDS a person must have one of a number of specific infections, including PCP pneumonia and Kaposi's Sarcoma (an otherwise rare form of skin cancer). It is important to note that a person can become seriously ill and even die from illnesses associated with HIV infection without ever having an infection that would classify him or her as having AIDS. But once a person has an illness that is one of the illnesses of AIDS, she/he is classified as having AIDS, even if the person recovers.

ATTACHMENT

HIV and AIDS

Handout #3

Symptoms of HIV/AIDS Infection in Adults

Unexplained, persistent:

Diarrhea
Lethargy
Fever

Cough
Thrush
Weight loss

Night sweats
Swollen lymph nodes
Trouble swallowing

It is important to remember two things:

1. These can be symptoms of many different ailments; and
2. The symptoms must be **persistent** and **unexplained**.

For example, if you're on a coke run, you may lose weight, have diarrhea, and have swollen lymph nodes. But this is not unexplained—the symptoms are a direct result of the coke use.

The important thing to remember is that symptoms should be checked by a doctor no matter what the cause. Early diagnosis and treatment are always important.

ATTACHMENT

HIV and AIDS

Handout #4

Transmission of HIV

AIDS has been called the modern Bubonic Plague, and in some ways it is. But in some ways we're actually lucky, and that's because unlike the plague, which was transmitted by rats, AIDS is relatively hard to get. HIV (or the AIDS virus) is found only in certain bodily fluids, and even then, there has to be a high enough concentration of the virus in order for it to be transmitted or passed on.

Name the bodily fluids:

Blood	Saliva
Blood Products	Tears
Semen	Urine
Vaginal Secretions	Feces
Breast Milk	Mucus
	Vomit

In order to transmit the virus, an infected bodily fluid must enter the bloodstream.

Only the fluids in the left column have been associated with **transmission** of the virus. Although the fluids in the right column have been found to contain the virus in very low concentrations in **some** people with AIDS, there is no evidence of transmission.

List the possible modes of transmission

Vaginal Secretions	Breast Milk
Vaginal Sex	Breast Feeding
Oral Sex	Blood
Blood Products	Sharing Needles
Anal Sex	Using needle already used by someone else
Transfusions	Accidental Needle Sticks
Mother to Fetus	Tattooing, Ear/Body Piercing

What stands out is that it's really kind of hard to get infected with the HIV virus (*or just refer to it as AIDS, mentioning that you'll call it AIDS for the sake of ease*). With the exception of transfusions, blood products, and infants who get it while in the womb, we make a definite behavioral choice about the activities that can transmit HIV. And even when we choose to engage in a **risky behavior**, there are things we can do to make the behavior less risky.

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Ice Breaker (Initial Communication)

Group Discussion

Teen Talk

Activity Description

The “Ice Breaker” exercise consists of three parts. The first two parts illustrate the importance of good listening skills to effective communication. The third part demonstrates the importance of active participation in the communication process.

Part 1

Divide the group into pairs. Give the first partner the monologue topic: “What do you look for in a same sex friend?” Give the second partner: “What do you look for in an opposite sex friend?” Each partner has two minutes to talk about his/her topic to his/her partner’s back (no eye contact, no direct response to the topic or to the speaker).

Part 2

Working in the same pairs, participants each have two minutes, in turn, to talk (in monologue) about their respective topics while facing one another, making eye contact, etc. The pairs then share their feelings about both parts of the experience before moving to Part 3.

Part 3

In the same dyads, participants practice communicating while they converse on the topic “Why is it (so) hard to talk to parents about your own sexuality?”

The exercise concludes with a full group discussion of the emotional responses/feeling generated during the three parts.

Activity Goal

Demonstrate that, without good communication skills, communicating can be difficult and frustrating.

Original Program Setting

Community-based organizations, schools, or as a collaboration between community organizations and schools

Time Needed

30–45 minutes

Age Level

Ages 13 to 19

Staff Needed

One lecturer per classroom, and one group discussion leader for every eight students. Group leaders should be trained in conducting effective group discussion sessions. For those implementing the entire *TEEN TALK* program, the PASHA program package includes comprehensive staff training materials.

Materials You Will Need

None needed

Ways to Expand the Activity

Encourage students to repeat the exercise with their parents/guardians.

Notes:

About the Original Intervention and its Developers

T^{TEEN TALK (TT)} is a theory-based adolescent pregnancy prevention program, developed as a public health approach to sexuality and contraception education. The six-session program incorporates lectures with group discussions. Other program components include role play activities, games, video and audio tapes. The original implementation of *TT* took place in both rural and urban communities in Texas and California. The program was conducted in youth groups, health classes, and other community education programs as an alternative to their traditional sex and contraception educational outreach curriculum.

“Ice breaker” takes place during the first group discussion session, and is the first activity for program participants following the development of group ground rules.

TEEN TALK was developed by Marvin Eisen, Ph.D., Alfred McAlister, Ph.D., and Gail Zellman, Ph.D.

For additional program information, please refer to the Appendix, page 231.

Identifying Values

Group Discussion

Project TAKING CHARGE

Activity Description

In the original implementation, students had explored personal and basic values in several exercises prior to this activity. Please see the Attachment in “Tug of War” for the basic values used throughout the program (Please refer to the “Tug of War” activity, *Sourcebook*, page 87).

Divide the students into groups of four or five people. Verbally present this scenario:

“Last weekend your best friend’s parents went out of town and his (or her) older brother (or sister) had a party. Your friend got drunk on beer and smoked crack. His (or her) parents will be going out of town again in two weeks, there will be another party, and you are invited.”

The students brainstorm in their groups to identify values that would be involved in deciding how they would respond to the situation. After a few minutes, each small group votes on three values it believes would stand out if group members were faced with the situation.

The full group then gathers to discuss similarities and differences among the groups’ answers.

Activity Goal

Identify values or beliefs about what is important in order to guide one’s behavior.

Original Program Setting

School- or community-based organization

Time Needed

15 minutes

Age Level

Ages 12 to 13

Staff Needed

One skilled family life educator

Materials You Will Need

None needed

Ways to Expand the Activity

Encourage discussion of how participants would feel if they knowingly violated their own values codes in this situation.

Notes:

About the Original Intervention and its Developers

The field study of *PROJECT TAKING CHARGE (PTC)* was conducted with lower-income seventh-grade students and their parents in Delaware, Mississippi, and Ohio. The program aims to help young teens identify what they need to accomplish to mature successfully, make healthy behavior choices, gain self-esteem, and develop fulfilling relationships. It encourages youths to take an active part in their own development by “taking charge” while clarifying personal values and abstaining from sexual involvement.

The curriculum consists of five instructional units divided into 27 class sessions. Program components include lectures, group discussions, role plays, and videos. There are also three parent-youth sessions during which adults are encouraged to communicate their own sexual standards and assist teens in defining and attaining occupational goals.

The “Identifying Values” activity takes place during lesson 2, entitled “What’s Really Important to Me?” The objectives include defining values, standards, and priorities; identifying personal values and their sources; examining ten basic values; and relating all this to behavior.

PROJECT TAKING CHARGE was developed by the American Association of Family and Consumer Sciences.

For additional program information, please refer to the Appendix, page 217.

Sex and Sexuality

Group Discussion

Rikers Health Advocacy Program

Activity Description

The “Sex and Sexuality” discussion can be used with groups of males or females. Terms may need to be modified to more accurately reflect the participants in the group and the intervention program you are using.

Encourage participants to contribute, using open-ended questions to stimulate discussion. A thought teaser provides an entree to the process of defining “sex and sexuality” for your group. The group-derived definitions provide the foundation for the remainder of the activity.

Move the discussion from the definition of sex to the question of what sex means to them. Are there people with whom they wouldn’t have sex because it might somehow “dirty” the relationship? Discuss their perceptions of the positive aspects of having sex, and problems they associate with being sexually active.

Use the questions in the suggested leader script to probe the participants’ understanding of ways to avoid sex-related health problems. (Please refer to the Attachment for the suggested leader script.)

The Attachment includes a suggested leader script excerpted from the original intervention. The script material contains additional activity detail (including leader guidance in italics).

Activity Goal

Understand the meanings and experiences of sex, including both positive and negative aspects, and learn practical ways to avoid sex-related health problems.

Original Program Setting

Jail, community-based organization, or school. This activity is appropriate for school- or community-based programs serving high-risk teens, especially drug users and incarcerated youth.

Time Needed

30 minutes

Age Level

Ages 16 to 18

Staff Needed

One leader is required for each group of up to eight same-sex participants. The leader should be comfortable working with high-risk youths and knowledgeable about adolescent sexual behavior, sex-related health problems, and contraception.

Materials You Will Need

“Sex and Sexuality” suggested leader script (Attachment)

Flip chart and markers, or equivalent

Ways to Expand the Activity

Initiate non-scripted role plays using select sections from the suggested leader script. For example, role play a conversation between friends based on the opening thought teaser. You may wish to assume the role of the devil's advocate. Have a volunteer play the role of the person who has discovered the exchange of oral sex for drugs. Have the rest of the group observe non-verbal behaviors. Follow the role play with a discussion of feelings during the role play, observations by group members, and shared thoughts of what to do differently.

Notes:

About the Original Intervention and its Developers

RIKERS HEALTH ADVOCACY PROGRAM (RHAP) was originally implemented in 1991-92 at the New York City Department of Correction's Adolescent Reception and Detention Center on Rikers Island. RHAP was designed as an HIV prevention program for incarcerated, drug-using males, 16 to 18 years of age.

Based on Problem Solving Therapy, the curriculum introduces knowledge about general health, transmission and prevention of HIV/AIDS, drug abuse and sexual behavior, and teaches teens how to seek health, social and drug treatment services. Active learning is emphasized, with opportunities for the participants to define high-risk attitudes and behaviors, suggest alternative actions, and engage in role play and rehearsal activities.

The fourth and final program session, in which the subject activity takes place, is entitled "Sex and Sexuality." This session encourages participants to explore the meanings and experiences of sex, including both positive and negative aspects. The facilitator emphasizes practical ways to avoid sex-related health problems. The discussion becomes personal when participants consider whether they or their acquaintances have encountered problems with condoms. Finally, the group is asked to consider whether drugs and sex meet some of the same human needs.

RIKERS HEALTH ADVOCACY PROGRAM was developed by Stephen Magura, Ph.D., Janet Shapiro, M.A., and Sung-Yeon Kang, Ph.D.

For additional program information, please refer to the Appendix, page 273.

ATTACHMENT

Sex and Sexuality

This Attachment includes one item for use in this activity: the suggested leader script.

Sex and Sexuality: Suggested Leader Script

Open the session with a thought teaser:

“You just found out that your younger sister/girlfriend/mother/friend offered to give a friend of yours a blow job if he gave her the pipe—and he accepted. What do you say to your friend? What do you say to your sister/girlfriend/mother/friend?”

Encourage participants to respond to the scenario. Use the following questions to facilitate discussion:

What was it that she did that was wrong? Was it smoking crack? Selling herself for crack? Selling herself to one of your friends or someone in the neighborhood? Offering to sell herself in general? What was it that your friend did that was wrong? Would the only thing that would bother you be that it was your sister that he gave crack to in exchange for sex? What would bother you (or bother your more)—that he gave your sister crack, or that he had sex with her?

Initiate the discussion of **What Does Sex Mean to Us?** by asking the following questions:

How are we initiated into sexual behavior? Why do we start when we do? Do friends tend to lose their virginity at the same time (the domino effect)? Did you want to have sex, or did you feel pressured (not to be the last one, to be as macho as your friends, to score like everyone else)? Did you ever resist? What happened? *Be aware that resistance and the issue of when one starts having sex will probably be a bigger part of women's groups.* Did you ever make up stories so people would think you were having sex? Why? How does sex change from something out of the ordinary (“we did it last night”) to a regular part of life? How do we form our sexual identities? *Make sure everyone is on the same wavelength at this point.* What is sex? What is involved in having sex with someone? Is getting/giving a blow job having sex, or must you have intercourse? *Make sure that everyone is talking about the same thing.* Do people reserve certain acts for people with whom they're involved (as opposed to “getting laid”) or only use certain acts when exchanging sex for drugs (e.g., exchanging a blow job for crack)? Are there people with whom they won't have sex because that would in some way “dirty” the relationship?

Probe deeper into participants' feelings in order to paint a picture of the facets of participants' sexuality by using the following questions:

Sex has different meanings and serves different purposes, both for different people, and for each of us at different times. Why do people have sex? What does sex provide for us that masturbation doesn't? What needs is it fulfilling? *Discuss physical, emotional, and practical needs, and, if appropriate, mention a study where medically well-cared-for babies suffered failure to thrive from lack of intimate contact.*

The discussion moves to **Good Things about Sex**, as you ask participants to list good things including:

1. Feels good
2. Makes you feel close to a person
3. Shows you care
4. Means you're attractive
5. Means you're macho/feminine
6. Can use it to get money
7. Can use it to get drugs
8. Can use it to control people

9. It's something you're good at
10. Having multiple partners gives you status

The discussion then moves to **Problems Associated with Sex**. Ask the following questions: What are some of the problems associated with having sex? How can sex adversely affect your health? What other problems can it cause? Encourage participants to list “bad” things including:

1. Can get/give diseases—Syphilis, Gonorrhea, AIDS, Herpes, Chlamydia, PID
2. Can get/make someone pregnant
3. Can be forced
4. Can feel used, lied to
5. Can make you lose your head, do unsafe things
6. Can be used as bribe/temptation
7. Can be tied to drug use, exchange one for the other

Introduce the next topic, **Avoiding Sex-Related Health Problems**, with the following question: How can we avoid sex-related health problems? Answers might include:

1. Careful selection/inspection of partners—discuss limitations
2. Monogamy
3. Birth Control—for preventing pregnancy, not for disease prevention
4. Condoms
5. Spermicide/lubricant

Then ask, “What are the problems associated with condoms?” to introduce the topic **Problems with Condoms**. Items to list include:

1. Inconvenience
2. They break
3. Reduction in sensation
4. Makes it seem premeditated
5. It's embarrassing
6. Partner will refuse—has s/he ever been asked?
7. Partner will think I have a disease
8. Partner will think I'm a junkie
9. Partner will think I'm promiscuous
10. We don't need one—serial monogamy, neither of us is infected, neither of us uses/shares, if we're infected it's too late anyway.

After the group has exhausted all of the hypothetical problems, ask them to share specific incidents in which these problems may have occurred. If no one is forthcoming, ask them to talk about someone they know who had encountered these problems. The following questions may be used to prompt discussion:

Which do you think is more difficult—suggesting to a partner that they use a condom (or just slipping one on), or having a partner suggest that they use a condom? Has either of these situations ever occurred (or do you know anyone to whom this had happened)? What happened—what was the end result?

The final topic, **Drugs and Sex**, brings the session to a close

Do drugs meet some of the same needs that we try to fulfill through sex? Do we learn sexual behaviors the way we learn drug behaviors? Is initiation similar? Is peer pressure, coercion, desire to conform similar? Is deviant sexual and drug behavior symptomatic of a lack of health?

Spreading the Word About HIV

Get Real About AIDS®

Group Discussion

Activity Description

Participants work in small groups for the “Spreading the Word about HIV” exercise. Each group chooses a Recorder and a Reporter. The Recorder takes notes during the discussion; the Reporter presents the team’s work to the rest of the class. To effectively implement this activity, teens should be familiar with HIV/AIDS transmission and prevention, and understand the consequences of having HIV/AIDS.

Distribute the worksheet, “Spreading the Word about HIV,” to each student. (Please refer to the Attachment for the activity worksheet.) Ask the participants to pretend that they have been asked to advise the school administration about how to get sex and AIDS messages out to teenagers. Give the individuals several minutes to complete the worksheet; then give the teams several more minutes to discuss the responses and reach a consensus. The Reporters then share their respective team’s information. Record and summarize the teams’ responses on the board or flip chart.

Referring to the summary statements, students discuss how they will deliver the messages. They have determined that AIDS is a serious disease; that it can affect themselves, their friends, and their families; and that they are in a position to influence people’s attitudes. Ask students what they can do to commit to giving others messages about HIV and AIDS. Remind them that AIDS is an epidemic, that it is spreading through the teenage population, and that it is all students’ responsibility to stop the spread of AIDS because, it is they who can most effectively reach their friends. Ask the students what they can do to commit to giving messages to others about HIV and AIDS.

The Attachment includes the “Spreading the Word About HIV” worksheet needed for this activity.

Activity Goal

Communicate effective messages to students in school or in the community about ways to avoid HIV.

Original Program Setting

School- and community-based settings

Time Needed

30 minutes

Age Level

Ages 12 to 19

Staff Needed

Health or science teacher

Materials You Will Need

Worksheet “Spreading the Word about HIV” (Attachment)

Photocopier to reproduce the worksheet

Flip chart and markers, or equivalent

Ways to Expand the Activity

Encourage participants to act on their commitment to spread the word about HIV/AIDS to their friends and family.

Have students develop artwork, posters, etc., that are representative of their messages. Post or display the work either in the school or at various sites in the community (perhaps as a collaborative effort with an appropriate community-based organization).

Notes:

About the Original Intervention and its Developers

GET REAL ABOUT AIDS® (GRAA) is an STI/HIV/AIDS prevention program that draws on social theories for promoting health-related behaviors in youth. The 14-session program has separate editions for upper elementary, junior, and senior high school. All emphasize behavior skills development, and are designed to educate students about their vulnerability to HIV/AIDS and teach them skills necessary to reduce their risk of HIV infection. Program learning components include lectures, role play activities, group discussions, public service announcements, and videos. The second senior high school edition, from which this activity was drawn, was implemented in ten Colorado high schools serving rural, suburban and urban populations.

This is the fourth of seven sessions designed to help students set limits around risky behaviors. The small group discussion, "Spreading the Word about HIV," occurs during session 9 entitled "Peer Messages." The lesson examines different ways of giving messages about HIV/AIDS to others including public service announcements.

GET REAL ABOUT AIDS® was developed by the Comprehensive Health Education Foundation.

For additional program information, please refer to the Appendix, page 267.

ATTACHMENT

Spreading the Word about HIV

This Attachment includes one item for use in this activity: the worksheet needed for this activity.

Spreading the Word About HIV

Complete this work sheet individually and then discuss your responses with the small group.

1. Why do you think that teenagers are now considered a high-risk population?

2. What are some reasons that teenagers might put themselves at risk for becoming infected with HIV?

3. What is the single most important thing you'd tell other students about HIV and AIDS?

4. What advice would you give to students your age who are sexually active?

5. What advice would you give to students your age who aren't sexually active?

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Thoughts, Feelings, Beliefs, and Fears About Using Condoms

ARREST: AIDS Risk Reduction Education and Skills Training Program

Group Discussion

Activity Description

In this exercise, teens explore the psycho-social aspects of condom use. For this exercise to be most effective, participants should already be familiar with the role of condoms in HIV prevention.

Divide the full group into sub-groups of three or four people. Initiate a discussion about participants' thoughts, beliefs, socio-cultural norms, fears, concerns pertaining to condom usage. In particular, encourage participants to discuss attitudes that may hinder effective risk reduction.

Be sensitive to the fact that participants may be intimidated by the prospect of using a condom. Many adolescents have never used a condom, and most do not know how to use them properly. Given their desire for peer acceptance, it may be difficult for some adolescents to resist peer pressure to perform high-risk sexual behaviors, and to negotiate condom use with their partners. Be aware that socio-cultural values and norms may influence adolescents' attitudes toward the use of condoms.

Activity Goal

Encourage discussion about participants' fears, concerns, socio-cultural norms, beliefs, and thoughts about using condoms.

Original Program Setting

Community-based site

Time Needed

15 minutes

Age Level

Ages 12 to 16

Staff Needed

One experienced HIV/AIDS educator per group of 10 to 12 students

Materials You Will Need

One meeting room large enough to provide space for multiple groups

Ways to Expand the Activity

Have each group select a recorder/reporter. After 15 minutes of small-group time, reconvene the full group. Have each reporter present, noting groups' ideas on a board or flip chart. Initiate a discussion to compare/contrast the ideas and how they were derived.

Discuss what sexual partners, friends, and supportive adults can do to counteract attitudes and other influences that hinder effective condom use.

Notes:

About the Original Intervention and its Developer

The 4½-hour *AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM (ARREST)*, based on principles of the health belief model and social learning theory, spanned three 90-minute small-group training sessions or modules. In the original implementation, at-risk participants (55% female; 59% Latino, 41% African-American), were recruited from three New York City community-based organizations providing alternative education and after-school programs. During the three sessions, participants receive information about transmission and prevention of HIV/AIDS; instruction and demonstration of purchasing and using condoms with spermicide; guidance in self-assessment of risk behaviors; training in decision-making, communication, and assertiveness skills; and peer group support for HIV/AIDS prevention and risk reduction. Program learning components include role-plays, skill-building exercises, and homework activities.

The small group discussion about fears, beliefs, norms, and concerns pertaining to condom use takes place during module 2 entitled "Preventive Measures." This module provides information to help sexually active students obtain and use condoms effectively.

AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM was developed by Michele Kipke, Ph.D.

For additional program information, please refer to the Appendix, page 255.

Tug of War

Group Discussion

Project TAKING CHARGE

Activity Description

Explain to the students that they are confronted with situations where choices have to be made between **basic values** (displayed on the “Basic Values” transparency or handout) and other values.

“For example, you may have to choose someday between the values of **honesty** and popularity. Let us say your friend has done something really wrong, such as stealing something. Do you lie to protect your friend or do you tell the truth? You will like yourself better if you tell the truth. A friend who expects you to lie and go against your values is not really your friend.”

Display or distribute “Are You in a Tug of War?” Discuss the “tugs.” Ask students to give examples, such as ways siblings or friends “tug.” Explain that knowing one’s values helps reduce the tension of the “tugs.” The students identify some of their personal values that prevent them from being in a tug of war and where those values came from. Have the students analyze how values affect behavior.

Use “Are You in a Tug of War?” to help summarize the points below.

- Each decision is a choice. Each day you make choices.
- Many daily situations will test your values. The TV programs you select to watch reflect the values you hold. Saying “no” becomes easy when you think about your values.
- Standing up for what you believe is right will help you get along better at home with siblings and parents.
- Practicing values will decrease the tension (stress) in your life.

The Attachment includes the basic values and “Are you in a tug of war?” masters.

Activity Goal

Identify the tension or “tugs” that develop as peers, family, adults, and the media influence one’s values.

Original Program Setting

School- or community-based organization

Time Needed

10 minutes

Age Level

Ages 12 to 13

Staff Needed

One skilled family life educator

Materials You Will Need

Transparencies or handouts: “Are You in a Tug of War?” and “Basic Values” (Attachment)

Overhead projector or photocopier

Ways to Expand the Activity

For homework, the students find one print media article that depicts a decision-making situation focusing on one or more of the basic values.

Create a bulletin board depicting a tree. Use traditional colored paper for the trunk, branches, and most leaves. Reserve bright-colored paper for the “basic values” leaves. Write one of the values (abstinence, equality, self-control, respect, responsibility, honesty, promise-keeping, self-respect, dependability, trustworthiness, justice and fairness) on each leaf before adding the “values” leaves to the bulletin board display. You may also wish to include leaves for safety, security, self-esteem, respect for others, education, appearance and reputation. Use the “Values Tree” display for reference as you lead a discussion of personal versus basic values.

Notes:

About the Original Intervention and its Developers

The field study of *PROJECT TAKING CHARGE (PTC)* was conducted with lower-income seventh-grade students and their parents in Delaware, Mississippi, and Ohio. The program aims to help young teens identify what they need to accomplish to mature successfully, make healthy behavior choices, gain self-esteem, and develop fulfilling relationships. It encourages youths to take an active part in their own development by “taking charge” while clarifying personal values and abstaining from sexual involvement.

The curriculum consists of five instructional units divided into 27 class sessions. Program components include lectures, group discussions, role plays, and videos. There are also three parent-youth sessions during which adults are encouraged to communicate their own sexual standards and assist teens in defining and attaining occupational goals.

The “Tugs” discussion takes place during the first program unit in a lesson entitled “What’s Really Important to Me?” The objectives of the lesson are to define values, standards, and priorities; identify personal values and their sources; examine ten basic values; and relate all this to behavior. The discussion on “tugs” incorporates examples of who might influence a student’s values, an analysis of how these tugs affect behavior, and how practicing values decreases tension (stress) in a student’s life.

PROJECT TAKING CHARGE was developed by the American Association of Family and Consumer Sciences.

For additional program information, please refer to the Appendix, page 217.

ATTACHMENT

Tug of War

This Attachment includes two items for use in this activity: **Basic Values** and “Are You in a Tug of War?”

BASIC VALUES

Abstinence

Equality

Self-control

Respect

Responsibility

Honesty

Promise-keeping

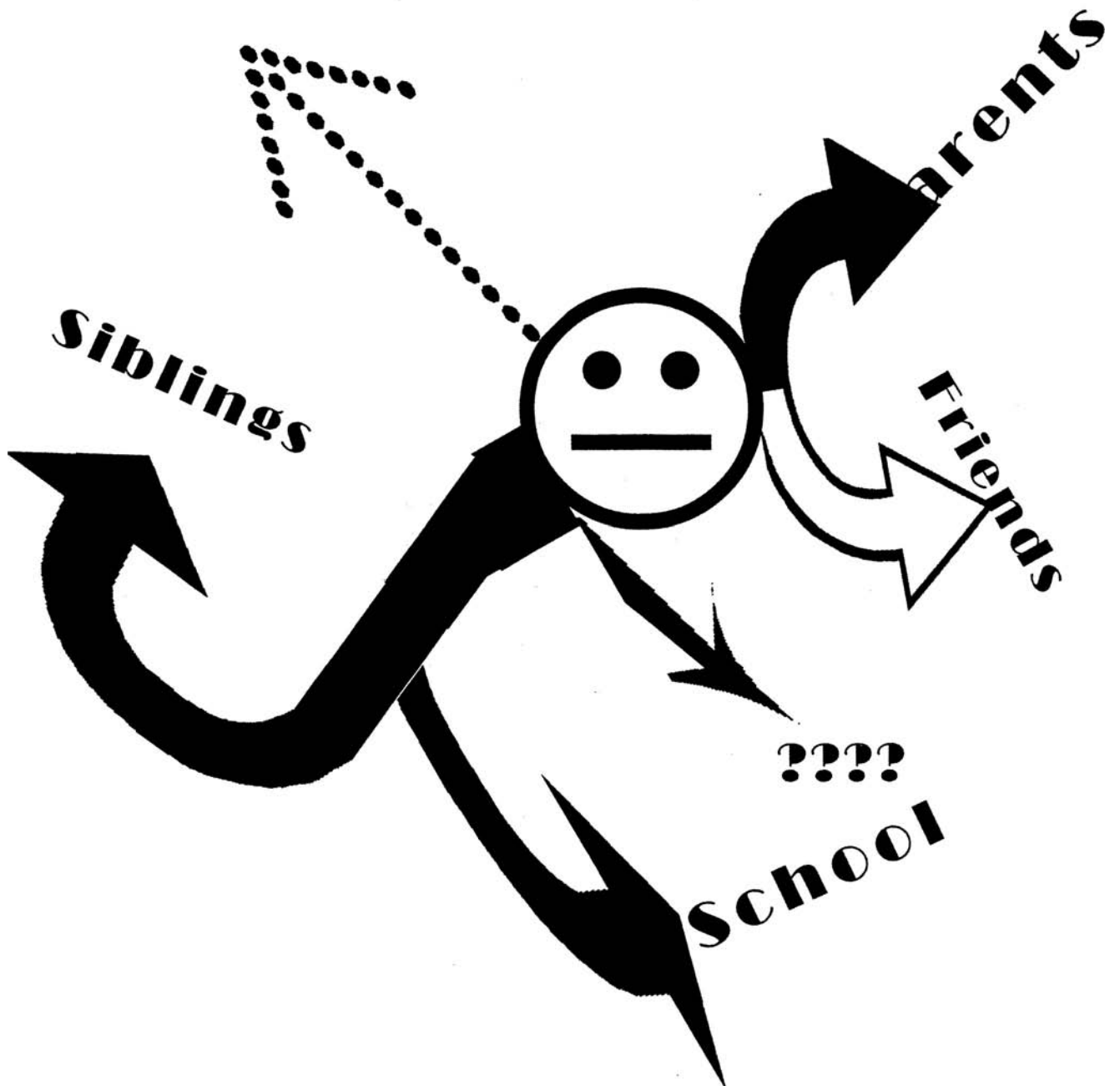
Self-respect

Dependability

Trustworthiness

Justice and Fairness

ARE YOU IN A TUG OF WAR?



What Should Be Taught in Sex Education?

Group Discussion

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions

Activity Description

After dividing the group into two smaller groups, ask: “If you were to design a course on sexuality for teenagers, what would the main topics be?”

Ask participants to prepare a list of “big” topics, without going into detail. Give the group markers, paper and ten minutes to develop a list of the topics they would include.

At the conclusion of the work time, each group presents its list to the full group. Participants then discuss both lists, sharing ideas and opinions about the subject of sexuality.

Activity Goal

Broaden participants’ knowledge about the areas involved in sexuality by developing a list of topics they would include in a class taught to their peers.

Original Program Setting

Community-based settings, residential treatment programs

Time Needed

20–30 minutes

Age Level

Ages 11 to 18

Staff Needed

For each group of six to ten youths, two facilitators are needed. Their training/background should include cognitive and behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

Flip chart and markers or equivalent

Ways to Expand the Activity

Note the topics from their lists (with any additional items that may have been added during the discussion phase) on small slips of paper; store the slips in a box or hat. For the remainder of the program, periodically invite the participants to draw a topic and give a ten minute “course” on the subject to the rest of the group. Be sure to inform the participants that they should expect to be invited at any time, and encourage them to practice on friends outside of the group meeting times. Ensure that everyone has an opportunity for at least one presentation, and that all topics are covered. Some of the topics covered later in the program may be either saved until the appropriate time, or repeated to include the additional learning.

Notes:

About the Original Intervention and its Developers

Originally developed as an HIV risk reduction program for runaway youths, *ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS (ALS)* was field studied in New York City. Participants were recruited from two shelters.

The *ALS* program includes one session of private counseling and 20 group discussion sessions, 90–120 minutes each, conducted over a five-week period. Participants also receive case management services and behavioral/cognitive skills training for coping with high-risk situations. Other components of the program include role play activities, videos, and small group discussions.

The small group exercise takes place in session 9, entitled “Tell me more about sex.” In this session, participants fill in gaps in their knowledge about sex, contraception and safer sex, and begin to clarify misconceptions. After discussing the lists developed in the subject exercise, the group divides into same sex discussion groups to ask additional questions (anonymously) about sex.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS was developed by Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D., and Calvin Selfridge.

For additional program information, please refer to the Appendix, page 245.

Homework

There are nine homework activities. Some homework activities incorporate parental/adult involvement. Others rely on a brief in-session discussion to set the stage for the assignment. All necessary worksheets, suggested scripts, etc., are included in the activity Attachments.

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How HIV Would Change My Life	103
Making Safer Sex Game Plan	107
My Autobiography: Five Years Ahead	115
Parents’ Ideas and Expectations About Dating	119
Ready or Not?	123
Student Reporter: Interviewing Parents About AIDS	127
Why Wait?	131

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AIDS Awareness Form

Homework

ARREST: AIDS Risk Reduction Education and Skills Training Program

Activity Description

Use the “AIDS Awareness Form” to assess participants’ awareness of and knowledge about AIDS. The form includes five questions; there are no “right” or “wrong” answers. Participants’ answers aid in assessing their prior knowledge, attitudes, and questions about AIDS, and give educators an opportunity to tailor program delivery to participants’ needs.

The Attachment contains the “AIDS Awareness Form” needed for this activity.

Activity Goal

Ascertain participants’ thoughts and feelings about HIV/AIDS in order to assess their prior knowledge, attitudes, and questions about AIDS.

Original Program Setting

Community-based site

Time Needed

15–20 minutes

Age Level

Ages 12 to 16

Staff Needed

One skilled HIV/AIDS educator per group of 10 to 12 students

Materials You Will Need

“AIDS Awareness Form” (Attachment)

Photocopier to reproduce the form

Ways to Expand the Activity

Augment the form to include questions regarding participants' awareness of HIV/AIDS-related testing and other resources in their community. Consider asking if the participants have specific concerns they would like to have addressed, including referrals to the community resources.

Notes:

About the Original Intervention and its Developer

The 4½-hour *AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM (ARREST)*, based on principles of the health belief model and social learning theory, spanned three 90-minute small-group training sessions or modules. In the original implementation, at-risk participants (55% female; 59% Latino, 41% African-American), were recruited from three New York City community-based organizations providing alternative education and after-school programs. During the three sessions, participants receive information about transmission and prevention of HIV/AIDS; instruction and demonstration of purchasing and using condoms with spermicide; guidance in self-assessment of risk behaviors; training in decision-making, communication, and assertiveness skills; and peer group support for HIV/AIDS prevention and risk reduction. Program learning components include role-plays, skill-building exercises, and homework activities.

The form includes five questions; there are no “right” or “wrong” answers. In the original field study, participants completed the form outside the group setting as part of an introductory session to the ARREST program.

AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM was developed by Michele Kipke, Ph.D.

For additional program information, please refer to the Appendix, page 255.

ATTACHMENT**AIDS Awareness Form**

This Attachment includes one item for your use in this activity: the AIDS Awareness Form.

**ARREST:
AIDS Risk Reduction Education and Skills Training Program**

AIDS Awareness Form

⇒ Please complete this form and bring it with you to the next program session.

⇒ There are no “right” or “wrong” answers to the questions below. Instead, we want to know your thoughts and feelings about HIV/AIDS—so that we can address your concerns during the program.

1. How did you first learn about HIV/AIDS?

2. Has your understanding of the virus changed since you first learned about it? How?

3. Do you know anyone who is HIV+?

If YES, what have you learned about the virus from this person?

If NO, what would you want to ask someone who is HIV+?

4. What kinds of things can someone do to avoid getting infected with HIV?

5. To avoid getting infected with HIV, would you do the things listed in #4? Why or why not?

Guide “Lines”

Homework

AIDS Prevention for Adolescents in School

Activity Description

Distribute the ‘Guide “Lines”’ worksheet. “Lines” refer to statements made by girls and boys to persuade someone to have sexual intercourse with them. Responses are statements made when someone wants to say “no” to sexual intercourse.

Students fill in the balloons labeled “lines” and response outside the classroom setting. The words or phrases they write in the balloons will be used to begin discussion in the next class.

In the next class, students volunteer “lines” from their homework to begin the discussion. When you feel that the list is sufficient, move the class into the discussion phase, using the questions below to stimulate dialogue.

1. Which of these lines do you think would work in reality?
2. Why would these lines work?
3. Do you think that the lines boys use are different than the lines girls use? In what way?
4. Under what other circumstances is it difficult to say “no” to sex? (If the students do not respond, use these suggestions:
 - saying “no” to sex with someone you don’t know well
 - saying “no” to sex after drinking alcohol
 - saying “no” to sex with someone who you want to fall in love with you
 - saying “no” to sex with someone who you’ve dated for a long time)

In the original implementation, this activity was followed by the “Jackie & Al...” role play (please see *Sourcebook*, page 47).

The Attachment contains the ‘Guide “Lines”’ worksheet needed for this activity.

Activity Goal

Trigger participants’ thinking about skills necessary to delay involvement in sexual intercourse.

Original Program Setting

Classroom setting, community-based site, or a collaboration between schools and community organizations

Time Needed

15 minutes for homework, 15 minutes for discussion

Age Level

Ages 13 to 19

Staff Needed

One classroom teacher. A one-day in-service training session is recommended to introduce teachers to the curriculum’s objectives and activities.

Materials You Will Need

‘Guide “Lines”’ worksheet (Attachment)

Photocopier to reproduce worksheet

Flip chart and markers (or equivalent)

Ways to Expand the Activity

Use participants' ideas in the "response" balloons in a similar discussion, aiding students in practicing and reinforcing refusal skills.

Use the "lines" to create role play activities.

Notes:

About the Original Intervention and its Developers

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL (APAS) is a six-session AIDS prevention program. Delivered on consecutive school days, the sessions combine principles of the health belief model with social psychology, and aims to improve students' knowledge, beliefs, self-efficacy, and comprehension of risky behaviors concerning HIV/AIDS. Overall program learning components include group discussions, lectures, role plays, homework and videos. The program was originally implemented in four New York City public high schools serving a predominantly African-American and Hispanic population.

Students complete the homework 'Guide "Lines"' at the end of session 3 in which students explore values and peer/media pressures related to sex. The homework provides a trigger for session 4, which focuses on the negotiation skills necessary to delay sexual intercourse. The remaining sessions address skills needed for using condoms. In the original implementation, this activity was followed by the "Jackie & Al..." role play (see *Sourcebook*, page 47).

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL was developed by Heather Walter, M.D., M.P.H., and Roger Vaughan, M.S.

For additional program information, please refer to the Appendix, page 251.

ATTACHMENT

Guide “Lines”

This Attachment includes one item for your use in this activity: the worksheet needed for this activity.

GUIDE “LINES”

Directions: Below you will find a series of balloons. In each balloon on the left, write a “line” that either guys or girls would use to persuade someone to have sexual intercourse with them. Then, in the balloons on the right, write what your response would be if you wanted to say “no”.

“LINES”

RESPONSE



“LINES”

RESPONSE



How HIV Would Change My Life

Reducing the Risk

Activity Description

“How HIV Would Change My Life” homework assignment personalizes the consequences of HIV/AIDS for students. To implement this activity effectively, students should know the basic facts about HIV/AIDS, including the consequences of being HIV positive and having AIDS.

“How HIV Would Change My Life” consists of four questions:

1. If I had HIV, I would have to make the following changes in the way I act with my romantic partners;
2. If I had HIV, it would harm me in the following ways;
3. The most difficult thing for me about being HIV-positive would be; and
4. If I had HIV, my life would change in the following ways.

Participants complete the homework outside the class setting, and use it as the basis of later discussion.

The Attachment includes the worksheet required for this activity.

Activity Goal

Reinforce learning on prevention and effects of HIV and other STIs.

Original Program Setting

High school or community organizations

Time Needed

Class time is needed to distribute worksheets for completion outside class. Homework is collected in a future class, with discussion as time allows.

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. Pre-program training on the use of role plays and other program learning modalities may be recommended.

Materials You Will Need

“How HIV Would Change My Life” worksheet (Attachment)
Photocopier to reproduce worksheet

Ways to Expand the Activity

Expand the homework to include finding/sharing print media articles on the subject matter. Depending on the age/maturity level, follow up with a discussion of HIV and STI depiction in movies/television.

Notes:

About the Original Intervention and its Developer

Based on social learning theory, the *REDUCING THE RISK (RTR)* curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum explicitly emphasizes that students should avoid unprotected intercourse, whether by abstaining from sex or by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities.

Students from 13 California high schools participated in the original implementation of RTR.

“How HIV Would Change My Life” is scheduled in the twelfth of 16 classes. Class 12 is the first of three dedicated to examining STIs, effects and prevention.

REDUCING THE RISK was developed by Richard Barth, M.S.W., Ph.D.

For additional program information, please refer to the Appendix, page 221.

ATTACHMENT

How HIV Would Change My Life

This Attachment includes one item for your use in this activity: the homework worksheet needed to complete this activity.

How HIV Would Change My Life

1. If I had HIV, I would have to make the following changes in the way I act with my romantic partners:

2. If I had HIV, it would harm me in these ways:

3. The most difficult thing for me about being HIV-positive would be:

4. If I had HIV, my life would change in the following ways:

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Making Sex Safer Game Plan

Homework

AIDS Risk Reduction for College Students

Activity Description

The “Making Sex Safer Game Plan” consists of three parts. There are two homework segments followed by a group discussion.

In the first part of the two-part homework (Part A), ask participants to develop a Safer Sex Game Plan. The Game Plan will not be handed in or discussed. It is for the participants’ own contemplation and use. The assignment urges participants to think about their sexual behavior relative to avoiding HIV infection. In particular, participants should think about the challenges involved in avoiding HIV and how to meet those challenges. Also, they consider the benefits or rewards of practicing safe behaviors. The Attachment contains leader guidance for introducing the homework and a two-page handout for participants.

For the second part of the homework (Part B), ask students to purchase and carry condoms for a minimum of three days—preferably longer. In the next group meeting, discuss the experience of the homework assignment in depth. The Attachment provides peer educator guidance and a small-group worksheet for the homework discussion. A short description of this assignment also appears on the two-page handout for participants.

The Attachment contains suggestions for introducing the homework, a two-page handout describing homework (Parts A and B), and, for the small group discussion, peer educator guidance and a Worksheet.

Activity Goal

Encourage participants to think about risky sexual behaviors that might be relevant to them and what they should do to prevent HIV infection. Give participants ideas about how to overcome difficulties they have with buying/carrying condoms.

Original Program Setting

School- or community-based location

Time Needed

30 minutes for homework, 30 minutes for discussion

Age Level

College-aged participants

Staff Needed

One masters-level health educator and several peer educators (one peer educator for each 5-6 participants). It is recommended that the health educator have a masters degree in psychology, public health or a related field, as well as significant experience leading HIV prevention programs. Peer educators take pan inextensive training, using curriculum materials provided in the PASHA program package.

Materials You Will Need

“Making Sex Safer game plan” leader guidance; two-page handout “Making Sex Safer,” and “Homework Discussion.” (all contained in the Attachment)
Photocopier to reproduce the handout

Ways to Expand the Activity

Brainstorm ways to help friends adopt safer-sex practices, including purchasing and carrying condoms.

Use the activity with groups of older adolescents.

Notes:

About the Original Intervention and its Developers

Originally designed as a workshop for college students, *AIDS RISK REDUCTION FOR COLLEGE STUDENTS (ARRCS)* consists of three two-hour sessions incorporating information, motivation, and behavioral skills strategies for AIDS risk reduction. Specially trained peer educators work with a health educator to address HIV prevention, emphasizing safer-sex practices through group discussions, lectures, role play activities, videos, homework and a slide show. The field study of the program was conducted on a university campus in Connecticut.

The “Making Sex Safer Game Plan” activity was originally used as homework for session 1 and discussed in session 2.

AIDS RISK REDUCTION FOR COLLEGE STUDENTS was developed by Diane Kimble Willcutts, Jeffrey Fisher, Ph.D., William Fisher, Ph.D., and Stephen Misovich, Ph.D.

For additional program information, please refer to the Appendix, page 253.

ATTACHMENT

Making Sex Safer Game Plan

This Attachment includes four items for your use in this activity: leader guidance, homework handout (two pages including an introduction and Figure 1), and the small group discussion worksheet.

Sex Safer Game Plan: Leader Guidance

Introduce the homework activity by stating that often people think they have done something to put themselves at risk for HIV in the past or that they want to try to avoid infection in the future. Assign the two-part homework to encourage participants to think about their sexual behavior relative to avoiding HIV infection. For Part A, ask the participants to consider sexual behaviors relevant to them, and what they would do to minimize worry about HIV infection (e.g., using condoms, deciding to abstain from sexual intercourse, getting tested for HIV). They then consider challenges or negative aspects of their behavior and how they might overcome those aspects. In addition, they consider the benefits or rewards of practicing the safe behaviors. Finally, they think about people in their lives who would support them in their choices. Please refer to “Making Sex Safer Game Plan,” Figure 1 below.

The “Game Plan” is not discussed during the session. Nor is it handed in to the health educator. Rather, the Game Plan is for participants’ own contemplation and use.

For Part B of the homework, ask participants to purchase condoms and to carry them for at least three days (preferably for a week). If participants already have condoms, they need not purchase new ones, just carry one. After the week’s exercise, the participants gather in small groups led by a peer educator, show their condoms, and talk about their adventures with condom purchasing and carrying and how they felt about the assignment. Solicit one volunteer to act as a spokesperson who takes notes on the discussion using the Homework Discussion Worksheet, below. He or she will report to the larger group.

Sex Safer Game Plan: Leader Guidance

The peer educator then asks each participant the following questions, asking everyone Question 1 first, then moving on to Question 2, and so on:

1. Where did you buy the condoms?
 - Why did you choose to purchase condoms there?
 - What led you to select the condoms you did?
2. How did you feel before, during, and after buying the condoms?
3. How and where did you carry your condoms?
4. How did you feel about carrying condoms?

Be aware of negative experiences participants might have when purchasing condoms; make every effort to find out what happened or what the participants were afraid might happen. Ask the group to give advice on overcoming the difficulties experienced by their peers. If some participants did not purchase/carry condoms, ask why.

The “I didn’t have time” answer may be hiding other reasons for not purchasing and carrying the condoms. Embarrassment may be an excuse for not doing the homework. The participants can offer suggestions for ways to

reduce this (e.g., bring a friend). Participants who did not purchase or carry condoms should be encouraged to do so during the next week.

Suggestions for buying and carrying condoms should come from the participants, but if they don't have ideas, use the following suggestions to stimulate discussion:

Some ideas for buying condoms:

- buy them with a friend;
- buy them through mail order;
- if anyone sees you, tell them you have to do it for your class;
- buy lots of other things with them at the same time and hide them;
- buy them at health services and charge them to your fee bill; and
- buying lots of condoms looks like you're just keeping them in supply, rather than planning to have sex immediately. Plus you don't have to go to the store as often.

Some ideas for carrying condoms:

- carry them in an envelope in your purse, jacket, or knapsack, so if anyone sees it, they won't know what it is;
- tell people you are carrying them in case your friends need them;
- tell people you are carrying them for a class;
- put them in the unused ashtray in your car (do this only if your ashtray is large enough to hold condoms without crumpling them);
- carry them in a condom wallet (sometimes sold in drug stores; Planned Parenthood has them);
- carry them in an empty dental floss case;
- carry more than one condom, in case it gets used;
- carry them in your hat; and
- carry them in an empty candy box.

After the small group discussion, the groups reconvene. Ask each group how they did the homework. Half the groups will report on buying condoms; half on carrying condoms. If any unsolved difficulties are mentioned in the small group reports, have the large group generate solutions.

ATTACHMENT

Making Sex Safer Game Plan

Homework Handout

(page 1 of 2)

INTRODUCTION

PART A: MAKING SEX SAFER GAME PLAN

Some people think that maybe they have done something to put themselves at risk for HIV in the past or that they want to try to avoid putting themselves at risk for infection in the future. And even though using condoms or avoiding intercourse may sound pretty simple, in real life it can sometimes be more complicated.

The handout, MAKING SEX SAFER GAME PLAN is for you to use (if you'd like), and you will not be asked to discuss your answers or to hand it in. [See Figure 1.]

For this exercise, consider what sexual behaviors might be relevant to you now and in the future and think of what you would want to do so you don't have to worry about infection (e.g., using condoms, deciding to avoid intercourse, getting tested). Then consider challenges or negative aspects of those behaviors. Then consider what you might be able to do to overcome those challenges. Also consider the positive consequences of practicing those behaviors. And finally, think about which people in your life would be supportive of you.

Don't worry if you have more negative comments about safer sex than positive ones. Do the best you can to consider ways to overcome the difficulties, and we will be discussing these issues in detail when we meet next.

PART B

Buy condoms and carry them with you all week (buy them early enough that you can carry them for at least three days). If you have bought condoms recently and still have some, you may carry the ones you have already purchased.

Be prepared to discuss your experiences with people in your small group the next time we meet.

ATTACHMENT**Making Sex Safer Game Plan****Handout: Figure 1**

Page 2 of 2

MAKING SEX SAFER GAME PLAN

Sexual behaviors I might practice in the future:

What I would like to do to make it safer (to minimize risk of HIV/STIs):

Challenges/negative aspects of each behavior:

Ways I could overcome or minimize challenges/negative aspects of each behavior:

Benefits/rewards of each behavior:

People who would support me for each behavior:

ATTACHMENT

Making Sex Safer Game Plan

Worksheet (one per small group)

HOMEWORK DISCUSSION

Small Group Worksheet

Please summarize the comments of the people in your group.

1. Places people bought condoms:

2. Difficulties with buying condoms/ideas for making easier:

3. Places people carried condoms:

4. Difficulties with carrying condoms/ideas for making easier:

5. Other interesting things your group discussed (related to the topic):

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My Autobiography: Five Years Ahead

The Youth AIDS Prevention Project

Activity Description

Distribute the worksheet, “My Autobiography: Five Years Ahead,” and explain that participants are to write a prediction of what they might be like and what they might be doing in five years. (Please refer to the Attachment for the worksheet.) The activity acts as a refresher for decision-making methods and resistance/negotiation skills.

Collect the autobiographies in the next class session. Initiate a discussion of students’ goals. How realistic are they? What tools will they need to accomplish those goals?

Ask them to identify some factors that could interfere with their ability to carry out the goals they have set for themselves. Students might mention the following:

- Using drugs
- Having unprotected sex
- Joining a gang
- Going to jail or prison
- Becoming disabled because of an accident or injury

Discuss how their goals may be affected by choices they make about sexual behavior and alcohol/drug use. Point out some potential problems that could interfere with their ability to reach their future goals:

- getting an STI can cause sterility, preventing a person from having children in the future
- drinking alcohol or using drugs can cause a person to become addicted and unable to carry out the goals they have set
- an unwanted pregnancy may result in having to postpone or delay completing high school or college.

The Attachment includes the “My Autobiography” worksheet included in the original intervention.

Activity Goal

Imagine the kind of person participants will be and what they will be doing in five years, and understand that their goals may be affected by the choices they make.

Original Program Setting

School- or community-based location

Time Needed

30 minutes

Age Level

Ages 12 to 14

Staff Needed

One health educator, preferably master’s level, trained in HIV/AIDS

Materials You Will Need

“My Autobiography” worksheet (Attachment)

Photocopier to reproduce the handout

Ways to Expand the Activity

Expand the homework into a class discussion. Talk about whether or not the participants used information on the decision-making process and negotiation skills discussed in the previous lesson. Talk about feelings students had while doing the homework, and find out what made it difficult or easy to think five years ahead.

Have the students prepare a self-addressed, stamped envelope so that you can mail the autobiography to the students 6 months to one year later as a reminder of what they predicted and what they learned during YAPP.

Have each student write his or her own obituary.

Notes:

About the Original Intervention and its Developers

Originally designed for high-risk youth, the *YOUTH AIDS PREVENTION PROJECT (YAPP)* aimed to prevent STIs, HIV/AIDS, and substance abuse among junior high aged youth. Based on the social cognitive theory, the project incorporated teen knowledge, attitudes, self-efficacy, intentions, and behaviors regarding high-risk activities. Classes cover transmission and prevention of STIs and HIV/AIDS, the importance of using condoms for those who choose to have sex, and the development of decision-making and resistance/negotiation skills.

Ten 40-minute lessons are delivered to 7th grade students. A one-week, five-session booster follows one year later in 8th grade. Program components include group discussions, lectures, role play activities, videos, and adult involvement. A field study of the intervention was conducted in 15 high-risk school districts in metropolitan Chicago.

The teens complete the handout, "My Autobiography: Five Years Ahead," as homework for lesson 1 of the 8th grade curriculum entitled "Making Decisions." The lesson serves as a refresher for decision-making methods and resistance/negotiation skills.

YOUTH AIDS PREVENTION PROJECT was developed by Susan Levy, Ph.D., Brian Flay, D.Phil., and Arden Handler, Dr.P.H.

For additional program information, please refer to the Appendix, page 283.

ATTACHMENT

My Autobiography: Five Years Ahead

This Attachment includes one item for your use in this activity: “My Autobiography” worksheet.

MY AUTOBIOGRAPHY: FIVE YEARS AHEAD

Directions:

Think about yourself five years from now. You will have experienced many things and be planning for many others. This assignment asks you to write your autobiography. In it you should try to predict what kind of person you will be and what you will be doing five years from now. Include your strengths, your development over the years, and what you will be doing.

_____, _____
Your Name Today’s Date

Handwriting practice lines consisting of 18 horizontal lines.

Parents' Ideas and Expectations About Dating

Human Sexuality Values & Choices: A Values-Based Curriculum for 7th and 8th Graders

Activity Description

To trigger student thinking about dating guidelines, distribute the homework assignment: "Parents' Ideas and Expectations about Dating." Instruct students to interview a parent or another adult, using the handout as a guide. The handout contains six open-ended, probing questions students ask their parents.

Students return the completed worksheet in a subsequent class meeting which will involve a brief discussion to summarize the results and the experience. (Please refer to the Attachment for the "Parents' Ideas..." worksheet.) Be sure to ask students if they found more similarities or differences between parents' guidelines and their own.

"Parents' Ideas and Expectations about Dating" serves to open or continue a dialogue between teen and parent. Students ask their parents to respond to questions very similar to those which the students themselves worked on during class 7 in the "Dating Decisions" small group discussion. (Refer to "Dating Decisions," *Sourcebook*, page 61.)

The Attachment contains the interview worksheet needed for this activity.

Activity Goal

Explore various aspects of dating and develop guidelines for acting in ways that promote healthy development.

Original Program Setting

School-based/classroom setting or community-based setting that provides education or services to 7th and 8th graders

Time Needed

Variable

Age Level

Ages 12 to 14

Staff Needed

Classroom teacher; there are no special training requirements

Materials You Will Need

"Parents' Ideas..." worksheet (Attachment)

Photocopier to reproduce worksheet

Ways to Expand the Activity

As an additional assignment, ask students to work with their parents to derive a set of mutually agreed upon dating guidelines. Encourage students to bring written guidelines to class for discussion.

Notes:

About the Original Intervention and its Developers

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS (V & C) was developed for use in 7th and 8th grade classrooms. The original field study was conducted in nine schools in four states, incorporating students from rural, urban and suburban communities. The program aims to reduce teenage pregnancy by promoting seven core values that support sexual abstinence and healthy relationships. The curriculum, comprising 15 student lessons and 3 adult/parent only sessions, emphasizes parent-child communication and uses a standardized, video-assisted format.

The “Parent’s Ideas...About Dating” homework is assigned at the end of “Going Out?”—the seventh class session. It falls between “Making Choices,” class six and class 8, “Saying No.” The session aims to help teens explore various aspects of dating and develop guidelines that will contribute to positive growth. Another *Sourcebook* activity from the session is “Dating Decisions.” (page 61).

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS was developed by the Search Institute.

For additional program information, please refer to the Appendix, page 215.

ATTACHMENT

Parents' Ideas and Expectations About Dating

This Attachment includes one item for your use in this activity: the interview worksheet.

Parents' Ideas and Expectations About Dating

Interview your parent(s) (or other adult, if necessary), using these questions. Record his or her answers, and bring to the next class.

1. When is a good time to begin to date?

2. Who should do the asking? Why?

3. What are some guidelines to follow about whom to date (kinds of people, age range, etc.)?

(use additional sheets, if necessary)

4. Who should pay for the date?

5. Are there some other family standards and expectations, such as hours to be expected home or a specified age of a person who's driving on a date?

6. What's the purpose of dating? Why do people date?

(use additional sheets, if necessary)

Ready or Not?

Get Real About AIDS®

Homework

Activity Description

Ready or Not?" requires participants to interview two or three trusted adults on how people know when they are ready to become sexually involved. (Please see the Attachment for a suggested leader script with additional activity background, and the interview worksheet.) The interview or poll consists of two questions:

- How do people know that they're ready to have sex?
- How do people know that they're *not* ready to have sex?

Students conduct the interviews outside the class setting and bring their confidential information to a future class meeting for a discussion. Students are not looking for personal information from the interviewees, but rather guidelines about when one is ready or not ready to have sexual intercourse.

Remind them that delaying sexual intercourse will help them prevent becoming infected with HIV. If they have not or are not ready to seriously consider these two questions for themselves, they are probably not ready for sex. Developing relationships of any kind—particularly sexual relationships—is something that each of them needs to take seriously.

Discuss the results during the next class.

The Attachment contains a suggested leader script with additional background and delivery guidance, and the interview worksheet needed for this activity.

Activity Goal

Gather information on guidelines for knowing when one is ready or not ready to have sex, with the ultimate goal of delaying sexual intercourse.

Original Program Setting

School- or community-based setting

Time Needed

15 minutes for interviews, 15–20 minutes for discussion

Age Level

Ages 12 to 19

Staff Needed

Health or science teacher

Materials You Will Need

Suggested leader script and "Ready or Not?" Worksheet (Attachment)

Photocopier to reproduce the worksheet

Ways to Expand the Activity

Brainstorm with students other sexuality-related questions that they would like to ask trusted adults. Have students ask the same adults these new questions.

Conduct a survey on a broader scale. For example, have students pose these questions to members of their religious community or members of their family.

Notes:

About the Original Intervention and its Developer

GET REAL ABOUT AIDS® (GRAA) is an STI/HIV/AIDS prevention program that draws on social theories for promoting health-related behaviors in youth. The 14-session program has separate editions for upper elementary, junior, and senior high school. All emphasize behavior skills development, and are designed to educate students about their vulnerability to HIV/AIDS and teach them skills necessary to reduce their risk of HIV infection. Program learning components include lectures, role play activities, group discussions, public service announcements, and videos. The second senior high school edition, from which this activity was drawn, was implemented in ten Colorado high schools serving rural, suburban and urban populations.

The “Ready or Not” worksheet is used as homework for session 4, “Delaying Sex,” and discussed during the review section of session 5, “Preventing HIV Infection.” Session 5 is the fifth and final session devoted to providing students with the basic facts about the transmission and prevention of HIV.

GET REAL ABOUT AIDS® was developed by the Comprehensive Health Education Foundation.

For additional program information, please refer to the Appendix, page 267.

ATTACHMENT

Ready or Not?

This Attachment includes two items for your use in this activity: a suggested leader script, and the worksheet needed for this activity.

Ready or Not?: Suggested Leader Script

Introduce the homework “Ready or Not?” by saying that if two people are experiencing serious doubts about having sex or are unable or unwilling to talk about sex, HIV, and condoms, they might not be emotionally ready to have intercourse. In addition, state that it is up to each person to decide when to begin a sexual relationship, and what the nature of that sexual relationship might be. Having sex before they are ready could lead to problems.

Distribute the homework to each student. Outside the class setting, students use their worksheets to conduct an informal, confidential poll of two questions with each of two or three trusted adults:

- How do people know that they’re ready to have sex?
- How do people know that they’re not ready to have sex?

Emphasize that the students are not looking for personal information that people are not willing to divulge, but rather guidelines about when one is ready or not ready to have sexual intercourse. Stress the importance of thinking about the issue by asking the participants to consider why they should think about the two questions and potential consequences if they do not.

Remind them that delaying sexual intercourse will help them prevent becoming infected with HIV, and that developing relationships of any kind—particularly sexual relationships—is something that each of them needs to take seriously.

Ask the students to return to class to discuss the informal poll. Focus the discussion on the following questions:

1. How did people know that they were ready to have sex?
2. How did people know that they weren’t ready to have sex?
3. Did it seem as if people had thought about these issues before?
4. Did anyone get any insights from conducting this poll that they’d like to share with the class?

Encourage the student to think seriously about their relationships, particularly sexual relationships, and put the guidelines for delaying sexual intercourse into practice.

ATTACHMENT

Ready or Not?

Ask the questions aloud and write in people's responses in the appropriate space. Tell people that their identities will be kept confidential. Remember that you're not looking for personal information that people are not willing to divulge; you're looking for guidelines from people you trust and respect.

1. How do people know that they're ready to have sex?

2. How do people know that they're *not* ready to have sex?

Thank people for participating in this poll, and let them know what this lesson has been about.

Student Reporter: Interviewing Parents About AIDS

The Youth AIDS Prevention Project

Activity Description

Distribute the “Student Reporter Interview Sheet” as a homework assignment. Ask participants to play the role of student reporter and interview a parent or guardian about AIDS. By using the interview format, they are able to talk about this sensitive topic in a non-threatening way. The students follow the directions on the interview sheet, ask the six questions, and write down the responses in the spaces provided. After the interview, the students write a summary report of what they learned from the interview.

Students turn in the interview sheets at the start of the next class session.

The Attachment includes the “Interview” worksheet needed for this activity.

Activity Goal

Discuss the sensitive topic of AIDS with a parent or guardian using a non-threatening format.

Original Program Setting

School- or community-based location

Time Needed

30 minutes

Age Level

Ages 12 to 14

Staff Needed

One health educator, preferably master’s level, trained in HIV/AIDS

Materials You Will Need

“Interview” worksheet (Attachment)

Photocopier to reproduce the worksheet

Ways to Expand the Activity

After obtaining student permission and deleting student names, combine the one-page write-ups about what students learned from the interviews and make a booklet to give to participants.

In the next class session, initiate a discussion about the interview experience. How did they feel asking the interview questions? How did their parents react to being asked the questions? Did they talk with their parents afterward about what it was like to be an interviewer/interviewee?

Notes:

About the Original Intervention and its Developer

Originally designed for high-risk youth, *THE YOUTH AIDS PREVENTION PROJECT (YAPP)* aimed to prevent STIs, HIV/AIDS, and substance abuse among junior high aged youth. Based on the social cognitive theory, the project incorporated teen knowledge, attitudes, self-efficacy, intentions, and behaviors regarding high-risk activities. Classes cover transmission and prevention of STIs and HIV/AIDS, the importance of using condoms for those who choose to have sex, and the development of decision-making and resistance/negotiation skills.

Ten 40-minute lessons are delivered to 7th grade students. A one-week, five-session booster follows one year later in 8th grade. Program components include group discussions, lectures, role play activities, videos, and adult involvement. A field study of the intervention was conducted in 15 high-risk school districts in metropolitan Chicago.

The teens interview a parent/guardian as homework for lesson 3 of the 7th grade curriculum entitled "A is for AIDS." The lesson provides factual information about HIV/AIDS, including transmission, infection, and prevention. The students learn that AIDS is preventable and that risk of exposure increases with increased participation in risky behavior. In addition, they learn that they have the power to stop the spread of the disease by choosing healthy behaviors.

The *YOUTH AIDS PREVENTION PROJECT* was developed by Susan Levy, Ph.D., Brian Flay, D.Phil., and Arden Handler, Dr.P.H.

For additional program information, please refer to the Appendix, page 283.

ATTACHMENT

Student Reporter: Interviewing Parents About AIDS

This Attachment includes one item for your use in this activity: the “Student Reporter” worksheet needed for this activity.

Student Reporter Interview Sheet

Date: _____

Student Reporter’s Name: _____

Age/Grade: _____

Time of interview: _____

Interviewee: _____

“Hi, my name is _____ and I’m a Reporter. My assignment is to interview adults about AIDS. I would like your cooperation in answering a few questions. The interview will not take long to complete. If you prefer not to answer a particular question that is all right. Let’s begin . . .”

1. When did you first hear about AIDS?
2. When you were my age:
 - a) were there diseases like AIDS? Can you tell me what they were?
 - b) did your parents talk with you about sex?
 - If yes, what did they say?
 - If no, what do you wish they would have told you?
3. If AIDS were around when you were my age, what would your parents have told you about safer sex?
4. Do you worry about AIDS? How?
 - a) Would you feel comfortable around someone who has AIDS?
 - b) Do you know anyone with AIDS? How do you know the person?
 - c) Have you helped someone with AIDS? How?
5. How has the AIDS epidemic affected you?
6. What do you think the parents’ role or responsibility is in helping their children to prevent getting AIDS?

ATTACHMENT

Student Reporter: Interviewing Parents About AIDS

Summary Report

(Write a paragraph summarizing what you learned from this interview)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(use additional paper if you need to)

Interviewer's Signature: _____

Why Wait?

Homework

AIDS Prevention for Adolescents in School

Activity Description

Distribute the homework sheet “Why Wait?” (Please see the worksheet in the Attachment.) Outside the classroom setting, students think of reasons for delaying a sexual relationship until they are older, writing the reasons in the left-hand column labeled “reason to wait.” In the “Why” column they explain why they think it is a good reason to wait. The completed homework, turned in at the beginning of the next class meeting, provides an entree into a discussion of reasons for delaying sexual activity.

Referring to the homework, but without mentioning any names, open the “why wait” discussion. Consider using the statements below to trigger discussion:

- You’re not ready (or not sure if you’re ready).
- You don’t want to contract AIDS or any other STIs.
- Your boyfriend/girlfriend isn’t ready.
- You feel it’s “wrong.”
- You want to wait until you’re in a steady relationship/in love/married, etc.

The Attachment contains the homework sheet needed for this activity.

Activity Goal

Clarify personal values about engaging in sexual intercourse.

Original Program Setting

Classroom setting, community-based site, or a collaboration between schools and community organizations

Time Needed

15 minutes in class; homework completion time will vary

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. In the original intervention, teachers attended a one-day training session to introduce the curriculum’s objectives and activities.

Materials You Will Need

“Why Wait?” homework (Attachment)

Photocopier to reproduce homework

Ways to Expand the Activity

Lead a discussion exploring ways in which the media send messages that might encourage sexual behavior (e.g., television, magazines, etc.). Brainstorm ideas for using media messages to support teens who choose to delay sexual involvement.

Notes:

About the Original Intervention and its Developers

A*IDS PREVENTION FOR ADOLESCENTS IN SCHOOL (APAS)* is a six-session AIDS prevention program. Delivered on consecutive school days, the sessions combine principles of the health belief model with social psychology, and aim to improve students' knowledge, beliefs, self-efficacy, and comprehension of risky behaviors concerning HIV/AIDS. Overall program learning components include group discussions, lectures, role plays, homework and videos. The program was originally implemented in four New York City public high schools serving a predominantly African American and Hispanic population.

Students complete the "Why Wait?" homework between the second and third sessions. By enabling students to state their personal values relating to sexual intercourse, the homework serves as a trigger for session 3 in which students discuss values and explore peer and media pressure to have sex.

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL was developed by Heather Walter, M.D., M.P.H., and Roger Vaughan, M.S.

For additional program information, please refer to the Appendix, page 251.

This Attachment includes one item for your use in this activity: the “Why Wait?” homework sheet.

Directions: Think of as many good reasons as you can for delaying a sexual relationship until you are older. Write all of your reasons in the first column, marked “Reason to Wait”. Then, for each reason that you list, explain why you think it is a good reason to wait. (Write these explanations in the “Why It’s a Good Reason” column.)

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Group

Activities

There are eight group activities. Some incorporate homework and/or parental involvement, others the development and presentation of role plays; still others rely on creative combinations to approach difficult issues. All suggested or necessary scripts, worksheets, etc., are included in the activity Attachments.

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What We Want to Know: Developing an Interview	161
Where Do You Stand?	163

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Cognitive Rehearsal for Action Plan

Group Activity

AIDS Prevention and Health Promotion Among Women

Activity Description

In this activity, participants are introduced to the concept of developing behavioral action plans, and using cognitive rehearsal for behavioral change. In cognitive rehearsals, participants internally role play various situations so that they are better prepared to implement their action plan to avoid risky behavior. The original program used a short video segment (described below and in the Attachment) to present the concept. The scenario established in the video is less important than the exercise itself, particularly when the activity is used outside the context of the full PASHA program. The exercise is designed to allow participants to:

- Formulate an action plan;
- Learn cognitive rehearsal skills; and
- Anticipate when they are likely to need to use the new skills.

Group members observe the video of a similar group working on individual action plans they will use to resist external pressure to drink (pressure from a friend, partner, etc.). In the video, the group leader encourages mental imagery of possible situations in which they might need to use their action plans. How will they feel being pressured? How might their friend(s) react when they say no? As video members begin to share their action plans, the video leader further encourages them to consider the “what ifs” in their own and each other’s plans.

The program group members then share time developing and discussing their own action plans, challenging one another by looking for loopholes in the plans. The intention is not to belittle any plans, rather to begin the process of turning intentions into behaviors through preparation and practice.

The Attachment includes a suggested leader script for the “Cognitive Rehearsal” activity.

Activity Goal

Enable group members to formulate an action plan (for resisting external pressure), learn cognitive rehearsal skills, and anticipate when they are likely to need the new skills.

Original Program Setting

Clinics and community-based organizations. Although the original field study was conducted with pregnant women, the program is also appropriate for older adolescents and young adult women (ages 16+).

Time Needed

10–20 minutes

Age Level

Ages 16 to adult

Staff Needed

A masters-level psychologist or health educator delivers the intervention. She should be able to empathize with participants, have a working knowledge of AIDS and health concerns, and communicate a positive health message. Training background should include group process, role playing and associated skills; and multicultural psychology.

Materials You Will Need

“Cognitive Rehearsal...” suggested leader script (Attachment)

In the original program, the exercise relied on a video segment to set the stage. In applications outside the formal program, the scenario established via video is less important than the cognitive rehearsal process.

Ways to Expand the Activity

Discuss participants' experience with social pressure. Are some pressures easier to resist than others? How might participants transfer successful resistance strategies from easier to more difficult situations?

Brainstorm a list of situations for which participants would like to have an action plan prepared. Either in the full group setting, or in small groups, discuss the potential outcomes of not having a plan, and then develop at least one action plan to address those concerns.

Notes:

About the Original Intervention and its Developers

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN (APHP) is intended to help women incorporate safer-sex practices into their lives. Based on the concepts of empowerment, and group social support, the program incorporates four 90–120 minute group-discussion sessions conducted over the course of two or three months.

The program encourages women to consider the physical and emotional consequences of unsafe sex. APHP helps them achieve a sense of mastery and positive expectations when discussing sexual history and other health-related concerns with their partners. In addition, the program teaches participants how to effectively negotiate safer sex with a partner and maintain safer-sex goals.

The original implementation was conducted in an urban Ohio clinic serving pregnant adolescents and women.

Cognitive rehearsals are used throughout the program as a way of bridging the gap between the individual's desired behavior in a particular situation (e.g., unwelcome pressure to participate in an undesirable activity) and their actual reaction to a similar situation. This approach is consistent with Bandura's Social Learning Theory which holds that people learn through observation and practice.

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN was developed by Stevan Hobfoll, Ph.D., Anita Jackson, Ph.D., Justin Lavin, Ph.D., Paula Britton and James Shepherd.

For additional program information, please refer to the Appendix, page 249.

ATTACHMENT

Cognitive Rehearsal for Action Plan

This Attachment includes one item for use in this activity: a suggested leader script.

Cognitive Rehearsal for Action Plan: Suggested Leader Script

Let's spend a little time developing some action plans. Make yourselves comfortable and close your eyes.

You're out with a group of friends, including your partner. Your friends want to drink, but you don't. Most of the group respects your decision not to have alcohol. But one friend is pressuring you, trying to make it sound like you won't have a good time and they won't have a good time with you unless you drink. The pressure is making you pretty uncomfortable.

How do you respond? How do you think your friend will react to your resistance? What will you say to make it clear that your choice to not drink doesn't impact anyone else's choice, and that you can still have a good time together?

Think about that for a few moments. Open your eyes. Who is willing to be the first to share their action plan with the group? . . . Group, if you were the pressuring friend, how would you respond? Finding loopholes in the plan now helps make it stronger for when you need it.

Think about situations in which you might want an action plan ready. Practice your action plan with a friend or with a group member.

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Guided Fantasy (Decisions I Make Now Will Affect My Future)

AIDS Prevention and Health Promotion Among Women

Group Activity

Activity Description

The “Guided Fantasy” activity consists of two scenarios.

Scenario #1

Guide participants through a fantasy in which they begin to feel deep sadness. The participants have been feeling unwell lately, and have noticed that the sickness is getting worse. Their eyes fill with tears; realization sets in that they will not be around as their family and friends grow older. The magnitude of this new awareness becomes overwhelming, and the tears run freely. There is not much time left; and there is still no cure. The participants feel completely alone.

Scenario #2

The whole family has gathered—nieces, nephews and cousins. Everyone is laughing and having a good time. Participants look around at all the love surrounding them, and a big smile comes to their faces as they appreciate that they are and will continue to be part of this loving family in the years to come.

After a quiet moment, the group shares thoughts and emotions that surfaced during the guided fantasy.

The Attachment contains a suggested leader script for this activity.

Activity Goal

Help participants realize the physical and emotional outcomes from following/not following safer-sex action plans.

Original Program Setting

APHP can be implemented in clinics and community-based organizations. The program is appropriate for older adolescents and young adult women (ages 16+).

Time Needed

10–20 minutes

Age Level

Ages 16 to adult

Staff Needed

A female masters-level psychologist or health educator should deliver the intervention. She should be able to empathize with participants, have a working knowledge of AIDS and health concerns, and communicate a positive health message. Training background should include group process skills, role playing and associated skills, and multicultural psychology.

Materials You Will Need

“Guided Fantasy” suggested leader script (Attachment)

In the program, the exercise relied on a video segment to set the stage. In applications outside the formal program, the scenario established via video is less important than the guided fantasy process.

Ways to Expand the Activity

Encourage artistic interpretation of the guided fantasy experience (collage, finger painting, etc.).

Notes:

About the Original Intervention and its Developers

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN (APHP) is intended to help women incorporate safer-sex practices into their lives. Based on the concepts of empowerment, and group social support, the program incorporates four 90–120 minute group-discussion sessions conducted over the course of two or three months.

The program encourages women to consider the physical and emotional consequences of unsafe sex. APHP helps them achieve a sense of mastery and positive expectations when discussing sexual history and other health-related concerns with their partners. In addition, the program teaches participants how to effectively negotiate safer sex with a partner and maintain safer-sex goals.

The original implementation was conducted in an urban Ohio clinic serving pregnant adolescents and women.

Guided fantasy exercises are used throughout APHP as a means of accessing the emotional consequences and potential physical outcomes of their action plans and decisions.

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN was developed by Stevan Hobfoll, Ph.D., Anita Jackson, Ph.D., Justin Lavin, Ph.D., Paula Britton and James Shepherd.

For additional program information, please refer to the Appendix, page 249.

ATTACHMENT

Guided Fantasy

This Attachment includes one item for use in this activity: a suggested leader script.

Guided Fantasy: Suggested Leader Script

Let's work through a guided fantasy together—two scenarios, actually. First, make yourselves comfortable, close your eyes. Relax. Take a few deep breaths and sigh them out.

You are having dinner with your parents on a special occasion. Your siblings are there, and everyone is dressed up and laughing. A baby sitter is looking after all the kids. You haven't been feeling well lately. You still haven't told anyone, even though the sickness is getting noticeably worse.

A deep sadness comes over you. Your eyes fill with tears as you look around the table at your parents and siblings. For the millionth time, the realization hits you that you won't be around as your folks get older, or as your own child grows up, goes to school, and ventures out into life. You won't be there.

The tears run freely down your cheeks. You're too upset to talk, but the others are laughing and they don't notice. It's almost as if you're already gone. And there is still no cure.

You feel completely alone.

(Pause for a few moments to allow participants to process the fantasy. Then move on to the second scenario.)

The whole family has gathered for no particular reason—maybe a picnic or the fourth of July. Nieces, nephews and cousins, they're all here today, even the newest addition. Everyone is laughing and having a good time just being together.

There's lots of food, and the little ones are already wearing dessert. You look around at all the love surrounding you, new generations and old together. A big smile comes to your face. You are so happy today. You look forward to a long life ahead.

(Pause again for a few moments to allow participants to process.)

You may open your eyes. Let's talk about how you felt during that exercise. What kind of emotions came up for you?

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How Much of a Threat Is HIV?

Group Activity

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions for Gay, Lesbian & Bisexual Teens

Activity Description

As you distribute the name tags, inform the class that they are all at a party. The names tags will help each participant know who the others are as they go around and meet people. “While you are meeting people, decide who you want to have sex with after the party is over . . . Tonight is going to be a big night, so pick your partner.” (Please refer to the suggested leader script in the Attachment.)

Do not disclose that the male and the female with the small flower on their name tags are HIV positive. Do not mention the flowers or answer questions about them if they are noticed. After about five minutes, check in with the group: has everyone made a decision for sex after the party?

When everyone has decided, reveal that there are two HIV positive people at the party. If anyone had selected them for sex, they might be HIV positive now, too. Those two didn’t know that that was the meaning of the flower on their name tags. Participants spend a few minutes discovering who has the flower, then share their feelings and comments.

Please refer to the Attachment for the suggested leader script and two alternative/supplemental activities.

Activity Goal

Help participants perceive the threat of contracting HIV/AIDS as genuine.

Original Program Setting

Community-based and/or clinic-based settings, provided that case management and counseling are also available; also suitable for residential drug treatment programs.

Time Needed

15–20 minutes

Age Level

Ages 14 to 19

Staff Needed

Sessions (with approximately 10 participants) are facilitated by two leaders, a male and a female, selected for their sensitivity to issues of cultural and sexual diversity. Their training/background should include cognitive-behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

“How much of a threat is HIV” suggested leader script (Attachment)
Sufficient name tags for all participants, with one female’s and one male’s tag having a tiny flower on it

Ways to Expand the Activity

Two alternative exercises are offered in the program's curriculum manual as either replacement or additional activities. These items appear as Alternatives 1 and 2 in the Attachment.

Notes:

About the Original Intervention and its Developers

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS (ALS2) is designed to provide education, social and medical services and peer support to gay, lesbian and bisexual adolescents between 14 and 19 years of age. The program combines case management, comprehensive health care and risk assessment counseling with 25 group discussion sessions. Participants learn to cope with high-risk situations, such as when the HIV status of a potential partner is unknown. The sessions also address such topics as coming out, stigma and self-acceptance—particularly important to teens confronting sexual identity issues.

The effectiveness of ALS2 was investigated in a field study conducted in New York City. Researchers recruited youths who sought services from a community-based agency providing recreational and social services to gay youths.

Session 6, "How serious is the threat to me?" provides teens with a clearer understanding of the threats posed by HIV and AIDS, especially death. Even with new drugs on the market, and people with AIDS living longer, death is still the eventual outcome. In that context, death is addressed to help participants practice safer sex. At the same time, the session aims to enable adolescents to express fears and anxieties about death while concentrating on living a fulfilling life.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS was developed by Sutherland Miller, Ph.D., Joyce Hunter, D.S.W., and Mary Jane Rotheram-Borus, Ph.D.

For additional program information, please refer to the Appendix, page 247.

ATTACHMENT

How Much of a Threat Is HIV?

This Attachment includes three items for use in this activity: the suggested leader script with additional activity detail, and two alternative/supplemental activities.

How Much of a Threat Is HIV?: Suggested Leader Script

(Text in italics provides delivery guidance.)

Let's pretend that you are at a party. Each of you has a name tag to help you know who the others are.

(Pass out the name tags. One female's name tag and one male's name tag has a small flower on it. Don't mention the flowers or answer questions about them if they are noticed.)

Go around and meet each other. While you are meeting people, decide who you want to have sex with after the party is over. Tonight is going to be a big night; so pick your partner.

(Allow about five minutes for mingling and deciding.)

Did you decide who you wanted to have sex with after the party? Two people here have a little flower on their name tags.

Those people are HIV positive. They didn't know it, but they are.

(Allow time for participants to discover who has the flower on their name tags.)

If you had sex with them, you may have HIV.

How do you feel now?

(Go around encouraging reports of feelings and comments.)

ATTACHMENT

How Much of a Threat Is HIV?

Alternative 1

Needed: a 3 × 5 card for each participant. One card has a “d” on it, 20% of the cards have a “c,” the remaining cards are divided evenly, having either an “s” or an “o.”

When the cards are distributed, discreetly give the “d” card to someone with a strong sense of confidence, taking care not to make the recipient feel singled out. Everyone gets a card, without explanation as to the letter they receive.

Participants mingle for two minutes, then divide into pairs to discuss “The effect of rock groups on how teenagers act sexually.” After two minutes, they sign each other’s cards, find a new partner, and discuss “How being pregnant affected someone you know” (without using names).

Two minutes later, they sign one another’s cards, find a new partner, and discuss “What are the most important things to look for in a boyfriend or girlfriend?” After two minutes, they sign each other’s cards and return to their seats.

The holder of the “d” card is asked to stand: he/she is HIV positive. Anyone whose name appears on his/her card is also infected. Their names are read and they stand. Anyone on their cards is infected; they stand. And so on until everyone is standing. Everyone is infected.

People with a “c” or an “o” may sit because they either practiced safe sex, or engaged in “outercourse”—sexual acts without exchange of bodily fluids. Those with an “s” may also sit because they are single.

The group discusses what happened and how they felt about getting HIV.

ATTACHMENT

How Much of a Threat Is HIV?

Alternative 2

Needed: two copies of each card marked as follows:

1. You have never had intercourse. You do not have HIV.
2. You once got semen or vaginal fluid in your mouth. You are HIV positive.
3. You have had vaginal intercourse with a condom. You are not HIV positive.
4. You have had vaginal intercourse without a condom. You are HIV positive.
5. You got drunk and can't remember what happened. Later you found out you had vaginal intercourse. You are HIV positive.

Each person gets one card. The group's task is to discover who is HIV positive. They are allowed to ask each person three "yes" or "no" questions, excluding, "Are you HIV positive?"

After three questions have been asked of each person, ask each participant to guess who is HIV positive. Then reveal the status of each person. Discuss how people felt being HIV positive and what they experienced during the questioning.

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How to Make a TV Commercial, Rap or Newscast

Group Activity

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions

Activity Description

To implement this activity effectively, participants should know the facts about HIV/AIDS, particularly HIV transmission and prevention measures.

Divide the full group into three smaller groups. A representative from each small group selects a slip of paper from the leader. Each slip has one task noted on it:

1. Create and perform a TV commercial about HIV/AIDS;
2. Create and perform a rap about HIV/AIDS;
3. Create and perform a newscast about HIV/AIDS.

(Please refer to the Attachment for a suggested leader script, which includes the three questions.) After about 20 minutes of preparation, the full group reconvenes to perform the small group presentations. Video tape each performance without discussion. When taping is complete, the group watches all three in sequence.

Once the full group has watched the taped performances, group members share their experiences during the performance. The whole group critiques the process and the final results. Pose the question of how to sell a message about HIV prevention and safety. Encourage participants to pay attention to HIV/AIDS messages in the media. What is the message and who is it intended to reach? How effective is it?

The Attachment contains a suggested leader script.

Activity Goal

Create artistic productions to share knowledge of safe sex with others in the community, and to support other group members' acting safely.

Original Program Setting

Community-based settings, residential treatment programs

Time Needed

90–120 minutes

Age Level

Ages 11 to 18

Staff Needed

For each group of six to ten youths, two facilitators are needed. Their training/background should include cognitive and behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

"How to Make..." suggested leader script (Attachment)

3 slips of paper marked with the tasks
Condoms and dental dams, lubricant
Props—neck ties, fake glasses, lab coat, materials for puppets, flip chart and markers or equivalent, etc.

Video camera, VCR, video cassette and TV

Ways to Expand the Activity

After watching the performances, ask group members what one thing they liked about their performance, and what they would do differently.

Encourage a full group discussion about the process of performing: Was there any information participants were unsure of? Did creating the performances raise any new questions about HIV/AIDS?

Notes:

About the Original Intervention and its Developers

Originally developed as an HIV risk reduction program for runaway youths, *ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS (ALS)* was field studied in New York City. Participants were recruited from two shelters.

The *ALS* program includes one session of private counseling and 20 group discussion sessions, 90–120 minutes each, conducted over a five-week period. Participants also receive case management services and behavioral/cognitive skills training for coping with high-risk situations. Other components of the program include role play activities, videos, and small group discussions.

The creative exercise of developing and performing videos takes place during session 8, “How to spread the word about safe sex.” The session begins with a discussion of the way sex is used in the media to sell products and ideas.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS was developed by Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D., and Calvin Selfridge.

For additional program information, please refer to the Appendix, page 245.

ATTACHMENT

How to Make a TV Commercial, Rap or Newscast

This Attachment includes one item for use in this activity: a suggested leader script.

How to Make a TV Commercial, Rap or Newscast: Suggested Leader Script

Look at TV, look at movies, look at commercials, look in magazines, look at bill boards. What do you see?

Sex! Sex sells. It delivers the message.

But the message that we need to see delivered is about HIV—how to save ourselves. So I want you to think of how to sell that message.

First, I want you to get into three groups. *(Divide the whole group into three smaller groups.)*

I want a member from each group to pick one of the three slips of paper I have in my hand.

(Have three slips of paper in your hand, face down. One says “create and perform a TV commercial about HIV/AIDS.” The second one says “create and perform a rap about HIV/AIDS.” And the third one says “create and perform a newscast about HIV/AIDS.” A member from each of the groups draws a slip which tells them what their group has to do.)

So one of you will create and perform a TV commercial, the next one a rap song and the third a TV newscast—all of them about HIV/AIDS.

You have twenty minutes. When you come back, I want you to perform it, and we will videotape it.

They we will show what you did so that you can watch yourselves.

Here are some things you may need for your performances.

(Show them the flip chart paper and markers, condoms, dental dams, lubricant, neck ties, white lab coat, fake eye glasses, material to make puppets out of, etc.)

Has everybody got the idea?

Okay then, go get ready. *(Allow twenty minutes for preparation. Tell them 15 minutes is up. Then call them back in after 20 minutes.)*

Let's start with the TV commercial.

(Video tape the TV commercial.)

Now we want to hear the rap.

(Video tape the rap.)

And now the TV newscast.

(Video tape the newscast.)

Now we'll play them back so you can see them.

(Play back all three performances.)

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Introductions Using a Ball of Yarn

Group Activity

**Poder Latino: A Community
AIDS Prevention Program for
Inner-City Latino Youth**

Activity Description

Use this activity to introduce program participants and adult staff to each other in a non-threatening manner. Sitting in a circle, participants share names and reason(s) for their interest in either training peer educators or becoming peer educators.

One of the adult trainers states his/her name, and tosses a ball of yarn to a future peer educator, holding onto the end of the yarn. The peer educator says the name of the trainer, his/her own name and reason(s) for participating before tossing the yarn to someone else in the circle, again holding onto their piece of the yarn.

And so the ball of yarn is tossed around the circle, unraveling in the hands of each recipient as he/she repeats the name of the tosser. This introductory exercise reinforces the notion of “inter-reliance” and the connected-ness of belonging to a group.

Although this activity was originally implemented in a peer leader training program, the activity is quite flexible and can be modified to fit your program’s needs.

Activity Goal

Build rapport between the program leaders and participants and reinforce the notion of “inter-reliance” and connected-ness.

Original Program Setting

Community-based site

Time Needed

10–15 minutes

Age Level

Ages 14 to 19

Staff Needed

This activity is part of a training program for peer leaders. Staff who lead this training should be knowledgeable about HIV/AIDS, Latino culture and group process skills. Additionally, staff and peer leaders should be able to communicate in both English and Spanish.

Materials You Will Need

One meeting room
One ball of yarn

Ways to Expand the Activity

Use a ball of variegated (multicolored) yarn to illustrate the diversity of skills, talents, personalities and interests brought to the group by the individual participants.

Notes:

About the Original Intervention and its Developers

The New England Research Institutes (NERI) launched this community-based intervention in an inner-city Latino neighborhood in Boston, MA. Enlisting a local organization to develop the intervention materials, NERI researched local residents' opinions, attitudes, beliefs and behaviors related to AIDS. The results of that research helped to shape the *PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH (PODER LATINO)* program.

The program was designed to raise the entire community's awareness of HIV/AIDS and reduce the risk of infection by increasing the use of condoms among sexually active teens. Based on the premise that youths, themselves, can most effectively convince other youths to refrain from life-risking behaviors, *PODER LATINO* offers an eight-week program to train Latino youth to serve as peer educators/leaders. The training includes discussion and practice in conveying health education information to youth. After the training, the teen educators/leaders are charged with creating and conducting AIDS awareness activities with their peers.

The activity with the yarn is the first activity on day one of the first week of the program. It is intended to introduce trainees to each other and to enhance the connected-ness of the group.

PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH was developed by the New England Research Institutes and the Hispanic Office of Planning and Evaluation.

For additional program information, please refer to the Appendix, page 271.

Positive Qualities of Gay and Lesbian People

Group Activity

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions for Gay, Lesbian & Bisexual Teens

Activity Description

This activity helps participants confront negative stereotypes about gay and lesbian people. Participants begin to define positive gay and lesbian identities for themselves.

Tell the group that you want them to come up with a list of positive qualities that gay and lesbian people have. (Please refer to the Attachment for a suggested leader script.) Then divide the group into two small groups, and give them paper, markers and two minutes to come up with as many positive qualities as possible. After two minutes, gather the full group to share the lists and to discuss any issues that may arise. Summarize the positive qualities.

Guide the discussion toward “the dark side” to discuss societal prejudices against gay and lesbian individuals. Then divide the group into teams of no more than three people each. Give the teams five minutes to develop a list of negative impacts the societal prejudices have had on gay and lesbian adolescents.

Have each group present its list. Be alert to ideas such as self-hatred, fear, isolation, lack of role models, etc. Summarize the consequences of societal prejudice.

The Attachment provides a suggested script with additional activity detail.

Activity Goal

Discover different ways of learning about the self, identifying issues that arise as a result of being a gay, lesbian, or bisexual teen, and eliminating myths about being gay, lesbian or bisexual.

Original Program Setting

Community-based and/or clinic-based settings, provided that case management and counseling are also available; also suitable for residential drug treatment programs

Time Needed

20–30 minutes

Age Level

Ages 14 to 19

Staff Needed

Group sessions (with approximately 10 participants) are facilitated by two leaders, a male and a female, selected for their sensitivity to issues of cultural and sexual diversity. Their training/background should include cognitive-behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

“Positive Qualities . . .” suggested leader script (Attachment)
Flip charts and markers or equivalent

Ways to Expand the Activity

Brainstorm a list of questions participants would like to ask of a gay or lesbian adult about their experiences growing up gay/lesbian.

Have materials on hand for artistic expression (collage, paints, etc.) following the activity. Encourage each participant to create a visual representation of their emotional reaction; follow with a discussion of the artwork, and the aspects of the activity that caused the strongest reaction.

Notes:

About the Original Intervention and its Developers

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS (ALS2) is designed to provide education, social and medical services and peer support to gay, lesbian and bisexual adolescents between 14 and 19 years of age. The program combines case management, comprehensive health care and risk assessment counseling with 25 group discussion sessions. Participants learn to cope with high-risk situations, such as when the HIV status of a potential partner is unknown. The sessions also address such topics as coming out, stigma and self-acceptance—particularly important to teens confronting sexual identity issues.

The effectiveness of ALS2 was investigated in a field study conducted in New York City. Researchers recruited youths who sought services from a community-based agency providing recreational and social services to gay youths.

This exercise takes place during the second session, “What is it like being a gay or lesbian adolescent?” In this session, the group works on defining/redefining the self. Other exercises include dispelling myths about gay and lesbian lifestyles, meeting role models, and discovering famous gay/lesbian people who have made significant contributions to society (artists, composers, economists, etc.).

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS FOR GAY, LESBIAN AND BISEXUAL TEENS was developed by Sutherland Miller, Ph.D., Joyce Hunter, D.S.W., and Mary Jane Rotheram-Borus, Ph.D.

For additional program information, please refer to the Appendix, page 247.

ATTACHMENT

Positive Qualities of Gay and Lesbian People

This Attachment includes one item for your use in this activity: a suggested leader script.

Suggested Leader Script

(Text in italics provides leader guidance.)

We are going to start by looking at what it means to you to be a gay or lesbian adolescent. How do you feel when I tell you that is the topic?

All adolescents struggle with the changes in their bodies, their sexual drives, their new abilities to think, their changing relationships with other people, and their desire to become an independent person.

But gay and lesbian youth are confronted with society's unjustified negative attitudes and actions toward homosexuals. Many people in society devalue, hate, ridicule, attack and expel anyone they think is gay or lesbian. Obviously, these prejudices and accusations are totally wrong.

I want you to come up with a list of positive qualities that gay and lesbian people have. Words like "creative" and "loving" might be on your list.

(Divide the group into two teams. Give them marking pens and newsprint.)

See how many words you can list in two minutes.

(Have the groups make lists, then return together and present their lists.)

What did you come up with?

(Share lists.)

I like those ideas. Now let's turn to the dark side. Society has been very intolerant of gays and lesbians.

What effect do you think the hate and discrimination has on the gay or lesbian adolescent? In small groups, I want you to come up with what impact this prejudice has had.

(Break the total group into three-person teams and give them five minutes to come up with ideas.)

Now let's hear what you listed as the impact.

(Have each group report. Look for ideas such as self-hatred, identifying with the majority, being isolated, being afraid, hiding, avoiding contact with others, not learning from others, seeing oneself as good for sex only.)

That was very good! Let's see if we can pull it all together.

It sounds like the negative consequences can be not liking yourself, being cut off from everyone so that you don't get the support that you need and the information that you need, beginning to believe that there is something wrong with you, being afraid and on your guard all the time, and doing things you don't like in order to hide who you are.

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What We Want to Know: Developing an Interview

Group Activity

Project TAKING CHARGE

Activity Description

This activity includes both an in-class discussion, and a homework assignment to interview a parent or trusted adult.

Initiate the in-class portion of the activity with a discussion of parents and teenagers having different needs, and the role of clear and sensitive communication in resolving conflicts within the family. Families can be a good source of guidance and support as participants face decisions about future dating. (In the original implementation, this discussion served as a review of several lessons addressing communication skills and the importance of family relationships.)

In preparation for the homework assignment of interviewing a parent or other trusted adult, ask students to think of questions they would like to ask about dating. Write the following questions on the board or flip chart to start the process:

- What attracted you to Mom/Dad/your spouse?
- What activities did you like to do when you were dating?

Spend 5–10 minutes brainstorming ideas, noting participant suggestions on the flip chart. Ask the students to copy the questions to use when they interview a parent at home.

Remind the students that some questions they come up with might be too personal or an invasion of the interviewee's privacy. (At your discretion, you may wish to lead a brief discussion on the importance of respecting privacy, including participants' reactions when they feel their own privacy has been invaded.)

Activity Goal

Learn about dating relationships and encourage the use of child-parent communication skills.

Original Program Setting

School classroom or community-based organization

Time Needed

15 minutes in class and 15 minutes at home

Age Level

Ages 12 to 13

Staff Needed

One skilled family life educator

Materials You Will Need

Flip chart and markers, or equivalent, to list the questions

Ways to Expand the Activity

Hold a subsequent session to enable students to share the results of the parent interview. Allow the class to compare and contrast personal qualities and dating activities their parents preferred with those common today. Point out that while dating activities changed over the years, valued human qualities tended to remain the same. Encourage students to discuss their experience of conducting an interview. What questions were the students uncomfortable asking? What questions were the parents uncomfortable answering?

Notes:

About the Original Intervention and its Developers

The field study of *PROJECT TAKING CHARGE (PTC)* was conducted with lower-income seventh-grade students and their parents in Delaware, Mississippi, and Ohio. The program aims to help young teens identify what they need to accomplish to mature successfully, make healthy behavior choices, gain self-esteem, and develop fulfilling relationships. It encourages youths to take an active part in their own development by “taking charge” while clarifying personal values and abstaining from sexual involvement.

The curriculum consists of five instructional units divided into 27 class sessions. Program components include lectures, group discussions, role plays, and videos. There are also three parent-youth sessions during which adults are encouraged to communicate their own sexual standards and assist teens in defining and attaining occupational goals.

The students interview their parent(s) about dating for homework after a lesson entitled “Future Dating Relationships,” which is part of a unit entitled “How Do I Get There? Making the Most of Relationships.” As a result of the interview, students learn that communication skills can be used to explore the topic of dating relationships, and that parents or caregivers are a good source of guidance and support.

PROJECT TAKING CHARGE was developed by the American Association of Family and Consumer Sciences.

For additional program information, please refer to the Appendix, page 217.

Where Do You Stand?

Group Activity

Youth and AIDS Project's HIV Prevention Program

Activity Description

Set up the room in advance by clearing a large open space. Across the length of the area, lay a piece of masking tape on the floor. Near one end of the tape, post the sign labeled “Completely Disagree,” and at the opposite end, the sign “Completely Agree.”

Remember that the participants are coming from different backgrounds and stages of development, and that some will identify as gay, some as bisexual, and others as straight. The focus should remain on male-to-male sexual behaviors and statements made should be phrased so that everyone feels included.

As an introduction to the activity, explain that the exercise is intended to help examine “where we stand” regarding sexual behavior and orientation. Remind them that there is no “wrong” place to stand. The exercise is meant to challenge their own feelings and the actions of others.

One by one, read each of the ten statements (please refer to the Attachment for the list of statements). For each statement, have teens stand at the point on the line that matches their own feelings. Ask each participant to explain how he picked the spot where he is standing.

Although the intervention was originally designed for male participants, the activity’s design is quite flexible and can be modified to fit your program needs.

The Attachment includes the list of ten statements you will need for this activity.

Activity Goal

Clarify personal values about engaging in various sexual and risk-taking behaviors.

Original Program Setting

Community- or clinic-based setting where medical and social services are available for referrals

Time Needed

20 minutes

Age Level

Males, Ages 13 to 21

Staff Needed

One trained peer educator (age 18 to 22) for every four participants. These educators must be well informed about issues pertinent to gay and bisexual youth. They should also have practice in facilitating group discussions.

Materials You Will Need

Meeting room with a large open space

Masking tape

Signs labeled “Completely Disagree” and “Completely Agree”

“Statements” (Attachment)

Ways to Expand the Activity

Include time for questions after the exercise.

Encourage participants to submit anonymous questions that they would recommend for use in a similar activity. Use their suggestions later, either in a repeat of the activity, or as a basis for role play scenarios.

Use the exercise as an entree to a discussion of how participants developed their feelings on the issues, and whether (and/or the extent to which) after the activity, their beliefs had changed.

Notes:

About the Original Intervention and its Developer

YOUTH AND AIDS PROJECT'S HIV PREVENTION PROGRAM (YAHPP) is a five-six hour program designed for young males who believe they may be gay or bisexual, identify as gay or bisexual, or have sex with other men. The program begins with a risk assessment interview incorporating education and risk reduction counseling. This session is followed by a peer education and small group session that includes group exercises, a video and instruction on the correct use of condoms. A final counseling session is held after the peer education session to reinforce prevention goals and provide appropriate referrals to other services, if necessary. YAHPP was implemented in Minnesota with a group of gay and bisexual males, aged 13 to 21.

The "Where Do You Stand?" activity takes place during the peer education session following the program introduction. It is followed by a video in which lesbian and gay youth discuss their lives and the issues they face.

YOUTH AND AIDS PROJECT'S HIV PREVENTION PROGRAM was developed by Gary Remafedi, M.D., M.P.H.

For additional program information, please refer to the Appendix, page 285.

ATTACHMENT

Where Do You Stand?

This Attachment includes one item for your use in this activity: “Where Do You Stand?” statements.

Where Do You Stand? Statements

1. If my partner and I decide to stay completely monogamous, it’s okay not to practice “safer sex.”
2. It’s okay to drink or do drugs like marijuana and poppers before being sexually active.
3. It is important to me that my partner is . . . or that I am monogamous in a relationship.
4. Oral sex without condoms is okay.
5. It’s fine to have sex with a guy before getting to know him.
6. I like being gay or bisexual.
7. As long as I test negative every six months, I know that I am doing everything right.
8. Using a condom is frustrating . . . boring . . . feels unnatural . . . or causes me to lose sensation.
9. I’m mostly attracted to a man’s personality.
10. Everyone should be in a long-term, monogamous relationship.

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Teacher-Led Discussions

There are seven teacher-led discussions. They include brainstorming, practicing assertive communication skills, and learning to support friends' risk-reduction behaviors and choices (among others). All suggested or necessary scripts, worksheets, etc., are included in the activity Attachments.

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Brainstorm: How to Support Others in Sticking to Limits

Get Real About AIDS®

Teacher-Led Discussion

Activity Description

Introduce students to the concept of establishing behavior limits before getting into a situation in which they might risk becoming HIV-infected. (Prior to this activity, students should have a clear understanding of behaviors that put them at risk of HIV-infection.) After discussing who and/or what might prevent them from sticking to their limits, explore the consequences of not setting limits, or not sticking to them.

Participants spend some quiet time developing for themselves a single limit that will lower their individual risk of contracting HIV. These limits are personal, and will not be discussed as part of the class session. However, encourage them to keep these private limits in mind as they work through the program.

To trigger the activity, ask how people can support each other in keeping their limits. Record their responses on the board or flip chart. Possible responses might include the following:

- Ask friends to boost your confidence when you're trying to stick to your limits.
- Boost your friends' confidence when they're trying to support their limits.
- Respect your friends' limits.
- Help friends anticipate trouble situations.
- Reinforce friends for sticking to their limits.

The brainstorm activity, "How to Support Others in Sticking to Limits," helps students process the idea of establishing behavioral limits for themselves. It also gives them an opportunity to share questions and insights with their peers. Point out that it will be much easier for them to stick to their limits when they have a support network (friends, family, etc.).

Activity Goal

Develop a list of ideas about how people can support each other in keeping to their personal limits relating to relationships and situations that would put them at risk for becoming infected with HIV.

Original Program Setting

School- and community-based settings

Time Needed

10–15 minutes

Age Level

Ages 12 to 19

Staff Needed

Classroom health or science teacher (no additional specialized training required)

Materials You Will Need

Flip chart and markers (or equivalent)

Ways to Expand the Activity

Suggest that students talk with friends and family members about what they could do to support each other in sticking to their limits.

Discuss the criteria students used in determining their personal limits, comparing and contrasting methodologies if age-appropriate.

Notes:

About the Original Intervention and its Developers

GET REAL ABOUT AIDS® (GRAA) is an STI/HIV/AIDS prevention program that draws on social theories for promoting health-related behaviors in youth. The 14-session program has separate editions for upper elementary, junior, and senior high school. All emphasize behavior skills development, and are designed to educate students about their vulnerability to HIV/AIDS and teach them skills necessary to reduce their risk of HIV infection. Program learning components include lectures, role play activities, group discussions, public service announcements, and videos. The second senior high school edition, from which this activity was drawn, was implemented in ten Colorado high schools serving rural, suburban and urban populations.

The teacher-led activity, “Brainstorm: How to Support Others in Sticking to Limits,” is used during session 6 entitled “Limits.” This is the first of seven sessions designed to help students set limits around risky behaviors.

GET REAL ABOUT AIDS® was developed by the Comprehensive Health Education Foundation.

For additional program information, please refer to the Appendix, page 267.

Brainstorm: Ways to Avoid Pregnancy

Teen Talk

Teacher-Led Discussion

Activity Description

To implement this activity effectively, students should be familiar with all methods of contraception. Ask participants to create a list of all the things a person can do to avoid becoming pregnant, recording the responses on a flip chart. If necessary, prompt the group until the list is complete. Once a full list is created, go back over the list, starting with the least effective methods.

Encourage group members to share their knowledge of advantages and disadvantages of each method. If students omit particularly important aspects of any method, provide additional information on the relative use-effectiveness and appropriateness of each method.

Ensure that abstinence, with advantages and disadvantages, is included among the methods.

Activity Goal

Help students understand that there are many ways to prevent pregnancy. Teach students about advantages/disadvantages of each method.

Original Program Setting

Community-based organizations, schools, or as a collaboration between community organizations and schools

Time Needed

15 minutes

Age Level

Ages 13 to 19

Staff Needed

One lecturer per classroom, and one group discussion leader for every eight students. Group leaders should be trained in conducting effective group discussion sessions. For those implementing the entire Teen Talk program, the PASHA program package includes comprehensive staff training materials.

Materials You Will Need

Flip chart and markers, or equivalent

Ways to Expand the Activity

Expand the focus to include impressions of the various types (What have they heard about the different methods when talking with peers? If age appropriate, what have their experiences been with the various methods?)

Conduct a similar exercise focusing on methods falsely believed to be effective, that students have heard of when talking with friends (e.g., cola drinks as contraceptive douches, etc.).

Notes:

About the Original Intervention and its Developers

T^{EEEN} *TALK* (*TT*) is a theory-based adolescent pregnancy prevention program, developed as a public health approach to sexuality and contraception education. The six-session program incorporates lectures with group discussions. Other program components include role play activities, games, video and audio tapes. The original implementation of *TT* took place in both rural and urban communities in Texas and California. The program was conducted in youth groups, health classes, and other community education programs as an alternative to their traditional sex and contraception educational outreach curriculum.

The brainstorming activity takes place at the beginning of the second of four group discussion sessions.

TEEN TALK was developed by Marvin Eisen, Ph.D., Alfred McAlister, Ph.D., and Gail Zellman, Ph.D.

For additional program information, please refer to the Appendix, page 231.

Developing Classroom Rules

Teacher-Led Discussion

Human Sexuality Values & Choices: A Values-Based Curriculum for 7th and 8th Graders

Activity Description

In this activity, students learn a fundamental tenet of self-discipline by establishing and agreeing to the boundaries of acceptable class behavior.

Immediately following the course introduction during the first class meeting, lead students in a brainstorming session on behavioral rules that will help foster a more comfortable classroom atmosphere. Ask the students about the kind of atmosphere that would make it more comfortable to talk about difficult topics.

Having some shared understandings about classroom behavior is essential to the learning environment.

Record the rules that the class agrees to on the flip chart, to be saved and displayed for the duration of the program. Good rules to elicit, list and enforce (using students' own words wherever possible) are:

1. Be a good listener.
2. Everyone has the right to his or her opinions.
3. No "put downs."
4. It's okay to laugh with, but not at.
5. Respect each other's privacy (don't ask personal questions).
6. No one has to share anything he or she doesn't want to share.

Activity Goal

Elicit from students a set of classroom rules that will allow them to feel more comfortable talking about uncomfortable topics.

Original Program Setting

School-based/classroom setting or community-based setting that provides education or services to 7th and 8th graders

Time Needed

5–10 minutes

Age Level

Ages 12 to 14

Staff Needed

Classroom teacher (there are no special training requirements)

Materials You Will Need

Flip chart and markers, or equivalent

Ways to Expand the Activity

Develop an agreement or “contract” for handling a situation in which a ground rule is broken.

Notes:

About the Original Intervention and its Developers

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS (V&C) was developed for use in 7th and 8th grade classrooms. The original field study was conducted in nine schools in four states, incorporating students from rural, urban and suburban communities. The program aims to reduce teenage pregnancy by promoting seven core values that support sexual abstinence and healthy relationships. The curriculum, comprising 15 student lessons and 3 adult/parent only sessions, emphasizes parent-child communication and uses a standardized, video-assisted format.

“Developing Classroom Rules” is the first activity of the V&C program. Through this initial guided brainstorm activity, students set the behavioral boundaries for their classroom setting. The rules remain on display throughout the program, for quick reference, or as a reminder if needed.

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS was developed by the Search Institute.

For additional program information, please refer to the Appendix, page 215.

Reasons Many Teens Don't Have Sex

Teacher-Led Discussion

Reducing the Risk

Activity Description

In the first segment of this activity, ask students about the likely results of having sex. Students may initially respond with positive outcomes (“it’s fun,” etc.) and these should be acknowledged as reasons that millions of teens risk getting pregnant, or infected with HIV and other STI each year. Indicate that each of the positive reasons can make it difficult for males and females who choose not have sex to stick with their choice. Also, discuss whether the positive responses are always true. Ask what circumstances make them true or not true.

In the second part, move the discussion toward brainstorming a list of personal, psychological and medical reasons that make abstaining from sex a valid option. Record the reasons on the flip chart. Encourage students to identify reasons to abstain from sex for now or for the next few years, perhaps until marriage. (Please refer to attachment for a list of possible reasons.)

Finally, to help personalize the discussion, students complete the worksheet “What Abstinence Means to Me” (Please refer to the Attachment for a reproducible copy of the worksheet.) Ask students to think about the likely results of not having sex and to complete question 1. Ask volunteers to read their responses. (If appropriate, add new ones to the list on the flip chart.) Ask them to add to their list results they hear from other students or from you. When students identify negative outcomes, acknowledge that there are strong pulls away from abstaining. Students then complete question 2.

The Attachment contains both background/delivery guidance, and the worksheet needed to complete this activity.

Activity Goal

Develop valid reasons to postpone or abstain from sexual activity.

Original Program Setting

High school classrooms, community-based organizations

Time Needed

10 minutes

Age Level

Ages 13 to 19

Staff Needed

Classroom teacher. Pre-program training on the use of role plays and other program learning modalities may be recommended.

Materials You Will Need

“What Abstinence Means to Me” worksheet (Attachment)

Photocopier to reproduce worksheet

Flip chart and markers, or equivalent, to record students’ ideas

Ways to Expand the Activity

Use the worksheet questions (in particular, “What makes it difficult not to have sex?”) for additional full- or small-group discussion.

Ask students to observe themselves in their relationships. Follow by asking what factors they might use to determine when the time is right for them to become sexually active, and how they would take responsibility for protecting themselves and their partners.

Notes:

About the Original Intervention and its Developer

Based on social learning theory, the *REDUCING THE RISK (RTR)* curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum explicitly emphasizes that students should avoid unprotected intercourse, whether by abstaining from sex or by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities.

Students from 13 California high schools participated in the original implementation of *RTR*.

“Reasons Many Teens Don’t Have Sex” is found in the second of 16 class sessions. Session 2 focuses on the advantages of abstinence for pregnancy and HIV prevention. The teacher-led discussion encourages the students to apply their own reasoning skills to derive valid reasons for postponing or abstaining from sexual activity. Class 2 also delves into reasons why teens fail to use protection during or abstain from sexual activity.

REDUCING THE RISK was developed by Richard Barth, M.S.W., Ph.D.

For additional program information, please refer to the Appendix, page 227.

ATTACHMENT

Reasons Many Teens Don't Have Sex

This Attachment includes two items for your use in this activity: optional background/guidance, and the worksheet needed to complete the activity.

Optional Background/Guidance

This portion of the Attachment provides delivery guidance/background which you may wish to incorporate into your presentation. This material is excerpted from the original intervention.

In the second part of this activity—when students identify reasons to abstain from sex—you may want to refer to the following list to add or embellish the reasons students suggest.

- Many young people believe in and practice abstinence for *religious* reasons and personal *moral* beliefs.
- Abstinence can be a sign of real *emotional maturity* and *integrity*. Many young women and men report feeling pressured into having sex before they are ready. It requires maturity and honesty to resist the pressure of someone you love in order to make a decision that is consistent with personal values, morals and needs.
- Abstinence *reduces* the risk of getting sexually transmitted infections such as herpes, chlamydia, gonorrhea and HIV.
- Abstinence is the only method of birth control that is *100 percent effective*, 100 percent safe and 100 percent free of side effects.
- Abstinence reduces the risk of cervical cancer. Research suggests there is a connection between early sexual activity, multiple sexual partners and increased cervical cancer in women under age 25.
- Abstinence shows that you are stronger than peer pressure.
- Many parents would be hurt and upset to know that their child is having sex. This may spoil a couple's relationship.
- A couple may find that delaying sexual intercourse contributes in a positive way to their relationship. Abstaining may allow them time to develop a *deeper friendship*. They may spend more time talking, building mutual interests, sharing good times with other friends and establishing an intimacy that is other than sexual.
- Abstaining can be a *test of love*. Counter to the old line "You would if you loved me," not having sex can allow time to test the endurance of love beyond the first attraction and before having sexual intercourse.
- Abstaining may contribute to teaching people to be *better lovers*; it allows them to explore a wide range of way to express love and sexual feelings.

ATTACHMENT

Reasons Many Teens Don't Have Sex

What Abstinence Means to Me

1. What are the advantages to me if I don't have sex at this time in my life?
 - a)
 - b)
 - c)
 - d)

2. What makes it difficult not to have sex?
 - a)
 - b)
 - c)
 - d)

Resisting Peer Pressure

ARREST: AIDS Risk Reduction Education and Skills Training Program

Teacher-Led Discussion

Activity Description

In the “Resisting Peer Pressure” discussion, teens explore skills and techniques to resist peer pressure to engage in risky behavior. This discussion can be used in conjunction with role plays and other exercises to practice effective techniques.

Introduce a discussion on how to resist peer pressure by stating: “Sometimes other kids at school, or our friends, want us to do things that we don’t want to do or are not particularly good for us.” The suggested leader script provides trigger questions and some suggested responses. (Please refer to the Attachment for the suggested leader script.) Record participant responses on the flip chart, summarizing the ideas, and posting the information around the room.

The Attachment contains a suggested leader script with additional activity delivery guidance.

Activity Goal

Become familiar with effective assertiveness and communication techniques to resist peer pressure to use drugs and engage in risk-related sexual activities.

Original Program Setting

Community-based site

Time Needed

30 minutes

Age Level

Ages 12 to 16

Staff Needed

One skilled HIV/AIDS educator per group of 10 to 12 students

Materials You Will Need

Flip chart and markers, or equivalent

“Resisting Peer Pressure” suggested leader script (Attachment)

Ways to Expand the Activity

Role play resisting peer pressure in pairs after the discussion is finished.

In a second role play, set the stage for a peer group to pressure an individual friend to participate in a high-risk activity. Solicit a few volunteers to play the peer group. Take them aside and instruct them to select an activity (either with or without your input). Select another participant volunteer to resist the pressure. Assign the remaining group members as observers. After the initial role play, have players and observers share their experiences with the activity. Then re-assign the roles. Give everyone an opportunity to play all roles if they wish.

Notes:

About the Original Intervention and its Developer

The 4½-hour *AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM (ARREST)*, based on principles of the health belief model and social learning theory, spanned three 90-minute small-group training sessions or modules. In the original implementation, at-risk participants (55% female; 59% Latino, 41% African-American), were recruited from three New York City community-based organizations providing alternative education and after-school programs. During the three sessions, participants receive information about transmission and prevention of HIV/AIDS; instruction and demonstration of purchasing and using condoms with spermicide; guidance in self-assessment of risk behaviors; training in decision-making, communication, and assertiveness skills; and peer group support for HIV/AIDS prevention and risk reduction. Program learning components include role-plays, skill-building exercises, and homework activities.

The teacher-led discussion about resisting peer pressure occurs during module 3, entitled “Negotiating Risk Reduction and Resisting Peer Pressure.” The module includes discussion and role plays designed to develop communication skills.

AIDS RISK REDUCTION EDUCATION AND SKILLS TRAINING PROGRAM was developed by Michele Kipke, Ph.D.

For additional program information, please refer to the Appendix, page 255.

ATTACHMENT

Resisting Peer Pressure

This Attachment includes one item for your use in this activity: a suggested leader script.

Resisting Peer Pressure: Suggested Leader Script

Use the questions below to lead the group discussion. Summarize and record responses on the flip chart or board. Suggested prompts to select questions are listed in italics.

1. What are some ways that people pressure you to do things you really don't want to do?
2. What are some ways that they might pressure you which might expose you to the HIV virus?
 - ⇒ *Use drugs*
 - ⇒ *Share needles to shoot drugs*
 - ⇒ *Tell you to be more sexually active and in ways that put you at risk*
3. What are some of the reasons that make it hard to say "no" or stand up to other kids at school or your friends?
4. What are some things that you can say when a friend asks you to do something that you don't want to do?
5. What if your two best friends ask you to use drugs with them?
 - ⇒ *Express yourself clearly by saying, "No. I don't want to get high."*
 - ⇒ *Listen to what they have to say. Be a good listener. You don't have to agree with what the friends say, but at least try to understand where they're coming from. Let them know that you're listening to them by saying, "I hear that you think it's cool to use drugs, but I don't want to."*
 - ⇒ *If they continue to argue with you, continue to restate your position by saying, "I really don't want to get high. You have the right to do what you want to do just like I have the right to say 'no'."*
 - ⇒ *If the friends persist, take the offensive by saying, "You're really making me feel uncomfortable. I already said that I don't want to get high."*
 - ⇒ *Don't continue talking about it. Say, "You are both my best friends, and I'm sorry that you can't accept my answer."*

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Starting Relationships

The Youth AIDS Prevention Project

Teacher-Led Discussion

Activity Description

Begin the discussion by having students brainstorm a list of types of people they have relationships with. Record the relationships they mention on the flip chart or board, without prioritizing or categorizing them. (Please refer to the suggested leader script in the Attachment for relationships participants might mention.)

In the original intervention, the discussion then focused on four relationship types: gangs, social/athletic, friends, and intimate/love. Using one relationship at a time, ask students to give reasons for initiating that particular type of relationship (e.g., for love, respect or power). By the time the group has explored three or four types, they will begin to recognize the emerging pattern.

Separate positive (love, communication, companionship, etc.) from negative (power, sex, recognition, etc.) factors. Discuss reasons which appear to be consistent across all types of relationships. Explore the influences of the media, upbringing, and peer pressure in relationships.

Ask if the students know anyone who belongs to a gang. Compare and contrast belonging to a gang with other relationship types. Point out the need to belong relative to the risk of engaging in criminal or violent behavior.

The Attachment contains a suggested leader script with additional activity information and delivery guidance.

Activity Goal

Identify different types of relationships and positive/negative reasons for starting relationships.

Original Program Setting

School- or community-based location

Time Needed

30 minutes

Age Level

Ages 12 to 14

Staff Needed

One health educator, preferably master's level, trained in HIV/AIDS

Materials You Will Need

"Starting Relationships" suggested leader script (Attachment)

Flip chart and markers, or equivalent

Ways to Expand the Activity

As homework, have the teen and his/her parent or guardian talk about relationships they formed and needs that have or have not been met.

Notes:

About the Original Intervention and its Developer

Originally designed for high-risk youth, *THE YOUTH AIDS PREVENTION PROJECT (YAPP)* aimed to prevent STIs, HIV/AIDS, and substance abuse among junior high aged youth. Based on the social cognitive theory, the project incorporated teen knowledge, attitudes, self-efficacy, intentions, and behaviors regarding high-risk activities. Classes cover transmission and prevention of STIs and HIV/AIDS, the importance of using condoms for those who choose to have sex, and the development of decision-making and resistance/negotiation skills.

Ten 40-minute lessons are delivered to 7th grade students. A one-week, five-session booster follows one year later in 8th grade. Program components include group discussions, lectures, role play activities, videos, and adult involvement. A field study of the intervention was conducted in 15 high-risk school districts in metropolitan Chicago.

The teacher-led discussion, “Starting Relationships,” was originally used during lesson 3 of the 8th grade curriculum entitled “Relationships, Abstinence and Safer Sex.” The goals of the session were to help students understand and maintain healthy relationships; discuss the reasons for starting relationships; learn the risks of gang involvement; and find alternatives to satisfying their needs for belonging, love, and attention.

THE YOUTH AIDS PREVENTION PROJECT was developed by Susan Levy, Ph.D., Brian Flay, D.Phil., and Arden Handler, Dr.P.H.

For additional program information, please refer to the Appendix, page 283.

ATTACHMENT

Starting Relationships

This Attachment includes one item for your use in this activity: a suggested leader script with additional activity background and delivery guidance.

Starting Relationships: Suggested Leader Script

The teacher-led activity, “Starting Relationships,” begins with the participants brain-storming about different types of relationships. The following list contains different kinds of interpersonal relationships students may mention:

- People . . .
- we love or care about
- in our family
- we go to school with
- in a club or on an athletic team
- we hang out with
- who teach us or train us
- in a gang
- we don’t like
- we work with
- we’re attracted to

Create four columns on the board using relationship types as headings: Gangs, Social/Athletic, Friends, Intimate/Love. (*You may wish to prepare the columns in advance.*)

Begin with one column at a time, asking participants to give reasons they enter into that type of relationship. List the students’ suggestions in the appropriate column. The following is a list of reasons they might suggest:

- Love
- Communication
- Power
- Recognition
- To feel good about themselves (self-esteem)
- Companionship
- Respect
- Friendship
- Sex
- Trust
- Safety

If the participants do not mention some of the reasons listed above, offer them as suggestions and ask participants to help decide which column they should be added to.

By the time the fourth column is reached, many of the participants’ responses will be repetitive. At this point, the purpose of the activity will begin to be apparent. After listing the reasons on the board, initiate a discussion about the lists, using the following points:

- Separate the positive factors (e.g., love, communication, friendships, companionship, etc.) from the negative factors (e.g., power, sex, recognition, etc.) for starting a relationship.

- Discuss those reasons that seem to be important across all types of relationships.
- Discuss ways the media influences how relationships are chosen. For example, a young person may choose some one because she/he is muscular, she is shapely, because she/he dresses in popular styles, or she/he hangs out with certain groups.
- Discuss how a person may choose a relationship based on their own upbringing or moral values.
- Discuss how young people may end up in relationships because of peer pressure.

Ask the participants if they know anyone who belongs to a gang. Make the following points during this part of the discussion:

- Belonging to a gang places a person at risk for committing crimes, committing violence against others, going to jail or prison, and getting physically hurt or killed.
- Most neighborhood gangs are organized to commit illegal activities such as drug trafficking or theft.
- It is not unlawful for a group of people to organize themselves for positive goals, but when the group's goals are illegal, negative goals, then that group is considered a gang.
- Most individuals have a need to belong. For many young people a street gang is usually seen as a way to meet that need.
- Other ways to meet one's need to belong include joining school clubs, athletic groups, social clubs, etc.

Finally, participants identify alternative ways of satisfying their needs for belonging, love, and attention other than joining a gang or having a sexual relationship (point out similarities in the other columns). Some suggestions include:

- Peer Support Groups
- Sports Teams
- Mentoring Programs
- Church Groups
- Civic Groups/Clubs

Would You Apply for This Job? (Parenthood Is a Life-long Occupation)

Project TAKING CHARGE

Teacher-Led Discussion

Activity Description

Introduce the concept of teen parenthood by telling your group that teenage pregnancy can result in serious health, educational, personal and financial consequences for both girls and boys. Emphasize the importance of abstinence from sexual involvement for unmarried teens.

Referring to the Attachment (for use either as a transparency or as a handout), “Would You Apply for This Job?” lead a discussion on each item in the advertisement.

- Hours—What would it be like to work around the clock, with no time off? While people may help out, the **responsibility** for care resides in the parents.
- Duties—What is it like to take complete responsibility for another human being, 24 hours a day?
- Qualifications—What is it like to be so very patient with another human being, and then, just when you think you are about out of patience, you are called upon to use more? What is it like to plan something and then have to change your plans—not just occasionally, but often, very often, daily? How much do you trust your judgment to make wise decisions for another human being? How much do you trust your judgment when you have averaged but a few hours of sleep each night staying up with a sick baby?
- Salary—How will you and your baby survive when, not only do you not get paid for this job, but it will actually cost you over \$3,278 to get the job.
- Duration—It is really important that if you decide to take this job you are willing to keep it for your lifetime. You cannot quit.

The Attachment includes the “Would You Apply . . . ?” handout or transparency.

Activity Goal

Learn that premature parenthood has life-long consequences and responsibilities.

Original Program Setting

School classroom or community-based organization

Time Needed

5–10 minutes

Age Level

Ages 12 to 13

Staff Needed

One skilled family life educator

Materials You Will Need

“Would You Apply for this Job?” (Attachment—you may wish to make a transparency from the paper version, or use as a handout)
Overhead projector, or photocopier

Ways to Expand the Activity

Have students take a one-week job of caring for a 10-pound bag of flour, or a raw egg, as though it were a baby, and then write about their experiences.

Notes:

About the Original Intervention and its Developers

The field study of *PROJECT TAKING CHARGE (PTC)* was conducted with lower-income seventh-grade students and their parents in Delaware, Mississippi, and Ohio. The program aims to help young teens identify what they need to accomplish to mature successfully, make healthy behavior choices, gain self-esteem, and develop fulfilling relationships. It encourages youths to take an active part in their own development by “taking charge” while clarifying personal values and abstaining from sexual involvement.

The curriculum consists of five instructional units divided into 27 class sessions. Program components include lectures, group discussions, role plays, and videos. There are also three parent-youth sessions during which adults are encouraged to communicate their own sexual standards and assist teens in defining and attaining occupational goals.

“Would You Apply for This Job?” takes place during a lesson entitled “Abstinence and the Costs of Early Parenthood” which is part of a unit entitled “How Do I Get There? Taking Charge of My Choices and Behaviors.” The objectives of the lesson are to identify the emotional, physical, and financial costs of premature parenthood; and to discuss how premature parenthood interferes with the achievement of one’s life goals.

PROJECT TAKING CHARGE was developed by the American Association of Family and Consumer Sciences.

For additional program information, please refer to the Appendix, page a5.

ATTACHMENT

Would You Apply for This Job?

This Attachment includes one item for your use in this activity: “Would You Apply . . . ?” handout or transparency.

WOULD YOU APPLY FOR THIS JOB?

HELP WANTED - FULL-TIME JOB

HOURS: Around the clock, no time off. **JOB DUTIES:** To take complete responsibility for another human being. **QUALIFICATIONS:** Patience, flexibility, good judgment and much more. **SALARY:** None. Count on spending over \$3,278 just for getting the job. **JOB DURATION:** A Lifetime. You can't quit!

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Other

Modalities

There are five activities that fall into the undefined “other” category. These activities can be used to enhance many others—assisting participants as they become more aware of emotions, supporting their efforts to simultaneously seek answers to their questions and maintain their anonymity. All suggested or needed worksheets, scripts, etc., are included in the activity Attachments.

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Anonymous Question Box

Other Modality

Human Sexuality Values & Choices: A Values-Based Curriculum for 7th and 8th Graders

Activity Description

At various times during the program, students may have questions that they are uncomfortable asking aloud or in front of their peers. The question box offers them an opportunity to pose their questions anonymously and have them answered in a public forum.

Inform students that you will not answer all questions on the day they are submitted; you will address some during a class session covering material similar to their questions. Encourage students not to worry about whether they use the correct terminology in asking their questions.

After inviting each student to come up with at least one thing that they have been wondering about (and ensuring that they have the option to write “I don’t have any questions at this time”), read the questions aloud, selecting several to answer immediately, and others to delay.

The suggested leader script in the Attachment contains additional detail about the question box, and how to introduce the concept to your group.

Activity Goal

Provide a means for students to ask questions in an anonymous, non-threatening way.

Original Program Setting

School-based/classroom setting or community organizations that provide education or services to 7th and 8th graders

Time Needed

15 minutes to introduce and apply the modality the first time; thereafter, time requirements will vary

Age Level

Ages 12 to 14

Staff Needed

Classroom teacher (there are no special training requirements)

Materials You Will Need

“Anonymous Questions” suggested leader script (Attachment)
Small pieces of paper
Box for inserting written questions

Ways to Expand the Activity

As the program progresses, review questions submitted during earlier sessions to gauge retention.

Notes:

About the Original Intervention and its Developers

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS (V&C) was developed for use in 7th and 8th grade classrooms. The original field study was conducted in nine schools in four states, incorporating students from rural, urban and suburban communities. The program aims to reduce teenage pregnancy by promoting seven core values that support sexual abstinence and healthy relationships. The curriculum, comprising 15 student lessons and 3 adult/parent only sessions, emphasizes parent-child communication and uses a standardized, video-assisted format.

The “anonymous question box” concept is used throughout the program. The box allows students to ask questions that they are wondering about but that would make them feel uncomfortable asking out loud in class. It also provides an informal program feedback loop for the teacher.

HUMAN SEXUALITY VALUES & CHOICES: A VALUES-BASED CURRICULUM FOR 7TH AND 8TH GRADERS was developed by the Search Institute.

For additional program information, please refer to the Appendix, page 215.

ATTACHMENT

Anonymous Question Box

This Attachment includes one item for your use in this activity: a suggested leader script.

Anonymous Questions: Suggested Leader Script

Most people have questions about sex and sexuality. It's not always easy to ask these questions, especially at first. But this is a good place to get those questions answered. Take a minute right now to write down your questions.

Distribute a small piece of blank paper to each student.

Everyone should have at least one question. Don't put your name on the paper. These are anonymous. Don't worry if you're not sure of the right language. I'll answer the questions with correct terminology.

I'll read through the questions today, but there may only be time to answer a couple of them. The rest will be answered next time, or saved to be answered during the lessons that deal most closely with the question.

During the course you can ask questions any time. But if it's more comfortable to write your questions anonymously, a box will always be available. Please write the hour of this class at the top of the paper so the right questions are read in the right class. Before you start, I'd like to read some questions that other 7th and 8th graders have asked.

(Please see the list of questions on the next page.)

Read some of the following typical student questions as examples.

1. I heard a woman can't get pregnant for three days after her period. Is that true?
2. If a person has an STI, what will happen to him or her?
3. If you skip a period, does that mean you're pregnant?
4. What's the safest way to have sexual intercourse without getting into trouble?
5. Why is it hard for people to talk about sex?
6. Can you get pregnant without doing it?
7. Why do kids have sexual intercourse? Is it really worth it?
8. How come I get so shy around girls?
9. If you were going to have a baby, what would you tell your parents?

Encourage students to come up with at least one thing that they've been wondering about. Only after the students have had time to think should they be given the option of writing, "I don't have any questions at this time." Students usually have questions and don't often use this option.

Collect questions and read them aloud to the class, reiterating the plan for answering them during the appropriate class but selecting several to answer now. This arrangement encourages questions throughout the course.

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Feeling Thermometer

Other Modality

Adolescents Living Safely: AIDS Awareness, Attitudes and Actions

Activity Description

The “Feeling Thermometer” is a tool that group leaders can use to help participants better assess and discuss their feelings. The “Thermometer” ranges from 0 to 100, with 100 representing the highest level of discomfort (extreme anger, anxiety, excitement, nervousness, happiness, depression, etc.). Zero represents a total lack of discomfort. The person at or near the zero level is better able to think and make decisions regardless of the particular emotion. After reviewing the “Thermometer” with the group, group leaders ask participants to identify ways to reduce their levels of emotion and regain control. (Please refer to the Attachment for the “Feeling Thermometer.”)

Introduce the “Feeling Thermometer,” as a concept, as follows: “Knowing what we feel is the first step toward knowing we need to do something for ourselves . . . At first all I want to know is how comfortable or uncomfortable you feel.” Give each participant a “Thermometer” as you discuss understanding why feelings are important, the importance of recognizing feeling situations and body feelings, labeling emotions, and learning to relax. In the original implementation, the group leaders introduced the “Feeling Thermometer” by describing situations—including some which might lead to unsafe sex—and asking students to rate their discomfort levels in those situations. (The Attachment contains a suggested script for presenting a few scenarios.)

The “Feeling Thermometer” may be used repeatedly in any session. For example, after role play activities the group leader may ask the players to show where they are on their feeling thermometers and then incorporate the emotional response into the discussion.

The Attachment contains a suggested leader script, and the Feeling Thermometer.

Activity Goal

Help teens recognize, name, discuss and appropriately express their feelings; teach teens that intense feelings can interfere with their ability to make good decisions.

Original Program Setting

Community-based settings, residential treatment programs

Time Needed

Varies

Age Level

Ages 11 to 18

Staff Needed

For each group of 6 to 10 youths, two facilitators are needed. Their training/background should include cognitive and behavioral risk reduction strategies, coping with clinical crises and group process skills.

Materials You Will Need

Suggested Leader Script and “Feeling Thermometer” master (Attachment)

Photocopier to reproduce “Feeling Thermometer” for each participant

Ways to Expand the Activity

The Feeling Thermometer can be used in conjunction with nearly all other activities in the Sourcebook.

Notes:

About the Original Intervention and its Developers

Originally developed as an HIV risk reduction program for runaway youths, *ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS (ALS)* was field studied in New York City. Participants were recruited from two shelters.

The ALS program includes one session of private counseling and 20 group discussion sessions, 90–120 minutes each, conducted over a five-week period. Participants also receive case management services and behavioral/ cognitive skills training for coping with high-risk situations. Other components of the program include role play activities, videos, and small group discussions.

Session 2, “How to recognize my feelings,” delves deeper into the importance of recognizing one’s feelings in relation to safe sex behavior. “For example, if I am being pushed to have unsafe sex when I don’t want it and if I don’t realize in time how much discomfort I feel, I will have much more trouble getting out of the situation. Being aware of my feelings as they start to go up, I could have caught things in time and done something about it.” Each participant receives a thermometer as the discussion moves from understanding why feelings are important, to recognizing feeling situations and body feelings, to labeling emotions, to learning to relax. The group leader prompts participants to identify level 100 feelings in a variety of situations by asking “what if . . .” questions.

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS was developed by Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D., and Calvin Selfridge.

For additional program information, please refer to the Appendix, page 245.

ATTACHMENT

Feeling Thermometer

This Attachment includes two items for your use in this activity: a suggested leader script and the Feeling Thermometer.

Feeling Thermometer: Suggested Leader Script

(Text in italics provides leader guidance.)

Say you owe this older guy \$20 and you haven't got it. There's a knock on the door and he's standing there all mean like.

He says, "I'll be back at 10 o'clock tonight. You have \$25 for me by then. \$5 is for interest. Have it or . . ."

He draws his finger across his throat and leaves with a low laugh.

What would your Feeling Thermometer read?

How much discomfort would you feel?

(Encourage answers.)

You can see that we all have our own Feeling Thermometer readings. No two people are the same.

Let's try another one.

You've met this very nice person and you like them a lot.

You are going to have sex with them, and you are both crawling in the bed feeling turned on.

Your partner says, "Oh, by the way, I'm HIV positive."

Don't think about it too long. Give your Feeling Thermometer level—how much discomfort?

(Encourage responses.)

One more.

Your lover says to you, "I'm tired of this safer sex stuff. Tonight's the night, and, if you don't do it, we're through."

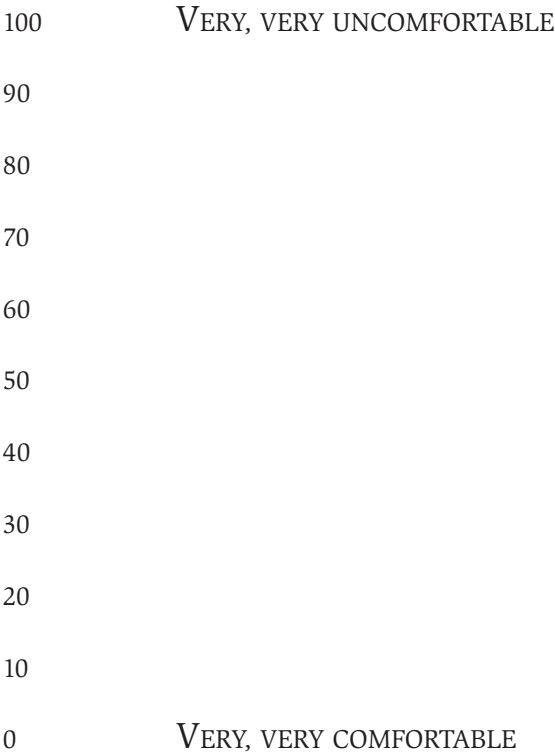
What's your level of discomfort going to be?

(Encourage responses and note the range.)

Again you can see we all have our own way of feeling.

ATTACHMENT

Feeling Thermometer



Personal Consultation Session

Reproductive Health Counseling for Young Men

Other Modality

Activity Description

The subject activity involves a 30-minute personal consultation session between the male adolescent and the health practitioner. The consultation is based on a “developmental counseling” approach which differs from a traditional medical consultation. The practitioner considers the developmental level of the teen and the young man’s specific and personal concerns. (Please refer to the suggested script in the Attachment.)

Ask the teen if he has health concerns that need attention or about which he has questions. Address those concerns directly and completely. Then proceed to more pointed questions about sexual risks and related concerns.

Discuss birth control, using the samples to demonstrate effective use; allow the participant to practice, as appropriate, on a model. Give condoms to the teen if appropriate. In addition, discuss sexually transmitted infections (STIs); urge the teen to seek medical attention if STIs are suspected or symptoms appear. If the youth is committed to abstaining from sexual intercourse, affirm this decision. Model correct communication with a partner and encourage the teen to develop and practice action plans to gain communication competence.

The Attachment contains a suggested practitioner script for the consultation session, with background information and delivery guidance.

Activity Goal

Provide reproductive health information and counseling to adolescent males to encourage prevention of teen pregnancy.

Original Program Setting

Medical clinic

Time Needed

30 minutes

Age Level

Boys ages 15–18

Staff Needed

One trained health care practitioner

Materials You Will Need

Samples of contraceptive devices for demonstration, including condoms, lubricant and birth control pills

Suggested practitioner script for the “Personal Consultation” (Attachment)

Ways to Expand the Activity

Update the presentation to incorporate current knowledge about STI/ HIV/AIDS prevention as well as new forms of contraception (the female condom, emergency contraception).

Address the topic of abortion to erase misunderstandings about abortion and encourage dialogue about the topic.

Update/modify presentation to include emotional, health and protection issues specific to homosexuality.

Incorporate questions from the script into group discussion sessions outside of the clinical setting/context.

Notes:

About the Original Intervention and its Developers

To fill a gap in existing teen pregnancy prevention efforts relating to the involvement of adolescent males, the *REPRODUCTIVE HEALTH COUNSELING FOR YOUNG MEN* was implemented in a health maintenance organization in the Pacific Northwest. The program provided reproductive health information and counseling to both sexually active and abstinent teens via a two-part, single-session intervention that focused on abstinence and/or contraception (which ever was appropriate for the teen), knowledge of sexuality and STI prevention, testicular self-examination, couple communication, and empathy for female development.

The intervention is held privately in an examination room for one hour. The first 30-minute component includes an introduction by the healthcare practitioner and a private viewing of the video program containing explicit information and photography relating to reproductive health. The "Personal Consultation" comprises the intervention's second 30-minute component. Using the "developmental counseling" approach, the practitioner aims to be non-judgmental while offering highly explicit advice.

REPRODUCTIVE HEALTH COUNSELING FOR YOUNG MEN was developed by Ross Danielson, Anne Plunkett, Shirley Marcy, William Wiest and Merwin Greenlick.

For additional program information, please refer to the Appendix, page 223.

ATTACHMENT

Personal Consultation Session

This Attachment includes one item for your use in this activity: the suggested practitioner script with background information and delivery guidance.

Personal Consultation Session: Suggested Practitioner Script

(Note: The original consultation session included a video, and questions related to the video. To retain the integrity of the original intervention, those questions appear here although the video is not included. The video-related questions are enclosed in parentheses.)

1. At the start of each session, introduce yourself in a concrete and personal way. Try to communicate your openness to the teen's questions and concerns.
2. Encourage the teen to introduce himself. You might begin by asking whether he attends school and if so, what school.
3. Use non-threatening questions to open discussion and help the teen feel comfortable. Avoid lecturing on topics that appear to be of little interest to the participant.
4. Whenever possible, follow themes and issues in which teens show interest. However, if you find that critical areas have not been covered, raise questions on these topics near the end of the session.
5. Your interest in the teen's health and well-being should be underscored right from the start of the session, as suggested below.

Before we discuss anything (about the video program), I would like to know if you have any health concerns that need attention or about which you have questions?

6. (After addressing the teen's questions directly and completely, you may use the video presentation as an opening for discussion. Some teens may have difficulty communicating their thoughts, so take care to probe, as appropriate. Possible questions are provided below.
 - How did you like the video?
 - Were there some parts that you found especially interesting?
 - *I'd be happy to answer any questions you might have on any of the topics raised or any other personal health concerns. Do you have any questions? What do you think about the testicular self-examination? Do you think that is something you might try doing?*

7. Your discussion may proceed to more pointed questions about sexual risks and related concerns. Be sure to pose questions in concrete, non-judgmental terms that will be meaningful and comprehensible to the youth. Avoid asking, "Have you ever . . . ," for it can be perceived as threatening or may reinforce, rather than diminish, anxiety about one's lack of sexual experience. In addition, do not assume anything about the teen. For example:

I would like to know if any of the discussion of birth control and prevention of sexually transmitted disease applies to you right now? Are you having any sexual relations these days or are you thinking about this as a possibility for yourself?

8. If the youth is currently sexually active, you may wish to raise some of the questions suggested below. (You might also refer to parts of the script in the video, such as saying to a partner, "It's time to talk about birth control.")

How confident are you that your girlfriend won't get pregnant, or are you ready to be a father right now? [You might probe the basis of the teen's confidence, as well as his understanding of birth control, and where to go and what to do to get birth control supplies/services. If there is adequate birth control, ask how the youth feels about the method he and his partner are using . . . and discuss STIs as below. Give condoms as appropriate.] If pregnancy is a risk, consider asking questions such as those suggested below.

- *Has the information in the video presentation helped you feel more prepared to talk to your girlfriend about using birth control or condoms? When do you think you will talk to her about this? Do you think you could insist on using condoms if she does not use other birth control? If she gets pregnant, will you tell her parents or will she? If she gets pregnant, will you and your girlfriend talk to your parents about this? Do you have a job now or would you have to get one to support the child? Would you feel like joining the army or leaving town? If she were pregnant do you think you would like going around with her or going to school events, like a school dance, together?*
 - *How confident are you that you don't have any sexually transmitted disease right now?* [Probe basis for confidence, condom use, partners, where to go with symptoms or concerns or for tests. Give condoms as appropriate.]
9. If the youth is not currently sexually active but either wants or anticipates this possibility, consider asking questions such as those below. Give condoms as appropriate.
- *Are you feeling in a hurry to be sexually involved?*
 - *How do you feel about having a girlfriend without trying to have intercourse?*
 - *Do you think that the information in the program you just watched might help make sex a better experience for you whenever that might be?*
 - *Do you feel confident that you will carry condoms with you if sex is a possibility?* [Probe and give condoms.]
 - *Do you feel confident that you can use a condom or say it's time to talk about birth control before having sex?*
10. Ask all teens the following:
- (Do you remember the rules mentioned in the program about sexually transmitted disease? [Remind them: Stop sex whenever disease is suspected or symptom appears. Seek health care for you and any partner and don't have sex until a doctor says it's OK.])*
11. If the youth expresses a commitment to abstaining from sexual intercourse, affirm his decision, as suggested below.
- *You are very wise and mature to not be in a hurry to have sexual intercourse. What are some of your reasons for not being in a hurry?* [Discuss and affirm.]
 - *Do you ever feel uncomfortable or hassled for not being open to getting sexually involved?* [Discuss and support.]
12. Try to close the discussion, leaving some additional time for any last minute questions or referrals that may be appropriate. You might try the following:
- I'm sorry we don't have more time today. Please call me or other providers here to make an appointment any time you have health concerns. My concern as a health care practitioner is to help you stay healthy, and now I hope it is clear that includes sexual matters, too. So feel free to call about any concern, even if it is something embarrassing or uncomfortable at first to talk about. Health services are confidential, and you don't have to involve your parents except when you want to.*
- I'd be happy to answer any last questions you may have or schedule another visit if you have additional concerns. Any questions or concerns?*
- I enjoyed talking to you. Thanks for coming in today. Here is my card. Have a good day.*
13. Be prepared to address special areas of concern, as noted below.

Embarrassment. Embarrassment and discomfort among youth are common, but sometimes they may be extreme. Embarrassment will usually subside once your discussion begins. If it does not, it may help simply to acknowledge the teen's discomfort with a query or comment. Try asking simply, "Are you finding this a little uncomfortable or embarrassing to talk about?" Or comment, "Most everyone finds these topics embarrassing at times, and I so much respect your participating in this important visit, especially because it can be uncomfortable. I think that you can be confident now that if you ever want to talk about concerns in this area in the future, it won't be so difficult."

Silence. Some young men will answer questions with little comment and cannot be drawn into interaction easily, as with those who answer with a grunt or a movement of their shoulders or head. When this feels like a dead-end, you might ask, "Would you like to hear some of the questions that I am most often asked during these visits?" Use this to address questions which may be relevant.

Personal Information Form

Other Modality

Tailoring Family Planning Services to the Special Needs of Adolescents: New Adolescent Approach Protocols

Activity Description

The “Personal Information Form” is a confidential questionnaire completed by a female teenage client during her first visit to a family planning clinic. It gives her time to think about important issues (e.g., plans for the future) prior to her counseling/education session, thus allowing for open and effective communication between practitioner and client. The form also allows the clinic staff to understand the teen’s concerns about sexuality, plans for the future, misconceptions about birth control, and the ways pregnancy may affect her life.

The questionnaire aids the clinic staff in tailoring the session to the teen’s needs and developmental level. In addition, it serves as a tool to identify patients at highest risk for unintended pregnancy.

Although the “Personal Information Form” was originally designed for use with teenage female clients, it can be modified/expanded so as to be appropriate for use with all clients, regardless of age or gender.

Please refer to the detailed “Personal Information Form” contained in the Attachment.

Activity Goal

Identify potential problems and initiate discussion with a teenager who is visiting a family planning clinic for the first time.

Original Program Setting

Community-, hospital-, or school-based family planning clinics

Time Needed

15 minutes

Age Level

Teens up to age 18

Staff Needed

One clinic staff person (e.g., receptionist), trained in protocol administration

Materials You Will Need

“Personal Information Form” (Attachment)

Photocopier to reproduce the form

Ways to Expand the Activity

Add questions relating to sexually transmitted infections, including HIV, to assess the patient's knowledge about the topic.

Add questions relating to HIV testing to discern if the patient wishes to be tested.

Notes:

About the Original Intervention and its Developers

TAILORING FAMILY PLANNING SERVICES TO THE SPECIAL NEEDS OF ADOLESCENTS: NEW ADOLESCENT APPROACH PROTOCOLS (TFPS), designed to alter relevant features of family planning clinic service delivery to address youth clients' expressed needs, was originally implemented with teens attending six family planning clinics in central Pennsylvania.

The confidential "Personal Information Form" was administered during the first of a two-part initial clinic visit. After the form was completed, a practitioner met individually with the teen client, and they reviewed the form together. The practitioner addressed misperceptions, and provided general information regarding contraceptive alternatives, including abstinence. Additional sessions were scheduled if needed, and the client's partner or parent was invited to attend if the client desired.

TAILORING FAMILY PLANNING SERVICES TO THE SPECIAL NEEDS OF ADOLESCENTS: NEW ADOLESCENT APPROACH PROTOCOLS was developed by Lynn Cooper Breckenmaker and Laraine Winter, Ph.D.

For additional program information, please refer to the Appendix, page 229.

ATTACHMENT

Personal Information Form

This Attachment includes one item for your use in this activity: the Personal Information Form.

PERSONAL INFORMATION FORM

WE WANT TO SPECIALIZE OUR CARE AND YOUR COMPLETING THIS FORM WILL HELP US TO DO SO. ALL ANSWERS WILL BE KEPT COMPLETELY CONFIDENTIAL.

1. What is your strongest feeling about being here today? (circle one)
 1. Happy 2. Relieved 3. Nervous 4. Guilty 5. Not Sure

2. Have you talked to either of your parents/guardians about coming here?
 1. I have talked to either of my parents/guardians.
 2. I have not talked to either of my parents/guardians, but I would like to.
 3. I have not talked to either of my parents/guardians, and I do not want to.

3. What are your plans for the future?

4. Have you ever had sexual intercourse (i.e., had sex, gone all the way)?
 1. Yes
 2. No

5. Have you or your partner ever used a method of birth control to prevent pregnancy?
 1. Yes
 2. No

6. If yes, circle all method(s) you have used:

A. Pills	E. Foam & Condom (rubber)
B. Diaphragm	F. Rhythm (time of month)
C. Condom (rubber)	G. Sponge
D. Foam	H. IUD
	I. Withdrawal

7. Circle all of the reasons which prevented your use of birth control.
 - A. Thought I could not get pregnant because I was too young
 - B. Thought I could not get pregnant because of the time of the month
 - C. Did not expect to have sex
 - D. Partner did not want to use birth control
 - E. Believed birth control was wrong
 - F. Thought birth control was dangerous
 - G. Did not know how to get birth control
 - H. Could not get birth control
 - I. Other reason, please specify _____
 - J. None of the above reasons apply to me.

8. Did you come here today for a method of birth control?

- A. Yes
- B. No

9. If yes, what method are you interested in using? (circle one)

- A. Pills
- B. Diaphragm
- C. Condom (rubber)
- D. Foam
- E. Foam & Condom(rubber)
- F. Sponge
- G. Other

10. Does your partner know that you are coming here?

- A. Yes
- B. No.

11. How does he feel about your using a method of birth control? (circle one)

- 1. Bad
- 2. Neutral
- 3. Good
- 4. I'm not sure

12. Is there any reason why you might stop using your birth control method?

- A. Yes
- B. No.

13. If yes, circle the reasons for which you might stop:

- A. Hard to Use
- B. Costs too Much
- C. Partner Objects
- D. Privacy
- E. Side Effects
- F. No Longer Having Sex
- G. Other (Specify)_____

14. Is there anything that worries you about the method that you have chosen:

- A. Yes
- B. No

15. Imagine for a moment that you found out you were pregnant. On a scale of 0 to 10, circle the number that best describes how you would feel.

EXTREMELY
UNHAPPY

EXTREMELY
HAPPY

0 1 2 3 4 5 6 7 8 9 10

16. Do you have any questions? If so, write them below or on the back of this form.

THANK YOU FOR YOUR HELP. YOUR ANSWERS WILL BE KEPT CONFIDENTIAL

For Clinic Use

Client Number _____

Today's Date ____/____/____

1. Initial Visit

2. Annual Visit

Visit With a Person Living With HIV/AIDS

**Poder Latino: A Community
AIDS Prevention Program for
Inner-City Latino Youth**

Other Modality

Activity Description

The guest speaker, a person living with HIV/AIDS, visits the peer leader group during a training session. The peer leaders should already be familiar with HIV/AIDS transmission, prevention, treatment and testing. Together, the guest and the group engage in an open dialogue which focuses on the group's concerns and questions related to HIV/AIDS. The session also provides the opportunity for peer leaders to learn about loss and other feelings that a person with HIV/AIDS may experience.

In the original implementation, the trainers facilitated a group discussion about living with AIDS to prepare for the guest's visit. Trainers asked the peer leader group to think about the following:

- What does a person with HIV/AIDS look like?
- What would you do if your best friend said he/she had AIDS?
- What are some of the issues a person living with HIV/AIDS faces?
- How are those issues similar/different from being Latino/Latina?

Activity Goal

Increase awareness of what it's like to live with HIV/AIDS.

Original Program Setting

Community-based site

Time Needed

120 minutes

Age Level

Ages 14 to 19

Staff Needed

This activity is part of a training program for peer leaders. Staff who lead this training should be knowledgeable about HIV/AIDS, Latino culture and group process skills. Additionally, staff and peer leaders should be able to communicate in both English and Spanish.

Materials You Will Need

A guest speaker who is living with AIDS

Ways to Expand the Activity

In collaboration with a community-based organization serving people with AIDS in their own homes, have peer leaders participate in home visits.

Notes:

About the Original Intervention and its Developers

The New England Research Institutes (NERI) launched this community-based intervention in an inner-city Latino neighborhood in Boston, MA. Enlisting a local organization to develop the intervention materials, NERI researched local residents' opinions, attitudes, beliefs and behaviors related to AIDS. The results of that research helped to shape the *PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH* (*PODER LATINO*) program.

The program was designed to raise the entire community's awareness of HIV/AIDS and reduce the risk of infection by increasing the use of condoms among sexually active teens. Based on the premise that youths, themselves, can most effectively convince other youths to refrain from life-risking behaviors, *PODER LATINO* offers an eight-week program to train Latino youth to serve as peer educators/leaders. The training includes discussion and practice in conveying health education information to youth. After the training, the teen educators/leaders are charged with creating and conducting AIDS awareness activities with their peers.

The guest speaker attends the training program during the last meeting of week 4, entitled "AIDS 101, Counseling and Testing, and Impact upon Family & Friends."

PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH was developed by the New England Research Institutes and the Hispanic Office of Planning and Evaluation.

For additional program information, please refer to the Appendix, page a43.

Appendix

The Program Archive on Sexuality, Health, and Adolescence: Summary of Programs

The following pages contain abstracts for each of the 34 programs available from PASHA. Each abstract provides a brief description of the program, its approach and components, a profile of the original program participants, and an overview of the original implementation methods and evaluation results. More detailed information about the programs available from PASHA can be found in the Sociometrics publication *The PASHA Program Sourcebook: An Overview of Promising Teen Pregnancy and STI/HIV/AIDS Prevention Programs in a Box*.

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Primary

Pregnancy

Prevention

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Human Sexuality—Values & Choices:

A Values-Based Curriculum for 7th & 8th Grades

Search Institute

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

Developed for use in 7th and 8th grade classrooms, this program aims to reduce teenage pregnancy by promoting seven core values that support sexual abstinence and healthy social relationships: equality, self-control, promise-keeping, responsibility, respect, honesty, and social justice. The curriculum—including 15 student lessons and three adult-only sessions—is distinguished by: 1) an emphasis on parent-child communication; and 2) the use of a standardized, video-assisted format. Participants gain mastery through role plays, group discussions and behavioral skills exercises. Following a field test in nine schools, program participants showed a greater understanding of the risks associated with early sexual involvement, and they expressed increased support for postponing sexual activity, as compared to a control group or their peers.

Suitable for Use In

This program is suitable for use in schools and any other community organization that provides education or services to seventh and eighth graders.

Original Intervention Sample

Age, Gender

56% age 12; 33% age 13; 7% age 14.
48% male.

Race/Ethnicity

62% White, 19% African-American, 10% Latino, 9% “Other” (includes Asian and Native American).

Human Sexuality—Values & Choices

Program Length

The 15 student lessons are designed to run 45–50 minutes each. The three parent sessions should each last about two hours. The sequencing of the sessions is flexible.

Staffing Requirements/Training

There are no special requirements. The Teacher's Manual provides detailed instruction to help classroom teachers implement the curriculum.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Teacher's Manual
- 1 *Values & Choices* videotape
- 1 A Guide for Parents of Young Adolescents
- 1 Yes You Can! A guide for sexuality education that affirms abstinence among young adolescents
- 1 Activity Masters packet
- 1 My Values, My Choices: A Student's Thoughtbook
- 1 My Values, My Choices: Teacher's Guide
- 35 Values cards
- 1 Values & Choices poster
- 1 Breaking the Silence audiocassette
- 1 HIV Infection and AIDS: What Everyone Should Know
- 1 Birth Control
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Resources Available from Sociometrics
- 1 *Transitions*, March 2003 (newsletter reprint)
- 1 Student Questionnaire
- 1 Parent Questionnaire
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.

Project **TAKING CHARGE:**

A Pregnancy Prevention Program for Junior High School Youth

American Association of Family and Consumer Sciences

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

This program, developed for junior high school home economics classrooms, integrates family life education with lessons on vocational exploration, interpersonal and family relationships, decision-making and goal-setting. A key premise of the intervention is that vocational planning can lead teens to attractive alternatives to early sexual involvement and parenthood. In addition, placing a strong emphasis on values, *PROJECT TAKING CHARGE* promotes abstinence as the correct choice for adolescents, and no material on contraception is included. The curriculum comprises five instructional units that are divided into 27 class lessons. There are also three parent-youth sessions, during which adults are encouraged to communicate their own sexual values and assist teens in defining and attaining occupational goals. A field study was conducted with 136 youths from three low-income communities with elevated rates of teen pregnancy. Six months following the intervention, program participants showed significant gains in knowledge of sexual development, STIs and the risks of adolescent pregnancy, relative to a comparison group of students. There was also some evidence, falling just short of significance, that participation was associated with a delay in the initiation of sexual intercourse.

Suitable for Use In

Although it was originally implemented in school classrooms, this curriculum can also be presented by health educators in community-based organizations.

Project TAKING CHARGE

Original intervention Sample

Age, Gender

The field study included 136 7th grade students, evenly divided by gender; of this group, 60% were 12 years old and 34% were 13.

Race/Ethnicity

63% White, 29% African-American, 4% Latino, 4% "Other."

Program Length

The six-week curriculum contains five instructional units, with 27 class lessons.

Staffing Requirements/Training

Lessons are designed for family life educators to use in their 7th grade classrooms. The national office of *PROJECT TAKING CHARGE* offers workshops and materials to help prepare instructors.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Curriculum Manual
- 1 Trainer's Manual
- 1 *Puberty: Bodies in Progress...* (videotape and guide)
- 1 *Perspectives on Abstinence* (videotape and guide)
- 1 *Self Image* (videotape and guide)
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 *Transitions*, March 2003 (newsletter reprint)
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Reach for Health:

A School-Sponsored Community Youth Service Intervention for Middle School Students

Lydia O'Donnell, Alexi San Doval, Richard Duran, Deborah Haber, Rebecca Atnafou, Patricia Piessens, Renee F. Wilson-Simmons, Ann Stueve, Joseph H. Pleck, Norma Johnson, Uda Grant, & Helen Murray

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Service learning

Summary

The *REACH FOR HEALTH* (RFH) program targets African-American and Hispanic youth living in urban areas. RFH combines a classroom component with community service work. The intervention provides opportunities for middle school students to participate in service activities while simultaneously reducing early and unprotected sexual activity.

The intervention was initially delivered in 1994 to two large middle schools in Brooklyn, New York; one school was designated as the intervention school, the other as the control. In the control school, 584 students received the standard New York City health education program, which includes some mandated lessons on drugs and AIDS. Within the intervention school, 222 students were randomly assigned to receive the core RFH curriculum (classroom component only), and 255 intervention students received the enhanced RFH plus Community Youth Services program.

At the six-month follow-up, reports of sexual activity were higher across the sample. However, students in the control condition showed greater increases in risk behavior (e.g., recent sex, recent sex without condom or birth control) than did their peers in the treatment conditions. In contrast, students in both intervention conditions showed increases in their use of STD protection and birth control. Students in the RFH-CYS program were significantly less likely ($p < 0.05$) to report recent intercourse at follow-up than youth in the control condition; there was no significant difference, however, between students in the curriculum-only control and the control conditions.

Suitable for Use In

RFH was designed to be implemented in middle schools and surrounding community health care and social service settings such as day care centers (in the 7th grade), or nursing homes, health clinics or senior centers (in the 8th grade).

Reach for Health

Original Intervention Sample

Age, Gender

The original intervention sample included 1,157 students. About half of the sample were 8th graders (48.4%), and about half were female (52.8%).

Race/Ethnicity

Almost all students identified themselves as non-Hispanic African Americans (79%) or Latino (16%).

Program Length

RFH is an intensive intervention, taught over the course of a full school year in grades 7 and 8. During the year, students spend approximately three hours per week in a supervised community placement. In addition to that off-site work, students receive weekly health lessons—35 lessons in the 7th grade and 30 in the 8th grade—that supplement the traditional health class curriculum.

Staffing Requirements/Training

Implementation of RFH requires collaboration between middle schools and community service sites. In the original implementation of RFH, a full-time, on-site coordinator was hired to manage activities between school and community sites as well as communication among various agents and players, including students, parents, school administrators, teachers, field site mentors, and other community site staff.

At the middle school, health teachers delivered the classroom component of RFH.

At the community sites, *nursing students* and *other agency staff* mentored students and crafted and supervised community experiences. Staff participated in program orientation.

PASHA Program Package

The replication kit for this program includes the following:

- 1 User's Guide
- 1 7th Grade Curriculum (two green booklets and program materials envelopes with photocopy masters)
- 1 8th Grade Curriculum (two yellow booklets and program materials envelopes with photocopy masters)
- 1 Teacher's Guide
- 1 Video Tape: Smart Kids, Smart Choices
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk

Reducing the Risk:

A High School Pregnancy & STI/HIV/AIDS Prevention Program

Richard Barth, M.S.W., Ph.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☒ Other: Clinic and store visits

Summary

REDUCING THE RISK is a high-school-level sexuality education curriculum designed to reduce the frequency of unprotected sexual intercourse through (1) delaying or reducing the frequency of intercourse; or (2) increasing contraceptive and STI-protection awareness. The 16-session curriculum is intended to serve as one component of a family life education course, rather than as a comprehensive, stand-alone program. Based on social learning theory, the curriculum aims to change student norms about unprotected sex and perceptions of peer sexual activity, as well as to strengthen parent-child communication concerning abstinence and contraception. The curriculum explicitly emphasizes that students should avoid unprotected intercourse, either by not having sex or (for students who choose to have sex) by using contraceptives. Lessons are reinforced through role plays, homework activities, quizzes, and skill-building activities. A field study of the program was conducted in 13 California high schools. Participation in the program significantly increased teens' knowledge and communication with parents regarding abstinence and contraception. In addition, the program significantly reduced the likelihood that students who had not had intercourse at the start of the program would become sexually active by the 18-month follow-up assessment. However, program participation did not affect the frequency of sexual intercourse or the use of contraceptives among teens who were already sexually active at the start of the program.

Suitable for Use In

Although the program was originally designed for high schools, it is equally suitable for use in community-based organizations.

Reducing the Risk

Original Intervention Sample

Age, Gender

The field study included male and female high school students whose average age was 15.

Race/Ethnicity

61 % White, 21 % Latino, 9 % Asian, 2 % African-American, 6 % other.

Program Length

The program consists of 16 lessons, each designed for a 45-minute class period. Most lessons can be expanded to fill two class periods by increasing practice and discussion time.

Staffing Requirements/Training

Regular classroom teachers lead the program. During the original field study, teachers attended a three-day training session, which focused primarily on practice of the role plays and other class activities. The training also included three hours of instruction in reviewing procedures both for obtaining parent and student consent, and for collecting program evaluation data.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Reducing the Risk Teacher's Handbook
- 1 Reducing the Risk Student Workbook
- 25 STI Facts pamphlets
- 25 HIV: Get the Answers pamphlets
- 1 *Transitions*, March 2003 (newsletter reprint)
- 1 Original Evaluation Instruments: Girl's Questionnaire
- 1 Original Evaluation Instruments: Boy's Questionnaire
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Reproductive Health Counseling for Young Men:

A High School Pregnancy & STI/HIV/AIDS Prevention Program

Ross Danielson, Anne Plunkett, Shirley Marcy, William Wiest & Merwin Greenlick

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☐ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Private counseling session

Summary

Originally developed for boys between 15 and 18 years of age, this is a one-hour, single-session, clinic-based intervention. The program is designed to meet the needs of sexually active and inactive teens, and to promote abstinence as well as contraception. The session begins with a video presentation that is viewed privately by each teen. The materials address reproductive anatomy, fertility, hernia, testicular self-examination, STIs (including HIV/AIDS), contraception (including abstinence), communication skills, and access to health services. A half-hour private consultation with a health care practitioner follows the presentation. Guided by the young men's interests, the consultation may include such topics as sexuality, fertility goals and reproductive health risks, along with rehearsal and modeling of sexual communication. A field study of the intervention was conducted with 1,195 high school-aged males visiting health maintenance organizations in two Northwestern cities. Compared to a control group of their peers, sexually active program participants were significantly more likely to use effective contraception at the one-year follow-up assessment, especially if they were not yet sexually active at the time of the intervention. Sexually active female partners of program participants were also more likely to use effective contraception at the follow-up.

Suitable for Use In

This program is suitable for use in hospital- or community-based clinics.

Reproductive Health Counseling for Young Men

Original intervention Sample

Age, Gender

The field study involved 1,195 adolescent males ranging in age from 15 to 18 years.

Race/Ethnicity

91% White, 5% African-American, 4% Asian, 1% "Other."

Program Length

The intervention is one hour, evenly divided between the counseling session and video presentation.

Staffing Requirements/Training

Health care practitioners serve as counselors and provide a brief introduction to the video presentation. In the field study, special training was held to introduce staff to the program's "developmental counseling" strategies, as well as to review the video presentation. Throughout the study, one of the program leaders was available to answer questions and lead occasional staff meetings.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Reproductive Health Counseling for Young Men Program Manual
- 1 Reproductive Health Counseling for Young Men Program Script
- 1 *Reproductive Health Counseling for Young Men* videotape
- 1 *Transitions*, March 2003 (newsletter reprint)
- 1 HIV Infection and AIDS: What Everyone Should Know
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

*To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.*

School/Community Program for Sexual Risk Reduction Among Teens:

An Adolescent Pregnancy Prevention Program

Murray Vincent, Ed.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☒ Other: Peer education training program

Summary

This program is a community-wide public outreach campaign. It incorporates multiple forms of outreach and public education to engage the entire community in preventing pregnancy among unmarried adolescents. Public schools, universities, church groups and civic organizations are all targeted as sites for training and workshops concerning human physiology, sexual development, self-concept and sexual awareness, values clarification, and communication skills. Abstinence is promoted as the preferred sexual health decision in all activities; contraceptive information is provided for teens who do choose to become sexually active. The intervention was developed and field-tested in a rural, low-income and predominantly African-American community. A significant drop in the pregnancy rate was recorded during the full implementation period of the program.

Suitable for Use In

This program is suitable for use in any community in collaboration with a variety of organizations, including schools.

Original Intervention Sample

Age, Gender

Rather than targeting a particular group, the program involved an entire community with a population of 18,796 in 1982.

Race/Ethnicity

The community composition was 58% African-American and 42% White.

School/Community Program for Sexual Risk Reduction Among Teens

Program Length

The full program of public service announcements, adult education workshops and graduate courses for teachers may require a full year to implement.

Staffing Requirements/Training

The project requires a full-time Project Director and an On-Site Coordinator. Both should have a solid knowledge of teen pregnancy and public health strategies.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Implementation Standards and Guidelines for Community-Based Projects: Lessons Learned from the School/Community Sexual Risk Reduction Project
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

School-Linked Reproductive Health Services (The Self Center):

A High School Pregnancy Prevention Program

Laurie Schwab Zabin, Ph.D., Janet B. Hardy, M.D.C.M. & Rosalie Streett, M.S.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☒ Video
- ☒ Other: Peer resource team; informal education & games

Summary

Originally launched as a partnership between junior and senior high schools and a neighborhood clinic, this program combines education, counseling, and reproductive services into a comprehensive intervention for youth. Services are provided by a team of nurses and social workers who divide their time between the schools and clinic. School-based components include: (1) at least one presentation to each homeroom class per semester to introduce the program and begin discussing values clarification, decision making and reproductive health; (2) informal discussion groups that arise as students seek advice and information from staff on such themes as pubertal development, drug use, and parenting; and (3) individual counseling sessions, available as needed, with a social worker. At the clinic, reproductive and extended counseling services are provided, and referrals are given for teens requiring medical care. Staff encourage students waiting for appointments to participate in discussion groups and examine educational videos and pamphlets. A three-year field test of the intervention was conducted in a low-income neighborhood in Baltimore, Maryland, where elevated rates of sexual activity and teen pregnancy had been recorded. Compared to their peers attending comparable schools, students in the target schools showed reduced levels of sexual activity and (among the sexually active) more effective use of contraception. These effects were greatest among the younger, sexually active girls and boys whose use of contraception was minimal at the start of the program. A delay in the onset of sexual activity was also recorded among abstinent youth.

School-Linked Reproductive Health Services (The Self Center)

Suitable for Use In

This program can be implemented either by school-clinic or community-clinic partnerships. The clinic should be located in close proximity to participating schools or community organizations, or easily accessible to teens.

Original Intervention Sample

Age, Gender

The program targeted all students enrolled in two urban schools, one junior high and one senior high (1,700 students total). Nearly all students regularly attending school were exposed to at least one program component.

Race/Ethnicity

100% African-American.

Program Length

This is a continuous, year-round program. The program nurse visits each homeroom class at least once during each semester. Program staff are available to students for individual counseling or informal group discussions in the school during lunch/free periods. The clinic portion of the program is available to teens year round—on weekday afternoons and during school vacations.

Staffing Requirements/Training

One social worker and nurse (either nurse practitioner or nurse midwife) are required for each participating school or community organization. (Note: this was the arrangement for the original program implementation; your needs may depend on the size of the school(s) you plan to serve). A program administrator, preferably with an education or health education background, is needed for each clinic site. Other professionals (e.g., physicians) should be on call to provide necessary services and supervision.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 School-Linked Reproductive Health Services Program Manual
- 1 Set of Sample Educational pamphlets
- 1 Set of Original Evaluation Instruments
- 1 Parental Notification Form
- 1 Evaluation of Pregnancy Prevention Programs in the School Context
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Tailoring Family Planning Services to the Special Needs of Adolescents:

New Adolescent Approach Protocols

Lynn Cooper Breckenmaker & Laraine Winter, Ph.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☐ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☐ Video
- ☒ Other: Visual instructional aids (e.g., posters, pelvic model)

Summary

This family planning clinic-based intervention was originally developed for teens less than 18 years of age. It is based on the premise that regular contraceptive use by teens can be increased by offering information, social support, and counseling, in addition to health and medical services. Accordingly, the program aims to provide family planning services in a manner that will increase teens' sense of comfort, increase their self-confidence, and reduce any fears that may discourage regular and effective contraception. A key component of the intervention is the Personal Information Form, a one-page questionnaire designed to aid staff in understanding teens' concerns, providing counsel and identifying patients who may be at greatest risk for early pregnancy. To ease teens' anxiety, the first appointment is divided into two visits, with education and counseling provided in the first session and the medical examination (and contraceptive prescription) deferred until the second. The intervention also includes: (1) education in a one-on-one rather than a group setting; (2) use of visual aids; (3) a follow-up visit scheduled six weeks after the initial appointment; and (4) encouragement of participation by family members, partners and friends, while respecting the patient's right to confidential services. A field study was conducted with 1,261 teens attending six family planning clinics. Compared to their peers receiving standard services, program participants showed significantly greater gains in knowledge, contraceptive usage and significantly fewer pregnancies at the 6- and 12-month follow-up assessments.

Tailoring Family Planning Services to the Special Needs of Adolescents

Suitable for Use In

This program is suitable for use in community-, hospital- or school-based family planning clinics.

Original intervention Sample

Age, Gender

The field study involved 1,261 adolescent females, of whom 40% were age 17, 34% age 16, and 16% age 15.

Race/Ethnicity

95% White, 1% African-American, 4% “Other” (mostly Latino).

Program Length

A six-week period is required for the initial two-part visit and a follow-up appointment. Additional visits are scheduled as necessary.

Staffing Requirements/Training

In addition to the regular clinic staff (e.g., gynecologist, nurse practitioner), a counselor-educator is needed to review the Personal Information Form and lead the educational segment of each patient’s first visit. All program staff should receive training in adolescent psychology.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 New Adolescent Approach Protocols Handbook
- 1 Personal Information Form
- 1 Set of Health Education Brochures and Catalogs
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Teen Talk:

An Adolescent Pregnancy Prevention Program

Marvin Eisen, Ph.D., Alfred L. McAlister, Ph.D. & Gail L. Zellman, Ph.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: games & audiotape

Summary

This is a collaborative school- and community health centers-based sex and contraception education intervention for teens between the ages of 13 and 19 years. The 12- to 15-hour pregnancy prevention program begins with two large-group, lecture format presentations covering reproductive physiology, contraception methods, and contraceptive effectiveness. During the remaining four sessions, students participate in small group discussions that are designed to help teens: (1) understand and personalize the risks and consequences of teenage pregnancy; (2) develop and practice the skills that will make abstinence an easier decision to implement; and (3) become more knowledgeable regarding contraception. The sessions include games, role plays and trigger films that encourage group discussion. A field study of the intervention was conducted in both rural and urban communities in Texas and California. Teens of diverse ethnicities recruited from different agencies and schools participated. Participation in the program was especially beneficial to males, leading to a delay in the onset of sexual activity among male virgins, and to the use of more effective contraception among male non-virgins.

Suitable for Use In

TEEN TALK can be implemented in community-based organizations, schools and school districts, or as a collaboration between community organizations and schools.

Teen Talk

Original Intervention Sample

Age, Gender

The original sample included male and female students between the ages of 13 and 19: 29% were ages 13-14; 61% were ages 15-17, 4% were ages 18-19.

Race/Ethnicity

The original sample population was composed of the following: 53% Latino; 24% African-American; 15% White; and 8% "Other."

Program Length

This program is designed to last a total of 12-15 hours. The program schedule is relatively flexible and can be adjusted to suit the particular site. However, it is recommended that the program be given over a span of two to three weeks: the initial lectures in two 2-hour sessions; and the subsequent group discussions in four 2- to 2½-hour sessions.

Staffing/Training Requirements

The program requires one lecturer per classroom and one group discussion leader to work with eight students. A two-day intensive training workshop is recommended to train all group leaders on how to conduct effective group discussion sessions and to familiarize them with the program format and content. The PASHA program package includes comprehensive staff training materials.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Reproduction & Contraception Curriculum
- 1 Handout/Overhead Masters packet
- 25 STI Facts pamphlets
- 1 Training Manual for Group Discussion Leaders
- 1 Set of Training Videotapes for Group Discussion Leaders
- 1 Group Discussion Curriculum Guide
- 1 Set of Trigger Films
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 *Morbidity and Mortality Weekly Report* (May 10, 2002)
- 1 Training Manual for Interviewing Teens
- 1 Training Videotape for Interviewing Teens
- 1 Set of Pre-Test, Immediate Post-Test & 12-month Follow-up Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Secondary

Pregnancy

Prevention

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Family Growth Center:

A Community-Based Social Support Program for Teen Mothers and Their Families

Richard Solomon, M.D., Linda Solomon, M.Ed.

Focus

- ☐ Primary Pregnancy Prevention
- ☒ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

This is a comprehensive, community-based family support program designed to reduce repeat pregnancy and school drop-out rates among adolescent mothers. The program aims to promote the health and development of teen mothers and their children, providing resources and supports to families so that parents can carry out their responsibilities in a competent manner. Services are offered in both home and neighborhood settings over a multi-year period.

The program targets teen mothers in high-risk neighborhoods (i.e., low socioeconomic status, high infant mortality, low educational status). Young women are recruited when they arrive for perinatal visits at participating hospitals. Case Managers conduct home visits in the first six months of the infant's life; after six months, the mother and family are offered an array of center-based services at a designated *FAMILY GROWTH CENTER* location. Activities include parenting classes, counseling, transportation services, recreation, grandparents groups, advocacy and referral services.

The original pilot program took place in Pittsburgh in the early 1990s. In the evaluated field study, teen mothers participating in the program had significantly lower repeat pregnancy rates than the control population (3/34 versus 11/29), as well as significantly lower school drop-out rates (3/34 versus 12/29).

Suitable for use In

The *FAMILY GROWTH CENTER* recognizes the family and neighborhood as two of the most important contexts of a teenager's life. As such, implementation of the program takes place across multiple locations, including the teen mother's home, a neighborhood *FGC* Center, and the participating local hospital(s) in your geographic region. The location of your *FGC* Center will need to be jointly determined by your staff and community.

Family Growth Center

Original Intervention Sample

Age, Gender

The original sample included 34 intervention and 29 control first-time pregnant teen mothers and their infants.

Race/Ethnicity

97% African-American, 3% White

Program Length

This is an intensive, multi-year intervention designed to begin when teens enter the pre-natal units (or newborn nursery units) of their community hospital. Teens, infants and families are visited by case managers in the teen's home for the first six months. They are then introduced to the *Family Growth Center* array of services. Use of these services may continue for at least two years; continuation of services beyond this period is up to the discretion of your program.

Staffing Requirements/Training

Program Director/Program Coordinator: (one or two positions depending on your program resources) senior-level positions, considerable experience and advanced degrees in education, social work, child development or other related fields required.

Perinatal coaches: either trained staff at participating hospital(s), or program staff with appropriate training in perinatal coaching.

Case Managers: requires advanced credentials in social work or family and child development (e.g., M.S.W. or L.C.S.W.)

Parent Support Coordinators: an M.Ed. or M.S.W. degree preferred, plus experience working with teens, families and/or young children. Bilingual communication skills highly desirable.

Advocates: a Bachelor of Arts and experience in a relevant field preferred; bilingual communication skills highly desirable.

Transportation staff: clean Department of Motor Vehicles records and appropriate state class licenses required to drive FGC van/auto.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Facilitator's Manual
- 1 Curricular Guidelines for FGC Parenting Classes booklet
- 1 Staff Orientation Manual
- 1 Case Manager Log
- 1 Advocate Logs Booklet
- 1 Transportation Information and Transportation Logs booklet
- 1 Sample Client Administrative File
- 1 Infant Mental Health Seminar booklet
- 1 Packet of FGC Master Forms
- 1 FGC Original Evaluation Instruments booklet
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

A Health Care Program for First-Time Adolescent Mothers and Their Infants:

A Second-Pregnancy Prevention Program for Teen Mothers

Ann L. O'Sullivan. Ph.D.. F.A.A.N.

FOCUS

- ☐ Primary Pregnancy Prevention
- ☒ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Video
- ☒ Other: Informal parenting education through slides, tapes & one-on-one teaching

Summary

Originally designed for low-income, unwed teens, this program combines secondary and tertiary prevention goals. It aims to help first-time mothers prevent repeat pregnancies, return to school, improve immunization rates or their infants and reduce their use of hospital emergency room services for routine infant care. A variety of services are offered in the context of a teen baby clinic, including : (1) well-baby care at 2 weeks, and when the baby is 2, 4, 6, 9, 12, 15 and 18 months of age; (2) family planning discussions and referral, as appropriate, to a birth control clinic; (3) instruction in parenting skills; and (4) informal parenting education through videotapes, slides and discussions with nurse practitioners or trained volunteers. The effectiveness of the program was assessed in a study in which 243 African-American teen mothers at an urban teaching hospital were randomly assigned to either the treatment (i.e., program) or control group. Compared to members of the control group, who received traditional well-baby services, program participants experienced significantly fewer repeat pregnancies and were more likely to obtain full immunization for their newborns. Mothers who continued attending the clinic for the duration of the program also reduced their use of the emergency room for routine infant medical care.

Suitable for Use In

This program is suitable for use in hospital or community clinics, providing that comprehensive medical and counseling services are available.

A Health Care Program for First-Time Adolescent Mothers and Their Infants

Original intervention Sample

Age, Gender

The field study involved 243 first time mothers ages 18 and younger (avg. age = 16.5 years).

Race/Ethnicity

100% African-American.

Program Length

In the field study, participants received services from pregnancy until their child reached 18 months of age.

Staffing Requirements/Training

In the field study, the teen baby clinic was staffed by a part-time pediatrician, a part-time master’s level nurse practitioner, a part-time social worker, and a full-time master’s level nurse practitioner, who also served as director. The nurse practitioner and pediatrician alternated in providing health care services to each mother. Trained volunteers were recruited to serve as informal parent educators in the clinic waiting room.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 Set of Sample Educational pamphlets
- 1 Set of Sample Appointment Reminder Notices
- 1 Schedule of Services
- 1 Nursery Songs
- 1 Set of Original Evaluation Instruments
- 1 Minimum Evaluation Data Set for Care Programs (MEDS)
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Queens Hospital Center's Teenage Program:

A Second-Pregnancy Prevention Program for Young Mothers & Their Partners

Jill M. Rabin, M.D. & Vicki Seltzer, M.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☒ Secondary Pregnancy Prevention
- ☐ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☐ Video
- ☒ Other: Partner and family involvement

Summary

Based upon the premise that a teen's first pregnancy may stem from underlying, unmet needs, this program provides a comprehensive set of services including medical care, psychosocial support and education to the adolescent, her partner and her family. This approach emphasizes early intervention, beginning during pregnancy. For the duration of the intervention, each patient and her infant remain with a team of providers: an obstetrician-gynecologist, pediatrician, social worker, and health educator. The program also has a physician/practitioner "on call" 24 hours a day. Reproductive health and family life education classes are offered to the patient, her partner and her family. In an effort to prevent repeat pregnancy and STIs, the program encourages the teen's partner, to participate in education, support, and counseling activities. Access to other services is enhanced by the program's location in a multi-service center that houses many social service agencies. A held study of the intervention was conducted in Queens, New York, with 498 adolescents and their infants. Program participants were more likely to attend clinics regularly, to use contraception more frequently and to attend and graduate high school than were teen mothers in a comparison group. Both the participating teen mothers and their infants experienced better health outcomes than those in the comparison group. The investigators also found a significantly reduced repeat pregnancy rate among participating mothers. Only 9 percent of the adolescent mothers in the program had a repeat pregnancy, as compared to 70 percent of the comparison group. Moreover, the teenage mothers' repeat pregnancy rate declined with each successive year of program participation.

Queens Hospital Center's Teenage Program

Suitable for Use In

This program is suitable for use in hospital- or community-based clinics, providing that comprehensive medical and counseling services are available.

Original intervention Sample

Age, Gender

The field study included 498 first time mothers, who were all under age 20 when their child was born (avg. age at delivery = 17 years).

Race/Ethnicity

90% African-American, 6% Latino, 4% "Other" (including Asian, Native American, East Indian and White).

Program Length

During the field study, participants were eligible to receive services from pregnancy until they reached their 20th birthday. Family life education classes were held on a bi-weekly basis for the duration of the program.

Staffing Requirements/Training

Your team of providers should include physicians, nurses, social workers, health educators, and additional staff as needed. In the field study, which served 498 mothers, the staff consisted of a team of physicians (drawn from a rotating pool of 2 pediatricians and 1 or 2 ob-gyns), 3 registered nurses and 6 nurses, aides, 6 social workers, 2 male counselors, 2 health educators, 1 coordinating manager and 6 to 8 clerical assistants. Clergy were also available as needed. In 1984, the program also began recruiting peer counselors to offer presentations in the waiting room. During the field study, the coordinating manager held regular weekly meetings to train the staff. Additionally, each group of service providers (e.g., physicians, social workers, health educators) held their own meetings to discuss training issues particular to their specialty.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Set of Sample Educational pamphlets
- 1 Handbook for Service Providers
- 1 Minimum Evaluation Data Set for Care Programs (MEDS)
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

STI/HIV/AIDS

Prevention

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Aban Aya Youth Project:

Preventing High-Risk Behaviors Among African American Youth in Grades 5–8

Brian R. Flay, DPhil, Sally Graumlich, EdD, CHES & the ABAN AYA Team

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Homework

Summary

ABAN AYA YOUTH PROJECT was developed to address multiple “problem behaviors” such as violence, substance abuse, delinquency and sexual activity, simultaneously in a long-term intervention specifically for African American youths in grades five through eight. The longitudinal evaluation of the program involved 12 schools in the metropolitan Chicago area between 1994 and 1998.

At baseline, 1,153 fifth graders participated in the pencil-and-paper assessment.

Follow-up assessments were conducted at the conclusion of grades five through eight for all students in the test schools with parental consent at the time of assessment.

At study conclusion, there were no significant intervention effects for girls. For boys, however, the SDC significantly reduced the rate of increase in violent behavior (by 35% compared with HEC), provoking behavior (41%) school delinquency (31%) drug use (32%), and recent sexual intercourse (44%). SDC also improved the rate of increase in condom use (95%) as compared to HEC.

Suitable for Use In

ABAN AYA was originally delivered in public school classrooms. However, the intervention may also be suitable for use in community-based organizations that provide services to youth in grades 5-8.

Aban Aya Youth Project

Original Intervention Sample

Age, Gender

At baseline, 1,153 fifth graders participated in the initial survey. The baseline sample was 49.5% male, and averaged 10.8 years at the beginning of fifth grade.

Race/Ethnicity

All participants were African American.

Program Length

The four-year curriculum is classroom-based and involves 16–21 lessons each year in grades five through eight. The lessons are designed to be taught in a typical classroom period, and last approximately 35–40 minutes each.

Staffing/Training Requirements

There is no formal training program for implementing *ABAN AYA*. However, Dr. Sally Graumlich, lead curriculum writer, is available for on-site training should you wish. Contact her directly via email at: sgraumlich@verizon.net.

PASHA Program Package

The replication kit for this program includes the following:

1 PASHA User's Guide

■ FIFTH GRADE

Facilitator's Manual
Student Workbook
Posters
Program Materials
Quizzes

■ Sixth Grade

Facilitator's Manual
Student Workbook
Posters
Program Materials
Quizzes

Video: *HIV and AIDS: Staying Safe*

■ Seventh Grade

Facilitator's Manual
Student Workbook
Posters
Program Materials
Video: *All Falls Down*

■ Eighth Grade

Facilitator's Manual
Student Workbook
Posters
Program Materials
Video: *Gangs: You Decide*

1 Prevention Minimum

Evaluation Data Set Jr+
(PMEDS Jr+)

1 Original Evaluation Instrument

1 Local Evaluator Network
Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to

www.socio.com/pasha.htm

or call 1-800-846-3475 and ask for Order Desk.

Note: The program is also available on a year-by-year basis.

Adolescents Living Safely:

AIDS Awareness, Attitudes, and Actions

Mary Jane Rotheram-Borus, Ph.D., Sutherland Miller, Ph.D., Cheryl Koopman, Ph.D., Clara Haignere, Ph.D. & Calvin Selfridge

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Video & art workshops

Summary

To meet the comprehensive needs of runaway youths between 11 and 18 years of age, this program combines 20 small group discussion sessions with case management and private counseling. The group sessions provide general instruction about HIV/AIDS through video and art workshops in which youth create their own educational materials and review commercially available videos. Participants also receive behavioral and cognitive skills training for coping with high-risk situations. The case management and counseling components are designed to identify individual needs and provide youth with appropriate services (e.g., legal, medical, vocational). A field study of the program was conducted at two urban shelters serving predominantly African-American runaways. The sessions were held over a three-week period, but youth joined the program at various points, and their levels of participation varied. For runaways who attended at least 15 sessions, the high-risk pattern of sexual behavior dropped in frequency from 20% to zero over a six-month period. At the two-year follow-up assessment, program effects remained strongest for male and African-American participants.

Suitable for Use In

This program can be implemented in a variety of community-based programs serving high-risk youths, especially runaways, providing that case management and counseling services are available. It is also appropriate for residential treatment programs.

Adolescents Living Safely:

AIDS Awareness, Attitudes, and Actions

Original intervention Sample

Age, Gender

The original sample included 78 youths, ages 11 to 18 (avg. = 15.5 years). 64% of participants were female.

Race/Ethnicity

63% African-American, 22% Latino, 8% White, 7% "Other."

Program Length

In addition to ongoing counseling and care management services, the full intervention includes 20 group sessions, held over a three-week period. Each session is designed to last 90 to 120 minutes

Staffing Requirements/Training

Group sessions (with approximately 10 youths) are facilitated by two leaders, preferably one male and one female, and from diverse backgrounds. Participating teens may also split into male and female groups, with same-sex leaders, as warranted. Training should include the cognitive-behavioral approach to HIV/AIDS risk reduction and practice sessions. Master's level psychologists or social workers are recommended to serve as group leaders; other professional staff (e.g., lawyers, vocational counselors) should be on call to provide necessary services.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Adolescents Living Safely Curriculum Manual
- 16 Adolescents Living Safely Activity Packets
- 1 HIV Infection and AIDS: What Everyone Should Know
- 1 Your Contraceptive Choices
- 1 *Morbidity and Mortality Weekly Report* (May 10, 2002)
- 1 Original Evaluation Instruments: Attitudes & Values Survey
- 1 Original Evaluation Instruments: Baseline Interview
- 1 Original Evaluation Instruments: Demographic Measures
- 1 Original Evaluation Instruments: Tracking Information
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Adolescents Living Safely:

AIDS Awareness, Attitudes, and Actions for Gay, Lesbian & Bisexual Teens

Sutherland Miller, Ph.D., Joyce Hunter, D.S.W. & Mary Jane Rotheram-Borus, Ph.D.

FOCUS

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Video & art workshops

Summary

Designed to provide education, social and medical services and peer support to gay, lesbian and bisexual youths between 14 and 19 years of age, this program combines case management, comprehensive health care and risk assessment counseling with small group discussion sessions. During the group sessions, transmission and prevention of HIV/AIDS are investigated through workshops in which youth create their own educational materials. Participants also receive behavioral and cognitive skills training for coping with high-risk situations. The case management and counseling components are designed to identify individual needs and provide youth with appropriate services (e.g., legal, medical, vocational). A field study of the intervention was initiated with 138 males at a community-based agency serving gay youth in New York City. The impact of the program was found to vary over time and across racial/ethnic groups. African-American and white teens showed a significant decrease in unprotected anal intercourse at the three-month follow-up assessment; at six months the decrease was recorded only among whites. On measures of unprotected oral intercourse, white and Hispanic youths engaged in fewer risk acts through the 12-month assessment; for African-Americans, the decrease was maintained only until six months following the intervention.

Suitable for Use In

This program can be implemented in a variety of community-based and/or clinic-based programs serving youth at high risk for contracting HIV/AIDS, providing that case management and counseling services are available. This program is also suitable for implementation in residential drug treatment programs.

Adolescents Living Safely:

AIDS Awareness, Attitudes, and Actions for Gay, Lesbian & Bisexual Teens

Original Intervention Sample

Age, Gender

The original sample included 138 males, ages 14 to 19 years (avg. = 16.7).

Race/Ethnicity

51 % Latino, 31 % African-American, 12 % White, 6 % "Other."

Program Length

The full intervention consists of 25 group sessions in addition to regular ongoing counseling and case management services. It is recommended that two to four sessions be scheduled per week, which makes the duration of the intervention 7-10 weeks. Each session should last approximately 90 to 120 minutes.

Staffing Requirements/Training

Group sessions (with approximately ten youths) are facilitated by two leaders, selected for their sensitivity to issues of cultural and sexual diversity. Training should include cognitive-behavioral risk reduction strategies, coping with clinical crises and group process skills. Other professionals (e.g., lawyers, vocational counselors) should be on call to provide legal counseling and other needed social services.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Adolescents Living Safely Curriculum Manual
- 20 Adolescents Living Safely Activity Packets
- 1 Resources for Bisexual Teens
- 1 Updating HIV/AIDS Information
- 1 HIV Infections and AIDS: What Everyone Should Know
- 1 Your Contraceptive Choices
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Original Evaluation Instruments: Attitudes & Values Survey
- 1 Original Evaluation Instruments: Baseline Interview
- 1 Original Evaluation Instruments: Tracking Information
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

AIDS Prevention and Health Promotion Among Women:

An HIV/AIDS Prevention Program for Young Women

Stevan E. Hobfoll, Ph.D., Anita P. Jackson, Ph.D., Justin Lavin, Ph.D., Paula J. Britton & James B. Shepherd

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Guided imagery, group social support, cognitive rehearsal

Summary

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN is designed to assist participants between 16 and 29 years of age in developing and following a sound sexual health plan. Based on the concepts of empowerment, group social support and culturally sensitive skill building, this program comprises four 1½- to 2-hour small (2-8 participants) group sessions conducted over the course of three months. Video segments promote group discussion, spark group role plays and engage participants in cognitive rehearsal and guided exercises designed to encourage healthy choices about one's body and sexuality. Specifically, this program encourages women to think about the physical and emotional consequences of unsafe sex. It helps them achieve a sense of mastery and positive expectations when discussing sexual history, HIV/AIDS testing, monogamy, spermicide and condom use and other health-related concerns with their partners. In addition, the program teaches participants how to effectively negotiate safer sex with one's partner and maintain safer sex goals. This program was field tested with pregnant low-income African-American and white women who were using medical center obstetrics services in Akron, Ohio. Compared to control groups, participants showed significant and sustained increases in HIV/AIDS knowledge, safer sex goals, and safer-sex behaviors, including spermicide and condom purchase and use.

Suitable for Use In

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN can be implemented in clinics and community-based organizations. Although the original field study was conducted with pregnant women, the program is appropriate for older adolescents and young adult women (ages 16+).

AIDS Prevention and Health Promotion Among Women

Original Intervention Sample

Age, Gender

The field test participants included 206 unmarried women in their second trimester of pregnancy, who were using obstetric clinic services. Their ages ranged from 16 to 29 years. The average age of participants was 21.

Race/Ethnicity

The field test population was 57% African-American, 40% White, 3% other ethnic origins.

Program Length

This program is designed to last a total of 6-8 hours. The program schedule is fairly flexible and can be adjusted to suit the particular site. However, it is recommended that the four program sessions be conducted over a period of two to three months, with participants attending a single 1½- to 2-hour session every two or three weeks.

Staffing Requirements/Training

A female masters-level psychologist or health educator should deliver the interventions. One leader is recommended for each group of up to eight women. They should have the ability to empathize with participants, a good working knowledge of AIDS and health concerns and the ability to communicate a positive health message. Training should include group process skills, role playing and associated skills and multicultural psychology. Video feedback on a practice session, if possible, is also suggested.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 AIDS Prevention and Health Promotion among Women Program Manual
- 1 Session 1: Drug Use, Alcohol Use and AIDS videotape
- 1 Session 2: Condom and Spermicide Use and Controlling the Conditions of Sexual Encounters videotape
- 1 Session 3: Sexual History, Saying No to an Unwanted Intensive Sexual proposition, Developing a Mutual Sexual Behavior Plan videotape
- 1 Session 4: Relapse Prevention, Post-Intervention Sexual Life, Alternatives to Intercourse, Mutual Monogamy, and Cleaning Drug Works videotape
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

AIDS Prevention for Adolescents in School:

A High School-Based STI/HIV/AIDS Prevention Program

Heather J. Walter, M.D., M.P.H. & Roger D. Vaughan, M.S.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

This six-session program for high school students is delivered by regular classroom teachers. Combining principles of the health belief model with social psychology, the curriculum aims to improve students' knowledge, beliefs, self-efficacy and risk behaviors concerning HIV/AIDS. The first two classes provide general information about the transmission and prevention of HIV/AIDS and teach students how to appraise their own risk behaviors. During the next two sessions, myths about peers' sexual behaviors are corrected, values clarification is introduced and students use role play and negotiation skills to practice delaying sexual intercourse. The final lessons involve discussions of purchasing and using condoms. A field study of the program was conducted with a predominantly African-American and Hispanic sample of students attending four New York City public high schools. Compared with a comparison group of peers, program participants scored significantly higher on measures of knowledge, beliefs about the benefits of risk reduction, and beliefs about one's own ability to effect positive change (e.g., self-efficacy). At the three-month follow-up assessment, the program was found to be particularly effective in reducing sexually active participants' number of total sex partners and number of sex acts with high-risk partners, and in increasing the use of condoms.

Suitable for Use In

Although it was originally implemented in school classrooms, this program is equally suitable for use in community-based organizations.

AIDS Prevention for Adolescents in School

Original Intervention Sample

Age, Gender

The field study included 1,201 students ages 12 to 20 years (avg. age = 15.7 yrs.). 58% of the participants were female.

Race/Ethnicity

37% African-American, 35% Latino, 28% "Other" (mostly non-Hispanic White or Asian).

Program Length

The six-hour program is divided into six class lessons that are delivered on consecutive school days.

Staffing Requirements/Training

Regular classroom teachers implement the program. A one-day in-service training session is recommended to introduce teachers to the curriculum's objectives and activities.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 AIDS Prevention for Adolescents in School Curriculum Handbook
- 1 AIDS Prevention for Adolescents in School Student Activity Booklet Masters
- 1 Tracee and Andy Think It Through video clip
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

AIDS Risk Reduction for College Students:

An STI/HIV/AIDS Prevention Program

Diane L. Kimble Willcutts, Jeffrey D. Fisher Ph.D., William A. Fisher, Ph.D., Stephen J. Misovich, Ph.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Slide show

Summary

Originally designed as a workshop for college students, this program consists of three two-hour sessions incorporating information, motivation, and behavioral strategies for AIDS risk reduction. The information component includes “AIDS 101,” a slide show that explains the transmission and prevention of HIV, testing for the virus, and the importance of condoms for protection against HIV/AIDS among those who are sexually active. The motivation component is addressed through small-group discussions led by a peer health educator and a video narrated by persons who contracted HIV through unsafe heterosexual intercourse. Finally, behavioral skills development is encouraged through role plays of safe sex communication. In a field study of the program with 744 college students, participants showed significant gains in knowledge, motivation, and behavior; in particular, sexually active participants were more likely than similar control students to purchase and use condoms during a two- to four-month period following the intervention.

Suitable for Use In

This program can be implemented in a variety of school or community settings with college-aged participants.

AIDS Risk Reduction for College Students

Original Intervention Sample

Age, Gender

The original sample included 744 college students with an average age of 20 years; 51 % of the students were female.

Race/Ethnicity

88% White, 4.3% Asian, 3.9% Latino, 2.7% African-American.

Program Length

Three two-hour sessions are held one week apart.

Staffing Requirements/Training

A professional health educator should lead the sessions in collaboration with a team of peer educators, preferably health education students. For the small-group discussions, one peer educator is recommended for groups of up to six students. An intensive training workshop for the peer educators is also suggested, followed by a supervised practice session.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 AIDS Risk Reduction for College Students Session Guides
- 1 Set of Handout Masters for Session Guides
- 1 AIDS Risk Reduction for College Students Peer Educator Training Manual
- 1 Set of Handout Masters for Peer Educator Training
- 1 *Just Like Me...* videotape
- 1 *The Stakes are High...* videotape
- 1 *Knowing the Facts...* videotape
- 1 Changing AIDS Risk Behavior... article reprint
- 25 HIV Infection and AIDS... pamphlets
- 25 Know Your Status pamphlets
- 25 Making Safer Sex pamphlets
- 25 Condom Basics pamphlets
- 1 American Red Cross HIV/AIDS Education Instructor's Manual
- 1 Condom Educator's Guide
- 1 *Transitions* (March 2003), newsletter reprint
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator ConsultantNetwork Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.

ARREST:

AIDS Risk Reduction Education and Skills Training Program

Michele D. Kipke, Ph.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☒ Other: Peer support groups

Summary

Principles of the health belief model and social learning theory form the conceptual framework for this program, together with strategies previously found to be effective in changing such adolescent health-risk behaviors as cigarette smoking and early pregnancy. Originally designed for teens between 12 and 16 years of age, the intervention includes three 90-minute, small group sessions, in which participants receive five forms of assistance: (1) information about the transmission and prevention of HIV/AIDS; (2) instruction in purchasing and using condoms with spermicide; (3) guidance in self-assessment of risk behaviors; (4) training in decision-making, communication, and assertiveness skills; and (5) peer group support for HIV/AIDS prevention and risk reduction. In addition to lectures and modeling by instructors, teens complete role plays, skill-building exercises and homework activities. A field study of the program was conducted with 87 African-American and Latino youths, who were recruited from three New York City community-based organizations providing alternative education and after-school programs for high-risk teens. Comparing four week follow-up measures of program participants with a control group of peers, participants showed significant gains in knowledge and attitudes about AIDS, as well as in sexual refusal and negotiation skills. However, no differences were found between the groups' risk-related sexual behaviors.

Suitable for Use In

Although it was originally implemented in a community-based organization, this program is equally suitable for use in schools.

ARREST

Original Intervention Sample

Age, Gender

The field study included 87 participants, ages 12 to 16 years (avg. = 13.8). 55% of the participants were female.

Race/Ethnicity

59% Latino, 41% African-American.

Program Length

The 4½ hour program is divided into three 90-minute training sessions.

Staffing Requirements/Training

One skilled HIV/AIDS educator is recommended to lead each group of 10 to 12 students.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 ARREST Curriculum Manual
- 1 AIDS Awareness Form
- 1 Set of Original Evaluation Instruments
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

ASSESS:

For Adolescent Risk Reduction

Bradley O. Boekeloo, Ph.D., M.S., Lisa A. Schamus, M.P.H., Samuel J Simmens Ph.D., Kathleen O'Connor, M.P.H., Tina L. Cheng, M.D., M.P.H., Lawrence D'Angelo, M.D., M.P.H.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☐ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☒ Other: Audio cassette, individual discussion

Summary

The ASSESS program provides tools to enhance risk-reduction communication between health care providers and teens while in a physician's office or clinic setting. A randomized controlled behavioral intervention trial of the program was conducted in the metropolitan Washington, DC, area between 1995 and 1997. The trial involved 19 physicians and 215 teens, ages 12 to 15.

Researchers assigned the teens to either the intervention (n = 105) or the control group (n = 114). Control group teens received their usual health care examination. Intervention group teens listened to a 14-minute audiotape (wearing headphones for privacy) and answered 11 risk-related questions. With the parent out of the room, the physician used program materials (answer sheets, pamphlets, and an ASSESS Pyramid icebreaker) to encourage the teen to discuss risk behaviors. The physician used role-play to encourage the teen to practice refusing risky behaviors.

Findings showed that ASSESS had a positive impact on reported discussion with the physician about sex. More intervention teens reported discussion on sexual topics with their physicians. The program also had a positive impact on adolescent knowledge about HIV transmission and attitudes toward condom use. At three-month follow-up, more sexually active teens reported condom use in the intervention group than the control group. At nine months, more signs of STIs were reported by the control than the intervention group.

Suitable for Use In

ASSESS is suitable for use in physician and clinic offices (for routine general health examinations or annual physical exams as required for participation in sports), as well as school and STI-related clinics.

ASSESS

Original Intervention Sample

Age, Gender

The original intervention sample of 215 young adolescents ages 12 to 15 included 107 males and 108 females.

Race/Ethnicity

More than half of the participants (65%) were African-American, 19% were Caucasian, 7% were Hispanic, and 13% were “Other.”

Program Length

This single-session, two-component intervention is designed to be offered while participants wait for their scheduled general health checkup, and continued in the physician’s office without a parent present. The first part of the intervention involves the participant listening to a 14-minute audiotape and answering personal risk-related questions. The physician uses the color-coded responses to the questions to guide the private discussion that follows.

Staffing Requirements/Training

The ASSESS program package includes a 15-minute videotape of a simulated ASSESS visit for use as on-site training. In addition, the ASSESS program binder provides detailed tips on implementing the program and using the communication tools during patient visits. Although the original intervention focused on primary care physicians to deliver the intervention, you may choose to include physician assistants, nurse practitioners, and other health professionals among those who administer ASSESS in your setting.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 ASSESS Program Manual
- 2 ASSESS Audio Tapes
- 1 ASSESS Video Tape
- 50 “HIV: Talking with Your Teen,” “Drugs: Talking with Your Teen,” “101 Ways to Say No to Sex” and a condom use brochure
- 1 “List of Support Services for Teenagers”
- 2 ASSESS STI/HIV Risk ASSESSment Template
- 50 ASSESS Answer Sheets
- 2 Cut-and-Paste ASSESS Pyramids
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

A Clinic-Based AIDS Education Program for Female Adolescents:

An HIV/AIDS Prevention Program for Young Women

Vaughn I. Rickert, Psy.D., Anita Gottlieb, R.N.P. & M. Susan Jay, M.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☐ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☒ Video
- ☒ Other: Coupons for confidential condom redemption

Summary

This is a single-session group intervention originally targeted toward sexually active girls between 13 and 21 years of age. The session includes a brief lecture on the transmission and prevention of HIV/AIDS (based on CDC guidelines), followed by a video explaining the purpose and use of condoms. As the session ends, participants receive an educational booklet reinforcing the program's lessons and coupons that may be redeemed anonymously for an unmarked box of condoms at a local pharmacy. The redemption rate of the coupons provides a measure of the program's impact. A field study of the intervention was conducted with 75 White and African-American females, all of whom were sexually active. Among prior purchasers of condoms, girls who took part in the intervention were significantly more likely to redeem the coupons than were control groups of their peers. Overall, 60% of program participants obtained condoms, a rate $2\frac{1}{2}$ times greater than that recorded in comparable programs without a confidential redemption procedure.

Suitable for Use In

This program can be implemented in a variety of medical or reproductive health clinic settings, providing that arrangements can be made with a local pharmacy for confidential condom redemption.

Original Intervention Sample

Age, Gender

The original sample included 75 females, ages 13 to 21 years.

Race/Ethnicity

52% African-American, 48% White.

A Clinic-Based AIDS Education Program for Female Adolescents

Program Length

The single, one-hour session includes a lecture and video presentation, along with distribution of an educational booklet and coupons for confidential condom redemption.

Staffing Requirements/Training

A medical or health services professional should lead the educational sessions with groups of up to four teens.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 25 What Everyone Should Know about AIDS booklets
- 1 Guidelines for Effective School Health Education to Prevent the Spread of AIDS
- 1 Knowing the Facts. . . videotape
- 1 *Transitions* (March 2003), newsletter reprint
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Draw the Line/Respect the Line:

Middle School Intervention to Reduce Sexual Risk Behavior

University of California, San Francisco, The Center for AIDS Prevention Studies & ETR Associates,
Scotts Valley, CA

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☒ Other: Homework requiring adult participation

Summary

DRAW THE LINE/RESPECT THE LINE (DTL) provides a school-based STI/HIV and pregnancy prevention program to youth before they begin to engage in risky behaviors. DTL was designed for delivery in regular middle school class settings in 6th through 8th grades. *DTL* helps students define their personal limits, think ahead and prepare for sticking to those limits, and respect the limits of others.

The randomized controlled trial involved 19 public middle schools. Ten schools received *DTL*.

Participating students ($n = 2,829$) were surveyed at baseline in 6th grade, and each spring thereafter (one year after completion of the 8th grade curriculum). The intervention had no effect on girls' behavior. Among boys, the intervention delayed sexual initiation (adjusted percentages for intervention vs. control, one year post intervention: 17.3 vs. 24.5, $P = 0.03$). Boys in the experimental group exhibited greater knowledge, had more positive attitudes about not having sex, and were less likely to find themselves in situations that could lead to sexual behaviors (adjusted mean score, intervention vs. control: 1.88 vs. 2.06, $P = 0.002$).

Suitable for Use In

DRAW THE LINE/RESPECT THE LINE is suitable for use in school classrooms as well as community organization settings.

Draw the Line/Respect the Line

Original Intervention Sample

Age, Gender

The original intervention sample consisted of 2,829 middle school students of nearly equal gender proportions. Average age at baseline was 11.5 years.

Race/Ethnicity

Most participants (59.3%) self identified as Hispanic, 15.9% were Asian, 16.5% were White, 5.2% were African American, and 3.1% were “Other.”

Program Length

Each of the 19 lessons is intended to be given during a 45-50 minute standard classroom timeframe. There are five lessons for sixth graders, and seven each for seventh and eighth graders.

Staffing/Training Requirements

Family life educators taught the curriculum during the original implementation. Classroom teachers implementing the intervention should be skilled in using interactive teaching methods and guiding group discussions. They should also be comfortable with the program content.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 Copy of the facilitator’s manual for the sixth (red), seventh (green) and eighth (blue) curriculum.
- 1 Copy of the Original Evaluation Instrument
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Focus on Kids:

An Adolescent HIV Risk-Prevention Program

Bonita Stanton, M.D., Jennifer Galbraith, M.A., Linda Kaljee, M.A., Maureen Black, Ph.D., Susan Feigelman, M.D., Xiaoming Li Ph.D. & Izabel Ricardo, Ph.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: One-day retreat to rural camping area

Summary

FOCUS ON KIDS is a culturally-based HIV risk reduction intervention program directed toward high-risk urban youth. The program is designed for delivery in community center settings rather than schools or clinics in order to reach those with higher rates of truancy and lower use of health care services. The program targets “naturally formed peer groups” through a series of eight 1.5- hour weekly sessions plus an optional one-day retreat. The curriculum draws on Protection Motivation Theory and uses multiple delivery formats (lectures, video presentations, role-playing, small group discussion) to present factual materials on HIV/AIDS, sexually transmitted diseases and contraception.

An evaluation of the curriculum was conducted in 1993 in nine recreation centers of three Baltimore public housing developments. The intervention group of 206 African-American youth was compared with a control group of 177 African-American youth at six and 12 months post-intervention. Researchers found that at six months, condom-use rates were significantly higher among youth in the intervention group than the control group. Condom use intention and perceptions about condom use were also positively affected. At 12 months, rates of condom use, condom use intention and positive condom perceptions were no longer significantly higher among intervention than control subjects.

Suitable for Use In

The *FOCUS ON KIDS* program is designed for implementation in community/neighborhood settings (e.g., recreation centers, community centers) as opposed to school or clinic settings. The goal is to reach high-risk youth in the areas where they may be making decisions about high-risk behavior.

Focus on Kids

Original Intervention Sample

Age, Gender

The original intervention sample included 383 youths ages 9 through 15; the median age was 11.3 years at baseline. There were 206 youths in the intervention group and 177 youths in the control group; approximately half the sample ($n = 213$) was male.

Race/Ethnicity

The original intervention sample population was 100% African-American.

Program Length

The intervention consists of eight sessions, including seven weekly 1.5-hour meetings in participating recreation centers, and an optional one-day session conducted in a rural campsite. There is some flexibility with the scheduling of these sessions. You may opt to meet twice a week instead; what is important is that the meeting times are regularly scheduled.

Staffing Requirements/Training

Program Facilitators: It is optimal to run the intervention with at least two group leaders who can co-facilitate the weekly sessions. Facilitators should be from—or highly familiar with—the community where the intervention is conducted. Experience with education, HIV/AIDS prevention and/or child development is preferred. A minimum of one staff training/orientation session is recommended.

Optional staff requirements: If you include the one-day retreat in your intervention, chaperones (e.g., parents, community members) should be enlisted for help with coordination and facilitation of the event. Depending on the location of the retreat, one or more drivers may be required.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Focus on Kids: Adolescent HIV Risk Prevention (facilitator's manual)
- 1 *What Kids Want to Know About Sex and Growing Up* videotape
- 1 Focus on Kids Original Evaluation Instrument (Youth Health risk Behavior Inventory)
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

FOCUS:

Preventing Sexually Transmitted Infections and Unintended Pregnancies Among Young Women

Cherrie Boyer, Ph.D., Mary-Ann Shafer, M.D., Richard Shaffer, Ph.D., Stephanie Brodine, M.D., Lance Pollack, Ph.D., Kelli Betsinger, B.A., Y. Jason Chang, M.S., Heidi Kraft, Ph.D. & Julius Schachter, Ph.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: PowerPoint slides

Summary

The *FOCUS* program was originally delivered to young female U.S. Marine Corps recruits. This four-session cognitive-behavioral group intervention addressed preventing sexually transmitted infection (STIs) and unintended pregnancies.

Following a baseline survey and self-administered vaginal swab (for STIs), 2,157 women were voluntarily randomized into either the experimental group (n = 1,062) or the control group (n = 1,095) during their first week of recruit training. Both experimental and control groups received interventions of four two-hour sessions, delivered during the first, second, fourth and 12th weeks of recruit training. At first follow-up, approximately one month after completing the intervention, 80.8% (n = 1,743) of the original sample participated. At second follow-up, approximately 14 months after the intervention, 64% (n = 1,381) of the original sample took part.

The evaluation results revealed that a higher proportion of the control group had a post-intervention STI or unintended pregnancy (Odds Ratio = 1.41, 95% Confidence Interval = 1.01-1.98). Among participants who had no history of STIs or pregnancy—but who engaged in risky sexual behaviors just before recruit training—the control group was more likely to acquire a post-intervention STI (OR = 2.05, CI = 1.74-4.08), and have had multiple sexual partners (OR = 1.87, CI = 1.01-3.47) postintervention.

Suitable for Use In

FOCUS is suitable for use in group or class settings in either clinics or schools. *It should be noted, however, that the subject matter is mature and in some cases quite graphic in nature, and may not be appropriate for participants under the age of 16.*

Original Intervention Sample

Age, Gender

The original intervention sample included 2,157 young women, ages 17 or older; approximately 90% of the sample was 22 or younger.

Race/Ethnicity

More than half of the participants (56%) were Caucasian, 19.7% were Latina, 16.1% were African-American, and about 5% were “Other.”

Program Length

This four-session intervention was designed to be implemented in two-hour segments, for a total of eight hours. However, each segment is divided into several discrete modules, allowing implementation in shorter segments if needed.

Staffing/Training Requirements

In the original implementation of *FOCUS*, the intervention was facilitated by trained research assistants, with groups of 20-25 participants. In your milieu, consider conducting the intervention with health educators or other women facilitators who are familiar and comfortable with the mature subject matter.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 FOCUS Facilitator’s Manual
- 1 FOCUS PowerPoint Slide Sets CD-ROM
- 1 *The Basics of Women’s Reproductive Health DVD*
- 1 *In Our Own Words: Teens and AIDS DVD*
- 1 *Good to Go DVD*
- 1 Red Packet of Photocopy Masters
- 50 Copies each of two brochures: “STI Facts” and “Birth Control Facts”
- 1 FOCUS Original Evaluation Booklet
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Get Real about AIDS®:

A High School-Based STI/HIV/AIDS Prevention Program

Comprehensive Health Education Foundation

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

This 14-session program for high school students emphasizes behavioral skill development. During the first several classes, students study transmission and prevention of HIV, teen vulnerability to the virus and determinants of risky behaviors. In the second half of the program, students learn and repeatedly practice skills to help them identify, manage, avoid, and leave risky situations. The final sessions help students integrate what they have learned in the program into their own lives. The program encourages teens to delay having intercourse, or for those youth who do become sexually active, to be sexually monogamous; avoid drugs and alcohol that could cloud one's judgment during intercourse; practice safer sex; get tested for HIV if they believe they are at risk; and avoid sharing needles. A field study of the curriculum was conducted in seventeen Colorado high schools serving rural, suburban and urban populations. In a six-month follow-up assessment comparing *GET REAL ABOUT AIDS*® participants with a comparison group of peers, sexually active program participants had fewer sexual partners, purchased and used condoms more frequently, intended to engage in sex less frequently and planned to use condoms when they did. The evaluation data did not record, however, a delay in the onset of sexual activity, a decrease the frequency of sexual activity or a reduction in drug and alcohol use prior to sex.

Suitable for Use In

Although it was originally implemented in high school classrooms, this program is equally suitable for use in community-based organizations.

Get Real About AIDS®

Original Intervention Sample

Age, Gender

A total of 2,849 teens participated in the study; the average age was 15 years. 51 % of the teens were male.

Race/Ethnicity

65 % White, 21 % Latino, 6 % African-American, 3 % Asian, 5 % "Other."

Program Length

The program is divided into fourteen class sessions; the sessions can be scheduled to suit your own needs.

Staffing Requirements/Training

The program is led by regular classroom teachers, preferably in health or science classes. Special training for instructors is also available from the Comprehensive Health Education Foundation, the original developers of the program. Videotaping and critiques of practice lessons are also recommended.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 *Get Real about AIDS®* Kit
- 1 *Transitions* (March 2003), newsletter reprint
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.

Information—Motivation—Behavioral Skills HIV Prevention Program

Jeffrey D. Fisher, William A. Fisher, Steven J. Misovich, and Angela D. Bryan

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

The goal of the *Information-Motivation-Behavioral Skills HIV Prevention Program (IMB SKILLS PROGRAM)* is to reduce high school students' risk of HIV infection.

IMB SKILLS PROGRAM objectives include positively influencing students' HIV prevention attitudes and norms, and increasing students' levels of HIV prevention behavioral skills. The intervention includes a classroom component, conducted by trained teachers. The program is based on the Information, Motivation and Behavioral Skills (IMB) model of health behavior change, which assumes that HIV prevention information, motivation and behavioral skills are the fundamental determinants of HIV preventive behavior.

An evaluation of the curriculum was conducted by the Center for HIV Intervention and Prevention. Participants were 1,577 students in four innercity high schools in Connecticut (37% male, 63% female, 61% African-American, 28% Hispanic-American, 11% Caucasian, mixed or "other.") The intervention had significant effects on precursors of HIV preventive behavior at the time of the post-test. A combination of the classroom-based and peer-based components also effectively promoted HIV risk-reduction behavior among participants at the time of the three-month follow-up. Students who were initially abstinent were likely to maintain so, and participants who had been sexually active prior to the intervention showed significant and sustained increases in condom use during sexual intercourse.

Suitable for Use In

The *IMB SKILLS PROGRAM* is designed for implementation in high-school settings (both inside and outside of the classroom).

Original Intervention Sample

Age, Gender

The original intervention sample included 1,577 students in Connecticut. The sample was 37% male and 63% female. The mean age was 14.8 years.

Race/Ethnicity

More than half of the participants (61%) were African-American, 28% were Hispanic-American, and 11% classified their race as Caucasian, "Mixed" or "Other."

Program Length

The classroom-based components of the intervention are implemented over four classroom periods. One period each is devoted to an information and behavioral skills component; two periods are devoted to a motivation component. Each classroom component includes videos, discussions and associated activities. The peer-educator component (Natural Opinion Leaders/NOLS) runs concurrently with the classroom-based component of the program. NOLS are taught and supervised by trained high school teachers and/or advisors both prior to and throughout the intervention.

Staffing Requirements/Training

High School Teachers: High School Teachers administer the classroom-based component of the program, run preliminary focus groups with students to identify potential peer group leaders, and train and supervise the selected peer educators. All necessary training materials for both the classroom are included in this program box.

PASHA Program Package

The replication kit for this program includes the following:

- 1 User's Guide
- 1 Teacher's Manual
- 1 Student Workbook and photocopy master
- 1 *Knowing the Facts: Preventing Infection* videotape
- 1 *Just Like Me: Talking About AIDS* videotape
- 1 *Stakes Are High: Asserting Yourself* videotape
- 1 Set Flash Cards (classroom ready and photocopy masters)
- 1 Set of *Safe Sex* Flash Cards (classroom ready and photocopy masters)
- 1 Evaluation Materials booklet, and photocopy master of the Teen Health Survey
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Poder Latino:

A Community AIDS Prevention Program for Inner-City Latino Youth

New England Research Institutes and Hispanic Office of Planning & Evaluation

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☐ Other

Summary

This multifaceted community-based intervention targets Latino youth, ages 14 to 20, at elevated risk for HIV/AIDS. One goal of the program is to increase awareness of the disease by saturating target neighborhoods with public service announcements broadcasting risk reduction messages. In addition, the program aims to reduce infection by encouraging sexually active teens to use condoms. Project messages are reinforced through ongoing activities conducted by specially trained peer leaders, including workshops in schools, community organizations, and health centers, group discussions in teens' homes, presentations at large community centers, and door-to-door canvassing. At all activities, condoms are available, along with pamphlets explaining their correct use. In a field study of the intervention in Boston, researchers compared the sexual behavior of teens in the target community and a similar, control community. At the 18-month follow-up assessment, the intervention appeared to reduce the incidence of multiple sexual partners among females and delay the onset of sexual activity among males.

Suitable for Use In

Although the program was originally designed for a Latino community, program materials can be adapted for different populations. A wide range of community-based organizations and schools can be involved.

Poder Latino

Original Intervention Sample

Age, Gender

The 586 youths participating in the study ranged in age from 14 to 20 years.

Race/Ethnicity

100% Latino, nearly all Puerto Rican.

Program Length

There is no requisite length for the program; the field study was implemented over an 18-month period.

Staffing Requirements/Training

Program activities are led by peer leaders who take part in an extensive training program. Staff who lead this training should be knowledgeable about HIV/AIDS, Latino culture and group process skills. Additionally, staff and peer leaders should be able to communicate both in English and Spanish.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Poder Latino Peer Educator Training Guide
- 1 Pre/Post Test About HIV/AIDS
- 1 Cincuenta Preguntas y Respuestas Sobre el SIDA/Fifty Questions and Answers on AIDS
- 1 Poder Latino Parent Training Guide
- 1 Poder Latino Home-Based Education Sessions Manual
- 1 Poder Latino Manual para Sesiones de Educación en el Hogar
- 1 HIV Disease—Basic Facts Presentation Packet
- 1 Set of Sample Activity Materials
- 1 *Transitions* (March 2003), newsletter reprint
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2002
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Rikers Health Advocacy Program:

An STI/HIV/AIDS Prevention Program for Young Men

Stephen Magura, Ph.D., Janet L. Shapiro, M.A., & Sung-Yeon Kang, Ph.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☐ Video
- ☐ Other

Summary

This program, originally developed for use with incarcerated male adolescent drug users between 16 and 18 years of age, consists of four one hour small group sessions focusing on health education issues, particularly HIV/AIDS. Adapting techniques of Problem Solving Therapy, the facilitator guides eight-person groups in discussing the following topics: general health, HIV and AIDS, drug abuse and its consequences, sexual behavior, health and AIDS-risk behaviors, and strategies for seeking health and social services. Active learning is emphasized, with opportunities for youths to define high-risk attitudes and behaviors, suggest alternative actions and engage in role play and rehearsal activities. A field study of the curriculum compared the attitudes and behaviors of *RHAP* participants with those of a comparison group of teens, selected from a waiting list for the program. Both samples were predominantly African-American and Hispanic. Following the intervention, program participants were more likely to use condoms during intercourse, compared to the comparison group of teens.

Suitable for Use In

RHAP is appropriate for school- or community-based programs serving high risk teens, especially drug users and incarcerated youth. Although it was initially targeted toward males, the curriculum is equally pertinent for females. Single-sex discussion groups are recommended.

Rikers Health Advocacy Program

Original Intervention Sample

Age, Gender

The original sample included 110 males, ages 16 to 18 years (avg. = 17.8).

Race/Ethnicity

64% African-American, 33% Latino, 3% “Other.”

Program Length

This is a two-week intervention. Two one-hour group sessions are held each week, for a total of four sessions.

Staffing Requirements/Training

One leader is required for each group of approximately eight participants. Leaders should be the same sex as the teens in their group; they must also be comfortable working with high-risk youths and knowledgeable about drug use/abuse. For training, a thorough review of the curriculum and strategies for facilitating group sessions is recommended.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 Protocol Handbook
- 1 *Transitions* (March 2003), newsletter reprint
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Safer Choices:

A High School-Based Program to Prevent STIs, HIV and Pregnancy

ETR Associates & Center for Health Promotion Research and Development, University of Texas—Houston,
Health Science Center

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☒ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: HIV+ speaker, School Health Promotion Council

Summary

SAFER CHOICES (SC) is a comprehensive intervention to reduce the number of students engaging in unprotected sexual intercourse by reducing the number of students who initiate or have sex during their high school years, and by increasing the use of latex condoms and other birth control methods among those students who do have sex.

The program incorporates five primary components:

1. *School Organization:* a broad-based School Health Promotion Council supports and coordinates SC activities.
2. *Curriculum and Staff Development:* There are 10 classroom lessons for ninth and tenth graders (for a total of 20). Sessions are sequential in nature, activities in each class build on those from prior classes. In-class peer leaders receive training to assist with specific activities. Teacher training prepares educators to implement the curriculum completely, and to provide a feedback loop at the end of the school year.
3. *Peer Resources and School Environment:* A student peer resource team/club conducts activities such as publishing articles in the school newspaper, conducting opinion polls and organizing public speakers throughout the school year.
4. *Parent Education:* Newsletters are sent to parents three times a year to help increase parent-child communication in the areas of sexuality, HIV and other STIs.
5. *School Community Linkages:* Homework assignments require students to develop information on and/or visit local health service providers.

Baseline data were collected from all participants ($n = 3,869$). Follow-up data were collected at three additional time points: seven months, 19 months, and 31 months after baseline. The evaluation of the intervention revealed that it reduced the frequency of sex without a condom ($p = 0.02$), reduced the number of sexual partners in the last three months with whom a condom was not used ($p = 0.04$), increased condom use during last sex among those who had sex in the last three months ($p = 0.02$), and marginally increased contraceptive use among those who had sex in the last three months ($p = 0.07$).

Safer Choices

Suitable for Use In

SAFER CHOICES is suitable for use in standard school class settings, as well in STI-related clinics and other community-based organizations that offer reproductive health services to youth.

Original Intervention Sample

Age, Gender

The original intervention sample consisted of 3,869 students who were 14–15 years old at baseline; 53 % were female.

Race/Ethnicity

31 % self identified as White, 27 % as Hispanic, 18 % as Asian or Pacific Islander; 17 % as African American, <1 % as American Indian or Alaskan Native, and 7 % as “Other.”

Program Length

Each session is designed for presentation in a standard 45-minute classroom period. There are ten sessions for both ninth and tenth grades.

Staffing/Training Requirements

The Implementation Manual provides a foundation of training for all groups involved with the program—teachers, peer team/club members, members of the School Health Promotion Council. In addition, there is specific training for the in-class peer leaders for both intervention years in the Peer Leader Training Guide. This training will require approximately three hours.

Teachers selected to implement the program should have knowledge of the content areas covered in the curriculum, be comfortable discussing the material, and have experience teaching a skills-based program.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User’s Guide
- 1 Implementation Manual
- 1 Peer Leader Training Guide
- 1 Level 1 Peer Leader Workbook
- 1 Level 2 Peer Leader Workbook
- 1 Level 1 Curriculum Manual
- 1 Level 1 Student Workbook
- 1 Level 2 Curriculum Manual
- 1 Level 2 Student Workbook
- 50 Each of two brochures: “STI Facts” and “Birth Control Facts”
- 1 Packet of Role Play cards
- 1 Packet of “Safer Choices Challenge” game cards (plus one packet of blank game cards)
- 1 Packet of “Methods of Protection” cards
- 1 *In Our Own Words* DVD
- 6 Posters
- 1 Copy of the Original Evaluation Instrument
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.

Safer Sex Efficacy Workshop:

An STI/HIV/AIDS Prevention Program for College Students

Karen Basen-Enquist, Ph.D., M.P.H.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☐ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☐ Other

Summary

This three-hour workshop is designed to increase college students' self-efficacy, or belief in their own ability to act successfully to prevent HIV/AIDS and other sexually transmitted diseases. Drawing upon Social Learning Theory, the program includes numerous role-play and skill-building exercises, and is led by peer educators who are trained to serve as persuasive models. To give students the knowledge necessary to practice preventive behaviors, the leaders begin by facilitating a group discussion about HIV/AIDS and STIs, including transmission and prevention. During the next section, participants discuss personal experiences of and feelings about AIDS and other STIs. Finally, the students role play safe-sex discussions and learn about correct condom use, gaining confidence in their abilities in the process. A field study of the workshop was conducted with 209 undergraduate students enrolled in a health education class at the University of Texas. Compared to comparison groups of their peers, program participants showed significant increases in self-efficacy at the two month follow-up assessment. Sexually active students also showed an increase in their frequency of condom use.

Suitable for Use In

Although it was originally implemented in a college setting, this program is also suitable for use with young adults ages 18-22 in other educational settings or community-based organizations.

Safer Sex Efficacy Workshop

Original Intervention Sample

Age, Gender

Among the 209 college students participating in the study, the average age was 22 years. 67% were female.

Race/Ethnicity

82% White.

Program Length

The single-session workshop is designed to last between 2½ and 3 hours.

Staffing Requirements/Training

Two peer educators are recommended to lead each ten- to fifteen-person group. During the original field study, a 20-hour training program was held to introduce the peer educators to basic concepts of the curriculum, as well as HIV/AIDS, STIs and group process skills.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Instructor's Handbook
- 1 *Transitions* (March 2003), newsletter reprint
- 3 Pamphlets for use as handouts (25 copies each):
 - Making Sex Safer
 - Sexually Transmitted Diseases: What Everyone Should Know
 - HIV Infection and AIDS: What Everyone Should Know
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Health Workshops for Young Black Women

Ralph DiClemente, Ph.D., Gina Wingood, Sc.D., Kathy Harrington, M.P.H., M.A.Ed., Delia Lang, Ph.D., Susan Davies, Ph.D., Edward Hook III, M.D., M. Kim Oh, M.D., Richard Crosby, Ph.D., Vicki Stover Hertzberg, Ph.D., Angelita Gordon, M.S., James Hardin, Ph.D., Shan Parker, Ph.D. & Alyssa Robillard, Ph.D.

Focus

- ☒ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☐ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☐ Video
- ☐ Other

Summary

SiHLE was developed to address the STI/HIV/AIDS prevention needs of African-American adolescent girls. Research has shown that this subgroup of the general population is at higher risk than their White or Hispanic peers. *SiHLE* was originally implemented in the South, where adolescent HIV prevalence was higher than any other geographic region in the U.S.

Participants were girls seeking health services at community health agencies. Eligible participants were African American between the ages of 14 and 18 who had engaged in vaginal intercourse within the previous six months. At baseline, 522 girls, aged 14-18, completed the baseline survey and were randomized into either the HIV-prevention intervention (n = 251) or the general health control group (n = 271).

The HIV-prevention intervention was grounded in social cognitive theory and the theory of gender and power. Participants explored issues related to ethnic and gender pride, risk reduction strategies (including correct and consistent condom use), negotiating safer sex, and healthy relationships as they relate to practicing safer sex.

At the six-month follow-up, intervention girls reported using condoms more consistently in the previous 30 days than did their control group counterparts (intervention, 75.3% vs. control, 58.2%). At the 12-month follow-up, intervention girls reported more consistent condom use both in the previous 30 days (intervention, 73.3% vs. control, 56.5%) and during the entire 12-month review period (adjusted odds ratio, 2.30; 95% CI, 1.51-3.5; $P < .001$). In general, at the 12-month point, intervention girls were more likely to have used a condom at last intercourse, and less likely to have had a new sexual partner in the last 30 days. They also had better condom application skills and a higher percentage of condom-protected sex acts than their control-group peers. Promising effects were also observed for chlamydia infections and self-reported pregnancy.

Suitable for Use In

SiHLE is suitable for use in community based organizations and clinics that provide services to adolescent African-American girls.

Original Intervention Sample

Age, Gender

The original intervention sample consisted of 522 females, aged 14-18.

Race/Ethnicity

All participants were African American

Program Length

SiHLE is delivered in four 4-hour sessions for a total of 16 contact hours.

Staffing/Training Requirements

In the original implementation, a female African-American health educator delivered the intervention, assisted by two African-American peer educators. There was no formal training for either the health educator or the peer educators. However, their respective roles are clearly delineated in the booklets of the Facilitator's Manual. You may wish to develop a training program for future health educators in your milieu.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 SiHLE Facilitator's Manual (5 booklets)
 - *Workshop 1: My Sistas... My Girls*
 - *Workshop 2: It's My Body*
 - *Workshop 3: Communication... and Condom Skills*
 - *Workshop 4: Relationships and Power*
 - *Appendix*
- 50 "Domestic Violence" brochures
- 5 Photocopy Masters Envelopes:
 - SiHLE Handbook
 - SiHLE Program Materials
 - SiHLE Posters
 - SiHLE Jeopardy
 - SiHLE Workshop Evaluations
- 1 Original Evaluation Instrument
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

What Could You Do?

Interactive Video Intervention to Reduce Adolescent Females' STI Risk

Julie Downs, Ph.D., Pamela Murray, M.D., M.P.H., Wändi Bruine de Bruin, Ph.D., Joyce Penrose, D.P.H., R.N.-C., Claire Palmgren, Baruch Fischhoff, Ph.D.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☐ Case Management
- ☐ Group Discussion
- ☐ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☐ Role Play
- ☒ Video
- ☒ Other: Cognitive Rehearsal

Summary

WHAT COULD YOU DO? provides a cost-effective method of delivering a STI risk-reduction intervention for adolescent females. The interactive video intervention aims to increase knowledge of STIs, decrease sexual risk behaviors, and decrease STI acquisition.

Participants were recruited from four health care sites: a children's hospital's adolescent medicine clinic, two community health centers, and a women's teaching hospital. The young women in the study were between 14 and 18 years old and had engaged in heterosexual vaginal sex in the six months prior to the study.

Following the completion of baseline measures, participants were randomly assigned to one of three conditions: 1) interactive video (experimental condition), 2) content-matched control condition (a 127-page book containing all of the content of the interactive video), or 3) topic-matched control condition (23 commercially available brochures, with content closely matching that of the video and book). Booster sessions followed at one, three and six months after the initial intervention.

Participants in the video condition were more likely than their control condition counterparts to have been completely abstinent in the time from baseline to the three-month follow-up ($OR = 2.5, p = 0.027$). This pattern diminished between the three-month and six-month visits ($OR = 1.45, p = 0.344$). Although there were no significant differences in condom use among the conditions, there was a trend toward more condom use and fewer condom failures among the participants of the video condition.

What Could You Do?

Suitable for Use In

WHAT COULD YOU DO? is suitable for use in clinics and physician's offices, as well STI-related clinics. It may be suitable for use in schools provided there is privacy for the viewer (some of the material is graphic in nature).

Original Intervention Sample

Age, Gender

The original intervention sample consisted of 300 females, ages 14-18.

Race/Ethnicity

Most participants (75%) self identified as African American, with 15% White, and 10% "Other" or mixed race.

Program Length

The amount of time a viewer spends with it will depend largely on the selections she makes at any of the several decision points. The "structured" version of the DVD allows the viewer to move through the video following a single story line, whereas the "flexible" version allows the viewer to skip or review sections at will.

In the original evaluation study of *WCYD?*, girls spent an average of 45 minutes viewing the structured interactive video while waiting for their medical appointments.

Staffing/Training Requirements

No staffing or training is required for the interactive video. Only a television and DVD player are needed

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 *WHAT COULD YOU DO?* Structured DVD
- 1 *WHAT COULD YOU DO?* Flexible DVD
- 1 Original Evaluation Instrument
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Network Consultant Directory

Telephone technical support on implementation and evaluation for 1 year.

To order this program package, please go to www.socio.com/pasha.htm or call 1-800-846-3475 and ask for Order Desk.

Youth AIDS Prevention Project (YAPP):

An STI/HIV/AIDS Prevention Program for Junior High School Youth

Susan R. Levy, Ph.D., Brian R. Flay, D. Phil. & Arden S. Handler, Dr. P.H.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☒ School-Based
- ☐ Community-Based
- ☐ Clinic-Based

Approach

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

Components

- ☒ Adult Involvement
- ☐ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☐ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☐ Other

Summary

Originally designed for high-risk youth, including African-Americans, *YAPP* aims to prevent STIs, HIV/AIDS and substance abuse among high-risk junior high school students. Guiding the program is social cognitive theory, which targets teens' knowledge, attitudes, self-efficacy, intentions and behaviors regarding high-risk activities. The intervention includes ten sessions for seventh grade students, delivered in regularly scheduled health or science classes, and a five-part booster session offered one year later, when the teens have entered eighth grade. Classes cover transmission and prevention of STIs and HIV/AIDS, the importance of using condoms for those who choose to have sex, and the development of decision-making and resistance/negotiation skills. In addition to lectures and class discussions, active learning is emphasized, with opportunities for students to participate in small group exercises and role plays. There are also homework activities and opportunities for parental involvement. A field study of the intervention was conducted in fifteen high-risk school districts in Chicago. Research focused on the group of students who first became sexually active during the study period. Following the booster session, these students were more likely than a control group of peers to report using condoms with foam; they also expressed greater intention to use condoms with foam in the future.

Suitable for Use In

This intervention is most suitable for seventh grade classrooms, with the five session booster program offered in eighth grade classrooms one year later. The intervention could also be used in community-based organizations serving teens between the ages of 12 and 14 years.

Youth AIDS Prevention Project (YAPP)

Original Intervention Sample

Age, Gender

The original sample included 1,459 seventh grade students, of whom 48% were male. The booster program for eighth grade students involved 1,001 teens.

Race/Ethnicity

58% African-American, 16% Latino, 21% White, 5% "Other."

Program Length

During the first year of the program, ten class sessions are offered, one per day over a two week period. A one week, five session booster program should be held one year later.

Staffing Requirements/Training

Ideally the program should be led by a professional, master's level health educator who has received special training in HIV/AIDS; one instructor is required per classroom. However, *YAPP* was designed for regular classroom teachers (with modest training) to deliver *YAPP* to their classes. The additional training is recommended to familiarize instructors with the *YAPP* curriculum.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 7th Grade Curriculum Manual
- 1 7th Grade Student Workbook
- 1 Set 7th Grade Activities Cards
- 1 8th Grade Curriculum Manual
- 1 8th Grade Student Workbook
- 1 8th Grade Parent Packet
- 1 Set of 8th Grade Activities Cards
- 1 YAPP Training Workshop Sample Packet
- 1 YAPP 8th Grade Training Packet
- 1 *HIV and AIDS*... videotape
- 1 AIDS/STIs videotape and CD-ROM
- 1 Resource Guide for Sex Educators
- 1 Adolescent Sexual Health Resources Available from Sociometrics
- 1 *Transitions* (March 2003), newsletter reprint
- 1 *Morbidity and Mortality Weekly Report*, May 10, 2003
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 Local Evaluator Consultant NetworkDirectory

Telephone technical support on implementation and evaluation for 1 year.

*To order this program package, please go to
www.socio.com/pasha.htm
or call 1-800-846-3475 and ask for Order Desk.*

Youth and AIDS Project's HIV Prevention Program:

An STI/HIV/AIDS Prevention Program for Young Gay Men

Gary Remafedi, M.D., M.P.H.

Focus

- ☐ Primary Pregnancy Prevention
- ☐ Secondary Pregnancy Prevention
- ☒ STI/HIV/AIDS Prevention

Original Site

- ☐ School-Based
- ☒ Community-Based
- ☒ Clinic-Based

Approach

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

Components

- ☐ Adult Involvement
- ☒ Case Management
- ☒ Group Discussion
- ☒ Lectures
- ☒ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☒ Role Play
- ☒ Video
- ☒ Other: Optional peer support groups

Summary

A community, clinic and university partnership launched this program to provide education, peer support, counseling and case management to gay and bisexual male adolescents between 13 and 21 years of age, who are at high risk for HIV/AIDS. The program begins with an initial two-hour interview for individualized HIV/AIDS risk assessment and risk reduction counseling. Youth then participate in a 90-minute interactive peer education program designed to provide clear, factual information in an atmosphere of mutual support. The program's lessons are reinforced in an educational video. Optional peer support groups meet weekly, if youth wish to attend. Finally, there is a one-hour follow-up visit for reassessment and referrals, as needed, to medical and social services. A field study of the program was conducted with a predominantly white sample of males, ages 13-21, who identified themselves as gay or bisexual. Following the intervention, the 139 participants reported less frequent unprotected anal intercourse and more frequent use of condoms. A reduction in substance abuse, particularly amphetamines and amyl nitrate, was also recorded.

Suitable for Use In

This program can be implemented by a variety of clinics and community-based organizations serving gay and bisexual teens, providing that necessary medical and social services are available for referrals.

Youth and AIDS Project's HIV Prevention Program

Original Intervention Sample

Age, Gender

The original sample included 139 males, ages 13 to 21 years (avg. = 19.3 yrs.).

Race/Ethnicity

75% White, 14% African-American, 4% Asian-American, 3% Latino, 3% Native American.

Program Length

The basic program includes 3½ hours of activities: a two-hour risk assessment interview and a 90-minute peer education session. Meetings of the peer support groups follow the education sessions; participation in these groups is optional. Three to six months after the basic intervention, a one-hour follow-up assessment is scheduled.

Staffing Requirements/Training

One peer educator (18 to 22 years old) is recommended for every four teens; these educators must be well-informed about issues pertinent to gay and bisexual youth. Training includes background information on HIV/AIDS, as well as practice in facilitating group discussions. A psychologist, physician or social worker is needed to perform the risk assessments. Additional professional staff (e.g., physicians, vocational counselors) should be on call to provide necessary services.

PASHA Program Package

The replication kit for this program includes the following:

- 1 PASHA User's Guide
- 1 Surviving AIDS: Simple Answers to Complex Questions about AIDS and Adolescent Homosexuality Handbook
- 1 Peer Education Session
- 1 *Gay Youth and AIDS: Surviving AIDS* videotape
- 1 What Do these Guys Have in Common? brochure
- 1 *Morbidity and Mortality Weekly Report*, March 10, 2002
- 1 Resources for Gay, Lesbian, and Bisexual Youth
- 1 HIV Infection and AIDS: What Everyone Should Know
- 1 Set of Original Evaluation Instruments
- 1 Prevention Minimum Evaluation Data Set (PMEDS)
- 1 1 Local Evaluator Consultant Network Directory

Telephone technical support on implementation and evaluation for 1 year.

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