

Safer Sex Intervention Adaptation Kit

Tools and Resources for Making Informed Adaptations to
Safer Sex Intervention

Regina Firpo-Triplett, MPH, MCHES
Pat Rex, MA
Lydia A. Shrier, MD, MPH



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4 Carbonero Way

Scotts Valley, CA 95066-4200

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The Office of Adolescent Health (OAH) coordinates adolescent health promotion and disease prevention programs and initiatives across the U.S. Department of Health and Human Services (HHS). OAH was established through the Consolidated Appropriations Act of 2010, within the Office of the Assistant Secretary for Health. OAH collects and disseminates information on adolescent health to the public and to health professionals. It works in partnership with other HHS agencies to support evidence-based approaches to improve the health of adolescents and monitors trends in adolescent health.

OAH is responsible for implementing and administering a discretionary grant program to support evidence-based teen pregnancy prevention (TPP) approaches. Competitive grants were made to public and private entities to fund medically accurate and age-appropriate programs that reduce teen pregnancy. The program addresses rising teen pregnancy rates by supporting both the replication of evidence-based models and demonstration programs to develop and test additional models and innovative strategies. Under the Affordable Care Act (Public Law 111-148), OAH also administers the Pregnancy Assistance Fund (PAF), a competitive grant program. PAF funds states and tribes to provide pregnant and parenting adolescents and women with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical support. PAF funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. For more information about OAH, visit www.hhs.gov/ash/oah/index.html.

About JBS International, Inc.

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We hope you find the *Safer Sex Intervention* Adaptation Kit a useful tool as you customize the program for the youth you serve in your communities. This kit was created for you, and we welcome your feedback. Please send your feedback to juliet@etr.org.

Safer Sex Intervention Overview

Intervention

Goal of the Intervention

The developers of the *Safer Sex Intervention (SSI)* sought to create an intervention specifically for high-risk young women that would capture their attention, deliver information about how to engage in safer sex, and promote attitudinal and behavior changes. The overall goals are to reduce sexual risk behaviors, increase condom use, and prevent the recurrence of sexually transmitted infections (STIs) among sexually active young women.

Target Audience

The target audience is sexually active adolescent girls and young women who are between ages 13 and 23 and have been diagnosed with an STI.

Implementation of the Intervention

SSI is led by a female health educator and is appropriate for use in clinics or community-based organizations providing sexual health services to young women. It was designed to be delivered when the young woman has been diagnosed with and/or is being treated for an STI. The intervention is administered one-on-one and face-to-face using in a single 30- to 50-minute session. One of two versions of the intervention may be used, depending on the young woman's stage of behavior change. The health educator determines which version of the intervention to use by asking the young woman to self-identify her stage of change on the Wheel of Change and discussing with her why she chose that stage. The intervention assumes that a young woman with an STI is not consistently engaging in safe sex behaviors and is, therefore, in an early stage of behavior change (i.e., Precontemplation or Contemplation).

The intervention includes booster sessions that were designed to coincide with the young woman's treatment schedule. These booster sessions include a review of the information covered in the first session, a reassessment of the young woman's stage on the Wheel of Change, hands-on condom practice using a penis model, and, if deemed appropriate by the health educator, condom negotiation role plays. In the original implementation, booster sessions were conducted at 1, 3, and 6 months after the initial visit.

Length

SSI consists of an initial 30- to 50-minute individualized session and three 10- to 30-minute booster sessions at 1-, 3-, and 6-month intervals after the initial session.

Intervention Components

Initial Session

Component 1: Introduction, Video/DVD, and Stage of Change Determination

The health educator introduces herself and shares the goal of the intervention. The young woman then watches a brief video about discussing sex and condoms with a partner. The video included with the intervention is called *Private Lives, HIV/STD Education*. The young woman watches the first two chapters of the video—"Breaking Out" and "The Raincoat"—which promote comfort with talking about STIs, define terminology, and provide information about condoms, including how to put on a condom correctly. Finally, the young woman is asked to determine what stage of behavior change she thinks she is currently in, using the Wheel of Change handout. Based on the young woman's self-assessment

and subsequent discussion, the health educator determines which intervention module—Precontemplation Stage (Component 2A) or Contemplation Stage (Component 2B)—to use.

Component 2A: Precontemplation Stage Intervention Module

This component emphasizes imparting knowledge and getting feedback about safer sex behavior. The young woman is given the opportunity to decide the order in which the following topics are discussed:

- **Consequences of Unprotected Sex:** Discussion of consequences of risky sexual behavior with an emphasis on STIs and pregnancy; includes demonstration of ascension of infection using a female anatomical model.
- **Risk Perception:** Self-assessment of the young woman's personal risk for an STI, including HIV/AIDS, followed by a discussion.
- **Preventing the Consequences:** Participant-directed discussion and information about ways to prevent pregnancy and STIs, including HIV/AIDS.
- **Condoms:** Review of video about condoms and how to use them correctly, followed by hands-on practice using a penis model and feedback.
- **Obtaining Condoms:** Participant-directed discussion and information about where to obtain condoms.
- **Secondary Abstinence:** Participant-directed discussion of the benefits of not having sex, followed by information on how to say no to sex and ways to be intimate with a partner without having sexual intercourse.
- **Talking about Sex:** Participant-directed discussion of the pressures to have sex, followed by information on how to talk with a partner about safer sex behavior and an optional role play.

The session ends with time for questions and answers, feedback, and an opportunity for the young woman to summarize what was covered and discuss whether she thought it was useful.

Component 2B: Contemplation Stage Intervention Module

In this component, the emphasis is on education, skills, self-efficacy, and self-esteem. The young woman is given the opportunity to decide the order in which the following topics are discussed:

- **Consequences of Unprotected Sex:** Discussion of consequences of risky sexual behavior with an emphasis on STIs and pregnancy; includes demonstration of ascension of infection using a female anatomical model.
- **Risk Perception:** Self-assessment of young woman's personal risk for an STI, including HIV, followed by a discussion.
- **Preventing the Consequences:** Participant-directed discussion and information about ways to prevent pregnancy and STIs/HIV.
- **Condoms:** Participant-directed discussion of pros and cons of condom use, followed by a review of video about condoms, hands-on practice using a penis model, and feedback.
- **Obtaining Condoms:** Participant-directed discussion and information about where to obtain condoms.

- **Secondary Abstinence:** Participant-directed discussion of the benefits of not having sex, followed by information on how to say no to sex and ways to be intimate with a partner without having sexual intercourse.
- **Talking about Sex:** Participant-directed discussion of the pressures to have sex, the best ways to talk about protection, and the importance of not mixing alcohol or drugs with sexual intercourse. The participant is encouraged to know her risks and rights, be self-confident, respect her life, and practice expressing herself.
- **Role Play:** Opportunity for the participant to practice convincing her partner to use a condom every time they have sex, which is followed by discussion and information about talking with her partner.

The session ends with time for questions and answers, feedback, and an opportunity for the young woman to summarize what was covered and discuss whether she thought it was useful.

Booster Sessions

The booster sessions vary in length from 10 to 30 minutes depending on the interim history, need, interest, and talkativeness of the young woman. Each session consists of a review of information and activities covered in the initial session, an assessment of the progress the young woman has made in terms of behavior change, and additional information and practice as needed. Specifically, a booster session consists of the following activities:

- **Introduction and Welcome Back.**
- **Review:** Participant-driven discussion about what's happened since the young woman's last visit—if she's had sex, used condoms, and so forth.
- **Stage of Change Reassessment:** Young woman's self-assessment of her current position on the Wheel of Change, followed by discussion.
- **Role Play** (optional): Additional opportunity for the young woman to practice asserting her desire to use a condom with her partner.
- **Reshow Video/DVD** (optional): Additional review of condoms and how to use them, if deemed necessary.
- **Follow-up/Giveaways:** Opportunity for questions and answers and additional information, if deemed necessary.

Types of Activities

Both the initial session and the booster sessions are hands-on and interactive, requiring that participants take an active role in all activities.

Theoretical Framework

Research shows that programs are most effective if they are based on a sound theoretical framework. SSI draws upon several social science models and theories: Social Cognitive Theory (SCT), the Transtheoretical Model of Behavior Change (TMBC), and motivational interviewing.

According to SCT, an individual gains self-efficacy through practice. SCT can be used to instill health-promoting behaviors or to reduce risky behaviors associated with poor health. It is based on the premise that behavior change occurs by teaching knowledge, modeling healthy behaviors, changing outcome

expectations, developing skills, building self-efficacy, and creating social supports for the desired behavior change.

In SSI, the tenets of SCT are apparent in activities that (1) impart knowledge (e.g., how to use and obtain condoms), (2) model talking about sex and using a condom (e.g., on the video), (3) develop awareness of the need for behavior change (e.g., consequences of unprotected sex or perception of risk), and (4) provide opportunities to build self-efficacy (e.g., practice putting on a condom or role playing talking to one's partner). Furthermore, the participant takes an active role in all activities. In fact, her responses and self-assessments determine what topics are covered and the order in which they are discussed.

TMBC is a model of intentional behavior change, which has been the basis for developing effective interventions to promote positive changes in health behaviors. Key constructs from other theories, including SCT, are integrated into this model. This model describes the stages of change that people go through to modify a problem behavior or acquire a positive behavior. These five stages are (1) Precontemplation, (2) Contemplation, (3) Determination (sometimes referred to as Preparation), (4) Action, and (5) Maintenance. When used in addiction interventions, a sixth stage, Relapse, is often included. In SSI, the intervention module that the participant receives is individualized according to her stage of change, as determined through self-assessment and discussion.

Motivational interviewing incorporates the principles of individual responsibility, internal attribution, and cognitive dissonance to move an individual from one stage of behavior to another. In SSI, these underlying principles are included in nearly every activity—every time the participant is asked to internalize the topic of discussion, take responsibility for what is being discussed, or evaluate the risks of her behavior.

Unique Features of the Intervention

- The intervention was designed to be delivered when a young woman has been diagnosed with and is being treated for an STI, when she is most likely to contemplate her behavior and be motivated to change it.
- Both the initial session and the booster sessions consist of one-on-one, face-to-face meetings with a female health educator.
- The intervention was designed to be delivered in a clinic or community-based organization that provides sexual health services to young women.
- There are two discrete intervention modules offered during the first session. Which module the participant receives depends on her stage of behavior change, as determined by self-assessment and discussion.
- The participant takes an active role in all activities and, in fact, determines the topics covered and the order in which they are discussed.

Ordering a Copy of the *Safer Sex Intervention*

SSI is one of several evidence-based programs available from Sociometrics designed to reduce teen pregnancy, STIs, and HIV/AIDS among adolescents. For more information, visit Sociometrics at www.socio.com/ and click on Effective Programs.

Evaluation Facts

Intervention

SSI was evaluated with an opportunistic study design (at the time of STI treatment) that included baseline measurements and 1-, 3-, 6-, and 12-month follow-up measurements. The evaluation was conducted in an adolescent clinic and an in-patient service of a children's hospital in a predominantly urban area.

Research Design

Stratified by diagnosis of cervicitis or pelvic inflammatory disease (PID), subjects were randomized using two separate random number lists into either the intervention group (SSI program conducted by a female health educator) or the standard care group (e.g., STI transmission education at the discretion of the treating clinician). Of 239 eligible subjects, 123 were randomized into the two conditions: standard care ($n = 63$) and intervention ($n = 60$). For inclusion in the study, subjects needed to be female, younger than age 24, and in need of treatment for cervicitis or PID.

The study collected data from subjects at baseline and at 1, 3, 6, and 12 months after the initial intervention. Data collected at baseline covered topics such as the age of first sexual intercourse, number of sexual partners (life and last 3 months), use of drugs or alcohol before intercourse (ever and the last time), condom use with last sexual intercourse, number of main and non-main partners during the past 6 months, history of STIs or PID, and types of sexual intercourse engaged in (vaginal, oral, or anal).

Findings

At the 1-month follow-up, the intervention participants had significantly increased sexual risk knowledge ($p = .02$) and exhibited a greater increase in positive attitudes toward condom use compared with control group subjects ($p = .007$). The intervention group was also somewhat more likely to report frequently ($p = .08$) and consistently ($p = .09$) using condoms with non-main partners, although these differences were not significant.

At the 3-month follow-up, there were no reported dependent variable differences between the intervention and control groups.

At the 6-month follow-up, intervention subjects reported fewer instances of sexual intercourse with non-main partners than did those in the control group ($p = .01$). The intervention group was also less likely to report condom non-use during last sexual intercourse ($p = .09$, not significant). Consistent with findings at the 1-month follow-up, the intervention group had a greater increase in positive attitudes regarding condoms ($p = .007$) compared with the control group at the 6-month follow-up.

At the 12-month follow-up, intervention participants tended to have a somewhat decreased risk of having a main sexual partner compared with their control group counterparts ($p = .07$, not significant). Fewer intervention participants at the 12-month follow-up were likely to have had an STI recurrence than control group participants, but this difference was not significant ($p = 0.17$). The intervention group also showed steady positive progression along the Wheel of Change stages at each follow-up. By the conclusion of the evaluation, most participants who completed the exercise indicated that they were in the Action (38 percent) or Maintenance (25 percent) stage.

Although results with $p > .05$ are not statistically significant and must be interpreted with caution, these findings suggest that an individualized safer sex intervention can change attitudes and behaviors about

condom use, reduce the number of sexual partners that an STI-infected young woman may have, and present secondary abstinence as an option.

Research Study Citation

Shrier, L.A., Ancheta, R., Goodman, E., Chiou, V.M., Lyden, M.R., & Emans, S.J. (2001). Randomized controlled trial of a safer sex intervention for high-risk adolescent girls. *Archives of Pediatrics & Adolescent Medicine*, 155(1), 73–79.

Lydia A. Shrier, MD, MPH

Dr. Shrier is a Senior Associate in Medicine at Children's Hospital Boston and an Associate Professor of Pediatrics at Harvard Medical School. She received an MD with Distinction in Research from Albany Medical School. She completed an internship and residency in pediatrics at Yale-New Haven Hospital and a fellowship in adolescent medicine at Children's Hospital Boston. She received an MPH from Harvard School of Public Health.

Dr. Shrier's research focuses on the link between mental health and risk behavior in adolescents, as well as on sexually transmitted infections and the behaviors that increase the risk of acquiring them.

Dr. Shrier was a finalist for the Society for Adolescent Medicine's New Investigator Award in 2000 and 2001. She is the 2004 recipient of the Priscilla and Richard Hunt Fellowship from the Harvard Medical School 50th Anniversary Program for Scholars in Medicine. She has receiving funding from numerous sources for her research, including the National Institute of Mental Health and National Institute on Drug Abuse.

Safer Sex Intervention at-a-Glance

FIRST SESSION (30–50 minutes)

Component 1 (Facilitator's Manual)

1. Introduction
2. *Private Lives* Video/DVD—
“Breaking Out” and
“The Raincoat”
segments
3. Stage of Change
Determination
(handout in green
envelope)

Component 2A: Precontemplation Stage Intervention Module (Facilitator's Manual)

1. Consequences of Unprotected Sex
2. Risk Perception
3. Preventing the Consequences
4. Condoms
5. Obtaining Condoms
6. Secondary Abstinence
7. Talking about Sex
8. Questions & Answers
9. Feedback & Summary

Component 2B: Contemplation/Determination Stage Intervention Module (Facilitator's Manual)

1. Consequences of Unprotected Sex
2. Risk Perception
3. Preventing the Consequences
4. Condoms
5. Obtaining Condoms
6. Secondary Abstinence
7. Talking about Sex
8. Role Play
9. Questions & Answers
10. Feedback & Summary

BOOSTER SESSION (10–30)

(red envelope)

1. Introduction and Welcome
Back
2. Discussion and Review
3. Stage of Change
Reassessment
(handout in green envelope)
4. Role Play (optional)
5. Reshow Video/DVD
(optional)
6. Follow-up/Giveaways

Safer Sex Intervention
How to Use this Kit

What is the purpose of the *Safer Sex Intervention Adaptation Kit*?

The goal in developing the *Safer Sex Intervention (SSI) Adaptation Kit* is to provide practitioners with practical tools and resources to guide them in maintaining the fidelity to SSI's core components and in making effective adaptations. Most practitioners will make adaptations to evidence-based interventions such as SSI to have the activities resonate better with the particular group they are serving in their communities. This is good practice and is encouraged. Adaptations made with a clear understanding of the intervention's core components will be most effective. This kit was developed to inform practitioners of the SSI design, its core components, and the types of adaptations that are considered safe and unsafe.

What tools are found in the *SSI Adaptation Kit* and how were they developed?

All of the adaptation tools found in this kit underwent extensive reviews by frontline practitioners in the field, behavioral scientists, and SSI's chief developer, Lydia Shrier, MD, MPH. The tools and the steps used to develop them are described below.

- 1. Determinant-Activity Matrix:** The team initially reviewed each step in both the initial and the booster sessions of the intervention and coded them for answers to two questions: (1) What psychosocial determinant(s) is this activity trying to change? (2) What teaching method is being used to teach it? Determinants are the psychosocial and environmental factors that have a causal influence on sexual behaviors. Determinants can include factors such as knowledge, attitudes, skills, or conditions. Teaching methods are strategies such as role plays, videos, or lectures. This matrix is not included in the kit, but it was instrumental in the next step of the process, the development of the Behavior-Determinant-Intervention (BDI) logic model for SSI.
- 2. Behavior-Determinant-Intervention (BDI) Logic Model:** With an analysis of SSI's steps complete, the team built a BDI logic model for the intervention. The BDI logic model is a program-planning tool that guides program developers through four sequential and clearly linked steps starting with (1) establishing a health goal, (2) identifying and selecting the individual or group behaviors directly related to that health goal, (3) identifying and selecting the determinants related to those behaviors, and (4) developing intervention activities or steps directly related to those determinants. In effect, a BDI logic model uncovers the developer's theory of change—that is, what factors (determinants) need to be changed to get young women to change their sexual behaviors. A complete BDI logic model for SSI is found in this kit, as well as a BDI logic model snapshot.
- 3. Core Components:** With the BDI logic model complete, the team was able to better identify SSI's core content, pedagogical, and implementation components. Core components are the essential pieces of an intervention that are responsible for its effectiveness. Tables describing the core content, pedagogical, and implementation components are found in this kit.
- 4. Green/Yellow/Red Light Adaptations:** With the core components complete, the team was then able to develop a tool called green/yellow/red light adaptations. As the metaphor suggests, this tool tells practitioners what kinds of adaptations are safe (green), which should be made with caution (yellow), and which should be avoided (red). The first part of this tool describes green, yellow, and red light adaptations as they apply generally to SSI. The second part contains a table that lists green, yellow, and red light adaptations for each step in each SSI session.

5. **Fidelity Monitoring Tool:** The kit includes a fidelity monitoring tool developed by SSI's publisher, Sociometrics. This tool is used to assess whether the intervention's core components are implemented and to track implementation challenges and adaptations. It consists of a step-by-step checklist for tracking each step in the intervention and a series of questions related to fidelity and adaptation. There is a specific form for each type of session—precontemplation, contemplation, and booster.
6. **Glossary:** A glossary of terms is included at the end of the kit.

How do I use the SSI Adaptation Kit?

Although people may not always think of making program adaptations as program planning, making effective adaptations to an intervention involves comprehensive planning. For example, an assessment of the young women you are going to serve and your organization's capacity will yield important data that you can use to inform your adaptations. An understanding about how to select the best matching program for your participants will help limit the number of adaptations you may need to make. Evaluating the adaptations you make can help you improve future implementations of SSI.

This kit was designed with flexibility in mind. There is no particular order in which you must use these tools. One suggestion is that you review the tools as they were developed (and as they are presented in this kit) and take what you need from them. For example, if you are interested in the underlying theory of change used by SSI and how the intervention was put together, look at the SSI logic model. If you are interested in knowing what parts of SSI contribute to its effectiveness, review the core content, pedagogical, and implementation components. If you want to make changes, additions, deletions, or adaptations to SSI, look at the green/yellow/red light adaptations table. If you do not find the exact kind of adaptation that you want to make, go to the core components tables and make sure that the adaptation does not compromise or delete a core component. If you are looking for a process-monitoring tool, the fidelity monitoring tool is a good choice. Finally, if you need definitions for any of the terms used in this kit, see the glossary at the end of the kit.

The following table illustrates the different purposes of the sections of the adaptation kit.

	BDI Logic Model	Core Components	Green/Yellow/Red Light Adaptations	Fidelity Monitoring Tool	Glossary
I want to better understand the underlying theory of change used by SSI and how the intervention was put together.	✓				
I want to understand what parts of SSI are essential.		✓			
I want to make effective adaptations to SSI without compromising fidelity.		✓	✓		✓
I need to monitor and track my implementation fidelity and adaptations.				✓	
I need a better understanding of the concepts and terms used in this kit.					✓

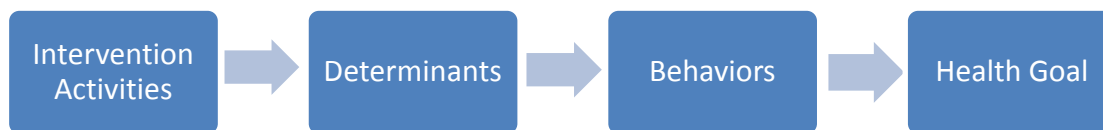
For more information about this adaptation kit, please contact the Project Director, Julie Taylor, at juliet@etr.org.

Safer Sex Intervention BDI Logic Model

What is a BDI logic model?

The Behavior-Determinant-Intervention (BDI) logic model is a program-planning and analysis tool developed by Douglas Kirby.¹ A BDI logic model graphically shows the links or connections between the *health goal* of a curriculum or program, the adolescent sexual *behaviors* directly related to that health goal (e.g., condom use), the *determinants*² (e.g., knowledge, attitude, skills) that influence those sexual behaviors, and the *intervention activities* specifically designed to change those determinants (e.g., role plays and condom demonstrations).

The BDI logic model graphically depicts the developer's theory of change for a program—that is, what needs to be changed for young women to engage in healthy sexual behaviors.



For more information about BDI logic models, visit

<http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>.

How do I use the SSI BDI logic model?

The *Safer Sex Intervention* (SSI) BDI logic model is a useful tool for practitioners preparing to implement and/or adapt the intervention. The logic model can help you better understand the rationale/logic behind the learning activities found in SSI by seeing how these activities were intentionally designed to change important determinants of adolescent sexual behavior. This understanding will help you implement SSI with greater fidelity and purpose. If you better understand the link between learning activities and determinants, you are more likely to recognize their value.

The BDI logic model is the foundation for identifying SSI's core content and pedagogical components. If you are considering adaptations to SSI, the BDI logic model can serve as a map to guide adaptations so that changes or additions are consistent and responsive to the logic presented in the model and the core content and pedagogical components derived from it.

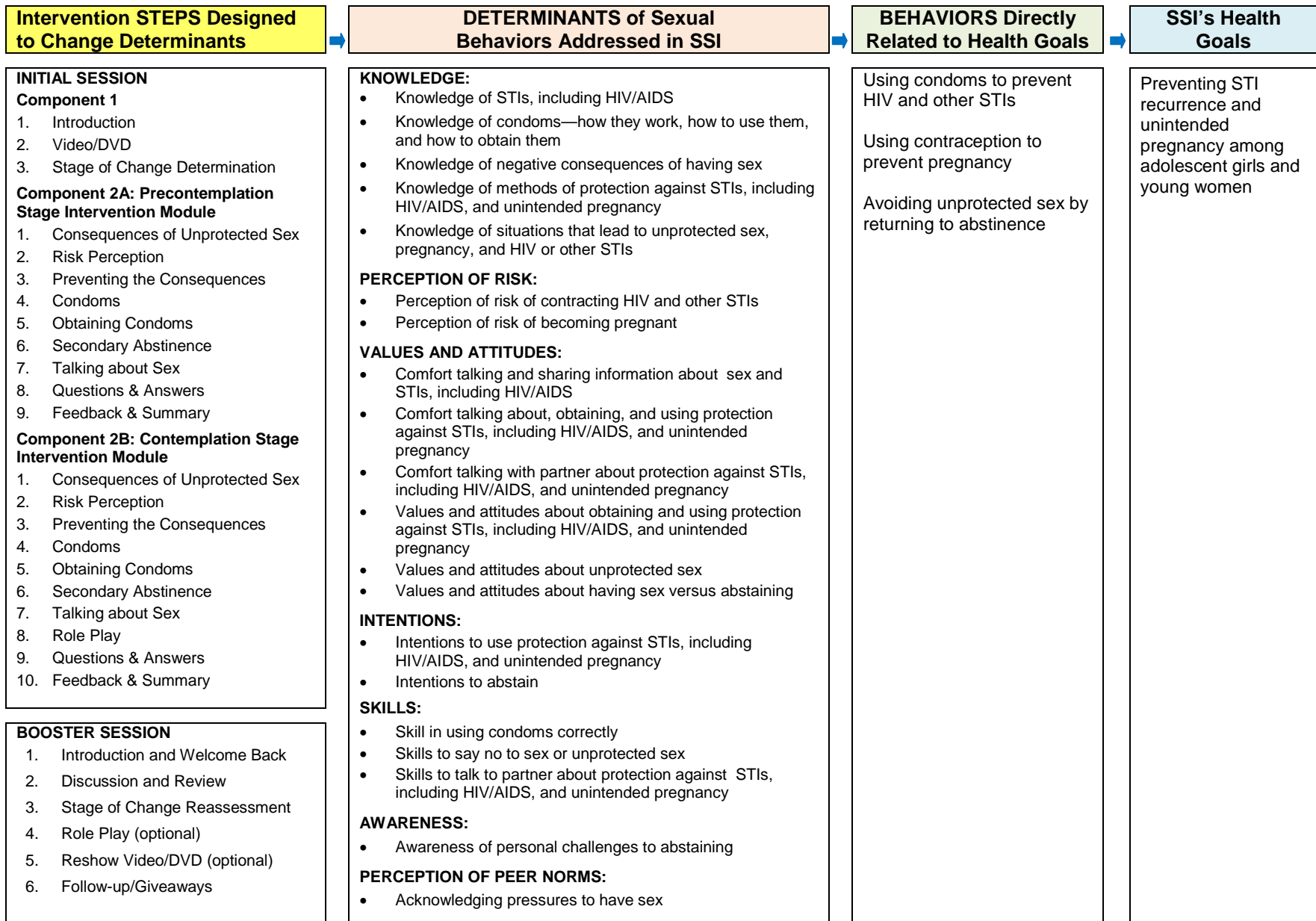
SSI's BDI logic model snapshot is presented first to offer an overview of the logic in the SSI intervention. Immediately following, you will find the comprehensive version of SSI's BDI logic model. The comprehensive logic model is organized according to the three behaviors that the intervention was designed to impact. Because the first two behaviors—using condoms to prevent HIV and other sexually transmitted infections (STIs) and using contraception to prevent pregnancy—are affected by the same determinants, they are combined in one list. The third behavior—avoiding unprotected sex by returning to abstinence—is affected by some different determinants and steps, so that behavior appears separately.

For definitions of the determinants listed in SSI's logic model, see *determinants* in the glossary at the end of this kit.

¹ Kirby, D. (2004). *BDI logic models: A useful tool for designing, strengthening and evaluating programs to reduce adolescent sexual risk-taking, pregnancy, HIV and other STDs*. Santa Cruz, CA: ETR Associates

² Determinants of behaviors are sometimes also called risk and protective factors. For definitions, see the glossary at the end of this kit.

Snapshot of SSI's BDI Logic Model



Comprehensive BDI Logic Model



KNOWLEDGE			
<p>First Session, Component 1: Introduction and Video/DVD Step 2: Video/DVD: "Breaking Out" and "The Raincoat" segments of <i>Private Lives</i> or similar video</p> <p>First Session, Components 2A and 2B* Step 1: Consequences of Unprotected Sex Step 8: Questions & Answers (Step 9 in Comp. 2B) Step 9: Feedback & Summary (Step 10 in Comp. 2B)</p> <p>Booster Session Step 5: Reshow Video/DVD (optional) Step 6: Follow-up/Giveaways</p>	<p>Knowledge of STIs, including HIV/AIDS</p>	<ol style="list-style-type: none"> 1. Using condoms to prevent HIV and other STIs 2. Using contraception to prevent pregnancy 	<p>Preventing STI recurrence and unintended pregnancy among adolescent girls and young women</p>
<p>First Session, Component 1: Introduction and Video/DVD Step 2 : Video/DVD: "Breaking Out" and "The Raincoat" segments of <i>Private Lives</i> or similar video</p> <p>First Session, Components 2A and 2B Step 4: Condoms Step 5: Obtaining Condoms Step 8: Questions & Answers (Step 9 in Comp. 2B) Step 9: Feedback & Summary (Step 10 in Comp. 2B)</p> <p>Booster Session Step 5: Reshow Video/DVD (optional)</p>	<p>Knowledge of condoms—how they work, how to use them, and how to obtain them</p>		
<p>First Session, Components 2A and 2B Step 1: Consequences of Unprotected Sex Step 8: Questions & Answers (Step 9 in Comp. 2B) Step 9: Feedback & Summary (Step 10 in Comp. 2B)</p> <p>Booster Session Step 6: Follow-up/Giveaways (optional)</p>	<p>Knowledge of negative consequences of having sex</p>		

*Component 2A: Precontemplation Stage Intervention Module and Component 2B: Contemplation Stage Intervention Module

**A third behavior, "Avoiding unprotected sex by returning to abstinence," is listed separately because it involves some different determinants and steps.

Intervention STEPS Designed to Change Determinants	DETERMINANTS of Sexual Behaviors Addressed in SSI	BEHAVIORS Directly Related to Health Goal	SSI's Health Goal
KNOWLEDGE (continued)			
First Session, Components 2A and 2B Step 3: Preventing the Consequences Step 8: Questions & Answers (Step 9 in Comp. 2B) Step 9: Feedback & Summary (Step 10 in Comp. 2B) Booster Session Step 6: Follow-up/Giveaways	Knowledge of methods of protection against STIs, including HIV/AIDS, and unintended pregnancy)	1. Using condoms to prevent HIV and other STIs 2. Using contraception to prevent pregnancy	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
First Session, Components 2A and 2B Step 7: Talking about Sex	Knowledge of situations that lead to unprotected sex, pregnancy, and HIV or other STIs		
PERCEPTION OF RISK			
First Session, Component 1: Introduction and Video/DVD Step 3: Stage of Change Determination First Session, Components 2A and 2B Step 1: Consequences of Unprotected Sex Step 2: Risk Perception Booster Session Step 3: Stage of Change Reassessment	Perception of risk of contracting HIV and other STIs	1. Using condoms to prevent HIV and other STIs 2. Using contraception to prevent pregnancy	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
First Session, Components 2A and 2B Step 1: Consequences of Unprotected Sex	Perception of risk of becoming pregnant		
VALUES AND ATTITUDES			
First Session, Component 1: Introduction and Video/DVD Step 1: Introduction Step 2: Video/DVD: "Breaking Out" and "The Raincoat" segments of <i>Private Lives</i> or similar video Booster Session Step 1: Introduction Step 5: Reshow Video/DVD (optional)	Comfort talking and sharing information about sex and STIs, including HIV/AIDS	1. Using condoms to prevent HIV and other STIs 2. Using contraception to prevent pregnancy	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women



VALUES AND ATTITUDES (continued)			
<p>First Session, Component 1: Introduction and Video Step 2 : Video/DVD: "Breaking Out" and "The Raincoat" of <i>Private Lives</i> or similar video</p> <p>First Session, Components 2A and 2B Step 4: Condoms Step 5: Obtaining Condoms Step 7: Talking about Sex</p> <p>Booster Session Step 5: Reshow Video/DVD (optional) Step 6: Follow-up/Giveaways</p>	<p>Comfort talking about, obtaining, and using protection against STIs, including HIV/AIDS, and unintended pregnancy</p>	<ol style="list-style-type: none"> 1. Using condoms to prevent HIV and other STIs 2. Using contraception to prevent pregnancy 	<p>Preventing STI recurrence and unintended pregnancy among adolescent girls and young women</p>
<p>First Session, Components 2A and 2B Step 7: Talking about Sex</p> <p>Booster Session Step 6: Follow-up/Giveaways</p>	<p>Comfort talking with partner about protection against STIs, including HIV/AIDS, and unintended pregnancy</p>		
<p>First Session, Component 1: Introduction and Video/DVD Step 3: Stage of Change Determination</p> <p>First Session, Components 2A and 2B Step 4: Condoms Step 5: Obtaining Condoms Step 7: Talking about Sex</p> <p>Booster Session Step 3: Stage of Change Reassessment</p>	<p>Values and attitudes about obtaining and using protection against STIs, including HIV/AIDS, and unintended pregnancy</p>		
<p>First Session, Components 2A and 2B Step 1: Consequences of Unprotected Sex Step 2: Risk Perception</p>	<p>Values and attitudes about unprotected sex</p>		

Intervention STEPS Designed to Change Determinants	DETERMINANTS of Sexual Behaviors Addressed in SSI	BEHAVIORS Directly Related to Health Goal	SSI's Health Goal
INTENTIONS			
First Session, Component 1: Introduction and Video/DVD Step 3: Stage of Change Determination Booster Session Step 3: Stage of Change Reassessment	Intentions to use protection against STIs, including HIV/AIDS, and unintended pregnancy	<ol style="list-style-type: none"> Using condoms to prevent HIV and other STIs Using contraception to prevent pregnancy 	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
SKILLS			
First Session, Components 2A and 2B Step 4: Condoms	Skill in using condoms correctly	<ol style="list-style-type: none"> Using condoms to prevent HIV and other STIs Using contraception to prevent pregnancy 	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
First Session, Components 2A and 2B Step 7: Talking about Sex Step 8: Role Play (Component 2B only) Booster Session Step 4: Role Play (optional)	Skills to say no to sex or unprotected sex		
First Session, Components 2A and 2B Step 7: Talking about Sex Step 8: Role Play (Component 2B only) Booster Session Step 4: Role Play (optional)	Skills to talk to partner about protection against STIs, including HIV/AIDS, and unintended pregnancy		
PERCEPTION OF PEER NORMS			
First Session, Components 2A and 2B Step 7: Talking about Sex	Acknowledging pressures to have sex	<ol style="list-style-type: none"> Using condoms to prevent HIV and other STIs Using contraception to prevent pregnancy 	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women



KNOWLEDGE			
<p>First Session, Component 1: Introduction and Video/DVD</p> <p>Step 2 : Video/DVD: "Breaking Out" and "The Raincoat" segments of <i>Private Lives</i> or similar video</p> <p>First Session, Components 2A and 2B</p> <p>Step 1: Consequences of Unprotected Sex</p> <p>Step 8: Questions & Answers (Step 9 in Comp. 2B)</p> <p>Step 9: Feedback & Summary (Step 10 in Comp. 2B)</p> <p>Booster Session</p> <p>Step 5: Reshow Video/DVD (optional)</p> <p>Step 6: Follow-up/Giveaways</p>	<p>Knowledge of STIs, including HIV/AIDS</p>	<p>3. Avoiding unprotected sex by returning to abstinence</p>	<p>Preventing STI recurrence and unintended pregnancy among adolescent girls and young women</p>
<p>First Session, Components 2A and 2B</p> <p>Step 1: Consequences of Unprotected Sex</p> <p>Step 8: Questions & Answers (Step 9 in Comp. 2B)</p> <p>Step 9: Feedback & Summary (Step 10 in Comp. 2B)</p> <p>Booster Session</p> <p>Step 6: Follow-up/Giveaways (optional)</p>	<p>Knowledge of negative consequences of having sex</p>		
<p>First Session, Components 2A and 2B</p> <p>Step 7: Talking about Sex</p>	<p>Knowledge of situations that lead to unprotected sex, pregnancy, and HIV or other STIs</p>		
PERCEPTION OF RISK			
<p>First Session, Component 1: Introduction and Video/DVD</p> <p>Step 3: Stage of Change Determination</p> <p>First Session, Components 2A and 2B</p> <p>Step 1: Consequences of Unprotected Sex</p> <p>Step 2: Risk Perception</p> <p>Booster Session</p> <p>Step 3: Stage of Change Reassessment</p>	<p>Perception of risk of contracting HIV and other STIs</p>	<p>3. Avoiding unprotected sex by returning to abstinence</p>	<p>Preventing STI recurrence and unintended pregnancy among adolescent girls and young women</p>

Intervention STEPS Designed to Change Determinants	DETERMINANTS of Sexual Behaviors Addressed in SSI	BEHAVIORS Directly Related to Health Goal	SSI's Health Goal
PERCEPTION OF RISK (continued)			
First Session, Components 2A and 2B Step 1: Consequences of Unprotected Sex	Perception of risk of becoming pregnant	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
VALUES AND ATTITUDES			
First Session, Component 1: Introduction and Video Step 1: Introduction Step 2: Video/DVD: "Breaking Out" and "The Raincoat" segments of <i>Private Lives</i> or similar video Booster Session Step 1: Introduction Step 5: Reshow Video/DVD (optional)	Comfort talking and sharing information about sex and STIs, including HIV/AIDS	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
First Session, Components 2A and 2B Step 1: Consequences of unprotected sex Step 2: Risk perception	Values and attitudes about obtaining and using protection against STIs, including HIV/AIDS, and unintended pregnancy		
First Session, Components 2A and 2B Step 6: Secondary Abstinence Step 7: Talking about Sex	Values and attitudes about having sex versus abstaining		
INTENTIONS			
First Session, Component 1: Introduction and Video/DVD Step 3: Stage of Change Determination First Session, Components 2A and 2B Step 6: Secondary Abstinence Booster Session Step 3: Stage of Change Reassessment	Intentions to abstain	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women



SKILLS			
First Session, Components 2A and 2B Step 7: Talking about Sex Step 7: Role Play (Component 2B only) Booster Session Step 4: Role Play (optional)	Skills to say no to sex or unprotected sex	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
AWARENESS			
First Session, Components 2A and 2B Step 7: Talking about Sex	Awareness of personal challenges to abstaining	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women
PERCEPTION OF PEER NORMS			
First Session, Components 2A and 2B Step 7: Talking about Sex	Acknowledging pressures to have sex	3. Avoiding unprotected sex by returning to abstinence	Preventing STI recurrence and unintended pregnancy among adolescent girls and young women

Safer Sex Intervention
Core Components

Core Content Components

What are core content components?

Core content components are the essential parts of an intervention that relate to *what* is being taught—that is, the knowledge, attitudes, and skills addressed in the intervention’s learning activities that are most likely to change sexual behaviors. The core content components generally map with the determinants (or risk and protective factors) addressed by the intervention.³

Core content components are one of three groups of components considered critical to a program’s effectiveness. The other two are core pedagogical components (the important teaching methods and strategies) and core implementation components (the intervention’s essential logistical elements). These components are described in the following sections.

Which health behavior change theories and models inform SSI’s core content components?

The guiding theories and models behind the *Safer Sex Intervention* (SSI) are Social Cognitive Theory (SCT), Transtheoretical Model of Behavior Change (TMBC), and motivational interviewing.

SSI’s Core Content Components at-a-Glance

The following list gives you an overview of SSI’s core content components. An overview may be especially helpful when making a decision about a program’s fit with your priority population and your organization’s capacity. For more detailed information about the core content components listed here, see the following Core Content Components Table.

- **KNOWLEDGE of:**
 - Sexually transmitted infections (STIs), including HIV/AIDS
 - Condoms—how they work, how to use them, and how to obtain them
 - Negative consequences of having sex
 - Methods of protection against STIs and unintended pregnancy
 - Situations that lead to unprotected sex, pregnancy, and STIs, including HIV/AIDS

- **PERCEPTION OF RISK of:**⁴
 - Contracting HIV/AIDS and other STIs
 - Becoming pregnant

- **COMFORT:**
 - Talking and sharing information about sex and STIs, including HIV/AIDS
 - Talking about, obtaining, and using protection against STIs, including HIV/AIDS, and unintended pregnancy
 - Talking with partner about protection against STIs, including HIV/AIDS, and unintended pregnancy

³ Definitions of the determinants addressed in the *Safer Sex Intervention* are listed in the glossary at the end of the kit.

⁴ These determinants are crucial for assessing whether the participant is in the Precontemplation or Contemplation stage of behavior change and are the basis for what is included in the initial session and each booster session.

- **VALUES AND ATTITUDES about:**⁴
 - Obtaining and using protection against STIs, including HIV/AIDS, and unintended pregnancy
 - Unprotected sex as a risky behavior

- **INTENTIONS to:**⁴
 - Use protection against STIs, including HIV/AIDS, and unintended pregnancy
 - Abstain

- **SKILLS to:**
 - Use condoms correctly
 - Say no to sex or unprotected sex
 - Talk to partner about protection against STIs, including HIV/AIDS, and unintended pregnancy

- **AWARENESS of:**
 - Personal challenges to abstaining

- **PERCEPTION OF PEER NORMS:**⁴
 - Acknowledging pressures to have sex

Core Content Components in Depth

Why should I use SSI's Core Content Components Table?

The following table provides an in-depth look at SSI's core content components and is a useful tool for practitioners preparing to implement and/or adapt SSI. By connecting activities or steps to core content components and the underlying theories of behavior change, the table can help you better understand that the topics covered in the intervention are not random; they were purposely selected to reflect the concepts in Social Cognitive Theory (SCT), Transtheoretical Model of Behavior Change (TMBC), and motivational interviewing.

Understanding this link between the theories and steps in the intervention will help you implement SSI with greater fidelity and purpose. If you are considering making adaptations to the intervention, you must not delete or compromise the core content categories or the subcategories listed in this table; doing so will weaken the intervention's foundational elements that have been rigorously evaluated and shown to be effective at changing youth sexual behavior. Adding core content components would be considered a yellow light adaptation; you must proceed with caution so you do not make the intervention too long or otherwise compromise the core content components listed in the table.

How do I use SSI's Core Content Components Table?

SSI's core content components are described in depth in a three-column table.

The first column lists categories or core areas of content found in the intervention. Each core content category provides descriptions of how that component is specifically used in the intervention. For example, knowledge is one of the core content categories. However, SSI does not teach knowledge about everything associated with HIV/AIDS and sexuality. Specifically, it teaches areas of knowledge related to preventing STIs, including HIV/AIDS, and/or unintended pregnancy. The categories of core content components map with the determinants of sexual behavior presented in the BDI logic model.

The second column provides justifications or rationales for why the category is considered a core content component. The justifications are clearly linked to the health behavior change theories that form the foundation for SSI.

The third column lists steps from the intervention that illustrate the core content components listed in the first column.

Core Content Components Table

Core Content Component	Justification	Where in the Intervention
<p>KNOWLEDGE of:</p> <ul style="list-style-type: none"> • STIs, including HIV/AIDS • Condoms—how they work, how to use them, and how to obtain them • Negative consequences of having sex • Methods of protection against STIs and unintended pregnancy • Situations that lead to unprotected sex, pregnancy, and HIV/AIDS or other STIs 	<p>SCT is one of the social science theories on which SSI is based. According to SCT, before people can change behaviors that put them at risk for STIs/HIV and pregnancy, they first need basic and accurate knowledge about STIs, the negative consequences of having sex, methods of protection, and ways to avoid unsafe situations. SSI covers this information in the first session and reviews it as needed in booster sessions. The educator also reinforces that knowledge by modeling how to talk about sex and showing a video that includes a demonstration on how to use a condom correctly.</p>	<ul style="list-style-type: none"> • First Session, Component 1: Video/DVD about Condoms • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Consequences of Unprotected Sex ○ Risk Perception ○ Preventing the Consequences ○ Condoms ○ Obtaining Condoms ○ Questions & Answers ○ Feedback & Summary • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review ○ Reshow Video/DVD (optional)
<p>PERCEPTION OF RISK of:</p> <ul style="list-style-type: none"> • Contracting HIV/AIDS and other STIs • becoming pregnant 	<p>For an intervention to influence attitudes and behaviors, people must perceive some personal risk from their behaviors. SCT holds that part of the motivation in adopting a new behavior or skill is the anticipated benefit of doing so. Perception of risk plays an important role in making the perceived benefit both personal and worthwhile.</p> <p>Also, perception of risk is an important element of TMBC. The participant considers whether she is at risk for STIs when assessing what stage of behavior she is in. That self-assessment helps determine what to include in the first session and each booster session.</p>	<ul style="list-style-type: none"> • First Session, Component 1: Stage of Change Determination • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Risk Perception ○ Questions & Answers ○ Feedback & Summary • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review ○ Stage of Change Reassessment

Core Content Component	Justification	Where in the Intervention
<p>COMFORT:</p> <ul style="list-style-type: none"> • Talking and sharing information about sex and STIs, including HIV/AIDS • Talking about, obtaining, and using protection against STIs, including HIV/AIDS, and unintended pregnancy • Talking with partner about protection against STIs, including HIV/AIDS, and unintended pregnancy 	<p>Activities that build self-efficacy, provide skill practice, and empower the participant to take responsibility for her decisions and actions help to make her feel more comfortable (as well as confident and competent) talking about STIs and protection.</p>	<ul style="list-style-type: none"> • First Session, Component 1: <ul style="list-style-type: none"> ○ Introduction ○ Stage of Change Determination • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Condoms (participant practice) ○ Talking about Sex Role Play (optional for Component 2A) • Booster Session: <ul style="list-style-type: none"> ○ Introduction and Welcome Back ○ State of Change Reassessment ○ Role Play (optional)
<p>VALUES and ATTITUDES about:</p> <ul style="list-style-type: none"> • Obtaining and using protection against STIs, including HIV/AIDS, and unintended pregnancy • Unprotected sex as a risky behavior 	<p>Young people’s values and attitudes about sexual behavior influence their decision making. If they have a positive attitude toward obtaining and using protection and a negative attitude toward having unprotected sex, they are more likely to take steps to protect themselves.</p>	<ul style="list-style-type: none"> • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Preventing the Consequences ○ Condoms ○ Obtaining Condoms ○ Secondary Abstinence ○ Questions & Answers ○ Feedback & Summary • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review

Core Content Component	Justification	Where in the Intervention
<p>INTENTIONS to:</p> <ul style="list-style-type: none"> • Use condoms • Abstain from sexual intercourse 	<p>Intentions are addressed as a precursor to behavior. As participants discuss and explore their intentions to use protection or practice secondary abstinence, they prepare to make decisions and behave in a certain way. Youth who are motivated and express a conviction to avoid sex or unprotected sex are more likely to engage in desired behavior than youth who are not motivated and have little or no conviction.</p> <p>Also, intentions are an important element of TMBC. The participant considers whether she intends to abstain or practice safe sex when assessing what stage of behavior she is in. That self-assessment helps determine what is included in the first session and each booster session.</p>	<ul style="list-style-type: none"> • First Session, Component 1: Stage of Change Determination • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Risk Perception ○ Preventing the Consequences ○ Condoms ○ Obtaining Condoms ○ Secondary Abstinence ○ Questions & Answers ○ Feedback & Summary • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review ○ Stage of Change Reassessment
<p>SKILLS to:</p> <ul style="list-style-type: none"> • Use condoms correctly • Say no to sex or unprotected sex • Talk to partner about protection against STIs, including HIV/AIDS, and unintended pregnancy 	<p>According to SCT, people learn new behaviors and skills at least in part by observing the behaviors of others and gaining skills through practice. In SSI, the skills in the left-hand column are reinforced through modeling, hands-on practice, role playing, and corrective feedback. When the participant experiences mastery of these skills and is given support to do so, she begins to believe in herself and her ability to carry out the desired behavior.</p>	<ul style="list-style-type: none"> • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Condoms ○ Obtaining Condoms ○ Talking about Sex Role Play (optional for Component 2A) • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review ○ Role Play (optional)

Core Content Component	Justification	Where in the Intervention
<p>AWARENESS of:</p> <ul style="list-style-type: none"> • Personal challenges to abstaining 	<p>The value of secondary abstinence is an important message in the intervention. To reach the Determination stage of TMBC and plan on ways to reduce her sexual risk-taking behavior, the participant must first be aware of the challenges she faces in abstaining .</p>	<ul style="list-style-type: none"> • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Secondary Abstinence ○ Talking about Sex ○ Role Play (Component 2B) • Booster Session: <ul style="list-style-type: none"> ○ Discussion and Review ○ Role Play (optional)
<p>PERCEPTION OF PEER NORMS:</p> <ul style="list-style-type: none"> • Acknowledging pressures to have sex 	<p>By acknowledging and verbalizing the social and peer pressures to have sex, the participant is taking one of the first steps toward changing her risky sexual behavior. This process is reinforced by discussions of alternatives to sex, ways to avoid sex or sex without protection, and role play practice talking with one's partner about using protection.</p>	<ul style="list-style-type: none"> • First Session, Components 2A and 2B: <ul style="list-style-type: none"> ○ Talking about Sex ○ Role Play (Component 2B) • Booster Session: <ul style="list-style-type: none"> ○ Role Play (optional)

Core Pedagogical Components

What are core pedagogical components?

Core pedagogical components are the essential parts of a program that relate to *how* its content is taught. Core pedagogical components identify the teaching methods, strategies, and youth–facilitator interactions that contribute to the program’s effectiveness. Along with core content and implementation components, they are considered critical to the program’s effectiveness.

What does “pedagogy” mean?

Pedagogy is the science and art of teaching. The pedagogy used in an intervention such as SSI refers to the specific methods, strategies, and techniques facilitators use to effectively transmit knowledge, values, and skills to the young woman in the counseling session. For example, a lecture is a pedagogical method commonly used in classrooms, but a lecture is generally not considered the most effective method for teaching about pregnancy or HIV prevention, especially in a one-on-one counseling situation.

SSI’s Core Pedagogical Components at-a-Glance

The list below gives an overview of SSI’s core pedagogical components. An overview may be especially helpful when making a decision about a program’s fit with your priority population and your organization’s capacity. For more detailed information about the core pedagogical components listed here, see the following Core Pedagogical Components Table.

- **Establishing and maintaining a safe and comfortable counseling experience**
 - Providing a warm welcome
 - Ensuring confidentiality in a one-on-one, face-to-face environment
 - Maintaining a supportive and nonjudgmental atmosphere

- **Using motivational interviewing techniques that empower the participant to be in control**
 - Giving the participant the opportunity to decide the topics to be covered and the order in which they are discussed
 - Using participant’s self-assessment and discussion to determine which intervention module (Precontemplation or Contemplation) is covered

- **Using intervention materials as intended**
 - Using introductory intervention strategies and steps effectively and in the intended order
 - First Session, Component 1: Introduction, Video/DVD, and Stage of Change Determination
 - Booster Session: Introduction, Discussion and Review, Stage of Change Reassessment
 - Using other strategies and steps effectively and as directed by participant and her self-assessment

- **Providing opportunities for skill practice**
 - How to use a condom correctly
 - Role playing—talking with a partner about using protection
 - Practice making and voicing decisions related to sexual behavior

Core Pedagogical Components in Depth

Why should I use SSI's Core Pedagogical Components Table?

The following table provides an in-depth look at SSI's core pedagogical components and is a useful tool for practitioners preparing to implement and/or adapt the intervention. The table can help you better understand the reasoning behind the teaching methods used in SSI and how to best prepare for SSI implementation. This table will also help you understand the content knowledge, facilitation skills, and comfort level you will need to implement SSI effectively, which will help you implement the intervention with greater fidelity. If you are considering adapting SSI, you must not delete or compromise the core pedagogical components listed in this table.

How do I use SSI's Core Pedagogical Components Table?

SSI's core pedagogical components are described on the following pages in a three-column table. The first column lists core pedagogical components. The second column provides justifications or rationales for why these pedagogical methods are considered core components. The third column lists examples or descriptions of each core pedagogical component from the intervention.

Core Pedagogical Components Table

Core Pedagogical Component	Justification	Where in the Intervention
<p>Establishing and Maintaining a Safe and Comfortable Counseling Experience</p> <ul style="list-style-type: none"> • Providing a warm welcome • Ensuring confidentiality in a one-on-one, face-to-face environment • Maintaining a supportive and nonjudgmental atmosphere 	<p>At the beginning of each session, the participant is welcomed and assured that the discussion will be confidential. These steps create an atmosphere conducive to open and honest dialogue and learning.</p> <p>Because SSI is conducted as a one-on-one, participant-driven counseling session, it is crucial that throughout the session, the participant feels comfortable and safe taking control and discussing her sexual risk-taking behavior.</p>	<ul style="list-style-type: none"> • First Session, Component 1: <ul style="list-style-type: none"> ○ Introduction • Booster Session: <ul style="list-style-type: none"> ○ Introduction and Welcome Back • Throughout all sessions
<p>Using Motivational Interviewing Techniques that Empower Participant to be in Control</p> <ul style="list-style-type: none"> • Giving the participant the opportunity to decide the topics covered and the order in which they are discussed • Using participant’s self-assessment and discussion to determine which intervention module is covered 	<p>Individual responsibility is one of the principles used in motivational interviewing to move an individual from one stage of behavior to the next.</p> <p>Giving the participant the opportunity to take control of the content is empowering. It helps her feel more confident and competent; tells her that she has an important, active role in the session; and allows her to take responsibility for her actions.</p>	<ul style="list-style-type: none"> • First Session, Component 1: <ul style="list-style-type: none"> ○ Introduction ○ Stage of Change Determination • Booster Session: <ul style="list-style-type: none"> ○ Introduction and Welcome Back ○ Stage of Change Reassessment

Core Pedagogical Component	Justification	Where in the Intervention
<p>Using Intervention Materials as Intended</p> <ul style="list-style-type: none"> Using introductory intervention strategies and steps effectively and in the intended order Using other strategies and steps effectively and as directed by participant and her self-assessment 	<p>It's important to deliver the first three steps of both the first session and each booster session as directed—beginning with an introduction and ending with the stage of change self-assessment. The introduction makes the participant feel safe and comfortable, and the self-assessment not only empowers the participant but determines how the rest of the session will be conducted.</p> <p>Allowing the participant to decide the order of the following steps and which optional steps are covered is not only empowering but time-efficient because it ensures that the topics are covered in order of priority or, if not necessary, are not covered at all.</p>	<ul style="list-style-type: none"> Required steps in required order: <ul style="list-style-type: none"> First Session, Component 1: Introduction, Video/DVD, and Stage of Change Determination Booster Session: Introduction, Discussion, Review, and Stage of Change Reassessment Required steps in optional order: <ul style="list-style-type: none"> First Session, Components 2A or 2B: all steps of each component Optional steps: <ul style="list-style-type: none"> Component 2A: Role Play in Talking about Sex Booster Session: Any of the steps covered in Components 2A or 2B, Role Play, and Video/DVD
<p>Providing Opportunities for Skill Practice</p> <ul style="list-style-type: none"> How to use a condom correctly Role play talking with partner about using protection Practice making and voicing decisions related to sexual behavior 	<p>SSI covers several important skills including using a condom correctly and talking with a partner about using protection. Underlying the entire intervention is another important skill—the ability to assert oneself and take control of the situation. It is not sufficient to simply present the steps of these skills and model them for the participant. She must have an opportunity to practice and receive constructive feedback on each skill until she can use it effectively and comfortably.</p>	<ul style="list-style-type: none"> First Session, Components 2A and 2B: <ul style="list-style-type: none"> Condoms Obtaining Condoms Talking about Sex Role Play (optional for Component 2A) Booster Session: <ul style="list-style-type: none"> Discussion and Review Role Play (optional)

Core Implementation Components

Core implementation components are the essential logistical elements of a program that lead to an environment that is conducive to learning. These include program setting, facilitator-to-youth ratio, and the dosage and sequence of sessions. Core implementation components (along with core content and pedagogical components) are considered critical to the program's effectiveness.

SSI's Core Implementation Components at-a-Glance

The list below gives you an overview of SSI's core implementation components. An overview may be especially helpful when making a decision about a program's fit with your priority population and your organization's capacity. For more detailed information about the core implementation components listed here, see the following Core Implementation Components Table.

- **Priority population**
 - Sexually active young women who have been diagnosed with and are being treated for an STI
- **Staff and ratio**
 - One female sexual health educator with counseling skills working with one young woman in a face-to-face setting
- **Timeframe**
 - 30 to 50 minutes for the initial session and 10 to 30 minutes for each booster session, as determined by need and the participant's wishes
- **Number and frequency of visits**
 - Designed and evaluated for an initial session followed by three follow-up (booster) sessions
 - Booster sessions coincide with the participant's clinical treatment schedule (typically STI retesting at 1 month, rescreening at 3 months, and pill check at 6 months, but the schedule depends on each young woman's treatment needs)
 - The next booster session is scheduled at the end of each session
- **Setting**
 - Private space in a clinic or community-based organization that provides sexual health services to young women
- **Access to condoms and other intervention materials**
 - Provide or facilitate access to condoms and safer sex information

Core Implementation Components in Depth

Why should I use SSI's Core Implementation Components Table?

The following table is a useful tool for practitioners preparing to implement and/or adapt SSI. The table can help you better understand how to set the stage and prepare for implementation and, as a result, implement SSI with greater fidelity. If you are considering adapting the intervention, you must not delete or compromise the core implementation components listed in this table. Adding core implementation components is considered a yellow light adaptation; additions must be done carefully so that they do not compromise the components listed in the table.

How do I use SSI's Core Implementation Components Table?

SSI's core implementation components are described on the following pages in a two-column table. The first column lists core implementation components. The second column provides justifications or rationales for why these implementation practices are core components. These justifications come from descriptions found in the curriculum, published journal articles about the curriculum, and discussions with the intervention's developers.

Core Implementation Components Table

Core Implementation Component	Justification
<p>SSI was designed for sexually active young women who have been diagnosed with and are being treated for an STI.</p>	<p>The participant is most likely to be contemplating her sexual risk-taking behavior and motivated to change it if the first session of the intervention is delivered at the time of STI diagnosis and initial treatment.</p>
<p>SSI should be an individualized, face-to-face session between one female sexual health educator with counseling skills and one young woman.</p>	<p>Although educators are often skilled at providing and eliciting information from groups of learners, creating and maintaining a supportive and nonjudgmental one-on-one counseling environment is a different skill, especially when the participant drives the discussion and judgment calls are needed. Having an experienced counselor who is the same gender as the participant helps ensure that the interaction is as comfortable, priority-driven, and effective as possible.</p>
<p>The length of the sessions varies—from 30 to 50 minutes for the first session and from 10 to 30 minutes for each booster session, as determined by need and what the participant wishes to cover.</p>	<p>A unique feature of this intervention is that it's customized for the individual participant according to her self-assessment and what she and the health educator determine should be covered. Because many steps are optional, especially during the booster sessions, the length of sessions varies.</p>
<p>The first session is followed by booster sessions, which should coincide with the participant's clinical treatment schedule.</p>	<p>Follow-up is important. Behavior change takes time, and review and reinforcement help keep the person on track. Therefore, the intervention was designed to have several booster sessions. In the study, there were three boosters at 1-, 3-, and 6-month intervals, which coincided with the participants' clinical treatment schedule. Scheduling follow-up sessions arbitrarily or out of sync with clinical care may be a burden for some participants and may affect attendance.</p>

Core Implementation Component	Justification
The next booster session is scheduled at the end of each session.	Scheduling the next visit at the end of a session increases the participant's commitment to behavior change.
SSI should be delivered in a private setting in a clinic or community-based organization that provides sexual health services to young women.	Another unique feature of SSI is that it is delivered immediately in the place where the participant has been diagnosed with and is being treated for an STI. Using a private space in that setting for each session ensures confidentiality, fewer interruptions, and, in general, a safer and more comfortable environment for the participant.
Condoms and safer sex information should be readily available.	Distributing free condoms and other safer sex material during the intervention or, if onsite distribution is not possible, ensuring that this material is accessible elsewhere helps normalize and model condom use and safer sex behavior. Also, the young woman is more likely to use condoms when they are readily available.

Safer Sex Intervention
Green/Yellow/Red Light Adaptations

General Adaptations

The general adaptations listed below pertain to *Safer Sex Intervention* (SSI) as a whole rather than to specific components or steps. The list of general adaptations is followed by a table that lists specific green, yellow, and red light adaptations for each SSI step.

General Green Light Adaptations: Go for It!

- **Updating and customizing factual information.**
Updating statistics and facts about youth sexual behavior, the risk of pregnancy and sexually transmitted infections (STIs), and the effectiveness of condoms or other methods of contraception and supplementing this information with local statistics are encouraged to keep facts up to date and increase the program's accuracy and relevance.
- **Using different informational materials/brochures.**
Replacing the brochures and other informational materials that are included or recommended in the intervention with material that is more up to date and/or better reflects your community's population is encouraged, provided the new material covers the same information and delivers the same messages.
- **Adding or replacing incentives/giveaways.**
Giving the participant additional items such as pens, condoms, bracelets, or Post-it pads can be quite useful—especially if they have the clinic's address and phone number and contain messages such as “use protection” or “it's never too late to abstain.” They serve as handy references, increase the young woman's motivation to return for follow-up visits, and reinforce the intervention's messages. These giveaways are relatively inexpensive when purchased in bulk.
- **Providing additional resources.**
Providing resource lists, referrals to other clinical and educational activities, a list of places to get condoms, and so forth may increase the young woman's motivation and the likelihood that she will return. It is important that these additional resources are consistent with the intervention messages and/or promote other clinic services.

General Yellow Light Adaptations: Proceed with Caution (and Guidance)

- **Replacing the video with another video.**
It is acceptable to use another video in place of *Private Lives, HIV/STI Education*, but the replacement video must be brief, engaging, and preferably humorous; include peers; and cover the same information.
- **Conducting the intervention at a date later than diagnosis and treatment.**
Some participants may not be able to take part in the intervention immediately (e.g., they have other time commitments or it's too close to closing time). In those cases, it is acceptable to conduct the intervention at another time. However, it's important to schedule the session as soon as possible, while the young woman is still contemplating the fact that she has contracted an STI and she is most motivated to change her behavior.

- **Skipping topics in the Precontemplation and Contemplation/Determination modules.**

There may be times when the participant will not want to cover a topic or she feels that it is not necessary. For example, she may share the fact that she is a lesbian, so she may feel she does not need information on birth control or male condoms, or she may simply feel that she is already familiar with the topic. In those cases, the counselor must rely on her experience and her assessment of the young woman to decide whether the need to cover the topic outweighs the participant's reluctance to do so. If the counselor has a good reason to overrule the young woman's decision, she should explain her reasoning carefully and tactfully. For example, she might explain that many lesbians do have sex with males and, in fact, they can be more at risk than heterosexual youth for STIs and unintended pregnancy.
- **Not offering condoms during the intervention.**

Distributing condoms helps normalize condom use, so distributing them during the intervention is preferable to referring the participants to another agency. Before making this adaptation, you should assess the local community to determine that condoms are easily accessible.
- **Offering the intervention to young women who do not test positive for an STI.**

Offering SSI to young women who do not test positive for an STI may not be as effective because they will not have a definite perception of risk.
- **Offering the intervention to slightly older females.**

The intervention is designed for adolescent girls or young women between ages 13 and 23 who are in the early stages of sexual behavior. It may be suitable for slightly older women provided they are in a similar stage of sexual behavior and are not yet engaged in long-term, monogamous relationships. However, SSI has not been evaluated with older women, so there is no evidence to support its effectiveness with this population.

General Red Light Adaptations: Avoid

- **Offering the intervention to women who are in established, monogamous relationships.**

The intervention was designed for adolescents and young women in the early stages of sexual behavior. It would look very different for women who are engaged in long-term, monogamous relationships.
- **Omitting or changing the order of initial steps in the first session (Component 1) and in each booster session (Introduction, Discussion and Review, and Stage of Change Reassessment).**

These initial steps not only set the tone for the counseling session but also determine what is covered in the rest of the session.
- **Omitting booster sessions.**

Booster sessions can help the young woman progress toward and maintain healthier sexual behavior. Also, sexual behaviors change with development, relationships, and other factors; a change in sexual risk behavior accomplished over one period may not be sustained without periodic booster sessions.
- **Not allowing participant to lead the direction of the session.**

Because it can be easier and less time consuming, the counselor may be tempted to take control of the counseling session—especially if she is relatively new and inexperienced. However, giving the participant autonomy in the counseling session rather than imposing one's authority is an important

component of SSI and a key concept of motivational interviewing, one of SSI's theoretical underpinnings. Motivational interviewing recognizes that the true power for making a behavioral change rests within the individual, not within the counselor. That's why the intervention is participant-centered, nonjudgmental, and nonconfrontational. Instead of confronting the participant, the counselor empathizes and collaborates with her. Instead of imposing her own ideas, she draws out the participant's ideas. And rather than impose herself as the authority figure, the counselor empowers the participant by giving the young woman autonomy and helping her recognize that she is responsible for her own actions. Allowing the young woman to lead the direction of the session—in part by determining what topics are covered and the order in which they are addressed—empowers her, makes her feel more comfortable, and increases her confidence.

- **Substituting lecture for skill practice and interactive activities.**

Multiple studies indicate that interactive activities are more effective at involving young people, getting them to personalize information, and actually changing their behavior than passive, non-interactive activities.

- **Using direct persuasion and arguing for change (Righting Reflex) rather than motivational interviewing.**

According to several behavioral theories, behavior change is most effective if a person is motivated to change. Using direct persuasion, such as trying to convince or challenging individuals to change their behavior, tends to make them defend their current behavior rather than motivate them to change it.

Step-Specific Green, Yellow, Red Light Adaptations

First Session

Component/Step	Green	Yellow	Red
Component 1: Introduction	None	None	This step should not be altered or omitted because: <ul style="list-style-type: none"> ✓ Providing a warm welcome and ensuring confidentiality are essential for establishing a safe and comfortable counseling experience.
Component 1: Video/DVD	<ul style="list-style-type: none"> ✓ Adding time after the video for questions/answers and discussion, if deemed necessary. See discussion questions that come with the video. 	<ul style="list-style-type: none"> ✓ Replacing the “Breaking Out” and “The Raincoat” segments of the <i>Private Lives, HIV/STI Education</i> video with another video better suited to your population. The replacement video must be brief, have peers, demonstrate correct condom use, and use humor or other methods to engage participants. 	This step should not be omitted because: <ul style="list-style-type: none"> ✓ The first part of the video acknowledges that it’s normal to be uncomfortable when talking about sex and STIs, which helps establish a safe and comfortable environment for the participant. ✓ These segments cover important information about STIs and condoms.
Component 1: Stage of Change Determination	<ul style="list-style-type: none"> ✓ Using an electronic version (e.g., in PowerPoint or Word) of the Wheel of Change in place of a hard copy. 	None	This step should not be omitted because: <ul style="list-style-type: none"> ✓ By self-assessing what stage of behavior she is in, the participant begins to consciously consider her sexual risk-taking behavior and its consequences. She also begins to explore her intentions to use protection or practice secondary abstinence. Both are important precursors to behavior change.

Component/Step	Green	Yellow	Red
Component 1: Stage of Change Determination <i>(continued)</i>			<i>(continued)</i> <ul style="list-style-type: none"> ✓ This self-assessment is the driving force behind what is included in the session. ✓ Using the participant's self-assessment to determine which module is covered is one of the first steps in empowering her to take control of and accept responsibility for her actions and decisions.
Components 2A and 2B: Consequences of Unprotected Sex	<ul style="list-style-type: none"> ✓ Using a different female anatomical model, provided the model is accurate and transparent so that it shows the upper genital tract. ✓ Replacing the "STI Facts" brochure with material that covers the same information. 	None	Although the sequence of steps is flexible, this step should not be omitted because: <ul style="list-style-type: none"> ✓ Understanding the risks involved in unsafe sexual behavior is a preliminary step in changing that behavior. ✓ It covers important information about STIs and HIV/AIDS and provides an opportunity to correct misinformation.
Components 2A and 2B: Risk Perception	<ul style="list-style-type: none"> ✓ Updating facts and statistics. ✓ Adding local statistics. ✓ Customizing information for the ethnicity and other demographics of the participant (e.g., HIV/AIDS is on the rise in young women of color). 	None	Although the sequence of steps is flexible, this step should not be omitted because: <ul style="list-style-type: none"> ✓ Understanding the risks involved in unsafe sexual behavior is a preliminary step in changing that behavior. ✓ It covers important information about STIs and HIV/AIDS and provides an opportunity to correct misinformation.

Component/Step	Green	Yellow	Red
<p>Components 2A and 2B: Preventing the Consequences</p>	<ul style="list-style-type: none"> ✓ Replacing the “Birth Control Choices” brochure with material that covers the same information. ✓ Adding information about other related clinical and educational resources and services (e.g., resource lists, referral forms). 	<p>None</p>	<p>Although the sequence of steps is flexible, this step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ It covers important information about ways to prevent pregnancy and STIs.
<p>Components 2A and 2B: Condoms</p>	<ul style="list-style-type: none"> ✓ Replacing the “Condoms: How to Use Them” brochure with material that covers the same information. ✓ Providing condom-related giveaways other than the condom key chain. ✓ Reformatting/redesigning the “Use It” checklist, provided it remains a checklist. ✓ Using a different female anatomical model to show how to use a female condom. 	<ul style="list-style-type: none"> ✓ Using finger or banana or other nonrepresentational model for the condom demonstration in place of the penis model. A finger or a banana is not as representational as a penis model, so there would be a gap between what the participant is seeing during the session and what she would experience in real life. ✓ Modeling the condom demonstration, including mistakes, before asking the participant to demonstrate. It is important that the activity ends with the correct procedures. It is also important to encourage the participant to be actively involved and to feel comfortable demonstrating her skills before the educator/expert takes the stage. 	<p>Although the sequence of steps is flexible, this step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ It contains necessary information about how to use a condom. ✓ It provides an opportunity for skill practice and feedback.

Component/Step	Green	Yellow	Red
Components 2A and 2B: Obtaining Condoms	<ul style="list-style-type: none"> ✓ Providing a list of local resources for condoms. ✓ Offering tips such as bringing a friend along when buying condoms. ✓ Brainstorming strategies to make it easier to obtain condoms. 	None	<p>Although the sequence of steps is flexible, this step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ It contains important information about how to obtain condoms.
Components 2A and 2B: Secondary Abstinence	<ul style="list-style-type: none"> ✓ Replacing the “101 Ways...” brochures with material that covers the same information. 	<ul style="list-style-type: none"> ✓ Briefly brainstorming ways to say no to sex and to be intimate without sexual intercourse. 	<p>Although the sequence of steps is flexible, this step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ This activity helps promote alternatives to having sex.
Components 2A and 2B: Talking about Sex	<ul style="list-style-type: none"> ✓ Replacing the “Safer Sex: Talking with your Partner” brochure with material that covers the same information. 	None	<p>Although the sequence of steps is flexible, this step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ It contains necessary information and skills related to talking with one’s partner about safe sex.
Component 2B: Role Play (and optional in Component 2A: Talking about Sex)	<ul style="list-style-type: none"> ✓ Adding names and local information to the role play to make it more relevant to the participant. ✓ Providing additional practice by reversing the roles in a second run-through. 	None	<p>Although this is an optional step in Component 2A, it should not be omitted in Component 2B because:</p> <ul style="list-style-type: none"> ✓ It is a critical skill-building component.

Component/Step	Green	Yellow	Red
Components 2A and 2B: Questions & Answers	None	None	Time for questions and answers is important and should not be omitted because: <ul style="list-style-type: none"> ✓ It is an opportunity to get feedback on the participant's understanding of the topics covered in the session and correct any misinformation or misunderstandings.
Components 2A and 2B: Feedback & Summary	<ul style="list-style-type: none"> ✓ Providing giveaways other than the "Proud Pete" flipbook. ✓ Scheduling the booster session in conjunction with the participant's treatment schedule. 	Not offering condoms at time of intervention. Because distributing condoms helps normalize and model condom use, giving them out during the intervention is preferable to referring the participant to another agency. However, if condoms are not distributed on site, it is important that they are easily accessible elsewhere.	An opportunity for the participant to summarize is important and should not be omitted because: <ul style="list-style-type: none"> ✓ It provides an opportunity to give feedback, correct misinformation, and determine what's needed in the future.

Booster Session

Component/Step	Green	Yellow	Red
Introduction and Welcome Back	None	None	<p>This step should not be altered or omitted because:</p> <ul style="list-style-type: none"> ✓ Warmly welcoming the participant back is essential for establishing a safe and comfortable counseling experience.
Discussion and Review	<ul style="list-style-type: none"> ✓ Changing yes/no questions to an open-ended format. ✓ Adding more questions as deemed appropriate. ✓ Reviewing any of the steps covered in the first session (e.g., STI facts, obtaining condoms) as requested by participant and deemed appropriate. 	None	<p>This step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ It provides necessary information about how the participant has applied the knowledge and skills that were taught in the previous session(s). ✓ It helps determine what needs to be reviewed in the current session.
Stage of Change Reassessment	<ul style="list-style-type: none"> ✓ Using an electronic version (e.g., in PowerPoint or Word) of the Wheel of Change in place of a hard copy. 	None	<p>This step should not be omitted because:</p> <ul style="list-style-type: none"> ✓ This self-assessment is the driving force behind what is included in the session. ✓ Asking the participant to self-assess her stage of behavior change is an important step in empowering her to take control and accept responsibility for her actions and decisions. ✓ The assessment provides an opportunity to evaluate progress in behavior change.

Component/Step	Green	Yellow	Red
Role Play (optional)	<ul style="list-style-type: none"> ✓ Adding names and local information to the role play to make it more relevant to the participant. ✓ Providing additional practice by reversing the roles in a second run-through. 	None	None
Reshow Video/DVD (optional)	None	None	<ul style="list-style-type: none"> ✓ Using a different video than was shown in the first session. Showing the video that was shown in the first session reinforces the video's messages.
Follow-up/Giveaways	<ul style="list-style-type: none"> ✓ Providing other giveaways in addition to condoms and brochures. ✓ Providing additional information such as lists of local resources and referrals for other services. ✓ Making an appointment for the next booster session as deemed appropriate and in conjunction with the participant's treatment schedule. 	None	None

Safer Sex Intervention
Fidelity Monitoring Tool

What is the purpose of this tool?

The following fidelity monitoring tool was developed by Sociometrics⁵ and is used to assess whether the core components of the *Safer Sex Intervention* (SSI) are implemented. It is divided into three sections that correspond to the three different types of sessions that make up SSI.

- The Precontemplation Stage session
- The Contemplation Stage session
- The Booster Session.

The program core components as they relate to fidelity are listed on page 65. There are many different ways to describe a program's core components. Because this list of core components looks slightly different from the core components listed previously in this kit, information is provided that links the two sets together (i.e., the category or categories that each core component corresponds to [content, pedagogical, and implementation] and where to find them in this kit).

Each section of the tool begins with a step-by-step checklist to track the facilitator's and the young woman's activities. This checklist is followed by a series of questions under which you may record important information about the types of challenges and adaptations that arise and recommendations for future program implementation. Questions about the young woman, setting, degree of privacy, and length of session can be added to track additional core implementation components.

After completing several fidelity tools over time, you might want to look at all of them together to identify any patterns in implementation or adaptations. Identifying these types of patterns can guide you in thinking about further support you need to better implement SSI in the future.

Most important, use the data you gather from these fidelity tools to validate what worked well for you and the young woman (e.g., your implementation and adaptation of SSI) and to strengthen the areas that did not work as well.

⁵ For a standalone, downloadable version of this tool, go to http://www.socio.com/pdf/Safer_Sex_Intervention.pdf.

Safer Sex Intervention (SSI) Fidelity Monitoring Tool

With Program Core Components

Program Developed by: Lydia Shrier, MD, MPH and the Safer Sex Intervention Team

The following fidelity tool can be used to ensure that the program, as delivered, is true to the original program, which ensures its effectiveness.

Directions:

- Familiarize yourself with the underlying core components of SSI—the parts of the program that must be maintained without alteration to ensure program effectiveness.

Program Core Components:

1. Implement with female adolescent or young woman who is sexually active, has been recently diagnosed with or is being treated for a sexually transmitted infection (STI), and is likely to be contemplating her diagnosis relative to her sexual risk behaviors (corresponds to the priority population core implementation component on page 43).
 2. Deliver in an interactive one-on-one, face-to-face session by a female health educator trained in motivational interviewing techniques to develop a positive, trusting, and supportive relationship between the health educator and the participant (corresponds to the staff and ratio core implementation component on page 43 and the motivational interviewing pedagogical component on page 39).
 3. Deliver booster sessions after the initial one-on-one session to reinforce information and skills learned (corresponds to the timeframe core implementation component on page 43).
 4. Assess participant using Wheel of Change Assessment and interview to identify appropriate 30–50-minute session—that is, either the Precontemplation or the Contemplation Stage session (corresponds to the intervention materials core pedagogical component on page 39).
 5. Tailor intervention based on the participant's feedback and stated priorities (corresponds to the motivational interviewing core pedagogical component on page 39).
 6. Discuss the consequences of sexual risk behaviors and offer solutions/strategies including secondary abstinence and correct, consistent condom use (corresponds to the perception of risk core content component on page 31 and the skills core content component on page 32).
 7. Teach condom use and negotiation skills with corrective feedback through role-play activities and condom application demonstration and practice (corresponds to the skills core content component on page 32).
 8. Provide access to condoms and safer sex information (corresponds to access to condom and information material core implementation component on page 43).
- Complete the checklist of program activities and the questions.
Note: During a participant's session, the health educator delivers one of two different SSI sessions. After this session, the health educator conducts booster sessions with the participant. Please complete the checklist and questions for the specific session completed.

Safer Sex Intervention (SSI) Fidelity Monitoring Tool

Facilitator Name: _____ **Participant Name:** _____ **Session Date:** _____

Precontemplation Stage Session

Goals:

1. Reduce high-risk sexual behaviors
2. Increase condom use
3. Prevent the recurrence of an STI among sexually active young women

Please add a check [✓] in the column for each activity that was completed and write “NA” if not applicable.

Activity	✓	Facilitator	✓	Youth
1. Introduction and Video/DVD	<input type="checkbox"/>	Developed rapport between participant and educator through introduction and discussion of confidentiality and goals	<input type="checkbox"/>	Introduced herself to the educator and indicated understanding of the goal, limits of confidentiality, and some desire to continue
	<input type="checkbox"/>	Showed the first two segments of the <i>Private Lives</i> video	<input type="checkbox"/>	Watched the first two segments of the <i>Private Lives</i> video
2. Stage of Change Determination	<input type="checkbox"/>	Gave the participant a pen and a copy of the Wheel of Change handout (green envelope) and read instructions aloud	<input type="checkbox"/>	Received and reviewed the Wheel of Change handout
	<input type="checkbox"/>	Guided youth’s decision about where she fits best on the Wheel of Change handout	<input type="checkbox"/>	Indicated where she fits best on the Wheel of Change handout (i.e., made a self-assessment)
	<input type="checkbox"/>	Asked participant to describe her concerns (if any) about unprotected sexual intercourse and what she would like to change	<input type="checkbox"/>	Described her concerns (if any) about unprotected sexual intercourse and what she would like to change
	<input type="checkbox"/>	Elicited self-motivational statements through the use of motivational interviewing techniques	<input type="checkbox"/>	Provided self-motivational statements (e.g., “I believe I am strong enough to say ‘no’ next time”)


Developed by Sociometrics, <http://www.socio.com/>

Activity	✓	Facilitator	✓	Youth
3. Consequences of Unprotected Sex		Asked about some of the things that can happen to women if they have unprotected sex (e.g., pregnancy and STIs)		Responded with consequences of unprotected sex, including pregnancy and STIs
		Wrote the participants' responses on a flipchart		
		Explained that many printed materials use the term "sexually transmitted diseases (STDs)" but that "sexually transmitted infections (STIs)" is the correct term and explained that the participant will encounter both STD and STI terms in the materials		Received "STD Facts" brochure and followed the demonstration of the ascension of infection
		Distributed "STD Facts" brochure and directed the participant to read the STD Chart		
		Discussed STI risk (e.g., that STIs are infections that can be passed from one person to another by sexual contact, there are more than 25 STIs, they are very contagious, and death is a consequence of some infections), pelvic inflammatory disease (PID) (e.g., it is a complication of STIs and can cause chronic pelvic pain and ectopic pregnancy), and demonstrated the ascension of infection using an anatomical model		
4. Risk Perception		<p>Asked the participant if she thinks she is at personal risk of contracting a sexually transmitted infection after reviewing "STD Facts" brochure</p> <ul style="list-style-type: none"> ▪ If answered yes, discussed statistics regarding risk of infection ▪ If answered no, asked why she doesn't think she is at risk and discussed risk of infection 		Responded to whether or not she thinks she is at risk for an STI and discussed STI risk
		Asked if the participant can tell if somebody is HIV positive and explained that, because you usually cannot tell if someone has an infection, it is very important to protect yourself		Responded to whether or not she can tell if someone is HIV positive and followed the discussion about the importance of protecting herself

Developed by  Sociometrics, <http://www.socio.com/>

Activity	✓	Facilitator	✓	Youth
5. Preventing the Consequences		Asked the participant to state methods of preventing pregnancy		Provided methods of preventing pregnancy
		Drew a vertical line down the middle of a sheet of paper on the flipchart and wrote the participant's answers to the left of the line		
		Elicited, recorded on the right side of the line, and discussed ways of preventing STIs		Listened to ways to prevent STIs
		Distributed the "Birth Control Choices" brochure and suggested the participant read it after the session		Received the "Birth Control Choices" brochure
		Asked why there are many more ways of preventing pregnancy than STIs, discussed the different ways to prevent pregnancy and whether these also work to prevent STIs, indicated that the session focuses on the methods that prevent infection, and circled the methods that prevent infection (right side of the flipchart)		Responded to the question and discussed different ways to prevent pregnancy and STIs
6. Condoms		Asked about the participant's use of condoms		Discussed condom use
		Distributed the "Condoms: How to Use Them" brochure		Received the "Condoms: How to Use Them" brochure
		Reviewed correct condom use technique		Reviewed correct condom use technique
		Asked the participant to put a condom on a penis model, checked off the corresponding boxes in the "Use It" checklist, and reviewed the points the participant covered and those she forgot		Put a condom on a penis model
		Used the female anatomical model to demonstrate how to use the female condom		Followed the demonstration
		Distributed the condom key chain		Received the condom key chain

Activity	✓	Facilitator	✓	Youth
7. Obtaining Condoms		<p>Asked if participant had ever gotten condoms:</p> <ul style="list-style-type: none"> ▪ If yes, asked where she got them and if she knows of some other places she can get them ▪ If no, asked why not and if she feels uncomfortable buying them <p>Mentioned other places to get condoms</p>		Answered the questions and listened to information about places to obtain condoms
8. Secondary Abstinence		Asked if the participant had ever said no to sex and engaged in a discussion about why someone might say no to sex and how she is always free to decide not to have sex		Answered the question and discussed answers
		Distributed the “101 Ways to Say No to Sex” brochure		Received the “101 Ways to Say No to Sex” brochure
		Asked about benefits of not having sex and for alternative things the participant can do with a boyfriend that won't cause STIs/pregnancy		Listed some benefits of not having sex
		Distributed the “101 Ways to Make Love Without Doin’ It” brochure and discussed ways to make love without having sex (i.e., kissing, petting, touching, and mutual masturbation) and relative risks of oral and anal sex		Received the “101 Ways to Make Love Without Doin’ It” brochure and discussed ways to make love without having sex and relative risks of oral and anal sex
9. Talking About Sex		Engaged in a discussion about pressure to have sex from boyfriends, music, TV shows, and movies and asked if the participant feels a lot of pressure to have sex		Discussed pressure to have sex
		Distributed the “Safer Sex: Talking with Your Partner” brochure		Received the “Safer Sex: Talking with Your Partner” brochure

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Activity	✓	Facilitator	✓	Youth
10. Questions & Answers		Asked if the participant had questions and answered every question		Asked questions and followed the answers
11. Feedback & Summary		Provided the participant with impressions of the session, asked the participant to summarize what was covered during the session, and solicited feedback about the usefulness of the session		Followed the facilitator's impressions and summarized her own impressions about the session
		Distributed the "Proud Pete" flipbook and, if appropriate, offered the participant condoms		Received the "Proud Pete" flipbook and condoms, if appropriate

1. Were there any challenges with any of the activities? Why?

2. Did activities go as planned? Why or why not (e.g., had mandatory fire drill)?

3. Was any activity eliminated, substituted, or modified? Why?

4. What changes were made to the session? Why?

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5. Recommendations for the future:

Facilitator Name: _____ Participant Name: _____ Session Date: _____

Contemplation Stage Session

Goals:

1. Reduce high-risk sexual behaviors
2. Increase condom use
3. Prevent the recurrence of an STI among sexually active young women

Please add a check [✓] in the column for each activity that was completed and write “NA” if not applicable.

Activity	✓	Facilitator	✓	Youth
1. Introduction and Video/DVD		Developed rapport between participant and educator through introduction and discussion of confidentiality and goals		Introduced herself to the educator and indicated understanding of the goal, limits of confidentiality, and some desire to continue
		Showed the first two segments of <i>Private Lives</i> video		Watched the first two segments of <i>Private Lives</i> video
2. Stage of Change Determination		Gave the participant a pen and copy of the Wheel of Change handout (green envelope) and read the instructions aloud		Received and reviewed the Wheel of Change handout
		Guided youth’s decision about where she fits best on the Wheel of Change handout		Indicated where she fits best on the Wheel of Change handout (i.e., made a self-assessment)
		Asked participant to describe her concerns (if any) about unprotected sexual intercourse and what she would like to change		Described her concerns (if any) about unprotected sexual intercourse and what she would like to change
		Elicited self-motivational statements through the use of motivational interviewing techniques		Provided self-motivational statements (e.g., “I believe I am strong enough to say ‘no’ next time” or “My actions have consequences—to me and my body—now that I realize this, I am going to make a change”)

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Activity	✓	Facilitator	✓	Youth
2. Stage of Change Determination (<i>continued</i>)		Determined the stage of change with the participant's self-assessment and decided to deliver the Contemplation Stage Intervention		
3. Consequences of Unprotected Sex		Asked about some of the things that can happen to women if they have unprotected sex (e.g., pregnancy and STIs)		Responded with consequences of unprotected sex, including Pregnancy, and Sexually Transmitted Infections (STIs)
		Wrote the participant's responses on a flipchart		
		Explained that many printed materials use the term "sexually transmitted diseases (STDs)" but that "sexually transmitted infections (STIs)" is the correct term and explained that the participant will encounter both STD and STI terms in the materials		Received "STD Facts" brochure and followed the demonstration of the ascension of infection
		Distributed "STD Facts" brochure and directed the participant to read the STD Chart		
	Discussed STI risk (e.g., that STIs are infections that can be passed from one person to another by sexual contact, there are more than 25 STIs, they are very contagious, and death is a consequence of some infections), pelvic inflammatory disease (PID) (e.g., it is a complication of STIs and can cause chronic pelvic pain and ectopic pregnancy), and demonstrated the ascension of infection using an anatomical model			

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Activity	✓	Facilitator	✓	Youth
4. Risk Perception		Asked the participant if she thinks she is at personal risk of contracting a sexually transmitted infection after reviewing “STD Facts” brochure <ul style="list-style-type: none"> ▪ If answered yes, discussed statistics regarding risk of infection ▪ If answered no, asked why she doesn't think she is at risk and discussed statistics regarding risk of infection 		Responded to whether she thinks she is at risk for an STI and discussed STI risk
		Asked the participant if she could tell if somebody is HIV positive and explained that, because you usually cannot tell if someone has an infection, it is very important to protect yourself		Responded to whether she can tell if someone is HIV positive and followed the discussion about the importance of protecting herself
5. Preventing the Consequences		Asked participant about how to prevent pregnancy		Provided methods of preventing pregnancy
		Recorded participant's answers on one side of a flipchart page		
		Asked the participant about how to prevent STIs		Provided methods of preventing STIs, discussed answers, and added methods not previously mentioned
		Wrote the participant's answers on the other side of the flipchart, discussed the participant's answers, and added methods that had not been mentioned		
		Distributed the “Birth Control Choices” brochure and suggested the participant read it after the session		Received the “Birth Control Choices” brochure
		Asked why there are more ways to prevent pregnancy than STIs, discussed the different ways to prevent pregnancy and if these also prevent STIs, focused on the methods that prevent STIs, and circled the methods that prevent infection (right side of the flipchart)		Responded to the question and discussed different ways to prevent pregnancy and STIs

Activity	✓	Facilitator	✓	Youth
6. Condoms		Asked about the participant's use of condoms.		Responded to the question
		Wrote "pros" on the left and "cons" on the right side of a new flipchart page		Offered advantages and disadvantages of condom use
		Elicited and recorded advantages of using condoms and prompted any pros she didn't mention using the why? points on the "Use It" checklist		
		Distributed the "Condoms: How to Use Them" brochure		Received the "Condoms: How to Use Them" brochure
		Reviewed correct condom use technique with additional directions		Reviewed correct condom use technique
		Asked the participant to put a condom on a penis model, checked off the corresponding boxes in the "Use It" checklist, and reviewed the points she covered and those she forgot		Put a condom on a penis model
		Used the female anatomical model to demonstrate how to use the female condom		Followed the demonstration
		Distributed the condom key chain		Received the condom key chain
7. Obtaining Condoms		<p>Asked if the participant had ever gotten condoms:</p> <ul style="list-style-type: none"> ▪ If answered yes, asked where she got them and if she knows of other places to get them ▪ If answered no, asked why not and if she feels uncomfortable buying them from a store <p>Mentioned additional places she can get condoms</p>		Answered the questions about obtaining condoms

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Activity	✓	Facilitator	✓	Youth
8. Secondary Abstinence		Asked the participant if she had ever said no to sex and engaged in a discussion about why someone might say no to sex and how she is always free to decide not to have sex		Answered the question and discussed answers
		Distributed the “101 Ways to Say No to Sex” brochure		Received the “101 Ways to Say No to Sex” brochure
		Asked the participant about benefits of not having sex and for some things she can do with a boyfriend that won’t cause STIs/pregnancy		Listed some benefits of not having sex
9. Talking about Sex		Engaged in a discussion about pressure to have sex from boyfriends, music, TV shows, and movies and asked if the participant feels a lot of pressure to have sex		Answered if she feels pressure to have sex
		Encouraged the participant to: <ul style="list-style-type: none"> ▪ Know the risks ▪ Know her rights ▪ Be self-confident ▪ Respect her life ▪ Practice expressing herself 		Followed the discussion
		Told the participant that the best way to talk about protection is before getting physical with someone and in a neutral place (not in the bedroom or a car)		
		Discussed the importance of not mixing alcohol or drugs with sexual intercourse		

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Activity	✓	Facilitator	✓	Youth
10. Role Play		Engaged in the role-play activity		Engaged in the role-play activity
		Discussed the importance of having a partner with whom the participant can talk about sex and who listens and respects her		Followed the discussion
		Distributed the "Safer Sex: Talking with Your Partner" brochure		Received the "Safer Sex: Talking with Your Partner" brochure
11. Questions & Answers		Asked if the participant had any questions and answered every question		Asked questions and followed the answers
12. Feedback & Summary		Provided the participant with impressions of the session, asked the participant to summarize what was covered during the session, and solicited feedback about the usefulness of the session		Followed the facilitator's impressions and summarized her own impressions about the session
		Distributed the "Proud Pete" flipbook and, if appropriate, offered the participant condoms		Received the "Proud Pete" flipbook and condoms, if appropriate

1. Were there any challenges with any of the activities? Why?

2. Did activities go as planned? Why or why not (e.g., had mandatory fire drill)?

3. Was any activity eliminated, substituted, or modified? Why?

4. What changes were made to the session? Why?

5. Recommendations for the future:

Safer Sex Intervention (SSI) Fidelity Monitoring Tool

Facilitator Name: _____ **Participant Name:** _____ **Session Date:** _____

Booster Session

Goals:

1. Reduce high-risk sexual behaviors
2. Increase condom use
3. Prevent the recurrence of an STI among sexually active young women

Please add a check [✓] in the column for each activity that was completed and write "NA" if not applicable

Activity	✓	Facilitator	✓	Youth
1. Introduction	<input type="checkbox"/>	Greeted the participant and explained that it was nice to talk with her last time about her sexual attitudes and behavior	<input type="checkbox"/>	Greeted the educator and indicated some desire to continue
	<input type="checkbox"/>	Thanked her for her openness and honesty last time	<input type="checkbox"/>	
2. Questions to Start	<input type="checkbox"/>	Asked questions to assess the participant's current use of safer sexual practices	<input type="checkbox"/>	Responded to the questions regarding her sexual practices
3. State of Change Determination	<input type="checkbox"/>	Gave the participant a pen and copy of the Wheel of Change handout and read the instructions aloud	<input type="checkbox"/>	Received and analyzed the Wheel of Change handout
	<input type="checkbox"/>	Helped the participant decide where she fits best on the Wheel of Change and acknowledged her self-assessment	<input type="checkbox"/>	Indicated where she fits best on the Wheel of Change handout (i.e., made a self-assessment)
	<input type="checkbox"/>	Asked the participant to describe anything about safer sex she would like to improve	<input type="checkbox"/>	Described what she would like to change (if anything)
4. Questions and Answers	<input type="checkbox"/>	Asked if the participant had any questions and answered every question	<input type="checkbox"/>	Asked questions and followed the answers

Activity	✓	Facilitator	✓	Youth
5. Role Play (optional)		Engaged in the role-play activity (if appropriate), and prompted and supported the participant		Engaged in the role-play activity (if appropriate)
		Discussed the importance of having a partner with whom she can talk about sex and who listens and respects her		Participated in the discussion
6. Wrap-Up		Offered condoms and additional copies of the brochures		Received the condoms and brochures, if desired

1. Were there any challenges with any of the activities? Why?

2. Did activities go as planned? Why or why not (e.g., had mandatory fire drill)?

3. Was any activity eliminated, substituted, or modified? Why?

4. What changes were made to the session? Why?

5. Recommendations for the future:

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Glossary

Adaptation

The process of making changes to an evidence-based program to make it more suitable for a particular population and/or an organization's capacity, without compromising or deleting its core components.

BDI Logic Model

Behavior-Determinant-Intervention Logic Model. A program-planning tool that guides program developers through four sequential and clearly linked steps: (1) establishing a health goal; (2) identifying and selecting the individual or group behaviors directly related to that health goal; (3) identifying and selecting the determinants related to those behaviors; and (4) developing intervention activities directly related to those determinants.

Contraception

The intentional prevention of conception by artificial or natural means.

Core Components

Program characteristics that must be kept intact when the intervention is being replicated or adapted for it to produce program outcomes similar to those demonstrated in the original evaluation research. Core components can be organized into three categories: content, pedagogy, and implementation.

Core Content Components

Relate to *what* is being taught, specifically the knowledge, attitudes, values, norms, skills, and so forth addressed in the program's learning activities that are most likely to change sexual behaviors.

Core Implementation Components

Relate to some of the *logistics* responsible for an environment conducive to learning, such as program setting, facilitator-to-youth ratio, and dosage and sequence of sessions.

Core Pedagogical Components

Relate to *how* the content is taught, including the teaching methods, strategies, and youth-facilitator interactions that contribute to the program's effectiveness.

Demographics

Social and vital statistics associated with a particular population. Examples of variables typically described by demographics include age, gender, socioeconomic status, ethnicity/race, immigration status, and sexual orientation.

Demonstrations

Hands-on practice of a skill or an activity. A classic example of a demonstration in sexuality education is asking participants to correctly put a condom on an object/model that resembles a penis.

Determinants

The psychosocial and environmental factors that have a causal influence on sexual behaviors. Determinants can include factors such as knowledge, attitudes, skills, or conditions. Determinants include both *risk* factors (e.g., being in love is a risk factor for having sex) and *protective* factors (e.g., a positive attitude about condom use is a protective factor for using condoms during sex).

Determinants Found in *Safer Sex Intervention*

Attitude

A state of mind, feeling, or disposition. Attitudes are often expressed in the way people think, feel, and act. They demonstrate an individual's opinions, dispositions, perspectives, or positions on a particular issue or topic. Attitudes are somewhat different from values.

Intentions

A decision, determination, or plan to behave in a particular way in specific situations. Even if a person intends to do something, it doesn't mean that she will actually do it. For example, a person who is thinking about quitting smoking intends or plans to quit but may or may not actually follow through on that intention.

Knowledge

The awareness and understanding of information, statistics, facts, principles, frameworks, characteristics/descriptions, causes, and consequences related to a problem (e.g., unintended pregnancy or HIV infection).

Perception of Peer Norms

What someone believes to be the social norms for his or her peer group. If, for example, a young man believes that most of his peers do not use condoms, for that young man the perceived peer norm is for the non-use of condoms. Misperceptions of norms occur when there is a discrepancy between the actual norm and the perceived norm. For example, adolescents typically have misperceptions about the normative age of sexual initiation, believing that it is earlier than it actually is.

Perception of Risk

An individual's understanding and belief about the likelihood that she could experience negative consequences, such as unintended pregnancy or STI/HIV, by engaging or not engaging in certain behaviors (e.g., having sex with a condom, having sex without a condom). Perception of risk may reflect perceived susceptibility or vulnerability, severity, and seriousness of some possible outcome.

Skill

The ability to do something adequately or well (e.g., to use a condom correctly, refuse sex, or negotiate condom use with a partner). Having the skill to do something means that the individual understands the correct steps required for executing the action and knows how to execute those steps. However, knowing how to do something does not mean that a person will behave or act in the desired way in real-life situations.

Values

Principles or beliefs that serve as guidelines in helping people make decisions about behaviors or life choices. They reflect what an individual believes about the "rightness" or "wrongness" of things. Values tell us what a person believes about something.

Evidence-Based Program (EBP) or Evidence-Based Intervention (EBI)

A program that has been rigorously evaluated and shown to change sexual risk-taking behavior (e.g., increase condom use or delay sexual activity onset).

Fidelity

The faithfulness with which a curriculum or program is implemented—that is, how well the program is implemented without compromising the core content, pedagogical, and implementation components essential for the program’s effectiveness.

Green Light Adaptations

Adaptations that do not compromise the core components and internal logic of an evidence-based program. In fact, many green light adaptations are encouraged. For example, most evidence-based programs can be improved by changing the names or situational contexts in role plays and updating reproductive health information and statistics to better address the youth who will participate in the program. Green light adaptations generally do not require a lot of time or resources. Practitioners can feel comfortable making these types of changes.

Pedagogy

The science and art of teaching. Refers to the instructional methods, learning activities, and student–teacher interactions that build knowledge and students’ skills.

Priority Population

The group of people chosen for intervention activities; often referred to as “target” population.

Protection

A contraceptive or barrier such as a condom that lowers the risk of pregnancy or an STI.

Protective Factor

Any factor or quality associated with increased protection from a disease or condition. For example, self-efficacy to use condoms is a protective factor for actual use of condoms.

Red Light Adaptations

Adaptations that substantially compromise the core components of an evidence-based program. These adaptations include changes such as shortening the program, reducing or diminishing activities that allow youth to personalize information and practice skills, and eliminating or reducing condom use practice activities. Red light adaptations should be avoided, and practitioners should stop and rethink these types of proposed changes.

Risk Factor

Any factor whose presence is associated with an increased risk of a disease or condition. For example, social norms that support sex are a risk factor for adolescent pregnancy.

Sexual Behaviors

Sexual activity or patterns of sexual activity. Voluntary, mutually satisfying sexual behavior can enhance relationships and have positive physical and emotional effects, such as reducing stress and enhancing a sense of competence and support. Effective sexual health programs generally focus on reducing risky sexual behavior that can lead to unintended pregnancy and STIs, including HIV/AIDS. Effective programs do this by focusing on two or more of the following: (1) delaying the onset of sexual intercourse; (2) increasing the correct use of condoms; (3) increasing the correct use of contraception; (4) decreasing the number of sexual partners; (5) increasing testing for and treatment of STIs; (6) increasing vaccination against HPV and hepatitis B; (7) decreasing the frequency of sex; (8) decreasing the frequency of sex with concurrent partners or with partners who have concurrent partners; and (9) increasing the time gap between sexual partners.

Yellow Light Adaptations

Adaptations that are somewhere between green and red light adaptations and should be made with caution. Yellow light adaptations are more complex than green light adaptations and generally require more time and resources. They may include changes such as adding activities, changing the sequence of activities, or replacing videos. These changes have the potential to compromise the program's core components and, as a result, diminish its effectiveness. When practitioners are considering these types of adaptations, it's best to work with a skilled program developer and someone who understands behavioral health and health education theory.

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