Implementing Evidence-Based Programs with Youth who have Learning or Intellectual Disabilities:

Adaptations and Teaching Strategies for *Be Proud! Be Responsible!*

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The purpose of this guide is to assist educators who are implementing *Be Proud! Be Responsible!* (BPBR) with participants who have developmental or intellectual disabilities. There are a number of specific concepts, themes, and teaching strategies within BPBR that may require adaptation to maximize learning for this group of participants. Planning ahead will yield opportunities for student success and mastery.

Adapting the lessons requires a careful, intentional balance between not straying too far from the curriculum as it stands, and making sure students understand the main points of each lesson.

The most effective and appropriate adaptations will be dependent on the needs of each specific group with which an educator works. Each individual, and each group, will have a constellation of unique needs and challenges. Finding out as much as possible ahead of time, and planning which ideas and adaptations might work best for each specific group, is highly recommended.

For background, visit Teaching Sexuality to Developmentally Disabled Youth at ETR Associate's Resource Center for Adolescent Pregnancy Prevention:
https://www.etr.org/store/product/sexuality-education-for-people-with-disabilities/

Terminology and definitions

Some terms and ideas in the curriculum are very abstract. Examples of terms that may be confusing or problematic include: spontaneous, postpone, responsible, risk, negotiate, confident, integrity, dignity, and consequences. Broad technical terms like "contraceptive," "STD," "HIV/AIDS," may also be difficult to understand without first breaking them down into more concrete words and ideas.

- Ask the group about what each term means, and pay attention to those that are challenging.
- Build on concepts students can already identify with, such as *pride*, *healthy choices*.
- When first introducing abstract terms, use a variety of synonyms in order to clarify their meanings, and observe those that seem to work well for the particular group. In some cases, using a phrase instead of a one-word term may be useful. For instance, "negotiate" also means "to talk about and decide about together." And one way to think about what it means to "postpone" is to *delay* or *stop for a time*.
- Take time to identify, define, and break down any terms that are problematic or confusing for the group.

Time and repetition

Students with special needs excel when there are many opportunities and plenty of time for repetition.

- Break each lesson out into several discrete chunks that each convey only one or two main ideas.
- Allow students enough time to really practice and understand, especially when teaching the foundational material on which later lessons are based.
- Plan on adequate time to cover the material. This may mean significantly more than the time allotted in the curriculum, and in shorter chunks at each session.
- Some activities may require extra time to allow for specific modifications. For instance, the condom demonstration could be broken down into three parts (beginning, middle, end) and practiced one part at a time. For other activities or other groups, use additional time to first demonstrate a method or skill.

Provide foundation lessons before delivering the curriculum, when possible

Students will achieve mastery of abstract or complex concepts when information is divided into shorter segments, and when background knowledge and information can be provided as a separate session or sessions. For instance, HIV/AIDS concepts in the curriculum may be much more easily understood if the facilitator can spend some time on this topic before delivering the actual lesson. Facilitators will lose the focus and comprehension of students if they do not have adequate background to understand some of these more complex ideas.

If it is possible to provide or review lessons on puberty and on healthy relationships with the group prior to implementing the curriculum, this may supply needed context so students can later go on to understand and master the lessons in the curriculum. Providing this background can increase understanding of the curriculum and the skills and components it presents. A pre-session on relationships can clarify what we mean by relationships: define types of relationships, public/private, etc. Consider using pictures of family members or photos from magazines to illustrate ideas.

When appropriate, emphasize skill over knowledge

Some ideas in the curriculum may not be easily mastered by students with special needs, no matter how much time is available. For instance, specific information about each STD, symptoms, treatment, etc. may be difficult for participants to follow. In such cases, the facilitator may be more effective by emphasizing not the content but the desired behavior or skill. For example, rather than to be able to memorize or recite the names of various STDs, it may be more helpful for students to know that any time they have a worry or notice something different about their sexual/reproductive system they should seek the help of a health care provider (or a trusted family member or caregiver in determining if health care or merely education is required). Likewise, by emphasizing that anyone who is sexually active should have regular STD screenings because some STDs are harmful but have no symptoms, educators can underscore important health-supporting behaviors with students who may not be able to memorize exact names or symptoms of each STD.

Obtain as much information about the group as possible

One particular strength of the situations of many students with special needs is that there are usually a variety of people involved in coordinating their educational goals – parents, family, caregivers,

assistants/aides/shadows, therapists, teachers, etc. If possible, meet with all the people involved with the students ahead of time. Explain the program, and ask them to help you understand the students' individual learning styles. Also, enlist their help in reviewing key concepts or general skills (discussion, role playing, and reflection) in other situations outside the BPBR lessons. This way, concepts and skills can be practiced in other settings to provide reinforcement and repetition opportunities in addition to the actual lessons.

Which learning modes work best for the group? When possible, talk to teachers first to assess what teaching tools they use. Then incorporate this information into planning, using those strategies that have been most successful with the group in the past.

If concerned about parent or teacher buy-in, consider sharing some of the research that shows youth with disabilities are more vulnerable and that sex education will help reduce this risk (see Appendix).

Assess knowledge and skills

- Are there any special considerations or other needs?
- Can a pre/post assessment quiz be given to assess learning? These can assist the facilitator in determining learning outcomes, and can also be used so students themselves can see their own progress.
- Would posing reflective questions provide more reliable indicators of what students have learned?

Provide additional resources to students, facilitators, teachers, and families

Be aware of reliable websites that provide accurate and accessible information about sexual and reproductive health. Some youth who have special needs are quite comfortable receiving online information. Online information is also sometimes more current than pamphlets or other paper resources. For other youth, the reading level required by some online resources, or the media literacy skills needed – including determining the credibility of online resources – may be very challenging.

Tips for role play activities

Some students may take well to role play activities. Others, especially those on the autism spectrum, may need additional help with understanding this learning modality because it may be overwhelming or confusing. Different strategies that suit the needs of each group will be needed.

- Have the facilitators demonstrate a role play scenario themselves first, and then have students do one after observing the demonstration.
- Have only the facilitator role play each scenario, and then lead a facilitated discussion with the students about the scenario rather than having students act it out themselves. This way they can concentrate on the content of the role play rather than concentrating on how to do a role play.
- In inclusion classrooms or mixed settings, observe which strategies seem to work best. Enlist the help of peers to demonstrate role plays or to act as coaches for other students' role plays. Or make up mixed pairs or groups of disabled and non-disabled peers for each role play scenario so they can combine their strengths within each pair or group.

Using the videos

The BPBR videos can be used in ways that are uniquely suited to students who have special needs.

- When appropriate, show a video in smaller chunks, and repeat important sections of video several times until the group is able to demonstrate that they have learned key concepts.
- When appropriate, show the video first to introduce a concept, rather than introducing with an activity and then showing the video. Rearrange the order of the activities and video to best suit the learning styles of the group.
- Students with special needs may have difficulty picking out the most important parts of a video (or a social interaction in general). When repeating sections of a video, the facilitator can verbally cue the group; for instance, "now in this next section, look for when the two people meet. How can you tell they are interested in each other? What do they do that tells you this?" or "watch here how the three important ideas about saying 'no' are reviewed." Or "hey, did you see that" or "what happens when ___."
- After each piece of video, assess for understanding to make sure students have understood the most important points. Continue to repeat until this is achieved.

Learn from each other, and network

Communicate and collaborate with other facilitators doing this work. Together, you represent a pool of vast and important knowledge and expertise!

Appendix: What does research tell us about sexual health and youth with special needs?

Research highlights several important themes that are particularly important to working with youth who have special needs. These themes include social vulnerabilities, health risk behaviors, risk of sexual assault, and the unique needs of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth who have intellectual or developmental disabilities.

Sexual Health and Risk Factors

Studies suggest that there is an overall lack of comprehensive sexual education services for individuals diagnosed with an intellectual disability (Grove et al., 2018; Manoj & Suja, 2017; Matin et al., 2021; Sala et al., 2019).

- Sexually active youth with an ID are at a greater risk for contracting an STI compared to their non-disabled peers.
- Current sex education curriculums are not adapted for non-conforming adolescents with an ID.
- Sex education curriculums need to incorporate role-play, visual stimuli, and increased procedural clarity to support engagement and understanding.
- Lack of tailored education and services can lead to many other mental and physical related problems such as anxiety and depression, sexual abuse, and violent behaviors.
- Sex education providers need to be trained in cultivating an experience that promotes confidence, respect, and curiosity.
- There are several misconceptions surrounding youth with ID and sexual health that create barriers to getting the sexual health services they need.
- These youth are more likely than their peers to engage in certain risky behaviors, including risky sexual behaviors, and they are less likely to have a practical understanding of how to protect their health and avoid pregnancy.

Greater Risk of Sexual Assault

Adolescents and adults with intellectual disabilities have been shown to have a greater risk of sexual assault, which can lead to several negative health outcomes (Byrne, 2018; Jones et al., 2012; Tomsa et al., 2021).

- The overall prevalence of sexual abuse in adults with ID was 32.9%.
- Children with mental or intellectual disabilities were proven to have a higher prevalence and risk of sexual violence than do children with other disability types.
- Some psychological effects include PTSD, psychological distress, behavior disorder, etc.
- Individuals who had higher severity of ID were shown to be at an increased risk of sexual abuse.
- Risk factors include physical incapability, limited communication skills, lack of sexual education, reluctance to report abuse, etc.
- Common perpetrators are caregivers, family members, and service providers.

LGBTQ Youth with Special Needs

Further research needs to be conducted on LGBTQ Youth with intellectual disabilities and ASD. However, it was shown that LGBTQ Youth with an ID or ASD face significant barriers to maintaining sexual health (Dewinter et al., 2017; McCann et al., 2016).

- In a study conducted in the Netherlands, 22% of women and 8% of men with ASD reported some gender non-conforming feelings.
- In the same study, adolescents with ASD reported non-heterosexual attraction more than their peers in the general population.
- People with ID have an overall lack of knowledge of LGB issues, rights, and sexual identity.
- Some LGBTQ+ people with ID face discrimination when attempting to access sexual health services.
- LGBTQ+ people with ID need targeted resources tailored to their needs in a supportive manner.

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