

Implementation Guidelines – Be Proud Be Responsible (2016)

Implementation Factors	Recommended	Possible and Required Adaptations
Program characteristics	Six 50-minute modules; use of videos	If implementing under the CAPP/PREP grant, the add-on session on pregnancy is required (adds up to 7 modules)
Educator Requirements	Educator needs to be well-versed in interactive and participatory facilitation; comfortable working with youth -One educator is needed	Having a back-up educator is strongly recommended
Target audience	Originally evaluated with African American males, ages 11-14 -Can be delivered to diverse populations, ages 13 - 18	-Can be used with middle school youth if adjusted to students' knowledge and experience**. -Can be used with young adults (18-21) i.e. in GED programs; needs to be adjusted to experience level**
Group composition	-Small groups of 6 to 12 youth -Groups should be of similar age range (13-15, 16-18) -Mixed gender or same gender	-Can be done with larger groups – this requires additional educators. -If done in classrooms with teacher present, one educator can facilitate up to 25 students -Peer educators can be co-facilitators, but they need to be trained.
Setting	Originally evaluated in school after regular school hours Can be done in - In-school classrooms - After school groups - Community-based organizations - Clinics	If delivering the program in schools, modules have to be adjusted to class periods; it will require additional sessions. Activities should not be dropped; sequence should not be changed. Samples for adjusted modules for longer or shorter classroom periods are available from your TA provider.
Delivery Timeframe	-6 sessions (50 min each) over the course of two weeks -2 three-hour sessions over two days -One day for five hours with extra time for breaks	The 7 CAPP/PREP modules can be spread out over several days, but the cycle should be completed within a 2 week period. In schools the curriculum can be adjusted to classroom periods, but it needs to be done within a couple of weeks without larger breaks in between. Planning tip: Learn the school calendar and use it to plan implementation.

REMINDER

Please submit all adaptation requests and master lists for review to your ACT for Youth TA Provider.

**** Using BPBR with younger youth (middle school age)**

First - Learn about your younger target group. What is their level of knowledge and experience? What have they covered so far in regard to puberty, anatomy and reproductive health? Talk to their health educator, teacher or other staff who invited you.

Second - Depending on information gathered, it may be advisable to do a preliminary session on puberty or anatomy/reproduction before starting the EBP.

Third- You may need to be more aware of younger students understanding of phrases and concepts throughout implementation

Fourth – Stress abstinence as the best way to protect yourself.

Adjust myth/fact and agree/disagree to the younger audience:

Module 1, Activity E: Agree or disagree – Attitudes about HIV, STDs and pregnancy.

Sample statements:

- **It is very hard to convince a sexual partner to use a condom.**
 - Even though it might be hard, it is important to do it.
- **If you choose to be sexually active, condoms are the best way to prevent HIV infection.**
 - Using condoms correctly and consistently is the best way.
- **The main reason people do not use condoms is because they do not know how to use them.**
 - It is important that everyone learn how to use condoms correctly.
- **If you know your sexual partner very well, you shouldn't have to use a condom.**
 - Knowing your sexual partner very well does not mean you are safe. You need to use condoms; then you do not have to worry.
- **If someone looks healthy, you shouldn't have to use a condom.**

- Looking at a person never lets you know whether the person has an STD or HIV so you should always use a latex (or polyurethane) condom. A person with HIV can walk around without symptoms for many years.

Module 2, Activity A: Myths and Facts about HIV, STDs and Pregnancy.

Reduce number of statements to a total of 10-12 statements. Use basic HIV, STD and pregnancy myths. Here are a few additional ones:

- **A girl can get pregnant by kissing (MYTH)**
 - The only way a female can get pregnant is if the sperm cells enter her vagina and fertilize one of her eggs. This usually occurs during vaginal intercourse but sperm can also enter a female vagina if a male ejaculates near the entrance to the vagina, or if the sperm is introduced by the fingers or any other way
- **A boy cannot get a girl pregnant unless he has had a wet dream (MYTH)**
 - A boy can get a girl pregnant whenever he is able to have an ejaculation, beginning at puberty. Even if a boy has never had a wet dream, he may have sperm cells in his testicles.
- **A girl can get pregnant if she has sexual intercourse standing up (FACT)**
 - Sperm does not care what position you are in. Any time semen comes into contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.