

RESPECTING THE CIRCLE OF LIFE
A PREGNANCY, STI AND HIV PREVENTION PROGRAM
FOR NATIVE AMERICAN YOUTH

IMPLEMENTATION
GUIDE



**Respecting the Circle of Life (RCL)
was developed through a partnership between
Johns Hopkins University and a Native community
in Arizona.**

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Contact for Technical Assistance or to Implement RCL in Your Community

Agencies interested in arranging training or technical assistance to implement RCL can contact the Johns Hopkins Center for American Indian Health: (410) 955-6931.

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LIST OF ACRONYMS

AI/AN	American Indian/Alaska Native
AIDS	Acquired Immunodeficiency Syndrome
CAIH	Center for American Indian Health
CBO	Community-based Organization
CDC	Center for Disease Control and Prevention
CE	Core Element
DVD	Digital Video Disc
FTE	Full-time Equivalent
FOY	Focus on Youth Program
GLSEN	Gay, Lesbian and Straight Education Network
GTO	Getting to Outcomes, a CDC approach to promoting science-based approaches
HIV	Human Immunodeficiency Virus
ImPACT	Focus on Youth Informed Parents and Children Together Program
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (synonym: two-spirit)
NIHB	National Indian Health Board
PFLAG	Parents, Families and Friends of Lesbians and Gays
PMT	Protection Motivation Theory
RCL	Respecting the Circle of Life
ReCAPP	Resource Center for Adolescent Pregnancy Prevention
SIECUS	Sexuality Information and Education Council of the U.S.
STD	Sexually Transmitted Disease (synonym: STI)
STI	Sexually Transmitted Infection (synonym: STD)
TOC	Theory of Change
UIHI	Urban Indian Health Institute

SECTION 1 – INTRODUCTION AND OVERVIEW

1.1 – PURPOSE AND CONTENT OF THIS GUIDE

This guide explains how to plan, implement, and monitor *Respecting the Circle of Life (RCL): Mind, Body, and Spirit*, and address common challenges and barriers. It is designed for people and agencies who implement community and health education programs, such as executive directors, program managers, capacity-building professionals, program evaluators, community health workers, and others.

The guide includes six sections as follows:

1. **Introduction** – This section outlines basic RCL program information, including its history, fit for American Indian/Alaska Native [AI/AN] communities, keys to delivering it, and intervention contents.
2. **Getting Started** – This section includes how to assess your readiness to implement, provides information about budgeting for RCL, working with logic models, and training a team.
3. **Putting RCL to Work: Logistics and Implementation**– This section explains how to recruit and retain youth and trusted adults, plan for implementing the RCL camp, and conduct youth peer-group and youth-parent sessions. Important information and resources for facilitators are also provided.
4. **Gathering Feedback to Improve Your Program: Monitoring and Evaluation** – This section explains monitoring and evaluation, defines related concepts like fidelity and reach, and provides evaluation types, sample instruments, and tips for successful evaluation.
5. **Adapting your RCL program** – There are some instances in which your agency may want to adapt your RCL program to fit within the context of the community you are serving. This section discusses how to keep fidelity while ensuring the program addresses your community's needs.
6. **Tips and Lessons Learned** – This section provides lesson learned from the original trial of Respecting the Circle of Life and may help to inform some decisions that your agency makes in planning for and implementing the RCL program.

1.2 – OVERVIEW OF THE RESPECTING THE CIRCLE OF LIFE (RCL) PROGRAM

RCL is a sexually transmitted infection (STI), HIV/AIDS, and pregnancy prevention intervention for AI/AN youth ages 11-19 and their parents/trusted adults. RCL was adapted from *Focus on Youth with Informed Parents and Children Together (ImPACT)*, an HIV risk reduction program designed for African American youth, that was evaluated and found to be efficacious.^{1,2} RCL was developed through a participatory research approach between Johns Hopkins University and an AI/AN community in Arizona.^{3,4} To adapt the program, Johns Hopkins conducted 9 focus groups with AI teens and 7 with parents of AI/AN teens, in addition to numerous community advisory board

meetings comprised of key tribal stakeholders. RCL is designed for delivery by AI/AN community health workers and consists of 8 sessions taught to small youth peer-groups of the same sex and age, and 1 session taught to youth together with their parent or another trusted adult. The 8 peer-group sessions are implemented during a summer sports camp, and the 9th lesson is taught in the youth’s home or private location of their choosing. RCL is holistic and provides cross-cutting skills training in communication, decision-making, problem-solving and partner negotiation, and comprehensive sexual and reproductive health education. Youth learn the essential knowledge and skills they need to protect themselves from infection and unintended pregnancy, and for making positive choices about family planning.

Table 1 below summarizes the characteristics of RCL program participants and the types of content both youth and parents/trusted adults are exposed to through the RCL program.

Table 1. RCL Target Audience Characteristics and Content by Participant Type		
Participants	WHO: Target Audience	WHAT: Content
Youth	<ul style="list-style-type: none"> • Ages 11 to 19 • “Natural friendship groups”: groups of youth who spend time together • Sexually active and non-sexually active youth are targeted 	<ul style="list-style-type: none"> • Information on HIV/AIDS, STIs, and sexual and reproductive health • Individual and group activities to promote life skills development and peer consensus • Discussion in peer groups of 8-12 youth and 2 facilitators • Condom use demonstration
Parents	<ul style="list-style-type: none"> • Parents/trusted adults of youth participants 	<ul style="list-style-type: none"> • Discussion with a facilitator • Video documentary on parental monitoring and communication • Activities: role plays, demonstrations • Parent/trusted adult resource guide

Program Development and Brief History

RCL is one of the first sexual and reproductive health programs to be developed and rigorously evaluated with Native adolescents. Between 2016 and 2018, a total of 534 Native youth ages 11 to 19 and their parents/trusted adults were enrolled in a randomized controlled trial of the RCL program. Participants were randomized to receive RCL or a 9-session control program. Youth were enrolled across three annual cohorts and selected a parent or other trusted adult participant (e.g., grandparent, aunt/uncle, older cousin, older sibling, etc.) to enroll with them in the study.

Compared to the control group, youth who received RCL:

- Had significantly better sexual/reproductive health knowledge at both 9 and 12 months.
- Had better condom use and contraceptive use self-efficacy at both 9 and 12 months.
- Had better partner negotiation skills around condom use at 9 months, and around contraceptive use at both 9 and 12 months.
- Had significantly lower intention to have sex in the next year, and significantly higher intention to use a condom in the next 6 months at 9 months.

- Reported significantly higher levels of communicating with parents about sexual/reproductive health at both 9 and 12 months.⁵

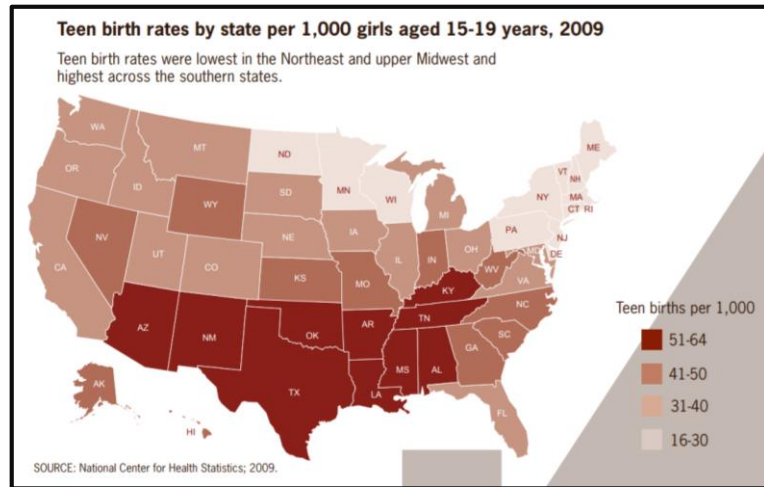
Results suggest that RCL has strong evidence of effectiveness for the prevention of risks related to teen pregnancy in Native communities. As such, public health practitioners are looking to replicate RCL.

Why RCL is a Good Fit for American Indian Communities

RCL has been tailored to AI/AN community contexts, needs, and values in several ways:

- **It is community-based.** RCL was designed for use in a camp context (embedded into a sports camp), rather than schools or clinics. This helps to reach higher-risk youth –who are not in school and/or disconnected from school and health care systems. It allows the program to be closer to where youth make decisions about high-risk activities—in their neighborhoods and with their own social networks.
- **It was co-designed by a Native community.** Youth program directors, community leaders, and other stakeholders co-created RCL. A Community Advisory Board, consisting of leaders and parents from the community, was formed and helped develop the curriculum and overall program design. They provided insights into community needs and perceptions, and the best ways to reach youth and parents. RCL is also designed to incorporate community members in as many roles as possible – facilitators, speakers, and research assistants.
- **It uses “natural friendship groups.”** Enrolled young people are asked to invite friends and family they spend time with (often same-gender) to join the program, forming natural friendship groups. As a result, RCL messaging is reinforced outside the camp, thereby changing the attitudes and norms of youth’s social networks.
- **It engages parents/trusted adults.** Few youth risk reduction programs include parents, even though parents heavily influence youths’ health decisions. Research also shows that programs that strengthen adult-adolescent relationships are more effective at shaping youth behavior than those that do not.⁵ RCL empowers parents/trusted adults to stay connected to their youths as they face difficult decisions.
- **It honors AI/AN health beliefs and traditions.** RCL fosters health of mind, body, and spirit, concepts derived from AI/AN health systems and beliefs. Activities also build an understanding of how individual, family, and community health are interconnected.
- **It addresses AI/AN community needs.** RCL addresses HIV/AIDS, STIs, and teen pregnancy, which disproportionately affect many AI/AN communities. RCL is also designed to be accessible, affordable, non-time-intensive, and culturally tailored to help overcome barriers common to AI/AN communities – such as limited transportation and resources, difficulty sustaining long-term participation, and cultural inappropriateness.

- **It has a comprehensive focus.** RCL teaches skills that youth need so they can move through adolescence in good health, including: decision-making, problem-solving, goal setting, communication, substance use refusal, and proper condom use.
- **Many AI/AN communities are located in states with the highest teen birth rates.** As seen in the map at right, teen birthrates are highest across southern states where many large AI/AN communities live.⁵



1.3 – RCL ESSENTIALS

Maintaining Fidelity

It is important to understand a few key terms and concepts to successfully implement RCL. These include fidelity, or adhering closely to the program design during implementation. **Fidelity** is the degree to which a program is implemented as designed.⁵ Factors that may influence fidelity include intentional changes to the program in response to conditions on-the-ground, and unintentional program modifications. **Core Elements** are required elements of an intervention or program that embody the theory and internal logic of the intervention and most likely produce its main effects. These elements define the intervention and must be kept intact to maximize the chances that it will produce outcomes like those demonstrated in the original research.^{6,7,8} **Key characteristics** are important, but not essential, attributes of an intervention’s recommended activities and delivery methods. They may be modified to be culturally appropriate and fit the risk factors, behavioral determinants, and behaviors of the target population and the unique circumstances of the venue, agency, and other stakeholders. Modification of key characteristics should be done with care and not compete with or contradict the core elements, theory, and internal logic of the intervention.⁹

Session Topics Overview

8 Peer-Group Sessions

- Session 1: Building Respect: We’re in this Together
- Session 2: Honoring Ourselves and Our Values
- Session 3: Puberty: Understanding What’s Happening to You
- Session 4: The Best Decision for Me!
- Session 5: Communicating for a Healthier You
- Session 6: Reducing My Risk for STDs and Pregnancy
- Session 7: The Skills and Wills to Make My Own Choice
- Session 8: Looking Towards My Future

1 Youth-Parent/Trusted Adult Session

Activity 1: Introduction to Respecting the Circle of Life with Youth and Parents

Activity 2: Sexual Health 101

Activity 3: Respecting the Circle of Life with Youth and Parents Video

Activity 4: Effective Communication

Activity 5: Condom Demonstration

Activity 6: Talking with Your Youth Roleplays

Activity 7: Making Dreams Come True: Goal Setting

Activity 8: Ending the Session

Core Elements and Key Characteristics of the 8 Peer-Group Sessions

Core Elements

- **Core Element 1:** Deliver intervention to youth in community-based settings.
- **Core Element 2:** Use 2 skilled facilitators to model communication, negotiation and refusal skills for the youth.
- **Core Element 3:** Use “friendship” or venue-based groups (i.e., friends, family members, a basketball team, a scout troop, church group, an existing youth group) to strengthen peer support.
- **Core Element 4:** Use culturally appropriate interactive activities proven as effective learning strategies to help youth capture the important constructs of the theory.
- **Core Element 5:** Include a “family tree” to contextualize and personalize abstract concepts, such as decision making and risk assessment.
- **Core Element 6:** Enable participants to learn and practice a decision-making model such as SPIRIT (Stop and relax, Problem identification, Identify possible solutions, Review, Identify one, Try it out and Take action).
- **Core Element 7:** Train participants in assertive communication and refusal skills specifically related to negotiation of abstinence or safer sex behaviors.
- **Core Element 8:** Teach youth proper condom use skills.

Key Characteristics

- The program is delivered to peer groups of 8 to 12 youth
- New members should not join after the third session
- Participants meet for at least 100–145 minutes for each session
- Culturally and linguistically based activities are embedded for the target population
- Groups contain members of the same sex and age group

Core Elements and Key Characteristics of the Youth/Parent-Trusted Adult session

Core Elements

- **Core Element 1:** Deliver session one-on-one to parents/trusted adults and the youth, at their home or a private location selected by the participants, and at a time convenient to them.
- **Core Element 2:** Use of a facilitator whom the parents/trusted adults find credible, and who is skilled at building rapport with parents and youth at the beginning of the session.
- **Core Element 3:** Deliver session after the youth peer-group sessions.
- **Core Element 4:** Enable parent/trusted adults and youth to learn and practice communication skills.
- **Core Element 5:** Teach parent/trusted adults and youth proper condom use skills.
- **Core Element 6:** Distribute and instruct parent/trusted adults and youth through a Resource Guide that includes the following topics:
 - Basic components of good communication and how to talk to your youth
 - Importance of parental monitoring
 - Steps for proper condom use
 - STI and HIV facts, including prevalence data among AI/AN youth

Key Characteristics

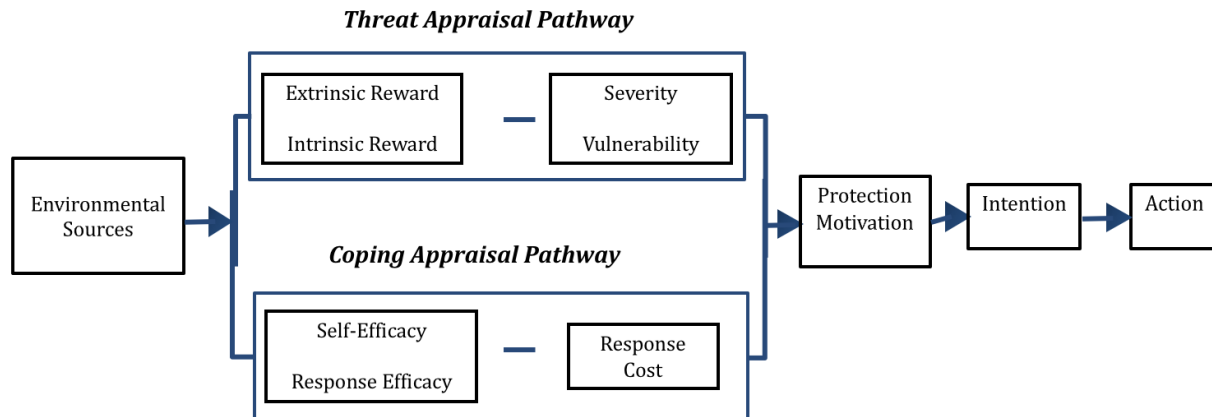
- Use a video that shows the challenges and importance of parents monitoring and talking to their youth about sex, abstinence, STIs, HIV/AIDS, and condoms
- Facilitator must sit down and watch the video with the parent/trusted adult and youth; Youth and parent/trusted adult should watch the video together

Theoretical Framework: Protection Motivation Theory

About Protection Motivation Theory

Protection Motivation Theory (PMT) is a social cognitive theory that emphasizes the balance between pressures to engage in a risk behavior (social and personal rewards), risks involved (severity of the undesired outcome, vulnerability), and considerations of the alternatives (how well the alternatives help avoid undesirable outcomes; ability of the youth to employ the alternative behavior; and social, personal, or other costs associated with employing the alternative).

Protection Motivation Theory



In simpler terms, this can be seen as an appraisal of threat (e.g., What are the dangers of having unprotected sex?), balanced with an appraisal of coping (e.g., What are the benefits of abstinence or using a condom?). Self-efficacy plays a role in this appraisal process (e.g., Do I have the skills and knowledge I need to choose abstinence or use a condom?). PMT recognizes the influence of culture, family, and peers in the identification and recognition of risks. If culture, family, and peers all consider the threat of unprotected sex significant, chances are the individual youth will as well. When an individual makes an appraisal of threat, the following constructs come into play:

- Internal rewards: Positive personal feelings in response to a threat (e.g., young person might see rewards in unprotected sex if he or she feels it will strengthen a romantic relationship or raise his or her status among peers).
- External rewards: Positive personal feelings in response to others' feedback or reactions (e.g., a young person might see rewards in unprotected sex if friends are all encouraging him or her to have this experience).
- Severity: A belief about how severe the outcome of the risky behavior could be (e.g., how serious would it be to have unprotected sex and become infected with HIV?)
- Vulnerability: A belief about how likely the negative outcome is (e.g., how likely am I to become infected with HIV if I engage in unprotected sex?)

When an individual engages in coping appraisal, the following constructs come into play:

- Response efficacy: The belief that it's possible to protect oneself from the negative outcome of the risky behavior (e.g., by choosing abstinence or using condoms).
- Self-efficacy: The individual's belief that he or she is capable of using the protective behavior (e.g., Do I have the necessary knowledge and skills to choose abstinence or use a condom?).
- Response costs: A belief about the disadvantages of the protective behavior (e.g., drawbacks to using a condom).

1.4 – RCL INTERVENTION PACKAGE

For agencies who plan to train staff in the delivery of RCL and implement the RCL program, a comprehensive intervention package is provided. The following are included in the package:

1. **Implementation Guide**, which serves as a resource to provide technical assistance to agencies that are implementing RCL. It provides key information and addresses frequently asked questions associated with the intervention.
2. **Youth Curriculum**
3. **Youth Workbook (12 copies)**
4. **Youth and Parent/Trusted Adult Session Curriculum**
5. **Parent/Trusted Adult Resource Guide (12 copies)** providing tips for opening communication with their youth, especially around discussing topics related to sexual and reproductive health, and STI and pregnancy prevention.
6. **Supplemental Materials Resource Guide**, which includes a list of all curriculum supplies, activity aids and other curriculum references; budgeting templates; implementation templates including those for recruitment and camp; training resources; tools for management and supervision; and other resources for planning, organizing, and delivering RCL.
7. **RCL flash drive** containing the RCL video documentary, curriculum handouts, and supplementary materials such as sample letters, permission slips, and other resources.
 - a. **RCL video documentary** of parents and youth engaged in dialogue about abstinence, effective communication, parental monitoring, and condom efficacy. The video accompanies the RCL Youth and Parent Session Curriculum and provides step-by-step instruction for facilitators to implement the parent session.
8. **Activity Kit** includes laminated posters, signs and other job aids.
9. **Condom demonstrator**

An evaluation manual is also available to agencies who contract with Johns Hopkins to provide technical assistance for a comprehensive evaluation of their program.

SECTION 2 – GETTING STARTED

Assessing your agency's capacity to implement RCL before you begin is critical to success. Since RCL has layers of involvement and engagement of youth participants, parents/trusted adults and the community at large, it is important to think about several factors: assessing readiness, budgeting, staff training and development, preparing for a camp, and resources for facilitators.

2.1 – AGENCY CAPACITY AND READINESS

Assessing organizational capacity helps to identify areas of development that can lead to the success of the program. It is best to assess agency readiness before starting to implement.

Assessing Agency Readiness for RCL

When assessing your agency's readiness to implement RCL, consider the following checklist. (See [the Readiness Assessment in the Supplemental Materials Resource Guide](#)):

- What are your desired outcomes/goals for your RCL program?
- How prepared is your agency? Is there training that needs to happen? Is there agency buy-in? ([See Suggested Trainings Prior to Curriculum Training in Supplemental Materials Resource Guide](#)).
- What has your agency previously done in this area? What made it effective/ineffective?
- Is the community aware of the impact of HIV/AIDS, STIs, and teen pregnancy among the AI/AN population, and specifically among youth? If so, do you have a gauge of their willingness to be engaged in RCL program implementation?
- Are there others in your area working with AI/AN youth around HIV/AIDS, STI, and pregnancy prevention? What's made them effective/ineffective? Could you possibly learn from them or partner with them to implement RCL?
- What are the natural alliances between your agency and other community stakeholders (e.g., businesses, community-based organizations, media, etc.)? How might those relationships be leveraged? This may be especially helpful related to implementing the camp.
- What financial resources will be required to see your RCL program through to its successful completion? Where will you obtain the financial resources necessary for the program?
- What staffing/human capital resources will be required to see your RCL program through to its successful completion? Do you currently have those resources?
- What population of youth are you trying to reach? How many will you reach?
- How will you recruit youth for your RCL program?
- How will your target population best receive messages or learn about your RCL program?
- How will you evaluate the program? Who will assess program impact?

2.2 – BUDGETING FOR RCL

As your agency prepares to implement the RCL program, it is important to assess its fiscal obligations. The following information and sample yearly maintenance budget sheet below are provided to help your agency create or refine a budget for RCL. The sample yearly costs include one 9-session cycle of RCL. (One “cycle” consists of the 8 youth peer-group sessions implemented by 2 facilitators and 1 session with a parent/trusted adult of each participating youth implemented by one facilitator). The costs do not include training facilitators in RCL or technical assistance for implementation provided by Johns Hopkins. Please contact Johns Hopkins for these costs.

The justification of the line items found on the sample budget is as follows:

Program manager (5% full-time equivalent [FTE]): The program manager directly oversees the 2 facilitators and ensures that the intervention is implemented with fidelity.

Two (2) facilitators (10% FTE): To conduct RCL, your agency will need 2 experienced Facilitators for each group of 8-12 youth, who will complete the RCL training and implement the RCL program. The number of facilitators and their % FTE will depend on the

number of youth you aim to reach, the role of the facilitator (re: will they also conduct recruitment and administer evaluations), and the structure of RCL delivery.

Fringe Benefits: For employee benefits; calculated at 25% per FTE.

Basketball Coaches: While you may be able to identify coaches who will volunteer their time, others may require a stipend to dedicate a full 8 days to your camp. Also consider if coaches will be local or travel from another location, which means additional travel costs.

Facility costs: Facility expenses have been included to ensure that adequate space can be provided for the implementation of the intervention and basketball camp.

Transportation: Participants may need transportation to and from the 8 peer-group sessions. Additionally, facilitators will need to have reliable transportation to travel to homes to deliver the parent-youth session.

Equipment: Audio and video equipment may be needed to facilitate activities. Facilitators may want to play music before or during sessions to keep the youth engaged. A portable DVD player is needed for youth-parent sessions. A computer will be needed to conduct office work, and you may need some other equipment, particularly if you plan to conduct a program evaluation.

Office supplies: Includes pens, paper, paper clips, staples, markers, tape, Post-its, etc.

Curriculum supplies: Includes supplies needed to conduct various activities during program delivery such as props for roleplays (e.g. hats, aprons, clown tie, shoebox, etc.), condoms, penis demonstration models, water-based lubricants, posters, etc.

Camp supplies: Includes all those things needed to run a successful youth basketball camp including basketballs, pumps, cones, pennies (for scrimmages), name tags, microphone, whistles, etc.

Other expenses: Includes printing, copying, and guest speaker honorariums.

Incentives: Non-cash incentives (e.g., gift cards, camp t-shirts, transportation vouchers, and nutritional incentives) can be purchased or donated to assist in the successful recruitment and retention of youth participants throughout the course of the intervention.

Table 2. Full Respecting the Circle of Life Maintenance Costs					
		A	B	C	D
PERSONNEL		Quantity	FTE %	Salary	Cost
1	Program Manager	1	5%	\$42,000	\$2,100
2	Facilitators	2	10%	\$32,000	\$6,400
3	Fringe Benefits		25%		\$2,125
4	Basketball Coaches	2	8 days	\$50/day	\$800
Subtotal:					\$11,425
FACILITIES		Time (days)	% Used	Cost/Day	Cost
5	Facility space for camp (gym and classroom)	8		\$200	\$1,600
Subtotal:					\$1,600
EQUIPMENT		Time	Quantity	Cost/Item	Cost
6	Television		1	\$400	\$400
7	Portable DVD player		1	\$100	\$100
8	Easel		1	\$40	\$40
9	Computer				-
10	Miscellaneous				\$200
Subtotal:					\$740
OFFICE SUPPLIES, COPYING & OTHER EDUCATIONAL EXPENSES		Time	Quantity	Cost/Unit	Cost
11	Pens, papers, stapler, staples, newsprint, markers, etc.				\$200
12	Copying & printing		100	\$0.10	\$10
13	Postage & mailing				\$25
14	Curriculum Supplies		2	\$200	\$400
15	Guest speaker honorarium		3	\$50	\$300
Subtotal:					\$935
TRANSPORTATION		Time (days)	Quantity	Cost/Unit	Cost
16	Transportation for youth		10	\$25	\$250
17	Transportation for facilitators				\$250
18	Transportation for coaches		2	\$100	\$200
Subtotal:					\$700
INCENTIVES		Time (days)	Quantity	Cost/Unit	Cost
19	Gift cards		10	\$25	\$250
21	Raffle and other daily incentives	8	1	\$20	\$160
22	Food	8	20	\$5	\$800
Subtotal:					\$1,210
TOTAL					\$16,610

Budgeting Tips

Tailor your budget and cost cutting ideas. The needs of each agency and community differ, and the budget should be tailored to meet specific agency and community needs. For example, some agencies might not need to provide fringe benefits to facilitators if they are part-time employees.

Consider cutting costs creatively. The figure in Table 2 might seem unaffordable for your agency. However, there are many potential ways to cut costs, such as:

- **Personnel:** Consider shifting a full-time staff member's duties so they have 5% FTE to contribute to RCL, and no additional funds for their salary are required to implement the program. You might also pay one facilitator and find one volunteer facilitator like a college student in need of experience-based school credit. NOTE: the volunteer would need to complete training.
- **Facilities:** Develop low or no-cost space use agreements with partner agencies. Using your office space as your meeting space could also reduce facilities costs.
- **Equipment:** Borrow a television and DVD player or computer, rather than purchasing them.
- **Office supplies & incentives:** Solicit donations: office supplies, gift cards, food, etc.
- **Transportation:** Consider renting a local van to transport participants. Choose a space centrally located in the community (if one is available), so some participants can walk or be transported by family member. Carpools might also be organized, either amongst youths' parents/guardians, or using volunteer or staff drivers. However, if using volunteer or staff drivers, liability concerns may have to be assessed first to determine if this is a viable option.
- **Food:** Solicit donations. Ask program staff and family to contribute food items for one session or deliver the program during times that youth will not need a meal.

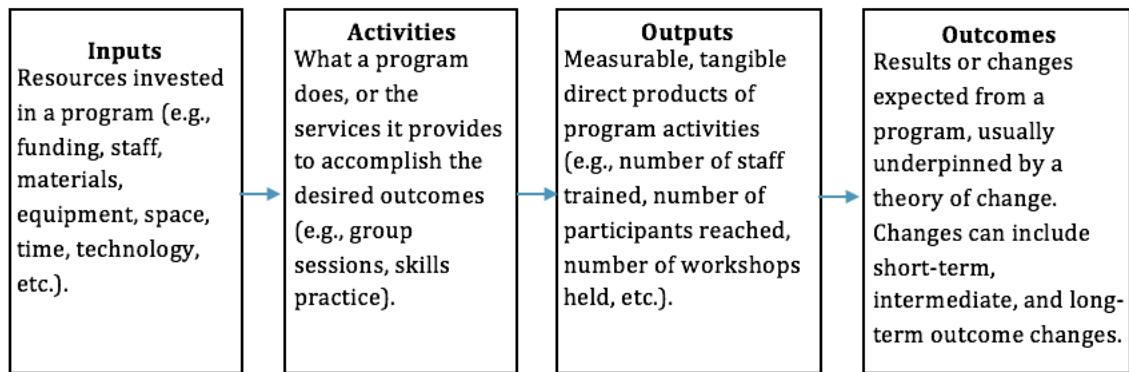
Compare planned and actual expenses. One best practice is to keep receipts and track actual expenses, and compare them to the planned or projected budget. This can help make the budget more accurate in future years.

2.3 – WORKING WITH LOGIC MODELS

Logic models can be used to describe how the materials and activities of a program connect to address a health issue. Agencies are encouraged to use a logic model format that reflects the components and goals unique to their community and agency.

Logic Model Definitions^{10,11}

A logic model is a model of logical connections that shows how a program works: it summarizes what we put in (inputs), what we do (activities), and the desired results (outputs and outcomes).¹² Usually depicted as a graphic, it shows the main elements of a program and how they work together to achieve the desired benefits or outcomes. Logic models are used to design programs, plan evaluations, guide data collection, demonstrate outcomes and impacts, and improve programs.



Short-term outcomes: The expected immediate changes in participant knowledge, attitude, and motivation that allow intermediate and long-term outcomes to be achieved (e.g., improved knowledge of sexual and reproductive health).

Intermediate outcomes: The expected changes in action and behavior (following short-term outcome changes) expected to begin occurring during, and continue after, a program is completed (e.g., increased condom use).

Long-term outcomes: The expected changes in condition or long-term results of the program (e.g., maintenance of protective behaviors; ongoing use of skills; access to information and resources; changes in policies; improvements in health, social, environmental, or financial conditions). The long-term outcomes should reflect the problem you are trying to change with the program—the changes in the health condition or population you serve that are anticipated from completing the program activities. Anticipated outcomes must be supported by a theoretical or experiential foundation that indicates that is reasonable to expect that the planned activities will affected the desired outcomes (e.g., reduced age of sexual debut, STI rates, and teen pregnancy rates).

RCL Logic Model

The goal of RCL is to increase youth knowledge of sexual and reproductive health, delay the onset of sexual activity, increase condom use, and increase parental monitoring and communication. The RCL logic model illustrates how these outcomes can be achieved by implementing the program activities with fidelity (or as designed).

RCL Logic Model

Inputs	Activities	Intended Outputs	Short-Term Outcomes	Long-Term Outcomes
<p>Job descriptions/postings</p> <p>Community Advisory Board (CAB) formation</p> <p>Interventionist and evaluator trainers and training materials</p> <p>Participant recruitment strategies & materials</p> <p>Draft video production script and supplemental scenes</p> <p>Curriculum and implementation materials (RCL + control)</p> <p>Camp facilities, supplies & incentives</p> <p>Basketball coaches</p> <p>8 RCL interventionists, 8 control facilitators, 4 independent evaluators</p> <p>Evaluation assessments and computers</p> <p>Fidelity monitoring materials</p>	<p>Conduct interviews & hiring</p> <p>CAB meetings</p> <p>Train interventionists</p> <p>Train evaluators</p> <p>Recruit teens and parents/family</p> <p>Consent teens and parents/family</p> <p>Deliver 8 RCL/control peer-group sessions at basketball camp</p> <p>Provide teens materials to increase knowledge, skills and encourage healthy decision making</p> <p>Deliver teen/parent session</p> <p>Provide teen/parent materials to improve parental engagement (monitoring and communication)</p> <p>Load assessments onto computers</p> <p>Complete assessments at baseline, 3-months and 9-months post-intervention</p> <p>Record implementation and evaluation processes</p> <p>Conduct medical chart reviews</p> <p>Conduct fidelity monitoring</p>	<p>Interventionists & evaluators are hired and prove proficient in job duties</p> <p>RCL materials are relevant, appropriate, necessary and feasible in the community</p> <p>>896 teen and parents consented</p> <p>>756 teens and parents participate in baseline assessment and intervention</p> <p>Parental monitoring and communication information conveyed</p> <p>Reproductive/sexual health information including STI/HIV transmission risk conveyed</p> <p>Condom negotiation and intercourse refusal skills conveyed</p> <p>Correct condom and contraception use information conveyed and practiced</p> <p>Decision-making information conveyed</p> <p>Communication skills information conveyed and role-played</p> <p>>80% retention in 8 RCL sessions</p> <p>Data from teens/parents collected and uploaded at baseline, 3- and 9-months</p> <p>Documentation of implementation and evaluation processes</p> <p>Documentation of pregnancies</p> <p>Fidelity monitoring & ongoing quality improvement</p>	<p>Increased number of trained American Indian local paraprofessionals</p> <p>Community-wide support of RCL intervention</p> <p>Increased knowledge of reproductive health, pregnancy and contraception</p> <p>Increased knowledge of sexual health and STI/HIV transmission</p> <p>Increased perceived severity of outcomes of sexual risk behaviors</p> <p>Increased knowledge and skills for correct use of condoms</p> <p>Confidence to negotiate and use condoms consistently</p> <p>Enhanced self-efficacy to use condoms</p> <p>Improved condom negotiation skills</p> <p>Increased intent to use a condom at next sex</p> <p>Increased intent to use contraception</p> <p>Improved parental engagement (monitoring and communication)</p> <p>Confidence to refuse intercourse</p> <p>Improved intercourse refusal skills</p> <p>Emergence of peer norms supportive of abstinence and/or condom use</p>	<p>Delayed sexual initiation</p> <p>Increased condom <u>use</u> at last sex</p> <p>Reduced sexual intercourse without a condom</p> <p>Increased consistent condom use</p> <p>Reduced number of partners</p> <p>Increased use of contraception</p> <p>Reduced substance use</p> <p>Reduced substance use prior to sex</p> <p>Decreased teen pregnancy</p>

If your agency is considering adapting the RCL logic model, [please see section 5](#) below on adaptations. You may also contact Johns Hopkins to discuss your planned adaptations to the logic model.

2.4 – KEY CONSIDERATIONS BEFORE YOU BEGIN

RCL is designed to work well for facilitators and teen participants alike. The material has been extensively field tested and evaluated. The instructions are thorough, clear, and easy to follow. Most of the materials needed for the program are included in this guide. In hiring for your RCL program, you should consider the following: qualifications for facilitators, confidentiality for youth and parents/trusted adults, and cultural competency of staff.

Qualifications for Facilitators

The qualifications for effective facilitators are the same as those for any youth-specific HIV, STI, and teen pregnancy prevention program:

- Understanding of adolescent development
- Ability to reach young people by communicating clearly and demonstrating respect and caring
- Knowledge of how to manage youth groups in a positive way and maintain structure without resorting to punishment or criticism
- Professional standards about being prepared and on time for all sessions, and being available to group members or their parents as necessary between sessions
- Ability to work collaboratively with other leaders, members of a school or agency, and members of the broader community
- Comfort in addressing issues of sexuality and sexual health
- Ability to set appropriate boundaries
- Reasonable mastery of the informational aspects of the program (e.g., the risk behaviors for HIV and other STIs, effective steps for preventing teen pregnancy and STIs)
- Ability to present these materials in a forthright and nonjudgmental manner
- Commitment to the purpose of the program—reducing youth risk for HIV, STIs, and teen pregnancy—and a belief in its effectiveness
- Previous experience in facilitating youth groups

Facilitators who have these qualities are likely to do an excellent job with the program. It is also true that virtually all facilitators can improve their efficacy through training.

Confidentiality for Youth and Parents/Trusted Adults

It is important for the staff implementing RCL to keep the information regarding the youth in their program confidential and in a safe place. This may include any assessment surveys, information disclosed during the program, and other information that may contain personal information.

Cultural Competency

Staff should also be culturally competent and sensitive. **Cultural competency** is taking into consideration the values and beliefs (culture) of the **client** (person receiving services) and those of the agency and its employees. It also includes developing services and shaping current organizational policies to effectively validate the lived experience of those individuals served.

Cultural competency includes:

- Awareness of one's own cultural values
- Awareness and acceptance of cultural differences
- Understanding that people of different cultures have different ways of communicating, behaving, and problem solving
- Having basic knowledge about a client's culture
- Ability and willingness to adapt the way one works to fit the client's cultural background

Cultural competency is not simply:

- Decorating or having displays that show or celebrate diversity
- Sharing diverse foods
- Attending special classes about diversity and cultural competency
- Participating in special ceremonies
- Reciting phrases from historical figures related to diversity and accepting cultural differences
- Knowing a few individuals of a specific ethnicity

While these activities may accompany cultural competency, as described above, they alone do not make a program culturally competent.

Culturally appropriate programs:

- Demonstrate sensitivity to and understanding of cultural differences in design, implementation, and evaluation
- Acknowledge culture as a predominant force in shaping behaviors, values, and institutions
- Acknowledge and accept that cultural differences exist and have an impact on service delivery
- Believe that diversity within cultures is as important as diversity between cultures
- Respect the unique, culturally defined needs of various client populations
- Recognize that concepts such as "family" and "community" are different for various cultures and even for subgroups within cultures

In RCL, culturally specific approaches can be used for:

- Staff recruitment, hiring, and training
- Recruitment of youth
- Parent/guardian/trusted adult sessions
- Adaptation of materials (e.g., roleplays)

Agencies implementing RCL should regularly review their policies and procedures on:

- Valuing diversity
- Having the capacity for cultural self-assessment
- Being conscious of the dynamics inherent when cultures interact
- Having institutionalized cultural knowledge
- Adapting service delivery based on understanding of cultural diversity

Here's why community engagement is so important:

- Cultural competence extends the concept of self-determination to the community
- Cultural competence involves working in conjunction with natural, informal support, and helping networks within culturally diverse communities (e.g., neighborhood, civic, and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers)
- Communities determine their own needs
- Community members are full partners in decision making
- Communities should benefit from collaboration, including deriving any health, economic, or social/community benefits
- Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners

2.5 – INFORMATION FOR FACILITATORS

This section provides a wealth of information to increase skills in facilitation of programs to youth. Agencies are encouraged to use this information in basic youth facilitation skills trainings designed to prepare youth facilitators to lead discussions in topics related to sexuality and STI prevention.

Background Information on Adolescent Development

Adolescence is a time of change and transitions. Many things are happening at the same time, which may be confusing to both adolescents and the adults around them.

Biological Development

Adolescents go through many important transitions as their hormones begin to signal changes in their development. Hormonal changes trigger the development of secondary sex characteristics (changes in voice, hair growth, etc.). Hormones also are related to emotional changes, characterized by rapid mood swings or what may appear to be overly emotional reactions. These reactions may be confusing to teens themselves, as well as to those around them.

Physical Development

Individual adolescents experience growth spurts at different times. While one 12-year-old may suddenly grow tall and muscular, their friend of the same age may still be short and slight in build. One youth may have begun their menstrual cycle and have developed a mature-looking body while their friend of the same age may still look more like a young child. These changes become important

to a young person's self-image, and to their status among peers. Adults need to be sensitive to these issues, since adolescents are sensitive to them and may react to them quite strongly.

Psychological Development

COGNITIVE SKILLS. As young people go from preadolescence into adolescence, their ability to think about situations and concepts develops considerably. Preadolescents are more likely to think about things concretely, and need many examples before they can grasp the meaning of a concept. As adolescents mature, they gain the ability to think more abstractly. They begin to enjoy thinking and talking more about abstract concepts, and to consider possibilities and hypothetical situations.

This becomes an exciting time for them as they become more aware of their own mental abilities. If you can capture their imaginations, it will make the sessions much more interesting to them.

IDENTITY. During the course of development, adolescents may fall on different points along the continuum from dependence to autonomy, as they try to negotiate their way toward becoming young adults. However, this is not a smooth process, and the same adolescent may be at either extreme of dependence or autonomy within a matter of moments.

Adults' task is to assist adolescents in negotiating this transition, while recognizing that they may sometimes need to take a few steps back before taking a full stride forward.

Interpersonal Development

RELATIONSHIP WITH PARENTS. Issues of power and control can be difficult for adolescents and may be a source of conflict with parents. Adolescents seem to develop best in situations where there are moderate levels of control (neither total freedom nor excessive control), with adults who communicate an atmosphere of emotional support and caring.

RELATIONSHIPS WITH PEERS. Relationships with peers are extremely important during adolescence as part of identity formation. Adolescents often look to friends for feedback, for example, about their looks, behaviors, and choices. Saving face is extremely important, especially since adolescents are easily embarrassed. It is important to recognize that one reason for misbehavior may be the need to save face or to maintain a favorable perception in friends' eyes.

Background information on STIs/HIV and Teen pregnancy

STIs and HIV¹³

Reported cases of several common STIs have increased for both sexes from 2012-2016, including chlamydia up by 4.7%, gonorrhea up by 18.5%, and syphilis up by 17.6%. Young people ages 15 to 24, several racial/ethnic minority groups, gay and bisexual people, and pregnant people are at particular risk. Incidence and prevalence estimates show that young people ages 15 to 24 acquire half of all new STIs, and 25% of sexually active adolescent females have an STI. Adolescents and young adults are at higher risk of acquiring an STI due to behavioral, biological, and cultural reasons, as well as barriers to accessing quality STI prevention and treatment services (e.g., the inability to pay, few youth-friendly clinics, etc.).

Higher rates of STIs among racial/ethnic minority groups is partially explained by higher rates of poverty and unemployment, and lower educational attainment, which affects health status and the ability to access and afford quality health services. Socioeconomic disparities among urban AI/AN are associated with high fertility rates, unintended pregnancy, higher likelihood of having three or more pregnancies, and use of specific contraceptive methods, including sterilization. Urban AI/AN also use contraception at a lower rate, have more unprotected first sex, more first sex with older partners, and more forced sex than their non-Hispanic White counterparts.¹⁴ AI/AN in Indian Health Service areas have higher rates of STIs than the overall national rates. HIV rates increased among AI/AN by 19%, but by 63% for gay and bisexual, or two-spirited, AI/AN men.¹⁵

Teen Pregnancy¹⁶

Over 400,000 teens (4%) ages 15 to 19 give birth each year, equating to 1,100 teen births every day. Teen births represent 10% of the 4 million babies born each year. Teen parenthood has huge economic, social, and health consequences to the parents and child, and to their families and communities. While teen birth rates have dropped by 40% over the last 20 years to the lowest levels since the US began tracking teen births, these rates are up to 9 times higher than most other developed countries. Hispanic, Black, and American Indian teens are less likely to use birth control and 2 to 3 times more likely to give birth than White teens. Teen mothers are much less likely to complete high school: 50% of teen moms get a high school diploma compared to 90% of teens who do not become mothers.

Confidentiality for Youth and Parents/Trusted Adults

Best practices staff can employ to enhance confidentiality include:

- Talk about confidentiality when setting Group Agreements. In these groups, confidentiality means that youth and leaders will not reveal personal information shared by youth during the sessions.
- State that the Facilitator will maintain confidentiality. It is also a good idea to mention that while the group agrees to maintain confidentiality, there is no guarantee that the group members might not breach confidentiality either accidentally or if they choose to, despite the Group Agreement. Encourage youth to only share things they are comfortable sharing, with the understanding that everyone will strive for confidentiality, but it cannot be fully guaranteed that group members will maintain it.
- The only exception to confidentiality is when a participant discloses behaviors or circumstances that endanger the self or others, (e.g., someone reports being abused physically or sexually, says he or she is feeling suicidal, or is carrying a weapon and plans to use it in a fight later that day). In these instances, youth should let the facilitators know what they have heard. The Facilitators may be required to make a report to authorities. This should be discussed during the first session and when recruiting youth, so youth and parents know what to expect.
- Establish and respect confidentiality.
 - Let youth see you modeling an appropriate respect for confidentiality. Avoid discussing participants' personal information outside of the group.

- Familiarize yourself with your agency’s policies concerning confidentiality, and be sure to follow them.

2.6 – GROUP PEER SESSIONS- FACILITATION SKILLS

What is group facilitation?

Group facilitation is the art and science of managing group sessions and the group developmental process.

What makes a good facilitator?

Good facilitators create an environment in which group members share ideas, opinions, experiences, and expertise in order to achieve a common goal. Good facilitators possess a variety of qualities and skills. Some of the qualities spring from innate personality traits such as being able to recognize one’s own biases while remaining neutral, enjoying interaction with diverse groups, and inspiring trust among group members. Although some people possess a natural talent for facilitation, most develop their skills through formalized training, hands-on experience with groups, and guidance from experienced facilitators.

What are good facilitation skills?

Listed below are some basic skills that many people use when they facilitate groups. These are organized according to a theory of group development, which describes the evolution of groups from their beginning to their ultimate conclusion, and are based on the activities of successful group-level interventions.

- 1. Establishing group orientation**
 - Getting the group acquainted
 - Encouraging group participation
- 2. Developing group structure**
 - Determining group interactions
 - Managing group conflict
- 3. Maintaining group agreements**
 - Setting group norms
 - Building group cohesion
- 4. Accomplishing group tasks**
 - Meeting group objectives
- 5. Providing group closure**
 - Engaging group feedback and next steps
 - Acknowledging group work and session wrap-up
- 6. Time management**
 - Maintaining awareness of time allotted for activities
 - Helping participants stay on topic

Tips on Facilitating and Co-Facilitating

- **Make sure you have a comfortable, private space** for the group to meet.

- **Stand where everyone can see you.** A circle or semicircle work well.
- **Watch the time:**
 - Know how much time you want to devote to each activity.
 - If conversations get off track, help guide youth back on task.
 - Limit interruptions (phone calls, recreation center business, etc.).
- **Be aware of your audience.** Do they look bored? Do they need a break? Do they understand? Are they offended/scared/overwhelmed?
- **Be FIRED UP!!!** Attitude is everything! Keep your voice exciting, use body language, walk around when you talk—keep them listening!
- **Get to know names of the youth and use them.**
- **Change names in activities if necessary.** If a roleplay character is named “Michael,” and you have a Michael in your group, change the character’s name.
- **Make sure everyone is participating.** Don’t call on the same people all the time. Try to help more reserved youth join in the discussions.
- **Integrate previous lessons when applicable.** (Example: What else might Michael want to think about while he makes his decision? How about his values? Remember when we talked about values last week? How would values be important when you are making a decision?)
- **Keep it interactive.** Don’t lecture too much. For example, when discussing invulnerability, do not define it right away, instead ask the group participants to define it.
- **When youth are in small groups, go around and check in with each group.**
- **Use examples often when explaining things.**
- **Define words** (or have youth define them) as you go along.
- **Use open-ended questions** that encourage participants to provide more than “yes” or “no” answers. For example, questions that start with the words how, why, what, who, when, or where can trigger a response to enrich a discussion.
- **Use statements that engage youth** and encourage them to take part in discussion. For example, you might say, “That sounds interesting, tell us more about it.”
- **Use positive and corrective feedback** that provides a safe environment for youth to participate freely in open discussion. Positive feedback can come in forms of affirmative nods, smiles, or statements such as, “Thank you for sharing that experience with us.” Corrective feedback should be given as soon as incorrect information is given or an inappropriate behavior is shared with the group. The correct information or an alternative behavior or solution should be immediately offered.
- **Always figure out what’s really being asked.** Ask youth to clarify what they are saying when local phrases are being used.
- **Allow anonymity for questions.** By allowing youth to write down and submit questions anonymously, you encourage them to get answers that might be vital to their decisions about STI and pregnancy prevention behaviors.
- **Be honest; don’t bluff.** If you don’t know an answer, say so. Commit to finding it and getting back to the youth who asked the question. If you make a mistake, admit it.
- **Create a “safe” climate for group participation.** Be careful not to talk down to, judge/criticize, or trivialize the experiences and feelings of the youth. Don’t preach, although a little personal testimony may enhance the learning.

- **Be open to suggestions and recommendations.** Allow the youth to freely share how the group discussions or activities can be enhanced.
- **Don't quickly say, "We can only do it this way."** As the youth learn from you, learn from them. Be open and willing to try their ideas and suggestions.
- **Remain flexible.** If you don't have time to finish a session, go overtime, add a session, or shorten some of the games. You don't need to be rigid.

Tips on Managing Behavior

Behavior is a form of communication. When a youth misbehaves or breaks one of the rules agreed upon by the group, that youth is communicating something to the group and the facilitators.

The message could be anything, ranging from "I don't understand the rule" to "I'm bored" to "This topic is embarrassing, and I have to move the focus off me" to "I'm being ignored, and I want more attention." There are endless possible messages and numerous responses available to facilitators.

Here are some tips to ensure that the sessions stay on track.

1. Define Group Agreements

- You and the group should define the Group Agreements everyone agrees to follow.
- These Group Agreements should help to guide behavior, and will give you a framework for addressing behaviors and consequences.

2. Provide reinforcements

- Use frequent opportunities to reinforce youth for what they are doing RIGHT. In other words, catch them being good! Some youth may not be used to praise and might feel uncomfortable at first, especially if they get teased by other youth or interpret it as being singled out.
- Remember that praise can be given verbally, nonverbally, or tangibly (openly or discreetly).

VERBAL REINFORCEMENT

- Youth can be verbally reinforced for behaviors or things they do: "That's a good point." "It was very considerate when you shared your materials." "You must feel proud of yourself for getting such good grades." "I really like the way you're sitting—it shows that you're paying attention."

NONVERBAL REINFORCEMENT

- Attention and recognition can be given in very subtle and unobtrusive ways. A look, a smile, or a handshake are all ways of acknowledging another individual without saying a word or calling attention to that person.
- Nonverbal reinforcement can be very useful if you notice that someone is beginning to drift from the group's activities or needs to be brought back into the group. It is particularly effective for the second facilitator to use, since it doesn't disrupt the verbal flow of the group or the material being presented by the other facilitator.

- You may choose to start off by pairing a nonverbal reinforcement with a verbal one (e.g., shake someone’s hand while saying, “I like the way you acted out that character in the roleplay”).
- Later, if you use just the nonverbal, the youth will be able to associate it with the verbal statement you made earlier.

TANGIBLE REWARDS

- Some people like to use tangible rewards, such as candy, stickers, or paper tokens which can later be traded in for a small prize or special privilege.

CONSEQUENCES

- Have youth participate in defining the consequences as well as the rewards for their actions. That way, no one will be surprised when a consequence is implemented.
- Make sure that consequences are reasonable. Youth tend to be very strict with themselves when talking about consequences in more abstract terms.
- Be realistic. Choose consequences you’re likely and willing to implement.

3. Give clear instructions

- Instructions are ways of letting youth know what you expect of them. They are most effective if they have been discussed beforehand, so that everyone knows the expectations.
- Instructions should be short and to the point. Young people are more likely to follow rules that they understand, so be brief and to the point.
- Always remember to reinforce a youth for following your instructions.

4. Sometimes ignore behavior

- Sometimes, the most effective thing to do is simply to ignore certain behaviors. If a youth is doing something that is relatively harmless to the group process, ignore it, and reinforce someone else in the group for something he or she is doing right.
- Continue to monitor the first youth’s behavior. As soon as he or she does something right, reinforce what was just done.
- Do not get into a power struggle with youth. You are the adult and the person in charge, so you always have options. There is never a need to put a youth down.

5. Plan and take breaks

- Plan to take a break about halfway through the session. An hour and a half can be a very long time to sit in a group, especially if youth have already been sitting in a classroom all day long.
- Usually, it works well to provide snacks during the break, so that snacks become reinforcers for having accomplished the tasks of the first half of the session.
- The group’s behavior may indicate they are ready for a break before the planned time, especially if they are feeling tired, bored, or lacking energy.

- Sometimes, a youth may ask for a break. If you think it is a reasonable request, reinforce that youth for being self-aware and give the group a minute to stretch.

6. Ask for feedback

- Be open to feedback and attentive to what your audience is telling you.
- Youth may have suggestions about activities, preferences, and dislikes, which may actually make the group more enjoyable for everyone.

7. Provide positive limit setting

- Part of establishing autonomy is testing limits. Know that youth may be likely to test your limits.
- Try to remain positive. There are so many Don'ts in the world, especially for youth, so try to emphasize the Do's.
- For example, when youth are first defining the rules of the group, help them phrase things in a positive way: "I will respect the opinions of other members of the group," rather than negatively: "No making fun of other people's opinions."

8. Take a youth aside when necessary

- Sometimes, you may notice that a youth is preoccupied or withdrawn, or acting out in an uncharacteristic way. Without reinforcing the behavior, you still have the option to take that youth aside to talk individually while the other facilitator continues to work with the rest of the group.
- This method may be the best way to get at what is on the youth's mind, and may be quite relevant to something being discussed in that session.
- Make yourself available to talk after the session, if necessary.
- Coordinate with the other facilitator beforehand so you both understand what is taking place when you walk out of the room with a youth and leave the other facilitator alone with the group for a while.

Using Instructions and What to Do If They're Not Followed

- **State your instruction clearly and succinctly:** "Please sit down."
- **If necessary, state your instruction a second time, followed by a statement of the consequence for noncompliance:** "Please sit down. If you don't sit down, I will stop the video."
 - **If the group member complies, reinforce by acknowledging them** for following the Group Agreements: "Thank you."
 - **If the group member does not comply, follow through on the consequence:** Stop the video. Then, give the instruction again: "Please sit down."
 - **If the group member complies this time, reinforce by acknowledging them and continue** with the activity.

- **If the group member does not comply, let them know the consequence:**
“Please sit down. If you do not sit down, you will have to step out for 5 minutes.”
 - **If the group member does not comply enforce the consequence:** “You need to step out for 5 minutes.”
 - **Continue the activity with the rest of the group.**
- **Make sure that consequences are reasonable and match the degree of the misbehavior.**
- **Never state a consequence that you aren’t willing to follow through on.** It will put you in a corner and detract from your credibility
- Site Managers should be onsite during the peer group sessions and can help to mitigate behavioral issues.

Instead of Discipline

1. **Suggest a way to be helpful**
“Instead of playing with the paper, I’d like you to help me collect everyone’s papers.”
2. **Express your feelings strongly, without criticizing character**
“I’m upset that I am constantly interrupted, and I can’t finish telling this story.”
3. **Say what you expect**
“I expect that group members will express their thoughts to the whole group rather than carry on private conversations.”
4. **Suggest ways to correct the situation**
“The popcorn scattered all over the floor will need to be picked up before we go on to the next activity.”
5. **Offer a choice**
“You can either remain in your seat and participate, or you can leave the room until we’ve completed the discussion.”
6. **Problem solve**
“How can we make sure that no more juice gets spilled?”
7. **Choose appropriate consequences and take action**
“Since the group is not following directions, we will stop this video.”
8. **Allow the group members to experience consequences**

Don't try to protect them from discomfort. "Since you are unable to stop disrupting the group, you need to step out for the next 5 minutes."

Talking about Sexuality

It is natural to feel some awkwardness when talking about sexuality with young people. Like all skills, this one improves with practice and experience. Here are some guidelines that can help build your comfort and enhance your ability to reach young people effectively.

Most Important: A Positive Tone

The most important thing you can offer is a positive tone in your response to their questions. Let them know by your voice, gestures, and facial expressions, as well as the things you say, that you welcome their questions and appreciate their curiosity and opinions.

General Guidelines

PRACTICE THE LANGUAGE AHEAD OF TIME. If you're not used to speaking to groups about sexuality, practice saying the words ahead of time. Speak in front of a mirror, or have a conversation with family or friends about the program. Say the words sexual intercourse, anal intercourse, semen, penis, vulva, erection, etc. This will make it easier when you talk about these things with the group.

EXPECT SOME EMBARRASSMENT. You or the group members may be embarrassed at times. As everyone becomes more accustomed to the conversations, the embarrassment will diminish or disappear. Use respectful, appropriate language. Young people often use slang to refer to a sexual act or sexual anatomy. This may be the only language they know, or simply the language that is most comfortable for them, but it is helpful for them to learn standard terms as well. If they're seeking health care, writing an article for a newsletter, negotiating safer sex with a partner, or talking to a counselor or parent, they may be able to communicate better if they know standard terminology. Without being critical of the language they use, you can rephrase some of their questions. ("Ron asked a question about a 'boner.' A more standard term for this is 'erection.' And yes, it is normal to wake up with an erection in the morning.")

WELCOME THEIR QUESTIONS. Let the group know that you want to hear their questions, are interested in their thoughts and experiences, and are committed to helping them make the best possible choices in their lives. In the RCL program, there is a question box. Encourage youth who do not feel comfortable asking their questions out loud to the group to put it in the question box at the end of the class. Assure that you will address all questions in the question box the following day. If you do not know the answer to a question, ask them to put it in the question box and research the answer before the next day so that you can provide an accurate answer.

PROVIDE A PREVENTION MESSAGE. Frame information and discussions about sexuality within an overall prevention message. You might focus on the importance of assessing risks, the ways young people can give and get support from friends, or the benefits of making a choice to be abstinent or use condoms.

FOCUS ON CAPABILITIES AND POSITIVE NORMS. Young people hear a lot about teens who aren't doing things "right." A focus on young people who fail, make mistakes, or have suffered terrible consequences tends to make these problems sound like the norm. Instead, place the emphasis on young people who make healthy choices and want their peers to do the same. Whenever possible, give answers that emphasize norms that are positive, health affirming, and responsible.

RESPECT THE GROUP. Respect the gravity of the issues young people deal with, and the talents and capabilities they can bring to their concerns. This is one of the best ways to establish a positive alliance.

Talk about skills. Follow up answers with suggestions about choices group members can make and skills they can practice. For example, after a discussion about the risks of impulsive or unsafe sex, you might ask, "What are some things you could say or do if someone was pressuring you to have sex?"

AVOID USING "YOU" IN GENERAL ANSWERS. If you're talking about general issues, not personal ones, avoid language that makes risks seem expected. For example, say, "If a person has unprotected sex, he or she will be at risk for STIs," instead of "If you have unprotected sex, you'll be at risk for STIs."

Support Abstinence and Safe Sex as Viable Options

Abstinence is a good choice for young people. Those who postpone sexual involvement are more likely to complete high school, less likely to become pregnant, and more likely to make better health choices in general. Support for abstinence is an expression of care for young people.

Facilitators affirm this perspective through the activities and discussions in RCL. Most teens can see both the benefits of abstinence and the risks posed by sexual activity, but it is vital that this message be presented in an informed and balanced way, rather than being preachy, punitive, or moralistic.

While emphasizing abstinence, facilitators should not ignore the fact that some young people are choosing to be sexually active. Communicate the same quality of caring and concern when supporting group members to take steps to ensure safe and healthy sexual experiences and to make thoughtful, informed decisions about sexuality. They should use condoms and contraception. They need to pay attention to their emotions and get help if they feel troubled in their relationships.

Keep Appropriate Boundaries

It is natural for facilitators to be drawn to certain group members, and even to develop special relationships with them. Sometimes, however, this can lead to problems. A Facilitator who wants to be friends with a young person may miss some important opportunities to provide guidance, support, and modeling.

When Facilitators stay in role, they maintain an authoritative relationship with the group, meaning they are caring but set firm, appropriate boundaries and enforce rules as necessary. It can also help to remember that Facilitators are adults, not peers. As adults, their expectations, suggestions, concern and involvement have a different kind of impact and meaning. This sort of support can be very helpful, especially for group members who don't have other strong, positive adult role models in their lives.

Good boundaries also help protect leaders—group members are less likely to misconstrue your interactions. Young people need leaders who can act as role models and mentors much more than they need another friend or “buddy.”

The agency should provide guidance on appropriate boundary setting to facilitators before they implement the RCL intervention.

Enjoy the Adventure

It is impossible to predict what will come up when youth groups discuss sexuality and sexual health. There are always surprises. The curiosity, intensity, and authenticity young people bring to this topic can be refreshing, inspiring, and exciting. The group will learn from you, and you will certainly learn from them.

2.7 – YOUTH-PARENT/TRUSTED ADULT SESSION

Conducting a Home Visit

Because every household has its own rhythm, home visiting schedules must be flexible. Facilitators should be open to meeting at times outside of the work day and be cognizant that families are opening their house to them, and they should be respectful.

To schedule a home visit, facilitators should:

- Call the youth’s parent/guardian to set up a home visit time and date
- Call to confirm with the parent/guardian of the visit one day prior
 - If the parent/guardian would like to reschedule, set up another home visit time and date that will work better for them
- Alert their supervisor and coworkers of their visit (location, participant #) and they should let them know when to expect them back

The home-visit should consist of:

- *Prepare*
 - Prepare all documents and supplies for the lesson
 - Alert your supervisor of your schedule
- *Arrival*
 - Set the tone (warm introduction, thank family for time and participation, etc.)
 - Establish rapport/develop caring relationship
 - Suggest an environment conducive to meeting if family feels more comfortable
 - Ensure you are away from distractions (TV is off, at a table/desk, other family not around etc.)
- *Conduct the Visit*
 - Show the video
 - Complete content as outlined in the curriculum
- *After the Visit*
 - Document visit
 - Follow-through on referrals, action items, etc.

Safety as a Home Visitor

Safety always comes first when home visiting. Home visitors should:

- Be prepared to handle unexpected situations
- Know protocol for:

- Reporting an incident to the police or health personnel
 - What to do if you suspect child abuse and/or neglect
- Be observant
- Discuss going in pairs to a first visit or whenever you feel uncomfortable at a participant's home
- Trust your instincts
 - If you don't feel safe, don't go in
 - Suggest an alternative place to meet (e.g., school, office, or car)
- Let supervisor and colleagues know where you are and when you should expect to return

Here are some additional personal safety strategies for home visitors:

- Establish check-in times with the office
- Park with front of vehicle pointed toward exit
- Do not exit your vehicle until you see the client at the door
- Observe and listen before entering a household
- Always stay aware of your surroundings and look for behavioral clues — pay attention to warning signs of a dangerous situation
- Try to complete home visits early in the day
- Stay alert
- Dress appropriately
- Leave jewelry at home
- Leave purse at office or in the trunk of the car
- Remove yourself from dangerous situations
- Travel in pairs when possible
- Survey the neighborhood
- Identify safe areas (i.e. restaurants, telephones, rest rooms, police stations)
- Trust your instincts
- Ask family members to come out to meet you if you are uncomfortable with the area
- Keep car in good repair
- Keep emergency supplies in car, including all-weather gear
- Ask family to secure pets before arrival
- Attend safety seminars
- Consider the use of cellular phones or pagers

2.8 – FACILITATOR TIPS AND GUIDANCE FOR RCL

Answering Sensitive Questions

As you prepare to answer group members' questions about sensitive topics such as sexual behavior and sexual orientation, use the following guidelines to form answers that are accurate, appropriate and complete.

Questions may be grouped into five broad categories, which overlap to some extent:

- Requests for information
- Values questions
- “Am I normal?” questions
- Permission-seeking questions
- Shock questions

Requests for Information

This type of question is generally posed when youth are genuinely seeking information regarding a particular subject to help increase their knowledge.

- If you know the answer, fine. If not, it is OK to say, “I don’t know,” and then refer the youth to an appropriate source. They can also put the question in the question box. If they do, the facilitator and/or manager should provide an accurate answer to the question at the start of class the next day.
- Are there some value issues within the context of the question? If yes, make sure various points of view are presented.
- Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you have established in the context of the group ground rules an agreement such as: “All questions are valid. However, I will have to make the final decision about the appropriateness of each question for total class discussion. If you turn in a question anonymously which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to everyone or that I’m not prepared to lead a class discussion around that issue. Please see me at the end of class if ever this happens so that I can try to answer your question privately.”

Values Questions

These questions are posed when youth are seeking clarity about facilitators’ values with the goal of potentially helping them define their own values. A great way to begin to answer this kind of question is to stress that “For some, _____ is true; for others, _____ is true, and, for me, _____ is true.”

If there are value issues involved in the question, for example, “Is it all right for teens to have sex?” provide a synopsis of the different points of view regarding the issue. Refer participants to people in their lives who may help them resolve their questions about the issue.

Youth sometimes ask a question about the facilitator’s values. Opinions about how or whether to respond to these questions differ. Some feel it is important to respond while others believe their role as facilitator gives their response too much weight. If you share your opinion, emphasize that it is only one of many and recommend that youth ask their parents/guardians about family values and beliefs. Avoid sharing information about personal sexual practices.

“Am I Normal?” Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes they’re experiencing.

- Validate their concerns, e.g., “Many young people worry that...” and provide information about what they can expect to happen during the adolescent years.
- Refer them to parents/guardians, family physician, community resources, or a counselor for further discussion, if appropriate.

Permission-Seeking Questions

These questions typically come in two common forms—“Is it normal to ...?” or “Did you _____ when you were growing up?” Youth may be asking your permission to participate or not participate in a particular behavior.

Avoid the use of the word normal when answering questions. What is “normal” for some is morally unconscionable for others. Present what is known medically, legally, etc.—the facts—and discuss the moral, religious, and emotional implications, making sure all points of view are covered. Refer youth to parents/guardians, elders in one’s family or community, religious leaders, or another trusted adult for discussion of moral/religious questions.

Establish, in the context of group ground rules, an agreement related to discussion of personal behavior, such as: “No discussion of personal behavior during class.” If and when you (the Facilitator) get a question about your personal behavior, you can remind youth of this ground rule and redirect the discussion to one of the pros and cons (religious, moral, medical, emotional, legal, interpersonal, etc.) of the particular behavior in question. Again, refer youth to parents/guardians for further discussion of moral/religious questions.

Shock Questions

Shock questions often catch a facilitator off guard due to the context or content of the language used in asking the question. Remind youth about the ground rules related to appropriate questions for classroom discussion.

Sometimes the shock comes not from the content of the question, but the vocabulary used. You can re-word the question to diffuse it, especially if you have previously established a Group Agreement related to vocabulary, such as: “In this class, I want to teach the proper vocabulary for body parts and functions, and I also want to communicate with you. Sometimes you may not know the correct word for something you have a question about. Use whatever word you know to ask that question and I will answer using the correct (acceptable) word.”

It is important to understand and feel comfortable with the guidelines for answering sensitive questions. When you are presented with a sensitive question, stay calm and follow these 3 steps:

1. **Listen to the question.** Determine what information/response the youth seems to be seeking. Pause for a moment or two if needed.
2. **Paraphrase the question.** Change slang to correct terminology, convert “me” or “you” pronouns in questions to general terms such as “a young person” or “people.” Paraphrasing questions also helps check your understanding of the question.
3. **Respond to the question based on the guidelines.** While answering the question, clear up any misinformation and provide an objective, fact-based response.

Responding to Reports of Abuse

Whenever young people are learning about sexuality, it is possible that reports of physical or sexual abuse will emerge. Group members may share rumors they have heard, express concern for a friend

who is facing these problems, or ask directly for help themselves. They may exhibit signs or symptoms of abuse. They may describe a personal experience without realizing it constitutes abuse.

There are laws prohibiting the sexual, physical and emotional abuse of minors in every state. These laws require that abuse be reported immediately to the appropriate authorities. Your agency should have clear policies and procedures in place that describe how to respond to any allegations of abuse. Be sure you are familiar with these guidelines. Review the written policies and procedures manual, and know to whom you can turn at the agency for assistance if you are unsure about a situation or need guidance.

Here are some points to keep in mind:

- **Know state laws and your agency's policies on mandated reporting** concerning suspected abuse, neglect, sexual abuse or **statutory rape**, which is defined as an adult having sexual intercourse with a minor.
- **Discuss these requirements with the young people in your program** so they understand exactly what must happen if they describe a situation you are required to report.
- **Be clear about the limits of confidentiality.** Don't negotiate with group members, promise not to tell, or provide assurances you may not be able to keep. Sometimes a situation seems benign on first telling, but as a group member fills in details it becomes clear that a report is mandated.
- **If an activity causes youth to self-disclose**, the facilitator should carefully end the disclosure and talk to the youth in private after class. They should also discuss with their supervisor if it is the agency's policy.

Resources for RCL Facilitators in American Indian Communities

The websites below offer additional information about teen sexual health, pregnancy and STI risk, youth risk behaviors, and other matters related to adolescent and AI/AN health. You (or your agency) may want to compile additional resources or lists of referral agencies specific to your community.

Youth Risks

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

www.cdc.gov

Federal agency whose mission includes protecting the health and safety of people at home and abroad by providing credible information to enhance health decisions and promote health. Check out the Division of Adolescent and School Health section (www.cdc.gov/HealthyYouth), STI fact sheets (www.cdc.gov/std/healthcomm/fact_sheets.htm), and the Divisions of HIV and STD Prevention (www.cdc.gov/hiv/default.html and www.cdc.gov/std).

CHILD TRENDS

www.childtrends.org

Nonprofit, nonpartisan research organization dedicated to conducting research and providing science-based information to improve decisions, programs and policies that affect children. Provides excellent research summaries and other useful materials.

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM

www.cdc.gov/healthyyouth/data/yrbs

Online analysis of Youth Risk Behavior Survey results.

Answers to Teens' Questions About Sexuality

GO ASK ALICE!

www.goaskalice.columbia.edu

This website developed and maintained by Columbia University's Health Education Program uses a question-and-answer format to provide information on a broad range of issues concerning relationships, sexual behavior and sexual health. Explicit and frank.

SEX, ETC.

www.sexetc.org

Sponsored by Answer at Rutgers University, includes articles by and for teens on a variety of issues related to healthy sexuality.

Healthy Sexuality

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE U.S. (SIECUS)

www.siecus.org

National organization has been providing positive and accurate information about sexuality since 1964. Offers special websites for teachers and schools, teens and parents, and publishes reports, curriculum guidelines, bibliographies, a monthly newsletter, and other valuable materials for sexuality educators.

THE GUTTMACHER INSTITUTE

www.guttmacher.org

Nonprofit organization focuses on sexual and reproductive health research, policy analysis and public education. Publishes reliable surveys and reports on teen sexuality, many of which can be downloaded from the website.

THE KAISER FAMILY FOUNDATION

www.kff.org

The Henry J. Kaiser Family Foundation addresses a wide variety of health issues, including reproductive and sexual health. Publishes studies and surveys addressing sexuality education, and provides some of the most in-depth data to date on attitudes of teachers, students, administrators, and parents.

Pregnancy Prevention

CDC REPRODUCTIVE HEALTH: TEEN PREGNANCY

www.cdc.gov/teenpregnancy/index.htm

Federal agency that promotes science-based approaches to teen pregnancy prevention using the Getting to Outcomes (GTO) approach. This page includes teen pregnancy information and data, social determinants and eliminating disparities, projects and initiatives, and program tools and resources. Also check out the teen section (<https://www.cdc.gov/teenpregnancy/teens/index.htm>).

RESOURCE CENTER FOR ADOLESCENT PREGNANCY PREVENTION (RECAPP)

www.etr.org/recapp

Nonprofit website provides tools and information for teachers and health educators working with teens. Designed to act as a bridge between researchers and educators, ReCAPP provides up-to-date suggestions on responsible sexuality and teen pregnancy prevention.

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

www.powertodecide.org

National nonprofit whose mission is to improve the well-being of children, youth and families by reducing teen pregnancy. Offers many useful publications that can be downloaded from the website.

Supporting Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ)/Two-Spirit Youth

GAY & LESBIAN ALLIANCE AGAINST DEFAMATION (GLAAD)

www.glaad.org

Advocacy organization monitors portrayals of the GLBT community in the press and popular media, and lobbies for accurate and balanced presentations. Website includes both recent and archived press reports.

GAY, LESBIAN AND STRAIGHT EDUCATION NETWORK (GLSEN)

www.glsen.org

National organization dedicated to the end of anti-gay harassment in K-12 schools provides teaching guides, hosts conferences, and advocates for appropriate school policies.

INDIAN HEALTH SERVICE (IHS) LGBTQ TWO-SPIRIT RESOURCES

www.ihs.gov/forpatients/healthtopics/lgbtqtwo-spirit/resources

The Indian Health Service is the federal agency dedicated to promoting the health of AI/AN people. This website provides information about health disparities faced by LGBTQ people, the AI/AN LGBTQ-Two Spirit Workgroup, and relevant resources for communities and providers.

PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS (PFLAG)

www.pflag.org

National group promotes the health and well-being of gay, lesbian, bisexual, and transgender (GLBT) persons; their families; and friends. The “Safe Schools” program focuses on making schools safe for GLBT youth. Website describes the program, presents current issues, and provides updates on legislative actions on a state-by-state basis.

American Indian/Alaska Native Health

INDIAN HEALTH SERVICE (IHS)

www.ihs.gov

The federal health program for AI/ANs, which provides information for patients including HIV/AIDS, intimate partner violence, LGBTQ two-spirit people, sexual assault, and risk behaviors.

NATIONAL INDIAN HEALTH BOARD (NIHB)

<http://www.nihb.org>

This organization was established by Tribes to advocate as the united voice of federally recognized AI/AN tribes to strengthen health systems, secure resources, and build capacity to achieve the highest level of health and well-being for AI/AN people. The website provides information about STIs and HIV in AI/AN communities and resources for behavioral health related to teen pregnancy.

URBAN INDIAN HEALTH INSTITUTE (UIHI)

<http://www.uihi.org>

A division of the Seattle Indian Health Board dedicated to supporting the health and well-being of urban Indian communities through information, scientific inquiry, and technology.

Note: CDC does not take any ownership of the content found on external non-federal websites that link back to the CDC. Information or services detailed on external sites are not endorsed, warranted, or guaranteed, and are not necessarily representative of the views of CDC or the U.S. Department of Health and Human Services.

SECTION 3 – PUTTING RCL TO WORK: LOGISTICS AND IMPLEMENTATION

Now that you have completed the prerequisites for implementing RCL, you can shift your focus toward the implementation phase of the intervention. In doing so, it will be important to consider the following areas: recruitment and retention of youth, monitoring and evaluating your program, adapting the program, and the theoretical applications of RCL.

3.1 – RECRUITMENT AND RETENTION OF YOUTH

RCL uses “**natural friendship groups**” or youth who already spend time together. The hope is that if youth are friends, siblings, cousins, classmates, etc., they can help support each other with the skills they are being taught. Working with groups of friends also may make youth more likely to come to the group sessions.

Recreation clubs such as dance groups, church clubs, scouting groups, or sports teams might be a way to find friendship groups. You also could approach several youth and suggest they get some of their friends or family together to come to camp. Groups can also be put together by facilitators at the beginning of camp.

Top Recruitment Strategies for Youth

1. **Map your area.** It is important to know where youth may congregate in order to maximize your recruitment efforts. Therefore, it is useful when identifying recruitment areas to survey the “lay of the land,” optimal times for recruitment, etc.
2. **Identify key stakeholders.** It may be useful to identify individuals within your youth social networks who may be able to assist you in finding an “in.”
3. **Their turf, their time.** Remember to be respectful that you are entering youth’s social domain and requesting their time. This can be useful for minimizing power dynamics.
4. **Have a hook.** Think about how you plan to connect with the young people prior to actually meeting them, i.e., what will be your angle?
5. **Remember: safety first!** Always keep safety in mind. Recruit in pairs. If possible, wear name badges, etc., as a form of identification. Always ask permission when approaching groups or soliciting the participation of young people.
6. **Know your role.** Be clear about what you can and cannot provide to young people. Make sure that you articulate this to them as well.
7. **Keep it real.** Be authentic.

When planning youth recruitment, there are a few key points to consider:

- **Identify key leaders.** As part of your recruitment effort, you will want to recruit a core group of youth who display both traditional and nontraditional leadership qualities. These young people often tend to have influence (positive or negative) over many of their peers. Use these young people as spokespersons. Spend time beforehand preparing them to introduce the program and to answer questions their peers may have.
- **Map locations.** Before conducting outreach to youth, it is critical to identify locations where young people congregate. This may require you to go to those places ahead of time to determine when youth gather there and what times are most appropriate to recruit.
- **Work in pairs.** Work in pairs when recruiting youth for the program. If at all possible, pair an adult with a youth. This can help ease situations that could be perceived as intimidating or awkward by youth who are approached by the adult.
- **Use marketing materials.** Be sure to work with youth to create materials with which they will resonate, including coming up with a group name, if needed. Materials such as flyers, brochures, and posters should have a youth feel and be placed in locations that young people frequent, such as community centers, Boys & Girls Clubs, YMCAs, libraries, clinics, athletic events, and community events. Be sure to include bright colors and bold writing, and be as concise as possible. Also mention things such as incentives, transportation (if provided), and food in the marketing materials. ALL marketing materials should contain the RCL logo, even if you have renamed your program.

In terms of retention, there are various ways to help ensure that youth enjoy the program and keep coming back:

- **Ensure youth and parents understand all components of the program before signing up.** It is important that parents and youth know what they are expected to participate in prior to signing up.

- **Make the group sessions fun;** keep them upbeat and active.
- **You may want to introduce some incentives** such as snacks, certificates or small gifts. (See [Supplemental Materials Resource Guide](#) for Tips on Soliciting Donations and sample incentive lists.) In the original RCL trial, incentives were used with success as a method for ensuring retention of youth throughout the 8 sessions. There was a “graduation” requirement to attend at least 6 of the 8 sessions, after which graduates received a gift card. Raffles were held with small gifts (e.g., mp3 players, gift certificates) each day, and youth received small material incentives each day. Food and transportation were provided. Use of friendship groups was also an incentive, as youth were able to spend time with their friends.
- **Call and remind youth about the program,** do home visits, send out postcards, and have youth remind each other.
- **Engage parents and guardians.** If parents support the program through RCL, the youth are more likely to remain in the program.

3.2 – RECRUITMENT OF TRUSTED ADULTS

RCL engages trusted adults of the youth enrolled in the 8 peer-group sessions. Trusted adults can be defined as best fits in your community. It can be limited to parents or legal guardians of youth or expanded to include any relative and/or adult friend. Regardless of the relationship to the youth, it is important that all trusted adults are adults, over the age of 18, selected by the youth, and approved by the parent and/or legal guardian. The hope is that youth will select someone whom they trust and feel as though they can talk with, and that this person is the parent or legal guardian and if not, is satisfactory to the parent/legal guardian. Whenever possible, the trusted adult should be enrolled before the youth begins the 8 peer-group sessions.

When recruiting parents/trusted adults, there are a few key points to consider:

- **Explain the program to parents/trusted adults to ensure they understand their role in the program.** Ensure they understand that following the camp, they will be asked to participate in one session.
- **Be aware of parents/trusted adults who have agreed to participate with more than one youth.** In this case, facilitators will ideally deliver the parent-youth session to each dyad separately, meaning if a parent signed up with two of their children, they would complete the parent-youth session twice. Some parents may not want to, or have the time to complete more than one parent-youth session. Be sure to discuss these issues with parents/trusted adults as they are signing up to participate with youth.

3.3 – IMPLEMENTING A CAMP

Camp planning and implementation takes time and requires many considerations about the community in which you plan to implement RCL, as well as your agency’s capacity. Please see the task list in the [Supplemental Materials Resource Guide](#) for a list of items that need to be completed, along with associated timelines. Below are key aspects of the camp to consider.

Timing and Schedule

The camp should occur over 8 days. The 8 days can either be consecutive or span a few weeks. One RCL session should be taught each day. There should not be more than one RCL session taught in one day. Each day of camp should consist of 2 hours of RCL delivery and a similar portion of time for basketball, other sports, or other camp activities (i.e. arts and crafts, etc). Time should be allotted for lunch and/or snack, set up, and clean up each day. Additionally, on the first day of camp, extra time should be allotted for registration. In the original trial of RCL, the last day of camp included a tournament during which families could come to watch the youth play. If your agency's RCL program chooses to have a tournament on the last day of camp, extra time should be allotted at the end of the day for the tournament.

It is possible to have youth participate in the RCL program and basketball play in sections. The first section will participate in basketball play in the morning while the second section will participate in RCL. They will switch after lunch, and the first section will participate in RCL in the afternoon while the second section participates in basketball play. This allows an agency to serve more youth with fewer facilitators and coaches (e.g. if switching you only need one pair of facilitators for every 2 groups and one coach for every 2 groups). See below for an example camp schedule. [See Supplemental Materials Resource Guide](#) for a detailed basketball play schedule.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
10-10:30	Open play registration; create peer groups.	Open play sign in	Open play sign in	Open play sign in	Open play sign in	Open play sign in	Open play sign in	Open play sign in
10:30-12:30	Groups A: RCL Session 1 Groups B: Basketball Play	Groups A: RCL Session 2 Groups B: Basketball Play	Groups A: RCL Session 3 Groups B: Basketball Play	Groups A: RCL Session 4 Groups B: Basketball Play	Groups A: RCL Session 5 Groups B: Basketball Play	Groups A: RCL Session 6 Groups B: Basketball Play	Groups A: RCL Session 7 Groups B: Basketball Play	Groups A: RCL Session 8 Groups B: Basketball Play
12:30-1	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1-3	Groups A: Basketball Play Groups B: RCL Session 1	Groups A: Basketball Play Groups B: RCL Session 2	Groups A: Basketball Play Groups B: RCL Session 3	Groups A: Basketball Play Groups B: RCL Session 4	Groups A: Basketball Play Groups B: RCL Session 5	Groups A: Basketball Play Groups B: RCL Session 6	Groups A: Basketball Play Groups B: RCL Session 7	Groups A: Basketball Play Groups B: RCL Session 8
3-3:15	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards	Wrap up/daily awards
3:15-5								Tournament

Location: When selecting a camp location, the agency should assess the following:

- 1) Space that fits the needs of the camp. The facility should have a large gym for the basketball portion of the camp in addition to separate rooms for each class of participants (one room for 8-12 youth). If youth will switch between basketball play and RCL, only one room for every 2 groups is necessary (i.e. one room for 16-24 youth).

- 2) “Buy-in” from the facility leadership. It is important that the leadership at the location supports the program and is willing to provide the space and resources (e.g. custodial help, access to restrooms, etc.)
- 3) Cost. Depending on the program budget, it is important to consider the cost of renting the facility.

It may be necessary to complete a facilities request form or another contract with the facility months before camp (see task list).

Meals: If the camp is occurring during a meal time, it is necessary to provide a meal to the youth, coaches and facilitators. If the camp is not occurring during meal time, ample snacks should be provided.

Water: Although many facilities will have water fountains, your agency should ensure water fountains work in the facility and the water is drinkable. You may also need to consider providing jugs of water with cups or bottles and/or seek donations for water to the camp.

Transportation: Transportation can be one of the primary barriers to participation in programs such as RCL. Whenever possible, your agency should provide transportation to and from camp. This can be achieved by partnering with the local school system to rent buses. There is also potential to provide vans and/or vouchers for public transportation if it is available in your area.

Incentives: Incentives can be important for retention of youth and parents in the program. If funding allows, it is suggested that incentives are provided for participation in the camp and RCL program. The following incentives may be provided:

- Daily incentives for all youth coming to camp. These may include items such as drawstring bags, lanyards, or t-shirts, and are given to all youth every day of the camp.
- Daily awards provided to a couple of youth each day for excellent work during the RCL session or basketball play. These may include gift cards to local stores or restaurants, a basketball, headphones, etc.
- Raffle awards. Each day, participants receive raffle tickets for attendance. On the last day of camp, a few tickets are selected, and those youth are provided a larger incentive. Youth who attend on more days will receive more raffle tickets and have a better chance of winning. Raffle prizes may include Bluetooth speakers, tablets, bikes, etc.
- Incentives for completing the parent/youth session. Incentives such as gift cards may be provided to parents and youth for completed the parent/youth session.

Coaches

Coaches are an integral part of the success of the camp. In addition to the RCL lessons, often the basketball portion of the camp helps to increase retention. Identifying the wrong coaches or not having enough coaches could impact your program retention.

- Role of the Coach: Coaches role in the camp is to coach a group of student while they are in basketball play. When possible, coaches should be responsible for the conduct of the youth during basketball play in addition to organizing and leading all basketball activities. If the

coach is not an employee of your agency, they should not be responsible for recruitment and/or overall management of the program. Additionally, they should not at any time provide information related to the RCL curriculum content. This is because we do not want them to provide misinformation or information that is not consistent with the RCL program. One coach is needed for every group of 8 to 12 youth. If youth will switch between basketball play and RCL, only one coach for every 2 groups is necessary (one coach for 16-24 youth).

- **How to identify Coaches:** Coaches may be someone within your agency or outside of your agency. Coaches may be volunteer or paid, have a lot of experience coaching or no experience coaching, be from the community or not. However, they must be dedicated to enriching the lives of youth in the program community, work well with others, be flexible, and be willing to follow the agency's policies and procedures. It is highly recommended that the agency identifies a head coach for the RCL camp. The head coach will be responsible for creating the daily basketball schedule and liaising with the program manager about timing, logistics and any issues that arise. It is recommended that agencies complete a background check on coaches prior to camp.
- **Working with Coaches:** It is important that coaches understand their role and are clear about expectations. Whether they are part of your agency or not, before implementing RCL, the program manager or someone at your agency should provide an orientation. This orientation should include:
 - Reviewing the agency's policies and procedures with the coaches. Clear guidance should be given to coaches related to what to do if a child is hurt, discloses abuse, has suicidal thoughts, or other issues requiring reporting or if there is an emergency.
 - Reviewing the goal of the program and daily schedule. During this time, it should be reiterated that coaches should not provide information that is not consistent with RCL.
 - Reviewing expectations including maintaining a professional relationship with all participants and staff members.
 - If possible, coaches should meet facilitators at orientation or prior to camp. Developing rapport with facilitators prior to camp will help to ensure smooth transitions as youth move between the RCL program session and basketball activities.

Volunteers for Specific Lessons

Facilitators should prepare to connect youth participants with professionals who have expertise on specific topics, including rape crisis counselors, medical personnel knowledgeable about sexual and reproductive health, and teen parent speakers.

- **Rape crisis counselors**

Your agency will provide a rape crisis counselor to be present for Session 5: Communicating for a Healthier Youth. Make sure that one of the facilitators is available during the activity to talk to any youth who may become upset. Have your local rape crisis center's contact information available for youth, should they need it. Often, rape crisis centers will have

informational brochures for youth who have been sexually assaulted. Check with your center to see what resources they can provide you.

Be sure to familiarize yourself with the story, discussion questions, and suggested answers in Lesson 5. In addition to helping the group understand how empowering assertive communication can be, the goal is to create a safe space so that youth feel comfortable talking about this topic and are able to have their questions answered, and to dispel common myths about rape that often blame the victim. It is important to use safe, validating language throughout this activity, and to give consistent, supportive messages.

It is also a good idea to have this information on hand in case any participants reveal that they or someone they know has been sexually assaulted.

- **Sexual and reproductive health medical personnel**

It is a good idea to identify one, or several, medical personnel in your community – such as doctors, nurses, nurse practitioners, community health workers, or peer health educators – who have knowledge and expertise in sexual and reproductive health. They should be invited to Session 6 to discuss various methods of STI, HIV, and pregnancy prevention. You might identify these people at local community health clinics or agencies. Having their contact information on hand can be helpful if/when you need to refer youth to services or experts who can provide more detailed medical information, after camp is over.

- **Teen parent speakers**

Details about recruiting and working with teen parent speakers are outlined below.

Working with Teen Parent Speakers

Meeting and hearing the personal story of a person who is/was a teen parent often has a significant impact on young people. Speakers are likely to be most effective when they resemble the group members in some way—especially when they are young and have a clear understanding of the world teens in your community cope with every day.

When the speaker tells their personal story, group members can begin to identify with the speaker's appearance, feelings, values, and how this person came to engage in risky behaviors. Speakers help to put a human face on teen pregnancy, touching young people at a personal and emotional level, and making the risks real to them.

It is important to find a speaker that does not discuss their experience as a teen parent in a solely positive light. Speakers must understand that they need to convey their true experience and feelings about being a teen parent and while that may include positivity, they should also discuss the struggles they have experienced as well.

Finding a Speaker

- Contact local youth serving sexual/reproductive health agencies for help in finding a speaker. Many areas have organized speakers' bureaus that provide single speakers or panel discussions for classrooms, youth programs and other groups.
- Ask the speakers' bureau about their policies, training, and experience to be sure they are a good match for your program.
- As some tribal communities may be small and close-knit, ensure the teen parent is not related to or has a participant in the RCL program.
- The speaker should be able to speak about their experience openly but understand the goals of the RCL program (i.e. to avoid unintended teen pregnancy).

The Interview Questionnaire for prospective speakers can be helpful to identify a speaker that will be a good fit for your RCL program. The questions can be modified to meet your (or your agency's) needs.

RCL TEEN PARENT SPEAKER INTERVIEW QUESTIONNAIRE

1. Would you please share any experiences you have had telling your story about being a teen parent in a group setting?
2. Have you ever shared your story about becoming a teen parent with a youth audience?
3. Could you please briefly share what you consider the top 3 factors that contributed to you becoming a teen parent?
4. What are 3 or 4 key messages you feel are important to convey to youth about being a teen parent?
5. Is there someone you've worked with who can provide a reference? (Please provide his or her name, phone number, email, and (if relevant) the name of the agency they work for and their position/title.)

Preparing for the Speaker

- **Make arrangements in advance.** The speaker's participation should be secured well before Session 7 is scheduled to be held. Find out what application procedure is required for requesting a speaker (if any) and be sure you have enough time to follow through.
- **Review policies and procedures.** Be sure to review any policies your agency has that may limit the speaker's remarks or responses to student questions, and let the speaker know of

any restrictions. Also, be sure to follow any required procedures for notifying parents/guardians about outside speakers and sensitive subjects.

- **Inform the speaker.** Let the speaker know what information the group has covered in the RCL sessions prior to lesson 7, and briefly discuss the proposed content and length of their presentation. You might suggest that the speaker plan to spend the first half of the time sharing his or her experience as a teen parent and leave the remaining time for questions.
- **Know what the speaker will discuss.** It is important you know what the speaker will say in advance, and that they plan to share appropriate key messages with the youth.

What the Speaker Will Talk About

MOST SPEAKERS WILL ADDRESS SOME OR ALL OF THE FOLLOWING ISSUES:

- **Life before becoming a teen parent.** By sharing information about life as a teen, speakers build rapport with the group and discuss the decisions, attitudes and behaviors that put them at risk for teen parenthood.
- **Finding out they would become a teen parent.** Speakers may share the events leading up to learning they or their partner was pregnant, and their thoughts and feelings at learning they would become a teen parent.
- **The impact of teen parenthood on their lives.** Speakers can discuss how teen parenthood impacted their daily lives, including personal relationships, health, and long-term goals. This should include negative impacts in addition to positive.
- **Prevention messages.** Throughout their presentations, speakers should include prevention messages based on their personal stories. They may share what they would have done differently knowing there was a risk of getting pregnant or impregnating their partner, and encourage the listeners to protect themselves and prevent pregnancy until they are ready to become parents.
- **Questions and answers.** Session 7 includes group discussion of the presentation after the speaker has left. But you may also include—and you should prepare the speaker for—a question-and-answer session with the speaker. This allows the speaker to address specific issues or concerns about teen parenthood.

Criteria for Video Selection

In the event that a teen parent guest speaker is not available for Session 7, you can show a video that communicates key messages about being a teen parent as a replacement. Here are some criteria for selecting such a video.

Does the video:

- **Demonstrate cultural and contextual relevancy** to the youth population you are serving?
- **Use visual images** that resemble the youth in your group?
- **Relate accurate information** about pregnancy prevention?
- **Communicate key messages** using age-appropriate content?
- **Illustrate the negative aspects of teen parenting** in addition to positive aspects?
- **Incorporate skills** aimed at reducing risk for teen pregnancy and show youth demonstrating these skills?

- **Have at least a 5-year shelf life**, i.e., could be viewed for the next 5 years without becoming outdated?

3.4 – CONDUCTING YOUTH-PARENT/TRUSTED ADULT SESSION

The parent/guardian session and the accompanying video are designed specifically for the parents and guardians of the youth participating in the RCL program. It will enable important future discussions between parents/guardians and their children around HIV/AIDS, STI, and teen pregnancy prevention. Parents/guardians should participate in their single session following the 8-session youth camp, as the final step in the RCL intervention.

Scheduling the Session

The session should be scheduled with the parent, youth, and facilitator. The session should be scheduled at a time that is convenient to the youth and the parent. This may be after or before work hours. The session is designed to be done in the home, but can be done in another private place of the youth and parents' choosing such as at school or at a local community center. It is important for the facilitator to be flexible in location and timing of the session.

Documenting the Session

For management purposes, program managers may want to document information about the session. A session summary form is included in the [Supplemental Materials Resource Guide](#). The session summary form should be completed by the facilitator during or immediately after the session with the youth and parent. If these are completed, it is important that there is a system in place for what to do with these forms. It is recommended that they are provided to the program manager who enters data into Excel or some other data collection program and save it.

SECTION 4 – GATHERING FEEDBACK AND IMPROVING YOUR PROGRAM: EVALUATION AND MONITORING

Once you have the RCL program up and running, it is important to periodically monitor or evaluate the program. An evaluation may be required by a funder or may be a necessary step to show the impact of your program so you can obtain funding to keep it going. You also want to ensure that the program continues to be implemented with the same fidelity (i.e., is implemented as outlined in the curriculum manual) year after year. If you would like assistance designing your evaluation, please contact Johns Hopkins.

4.1 – PROGRAM MONITORING AND CONTINUOUS QUALITY IMPROVEMENT

Fidelity: The degree to which a program is implemented with adherence to its core components.

Why Measure Fidelity?

- Ensure proper implementation of the intended program
- Use as a training tool for staff and facilitators
- Allows for continuous improvement of program implementation

Steps to Measure Fidelity

The overall purpose of monitoring fidelity to the intervention is to continuously improve the quality of your program. Monitoring fidelity identifies both the strengths and areas of improvement in program implementation.

Step 1: Create and implement tools to assess fidelity. Examples of an observation form to assess fidelity are included in the [Supplemental Materials Resource Guide](#). They include:

- Attendance Logs: Completed by facilitators to record number of sessions youth attend (dosage).
- Fidelity logs or Self Assessments: Completed by facilitators after each lesson. Enables you to look across facilitators and across sessions to see what content is being delivered. Allows you to identify any issues related to session content. This information should be collected in a fidelity monitoring log of some kind.
- Observations: Completed by trained observers (potentially the program manager). Enables you to look across facilitators and across sessions for content and quality. Enables you to identify any issues related to content or quality. This information should be collected in a fidelity monitoring log of some kind.

Step 2: Review Data: Collecting, reviewing, and discussing data allows you to ensure content is provided as intended and to improve program implementation or delivery.

- Determine person(s) responsible for review and analysis
- Determine frequency of data entry
- Determine how you will share results with your team and agency
- Review data on a regular basis to identify issues/challenges

Step 3: Provide Feedback: It's not enough to review/analyze your data, you must also provide feedback to those implementing the program. Feedback is necessary to make necessary adjustments.

- Develop a plan for providing feedback to facilitators on a regular basis
- Determine who will provide the feedback
- Determine how feedback will be delivered– written, one-on-one, other
- Determine when feedback will be provided
- Determine frequency of providing feedback

4.2 – EVALUATION QUESTIONS

Depending upon the resources available and your goals, your evaluation can be very formal and structured or informal and loosely structured. Evaluations are typically designed to answer a series of outcome and process questions. These questions, as they pertain to RCL, are described below.

Process Questions

The answers to process evaluation questions help program implementers determine why the outcome results may have occurred and what changes may need to be made to the program to improve outcome performance. These questions focus on the program activities, materials, and resources; the performance of Facilitators; and participant satisfaction. It is important to determine whether the program actually being evaluated reflects the program that was intended, what factors

had an impact on delivery, and whether participants would recommend participation in the program to others.

Questions that could be answered as part of a process evaluation include the following:

- Did facilitators deliver the program as intended? Did they use the materials correctly? Did they skip any key concepts? What changes did they make? What difficulties did they encounter?
- How many sessions did youth attend?
- Who attended and when did the parent/youth session occur?
- Were youth engaged in the sessions? Did youth enjoy the program and program facilitators?

Outcome Questions

It is important to determine whether the intended outcomes of your program have been achieved. Outcomes may be immediate outcomes or long-term outcomes. Long-term outcomes reflect intended behavior change. However, because behavior is difficult to change, immediate outcomes typically reflect the specific knowledge, skills, and attitudes the program covered. Depending upon the length of follow-up with youth, intensity of the intervention, and unique participant characteristics (such as level of behavior prior to participating in the intervention), it may be unrealistic to expect to see much, if any, change in youth behavior immediately after participation in the program.

Often, outcome questions are answered by comparing performance of program participants to that of groups of similar individuals who did not participate in the program. The best studies randomly assign potential participants to either receive the program or to receive another program or no program. However, this is typically costly and difficult logistically. An alternative is to find groups of youth who are very similar to program youth and also have them respond to the evaluation instruments. If this is not possible, often the best that can be done is to evaluate youth performance on outcomes prior to participating in the program and then again after program completion.

Questions that could be answered through an outcome evaluation include the following:

- **Immediate outcomes.** At the conclusion of RCL, do participating youth:
 - State correct information about teen pregnancy prevention, STIs, HIV/AIDS and the modes of transmission and prevention?
 - State their own personal values and understand how these relate to pressures to engage in sexual risk behaviors?
 - Demonstrate skill in decision making, communicating, and negotiating with other youth regarding sexual topics and drug topics?
 - Have condom use self-efficacy (can properly use condoms)?
 - Report intention to use a condom or abstain from sex?
- **Long-term outcomes:**
 - Do RCL participants report higher rates of abstinence, more condom usage, and more HIV/STI testing than youth who did not participate in the program?

- Do RCL participants report lower rates of HIV/STIs than youth who did not participate in the program?
- Do RCL participants report lower rates of teen pregnancy than youth who did not participate in the program?

4.3 – SAMPLE EVALUATION INSTRUMENTS

Process and outcome evaluations of RCL can be accomplished through multiple methods. These include session-embedded facilitator-led questions, youth surveys, session observations and facilitator implementation logs. For example, the following instruments could be used:

- **Youth Feedback Survey:** This is a paper-and-pencil instrument, which could be put into an electronic survey format, for youth to complete at the end of the program. It asks how much they enjoyed the session, how much they learned, the most important thing they learned, and questions related to the content of each session to assess retention. It also asks youth if they have any concerns or other issues they would like to share. The instrument can be used as part of a process and outcome evaluation.
- **Youth Outcome Survey.** This paper-and-pencil self-report survey is intended to evaluate attainment of youth outcomes. The survey covers the attitudes, skills, knowledge, and behaviors addressed in the RCL program. This survey can be administered prior to program implementation (baseline), at the end of implementation, and at various follow-up points (e.g., 3 months, 6 months, 12 months) as part of an outcome evaluation.

4.4 – COORDINATING YOUR EVALUATION

The coordinator of the evaluation should be someone who values evaluation, understands the need for careful data collection, is able to help staff use the evaluation data, and can devote time to the project. Depending on the type and magnitude of your evaluation, you can use existing staff or hire an outside evaluator (if resources are available) to coordinate and conduct the activities.

Internal staff with proper training could:

- Assist in designing and pilot-testing data collection instruments
- Assist in data entry and data analysis
- Provide ideas for improving the program based on findings
- Determine sample size and how to select the sample

It is best to get help from an outside evaluator to:

- Design complex outcome evaluations
- Oversee collection and analysis of complex data from multiple sources at multiple times in a project's lifetime
- Oversee analysis and interpretation of long-term outcome data

If a staff member will be conducting the evaluation, it is important to be aware that it can be challenging to separate one's role as evaluator from other established roles.

SECTION 5 – ADAPTING YOUR RCL PROGRAM

Adaptations are *intentional* changes made to an intervention or program design that typically do not modify essential “core elements” of the program.¹⁷

Drift is *unintentional* change to program design. Drift is problematic because these changes occur without conscious thought or decision-making, and may accidentally modify or eliminate the core components of a program. As a result, the program may fail to produce expected outcomes.¹⁸

5.1 – ASSESSING PROGRAM NEEDS

Assess Program Needs

Before initiating the process of adapting RCL for a special population, ensure that your agency has the necessary resources to conduct and adapt the intervention for the special population of AI/AN youth you have identified. In particular, make certain that:

- Your agency has an adequate budget to conduct the intervention
- Your agency is able to commit the additional time and staff resources to understand the need for adaptations and make those adaptations
- All staff members who will be involved in RCL have been fully trained in how to conduct the intervention
- Your agency possesses sufficient linkages and access to the subpopulation of AI/AN youth to maximize recruitment and retention success
- You gain the support of the agency administrator, and he or she reviews this section and the Pre-Implementation section of this Implementation Guide

5.2 – MAKING CHANGES

When making changes to RCL, modified activities should continue to:

1. Capture the original intent of the activity
2. Reflect the constructs of Protection Motivation Theory (PMT)
3. Maintain the core elements (outlined below)
4. Include the 8 peer-group sessions and 1 youth-parent session

When making changes to RCL, activities should continue to capture the identified intent or theoretical construct. Activities can be changed so long as they continue to reflect the identified constructs of Protection Motivation Theory (PMT).

For example, in the original curriculum, the parent roleplay activity was designed to operationalize self-efficacy, response efficacy, and response costs. Several examples of how various implementing agencies have changed the parent roleplay activity illustrate how this process can be completed to maintain fidelity and how certain types of changes no longer keep fidelity to the original intent:

- One agency changed the parent roleplay activity to a discussion on parent vs. youth communication styles. This program did not reflect the original constructs (self-efficacy, response efficacy, and response costs) because a conversation about different

communication styles did not give youth the opportunity to practice the skill and the confidence that such a conversation was possible (response efficacy), or the belief that they could do it (self-efficacy), and did not exemplify problems that might occur during the conversation (response costs). [Did **not** maintain fidelity]

- Another agency had participants practice the parent roleplay activity at home. Again, this adaptation does not reflect the three PMT constructs, as there is no way to ensure that youth complete the assignment and there is no opportunity for feedback. [Did **not** maintain fidelity]
- A third program in a juvenile justice facility changed the roleplay activity to talking to probation officers instead of parents. This group still reflected the PMT constructs (response efficacy, self-efficacy and response costs) since the youth seemed to receive the same skills from the altered activity. [**Did** maintain fidelity]

5.3 – ENSURING FIDELITY: KEEPING CORE ELEMENTS

As mentioned previously, core elements must be implemented with integrity and fidelity to increase the likelihood that prevention providers will have program outcomes similar to those in the original research. These are elements of the intervention that cannot be changed, modified, or adapted.

Below you will find the rationale for the RCL core elements, as well as examples of changes, adaptations, and modifications that reflect either adherence to or violation of selected core elements.

- **Core Element 1:** Deliver intervention to youth in community-based settings.

RATIONALE: RCL is designed to be conducted in recreation centers and other community-based settings to capture youth at the highest risk who may be chronically truant from school and who do not access services at health clinics. The community setting also was considered to be closer to the social context in which youth risk-taking occurs.

- **Core Element 2:** Use 2 skilled facilitators to model communication, negotiation, and refusal skills for youth.

RATIONALE: The original evaluation of RCL implemented the intervention with 2 facilitators per group. This strategy allowed facilitators to model communication, negotiation, and refusal skills for the youth. It also allowed one facilitator to deal with individual issues of youth without disrupting the group. Although the core element was use of 2 facilitators, those agencies that use more than 2 facilitators are considered to be implementing with fidelity as they still meet the intent of the core element.

- **Core Element 3:** Use “friendship” or venue-based groups (i.e., friends, siblings, classmates, cousins, a basketball team, a scout troop, church group, an existing youth group) to strengthen peer support.

RATIONALE: The original RCL was implemented with naturally formed friendships groups. The rationale for using friendship groups was to influence peer norms positively. The developers posited that if groups of friends went through the program together they could support each other in the development of new skills and could also facilitate peer norms in support of healthy behaviors.

An evaluation of the intervention from which RCL was based, Focus on Kids, formed groups with youth who utilized common community centers. The intervention remained efficacious,¹⁹ thus providing an empirical basis for expanding the core element beyond friendship groups to also include venue-based groups.

- **Core Element 4:** Use culturally appropriate interactive activities proven as effective learning strategies to help youth capture the important constructs in the theory.

RATIONALE: RCL includes interactive activities including games, roleplays, and community projects to help the youth capture the important lessons of the constructs in the theory. It was believed that youth would learn more quickly if they enjoyed what they were doing and had fun. A lot of practice exercises are included with the belief that the more youth practice new skills, the more developed the skills become.

This core element is something of a catch-all, and many of the activities can be changed to still capture the intent. The activities thought to be most key are captured in Core Elements 5, 6, 7, and 8. (Please refer to the Theoretical Applications chart at the end of this section.)

- **Core Element 5:** Include a “family tree” to contextualize and personalize abstract concepts, such as decision making and risk assessment.

RATIONALE: The “family tree” is a unique activity of RCL. In this activity, youth are given a skeleton of a family tree and asked to create the circumstances of and the relationships between the family members. The characters in the family are used throughout the curriculum to put decision making into a personal context for the youth.

The original “family tree” was culturally appropriate for an AI/AN target audience. Therefore, facilitators are given specific instructions in the facilitators’ manual and during training on modifying this activity for their target audience. References for specific resources to assist in the modification of the activity to another target audience are provided. The results of a fidelity study of the original program showed that the specific instructions seemed to aid facilitators in successfully adapting the activities for their own target audience without losing the objectives of the activity.

ACTIVITIES MAKING UP CORE ELEMENT 5:

- Family Tree

- All of the SPIRIT Problem Solving Activities (Stop and relax, Problem identification, Identify possible solutions, Review, Identify one, Try it out and Take action) (see Core Element 6)
- Roleplay (see Core Element 7)

EXAMPLES FROM THE FIELD:

- Changes adhering to the core element:
 - Changing the names and relationships of the characters to reflect the cultural norms of the community.
 - Adding a character who made positive decisions as an adolescent (maybe an uncle or aunt of the main youth characters).
 - Changes violating the core element:
 - Providing specific details about the main characters (youth characters that are the same age as the youth in the group).
 - Taking away the multi-generational component of the story that allows youth to see that decisions made as an adolescent have an impact on later life.
 - Dictating the decisions made by the main characters as they face new challenges. (The purpose of the exercises is to allow the youth to make the decisions.)
- **Core Element 6:** Enable participants to learn and practice a decision-making model such as SPIRIT (Stop and relax, Problem identification, Identify possible solutions, Review, Identify one, Try it out and Take action).

RATIONALE: An important skill for teen pregnancy prevention is making sound decisions. RCL teaches youth to learn an easy decision-making model that enables them to choose healthy behaviors. The decision-making model is called SPIRIT (Stop and relax, Problem identification, Identify possible solutions, Review, Identify one, Try it out and Take action). Each step is taught in a separate interactive activity, using scenarios with characters from the family tree. In order to implement this core element with fidelity, all six activities must be completed.

EXAMPLES FROM THE FIELD:

- Changes adhering to the core element:
 - In Namibia, changed SPIRIT acronym to POWER—Problem (state); Options; Weigh options; Elect best option; Reflect and act—since SPIRIT is not a word in Namibia.
- Changes violating the core element:
 - Several CBOs implementing the program just had one discussion that explained how decision making worked. (This change did not give youth an opportunity to practice the various skills in the SPIRIT exercises which is really how the self-efficacy and response efficacy constructs were reflected.)

- **Core Element 7:** Train participants in assertive communication and refusal skills specifically related to negotiation of abstinence or safer sex behaviors.

RATIONALE: Although making healthy decisions is an important part of HIV prevention, youth also need the skills to carry out healthy choices. Communication and negotiation are some of the skills needed. Through interactive activities, youth are taught about good listening and verbal and nonverbal effective communication. A roleplay allows youth to practice all the acquired communication skills together. Four activities constitute this communication core element. All four activities have to be completed to implement Core Element 7 with fidelity.

ACTIVITIES MAKING UP CORE ELEMENT 7:

- Communication Game: Communicating Without Words OR Changing Messages
- Communication Styles: Aggressive, Assertive, and Nonassertive
- Sex: A Decision for Two
- Roleplay: Saying NO or Asking to Use a Condom

EXAMPLES FROM THE FIELD:

- Changes adhering to the core element:
 - Discussing how poor communication skills may also lead to unprotected sex
 - Including more roleplays that allow youth to practice assertive communication
- Changes violating the core element:
 - Just having a discussion about communication styles without allowing the youth an opportunity to practice
 - Bringing in a rape crisis speaker as a substitute for Session 5, as this may not allow youth to understand the ways they can prevent date rape themselves

- **Core Element 8:** Teach youth proper condom use skills.

RATIONALE: Aside from communication and negotiation skills, using condoms correctly is another skill needed to carry out healthy choices. RCL was designed to foster positive attitudes and norms towards consistent condom use for sexually active youth and to provide appropriate instructions for condom use.

ACTIVITIES MAKING UP CORE ELEMENT 8:

- Condom Demonstration
- Condom Race

EXAMPLES FROM THE FIELD:

- Changes adhering to the core element:

- Instead of a race, have a condom competition that stresses correct use of condoms instead of how quickly one can be put on
- Changes violating the core element:
 - Only reading the steps for using a condom (this takes away the response efficacy of the condom demonstration because youth cannot see the strength and size of the condom)

Adaptations for LGBTQ Youth

Currently, the RCL curriculum contains session specific materials for facilitators who are adapting RCL activities for lesbian, gay, bisexual, transgender, or queer or questioning/two-spirited youth. This information is included below for the convenience of Program Managers and others who work with facilitators and who plan and develop interventions with alternative populations.

Adapting Family Trees

The Family Tree is an important activity in RCL. The exercise gives group members an opportunity to think about the ways social environments, especially families, influence young people's decisions. This awareness can enhance their ability to make positive decisions now and in the future.

The Family Tree activity is most effective when the group can relate to it. It needs to sound like their own family, or the families they know. The family situations and relationships should be believable. If group members can imagine and fill in the details of these characters' lives and feelings, they can learn more about their own experiences and values in the process. You are also strongly encouraged to work with a community advisory board to develop a family tree for your specific setting. There can be a fine line between credibility and stereotype. The input of community members can help you develop a family tree that is realistic, believable, and respectful of the youth participants.

Meet with the advisory board, explain the purpose and function of the Family Tree activity in RCL, and ask the following or other questions:

- What are some of the strengths of families in this community?
- What are some of the challenges that families face here?
- What are the values that are most important to families here?
- Are there ways families in this community seem similar to or different from families in other communities?
- What are some of the influences in our families or community that can lead young people to make positive health choices?
- What are some of the influences that might lead young people to make negative health choices?

Based on the feedback, develop some sample family trees. Have the board review these and choose one they believe will be most effective with the young people participating.

Adaptations for shorter sessions

Currently, the RCL curriculum is designed to be delivered in a camp setting with eight youth sessions lasting about 2 hours each. This schedule may need to be adjusted in some communities so that the program can be implemented in different locations (for example, during or after school) or for shorter amounts of time. Some places may choose to do the full program in 16 one-hour long sessions to include all of the content, but others may need further adjustments.

To shorten the sessions and maintain fidelity, be sure to keep the core elements in mind when adjusting time. Some activities can be skipped depending on the time available (examples include the knowledge feud and opening and closing rituals), while other activities can be shortened through less examples, fewer questions, and/or adding homework to the session.

To assist communities who find the eight two-hour long youth sessions too long to implement, alternative schedules have been created as examples. They include ten 80 minute sessions, twelve 60 minute sessions, and twelve 50 minute sessions ([See Supplemental Materials Resource Guide for alternative schedule timetables](#)).

SECTION 6 – TIPS AND LESSONS LEARNED

6.1 – LESSONS LEARNED FROM RCL PILOT STUDIES

The RCL program was rigorously evaluated with 267 youth in 2011-2012. It is currently being evaluated through a second, rigorous randomized controlled trial with 600 youth-parent/trusted adult dyads. These two studies have provided ample information to inform best practices of RCL implementation.

Experiences are highlighted below as lessons learned:

- **Recruitment**
 - Recruitment should begin at least 2 months before camp and occur until the day of camp.
 - Program managers should have a plan for recruitment which may include partnering with agencies who work with youth, posting information in the community, and/or hosting recruitment events.
 - Expectations for program involvement (including the parent/trusted adult's role) should be clearly explained during recruitment.

- **Facilitators**
 - Adequate funding should be provided for facilitators and supervisors. RCL is delivered by 2 facilitators to groups of 8-12 youth.
 - Supervisors should think carefully about how co-facilitators work together and should be intentional about pairing facilitators. Time should be allocated for the 2 facilitators to work together prior to RCL implementation.
 - Facilitators will need ~30 minutes before each session to prepare. This time should be allocated in the camp schedule.

- Facilitators should know and, when possible, be from the community.
 - Facilitators should have basic HIV/AIDS, STI, teen pregnancy and reproductive health knowledge. If they do not, they should attend a training in these topics (see additional trainings that can be provided by Johns Hopkins).
 - All facilitators should attend RCL curriculum training (in-person or online).
 - If trainees are absent for more than 4 hours, Johns Hopkins will consult with the trainee’s organization on next steps.
 - Facilitators should pass the RCL curriculum exam with a score $\geq 85\%$ before being allowed to deliver RCL
 - Facilitators must have group facilitation experience and skills in order to successfully complete this program.
 - Selecting youth-friendly facilitators, who are comfortable with facilitating sensitive discussions, respected by parents, and trusted by youth, is critical to success.
- **Camp**
 - The program manager should review and tailor the RCL “task list” for their agency. The task list is intended to guide the program manager and is important for the success of the program. ([See Supplemental Materials Resource Guide for a task list](#))
 - Working closely with the community is important for program success. Discussion should happen with community leaders early in the planning phases.
 - Program managers should consider transportation, meals/food, camp location, and additional volunteers/staffing necessary for the basketball or sports portion of the camp, and determine the budget they have for these aspects of camp.
 - Note that Sessions 5, 6, and 7 include utilization of volunteer speakers. It is imperative that the program manager begin working on securing the speakers for each session prior to session implementation. Program managers should meet with the volunteers before their session so that they understand their role and expectations for participation.
 - The teen parent speaker for Session 7 should be selected carefully and given instructions for their presentation including limiting discussion about the positive aspects of teen pregnancy.
 - When possible, experienced coaches should deliver the basketball or sports portion of the camp.
 - A nurse or someone certified to provide first aid should be available at all times during camp to address any injuries or health issues that may arise.
 - A site manager should be available at all times during camp to address issues as they arise including issues related to youth’s mental health, youth behavior issues, and facilitator conflict.
 - **Evaluation**
 - Program managers should determine the goal of their program before beginning program implementation and any evaluation.

- Program managers should determine what data they need to meet their program goals and should determine how they will collect, consolidate, and analyze data prior to program implementation.

6.2 – FREQUENTLY ASKED QUESTIONS

The successful implementation of an intervention such as RCL can appear to be a daunting task. We have identified the most common questions agencies have and addressed them below.

1. How many youths should be in a group?

The curriculum was designed for and works best with groups of 8 to 12.

2. How many facilitators do I need?

You need 2 facilitators per group of 8 to 12.

3. How soon before the intervention starts should I begin recruiting youth?

In general, it is wise to begin recruiting as early as possible. A period of 2 months prior to the anticipated start of your program is an ideal time period.

4. What key points about the intervention should I highlight when recruiting youth?

It's fun. It's interesting. It's interactive. You'll learn useful skills such as negotiating and different ways to communicate effectively. You'll learn useful facts about reproductive health and ways to get good, reliable information. RCL can help you learn strategies to help you achieve your goals. And you will get to play basketball!

5. What age should the youth be?

This will depend on the sexual behaviors of young people in your community. RCL was tested with youth 11-19 years of age. Regardless of the age, it is recommended that there be no more than a 2- to 3-year age gap within an individual group (i.e. so a group of 13 to 15-year-olds can also have members that are 12 or 16, but not 11 or 17). An evaluation of the RCL program found it was inclusive across a range of categories including age.

6. Should I have young men and young women in the same group?

The curriculum was designed for single-sex groups; however, it is a good idea to combine groups occasionally, so participants can hear how the other gender thinks and practice roleplaying in mixed-gender groups.

7. Where can I get free supplies?

Donations are an excellent way to obtain supplies. Ask local stores, companies, restaurants and factories to donate needed items.

8. How do I make this program relevant for youth in my community?

The curriculum is based on Protection Motivation Theory, and ethnographic and survey research was conducted to ensure that the intervention was developmentally and culturally grounded. The target audience for the original RCL program was rural, reservation based American Indian youth, ages 11 to 19. One strategy that might help when adapting the curriculum is to have an advisory board made up of community leaders (e.g., teachers, recreation club directors, and church and tribal leaders), parents, and youth. Share the curriculum with the advisory board and listen to their

recommendations for adaptations. Another strategy is to conduct a few focus group meetings with groups of 8 to 10 parents and youth to ask what they believe youth need to learn to protect themselves from HIV, STIs and teen pregnancy. An evaluation of the RCL program found it was inclusive across a range of categories including age, cultural congruence, current/updated medical information.

9. Can I run a group by myself?

Probably, but this situation is not optimal. A very experienced facilitator who is quite comfortable with the curriculum and group management dynamics might be able to implement on his or her own. The original RCL program was done with 2 facilitators per group, and this seems to work best. Co-facilitators can model good communication and negotiation skills. Also, one facilitator is free to deal with a youth who is having behavioral problems while the other continues delivering the curriculum. Having 2 facilitators incorporates different styles and personalities, which can enable more youth to be reached. Facilitators might have different strengths (e.g., one might be an older professional with lots of experience, and the other be closer to the age of the group members). Co-facilitating is a core element of the program and is strongly recommended.

10. How often should I run the groups?

The curriculum was designed for 1 session per day over 8 days; however, scheduling can be flexible. You might meet twice a week, or even do the program as a weekly camp. It is important to meet at a regular time each week, so youth know when the group meeting is.

11. How should the room be set up?

When setting up the room, consider configurations that will give all of the participants a clear view of both the facilitators and the other participants (U-shape, semicircle, etc.). Every seat should be a great seat! You'll also want to make sure that the room has proper lighting (windows) and ventilation.

12. What about youth who want to join the group later?

After the second or third session, it is difficult for youth to join and get all the information needed. It is therefore best to close the group after the third session and have interested youth wait until you are able to start a new group.

13. What about parents and guardians?

Parents/guardians need to be told what the program is about and should sign a parent/guardian permission slip. Be sure you are familiar with, and abide by, your agency's policies and procedures concerning parental consent, as well as any state guidelines. Ensuring that parents and guardians have bought into the program is important. One way of getting their support is to offer an information session where overviews of the youth sessions and information about the parent/youth session are presented. Parents and guardians have also increased their support of the program by experiencing the parent/youth session. During this 90-minute session in the home, parents/guardians learn firsthand what the intervention is about and participate in some of the activities used in the larger curriculum.

14. Is it OK to add a session specifically discussing substance abuse to meet the needs of our youth?

If the session is fun and not too long, there should be no problem with this. This session should build on the content that is already in RCL, e.g., decision making, refusal skills, future goals and values.

15. Is it OK not to include the parent/guardian component and just conduct the youth groups?

A randomized, controlled trial of RCL with only youth sessions found it to be effective in reducing unprotected sex among youth. However, the program is more effective, and impacts are sustained for a longer period of time, when combined with the parent/guardian component.

16. Does the adult have to be the legal parent or guardian?

No. But the adult has to be an important adult in the youth's life with whom he or she spends a significant portion of time. This person could be an older sibling, aunt, uncle, or grandparent.

17. If the parent has more than one child in the age range, can multiple children participate at the same time?

Yes, although ideally the parent will do separate youth/parent sessions with each child.

18. Can you do the parent/guardian component with groups of parents instead of individually?

See Core Element Number 1 to understand why this situation is not ideal. If it is the only option, it is important to break up the roleplays so each parent and youth pair does the practice individually.

19. What happens if a youth doesn't want to be present for the parent/youth session?

Youth are not required to participate but should be strongly urged to participate. If it is a matter of scheduling, try to reschedule at a time when both the youth and the parent/guardian can be present. If it is because the youth doesn't want to participate, encourage him or her to at least start with watching the video. If the youth is not enjoying it, he or she can always leave.

20. What if I would like assistance implementing or evaluating RCL?

Please contact Johns Hopkins Center for American Indian Health to discuss contracting them to provide technical assistance for your agency's implementation and evaluation.

GLOSSARY OF TERMS

Adaptation	Intentional changes made to an intervention or program design, which typically do not modify core elements of the program. ²⁰
Client	A person receiving services from an agency/organization.
Core Elements	Required elements of an intervention or program that embody the theory and internal logic of the intervention and most likely produce its main effects. These elements define the intervention and must be kept intact to maximize the likelihood that it will produce outcomes like those demonstrated in the original research. ^{21,22,23} Content core elements are the essential elements of <i>what</i> is being taught by the intervention that is believed to change risk behaviors. ²⁴ Implementation core elements are the essential characteristics of an intervention that relate to some of the <i>logistics</i> that set up a positive learning environment. ²⁵ Pedagogical core elements are the essential elements of <i>how</i> the intervention content is taught. ²⁶
Cultural Competency	Taking into consideration the values and beliefs (culture) of a person or client (person receiving services) and those of the agency and its employees. It includes developing services and shaping current organizational policies to effectively validate the lived experience of those individuals served. Cultural competency includes an awareness of one's own cultural values; awareness and acceptance of cultural differences; understanding that people of different cultures have different ways of communicating, behaving, and problem solving; having basic knowledge about a client's culture; and the ability and willingness to adapt the way one works to fit the client's cultural background.
Drift	Unintentional changes to an intervention or program design, which indicates a lack of fidelity. Drift may unintentionally modify or eliminate the core elements of a program, and may therefore reduce the prospect of the program producing outcomes demonstrated in the original research. ²⁷
Fidelity	The extent to which an intervention or program is implemented as designed. ²⁸ Challenges, adaptations, and drift may impact program fidelity. ²⁹
Full-time equivalent	The hours worked by one employee on a full-time basis, which is commonly 2,080 hours annually (or 40 hours per week for 5 days per week) in the US. A percentage FTE is used in budgeting to assess the amount of time and money required for a given position.
Group facilitation	The art and science of managing group sessions and the group developmental process, which involves guiding a group of people through a

series of phases—forming, storming, norming, performing, and adjourning—using a specific set of skills and tools, as identified by Bruce Tuckman in 1965.

Key characteristics	Important, but not essential, attributes of an intervention’s recommended activities and delivery methods. They may be modified to be culturally appropriate and fit the risk factors, behavioral determinants, and risk behaviors of the target population and the unique circumstances of the venue, agency, and other stakeholders. Modification of key characteristics should not compete with or contradict the core elements, theory, and internal logic of the intervention. ³⁰
Logic model	A tool that shows how a program works by summarizing what we put in (inputs), what we do (activities), and the results (outputs and outcomes) of an intervention. Usually depicted as a graphic, it shows the main elements of a program and how they work together to achieve the desired outcomes. Logic models are used to design programs, plan evaluations, guide data collection, demonstrate outcomes and impacts, and improve programs.
Natural friendship groups	Groups of youth who already spend time together.
Outcomes	<p><u>Short-term</u>: The expected immediate changes in participant knowledge, attitude, and motivation that allow intermediate and long-term outcomes to be achieved.</p> <p><u>Intermediate outcomes</u>: The expected changes in action and behavior (following short-term outcome changes) expected to begin occurring during, and continue after, a program is completed.</p> <p><u>Long-term outcomes</u>: The expected changes in condition or long-term results of the program (e.g., maintenance of protective behaviors, ongoing use of skills, access to information and resources, changes in policies, improvements in health, social, environmental, or financial conditions). The long-term outcomes should reflect the problem statement—the changes in the health condition or population you serve that are anticipated from completing the program activities.</p>
Statutory Rape	An adult having sexual intercourse with a minor.
Theory of Change	A model or roadmap, embedded within a logic model, that identifies causal factors and processes that explain why/how program activities are expected to lead to desired changes (e.g., increase safe sex practices, reduce HIV/STI rates). ³¹ It articulates relationships and linkages in logical pathways or sequences, showing how and why they should lead to a given outcome.

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