

# CORE ELEMENTS, KEY CHARACTERISTICS AND LOGIC MODEL

## Core Elements:

Core Elements are the components of a curriculum that represent its theory and logic. They must be maintained with fidelity and without alteration in order to ensure the program's effectiveness. *Fidelity* means conducting a program by following the Core Elements, protocols, procedures, and content set by the research that determined the program's effectiveness.

The developers have determined that when teaching adolescents strategies to reduce their risk for HIV, STDs and pregnancy, one must go beyond simply giving students correct information. Instructors must also build students' perceptions of vulnerability and bolster positive attitudes and outcome expectancies while building self-efficacy and skills to negotiate and practice abstinence. As such, the core elements have been organized into two sections: Content Core Elements and Implementation Core Elements. Content Core Elements are the essential ingredients in *what* is being taught in the intervention that have been found to change risk behaviors. Implementation Core Elements are the essential ingredients in *how* the intervention can be implemented with fidelity, resulting in a positive learning experience with successful outcomes. A comprehensive list of these elements follows:

### Content Core Elements

#### Content Core Element 1:

Teach correct information about HIV, STDs and pregnancy and prevention strategies, including:

- HIV: etiology, transmission and prevention
- STDs: etiology, types, transmission and prevention
- Pregnancy: biology and prevention
- Prevention strategies: negotiation, condom use and problem solving

#### Content Core Element 2:

Address behavioral attitudes/outcome expectancies:

- **Prevention Belief:** Abstinence can eliminate the risk of HIV, STDs and pregnancy and condom use can reduce these risks.
- **Goals and Dreams Belief:** Unprotected sex can interfere with one's goals and dreams for education and a career.
- **Partner Reaction Belief:** One's partner would not approve of using condoms and react negatively to it.
- **Hedonistic Belief:** A condom interferes with sexual pleasure, isn't natural, ruins the mood, doesn't fit, etc.
- **Personal Vulnerability Belief:** HIV, STDs or pregnancy could result from sex.

### **Content Core Element 3:**

Build negotiation skills and problem-solving skills:

- Teach negotiation, refusal and reframing skills using the 4-step S.T.O.P. Technique to respond to partners' negative reactions towards abstinence or condom use.
- Use role-play activities to practice negotiation, refusal and reframing skills.
- Build participants' skills in problem solving and getting out of risky situations.
- Demonstrate proper condom use and have the participants practice this using anatomically correct penis models (or a similar type model).

### **Content Core Element 4:**

Build self-efficacy in adolescents:

- Incorporate the theme *Be Proud! Be Responsible!* throughout the intervention.
- Build participants' confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially the role-playing and practicing proper condom use activities.

## **Implementation Core Elements**

Implementation Core Elements are integral to the intervention as they describe *how* the intervention should be implemented.

### **Implementation Core Element 1:**

To demonstrate a caring and supportive attitude, the facilitator must:

- Create a supportive and caring environment.
- Demonstrate empathy throughout the intervention; students must understand that instructors truly care about them and their success. Active listening, eye contact, supportive and non-judgmental feedback, etc. are all essential.

### **Implementation Core Element 2:**

Integrate and use the core intervention materials only:

- The Facilitator Curriculum Manual, posters and activity materials.
- The DVDs specifically selected for intervention.

### **Implementation Core Element 3:**

Type of facilitator:

- Specially trained health educator, family life educators, HIV/STD and teen pregnancy prevention educators or staff working with youth in community-based programs.
- Highly participatory and interactive skills.
- Able to work with youth, relate to them and their life circumstances and believe in them and in their resilience.

### **Implementation Core Element 4:**

Implementation delivery style:

- Delivery of intervention must be highly participatory and very interactive.
- Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation.

## **Key Characteristics:**

Key Characteristics are activities and delivery methods for conducting a program that, while considered of great value and assistance, can be altered without changing the effectiveness of the program. These activities and delivery methods can be modified for different agencies and populations.

Changes to the Key Characteristics allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the program to the participants.

### **There are 8 Key Characteristics of the “Promoting Health Among Teens – Comprehensive” Intervention:**

1. **Type of facilitator/educator:** In the original study, the facilitators were community leaders, counselors and teachers. You may vary your facilitator type to include others such as health educators, nurses, etc. as long as they have experience working with teens. Peer facilitators, if desired, should be paired with an adult facilitator.
2. **Setting:** In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations or schools during the regular school day or in after school programming, etc. However, the activities must remain interactive and all of the youth must have a chance to participate and practice new skills. If you are integrating this curriculum into the school class period, you must remember that class periods are less than an hour (for which the curriculum is designed). Contact Select Media ([www.selectmedia.org](http://www.selectmedia.org)) to determine how to best spread the curriculum over more than twelve sessions and still cover all of the material with fidelity.
3. **Number of days to deliver modules:** The intervention can be implemented in twelve sessions of sixty minutes each or in six 2-hour modules. In community settings, it can be implemented in a two-day format (6 hours each day, including time for lunch and snacks), a twelve-day format (1 hour each day). All 12 modules must be implemented in order. However, you should try to complete this intervention in a 2-week period, if possible.

4. Gender composition of the group: In the original study, the groups were mixed with boys and girls. You can vary this and deliver it with boys only, girls only or with mixed gender groups.
5. Race of facilitator: In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring and non-judgmental attitude, etc.
6. Race of the participants: In the original study, the participants were African American teens. You can vary this and use this curriculum with teens from different races. You might want to change the names of the teens in the role-plays and the settings of the situations to be culturally and ethnically appropriate/relevant.
7. Age of the participants: The students in the study were ages 11-14. This intervention can also be used with older teens. However, you should not implement with a mixed group (e.g., 11-year-olds with 15-year-olds). Divide the groups using similar age ranges.
8. Group size: In the original study, the group size was 6-12 teens in a group. If you want to enlarge your group be sure to add additional facilitators and/or time to ensure that the activities remain interactive and the youth are able to participate and practice new skills.

# PHAT! COMPREHENSIVE LOGIC MODEL

## Issue/Problem

Having unprotected sex due to:

- Limited information
- Negative attitudes and beliefs about abstinence and/or condom use
- Minimal negotiation skills for abstinence and/or condom use
- Low self-efficacy to negotiate abstinence or condom use
- Minimal problem-solving skills

## Inputs

- *Promoting Health Among Teens! Comprehensive* curriculum and materials
- Facilitator training and materials
- Participant recruitment
- Agency space

## Activities

- Provide activities that will increase knowledge about HIV/STD transmission and pregnancy prevention strategies
- View videos
- Provide opportunities to negotiate condom use and practice abstinence skills
- Provide activities on condom-use
- Facilitate activities that build confidence and self-efficacy to negotiate condom use and abstinence
- Provide activities that encourage proud and responsible behavior
- Facilitate activities that build skills in problem solving and how to get out of risky situations
- Create a caring and trusting group environment
- Facilitate referrals

## **Outputs**

- *Promoting Health Among Teens! Comprehensive* implemented with fidelity
- Videos viewed
- Condom use and negotiation discussed
- Abstinence discussed
- Negotiation and refusal skills practiced, using role-plays
- Problem-solving skills acquired
- Referrals made

## **Immediate Outcomes**

- Increased knowledge about HIV/STD transmission and infection, unplanned pregnancy, abstinence and condom use
- Heightened perception of risk for HIV/STD infection and unplanned pregnancy
- Bolstered positive attitudes and beliefs regarding abstinence and condom use negotiation
- Increased intentions to practice abstinence or use condoms consistently and correctly

## **Intermediate Outcomes**

- Improved negotiation and refusal skills
- Reduced occurrence of unprotected sex
- Increased intentions to practice abstinence
- Increased consistency of correct condom use
- Increased confidence to use condoms

## **Long Term Outcomes**

- Consistent condom use
- Reduction in risky behaviors
- Reduction of unprotected sex
- Delay in sexual debut

## **Impact**

- Reduction in HIV and STDs among adolescents
- Reduction of unplanned pregnancy among adolescents

## Assumptions

### **Adolescents may not use condoms if they:**

- Don't perceive themselves to be at-risk
- Don't have knowledge about HIV/STD transmission, unplanned pregnancy, risk behaviors and condom use
- Have negative attitudes towards practicing abstinence or using condoms
- Fear their partner's reaction to abstinence or condom use
- Don't know how to express themselves sexually without having sex
- Don't know how to make condoms fun and pleasurable
- Don't have the skills to negotiate condom use or abstinence
- Don't have the confidence or power to negotiate condom use or abstinence
- Don't feel valued

### **Adolescents will change their behavior if:**

- Program and messages targeted at them are specific
- Program is implemented in a caring and supportive manner
- They can learn the skills needed, i.e., condom use and negotiation skills.
- They have positive attitudes and beliefs towards condom use, e.g., condoms can be fun and pleasurable
- They have positive attitudes towards abstinence
- They feel that their partner will react positively to condom use or abstinence
- They feel that abstinence or condom use will prevent HIV/STD transmission and unplanned pregnancy
- They feel valued and believe in themselves and their skills
- They have opportunities to practice these skills with supportive feedback