Making Proud Choices

Potential Adaptations

This document includes examples of adaptations that have been previously implemented by OAH grantees. Grantees should keep in mind that all potential adaptations should be discussed with their project officer, and may need OAH approval. Potential adaptations involving medical information will require a medical accuracy review and need to be approved by OAH.

Adaptation Kits (from ETR) for individuals/organizations implementing Making Proud Choices!

Adaptation 1: Grantee Guide
Adaptation 2: School Guide
Adaptation 3: Consider implementing MPC for Out of Home Youth with all youth, not just youth in out of home care. MPC for Out of Home Youth has been updated and revised to be inclusive and trauma-informed and could be used with all youth. Grantee Guide (In and Out Home Care Guide)

Program Content

- Activities that are directly related to the program’s content
  - Anatomy/STD Information
    - Add a lesson on anatomy and puberty prior to presenting information about contraceptives and STDs.
    - In module 5, discuss the female condom and demonstrate the correct way to use one.
    - Add information on all FDA-approved contraception methods.
    - Include information about abstinence whenever condoms are discussed.
  - Cultural relevance
    - In module 1: activity B, delete “ancient times” from Talk Circle to avoid offending any participants.
    - Replace, “The Subject is HIV” video with a grantee made video, “You Cannot Get HIV Laddat!” when working with Native Hawaiian youth.
  - Technology
    - Replace the Negotiation Video Clip with a role play demonstration that is located in the curriculum’s appendix.*
    - Use PowerPoint slides instead of newsprint and other visual aids, especially when facilitators are sensing that teens are becoming distracted in the time it takes to set-up the various newsprint sheets and refer to the diagrams.
    - Begin a text messaging campaign after the MPC program is over to reinforce curriculum messages.
Opportunity to belong

- Consider omitting or condensing activity B in module 1 if working with groups that have already bonded prior to implementation of MPC. *

Opportunities for skill-building

- In module 4: activity B, have abstinence cardholders abstain from signing any cards to simulate the feeling of practicing abstinence. Be sure the absentee cardholders participate in the debriefing.*

Language

- Adjust role play names and examples to be inclusive of same-sex relationships and non-traditional gender roles by using gender neutral names and switching character roles.
- Add process questions for activity E to explore why some youth may choose to have sex.
- For module 2’s “What is a Condom?” activity, be sure to use medically accurate terminology.
- Change “Group Rules” to “Group Agreements.”
- For modules 1-8, include abstinence language whenever and wherever condom language is used.

Physical/psychological safety

- For module 1: activity E, stress that sexual assault/rape is not a choice. It is about power and control.
- Add a lesson on mental health and emotional resiliency at the end of the MPC lessons.

Activities that are not directly related to the program’s content

- Opportunity to belong
  - Add icebreakers and energizer activities when appropriate.

Program Delivery

- Length/class size/other
  - Program may be delivered in various formats: extend session time from 1 to 1.5 hours to fit longer class periods and allow for Q & A sessions.*
  - Add an orientation module at the beginning for data collection, pre-test, and introductions. It can be difficult to accomplish these activities in conjunction with the implementation of the curriculum.
  - Add sessions for parents to learn about Making Proud Choices.

- Minor adaptations are those that do not significantly affect the core components.
- Major adaptations are those that significantly change the core components. Major adaptations can compromise fidelity and may reduce the impact of the program on intended outcomes.

*Indicates a major adaptation