



FACILITATOR'S DASHBOARD

Complete Navigation Manual for the MATCH Framework



MATCH Framework · The HARNESS Project LLC

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Section 1: What Is HARNESS?

Program Overview

HARNESS – Fearless, Aware & Protected – is a harm-reduction, sex-positive sexual health education curriculum developed by The Harness Project. It equips participants with five concrete, evidence-based tools through the MATCH framework, translating complex health decisions into accessible, actionable knowledge.

The program is grounded in harm-reduction philosophy: meeting people where they are, treating all risk-reduction steps as meaningful, and building genuine capability rather than just awareness. Participants leave not just with information, but with a personal habit plan they built themselves.

The MATCH Framework

Each letter of MATCH represents a distinct category of sexual health protection. These five elements, used in combination, create a layered protection system that is substantially more effective than any single approach.

LETTER	MODULE	SUBTITLE	WHAT IT ADDRESSES
M	Medications Session 1	PrEP · PEP · ART · Doxy PEP · Vaccines	Prevention and treatment medications that change the risk equation
A	Awareness Session 2	Testing · Status · Partner Conversations	Knowing your status gives you your next move
T	Tools Session 3	Condoms · Barriers · Lube	The physical toolkit – how to use it, why it works, and how to make it feel normal
C	Communication Session 4	Consent · Scripts · Boundaries	The language of healthy sexual relationships – asking, agreeing, declining, and meaning it
H	Habits Session 5	Planning · Supply Stocking · Harm Reduction	The integration module – where knowing becomes doing

Why Layered Protection Matters

No single MATCH tool is 100% effective in isolation. The power of HARNES is in the combination: a participant on PrEP who tests regularly, uses condoms consistently, communicates clearly with partners, and has a stocked supply and regular habits is operating with near-complete protection. Each layer compounds the others.

Section 2: Navigating the Facilitator's Dashboard

The Facilitator's Dashboard is your mission control for the entire program. It is organized into three phases that map the full arc of delivery. Understanding the structure helps you move through materials confidently and know exactly where to look.

PREP – The Gear

Purpose

Everything you need before Session 1. Foundational tools, module outlines, safety protocols, and the admin communication template. Gear up at least one week before your first session.

PREP contains: all five module slide outlines and activity guides, the full Metaphor Glossary, the Safety Escalation Matrix (Green/Yellow/Red), the Admin/Parent Communication Letter, and the pre-session facilitator checklist.

TEACH – The Action

Purpose

Your in-session toolkit. Step-by-step activity instructions, troubleshooting scripts for challenging room dynamics, and Facilitator Spark reminders for each module.

Review the relevant Activity Guide the night before each session. Read the Troubleshooting Guide in full before Week 1. The Sparks are short – re-read each one right before you walk in.

TRACK – The Impact

Purpose

Measurement and reflection tools. Pre/Post Assessments, the Administrator Data Report template, and the Facilitator Self-Reflection log. Track closes the loop between delivery and improvement.

Administer the Pre-Assessment in Session 1 before any content. Complete the Self-Reflection log after every session – even briefly. Compare Pre/Post data to build your Administrator Report.

Section 3: Module-by-Module Facilitator Guide

This section provides the complete facilitator walkthrough for each of the five MATCH modules. For each module you will find: the core concepts, detailed facilitator notes, the full activity guide, and slide-by-slide teaching notes. Read each module section before the corresponding session.

M

Session 1 · Medications

PrEP · PEP · ART · Vaccines

Why This Module Matters

Many participants have never heard of PrEP. This module positions medications not as a sign of risk, but as an act of agency — proactive self-protection that transforms the possibilities of sexual health.

Core Concepts

- **PrEP (Pre-Exposure Prophylaxis):** daily medication for HIV-negative individuals that prevents HIV transmission
- **PEP (Post-Exposure Prophylaxis):** emergency medication taken within 72 hours after a possible HIV exposure
- **ART (Antiretroviral Therapy):** medications that suppress HIV to undetectable levels — Undetectable = Untransmittable (U=U)
- **HPV vaccine:** prevents strains causing cervical cancer, genital warts, and other cancers
- **Hepatitis A & B vaccines:** standard components of a comprehensive sexual health plan
- **PrEP is 99% effective** when taken daily; even partial adherence provides significant protection

Facilitator Notes

- Frame medications as empowerment, not evidence of high-risk behavior
- Many participants face barriers: cost, provider access, stigma, not knowing they exist
- Normalize PrEP conversations the same way you would normalize blood pressure medication
- Address U=U directly — it is well-documented and transforms stigma around HIV status

Activity Guide: Medication Myth-Busting

OBJECTIVE	Participants can name at least three prevention or treatment medications and explain what each one does in plain language.
ACTION	Card sort: groups sort 20 statements about PrEP/PEP/ART/vaccines into True /

DEBRIEF

False / It Depends. Debrief each 'It Depends' as a full group. Follow with a 30-second elevator pitch: 'Explain PrEP to someone who has never heard of it.'

Ask: 'Who in your life has probably never heard of PrEP? What would you say to them in 30 seconds?' Normalize that most people don't know — that's why this module exists.

Slide-by-Slide Teaching Notes

Slide 1: You have more options than you know.

This module is about the medications that change the math.

Prevention and treatment medications — PrEP, PEP, ART, and vaccines — have transformed sexual health. Knowing they exist is the first step. Using them is the second.

Slide 2: PrEP. PEP. ART. Vaccines.

Four tools. All real. All available.

PrEP prevents HIV before exposure. PEP treats after. ART makes HIV undetectable — and untransmittable. Vaccines protect against HPV and Hepatitis.

Slide 3: Taking PrEP is not a statement about your risk. It's a statement about your agency.

Undetectable = Untransmittable (U=U)

Anyone can choose prevention. Proactive is powerful. Your health choices say nothing about your worth — they say everything about your care for yourself and others.

A

Session 2 · Awareness

Testing · Status · Partner Conversations

Why This Module Matters

Avoidance of testing is one of the primary drivers of continued STI transmission. This module reframes testing from something scary to something powerful — the act of knowing is what enables every other MATCH tool.

Core Concepts

- Regular STI testing is a health habit, not a response to suspicion or shame
- HIV, gonorrhea, chlamydia, syphilis, herpes, and hepatitis all have testing options
- Testing frequency: every 3 months for sexually active individuals with multiple partners
- At-home testing kits exist and are widely available through mail-order programs
- HIV status disclosure: navigating conversations with partners clearly and with care
- Most STIs are treatable; many are curable. Early detection is the entire goal.

Facilitator Notes

- Reframe testing: 'Not knowing doesn't protect you — it removes your choices'
- Many participants avoid testing out of fear. Name this directly and non-judgmentally
- HIV status disclosure is complex legally and emotionally. Acknowledge both dimensions
- Avoid any language that shames any status. The goal is informed, consensual connection

Activity Guide: Local Testing Map

OBJECTIVE	Participants can identify at least two local testing options and articulate one barrier they could realistically remove.
ACTION	Groups research and map 3 local testing sites: name, cost (including free options), hours, whether they offer at-home kits, and walk-in vs. appointment. Each group shares their top find. Compare across groups.
DEBRIEF	Ask: 'What's one thing that would make testing feel more normal or easier for you? What's one barrier you could actually remove?' Write responses privately, then share one voluntarily.

Slide-by-Slide Teaching Notes

Slide 1: You can't act on information you don't have.

Knowing your status is not a sign of risk. It's a sign of responsibility.

Testing is how you access your next move. It's how you protect yourself and the people you care about. It's not a verdict – it's data.

Slide 2: How often? Where? What does it cost?

Make the practical concrete.

Every 3–6 months for sexually active individuals. Free options exist. At-home kits exist. The barrier is usually information, not access.

Slide 3: Status conversations don't have to be scary.

They just have to happen.

Talking about testing and status with a partner is a communication skill – one you can practice. This module gives you the starting point.

T

Session 3 · Tools

Condoms · Barriers · Lube

Why This Module Matters

Barrier methods are the most accessible, immediately available sexual health protection most people can access. This module closes the gap between knowing condoms exist and actually using them correctly, consistently, and without awkwardness.

Core Concepts

- External (male) condoms: most widely available, 98% effective with perfect use
- Internal (female) condoms: inserted in advance, more control for the wearer
- Dental dams and finger cots: barrier protection for oral and manual contact
- Lubricant: water-based with latex; silicone-based for skin-to-skin or non-latex use
- Lube is not optional – it increases pleasure AND reduces the chance of barrier failure
- Storage matters: heat, friction, and expired products compromise effectiveness
- Free supplies are available at health clinics, Planned Parenthood, and online programs

Facilitator Notes

- Be matter-of-fact. Your comfort sets the ceiling for theirs. Don't apologize for the content
- Lube is frequently omitted from sex ed and is essential – teach it without apology
- Normalize internal condoms – many participants have never seen one
- Some participants will laugh. Let it land, then proceed. The room usually follows you

Activity Guide: Tools Stations

OBJECTIVE	Participants can correctly identify and describe proper use for at least two barrier methods, and can explain when and why to use lube.
ACTION	Three rotating stations (8 minutes each): (1) Barrier ID matching game – match the tool to its description and use case, (2) Correct vs. Incorrect use card sort – participants identify errors in condom use scenarios, (3) Lube Compatibility Quiz – water-based vs. silicone-based, which product with which barrier.
DEBRIEF	Ask: 'What's one thing about the toolkit you didn't know before today? Who else in your life needs to know this?' Optional: where can you access free supplies near you?

Slide-by-Slide Teaching Notes

Slide 1: The toolkit exists. The question is whether you use it.

Barrier methods work — when used correctly and consistently.

Condoms, internal condoms, dental dams, finger cots, and lube are your physical protection layer. This session is about using them with confidence.

Slide 2: External. Internal. Barrier. Lube.

Four tools. All matter. All teachable.

External condoms are 98% effective with perfect use. Internal condoms exist and offer more control. Lube isn't optional — it protects the barrier and improves the experience.

Slide 3: Perfect use can be taught. And practiced.

Skills beat intentions every time.

Most condom failures happen due to technique, storage, or expired products — not random chance. The difference between 85% and 98% effectiveness is knowledge.

C

Session 4 · Communication

Consent · Scripts · Boundaries

Why This Module Matters

Consent education often stops at 'yes means yes' without giving participants the actual words. This module goes further – scripted language, practice scenarios, and real discussion of how consent works in both directions.

Core Concepts

- Consent is ongoing, enthusiastic, specific, and freely given – not a one-time checkbox
- Consent can be revoked at any point, even after prior agreement
- Scripted language: having actual words ready makes them more likely to be used
- Communicating about testing, status, and protection preferences with a partner
- Recognizing the difference between coercion, pressure, and genuine consent
- Consent communication applies to sexual activity, emotional space, physical space, and digital sharing

Facilitator Notes

- Scripts are not inauthentic – athletes practice plays, musicians practice scales
- Teach giving AND receiving consent. Being a good partner to a 'no' is a skill too
- Coercion often doesn't look like force. Cover emotional pressure, persistence, and manipulation
- Role play can feel awkward. Lean into it. The awkwardness is the practice point

Activity Guide: Script Lab

OBJECTIVE	Participants can initiate and respond to a consent conversation using their own words, and can identify at least one coercive pattern.
ACTION	Pairs practice four consent scenarios: asking, agreeing, declining, and revoking. After each scenario, switch roles. Each participant writes their personal 'go-to phrase' on an index card to keep. Full group shares one phrase voluntarily.
DEBRIEF	Ask: 'How did it feel to say no in the practice? What made it easier or harder? How did it feel to have an order changed or declined?' Connect to real dynamics outside the room.

Slide-by-Slide Teaching Notes

Slide 1: Consent is a conversation, not a contract.

It is ongoing. It is specific. It can always be changed.

Consent isn't a one-time checkbox — it's continuous communication that happens throughout every interaction. This module gives you the language to have it.

Slide 2: You don't just need the concept. You need the words.

Scripts are not fake. They're rehearsed.

Athletes practice plays. Musicians practice scales. Having language ready for these conversations makes you more likely to actually have them when it matters.

Slide 3: Coercion doesn't always look like force.

Pressure, persistence, and guilt are coercion too.

A green light means enthusiastic, ongoing, freely given agreement. Know the difference between a real yes and a pressured one — and never accept less than the real thing.

H

Session 5 · Habits

Planning · Supply Stocking · Harm Reduction

Why This Module Matters

Knowledge without habit is just information. This module connects every prior MATCH element into a personal, sustainable plan. Harm reduction is the philosophical spine: any step toward lower risk is meaningful, regardless of where someone starts.

Core Concepts

- Harm reduction: meeting people where they are; any step toward lower risk is a real step
- Supply stocking: having condoms, lube, and dental dams before they are needed
- PrEP adherence: daily consistency is what converts 99% into reality
- Testing schedule: putting it on the calendar converts intention into behavior
- The MATCH habit stack: all five tools reinforce each other and compound in effect
- Building support systems: who do you call for PEP? Who helps you stick to PrEP?

Facilitator Notes

- Harm reduction is not endorsement — it is about minimizing risk for the choices people make
- This is the integration session. Walk back through all five MATCH letters explicitly
- The MATCH Plan is the main artifact — make it specific, realistic, and theirs
- Celebrate small commitments. 'I will restock condoms this week' is a real plan

Activity Guide: My MATCH Plan

OBJECTIVE	Each participant creates a personal, specific 30-day habit plan with one concrete action per MATCH letter.
ACTION	Individual work: complete a personal MATCH card with one specific, realistic action for each letter (M=Medications, A=Awareness, T=Tools, C=Communication, H=Habits) within the next 30 days. Optional accountability pairing: share your plan with one other person and exchange contact info for a 30-day check-in.
DEBRIEF	Full group: 'Which letter felt easiest to commit to? Which felt hardest? What would make the hardest one more realistic right now?' Close by walking all five letters aloud as a group.

Slide-by-Slide Teaching Notes

Slide 1: Knowing is not enough. Doing is the goal.

This module is where everything connects.

All five MATCH tools work together. Medications + Awareness + Tools + Communication + Habits = a stack that compounds. Today, you build your personal plan.

Slide 2: Any step toward lower risk is a real step.

Harm reduction meets you where you are.

You don't have to do all five perfectly to start. Pick what's realistic. Build from there. The goal isn't perfection — it's movement in the right direction.

Slide 3: Put it on the calendar. Stock the supply. Make the call.

Your MATCH plan is the bridge from knowledge to habit.

Intention without a plan is just hope. A specific, dated, written commitment is the difference between knowing MATCH and living it.

H · Extended Session · Module 5: Your Perfect MATCH

Module 5: Your Perfect MATCH

Extended Session — Optimizing the MATCH Framework: From Static Inventory to Dynamic Logic

Broken Puzzle Scenarios · The Plan Stress Test · Emergency Move Drill

·Mindset of Protection Reveal

Why This Extended Session Exists

The standard Module 5 builds a personal MATCH Plan. That is where knowing becomes doing. But knowing how to build a plan under calm conditions and knowing how to execute it under real-life pressure are two different skills.

This Extended Session is the stress test. Participants have just written their plan. They think the workshop is over. It is not. The disruption arrives without warning — because in real life, disruptions always do.

The Mindset of Protection is not taught first. It is revealed last — after participants have already lived it.

Core Concepts

- **MATCH as a verb, not a noun:** a living logic flow that moves with the user, not a checklist in a drawer
- **Combination Prevention:** layering M + A + T + C + H creates redundancy — a single point of failure does not result in total loss of protection
- **If-Then redundancy logic:** every friction scenario has a next move already built in
- **The 72-hour window:** both PEP and Doxy-PEP must be initiated within 72 hours — PEP effectiveness is highest under 2 hours
- **Mindset of Protection:** the psychological shift from reactive to proactive layered self-management
- **The surprise is the pedagogy:** the blindside is intentional — it simulates how real-life disruptions arrive

Facilitator Notes

- **Do NOT** preview the Extended Session at any point during the standard Module H delivery. The blindside is the pedagogy.
- Wait until participants have set down or submitted their MATCH Plans before advancing to the disruption. The disruption must feel real.
- **Constraint Cards** must be distributed face-down and flipped simultaneously on your signal — not one at a time.
- During the Adapt phase, circulate but do not rescue. Let participants sit in the friction. That

discomfort is the learning.

- Do not name the Mindset of Protection until the final reveal slide – after all three activities and the debrief are complete.
- The Emergency Move Drill is not optional. Every participant must leave knowing the 72-hour window and the nearest 24-hour ER address.
- Apply the Safety Escalation Matrix (Green/Yellow/Red) throughout. The Constraint Cards surface real scenarios – participants may have lived them.

Remember: comfort with this content sets the ceiling for theirs.

THE BLINDSIDE · Facilitator Action Required

Trigger: Immediately After MATCH Plans Are Set Down

Participants have just completed their SaFER Sex Plan. The room energy signals that the session is wrapping up. This is the moment.

Advance to Slide 2. Say nothing until the slide is visible. Let the room read it.

Facilitator Script

"Wait. You're not done."

Pause. Let it land.

"A plan that only works under perfect conditions is not a plan. It is a wish. We're about to find out what your plan is made of."

Distribute the SaFER Sex Plan worksheet (Workshop Pack, Page 6). Do not explain what comes next.

ACTIVITY 1 · Broken Puzzle Scenarios · 20 min

Setup (5 min)

- Distribute the MATCH Redundancy Logic reference card (Workshop Pack, Page 2) – one per participant
- Explain: "Each scenario represents a missing puzzle piece in your safety strategy. Your job is to figure out the next move."
- Do not explain what If-Then logic is. Let them build it.

OBJECTIVE

Participants apply If-Then redundancy logic to four real-world friction scenarios – without being told in advance that the plan they just wrote will be tested.

ACTION

PHASE 1 – DRAFT (8 min): Participants complete their Safer Sex Plan worksheet. Facilitator circulates without giving answers.

PHASE 2 – DISRUPT (1 min): One Constraint Card per participant, distributed face-down. All cards flipped simultaneously on signal.

PHASE 3 – ADAPT (8 min): Participants revise their MATCH plan to account for the constraint on their card. Facilitator encourages thinking aloud.

Four friction scenarios covered: Condom Breaks · Partner HIV+ Undetectable · Forgot PrEP Dose · Potential Bacterial STI Exposure

DEBRIEF

Full group: "What was your constraint? Which letter of MATCH did you reach for first? Which letter held up — and which one revealed a gap?"

Do NOT teach the Mindset of Protection yet. Let participants surface what they discovered in their own words — then advance to Activity 2.

ACTIVITY 2 · The Plan Stress Test · 20–25 min

OBJECTIVE

Participants discover on their own that a plan written in comfort must survive real-world pressure — and that layering MATCH tools is what makes it resilient.

ACTION

1. **DRAFT (8 min)** — Participants write their personal Safer Sex Plan (already in progress from the blinding). Facilitator circulates without giving answers.
2. **DISRUPT (1 min)** — Constraint Card is flipped. One constraint per participant, face-down until signal. All cards flipped simultaneously.
3. **ADAPT (8 min)** — 'Late-Night Emergency' card holders identify the nearest 24-hour ER. 'Buzz' card holders name which Medication or Habit shield acts as their fail-safe. Participants revise plans aloud.
4. **DEBRIEF (8 min)** — Full group analysis. Celebrate adaptations. Reinforce that adjusting is the goal.

not perfection.

DEBRIEF QUESTIONS

Q1: If you have no lube and have been drinking, which letter of MATCH is your primary shield, and why?

Guide toward M (PrEP as internal protection) and C (Power Statement). The Mindset of Protection shifts internally when external tools are unavailable.

Q2: During the 'Late-Night' scenario, did you realize your plan relied on a pharmacy? How does the 72-hour window change your next move?

Many plans assume 24-hour pharmacy access. ERs dispense PEP. The 72-hour window reframes panic as a logistics problem with a solution.

Q3: How does having PrEP or U=U change your level of panic when a condom is unavailable?

This reveals the psychological power of layering. Participants on PrEP experience the broken-condom scenario differently. Normalize medication as an active layer.

ACTIVITY 3 · Emergency Move Drill · Session Closing

OBJECTIVE

Participants memorize the 72-hour window for PEP and Doxy-PEP as a reflexive action – not a fact to look up later. Every participant leaves with the nearest 24-hour ER address written on their plan.

ACTION

Post or distribute the Emergency Protocol Decision Trees (Workshop Pack, Page 3) before this activity begins.

Walk each protocol verbally before asking participants to apply them:

- **Protocol 1 – HIV Exposure: Condom breaks or sex without barrier with unknown/positive-status partner. Find the nearest ER now. Start PEP within 72 hours (ideally under 2 hours).**
- **Protocol 2 – Bacterial STI Risk: Access Doxy-PEP (200mg) within 72 hours. One dose. Schedule full STI screening.**
- **Protocol 3 – Communication Breakdown: Partner is pushy. Deploy Power Statement. If refused, exit. Self-respect is the primary shield.**

Each participant writes the nearest 24-hour ER name and address on their Safer Sex Plan before leaving.

DEBRIEF

Ask: "Which protocol felt most relevant to your real life? What did you not know before today?"

Do not advance to the Mindset of Protection reveal until at least two participants have responded.

THE REVEAL · Mindset of Protection · Slide

Teaching the Concept — After They Have Lived It

Advance to Slide 6. This is the only moment in the entire Extended Session where you name the concept. Everything before this slide was discovery. This slide is the reveal.

Facilitator Script

"You just did something that most people never do: you tested your plan under pressure. That instinct — to reach for the next layer when one fails — has a name. It's called the Mindset of Protection."

"The Mindset of Protection is what happens when you stop treating sexual health as a single rule to follow and start treating it as a layered, living system you actively manage."

"No single MATCH tool is 100% effective in isolation. The power is in the redundancy. A broken condom is not a failure — it is a trigger for the next layer. You just lived that."

Walk the five MATCH layer stack on the slide. Ask: "Which letter did you reach for first when your card hit? That is your strongest layer right now. What's your weakest?"

Slide-by-Slide Teaching Notes

Slide 1

Module 5: Your Perfect MATCH — Extended Session

This slide is facilitator-facing only. Do not present it to participants. Use it as your own orientation marker before running the blindside sequence.

Slide 2

Wait. You're not done.

The disruption slide. Advance only after participants have set down their MATCH Plans. Say nothing until the slide is visible. The silence is intentional — let the room read and react before you speak.

Facilitator note: Distribute the Safer Sex Plan worksheet now. Do not explain what comes

next.

Slide 3

Activity Guide: Broken Puzzle Scenarios

Run the three-phase activity. Circulate during Draft and Adapt phases. Do not give answers. Your job in this phase is to observe which MATCH letters participants reach for — that data informs your debrief.

Do not name the Mindset of Protection during the Broken Puzzle debrief.

Slide 4

Activity Guide: The Plan Stress Test

Run all four phases with strict timing. The Disrupt phase (1 min) is the most important moment — the simultaneous flip is what creates the shared experience. Do not stagger it.

Use the three analytical debrief questions. Let O3 land — it surfaces the psychological power of medication layers.

Slide 5

Activity Guide: Emergency Move Drill

Walk each protocol verbally before distributing the decision trees. The verbal walkthrough is what makes the 72-hour window sticky. Reading it off a handout is not enough.

Do not advance until at least two participants have responded to the debrief question.

Slide 6

That was the Mindset of Protection.

This is the reveal. Walk the five-layer stack on the right side of the slide. Ask participants to name which layer they reached for first on their Constraint Card. Then ask: what's your weakest layer right now?

This is the only moment in the entire Extended Session where the concept is named explicitly.

Slide 7

Facilitator Notes

Facilitator-facing only. Review before the session. The key reminder: the surprise is the point. Real life does not announce its disruptions. Neither does this session.

MATCH Redundancy Logic Reference

Distribute this table as a reference card during the Broken Puzzle activity. Also appears on Workshop Pack, Page 2.

THE FRICTION	IF-THEN LOGIC FLOW	EMPOWERMENT OUTCOME
Condom Breaks (Activity/Habit Failure)	IF a barrier fails → THEN initiate Emergency Move #1: The 72-Hour Window. Seek PEP immediately. Effectiveness is highest within 2 hours.	RESTORES THE SHIELD: Provides a biological backup when physical barriers fail.
Partner is HIV+ but Undetectable (Testing/Awareness)	IF a partner is on consistent treatment and undetectable → THEN the risk of transmission is zero (U=U).	IGNITES AGENCY: Removes fear and stigma, allowing for fearless connection.
Forgot a PrEP Dose (Medication/Habit Failure)	IF you miss a dose → THEN initiate Emergency Move #2: PrEP Catch-up. Take the pill as soon as you remember. Do NOT double the dose.	MAINTAINS THE ARMOR: Ensures the protection in the bloodstream remains active.
Potential Bacterial STI Exposure (Activity Gap)	IF condomless sex occurs or a barrier fails → THEN use Doxy-PEP (200mg) within 72 hours.	RESTORES THE SHIELD: Reduces risk of syphilis and chlamydia by ~70%.

Module Integration & Timing Map

ACTIVITY	45-MIN STANDARD	90-MIN EXTENDED	STRATEGIC FUNCTION
Blindside Trigger	After MATCH Plans set down	After MATCH Plans set down	Creates the experiential disruption that makes the stress test feel real
Broken Puzzle Scenarios	10-25 min	10-30 min	Teaches If-Then logic of Combination Prevention; surfaces each participant's strongest MATCH layer
The Plan Stress Test	25-40 min	30-55 min	Builds resilience; tests the viability of habits under real-world pressure
Emergency Move Drill	40-50 min (closing)	55-75 min (closing)	Ensures PEP & Doxy-PEP windows are memorized as reflexive actions
Mindset of Protection Reveal	After drill debrief	After drill debrief	Names the concept participants have already lived — the only moment it is explicitly taught

Move beyond the checklist. Lead with Logic. Empower with Layers.

Section 4: Safety Protocols & Escalation

Trauma-informed facilitation requires you to be prepared before a difficult moment arrives. Know this matrix cold before your first session. Your calm, competent response depends on it.

Non-Negotiable Before Session 1

Identify your site's designated counselor. Know your mandatory reporting obligations. Know where a private conversation can happen. These are not optional.

GREEN

Standard Protocol

- Active participation, standard group dynamics
- Facilitate as designed using MATCH framework
- Use evidence-based framing: empowerment, not fear
- Log session notes within 24 hours

"Let's open with a quick check – what's one MATCH tool you already have some knowledge of?"

YELLOW

Caution Protocol

- Participant exhibits visible distress or begins disclosure
- Deploy grounding: slow breath, feet on floor, present focus
- Do not isolate the participant
- Check in privately after the session; escalate to Red if warranted

"Let's take a breath together. You don't have to share anything here – I'd love to connect with you after"

RED

Escalation Protocol

- Disclosure of harm, abuse, or intent to harm self or others
- STOP group activity calmly and immediately
- Engage designated site counselor now
- Follow mandatory reporting protocol – document immediately after – do not promise confidentiality

Halt activity. Do not interpret, investigate, or promise confidentiality. Connect the participant to the counselor. Document.

Section 5: Troubleshooting – What-If Scenarios

Read this section in full before your first session. These are the four most common facilitation challenges in HARNESS delivery. Having your response rehearsed means you will handle them with calm and competence rather than improvised uncertainty.

The Silent Room

WHAT YOU'LL SEE

Group is quiet, participation feels forced. Especially common in Module M (Medications) when content feels unfamiliar or clinical.

WHY IT'S HAPPENING

Silence usually signals unfamiliarity, not resistance. The material feels abstract before it connects personally.

FACILITATOR ACTION

Lower the stakes immediately. Move to a factual entry point – something with a right answer rather than a personal one.

SCRIPT

"Does anyone know what PrEP stands for? Just a shot in the dark – there's no wrong answer here."

PRO TIPS

- Start with your own example to model the low-stakes entry
- Go around the circle rather than waiting for volunteers
- Energy almost always shifts once a few words are in the air

The Over-Share

WHAT YOU'LL SEE

Participant shares detailed personal health history or sexual experiences publicly. Often a sign of genuine trust in the space.

WHY IT'S HAPPENING

They've found a rare space where they feel seen. This is trust — and still needs redirection to protect both them and the group container.

FACILITATOR ACTION

Validate the trust explicitly. Redirect warmly to a private setting. Always follow through.

SCRIPT

"What you're sharing matters — I want to give it the space it deserves. Let's connect right after today's session."

PRO TIPS

- Always follow through — actually find them after
- Do not interpret or clinically assess what they shared in the group
- If content warrants Yellow or Red response, initiate that protocol

The Skeptic

WHAT YOU'LL SEE

Participant challenges content: 'My doctor never mentioned this' or 'That's not how it works.' Most common in Module M.

WHY IT'S HAPPENING

Skepticism often comes from genuinely having received different information. It's frequently well-intentioned, not disruptive.

FACILITATOR ACTION

Welcome the challenge. Use curiosity. Affirm the importance of verifying health information from credible sources.

SCRIPT

"That's exactly the right instinct – let's add that to our verify-it list. Building the habit of checking sources is part of Module H."

PRO TIPS

- Never get defensive – skepticism is a healthy habit you want to encourage
- Use it as a teaching moment for source evaluation
- If the challenge persists, offer to research together after the session

The Flooded Learner

WHAT YOU'LL SEE

Participant becomes visibly overwhelmed: tearful, withdrawn, or shut down. MATCH content can surface personal history unexpectedly.

WHY IT'S HAPPENING

Flooding is a normal trauma response, not a failure of the curriculum or the participant. The material is real and affects real lives.

FACILITATOR ACTION

Slow the room. Ground the group. Do not spotlight the individual. Apply Yellow or Red protocol as appropriate.

SCRIPT

"Let's take a moment. This is real information about real lives – it's okay if it lands heavily. Take a breath with me."

PRO TIPS

- **Do not ask the participant to explain their reaction publicly**
- **Keep the group moving gently after grounding so the participant is not spotlighted**
- **Check in privately at the break or after the session**

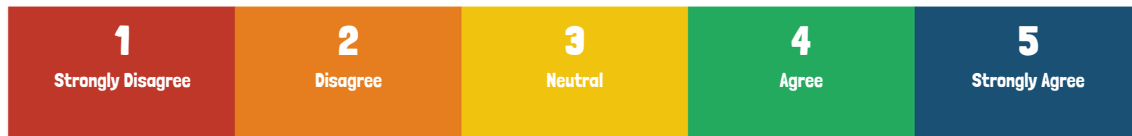
Section 6: Pre & Post Assessment

Administration Instructions

Pre-Assessment: Administer in Session 1 before any curriculum content. Frame as a 'starting snapshot' – no wrong answers.

Post-Assessment: Administer after Module H. Frame as their 'MATCH plan receipt' – what they've taken in over 5 weeks.

Rate 1 (Strongly Disagree) to 5 (Strongly Agree)



MOD	#	STATEMENT
H	1	I can name at least two medications used in HIV prevention and explain what each one does.
H	2	I understand the difference between PrEP and PEP and when each is used.
A	3	I know where I can get tested for STIs and feel confident I could access those services.
A	4	I understand why knowing my own status is important for my health and my partners' health.
T	5	I can correctly describe how to use at least two barrier methods.
T	6	I know why lubricant matters and when it should be used with barrier methods.

C	7	I have the language to start a consent conversation with a partner.
C	8	I can clearly say no to sexual activity and feel confident doing so.
H	9	I have a realistic plan or habit for at least one MATCH tool in my daily life.
H	10	I feel more empowered to make informed, self-protective decisions about my sexual health.

Qualitative Questions – Post-Evaluation Only

1. Which MATCH tool do you feel most equipped to use right now, and why?

2. Describe one specific action you will take in the next 30 days using something from this program.

Section 7: Self-Reflection & Data Reporting

Post-Session Self-Reflection Log

Complete this after every session. Five minutes of reflection per session compounds into rich documentation of your facilitation growth over the cohort.

CATEGORY	REFLECTION QUESTIONS
Content Clarity	Did participants grasp the core MATCH content today? Which concepts landed strongest? What would you change about your delivery next time?
Room Awareness	What was the energy and engagement level? Who seemed activated or withdrawn? What might explain any shifts you noticed?
Safety Management	What protocol level did you operate at today? Anything to debrief with your site coordinator or document?
Facilitator Battery	Energy level 1-10 after this session? What self-care do you need before the next one? What genuinely energized you today?
Data Notes	Observations worth tracking for your Administrator Report? Notable participant moments, response patterns, or surprises?

Administrator Data Report Template

Executive Summary

Over 5 weeks, [NUMBER] participants engaged in the HARNESS MATCH curriculum – Medications, Awareness, Tools, Communication, and Habits – building a layered, evidence-based approach to sexual health.

Quantitative Growth

- [X]% increase – ability to name and explain prevention medications (M: Questions 1-2)
- [X]% increase – confidence accessing STI testing services (A: Questions 3-4)

- [X]% increase — knowledge of correct barrier method use (T: Questions 5–6)
- [X]% increase — ability to initiate consent conversations (C: Questions 7–8)
- [X]% increase — has a realistic personal MATCH habit plan (H: Questions 9–10)

Qualitative Impact

"[INSERT ANONYMOUS PARTICIPANT QUOTE about applying a MATCH tool in their real life]"

Common themes in qualitative responses: [list 2–3 themes that appeared across participant answers]

Next Steps

Recommendations based on cohort data: [insert specific suggestions — e.g., advanced module on digital consent, parent information session, follow-up supply stocking event]



You are ready.

Your clarity, compassion, and commitment to this framework will change lives.

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