

HARNESS Workshops



FREE CURRICULUM PREVIEW



Teaching Slides

HARNESS FACILITATOR'S DASHBOARD



HOW TO USE THIS DASHBOARD



PREP

The Gear

Slide outlines, metaphor glossaries, safety protocols, and admin communication templates.



TEACH

The Action

Interactive activity guides, troubleshooting scripts, and facilitator video training outlines.



TRACK

The Impact

Pre/post assessments, data reporting templates, and facilitator self-reflection tools.

"By translating complex life skills into relatable metaphors, we give participants a shared, actionable vocabulary."

THE MATCH FRAMEWORK

Five evidence-based tools for sexual health protection



M

Medications

PrEP · PEP · ART · Vaccines

Prevention and treatment medications that change the risk equation

A

Awareness

Testing · Status · Partner
Convos

Knowing your status gives you your next move

T

Tools

Condoms · Barriers · Lube

The physical toolkit — correctly used and always available

C

Communication

Consent · Scripts · Boundaries

The language of healthy sexual relationships

H

Habits

Planning · Stocking · Harm
Reduction

Where knowing becomes doing — the integration module

Lesson 1

Medications

PrEP • PEP • ART • Doxy-PEP • Vaccines

Prevention and treatment medications that
change the risk equation

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 i...
- PEP (Post-Exposure Prophylaxis): emergency medication taken within 7...
- ART (Antiretroviral Therapy): medications that suppress HIV to undet...
- HPV vaccine: prevents strains causing cervical cancer, genital warts...

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.



PrEP, PEP, ART, Doxy-PEP, Vaccines.

Five tools. All real. All available.

PrEP prevents HIV before exposure. PEP treats after. ART makes HIV undetectable — and untransmittable. Doxy-PEP prevents syphilis and chlamydia, but not gonorrhea. Vaccines protect against HPV and Hepatitis.



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.



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 / 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.'

DEBRIEF

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.

- **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**

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



Lesson 2

Awareness

Testing · Status · Partner Conversations

Knowing your status gives you your next move

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 o...
- HIV, gonorrhea, chlamydia, syphilis, herpes, and hepatitis all have ...
- Testing frequency: every 3 months for sexually active individuals wi...
- At-home testing kits exist and are widely available through mail-ord...

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.

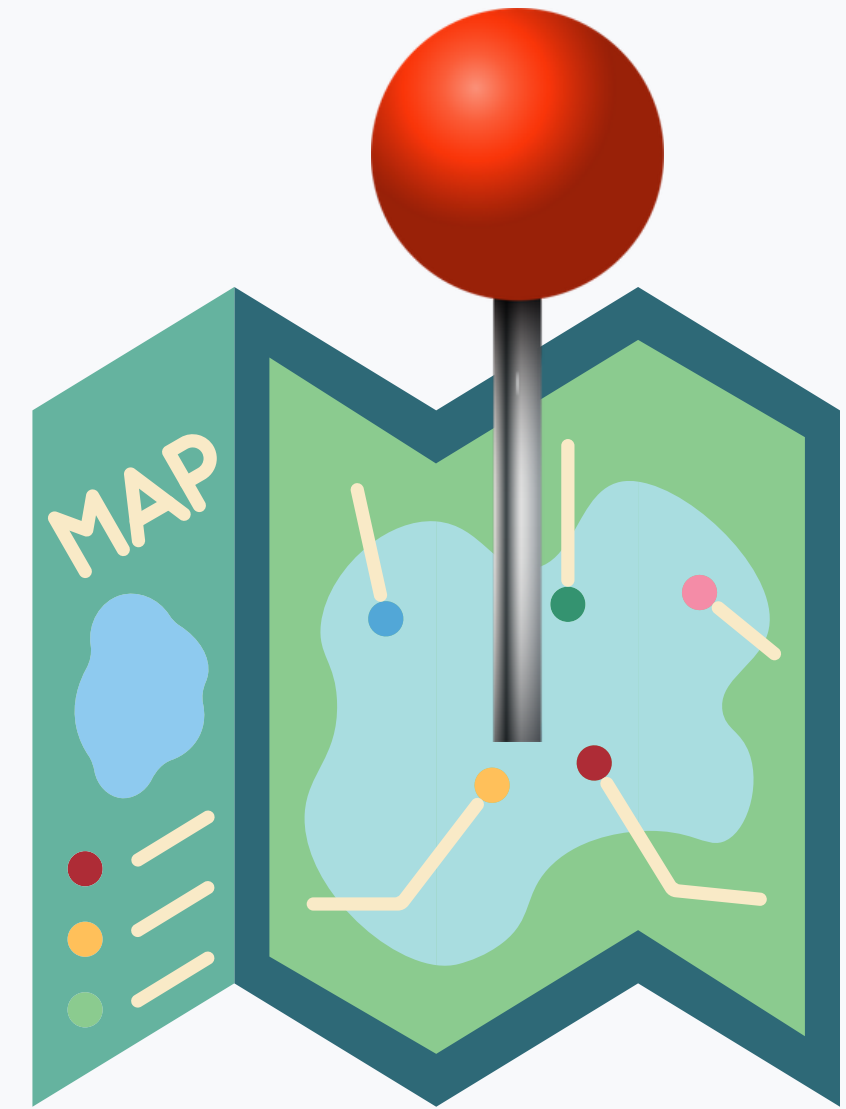
Testing is how you access your next move. It's how you protect yourself and the people you care about. It's not a verdict — it's data.



How often? Where? What does it cost?

Make the practical concrete.

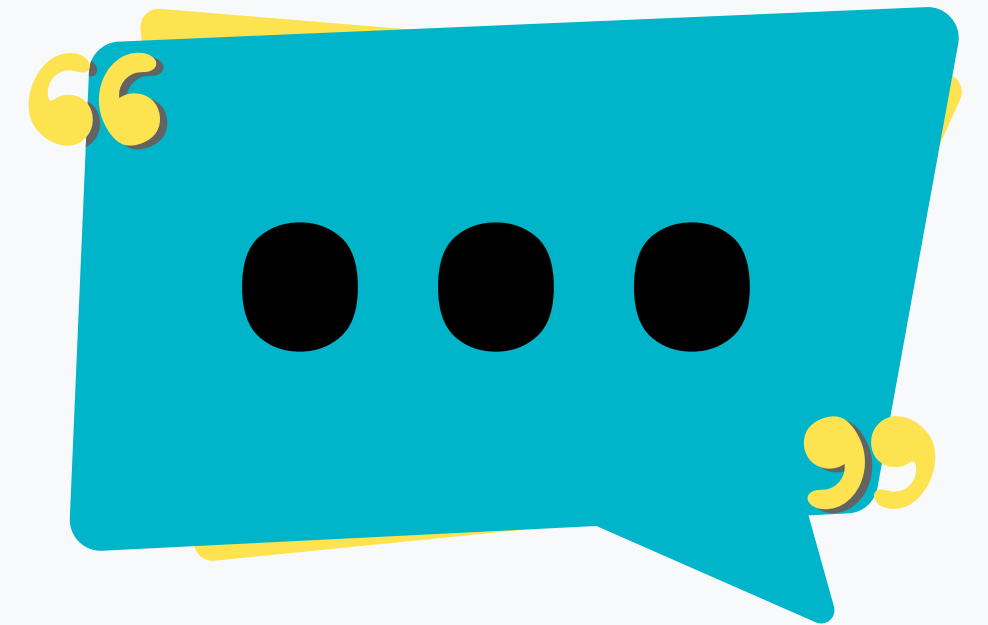
Every 3–6 months for sexually active individuals. Free options exist. At-home kits exist. The barrier is usually information, not access.



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.



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.

- **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**

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



Lesson 3

Tools

Condoms · Barriers · Lube

The physical toolkit — how to use it, why it works, and how to make it feel normal

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 p...
- Internal (female) condoms: inserted in advance, more control for the...
- Dental dams and finger cots: barrier protection for oral and manual ...
- Lubricant: water-based with latex; silicone-based for skin-to-skin o...

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.



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.



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.



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?

- **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

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



Lesson 4

Communication

Consent · Scripts · Boundaries

The language of healthy sexual relationships
— asking, agreeing, declining, and meaning it

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...
- Consent can be revoked at any point, even after prior agreement
- Scripted language: having actual words ready makes them more likely ...
- Communicating about testing, status, and protection preferences with...

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.

CONSENT IS

- ACTIVE**
Unmistakable via words or actions
- CLEAR**
Direct communication
- KNOWING**
Fully conscious, not impaired by drugs or alcohol
- ONGOING**
Confirmed at each level of sexual activity
- VOLUNTARY**
All are willing participants
- REQUIRED**
Not inferred from clothing, alcohol consumption or dancing

All sexual interactions must occur between consenting adults.



You don't just need the concept. You need the words.

Scripts are not fake. They're rehearsed.

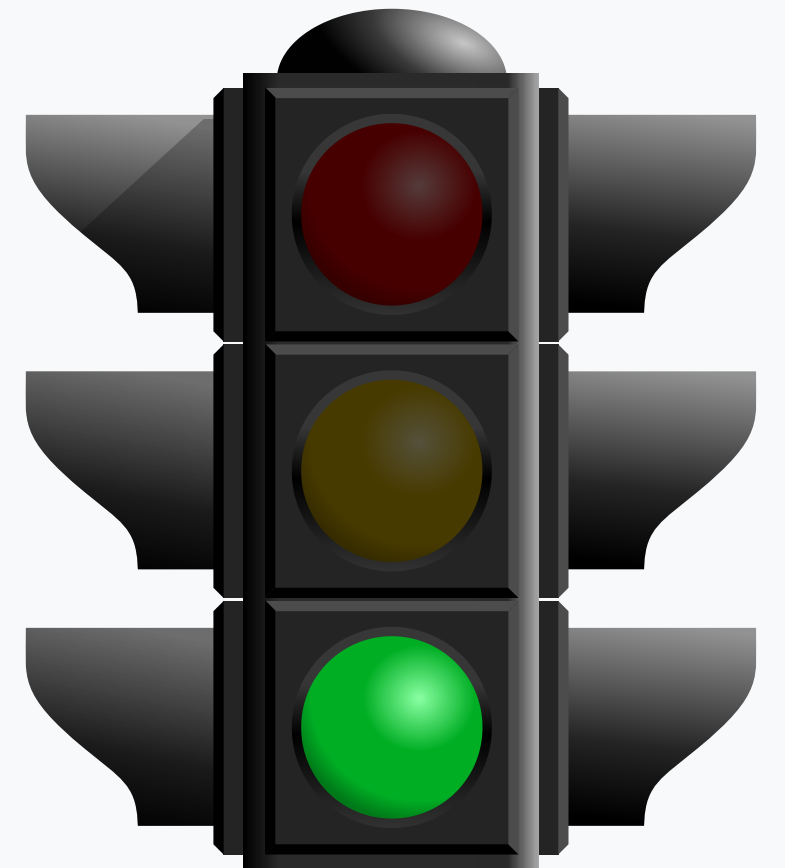
Athletes practice plays. Musicians practice scales. Having language ready for these conversations makes you more likely to actually have them when it matters.



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.



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.

- **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**

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



Lesson 5

Habits

Planning · Supply Stocking · Harm Reduction

The integration module — where knowing becomes doing

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

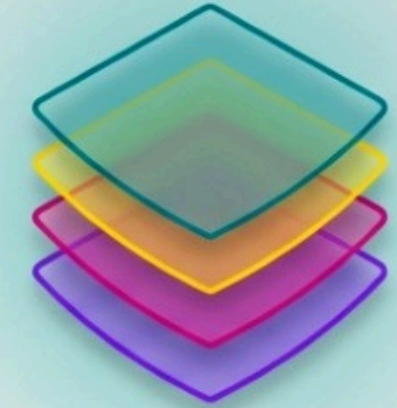
- **Harm reduction:** meeting people where they are; any step toward lower...
- **Supply stocking:** having condoms, lube, and dental dams before they a...
- **PrEP adherence:** daily consistency is what converts 99% into reality
- **Testing schedule:** putting it on the calendar converts intention into...

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.**

The Layered Protection Model



A modern approach recognizes that no single tool is 100% perfect. By layering multiple strategies—mindset, physical barriers, medical science, and harm reduction—we build a resilient, personalized safety net.



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.



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.



OBJECTIVE

Each participant creates a personal, specific 30-day habit plan with one concrete action per MATCH letter.

ACTION

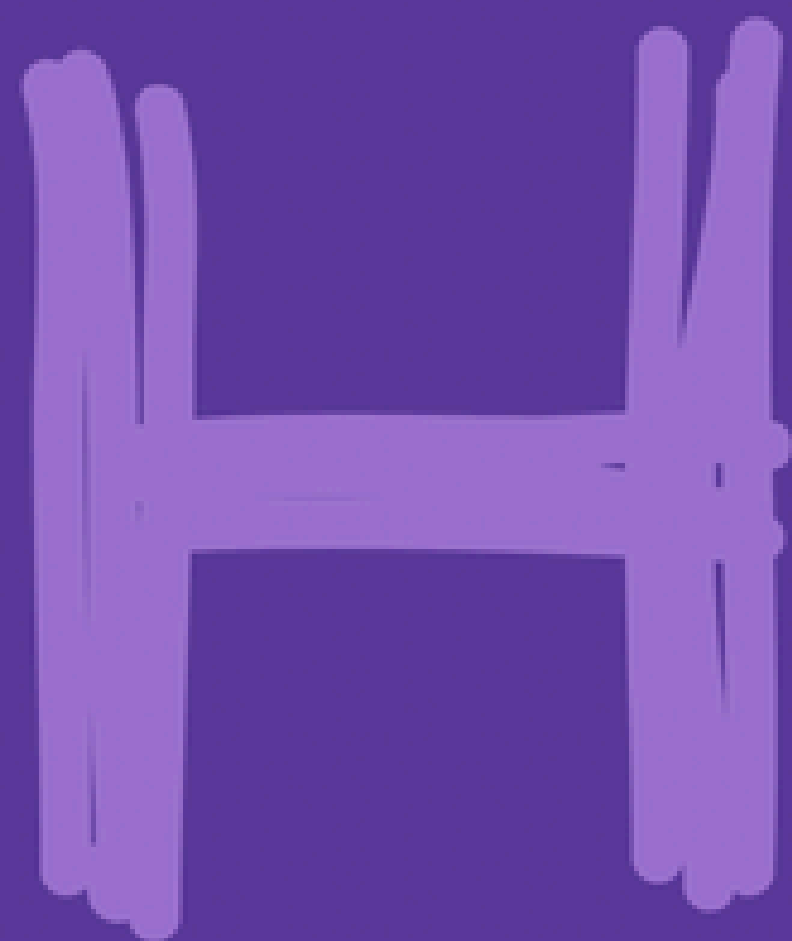
Individual work: complete a personal MATCH card with one specific, realistic action for each letter (M=Medications, A=Awareness, T=Tools, C=Communication, H=Habits) within the next 30 days. Optional accountability pairing: share your plan with one other person and exchange contact info for a 30-day check-in.

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.

- 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

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



H · Habits

Extended Session

Lesson 5:

Your Perfect



Optimizing the MATCH Framework:

From Static Inventory to Dynamic Logic

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

WAIT!!!

YOU'RE NOT DONE.

A plan that only works under perfect conditions is not a plan...

It is a wish

FACILITATOR: Distribute the Safer Sex Plan worksheet now. Do not explain what comes next.

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. 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 – then advance to Slide 6.

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

The Stress Test runs in four phases:

1. **DRAFT** — Participants write their personal Safer Sex Plan (already in progress from the blindside).
2. **DISRUPT** — Constraint Card is flipped. One constraint per participant, face-down until signal.
3. **ADAPT** — 8 min to revise the plan. '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.
4. **DEBRIEF** — Full group analysis. Celebrate adaptations. Reinforce that adjusting is the goal, not perfection.

DEBRIEF

- Q1: If you have no lube and have been drinking, which letter of MATCH is your primary shield?
- Q2: Did your plan rely on a pharmacy? How does the 72-hour window change your next move?
- Q3: How does PrEP or U=U change your level of panic when a condom is unavailable?

OBJECTIVE

Participants memorize the 72-hour window for PEP and Doxy-PEP as a reflexive action — not a fact to look up later.

ACTION

Post or distribute the Emergency Protocol Decision Trees (see Workshop Pack, Page 3).

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.

DEBRIEF

Ask: 'Which protocol felt most relevant to your real life? What did you not know before today?' Do not advance to the next slide until at least two participants have responded.

You just built it. Now here's what it's called...

That was 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 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.

In one sentence: The Mindset of Protection means knowing that your safety doesn't live in any single tool – it lives in the combination, and in your ability to move fluidly between layers when one is unavailable.

M Medications

A Awareness

T Tools

C Communication

H Habits

= MINDSET OF PROTECTION

- **Do NOT preview the Extended Session during the standard Module H debrief. The blindside is the pedagogy.**
- **Wait until participants have submitted or set down their MATCH Plans before advancing to Slide 2. The disruption must feel real.**
- **Constraint Cards must be face-down when distributed. Flip 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 Slide 6 — after the debrief. Let them discover the concept through the stress test, then name what they lived.**
- **The Emergency Move Drill is not optional. Participants must leave knowing the 72-hour window and the nearest 24-hour ER address.**

Remember: the surprise is the point. Real life doesn't announce its disruptions — and neither does this session.



SAFETY ESCALATION MATRIX

Know this before Session 1 · Green → Yellow → Red

GREEN · Standard

- Active participation
- Facilitate as designed
- Use MATCH framing throughout
- Log session notes within 24 hrs

"Let's open with a quick MATCH check-in — what's one tool you already carry?"

YELLOW · Caution

- Participant shows distress
- Deploy grounding technique
- Don't isolate — stay in room
- Escalate to Red if warranted

"Let's breathe together. You don't have to share anything here — let's connect after."

RED · Escalate

- Disclosure of harm/abuse
- STOP group activity now
- Engage site counselor immediately
- Follow mandatory reporting law

Halt calmly. No confidentiality promises. Document immediately after.

FACILITATOR DAILY CHECK-IN

Post-Session Self-Reflection Guide



Metaphor Resonance

Did the group grasp today's metaphor quickly? What needs adjusting for next time?

Room Dynamics

What was the baseline 'weather' of the room today? Who needed more support?

Boundary Management

Did I effectively use the escalation matrix to keep the space safe?

Facilitator Battery

On a scale of 1-10, what is my energy level? What self-care do I need before the next session?

Check -In at the end of every session • Remember: You cannot pour from an empty cup. Your battery matters too.



You Are Ready.

You have everything you need to deliver transformative, evidence-based, trauma-informed sexual health education.

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