Positive Prevention *Plus*

Curriculum and Teacher's Guide

Sexual Health Education for California's Youth

An Office of Adolescent Health (OAH) Evidence-Based Curriculum

Middle School and Community Settings

MS-CUR21-CA-r071422

Sexual Health Education for California's Youth

for Middle School and Community Settings

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For directions on accessing the slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-support-materials

Positive Prevention *PLUS*

The publication of the original high school version of the Positive Prevention *PLUS* curriculum was made possible by Grant number 6 TP2AH000007-01-02 from the Office of Adolescent Health (2010-2015).

This curriculum is aligned with the California Health Education Standards (CHYA) and the California Education Code (CHYA).

Guidelines for Use of the Positive Prevention *PLUS* Curriculum

POSITIVE PREVENTION *PLUS* CURRICULA SHOULD BE PRESENTED ONLY:

- **to an audience of middle school students;**
- **in a school or alternative educational program site.**
- **as written, consistent with California Education Code §§ 51930-51939** and all applicable California Family Code and California Public Health and Safety Code provisions.

UNAUTHORIZED USE OF THE POSITIVE PREVENTION *PLUS* CURRICULUM INCLUDES:

- **duplication and distribution of this copyrighted curriculum** and associated materials without prior written authorization from Positive Prevention *PLUS*;
- **exclusion or modification of curriculum content** inconsistent with California state laws and codes; and
- **use of the curriculum for personal gain** such as representing oneself as an authorized Positive Prevention trainer or educator on **a fee-for-service basis** without authorization of Positive Prevention *PLUS*.

Positive Prevention *PLUS* reminds you that your use of this curriculum is regulated by the California Education Code, particularly the **California Healthy Youth Act.** Therefore:

- School districts must ensure that students in grades 7-12 receive comprehensive sexual health education and HIV/AIDS prevention education from instructors **trained in the appropriate courses, which means instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, HIV and other sexually transmitted infections.** Cal Ed Code §§ 51934(a), 51931(e);
- Instruction must include information about the effectiveness and safety of all FDA-approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted diseases. Cal Ed Code § 51934(a)(4);
- **Teaching or promoting of religious doctrine as part of comprehensive sexual health education is prohibited.** Cal Ed Code § 51933(i);

Preface

Adolescence is a critical period in life; a time for reinventing self-identity and renegotiating relationships with peers, family members, and the larger society. Personal, family, and cultural values are re-examined. Hopes and plans for the future are envisioned. Increasingly, adolescents are on their own to make critical life-altering decisions.

All adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change (Bucher and Manning 2010).

Healthy and rational choices regarding interpersonal relationships and sexual behavior are among the most important decisions facing adolescents. Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others.

Although it may seem students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors.

It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors.

To that end, we believe it is critically important to implement all aspects of this evidence-based curriculum, **with special emphasis on the interactive classroom activities**.

We recognize that a brief unit of study presented just once during upper elementary, middle school and/or high school will not by itself instill the knowledge, attitudes, or skills for a lifetime of healthy relationships and responsible sexual choices. But, *in combination with* informed parental, school, and community guidance and support, including access to valid health information and resources, *Positive Prevention PLUS Sexual Health Education for California's Youth* will contribute to the mastery of this critical health content.

About the New *Positive Prevention PLUS: Sexual Health Education for California's Youth (2021 ed.)*

Positive Prevention PLUS Sexual Health Education for California's Youth focuses on specific protective behaviors using a variety of peer-based and interactive strategies. Follow-up lesson activities which further extend instruction and reinforce student learning are also featured in each lesson, including a daily interview assignment with a parent or trusted adult.

Features of the 2021 edition include:

- alignment with the California Health Education Standards and the California Education Code (CHYA).
- updated nationwide data and sexual health resource information
- new streamable HTML slide decks for each lesson
- newly animated stories at the beginning and ending of each lesson
- clear notation of the slide number associated with the lesson text
- differentiation between the middle school and high school content and activities
- updated biomedical information
- URLs for accessing further information and updated statistics
- a new Teacher Resource Page with a supplemental lesson on suicide prevention (see online Appendix D)

In addition, the *Positive Prevention PLUS* curriculum incorporates the five foundational **Socio-Emotional Learning (SEL) Practices** necessary for success in school and in life:

- **Self-Awareness** (including self-confidence and self-efficacy in lesson 1 and 11)
- **Social Awareness** (including empathy, appreciating diversity, and respect for others in lessons 2 and 8)
- **Responsible Decision-Making** (including identifying and solving problems, and analyzing situations in lessons 6, 7 and 11)
- **Self-Management** (including self-discipline and goal-setting in lessons 1 and 11)
- **Relationship Skills** (including communication and relationship building in lessons 2, 3, and 11) Source: www.casel.org

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students, charter schools, and alternative settings, as well as *Positive Prevention PLUS for Special Populations* (Special Education) for mild-to-moderate functioning students.

Information on ordering curriculum and additional support materials, including training information, may be found on the web at **www.positiveprevention.com.**

For teacher trainings, please contact Cardea Services (510) 835-3700, or e-mail positive.prevention@cardeaservices.org.

About the Authors

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Kim Clark is Professor Emeritus of Public Health Education in the Department of Health Sciences at California State University, San Bernardino. Dr. Clark became involved in HIV/AIDS prevention education in 1989 when he served as Program Coordinator for the California Department of Education's statewide HIV/AIDS education project, funded by the Centers for Disease Control and Prevention. In addition to serving as co-author for the *Positive Prevention PLUS* curriculum, Dr. Clark also served on the *National Health Education Standards* and *California Health Education Content Standards* committees, and was Project Director for the San Bernardino County Superintendent of Schools' Office of Adolescent Health (OAH) Tier II Research Project on Teen Pregnancy Prevention.

Christine Janet Ridley, RN, MEd

Christine Ridley has worked extensively in the field of nursing and education throughout the last 25 years. During that time, she worked as an elementary school teacher, school nurse, and District School Health Coordinator managing a variety of health programs. Christine also worked as the Project Director for the California Department of Education's *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools,* and in the establishment of the HIV/STD Project Center for the development, distribution and training of curriculum and media materials. During that time, she directed the development of the original *Positive Prevention: HIV/STD Prevention Education for Special Populations.* Christine also served as an instructor in the Health Science Department at California State University, San Bernardino, and in the Nursing Department at California State University, Fullerton, for over 20 years before her recent semi-retirement. She continues to enjoy working on the curriculum as its a co-author.

About Our Partners

Cardea Services

The mission of Cardea Services is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients. Cardea staff are active and highly respected participants in teen pregnancy prevention research and demonstration projects in California and nationwide. As a partner in the *Positive Prevention PLUS* program, Cardea provides teacher trainings and technical assistance to school districts and agencies in California and out-of-state. For more information call (510)835-3700 or email positive.prevention@cardeaservices.org.

The American Red Cross

The American Red Cross has been working to prevent HIV infection since 1985. It continues to reach out to communities nationwide with information and resources about HIV and AIDS. The Orange County Chapter of the American Red Cross was instrumental in launching earlier versions of this curriculum.

Contact your local chapter of the American Red Cross for more information about HIV/AIDS prevention materials and trainings they provide or visit the worldwide web at www.redcross.org.

The California Department of Education

The California Department of Education first disseminated HIV/AIDS prevention education policy, curriculum, and resources through its network of Healthy Kids Regional Centers in the late 1980s. In 2004, the Comprehensive Sexual Health and HIV/AIDS Prevention Education Act added content guidelines for comprehensive sexual health education. **In 2016, the California Healthy Youth Act mandated that schools provide students with comprehensive sexual health education at least once in middle school and once in high school.** The California Healthy Youth Act also strengthened and updated content requirements for comprehensive sexual health education and HIV prevention education. Effective January 1, 2016, the California Healthy Youth Act updated Education Code 51930-51939 (see online Appendix A for the full text of this Act). The California Legislature also passed AB 1227 (new Education Code 51934 (C)10) requiring Human Trafficking Prevention Education, and AB 695 (new Education Code 51225.36) which mandates that instruction in progressive consent ("yes means yes") must be included in any health education course that is required for high school graduation. For further information visit: www.cde.ca.gov/ls/he/se.

Positive Prevention *PLUS* has also been created in response to the guidelines and mandates in the following documents:

- ***California Health Framework*** (2018)
- ***Putting It All Together: Guidelines and Resources for State Mandated HIV/STD Prevention Education Programs*** (2011) for school district administrators and board members.

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Table of Contents

The **Curriculum Support Section** on our website positiveprevention.com may be accessed using the code packaged with this curriculum. This folder contains the following:

- Appendices A-D
- Teacher Lesson Slides
- Selected Parent Materials in Spanish

Introduction

Parents are confronted daily with facts and figures regarding the status of adult and adolescent health in the US. Accidents and suicide remain the leading causes of death in adolescents, and homicide is common in some young adult populations. HIV and AIDS continue to be serious health conditions in young adults, as do other sexually transmitted infections. Recent estimates reflect that these and other chronic diseases will cost the US economy over three trillion dollars by the year 2025, both in direct health care costs as well as lost productivity. Each one of these diseases involves a behavioral component which can be modified to prevent illness.

Nearly all teen pregnancies are unplanned—that is, teens themselves say they did not intend to get pregnant or cause a pregnancy. As a result of many factors—including increased access to sexual health information and birth control—the United States has seen a 70 percent decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups.

However, each year about 194,000 teens still give birth, which is about 19 births for every 1,000 girls. Nearly two out of every 100 teen girls will have a child each year. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination.

The fact that teens don't want to get pregnant is reason enough to ensure that they have access to quality information and birth control. In addition, preventing teen pregnancy helps expand opportunity, create positive social change, and allow young people to be stronger contributors to their communities. (Source: https://powertodecide.org/what-we-do/information/why-it-matters)

Many young people also engage in sexual behaviors that can result in sexually transmitted infections (STIs), including HIV. Adolescents ages 15-24 account for half of new STD infections. Adolescents ages 15-24 account for nearly half of the 20 million new cases of STDs each year. Today, two in five sexually active teen girls have had an STD that can cause infertility and even death. Yet other sexual behaviors, such as condom use and hormonal birth control use, can protect against STIs, including HIV, and unintended pregnancy. (Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf)

For further information on trends in teen sexual health, see also:

- ***The Centers for Disease Control Adolescent and School Health***
  https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
- ***Adolescent Development and STDs***
  https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/stds/index.html

Training Qualified Teachers

Crucial to the successful implementation of effective health instruction is the assignment of this responsibility to **credentialed and qualified health science teachers**. Teachers should have a credential in the subject area to which they are primarily assigned, i.e., a Single Subject Credential with authorization in Health Science. Biology or Physical Education teachers may not be authorized to accept health education as their primary assignment, unless they hold an authorization in Health Science. School nurses, science and physical education teachers, and others (including outside speakers) may be assigned to teach the curriculum, **but should first attend a formal curriculum training**.

Guidelines for Comprehensive Sexuality Education: Kindergarten – 12 Grade (SIECUS, 2004) state:

- Every person deserves to be treated with dignity and respect.
- Sexuality is a natural and critical dimension of adolescent development.
- Sexuality includes physical, emotional, psychological, ethical, social and spiritual dimensions.
- Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, and religion.
- Youth explore their sexual identity as a natural process in achieving sexual maturity.
- Youth have a right to access sexual and reproductive health services.
- Youth have a right to medically accurate information about sexuality.
- Healthy sexuality is more than reproductive health or the avoidance of HIV/STIs, or unintended pregnancy.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- Adolescent sexuality education should be comprehensive, holistic, grounded in a youth-centered approach, and based on youth development principles.

These guiding principles are also reflected in the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education, 2014).

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally, culturally, and age appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in Grades K-12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school. For further information, visit www.FutureofSexEd.org.

Training Qualified Teachers CONTINUED

School districts should cooperatively plan and conduct in-service training for all school district personnel that provide HIV/STI and teen pregnancy prevention education, through regional planning, joint powers agreements, or contract services. In developing and providing in-service training, a school district should cooperate and collaborate with the teachers of the district who provide prevention education and with the department. Furthermore, in-service training should be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV/STI and teen pregnancy prevention.

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.

For teacher trainings, please contact Cardea Services (510) 835-3700 or email positive.prevention@cardeaservices.org.

Rigor and Relevance: How Positive Prevention *PLUS* Supports Current Trends in Education

In recent years, a number of state and federal initiatives have provided guidelines and standards for higher quality sexual health education, including the *National Health Education Standards, the California Health Education Framework,* the *National Sexuality Education Standards*, and the *Next Generation Science Standards* (NGSS). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

California Health Education Standards

On the heels of the publication of the revised National Health Education Standards (American Cancer Society, 2007), the California Department of Education adapted and expanded these guidelines with the publication of the *California Health Education Content Standards* (California Department of Education, 2008), and more recently the *California Health Education Framework* (California Department of Education, 2017).

Standards for K-12 classroom health instruction are organized according to eight over arching standards (with examples of related *Positive Prevention PLUS* content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed in the beginning of each lesson and referenced on the chart in Appendix A in the Curriculum Downloads on the positive-prevention.com website using the code in the beginning of this curriculum.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons include healthy relationships, avoiding relationship violence and abuse, protection from unplanned STIs and pregnancy, HIV/STI transmission, accessing health care, planning a healthy future.)

Rigor and Relevance CONTINUED

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons include media analysis, assertiveness skills, refuting peer pressure.)

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include seeking advice and guidance from trusted adults, identifying local health providers and resources for HIV/STI testing and reproductive health care.)

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include refuting peer pressure, assertiveness skills, condom negotiation skills.)

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lessons include protecting oneself from abusive relationships, selecting appropriate contraception, exploring reasons to abstain from sexual intercourse, and alternatives regarding an unplanned pregnancy.)

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health. (P3 lessons include life planning and goal setting, assessing personal readiness to take steps toward success.)

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (P3 lessons include protecting oneself from an unintended STI infection or pregnancy, protecting oneself from abusive relationships, including sex trafficking, using contraception if sexually active, accessing health services, seeking advice and guidance from trusted adults.)

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health. (P3 lessons include assertiveness and negotiation skills, normative modeling and discussion regarding sexual abstinence, and ways to avoid abusive relationships.)

National Sexuality Education Standards

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.

The Standards are organized according to eight overarching concepts (with examples of related Positive Prevention *PLUS* content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed at the beginning of each lesson, and referenced on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum.

Standard 1: Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons feature "essential information" on which students build their intrapersonal and interpersonal skills, including puberty, human reproduction, contraception, and disease transmission.)

Standard 2: Analyzing Influences. Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons examine peer, media, cultural, and family influences and practices that impact their attitudes and behaviors.)

Rigor and Relevance CONTINUED

Standard 3: Accessing Information. Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include the identification of web-based and community-based services, including guidelines for safely using social media.)

Standard 4: Interpersonal Communication. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include discussions with other students, parents and/or trusted adults; as well as practicing effective assertiveness and negotiation skills.)

Standard 5: Decision-Making. Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lesson 6 incorporates decision-making practice for reproductive health-related problems.)

Standard 6: Goal-Setting. Students will demonstrate the ability to use goal-setting skills to enhance health. (P3 lessons include detailed life-planning and goal-setting exercises.)

Standard 7: Self-Management. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. (P3 lessons include forming healthy and positive relationships with others, identifying and avoiding risky sexual behaviors, protecting one's own and others' sexual health and well-being, and seeking care and advice from valid and reliable sources.)

Standard 8: Advocacy. Students will demonstrate the ability to advocate for personal, family and community health. (P3 lessons include expressing empathy for others, and committing to the sexual health and safety of self and others.)

Next Generation Science Standards

The goal of the *Next Generation Science Standards* (NGSS) is to move beyond content knowledge, i.e., to move from memorizing facts to "science literacy." (NOTE: The concept of science literacy is similar to the concept of "health literacy" discussed in earlier health education frameworks.)

Although there is some content congruence between HIV/STI prevention and teen pregnancy and the NGSS contents (e.g. reproductive structure and function, bacterial and viral infections, and the immune system), **it is the NGSS recommended instructional strategies that align so well with *Positive Prevention PLUS*.**

Collaboration and problem-solving
Lessons include normative and brainstorming discussions surrounding group agreements, the advantages of delaying sexual activity, and suggesting individual and family responsibility for caring for self and others.

Applying and inferring
Lesson Previews emphasize the distinction between situational facts, and the subsequent interpretation of those facts.

Sorting
Lessons include ranking sexual risk behaviors, also categorizing STIs and contraceptive methods.

Formative and summative evaluation of student learning
Lessons include student worksheets and Lesson Wrap-ups, student engagement in class activities, and a curriculum pre-post test.

Again, it would not be appropriate to claim that *Positive Prevention PLUS* is aligned with the *Next Generation Science Standards*, but rather that **this curriculum supports and complements the NGSS and the work of those educators and schools striving toward engaging students in applying their knowledge and skills in an authentic and relevant context.**

Characteristics of Effective HIV/STI and Teen Pregnancy Prevention Programs

Based on a number of early and more recent program evaluations, it is now known that the most effective HIV/STI and teen pregnancy prevention programs share common characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples and practice with communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Are based on theoretical approaches that have been demonstrated to influence other health related behaviors and identify specific antecedents to be targeted.
- Select teachers and peer leaders who believe in the program and then provide them with adequate training.
- Last a sufficient length of time (i.e.) more than a few hours. Generally speaking, short-term curricula, whether abstinence-only or sexuality education programs, do not have measurable impact on the behavior of teens.

From: Kirby D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy. (Source: Advocates for Youth, May 2008)

Medical Accuracy of the Positive Prevention *PLUS* Curriculum

The Positive Prevention *PLUS* curriculum underwent its second medical review by staff from the federal Office of Adolescent Health in 2014 ("Medical Accuracy Review Form for Curricula and Educational Materials Proposed for Use by Teen Pregnancy Prevention (TPP) Grantees and Personal Responsibility Education Innovative Strategies (PREIS) Grantees"), and was deemed "meets the definition of medical accuracy with modifications" which were then made.

A more recent review for medical accuracy was conducted in September 2019 by Adagio Health, a federal grant recipient in Pennsylvania. The curriculum was deemed "medically accurate with modifications" which have also since then been made.

In addition, URLs are provided throughout the curriculum so teachers can access the latest updated information on a variety of topics.

Research Findings for Positive Prevention *PLUS*

In 2010 the federal Office of Adolescent Health (OAH) funded a 5-year research study to evaluate the impact of the *Positive Prevention PLUS* curriculum on sexual behaviors of high school freshman. Results of two independent randomized control trials (RCTs) involving 100 teachers and 3,000 students from six Southern California school districts indicated statistically significant improvements in:

- Delay in the onset of sexual activity
- Increase in contraceptive use among sexually active students
- Increase in access to reproductive health care services
- Increase in parent-child communication regarding sexual health

From: LaChausse R. A *Clustered Randomized Controlled Trial of the Positive Prevention PLUS Adolescent Pregnancy Prevention Program.* Washington, DC: American Journal of Public Health, Supplement 1, 2016, Vol. 106, No. 51

See also: Office of Adolescent Health, https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/evaluation/grantee-led-evaluation/summary-researchdemonstration.pdf

Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A note to teachers is posted at the beginning of several lessons as a reminder to identify and discreetly refer to a school counselor any student who exhibits distress. An invitation for the student to excuse themselves is also sometimes posted in Lesson Slide #3 (Today's Objectives).

For more information, see: https://traumaawareschools.org/traumaInSchools.

Respect for Differences, Gender Equity and Human Rights

Respect for Differences

The authors of this curriculum strongly believe that communities, schools, families, and students should:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

The authors of this curriculum further believe that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one's behavior to work effectively with others.

Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, ...and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include ...to accept social responsibilities associated with citizenship; ...to preserve and extend justice, freedom, equity, and human rights; ...and to accept the consequences of one's own actions. (Source: CA History and Social Science Framework, 2009)

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be "tough" and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.** Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.

Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. *(ref: It's All One Curriculum, p. 4)*

Human Rights

Why would sexuality and HIV/STI prevention education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. *(ref: It's All One, p. 18)*

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called "stereotyping." Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.

Respect for Differences CONTINUED

- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called "discrimination." People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people's human rights. *(ref: It's All One, p. 26)*

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf.

Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the involvement of parents and community in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. Public Health Law Center at William Mitchel College of Law has outlined how to establish a school health advisory committee in its publication entitled Creating and Sustaining a School Health Council (June 2011). Similar steps are also described in California Department of Education's document Putting It All Together: Program Guidelines and Resources for State- Mandated HIV/AIDS Education in California Middle and High Schools (CDE, 2011).

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children. To that end, Positive Prevention PLUS Comprehensive Sexual Health Education also includes parent or trusted adult assignments to address sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B.

For those parents who contend that limited, abstinence-only materials should be presented, refer them to the citations regarding research on the scientific and ethical shortcomings of the abstinence-only-until-marriage approach. Please see https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure

Getting Started

CA EDUCATION CODES

51933(a-e)(i). For further information see Appendix A.

CA HEALTH STANDARDS

3.1-2.G; 4.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Management
Social Awareness
Relationship Skills

NOTE:

For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.

NOTE:

Per California Ed Code, you will need to notify parents regarding these sexual health education lessons. See Appendix B for Sample Parent Letter.

NOTE:

***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Lesson Wrap-Up and Pre-Test (W worksheets)

OBJECTIVES

- Identify and follow class guidelines for appropriate behavior.
- Complete a self-assessment of pre-existing knowledge (pre-test) related to interpersonal relationships and sexual health.
- Identify facts related to teen sexual health.
- Identify ways to improve teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Group Agreements** and **Lesson Wrap-Up** worksheets and the **Pre-Test**
- Poster paper, markers, and tape

TERMS

confidentiality, agreements

PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Let's get started.

Using the slides provided, display the title slide for this lesson before you begin instruction.

2 Meet Esther, Johnny, Aman, and their friends.

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
Designate a bulletin board or area of the room for websites, help lines, phone numbers, and addresses of agencies which provide reproductive-related services.

3 What will we be studying in this unit?

Explain to students that during the next few weeks you will be introducing a very important unit of instruction on "comprehensive sexual health education," including:

- puberty and human reproduction
- gender and sexual orientation
- friendship, dating, love, and commitment
- bullying and other risky behaviors
- human trafficking
- all FDA-approved contraceptive methods
- sexual abstinence and delayed sexual activity
- HIV/AIDS and STI prevention
- goal-setting and decision-making

State that sexuality, including all these topics, is a normal part of human development. Yet these topics may be awkward for teachers and parents as well.

4 What will you learn today?

Review today's learning objectives.

5 How will this lesson help you?

Review today's evidence of achievement.

PART B Discussing Embarrassing Topics

NOTE:
Encourage students to use a question box as needed throughout the lessons.

6 Why is it difficult to talk about sex?

1. Ask why it is difficult for some people to discuss sexuality and sexual health, even though these are a normal part of human development. Responses may include:
   - These topics are personal or private.
   - These topics are sometimes associated with being "normal" or "not normal."
   - These topics have to do with family, culture, or religious beliefs.

2. When talking about embarrassing topics, what types of behavior do you sometimes observe? Possible responses include:
   - laughter
   - silence
   - side comments

3. Assure students that, as the teacher, it is your intention to help them understand their changing social, emotional, and human relationships.

PART C Group Agreements

NOTE:
*If your school has purchased the **Student Workbooks**, you can direct students to the correct workbook page instead of distributing the worksheet.*

NOTE:
This would be a good time to explain your responsibility as a "mandated reporter." For example: "We will certainly try to maintain confidentiality in and out of our classroom, just in case someone shares a personal story or accidentally discloses another's name. But I want you to know that if I suspect that any of you are being harmed or endangered by anyone, it is my job as your teacher to help you get help."

7 What group agreements should we follow? W

1. Distribute a **Group Agreements** worksheet to each student.

2. With the students' assistance, create and post a set of group agreements which will help the students act respectfully and appropriately during this unit of instruction. Group agreements may include:
   - One person speaks at a time.
   - No name calling or put downs.
   - Respect differences.
   - Use proper language.
   - All questions are okay.
   - No personal stories.
   - Protect privacy.

3. Post the **Group Agreements** for everyone to see. You may want to review them each day and encourage students to observe these agreements in and out of class.

NAME _____

Group Agreements

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

I agree to follow
these Group Agreements
during our lessons on sexual health.

SIGNATURE _____ DATE _____

PART D

The Sexual Health of Teens

NOTE:
For CA data see https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Data/Adolescent-Health-Data.aspx

8 How sexually healthy are teens in the US?

First ask students to guess these percentages of each of the student behaviors; then review the actual data related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

54.3% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

10.7% The percent of U.S. teens who report using no method of birth control during sexual intercourse.

181,607 The number of U.S. teens who give birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

Source: https://www.cdc.gov/healthyyouth/data/yrbs//results.htm

https://www.cdc.gov/life-stages-populations/adolescents-youngadults.htm

www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/stds.html

The Sexual Health of Teens

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

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10.7% The percent of U.S. teens who report using no method of birth control during sexual intercourse.

181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24

How could teen sexual health be improved?

Source: https://www.cdc.gov/healthyyouth/data/yrbs//results.htm
https://www.cdc.gov/life-stages-populations/adolescents-youngadults.htm
www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/stds.html

9 How can teens improve their sexual health?

1. Explore with the students some ideas about how to improve teen sexual health. Possible responses include:
   - Increase their sexual health knowledge.
   - Have more open discussions with their parents or trusted adults about sex.
   - Access sexual health and counseling services, when needed.
   - Become more aware of how to resist sexual pressures from peers and the media.
   - Develop personal attitudes and skills that support healthy sexual behaviors in themselves and others.

2. Remind students that these are the topics and issues we are going to discuss during the next 13 lessons. Encourage them to have good attendance, to pay attention, and to take personal responsibility for incorporating what they learn into their daily lives and relationships.

10 What are some web-based resources for teens?

1. Caution students that random sex-related web searches may result in inaccurate and offensive content, and even the possibility of their becoming vulnerable to sex predators. PROCEED WITH CAUTION!

2. Explain that there are many web-based resources for teens that safely and accurately discuss reproductive health to sort fact from fiction, including::
   - The Centers for Disease Control: www.cdc.gov/sexualhealth/
   - Family Pact: www.familypact.org
   - The National Sexual Assault Online Hotline: www.rainn.org
   - Media Wise for Gen Z: www.poynter.org/mediawise-for-gen-Z

3. When reviewing the familypact.org website, emphasize that in California minors of any age can access free and confidential reproductive services without parent consent (including pregnancy, contraception, and abortion-related services); minors age 12 and over can also access STI diagnosis and treatment services without parent consent.

4. Also encourage students to speak honestly and openly with their parents, adult care providers, and youth leaders about these topics.

PART E

Lesson Wrap-up

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

15 Ask yourself.

Direct students to indicate how positive they are that they can follow the group agreements.

NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

1. Pass out the **Pre-Test** to all students to take home and complete with a parent or trusted adult.

2. Remind students to share/discuss with their parent(s) or trusted adult:
   (1) their completed worksheets and **Pre-Test** from this lesson and
   (2) **ask them** if they are willing to talk about these lessons with them.

17 Remember to do your homework!

Remind students to take home their **Pre-Test** and complete their homework.

NAME _____

Getting Started Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F More than half the teens in the US are sexually active.

T F It can be difficult to talk about sexual health because this topic is associated with being "normal" or "not normal."

T F Group agreements include protecting another student's privacy when statements are made during class.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can follow the group agreements? Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your **Group Agreements** and **Lesson Wrap-Up** worksheets and student **Pre-Test** and **ask them** if they are willing to talk about these lessons with you.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

NAME _____

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

Agree	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
Agree	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
Agree	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
Agree	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
Agree	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
Agree	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	Disagree	I don't know	7. Everyone has the same sexual orientation and gender identity.
Agree	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
Agree	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	Disagree	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
Agree	Disagree	I don't know	11. Antiretroviral therapy (ART) can keep HIV-infected persons healthy for many years, and greatly reduces their chance of transmitting HIV to their sexual partner(s).
Agree	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	Disagree	I don't know	13. ALL methods of birth control protect against HIV/STIs.

Agree	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
Agree	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
Agree	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
Agree	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	Disagree	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
Agree	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
Agree	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What are some things you would like to learn in this unit?

_____

_____

_____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

NAME **ANSWER KEY**

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

(Agree)	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
(Agree)	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
(Agree)	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
(Agree)	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(Agree)	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
(Agree)	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	(Disagree)	I don't know	7. Everyone has the same sexual orientation and gender identity.
(Agree)	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
(Agree)	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	(Disagree)	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
(Agree)	Disagree	I don't know	11. Antiretroviral therapy (ART) can keep HIV-infected persons healthy for many years, and greatly reduces their chance of transmitting HIV to their sexual partner(s).
(Agree)	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	(Disagree)	I don't know	13. ALL methods of birth control protect against HIV/STIs.

(Agree)	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
(Agree)	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
(Agree)	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(Agree)	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	(Disagree)	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
(Agree)	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
(Agree)	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What are some things you would like to learn in this unit?

LESSON 1

Understanding Your Body

CA EDUCATION CODES

51930(2)(3); 51933(a-e)(i). For further information see Appendix A.

CA HEALTH STANDARDS

1.1.G; 1.8.G; 3.1.G; 4.1.G; 4.4.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:

For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:

***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

CONTENT

- Introduction
- Sexual Development (W worksheets)
- Reproductive Anatomy (W worksheets)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the typical physical and psycho-social changes that occur during puberty.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Sexual Development** and **Lesson Wrap-Up** worksheets

TERMS

penis, scrotum, testicles, anus, bladder, vans deferens, epididymis, urethra, rectum, vagina, clitoris, labia, uterus, fallopian tubes, ovaries, eggs, menstruation

LESSON 2 Gender and Sexual Orientation

CA EDUCATION CODES

51930(2)(3); 51933(a-e)(i). For further information see Appendix A.

CA HEALTH STANDARDS

2.1.G; 2.2.G; 2.5.G; 3.1.G; 4.1.G; 4.4.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:

For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:

***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

CONTENT

- Introduction
- Gender and Sexual Orientation
- LGBTQ+ Bias and Its Effects
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Define and discuss gender-related terms.
- Identify the importance of acknowledging and accepting diverse gender presentations and sexual orientations.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet

TERMS

male, female, masculine, feminine, sexual orientation, LGBTQ+, gender, gender role, gender expression, gender identity, cisgender, transgender, intersex, gender expansive, gender binary, bisexual, pansexual, biological sex

LESSON 3 Exploring Friendships

CA EDUCATION CODES

51930(b)(5); 51933(a-e)(g)(i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

2.5.G; 4.3.G; 8.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills

CONTENT

- Introduction
- Friendship (W worksheet)
- Liking vs. Loving (W worksheet)
- Planning an Activity W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Assess the degree to which they have the traits and skills required for a quality committed friendship.
- Identify how ideas of friendship and quality human relationships might vary due to peer, family, or cultural influences.
- Identify and describe opportunities for building friendships.
- Differentiate between "liking" or "loving" something or someone.
- Plan a safe and healthy activity.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Friendship Inventory, Liking vs. Loving, My Activity Planner** and **Lesson Wrap-Up** worksheets

TERMS

friendship, like, love, commitment, values, empathy

LESSON 5

Human Trafficking

CA EDUCATION CODES

51933(a-e)(g)(i); 51934(a)(10); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

2.6.G; 3.1.G; 4.1.G; 7.2-3.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Human Trafficking
- Sex Trafficking
- What Would You Do (W worksheet)
- Resources and Services
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Define human trafficking, including sex trafficking.
- Describe how common human trafficking is in the US.
- Identify common victims of human trafficking.
- Identify the warning signs of human trafficking.
- Identify resources for reporting and escaping human trafficking.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **What Would You Do?** and **Lesson Wrap-Up** worksheets

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, grooming

LESSON 6

Preventing an Unplanned Pregnancy

CA EDUCATION CODES

51933(a-e)(i); 51934(a)(3)(4)(8)(9); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.3.G; 1.5.G; 3.1.G; 3.3.G; 4.1.G; 5.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

***Activity cards** can be duplicated on colored card stock or purchased from the website at: positiveprevention.com.*

CONTENT

- Introduction
- Family Planning
- Accessing Contraception (A activity)
- How do you DO abstinence? (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify reasons for family planning.
- Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy and sexually transmitted infections.
- Identify community family planning and contraception services.
- Identify reasons for sexual abstinence.
- Identify the steps in deciding if you should have sex.

MATERIALS

- Teacher's slides for the lesson
- The **Over-the-Counter and Prescription** activity cards
- Chalkboard or whiteboard for class discussions
- Community clinic resource information
- Student workbooks, one per person, or duplicate **How Do You Do Abstinence?** and **Lesson Wrap-Up** worksheets

TERMS

abstinence, barrier method, non-barrier method, over-the-counter (OTC), prescription, emergency contraception, long-acting reversible contraception (LARC), birth control pill, sexually transmitted infection (STI), digital intercourse

LESSON 7

Teen Pregnancy: Choices and Responsibilities

CA EDUCATION CODES

51933(a-f)(i); 51934(a)(9)(A)(B)(C); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.4.G; 1.12-13.G; 3.1.G; 4.1.G; 5.6.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Additional Alternatives (Surrender, Adoption, Abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of your state's Safe Surrender (or Safe Haven) Law.
- Describe key components of both adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson
- Downloadable brochures and posters in English and Spanish available at: http://www.babysafe.ca.gov
- Workbooks, one per person, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, safe surrender, cooling off period, paternity, adoption, abortion

LESSON 8 The HIV/AIDS Epidemic

CA EDUCATION CODES

51933(a-e)(g-i); 51934(a)(1-3)(5)(6)(7); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.3.G; 1.6.G; 1.7.G; 3.1.G; 3.3.G; 4.1.G; 5.1.G. 8.1-2.G. For further information see Appendix A.

SEL COMPETENCIES

Relationship Skills
Responsible Decision-Making
Self-Awareness
Social Awareness
Relationship Skills

NOTE

***Activity cards** can be duplicated on colored card stock or purchased from the website at wwwpositiveprevention.com.*

CONTENT

- Introduction
- HIV/AIDS Definitions (W worksheet)
- HIV Transmission
- Stop and Think (A activity)
- The Treatment of HIV Disease
- Persons Infected/Affected by HIV
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the impact of HIV/AIDS on individuals and their family life.
- Express concern for persons with disabilities or illness, including those infected with HIV.
- Describe the AIDS epidemic.
- Identify the fluids and body routes for HIV transmission.
- Identify behaviors that will and will not put a person at risk for HIV transmission.
- Describe how ART, PEP, and PreP are used in the prevention and treatment of an HIV infection.
- Identify myths or stereotypes regarding persons infected with HIV.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **STI/HIV/AIDS Definitions** and **Lesson Wrap-Up** worksheets
- The **STOP and THINK** activity cards, one per person

TERMS

epidemic, immune system, semen, vaginal fluids, blood, breast milk, rectal fluids, antiretroviral therapy (ART), myth, stereotype

LESSON 9

Preventing Sexually Transmitted Infections

CA EDUCATION CODES
51933(a-e)(i); 51934(a)(1-4)(6)(8); 51937. For further information see Appendix A.

CA HEALTH STANDARDS
1.3.G; 1.6-7.G; 3.1.G; 3.3.G; 4.1.G. For further information see Appendix A.

SEL COMPETENCIES
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:
A brief set of slides is available from www.webmd.com/sexual-conditions/ss/slideshow-STD-pictures-and-facts.

CONTENT

- Introduction
- Overview of Sexually Transmitted Infections
- STI Testing
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify and describe common STIs and their symptoms.
- Describe ways that STIs can be transmitted.
- Identify community resources for STI testing and treatment.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet
- A brief set of STI slides from WebMD or similar source
- STI brochures or STI informational handouts (if available)
- Teen clinic information for your area

TERMS

sexual contact, digital, oral, anal, vaginal, sexually transmitted, incubation period, symptoms, confidential testing, asymptomatic, viral, bacterial, parasitic, antibiotic, monogamous

LESSON 10 Recognizing and Reducing Risks

CA EDUCATION CODES

51933(a-e)(h)(i); 51934(a)(2)(3)(5); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.3.G; 1.5.G; 2.3-4.G; 3.1.G; 4.1.G; 7.2-3.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- HIV Red Light Green Light (A activity and W worksheet)
- Universal Precautions (D demonstration)
- Latex Condoms
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

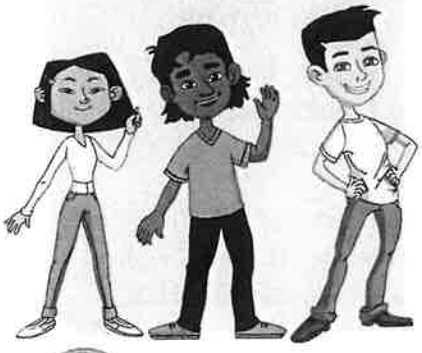
- Identify situations that put people at risk for HIV.
- Identify **abstinence** as the only 100% effective method to avoid an unplanned pregnancy, HIV, and STIs.
- Identify **abstinence** from alcohol and drug use, including needle sharing, as an effective method for avoiding HIV and other STIs.
- Describe the use of Universal Precautions to reduce HIV/STI transmission.
- Identify things that weaken a latex condom's ability to prevent HIV/STI transmission.

MATERIALS

- Teacher's slides for the lesson
- Three **traffic light signs** (activity cards)
- **HIV Red Light Green Light** activity cards (one set, on brightly colored paper, laminated if possible)
- Masking tape or thumb tacks
- Latex glove for **Universal Precautions** demonstration
- Student workbooks, one per person, or duplicate the **HIV Red Light Green Light** and the **Lesson Wrap-Up** worksheets

TERMS

universal (standard) precautions, abstinence, latex, polyurethane, deteriorate, oil-based lubricant, water-based lubricant



LESSON 11 Media and Peer Pressures

CA EDUCATION CODES

51933(a-e)(g-i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

2.4.G; 3.1.G; 4.1-2.G; 4.5.G; 7.1-3.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Media and Peer Pressures
- Assertiveness Skills Practice (A activity and W worksheet)
- Personal Escape Plans (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify pressures from peers, media, or society to engage in high-risk behaviors.
- Recognize that not all students participate in high-risk behaviors.
- Demonstrate skills to refuse/avoid the pressure to engage in high-risk behaviors.

MATERIALS

- Teacher's slides for the lesson
- Magazines featuring sexy ads for clothing. perfume, jewelry, etc.
- Student workbooks, one per person, or duplicate the **Sample Pressure Lines**, **Personal Escape Plan,** and **Lesson Wrap-Up** worksheets

TERMS

assertive, negotiation, analysis, media, pressures

LESSON 12

HIV/STI Testing and Community Resources

CA EDUCATION CODES

51933(a-e)(i); 51934(a)(8); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

3.1.G; 3.3.G; 4.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills
Responsible Decision-Making

NOTE:

Designate a bulletin board or area of the room for websites, help lines, and phone numbers and addresses of agencies which provide reproductive-related services.

CONTENT

- Introduction
- How Viruses are Spread (A activity)
- Testing and Community Resources
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe how an HIV infection can spread through a population.
- Identify resources for HIV/STI testing, counseling, and information.

MATERIALS

- Teacher's slides for the lesson
- Handouts, brochures, etc. regarding local antibody testing and sexual health services
- Index cards (one per student)
- Student workbooks, one per student, or duplicate the **Lesson Wrap-Up** worksheet

TERMS

confidential testing, HIV antibody test, window period, epidemic, chain of infection

LESSON 13 Goal-Setting

CA EDUCATION CODES

51933(a-e)(g-i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

3.1.G; 4.1.G; 6.1-2.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Management
Relationship Skills

CONTENT

- Introduction
- The Path to Personal Goals
- Setting Goals for the Future (W worksheet)
- Personal Contracts (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

- Identify personal goals, including steps for achieving these goals.
- Describe how an unplanned pregnancy or HIV infection would change personal goals and life plans.
- Identify ways to protect their sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Goal Setting**, **Personal Contract**, **Lesson Wrap-Up** worksheets and **Post-Tests**

TERMS

goal, plan, strategy, healthy, responsible, alternatives, consequences