Positive Prevention *Plus*

Curriculum and Teacher's Guide

Sexual Health Education for California's Youth

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

High School and Community Settings

HS-CUR21-CA-r071422

Sexual Health Education for California's Youth

for High 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*

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.

According to the California Health Framework (2018), "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. (Source: California Health Framework, 2018)

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 Authors

Kim Robert Clark, DrPH

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.

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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 English and 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. In 2016, young people aged 13-24 accounted for an estimated 21% of all new HIV diagnoses in the United States, with most occurring among 20-24 year olds. Half of the nearly 20 million new STIs reported each year are among young people aged 15-24. 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:

- ***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 CONTINUED

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.

According to California Education Code 51935, *school districts shall cooperatively plan and conduct in-service training for all school district personnel that provide HIV prevention education, through regional planning, joint powers agreements, or contract services. In developing and providing in-service training, a school district shall cooperate and collaborate with the teachers of the district who provide HIV prevention education and with the department. Furthermore, in-service training shall be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV. A school district may expand HIV in-service training to cover the topic of comprehensive sexual health education in order for school district personnel who provide comprehensive sexual health education to learn new developments in the scientific understanding of sexual health.*

According to Education Code 51936, *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 and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention 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 (and *California*) *Health Education Standards*, the *Next Generation Science Standards* (NGSS), the California Health Education Framework, and the National Sexuality Education Standards (NSES). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

California Health Education Standards

The California Department of Education adapted and expanded the *National Health Education Standards* 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, 2019.

Guidelines 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 referenced on the chart in Appendix A in the Curriculum Downloads.

Rigor and Relevance CONTINUED

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)

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 teacher note included in several of our lessons reads as follows:

NOTE: These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

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.

In 2011, the California legislature passed the **Fair, Accurate, Inclusive, and Respectful Education Act**, also known as the FAIR Education Act (Senate Bill 48). This law compels the inclusion of the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender people into educational textbooks and the social studies curricula in California public schools by amending the California Education Code. It also revises the previous designation of "black Americans, American Indians, Mexicans, Asians, [and] Pacific Island people" in that list into "Native Americans, African Americans, Mexican Americans, Asian Americans, Pacific Islanders, and European Americans."

Respect for Differences CONTINUED

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.
- 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

Getting Started

CA EDUCATION CODES

51930(2)(3); 51933(a-e)(i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.8.G; 1.10.G; 2.1-3.G; 3.1.G; 8.1.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.com/2021-teacher-resources/

NOTE:

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

CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Lesson Wrap-Up and Pre-Test (W worksheets)
- Optional lesson on pubertal development (see Appendix D)

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 about teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbook, one per person, or duplicate the **Group Agreements**, and the **Lesson Wrap-Up** worksheets and **Pre-Test**
- Poster paper, markers, and tape
- Student Workbooks containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com

TERMS

group agreements, confidentiality

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 discuss sexuality and sexual health?

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.

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.

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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 sexual health knowledge for teens.
   - Have parents speak more openly to their children about sex.
   - Make health and counseling services more available to teens.
   - Limit the amount of irresponsible sex in the media.
   - Develop personal attitudes and skills that support healthy sexual behaviors for self and others.
   - Examine gender roles that lead to sexual assault and promiscuity.
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, including sorting fact from fiction:
   - 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 parental consent (including pregnancy, contraception, and abortion-related services); minors age 12 and over can also access STI diagnosis and treatment services without parental consent.
4. Also encourage students to speak honestly and openly with their parent(s), trusted adult, adult care providers, or youth leaders about these topics.

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 worksheets and **Pre-Test** from this lesson and
   (2) ask them if they ever received comprehensive sex education in school.

17 Remember to do your homework!

Remind students to 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 Teens can improve their sexual health by becoming more aware of how to resist sexual pressures from peers and the media.

T F It can be difficult to talk about sexual health, even though sexuality is a normal part of human development.

T F According to national surveys, more than half of all US teens have had sex.

T F Group agreements include respect for others and maintaining confidentiality.

Part II. Ask a Friend.

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

Part III. Ask Yourself.

DIRECTIONS How committed are you to participating fully in this unit of study? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **Group Agreements**, **Lesson Wrap-Up**, and **Pre-Test** with your parent(s) or trusted adult and **ask them** if they ever received comprehensive sex education in school.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

NAME _____

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	False	2. The terms gender identity and sexual orientation mean the same thing.
True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
True	False	4. Love involves passion, commitment, and/or intimacy.
True	False	5. Intimacy with another person can only be achieved by having sexual intercourse.
True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
True	False	8. Planning if and when you have children is part of planning your life.
True	False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	False	16. HIV can enter a person's body only through the penis or vagina.
True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

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 it is True (T) or False (F).

(True)	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	(False)	2. The terms gender identity and sexual orientation mean the same thing.
(True)	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
(True)	False	4. Love involves passion, commitment, and/or intimacy.
True	(False)	5. Intimacy with another person can only be achieved by having sexual intercourse.
(True)	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
(True)	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
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True	**False**	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

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

_____

_____

_____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

LESSON 1 Life Planning

CA EDUCATION CODES
51930(b)(2); 51933(a-e)(i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS
2.1.G. For further information see Appendix A.

SEL COMPETENCIES
Self-Management
Self-Awareness

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

CONTENT

- Introduction
- Visualizing Your Future (A activity)
- Creating a Life Plan (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify their personal life plans and goals.
- Visualize themselves achieving their life plans and goals.
- Identify several steps they need to take now to reach their goals.

MATERIALS

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

TERMS

goal, plan, alternatives, consequences, visualization

LESSON 3

Healthy Relationships

CA EDUCATION CODES

51930(b)(2)(5); 51933(a-g)(i); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

1.3.G; 2.1-2.G; 4.1.G; 8.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills

NOTE:

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

NOTE:

***Activity cards** can be duplicated on colored card stock or purchased at www.positiveprevention.com*

CONTENT

- Introduction
- Love and Intimacy (A activity)
- Healthy Relationships (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify three components of love.
- Identify eight types of intimacy.
- Identify non-sexual ways to achieve intimacy.
- Identify the qualities of a healthy relationship.
- Assess their own relationship skills.

MATERIALS

- Teacher's slides for the lesson
- **Intimacy** activity cards
- Student workbooks, one per person, or duplicate the **Healthy Relationships** and **Lesson Wrap-Up** worksheets.

TERMS

love, passion, intimacy, commitment, relationship, stereotypes

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

1.9.G; 2.1.G; 3.4.G; 5.3.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)

INSTRUCTIONAL OBJECTIVES

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

MATERIALS NEEDED

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

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, victim, perpetrator, venue, grooming

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

1.2.G; 1.6.G; 1.11.G; 2.1.G; 5.6.G; 7.1.G. For further information see Appendix A.

SEL COMPETENCIES

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

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe 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 their state's Safe Surrender (or Safe Haven) Law.
- Describe the key components of 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
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

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

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

1.12.G; 2.1.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 (W worksheet)
- STI Testing
- STI Game Show (optional A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of the lesson, each student will be able to:

- 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
- STI brochures or STI informational handouts
- Local teen clinic information
- STI PowerPoint available from WebMD website
- **STI Game Show** cards and **STI Summary Grid** (optional)
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

TERMS

sexual contact, digital intercourse, sexually transmitted, incubation period, symptoms, asymptomatic, confidential testing, viral, bacterial, parasite

LESSON 11 Media and Peer Pressure

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

CA HEALTH STANDARDS
2.1.G; 2.4-5.G; 4.2.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 and Negotiation Skills (A activity and W worksheets)
- 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
- Student workbooks, one per person, or duplicate **Pressure Situations** (#1 and #2), and **Lesson Wrap-Up** worksheets.
- Magazines featuring sexy ads for clothing. perfume, jewelry, etc.

TERMS

assertive, analysis, media, negotiation, impair

LESSON 13 Steps to Success

CA EDUCATION CODES

51933(a-e)(g-i); 51934(a)(7-11); 51937. For further information see Appendix A.

CA HEALTH STANDARDS

2.1.G; 6.1-2.G; 7.1.G. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-management
Responsible Decision-Making

CONTENT

- Introduction
- Lifeline Review
- Steps to Success (A activity)
- Personal Contract (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

- Identify behaviors and choices that move them closer to, or further away from, their life plans and goals.
- Specify several next steps they need to take toward accomplishing their life plans and goals.
- Create and sign a Personal Contract affirming their commitment to avoiding HIV/STI infection or an unplanned pregnancy.
- Assess what they learned in this unit.

MATERIALS

- Teacher's slides for the lesson
- Each student's **Lifeline** from Lesson One
- Student workbooks, one per person, or duplicate the **My Personal Contract**, and **Lesson Wrap-Up** worksheets, and the **Post-Tests**.

TERMS

goal, plan, choices, consequences, steps, progress