

Considering Consequences

Goal

Increase understanding of how adolescent brain development affects decision-making, especially regarding health-related decisions

Getting Ready

Gather

- Pens/Pencils, Notebook Paper
- For Extension (if applicable) Journals/Notebook Paper; Optional: Music

Prepare

- Create "True" and "False" wall cards and hang on either side of the room.
- Copy and cut "Considering Consequences Scenarios" Facilitator Resource; choose which to use.
- Review "True or False? Statements" Facilitator Resource and "True or False?" Facilitation Strategy.
- Review "Adolescent Brain Development Background Information" Facilitator Resource.
- For Extension (if applicable): Review *Journal Reflection* and write questions on board/chart paper.

Decide

- How to form groups; *Suggested Group Former: Pick A Card*

Knowing Yourself & Your Teens

How might your personal decision-making affect the messages you share with participants?

Consider how participants' previous experiences with decision-making may impact their engagement in this lesson.

How will you support discussion and avoid this experience feeling like a lecture for participants?

How will you remain supportive of participants who assess positive and negative consequences differently than you would or who make different decisions than you would?

How will you support participants who share very difficult decisions and/or significant difficulty with decision-making? Additional supports may be necessary for these participants.

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Verbal/Linguistic
-  Musical/Rhythmic
-  Logical/Mathematical

B

Ask

- What are some of the decisions teenagers face that can affect their health?

Share

- Today we will focus on how adolescent brain development impacts decision-making, especially as teenagers make decisions that can affect their health.

E

Using the “*True or False?*” *Facilitation Strategy*, have participants respond to statements from the Facilitator Resource. Read the statements in order, as the information builds from statement to statement.

After each statement, ask participants why they chose true or false, then share the additional information listed below the statements and ask follow up questions.

R/D

After all statements, ask

- What are your thoughts on these statements?
- Which were most obvious or surprising to you? Why?

E

Divide participants into groups. Give each group a scenario, pen/pencil and notebook paper.

Share

- We're going to take some time to think through decisions characters in these scenarios made.
- With your group, read your scenario, then follow the directions listed under it.
- Underline the thoughts that influenced the character's decision.
- Make a list of the possible consequences of the decision—consequences that seem both positive and negative to you.
- Circle what you feel is the most serious possible consequence of the decision.

Give groups time to work, then share

- Next, let's imagine this character is your friend and they texted you for advice before making their decision.
- Write down what you would text back to them, including what you think they should do and why you think they should make that decision.

R

Give groups time to work, then ask each group

- What was your scenario? Just share an overview, you don't need to read it.
- What thoughts influenced your character's decision?
- What did your group decide was the most serious possible consequence of the decision?
- What advice would you have texted this character? Why?

D

Ask

- How do these scenarios connect to the statements I read earlier?
- Why is it important for young people to know about the brain development that occurs during adolescence?

+ Extension goes here

A

Ask

- What can help someone make healthy decisions?
- How can you use what we've talked about today?

Extension

Using a *Journal Reflection*, ask

- Can you think of a decision you made that had consequences for your health or another important area of your life?
- What thoughts influenced your decision?
- Did it turn out the way you expected it to? Why/why not?
- What was/could have been the most serious possible consequence of this decision?
- If you could go back in time and send yourself a text before you made the decision, what would you say?



FACILITATOR TIP



Consider playing music while participants work.

True or False? Statements

Instructions

- Use the “True or False?” Facilitation Strategy with the statements below.
 - Read the statements in order, as the information builds from statement to statement.
 - After participants move, ask them why they chose true or false, then share the additional information listed below the statements and ask follow up questions.
-

The teenage brain approaches decisions differently than the adult brain because the teenage brain is not fully developed yet. (TRUE)

Share

- Our brains grow and develop throughout our teen years—even after we have reached our adult height on the outside, our brains are still developing on the inside.
- The brain’s prefrontal cortex (PFC), which is responsible for things like logic, planning, controlling impulses and thinking about risks and consequences, is the last part of the brain to fully develop.
- While the PFC is under development, teen decision making is heavily influenced by the emotion and reward centers of the brain.

The teenage brain finishes development around age 19. (FALSE)

Share

- The brain doesn’t finish developing until a person’s mid- to late-20s.
- This means the PFC is not fully developed until that time.

The teenage brain has a tremendous capacity to learn new things and actually learns faster than the adult brain. (TRUE)

Share

- Because of the growth and development occurring in the brain during adolescence, the brain is in a great position to learn new things.
- In fact, early childhood and adolescence are 2 windows of opportunity when the brain is most flexible and ready to absorb new information.
- Adults are still able to learn new things, but their brains are not as flexible and learning requires more time and effort for them.

Risk-taking always leads to negative consequences and should be avoided. (FALSE)

Share

- Because of the growth and development occurring in the teenage brain, adolescents are drawn toward risk.
- This is normal and can be an opportunity as well as a vulnerability.
- It is an opportunity, because becoming an adult requires taking risks, like trying and learning new skills, exploring new relationships, deciding what to do after high school, pursuing a career, etc.
- It can be a vulnerability, because taking risks can lead to unhealthy and/or dangerous outcomes, such as taking risks with driving, substance use, sexual behavior, etc.

LAM-HW-A2 Facilitator Resource

When making a decision, teens are likely to be highly influenced by their peers and to focus on what could go right, rather than what could go wrong. (TRUE)

Share

- While the PFC is under development, teen decision-making is heavily influenced by the emotion and reward centers of the brain.
- The reward center of the brain is highly motivated by peer acceptance and approval.
- When the influence of emotions and possible rewards is stronger than the influence of logic and reason, teens may not recognize all the possible risks and consequences of a decision and may overestimate potential rewards and underestimate potential risks or consequences.
- When teens make a decision based on emotion and possible reward, they may feel surprised when things don't turn out the way they thought they would.

Ask

- Can anyone think of a real life example of this?

When a decision doesn't turn out the way you thought it would, it's best to just move on as quickly as possible. (FALSE)

Share

- There's a lot to learn from decisions that don't work out the way we expect.
- When we reflect on these decisions, we can consider what happened, why and what we'd like to do differently the next time.
- When we do this, we are actually using our PFC and building its strength.
- The stronger our PFC, the more it will influence our future decisions.
- Everyone makes decisions they later regret—however, not everyone learns from them.
- These moments are a major opportunity for us to grow and strengthen our brains!

When a teen decides what to do "in the heat of the moment," it is more likely that the decision will be based in emotions, rather than logic and reason. (TRUE)

Share

- The more stressful a situation is, the more likely it is that the influence of emotions and possible rewards will be stronger than the influence of logic and reason.
- This is true for adults as well as for teens. However, since teens' PFC is still developing, it can be overwhelmed by the brain's emotion and reward centers more easily.
- The more a person practices using their PFC, the stronger it becomes, and the more stress, pressure or "heat" it will be able to withstand before the emotion and reward centers take over.
- One way to practice using your PFC is to work on stepping away from a stressful or "hot" situation to calm down before responding.

Ask

- Can anyone think of a real life example of this?

Accidents are the leading cause of death of teens ages 15-19. (TRUE)

Ask

- How does it feel to learn this fact?
- How might this fact connect to the fact that teens' brains are not yet fully mature and teens are more likely to focus on what could go right than what could go wrong?

LAM-HW-A2 Facilitator Resource

Teens just have to wait until their PFC develops in their mid- to late-20s; there is nothing they can do to help it develop. (FALSE)

Share

- There is a LOT that teens can do to support development of their PFC.
- You can think of the PFC like a muscle—practice makes it stronger!
- Anytime someone uses their PFC, like by pausing to think about choices and consequences, discussing a situation with a trusted adult and reflecting on a past situation, they are strengthening their PFC.

Centers for Disease Control and Prevention. (2016, October 06). *Adolescent Health*. Retrieved June, 2017, from <http://www.cdc.gov/nchs/fastats/adolescent-health.htm>

National Institute of Mental Health. (n.d.). *The Teen Brain: 7 Things to Know*. Retrieved August, 2023, from https://www.nimh.nih.gov/health/publications/the-teen-brain-6-things-to-know/om-16-4307_153233.pdf

Considering Consequences Scenarios

Instructions

- Change names or details as appropriate for your group.
- Choose scenarios your participants will identify with.
- As necessary, create additional scenarios relevant to participants in your community.



Dave has never tried taking prescription pills and he wasn't planning to try them. However, one night at a party, his friends start pressuring him, calling him a punk and telling him that everyone is taking them. Dave really wants his friends to stop pressuring him and he starts thinking about trying them just this once to get his friends off his back. Besides, he figures pills are better than street drugs, because at least they're legal. His friend tells him the pills were his grandma's, so if she can use them, he can too. Dave feels a little worried but says, "Ok," and takes some pills.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Mychal's grandma died unexpectedly and Mychal really wants to get a tattoo to honor her. The tattoo that Mychal wants will be expensive and it will take a long time to save the money. Mychal's friend knows someone who does tattoos in their basement and says Mychal should go there because it will be cheaper than a licensed tattoo shop. When Mychal's mom finds out that he is thinking about getting a tattoo, she's okay with it until she finds out how he is planning on getting it. Mychal's mom says he might get a disease or the tattoo might look terrible. Mychal thinks she's overreacting and decides to get the tattoo anyway.

Instructions

- Underline the thoughts that influenced this decision.
 - Make a list of all the possible consequences of this decision.
 - Circle what you feel is the most serious possible consequence of this decision.
-



Raquel and Don met when they were kids and just got back in touch on social media. Raquel likes Don a lot. Raquel is 16 and in the 10th grade. Don is older, graduated a year ago and lives with an older cousin. Raquel's friends don't like him because every time they're supposed to meet up, he doesn't show and comes up with one reason or another why not. One night, Don asks Raquel to send some nude pics. Raquel doesn't really feel comfortable with that, but she wants Don to be interested and doesn't want to seem young and immature. Don promises not to show anyone and Raquel says, "Yes," to sending the pics.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Sammy is at a friend's party and has had a few alcoholic drinks. One of Sammy's friends is hungry and asks Sammy to drive them to get some food. Sammy is really hungry too and would love to get a burger or something. Sammy knows they shouldn't drive after drinking, but hopes it will be okay since they've only had a couple drinks. Sammy thinks that if they drive really carefully, it should be safe.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Nate was diagnosed with diabetes at the end of the last school year, after he got really sick. It's been really hard for Nate to learn about how to give himself insulin, how to know what to eat and how to check his blood sugar. It's the first week of the new school year and Nate has been really bad about eating healthy and checking his blood sugar. He's afraid his friends might think he's weird or something. He starts to feel woozy during science class but doesn't want to embarrass himself by checking his blood sugar. Nate decides to just eat a granola bar he has in his backpack and hope it makes him feel better.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.



Jordan has been dating Riley for 8 months and they have been getting closer and closer to having sex. They have talked about being in love with each other and have decided that after high school they want to move out and get a place together. On prom night, they decide to have sex, even though they do not have any protection. They figure it is a special night and everything should be okay.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Alex's dad went out of town and left his car for the weekend. Alex drives the car to a party and as the party is winding down, a friend suggests they race their cars. Alex thinks for a minute about getting in trouble if anything happens to the car, but then thinks that this might be the only opportunity to do it and agrees to race.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Tori and Annie are best friends and have been wanting to get their noses pierced. When they find out how much it will cost, they realize it will take a long time to save up that much money. Tori watches a few videos on how to do it and says that as long as they sterilize the needle and jewelry first, it will be safe to do it themselves. Annie isn't sure about having Tori give her a piercing, but she thinks about how she trusts Tori and how great it will look when it's done. Annie agrees to let Tori pierce her nose.

Instructions

- Underline the thoughts that influenced this decision.
- Make a list of all the possible consequences of this decision.
- Circle what you feel is the most serious possible consequence of this decision.

Adolescent Brain Development Background Information

General Brain Development Information

- From birth, the brain develops from the back to front and from the inside out.
- There are 2 periods in life when the brain grows and develops most rapidly—early childhood and adolescence.
- During adolescence, the brain is working to strengthen the prefrontal cortex (PFC).
- Adolescent brain development includes 3 processes:
 - Proliferation: The growth and spreading of the neural pathways. Practice helps these pathways grow strong.
 - Pruning: The brain prunes/cuts away the pathways that are not strong.
 - Myelination: Strong pathways that survive the pruning process are coated with a white, fatty substance which “sets” the pathways.
- The brain doesn’t finish developing until a person’s mid- to late-20s.

The Adolescent Brain and Risk/Reward

- Because of the growth and development occurring in the teenage brain, adolescents are drawn toward risk.
- This is normal and can be an opportunity as well as a vulnerability.
- It is an opportunity, because becoming an adult requires taking risks, like trying and learning new skills, exploring new relationships, deciding what to do after high school, pursuing a career, etc.
- It can be a vulnerability, because taking risks can lead to unhealthy and/or dangerous outcomes, such as taking risks with driving, substance use, sexual behaviors and other areas.
- The reward system in the adolescent brain is highly motivated by peer acceptance and approval.

The Amygdala = Emotion Center

- The amygdala is the emotion center of the brain.
- Before the prefrontal cortex (PFC) is fully developed in a person’s mid- to late-20s, decisions and behaviors are heavily influenced by the amygdala and the reward system.
- These decisions and behaviors are based in emotion, impulse and perceived reward, not logic or reason.

The Prefrontal Cortex (PFC) = Logic Center

- The PFC is responsible for “adult-like” behaviors, such as the following: logic, planning, impulse control, considering risks and consequences, problem solving, setting and achieving goals, managing emotions and listening to others’ perspectives.
- The PFC is the last part of the brain to fully develop and is not finished developing until the mid- to late-20s.
- During adolescence, as the PFC strengthens and develops, it begins to replace the emotion and reward centers of the brain as the primary influence on decisions and behaviors.
- The PFC functions best when the brain is calm; when the brain is under stress or pressure, the influence of the emotion and rewards centers may overwhelm the PFC and decisions and behaviors will be more emotional than logical.

How Brain Development Impacts Adolescents

- Before the PFC is fully developed, adolescent thinking is heavily influenced by the emotion and reward centers of the brain. This explains emotion-based decisions and responses, as well as the following:
 - Teens may not recognize all the possible risks and consequences of a decision.
 - Teens may overestimate potential rewards and underestimate potential risks or consequences of a decision.
 - If a decision doesn't turn out the way they thought it would, teens may be genuinely surprised.
 - Teens are heavily influenced by peers and social rewards.
 - Teens may have a difficult time using empathy and seeing others' perspectives.

PFC Development

- The PFC requires practice as it grows and develops.
- Anytime a teen uses their PFC, like by pausing to think about choices and consequences, having a discussion with a trusted adult, or reflecting on a past situation, it strengthens their PFC.
- The stronger the PFC becomes, the more it will guide decisions and behaviors with logic, rather than emotions.
- It is easiest for the PFC to practice and gain strength when the brain is calm. The more stressful a situation is, the more likely it is that the emotion and reward centers will overwhelm the PFC and decisions and behaviors will be more emotional than logical.
 - This is true for adults as well as for teens. However, since teens' PFC is still developing, it can be overwhelmed more easily.

Substance Use And Sexual Activity

Goal

Increase understanding of the relationship between substance use and sexual activity

Getting Ready

Gather

- Pens/Pencils, Notebook Paper, Journals/Notebook Paper
- Optional: Music

Prepare

- Create "True" and "False" wall cards and hang on either side of the room.
- Copy and cut "Strategy Cards" Facilitator Resource.
- Write list from "Strategies" Facilitator Resource on board/chart paper; cover so it is not visible.
- Write *Group Think Facilitation Strategy* and *Journal Reflection* questions on board/chart paper.
- Review "True or False?" and *Group Think Facilitation Strategies* and *Journal Reflection*.
- Review "True or False? Statements," "Jay's Decisions" and "Frequently Asked Questions" Facilitator Resources.

Decide

- How to form groups; *Suggested Group Former: Pull My Partner/People*

Knowing Yourself & Your Teens

How might your personal values and/or experiences influence your facilitation of this lesson? How difficult will it be for you to have participants share experiences, perspectives and opinions that are different from your own? Consider how to remain non-judgemental while presenting medically accurate information throughout this lesson.

Given the statistics on adolescent drug and alcohol use, it is safe to assume that some participants may have experimented with and/or used drugs and alcohol. How might this recognition impact the way you discuss this topic?

Consider how to support participants who share drug and alcohol use and/or addiction (their own or a friend/loved one's). What resources can you share? Substance Abuse and Mental Health Services Administration (SAMHSA) operates a 24-hour help line, 1-800-662-HELP (4357), and has a treatment locator by zip code at <https://findtreatment.samhsa.gov/>

MULTIPLE INTELLIGENCES

 Interpersonal

 Intrapersonal

 Verbal/Linguistic

 Musical/Rhythmic

B

Share

- We're going to start with some true or false questions to introduce today's topic.

Use the "True or False? Statements" Facilitator Resource with the *"True or False?" Facilitation Strategy*.

After the final statement, share

- Today we're going to discuss the link between substance use and sexual activity. When we talk about sensitive topics like this, we need to pay extra attention to our group guidelines.
- We know that sometimes when we feel uncomfortable, we can get a little silly and giggly. It's okay to be silly and giggly, but it's not okay to be disrespectful or put anyone down.
- It's not okay to put people on the spot or identify someone by name and share their personal experience.

E

Ask

- Why do you think there is a link between substance use and sexual activity?

If participants do not identify the following, add

- Substances can affect critical thinking, decision-making and judgement and lower inhibitions.
- A person who is under the influence may engage in more or different sexual activity than they would have if they were sober.

Share

- I'm going to read a story about a character named Jay, then we'll use Jay's story to discuss the connection between substance use and sexual activity.

Read "Jay's Decisions" Facilitator Resource aloud. Pause after Part 1 to ask the questions listed between Part 1 and Part 2, then continue with Part 2.

R/D

After reading Part 2, ask

- What happened here?
- When Jay woke up at 4:00am, how do you think he was feeling?
- What might he have been thinking?
- What could be the consequences of Jay and Maya being drunk and having sex?

E

Divide participants into groups and give each group one of the "Strategies" from the Facilitator Resource, a pen/pencil and a sheet of notebook paper. (If necessary, give groups 2 strategies to make sure they are all discussed.)

Using the *Group Think Facilitation Strategy*, ask

- Did Jay use this strategy? If not, what might have been the reasons he didn't?
- How could Jay have used this strategy?
- How might using this strategy have impacted the outcome of this story?



Give groups time to work, then have them take turns sharing their strategy and responses with the large group.

R/D/A

After all groups have shared, ask

- How realistic was Jay's story?
- How might someone's real-life experiences be similar to or different from Jay's experience?

Show participants the list of "Strategies" from the Facilitator Resource written on the board/chart paper.

Using a *Journal Reflection*, ask

- What do you think about these strategies?
- Which seem easiest to use?
- Which seem most difficult?
- Who is a trusted adult you could talk to?



FACILITATOR TIP



Consider playing music while participants work.

+ Extension goes here

Extension

Share

- Let's talk about substance use, sexual activity and the media.

Ask

- How often are substance use and sexual activity shown together?
- How are they portrayed?
- What consequences are shown/not shown?
- When consequences are not shown, why do you think that is?
- How much impact do you think the media has on what people view as "normal?"

True or False? Statements

Instructions

- Use the *"True or False?" Facilitation Strategy* with these statements.
-

Alcohol alters a person's perceptions, emotions, movement, vision and hearing. (TRUE)

The likelihood that someone will commit a crime, be a victim of a crime or have an accident is higher when that person is abusing drugs, no matter whether those drugs are medications or street drugs. (TRUE)

Alcohol and marijuana make it easier to get sexually aroused. (FALSE)

- These substances actually have the opposite effect.
- Alcohol and marijuana are depressants—they decrease blood flow to the genital area, making it more difficult for an erection and orgasm to happen.

Being under the influence does not affect a person's ability to correctly use a condom. (FALSE)

- A person who is under the influence may have a harder time remembering to use a condom and remembering how to use it correctly.
- Additionally, drugs and alcohol can affect a person's motor skills and coordination, which can affect their ability to use a condom correctly.

Teens who drink and use drugs are more likely to be sexually active and to have unsafe, unprotected sex. (TRUE)

Jay's Decisions

Instructions

- Read aloud during lesson.
 - Change names or details as appropriate for your group.
-

Part 1

There was a big house party coming up and everyone at school was talking about it. Jay wasn't sure he really wanted to go, but his friends and his girlfriend, Maya, wanted to, so he agreed to go with them.

The day of the party, Jay felt nervous. This party seemed like it was going to be bigger than any parties he had been to before and he didn't know what to expect. Jay had had beer a couple times before, but he had never been drunk. His friends Tre and Aiden were texting about how much alcohol was going to be at the party and how they planned to get drunk. They were assuming Jay wanted to get drunk, too, but Jay wasn't so sure he wanted to. He started worrying about looking stupid if he didn't drink or looking stupid if he got drunk.

Jay's cousin Keith, who he really looked up to, stopped by the house and could tell something was bothering Jay. However, when Keith asked Jay if he wanted to talk, Jay said "No, I'm good." Keith said okay and reminded him his phone was always on if he needed anything.

As Tre and Aiden picked him up for the party, Jay decided to just see how the night went and what he felt like doing in the moment.

On the way to the party, Aiden joked about how wild it was going to be and Tre asked Jay if he had brought condoms. Jay laughed it off but then started to wonder if he actually should have. He and Maya had been together for 6 months and had not had sex, although they had gotten close a few times then stopped. Jay wasn't sure he was ready to have sex, but he hadn't figured out how to have that conversation with Maya yet.

When Jay, Tre and Aiden walked into the party, it was really crowded and the music was loud. Maya had ridden to the party with some friends and Jay saw her across the room. He walked over and gave her a hug, then said "Hi" to her friends. They all walked to the backyard where they ended up at a long table covered in beer cans and liquor bottles.

Tre yelled, "Let's do this!" and grabbed a beer. Aiden and Maya grabbed beers as well. Jay hesitated, but Maya passed him her beer and grabbed another for herself. Jay had a decision to make.

End Of Part 1

Between Part 1 and Part 2, ask

- What decisions has Jay made so far to get to this point in the story?
- What does Jay have to decide at this point?
- Who or what might influence his decision?
- What are some possible consequences if he chooses to accept the drink?
- What are some possible consequences if he chooses not to drink?

LAM-HW-A4 Facilitator Resource

Part 2

As Part 1 ended, Maya was handing Jay a drink. Looking at Maya holding out the drink, Jay worried about what she would think if he turned it down. He took it and took a sip. As the night went on, Maya, Tre and Aiden kept drinking and bringing Jay drinks, which he drank. At first he felt buzzed, then he felt like he was drunk. When Maya grabbed his hand and pulled him into a bedroom, all he could think about was how much he liked her and how pretty she looked.

Jay and Maya had sex, then fell asleep together. Jay woke up at 4:00am.

Strategies



Instructions

- Copy and cut.
- Write full list of strategies on board/chart paper. Cover the list so it is not visible until it is used in the lesson.



Avoiding pressure situations

Not drinking or using drugs

Limiting the amount of alcohol consumed, if any

Deciding on personal sexual limits while sober

Talking with a potential sexual partner about sexual
limits while both people are sober

Talking with trusted friends, family members and other adults
about concerns about alcohol and/or drug use and sexual activity

Frequently Asked Questions

Instructions

- Use this resource to respond to participant questions.
-

Marijuana is legal some places. Does it still count as substance use?

Emphasize the connection between substances (whatever they are and whether or not they are legal) and their impact on a person's critical thinking, decision-making and judgement.

Ask

- What can happen when someone's critical thinking, decision-making and judgement are affected by substances?
- Can something be legal and still have negative consequences?

What if someone is too drunk to agree to sex?

This question is about sexual consent and sexual assault/rape.

Define sexual consent as an active process of willingly and freely choosing to participate in any type of sexual contact with another person. It is a shared responsibility for everyone who is engaging in, or who wants to engage in, any kind of sexual interaction.

Share that being under the influence of alcohol or drugs impacts a person's ability to give and receive consent for sexual activity. Sexual activity without consent is sexual assault/rape.

Review the Facilitator Resources in the "What is Consent?" (CWO-REL-A2) lesson for additional guidance. If participants have lots of questions about consent, consider using the full lesson.

Understanding And Talking About STDs

This lesson focuses specifically on STDs; therefore, it is recommended that your Club sequencing also include a lesson focused on the risk of pregnancy so participants develop understanding of both of these topics as risks of sexual activity.

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Body/Kinesthetic
-  Verbal/Linguistic

Goal

Increase understanding of sexually transmitted diseases (STDs), including prevention, how they are contracted and treatment; increase comfort communicating about STD protection

Getting Ready

Gather

- Pens/Pencils, Notebook Paper, Camp Webbing/Rope/Tape
- Optional: Prizes
- For Extension (if applicable): Journals/Notebook Paper; Optional: Music

Prepare

- Copy and cut "STD Communication Questions" Facilitator Resource.
- Create 2 large squares on the floor. Squares should share a side and be large enough for several people to stand in. Label one square "True" and the other "False."
- Draw a scoreboard on board/chart paper.
- Review "True or False? Statements" Facilitator Resource, then choose which to use.
- Review "STD Overview Chart" in "STD Handshake" lesson (LAM-HW-F7).
- For Extension (if applicable): Review *Journal Reflection* and write questions on board/chart paper.
- Look up your state's law(s) regarding confidentiality for adolescents receiving STD testing and treatment.
- If appropriate to your site/setting, write on board/chart paper or make available to participants resources such as
 - The Center For Disease Control (CDC)'s <https://gettested.cdc.gov/> website, where users can search for testing sites by zip code
 - The names and phone numbers for local testing resources
 - Brochures or print-outs of information from local testing resources
- If additional information about specific STDs will be useful, access or print pamphlets from the CDC <http://www.cdc.gov/std/products/default.htm>.

Decide

- How to form groups; *Suggested Group Former: Sound Off*
- Whether to give prizes to the group(s) with the most points

Knowing Yourself & Your Teens

How comfortable are you with this content? What might help you feel more comfortable?

How comfortable do you anticipate participants will be with this content? How will you support participants who are uncomfortable with this topic?

How comfortable do you feel answering participant questions? (Remember, it's okay to look for the answer together or find out and get back to them!)

What misinformation about STDs might participants have heard and/or believe?

How might your personal values and/or experiences influence your facilitation of this lesson? How difficult will it be for you to have participants share experiences, perspectives and opinions that are different from your own? Consider how to remain non-judgemental while presenting medically accurate information throughout this lesson.

Use inclusive language. Even if you have known all your participants a long time, do not make assumptions about their sexuality and who they are interested in dating. LGBTQ youth can quickly feel isolated if all relationship examples and language are only heterosexual. Use the term "partner" to refer to a romantic partner.

Consider how to support participants who share the need to access STD testing.

B

Ask

- There are more than 20 million new cases of sexually transmitted diseases each year in the United States, and about half of these are in people between the ages of 15 and 24. Why do you think that is?

Share

- Today we're going to talk about sexually transmitted diseases, or STDs.
- We're going to use a game to see what we know about STDs and to help us learn more.
- When we talk about sensitive topics like this, we need to pay extra attention to our group guidelines.
- We know that sometimes when we feel uncomfortable, we can get a little silly and giggly. It's okay to be silly and giggly, but it's not okay to be disrespectful or put anyone down. It's not okay to put people on the spot or identify someone by name and share their personal experience.

E

Divide participants into groups. Have groups choose team names and fill them in on the scoreboard.

Show participants the 2 large squares, labeled "True" and "False," on the floor.

Share

- I have a list of "True or False?" statements that I will read aloud.
- After I read a statement, discuss it with your team and decide whether you think it's true or false, then send someone up to stand in the square that matches your answer.
- If you're not sure, you can stand with one foot in "True" and the other in "False."
- Once every team has chosen where to stand, I'll share the correct answer.

- If your team chose “True” or “False” correctly, you will earn one point.
- If you chose “True” or “False” but were not correct, you will lose one point.
- If you stood with one foot in “True” and the other in “False,” you will neither gain nor lose points.
- You can send up the same person every round, or you can send someone different each time.

Begin playing the game, using the statements from the “True or False? Statements” Facilitator Resource.

For each statement, after teams have selected a response, ask

- Why do you think this statement is true or false?

Share the correct answer and additional information from the Facilitator Resource.

At the end of the game, review teams’ point totals, congratulate the winning team and, if applicable, pass out prizes. Remind participants that the goal of the game was to learn useful information, not just to win a prize.

R

FACILITATOR TIP



These reflection questions should be a review from the lesson—as long as participants answer correctly, move through them quickly. If participants do not answer correctly, pause to discuss to make sure they understand the correct answer.

Share

- We’ve talked about a lot of information today, and as we wrap up, I want to make sure everyone understands certain pieces of information very clearly.

Ask

- Do STDs always have symptoms? (*No*)
- When STDs do have symptoms, what might they include? (*Redness or soreness of the genitals; pain and/or burning during urination; strong-smelling or cloudy urine; abnormal discharge from the genitals or anus; genital itching; sores or blisters on or around the genitals, mouth or anus; bleeding between periods; pain during sex; muscle aches; a sexual partner with symptoms.*)
- Who needs to be tested? (*Anyone who is sexually active. Talk to a healthcare provider for specific test recommendations, as this can vary by age, biological sex, risk level, etc.*)
- When should people who are sexually active be tested? (*Regularly, even if no symptoms are present and as soon as possible if symptoms occur. A healthcare provider can give specific recommendations for how often someone should be tested.*)
- What is the most effective way to avoid getting an STD? (*Abstain from sexual contact of any kind.*)
- If a person is sexually active, how can they reduce their risk of getting an STD? (*Correctly use latex, polyurethane or polyisoprene condoms or dental dams every time they engage in sexual activity and limit sexual activity to only one partner who has no other partners and has been tested and is not infected. Vaccines are available to prevent Human Papillomavirus (HPV) and Hepatitis B.*)
- What are 3 things a person should do if they think they may have been exposed to or infected with an STD? (*Seek medical treatment right away; tell sexual partner(s); abstain from sexual contact until they have been treated and followed all directions from their healthcare provider.*)

D

Ask

- Why might a person put off getting tested for STDs or find it difficult to get tested? What advice would you have for them?
- What do you think would be most difficult for someone who found out they had an STD?
- What does communication have to do with reducing the risk of STDs?
- Why can STDs be a difficult topic for people to talk about?

A

Share

- I'm going to give your group a question that has to do with communication and STDs.
- Discuss the question, then write down your responses and choose a spokesperson to share them with the large group.
- Make your responses as "real life" as possible—come up with actual quotes of what a person could say in the situation in your question.

Pass out "STD Communication Questions" from Facilitator Resource, one per group, and notebook paper. It's okay for 2 groups to have the same question if you have more than 4 groups.

Give groups time to work, then have them share their responses with the large group.

+ Extension goes here

Extension

Using a *Journal Reflection*, ask

- How do you feel about what we talked about today?
- What do you want to remember from our activities and discussions today?
- How comfortable do you feel communicating about STDs and your limits and expectations?



FACILITATOR TIP



Consider playing music while participants write.

This lesson is adapted with permission from SHAPE America - Society of Health and Physical Educators, 1900 Association Drive, Reston, VA 20191, www.shapeamerica.org

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True or False? Statements

Instructions

- Review statements, then choose which to use.
 - Consider adding statements specific to the needs of your group, the resources available in your area or local or state laws.
 - Consider adding statements from “STD Basketball” (LAM-HW-I4). Numbers 1–15 will be the same, then additional statements will be different.
 - Use the information below the statements to provide additional information.
 - If participants have questions about specific STDs, the “STD Overview Chart” Facilitator Resource in the “STD Handshake” lesson (LAM-HW-F7) may be helpful.
 - While discussing these statements, encourage participants to discuss STD risk, protection, testing and treatment with a healthcare provider.
-

1. The best time to start thinking about STDs is as soon as possible after a person has become sexually active. (FALSE)

- A person should start thinking about STDs before becoming sexually active.
- However, if someone is already sexually active, they should start thinking about STDs immediately and should get tested.

2. The most effective way to avoid getting an STD is to use condoms. (FALSE)

- Abstaining from sexual contact of any kind is the most effective way to avoid getting an STD.
- If someone is sexually active, they can reduce their risk of getting an STD by correctly using latex, polyurethane or polyisoprene condoms or dental dams every time they engage in sexual activity and limiting sexual activity to only one partner who has no other partners and has been tested and is not infected. (Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids).
- Condoms made from natural or lambskin materials do not protect against STDs.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.
- Vaccines are available to prevent Human Papillomavirus (HPV) and Hepatitis B.

3. Using condoms correctly helps prevent the spread of STDs. (TRUE)

- Latex, polyurethane and polyisoprene condoms reduce (though do not eliminate) the risk of STDs.
- Condoms made from natural or lambskin materials do not protect against STDs.
- Condoms must be used consistently (every time sexual contact occurs) and correctly to reduce the risk of STDs.
- Correct use of a condom on a penis means putting the condom on as soon as penis is erect, leaving space at the tip, pulling right out after ejaculation, holding on to the rim while pulling out and never reusing.
- Incorrectly used condoms are more likely to break or come off during sexual activity.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.

4. If someone doesn't have any lubricant to use with a condom, Vaseline or baby oil can be used. (FALSE)

- Petroleum jelly products, like Vaseline, oil-based products, like baby oil, massage oil and coconut oil, and many hand creams/lotions can damage a condom and cause it to break.
- These products are not condom-safe and should not be used.
- Water or silicone-based lubricants (Ex: K-Y Jelly) are safe to use with condoms.
- There will be an ingredient list on the side of the lubrication bottle/tube.

5. As long as a condom is in place before ejaculation, sexual partners are protected from STDs. (FALSE)

- A common condom mistake is not using a condom all the way from the start to the finish of sexual contact.
- To reduce (though not eliminate) the risk of STDs and pregnancy, a latex, polyurethane or polyisoprene condom needs to be used the entire time.

6. Someone who has an IUD or uses a hormonal method of birth control (such as the pill, patch, ring, shot or implant) is protected from both pregnancy and STDs. (FALSE)

- IUDs and hormonal methods of birth control do not provide any protection from STDs.
- STD infections occur because of contact with an infected person's body fluids, such as semen or vaginal or anal fluid, or an infected area of skin.
- Because the pill, patch, ring, shot, implant and IUD do not block contact between body fluids or skin, they do not reduce the risk of STDs.
- Although there are some STDs that can be spread through skin-to-skin contact, latex, polyurethane and polyisoprene condoms reduce the risk of STDs by serving as a barrier between body fluids.
- Condoms made from natural or lambskin materials do not protect against STDs.
- It is recommended that people using an IUD or hormonal method of birth control also use latex, polyurethane or polyisoprene condoms to reduce (though not eliminate) their STD risk.

7. If someone is having sex with only one other person, they do not need to be tested for STDs. (FALSE)

- Anyone who is sexually active is at risk for STDs, including people who have sex with only one partner, unless they know their one partner does not have an STD and they are sure their one partner is not having sex with anyone else.

8. If a person thinks they may have been exposed to or infected with an STD, they should seek medical treatment right away, inform partners and stop engaging in sexual contact until they have been tested and treated. (TRUE)

- When seeking medical treatment, it is very important for the person to talk honestly with the healthcare provider about their sexual activity and to follow all instructions for treatment and follow up.
- It is possible to request "expedited partner therapy," where a healthcare provider writes a prescription or provides medication for a partner as well.

9. Drugs and alcohol can affect a person's risk of contracting an STD. (TRUE)

- Drugs and alcohol can affect critical thinking, decision-making and judgement and lower inhibitions. This can affect a person's ability to make decisions about sex and using protection.
- A person who is under the influence may engage in more or different sexual activity than they would if they were sober, may have a harder time remembering to use a condom and/or may have a harder time remembering how to use a condom correctly.
- Additionally, drugs and alcohol can affect a person's motor skills and coordination, which can affect their ability to use a condom correctly.

10. If a healthcare provider does not ask if a person wants an STD test, it's okay to ask for one. (TRUE)

- It's not just "okay"—it's the healthy and responsible thing to do if someone is sexually active.
- Just because a healthcare provider takes a swab, urine, or blood sample, do not assume they are testing for STDs—ask to make sure!

11. STDs always have symptoms. (FALSE)

- Many STDs have no symptoms and can be detected only by a medical test.
- It is possible to have an STD and still feel completely healthy.
- Even if an STD has no symptoms, it can harm an infected person's health and be passed on to a sexual partner.
- Many STDs are curable and all are treatable.

12. STD symptoms can include redness or soreness of the genitals; pain and/or burning during urination; strong-smelling or cloudy urine; abnormal discharge from the genitals or anus; genital itching; sores or blisters on or around the genitals, mouth or anus; bleeding between periods; pain during sex; muscle aches; a sexual partner with symptoms. (TRUE)

- All of these are symptoms of STDs, although they may occur for other reasons as well.
- If a person experiences these symptoms and has been sexually active, it is very important for them to talk honestly with a healthcare provider about their sexual activity.
- It's important to remember that STDs often have only mild symptoms or no symptoms at all. Just because someone doesn't have these symptoms doesn't mean they don't have an STD.

13. Teenagers can receive testing and treatment for STDs without having their parents/guardians notified. (TRUE)

- Healthcare providers are able to keep adolescents' medical information confidential, although states have different laws about at what age this confidentiality begins.
- When information is confidential, it means that the medical office or clinic does not share whether the person was there and does not share exam records, conversations, test results and treatment.
- If an adolescent is unsure whether their information is going to be kept confidential, they can ask office or clinic staff about their confidentiality policy and tell them that they want their information to be confidential.

14. STDs can be caused by bacteria, viruses or parasites. (TRUE)

- Bacteria, viruses and parasites that cause STDs can be in a person's body without them knowing or feeling sick.
- STDs caused by bacteria can be treated and cured. Examples of STDs caused by bacteria are gonorrhea and chlamydia.
- STDs caused by viruses can be treated but not cured at the present time. Examples of STDs caused by viruses are HIV (Human Immunodeficiency Virus) and HPV (Human Papillomavirus).
- Although viral STDs cannot be cured, it is important for them to be treated.
- STDs caused by parasites can be treated and cured. Examples of STDs caused by parasites are pubic lice (crabs), scabies and trichomoniasis.

15. Oral and anal sex are safe from STDs. (FALSE)

- Even though a person can't get pregnant through oral or anal sex, STDs can be transmitted.
- Abstaining from sexual contact of any kind is the most effective way to avoid getting an STD.
- Correctly using latex, polyurethane or polyisoprene condoms or dental dams every time sexual contact occurs, including oral or anal sex, and limiting sexual activity to only one partner who has no other partners and has been tested and is not infected decreases the risk of getting an STD. (Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids.)
- Condoms made from natural or lambskin materials do not protect against STDs.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.

16. Having sex in a hot tub can prevent STDs and pregnancy. (FALSE)

- Hot water and chlorine cannot prevent pregnancy or the transmission of STDs.
- Additionally, the high temperature, chlorine and chemicals from lotions and other body care products in a hot tub may damage a condom.

17. As long as protection is being used, it's okay to not tell a partner about an STD. (FALSE)

- People who are sexually active should be tested regularly and should tell partner(s) about any STDs they have.
- If someone does not tell a partner about an STD, they are putting their partner at risk.
- It is possible to request "expedited partner therapy," where a healthcare provider writes a prescription or provides medication for a partner as well.

18. Females who have sex with females do not have to worry about STDs. (FALSE)

- Anyone who is sexually active with another person, no matter who that person is, has a risk of STDs.
- During oral sex, females can lower their STD risk by using dental dams—small, square pieces of latex or similar material that block contact with body fluids.

19. A person can get an STD through drug use by sharing needles with an infected partner. (TRUE)

- Because body fluids can be transferred while sharing needles, STDs including HIV and hepatitis can be passed this way.

20. A person cannot get an STD from getting a tattoo or body piercing. (FALSE)

- There can be a risk of HIV or other blood-borne infections, like Hepatitis B or C, if instruments used for piercing or tattooing are not sterilized or disinfected between clients.
- Any instrument used to pierce or cut the skin should be used once and thrown away.
- Staff at tattoo and piercing parlors should be open and honest about their equipment and should always show clients what safety precautions they use.

21. If someone is pregnant, they can still get an STD. (TRUE)

- Anyone who is sexually active, including someone who is pregnant, can get an STD.
- STDs can be passed on during pregnancy and birth.
- It is very important for people who are pregnant and at risk of having an STD to communicate with their doctor, be tested and treated.

22. If a person has had an STD once, they cannot get it again. (FALSE)

- For many STDs, including gonorrhea, chlamydia and trichomoniasis, a person can be treated and cured, then get it again.
- If a person is sexually active, they should be tested regularly for STDs.
- If someone finds out they have an STD, they need to tell their sexual partner(s) so they can be treated as well. It is possible to request “expedited partner therapy,” where a healthcare provider writes a prescription or provides medication for a partner as well.

23. The cost of HIV treatment is too expensive for most young people to afford. (FALSE)

- HIV/AIDS treatment can be expensive, but there are many options to help cover the cost, including insurance plans, Medicaid and the “AIDS Drug Assistance Program” for people who are uninsured.

24. It doesn't hurt to put off STD testing and treatment for 30 days after exposure to an STD may have occurred. (FALSE)

- It is important to get tested as soon as possible if exposure to an STD may have occurred.
- Waiting weeks or months before testing and treatment means that a person's health may be damaged. Additionally, if a person does have an STD and remains sexually active, they may be spreading it to others.
- Testing staff may also tell someone they need to be retested in a certain period of time—this is because an STD might not show up on a test right away. It's very important to follow these recommendations.

25. When a doctor does a Pap test on the cervix, which is the bottom of the uterus, they are checking for STDs. (FALSE)

- The Pap test is looking for cancer of the cervix and other abnormalities that may lead to cancer.
- Abnormalities can be caused by an HPV (Human Papillomavirus) infection, which is an STD, but the Pap test is not testing for other STDs.
- If someone wants STD testing during an appointment, it is important to communicate this to the healthcare provider.

26. Since viral STDs cannot be cured, it is not as important for them to be treated. (FALSE)

- It is important for all STDs to be treated.
- Treatment can help manage symptoms, prevent the outbreak of symptoms and reduce the impact of the STD.
- It is important to start treatment as soon as possible after someone has been infected.

27. Gonorrhea, chlamydia, trichomoniasis and syphilis can all be cured with antibiotics.

(TRUE)

- The earlier they are discovered, the easier they are to treat and the less damage they can do before being treated.

28. Human Papillomavirus (HPV) is the most common STD. *(TRUE)*

- HPV is the most common STD, and there are many different strains of it.
- HPV is spread through oral, anal and vaginal sex.
- In most cases, HPV goes away on its own and does not cause any health problems. However, when it does not go away, it can cause health problems like genital warts and cancer.
- Sexually active people can protect themselves from HPV by getting vaccinated against it, using latex, polyurethane or polyisoprene condoms or dental dams correctly every time they engage in sexual activity and limiting sexual activity to only one partner who has no other partners and who has been tested and is not infected (Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids.)

29. A Urinary Tract Infection (UTI) is not an STD. *(TRUE)*

- UTIs are caused by bacteria entering the urethra, the tube that carries urine out of the body.
- While UTIs can occur after sex, they are not sexually transmitted.
- Symptoms of UTIs include frequent urination and burning or pain during urination.
- The symptoms of a UTI are similar to those of an STD; if a person is experiencing these symptoms, they should see a healthcare provider right away.
- UTIs are easily treated with antibiotics.

30. Chlamydia is one of the most common STDs and often does not have any symptoms.

(TRUE)

- Chlamydia can be treated and cured with antibiotics.
- If not treated, chlamydia can lead to Pelvic Inflammatory Disease (PID) in females. PID is an infection of the uterus, ovaries and/or fallopian tubes and can cause infertility and ectopic (tubal) pregnancies.

31. It is possible for individuals to have gonorrhea and not have any symptoms. When symptoms are present, it is more likely for males than females to have symptoms.

(TRUE)

- When symptoms are present, they may include burning during urination and discharge from the penis or vagina.
- Gonorrhea can be treated and cured with antibiotics.
- If not treated, gonorrhea can lead to Pelvic Inflammatory Disease (PID) in females. PID is an infection of the uterus, ovaries and/or fallopian tubes and can cause infertility and ectopic (tubal) pregnancies.

32. Most people who have herpes have very mild symptoms or no symptoms at all. (TRUE)

- A person infected with the herpes virus may not notice mild symptoms or may mistake them for another skin condition, such as a pimple or ingrown hair.
- Because of this, and because many people with herpes do not have any symptoms at all, most people who have herpes do not know it.
- When a person does have symptoms, they may have blisters on or around the genitals, rectum or mouth. The blisters break and leave painful sores that may take weeks to heal.

