

Abstinence and Expressing Affection

Goal

Explore a range of behaviors other than having sex to express feelings for another person

Getting Ready

Gather

- Pens/Pencils, Index Cards, Post-its, Bag
- For Extension (if applicable): Journals/Notebook Paper; Optional: Music

Prepare

- Write a list heading for "Things To Do With/For Someone You Like" on board/chart paper.
- Draw a scoreboard on board/chart paper.
- 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 values 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?

How will you support a participant who shares they are not currently abstinent? Are you able to share information about contraception, STD protection and STD testing?

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.

Be prepared to handle questions such as "Is it sex if..." or "How do gay or lesbian people have sex?" Share the message that "For some people, certain activities may be considered sex, and for others, they might not be. The important thing to focus on is being aware of the risks of various sexual behaviors and knowing your own comfort level and limits."

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Body/Kinesthetic
-  Verbal/Linguistic
-  Visual/Spatial
-  Musical/Rhythmic

B

Share

- Today we will talk about sexuality, abstinence and ways people can express their feelings for others.
- When we talk about sensitive topics like this, we need to pay extra attention to our group guidelines.
- This might be an embarrassing or difficult topic for some people and it might feel comfortable for others.
- 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

Write "Sexuality" on the board/chart paper.

Share

- Becoming more aware of and interested in sexuality is a normal and natural part of adolescence.

Ask (write responses on board/chart paper)

- When you see and hear the word "sexuality," what comes to mind?
- What do you think influences our views of sexuality?

Divide participants into groups and pass out pens/pencils and index cards, one per group.

Share

- With your group, brainstorm 3 examples of how sexuality is shown in the media.
- Make your examples really specific—a certain scene in a movie or show, a set of lyrics from a song, a social media post or YouTube video you've seen, etc.
- Write your examples on the index card and choose a spokesperson to share them with the rest of us.

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

Circle the word "sex" within "sexuality" on the board/chart paper.

Share

- When people think of sexuality, they often just think of sex.
- However, sex is only one part of sexuality.
- Sexuality also includes our bodies and how we feel about them, our desires and attractions to others, our relationships, our beliefs and values about sexuality, how we show love and affection and how we identify and express our gender.
- While some people choose to express their sexuality through sex, others choose to practice abstinence.

Write "Abstinence" on the board/chart paper.

Ask (write responses on board/chart paper)

- How would you define abstinence?

If participants do not identify the following, add

- Abstinence means choosing to not participate in an activity.

Share

- Today we're going to talk about sexual abstinence, or choosing to not have sex.

Ask (write responses on the board/chart paper)

- What are some of the reasons someone may choose to be abstinent?
- If someone has had sex before, can they choose to begin practicing abstinence? (Yes)

Share

- One of the challenges of choosing to be abstinent is finding other ways to express feelings, such as liking someone, being attracted to them and wanting to share experiences that feel good with them.
- It's important to know that there are many ways to express these feelings.
- Some of the ways to express these feelings are physical, such as holding hands, hugging, putting an arm around someone or kissing.
- There are also lots of ways to express feelings that are not physical.

Pass out index cards, several per group.

Share

- Think about non-physical ways someone could express their feelings toward another person.
- Think about things they could do to show they care, like writing the person a letter, or things they could do together, like taking a walk.
- Write these down—put each of your ideas on a different card.
- We're going to use these cards for a game, so please write clearly so other people can read your cards.

As groups finish, collect their cards. Sort out duplicates and any that could be uncomfortable for participants to draw/guess in a Pictionary® style game. Place the cards in the bag. Add cards with activities from the "Things To Do With/For Someone You Like" Facilitator Resource that groups did not identify.

Have groups choose team names and fill them in the scoreboard. Pass out post-its, several per group.

Share

- In this game, someone from a group will come up, pull a card and draw it (on the board/chart paper), trying to get the rest of their group to guess what is on the card.
- They will have 30 seconds to draw and for their group to guess. Only their group should guess.
- If the group guesses correctly, they will receive a point.
- If they do not guess correctly, other groups will have 10 seconds to agree on a guess, write it down on a post-it and hand it to me.
- Any group that correctly identifies what was on the card will receive a point.
- If we agree that what is on the card is something that could be used to express feelings toward another person, we'll write it on our list on the board/chart paper.

Show participants the "Things To Do With/For Someone You Like" list heading on the board/chart paper.

Begin the game. After each card, award points and ask the large group if they think that what was on the card should be added to the list of "Things To Do..." As appropriate, between rounds, share cards you sorted out because they could have been uncomfortable to draw. Ask participants what they think about them and if they should be added to the list.

If time does not allow for all the cards in the bag to be drawn, at the end of the game, read the remaining cards aloud and ask participants what they think about them and if they should be added to the list.

R

After the game, review the list and ask

- What are your thoughts about this list?
- Has anyone ever tried any of the non-physical things, like writing a letter or surprising someone by doing something nice for them? How was it?

D/A

Ask

- Why can it be helpful to spend time thinking about a list like this?
- Besides helping people express their feelings for each other, how else can the activities on this list affect a relationship?

If participants do not identify the following, add

- They can help people learn more about each other, learn to communicate with each other, etc.

Ask

- What will you take away from today?

+ Extension goes here

Extension

Using a *Journal Reflection*, ask

- What activities from our list would you feel most comfortable with?
- What advice would you give a friend who wanted to express their feelings for another person while practicing abstinence?



FACILITATOR TIP



Consider playing music while participants work.

Things To Do With/For Someone You Like

Instructions

- Write these activities on index cards, one activity per card, and add them to the bag of index cards that groups write.
 - Consider adding additional activities relevant to participants in your community.
-

Taking a walk together

Holding hands

Eating a meal together

Sending texts and emojis

Helping each other with homework

Writing a note, poem, or letter

Buying or making small gifts

Meeting each other's family

Attending religious services together

Dancing

Hugging

Eye contact

Cooking together

Doing a craft project together

Listening to music together

Surprising them by doing something nice

Exercising together

STD Handshake

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
-  Body/Kinesthetic
-  Verbal/Linguistic
-  Visual/Spatial

Goal

Learn how easily Sexually Transmitted Diseases (STDs) can be spread among sexual partners

Getting Ready

Gather

- Index cards, one per participant plus 6 additional, Bag
- Flyers/brochures with information about STDs and local resources for STD testing (if available and appropriate to share)

Prepare

- Fold index cards, enough for one per participant. Draw a dot on the inside of 3 of them, then place the cards in the bag.
- Draw a star on the 6 additional index cards. Fold these and set to the side for the second part of the activity.
- Create "True" and "False" wall cards and hang on either side of the room.
- Review "True Or False?" Facilitation Strategy.
- Review "True Or False? Statements & Answers" and "STD Overview Chart" Facilitator Resources.
- For Extension (if applicable): Review and select statements from the "True Or False? Statements & Answers" Facilitator Resources from the "STD Basketball" (LAM-HW-I4) and/or "Understanding and Talking About STDs" (LAM-HW-A5) lessons.

Decide

- Consider adjusting the number of index cards with dots and stars based on the size of your group.

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.

Be prepared to handle questions such as “Is it sex if...” or “How do gay or lesbian people have sex?” Share the message that “For some people, certain activities may be considered sex, and for others, they might not be. The important thing to focus on is being aware of the risks of various sexual behaviors and knowing your own comfort level and limits.”

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

B

Ask

- What are some of the risks of sexual activity?

Share

- Unintended pregnancy and STDs are both risks of sexual activity.
- Today we’re going to talk about STDs and how they can be transmitted.
- This lesson does not assume that anyone is currently sexually active. Whether or not someone is sexually active, it’s helpful to have factual information about this topic.
- 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.

Ask (write responses on the board/chart paper)

- What are some STDs that you can think of?

FACILITATOR TIP



It is not necessary to create a full list of STDs; this question is intended to start discussion and allow you to learn which STDs participants are most familiar with.

Share

- An STD is a disease or infection that can be spread by sexual contact between partners.
- Any form of sexual contact, including vaginal, oral and anal contact, can spread STDs.
- Any person, from any background, race/ethnicity, age or sexual orientation who is sexually active can get an STD.
- It is possible for people to get STDs in non-sexual ways, such as being infected at birth or from a blood transfusion. However, today we are going to focus on STDs spread through sexual contact.

E

Have participants stand and show them the “True” and “False” wall cards. Using the “*True Or False?*” *Facilitation Strategy*, have participants respond to the statements from the “True Or False Statements & Answers” Facilitator Resource. After each statement, share the correct answer and information about it.

+ Extension goes here

R

After all statements, ask

- How easy or difficult was it to respond to these statements?
- How would you explain this information to a friend in your own words?

E

Share

- I have an activity to help us learn how easily STDs can be transmitted.

Show participants the bag with the folded index cards in it. (At this point, the bag should include enough index cards for each participant to receive one, with 3 of the cards being the ones with dots on them.)

Share

- Each of you will draw a folded index card from the bag.
- Don't unfold it until I tell you to and don't show it to anyone.
- Once everyone has a card, I will have you stand up and shake hands with 3 other people.
- Remember who you shake hands with and do not open your card yet.
- After you have shaken hands with 3 different people, sit back down.

Have participants stand, draw an index card and begin.

Once everyone is seated again, share

- Now you can open your cards.
- Most of the cards are blank. However, 3 have a dot on them, representing an STD.
- Keep in mind that this is only an activity and we are not saying anyone in this room has an STD. The cards with dots only represent STDs.
- If you received one of the cards with a dot, please stand up.
- If you shook hands with one of these people, please stand.
- Now, if you shook hands with any of the people who just stood up, please stand as well.
- Take a look around at how many people are sitting versus standing.

R/D

Have all participants sit back down and ask

- What do you think the people who were standing represented?

If participants do not identify the following, add

- STD transmissions

Ask

- If you had a dot on your card, how did you feel when you found out what it represented?
- If you were standing by the end of the activity, how did you feel about that?
- Why do you think we did this activity?
- In this activity, why did the STDs spread so quickly?
- How could someone reduce the risk of STDs?

E

Share

- We're going to do this activity again, with a twist.
- We'll see if you can figure out what is different this time.

Collect the 3 cards with dots on them and place them back in the bag. Place the 6 cards with stars on them in the bag. Collect the remaining blank cards. Discard 6 of them, then put the rest in the bag and shake it to mix up the cards. (At this point, the bag should include enough cards for each participant to receive one; 3 should be the ones with dots and 6 should be the ones with stars.)

Repeat the activity with participants drawing cards, shaking hands with 3 other people, then sitting back down.

Once everyone is seated again, share

- Now you can open your cards.
- If you received one of the cards with a dot, please stand up.
- If you shook hands with one of these people, please stand.
- For the people who just stood up, if you have a star on your card, you can sit back down.

Ask

- What do you think the stars stand for?

If participants do not identify the following, add

- The stars represent correctly using STD protection, such as a condom or dental dam.
- Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids.

Share

- If you shook hands with someone who is still standing, please stand up as well.
- If you have a star on your card, you can sit back down.
- Take a look around at how many people are sitting versus standing.

R/D

Have all participants sit back down and ask

- What did this second round show us about the spread of STDs?
- If you had a dot on your card, how did you feel when you saw it?
- If you had a star on your card, how did you feel when you found out what it represented?

A

Ask

- In real life, how might it feel for someone to find out they have an STD?
- How do you think it would feel to talk to a partner about having an STD?
- How might a partner feel about it?
- Do you think teens your age think about STDs when deciding whether to remain abstinent or engage in sexual activity? Why/why not?
- Why might a teen who is sexually active not use protection?
- Do you think more knowledge about STDs would affect teens' decisions? Why/why not?
- What will you remember about this activity?

Extension

Spend additional time using the *"True Or False?" Facilitation Strategy*, adding statements from the "True Or False? Statements & Answers" Facilitator Resources from "STD Basketball" (LAM-HW-I4) and/or "Understanding and Talking About STDs" (LAM-HW-A5).

True Or False? Statements & Answers

Instructions

- Use the “True Or False?” Facilitation Strategy with these statements.
-

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.

People who are sexually active should be tested regularly for STDs. (TRUE)

- Anyone who is sexually active should be tested regularly for STDs.
- Many STDs are curable and all are treatable.

People who are sexually active should only get tested for STDs if they have symptoms of an STD. (FALSE)

- People who are sexually active should be tested regularly, even if no symptoms are present.
- If symptoms occur, they should be tested as soon as possible.

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.

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!

If a person has had an STD once, they can’t get it again. (FALSE)

- For many STDs, including gonorrhea, chlamydia and trichomoniasis, a person can be treated and cured, then get it again.
- If someone 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 health care provider writes a prescription or provides medication for a partner as well.

STD Overview Chart

Instructions

- This chart includes information about Sexually Transmitted Diseases (STDs) and is provided as a resource to answer questions and support discussion as appropriate. It is not necessary that all information from this chart be shared.
- Encourage participants to discuss STD risk, protection, testing and treatment with a healthcare provider.
- For more information, see <https://www.cdc.gov/std/default.htm>

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Bacterial Vaginosis (BV) <i>Bacteria</i>	BV is an imbalance of helpful and harmful bacteria in the vagina; infection typically occurs in sexually active females	• Thin white or gray vaginal discharge • Pain, itching or burning inside or outside the vagina and during urination • Strong fish-like odor	Yes	Antibiotics	• Increases risk of other STDs • Pelvic inflammatory disease • During pregnancy, associated with preterm labor risks and low birth weight	• Abstinence • Monogamy between uninfected partners • Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable • Not douching
Chlamydia <i>Bacteria</i>	Transmitted by semen, vaginal fluids, anal fluids Contracted by having unprotected vaginal, anal or oral sex with someone who has it	• Individuals often do not notice symptoms • Discharge from vagina, penis or anus • Burning during urination	Yes	Antibiotics	• Pelvic inflammatory disease • Infertility or ectopic pregnancy • Long-term pelvic pain • Epididymitis (infection of the testicles) • Increased risk of contracting HIV	• Abstinence • Monogamy between uninfected partners • Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Genital Herpes <i>Virus</i>	Transmitted by contact with sores/ secretions and/or semen, vaginal fluids, anal fluids Contracted by having vaginal, anal or oral sex with someone who has the virus (even if that person has no visible sores); can be passed to a baby during pregnancy or childbirth	• Individuals often do not notice symptoms • Painful blisters on genitals, mouth and face	No	Virus stays in the body; Managed with antiviral medication if needed	• Severe and painful genital sores • If someone touches the sores or the fluids from the sores, they may transfer herpes to another part of the body such as the eyes	• Abstinence • Monogamy between uninfected partners • Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable
Gonorrhea <i>Bacteria</i>	Transmitted by semen, vaginal fluids, anal fluids Contracted by having unprotected vaginal, anal or oral sex with someone who has it; can be passed to a baby during childbirth	• Individuals may not notice symptoms • Discharge from the vagina, penis or anus • Burning during urination • Symptoms of rectal infection may include discharge, itching, soreness, bleeding and painful bowel movements	Yes	Antibiotics	• Pelvic inflammatory disease • Epididymitis (infection of the testicles)	• Abstinence • Monogamy between uninfected partners • Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Hepatitis A <i>Virus</i>	Transmitted by fecal matter Contracted by ingestion of infected fecal matter or ingestion of contaminated food or water	- Individuals often do not notice symptoms - Nausea, loss of appetite, fever, jaundice, fatigue, dark urine, clay-colored stool	Yes	No treatment; Virus clears from the body on its own	- Symptoms may come back after they have resolved - In rare cases, hospitalization is required for liver failure	- Immunization - Abstinence - Monogamy between uninfected partners - Avoid contaminated food or water (typically from countries with poor sanitation)
Hepatitis B <i>Virus</i>	Transmitted by blood, semen, vaginal fluids, anal fluids Contracted when body fluid infected with the virus enters the body of a person who is not infected	- Individuals often do not notice symptoms - Nausea, loss of appetite, fever, jaundice, fatigue, dark urine, clay-colored stool	Yes	No treatment; Virus may stay in the body or clear on its own	- In chronic carriers, liver scarring can occur over time - Increased risk of liver cancer - In rare cases, liver failure and death	- Immunization - Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable - Do not use items that may have come into contact with an infected person's blood, including needles, syringes or other personal items

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Hepatitis C <i>Virus</i>	Transmitted by blood, semen, vaginal fluids, anal fluids Contracted when body fluid infected with the virus enters the body of a person who is not infected	- Individuals often do not notice symptoms - Nausea, loss of appetite, fever, jaundice, fatigue, dark urine, clay-colored stool	Yes	Antivirals; Virus may stay in the body or clear on its own. Treatment can cure about 70% of those treated	- Cirrhosis - Liver cancer - Need for a liver transplant	- Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable - Do not use items that may have had contact with an infected person's blood, including needles, syringes or other personal items - Do not get tattoos or body piercings from an unlicensed facility
Human Immunodeficiency Virus (HIV) <i>Virus</i>	Only certain body fluids—blood, semen, pre-ejaculatory, vaginal and anal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis and mouth.	- Individuals often do not notice symptoms - Flu-like illness, swollen lymph nodes, skin rash, mouth ulcers	No	Virus stays in the body; Can be managed with medication	- Increased risk of infections or cancers that rarely occur in people with healthy immune systems - May lead to AIDS which is the final stage of HIV infection; not everyone with HIV gets AIDS	- Abstinence - Monogamy between uninfected partners - Get tested for STDs, as other STDs can increase the risk of contracting HIV - Do not share medical or drug-related equipment such as needles - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable - Pre-Exposure Prophylaxis (PrEP) is a daily preventative pill to prevent HIV contraction - Post-Exposure Prophylaxis (PEP) is an emergency antiretroviral pill taken after potentially being exposed to prevent becoming infected

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Human Papilloma-virus (HPV) <i>Virus</i>	Transmitted by semen, vaginal fluids, anal fluids Contracted by close skin-to-skin contact and/or having vaginal, anal or oral sex with someone who has it	- Individuals often do not notice symptoms - Painless bumps around genitals or buttocks - Genital warts - Cancer	No	Visual warts may be treated; More than 80% of HPV infections will clear on their own in 24 months	Cervix, penis, vulva, anus and throat cancer (cervical cancer is the most likely). These cancers can be treated if detected early.	- Immunization with HPV vaccine prevents some HPV strains. The vaccine is available for males and females. - Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable
Molluscum Contagiosum <i>Virus</i>	Transmitted by skin-to-skin contact with a lesion Contracted by intimate contact and/or sharing clothes, bedding, towels or personal items	Small, firm, painless pink, white or flesh colored bumps with a dimple or pit in the center	Yes	Topical or oral medication; Physical removal of lesions; In healthy individuals lesions may clear over time	Bumps can become irritated, red and infected	- Abstinence - Monogamy between uninfected partners - Good hygiene habits such as hand washing - Avoid skin-to-skin contact with an infected person or with items such as clothing, bedding, towels or personal items used by an infected person

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Pelvic Inflammatory Disease (PID) <i>Bacteria</i>	Transmitted by certain bacteria moving from vagina to reproductive organs Contracted by having unprotected vaginal, anal or oral sex with someone who has bacteria present IUD insertion has been associated with a small increase in risk of PID, especially if gonorrhea or chlamydia infection is present. Risk is limited to the first 3 weeks after insertion and decreased by checking for gonorrhea and chlamydia and treating if present.	- Fever or chills, nausea or vomiting, lower back and/or abdominal pain - Need to urinate more often - Abnormal bleeding, spotting between periods or fluid from the vagina	Yes	Antibiotics	- Ongoing pelvic pain - Infertility - Increased chance of tubal pregnancy - Recurrent PID - Complications affecting the liver	- Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable - Get tested for STDs; treat STDs as early as possible
Pubic Lice (Crabs) <i>Parasite</i>	Transmitted by contact with the parasite Contracted by intimate contact and/or sharing clothes, bedding, towels or personal items	- Genital itching - Lice in and around pubic hair	Yes	Lotion or cream rinse; Wash all clothes and bedding; Vacuum mattresses	Scratching can lead to skin infections	- Abstinence - Monogamy between uninfected partners - Avoid skin-to-skin contact with an infested person or with items such as clothing, bedding, towels or personal items used by an infested person

STD + Type	How It's Transmitted/ Contracted	Common Symptoms	Cure-able?	Treatment	Possible Complications	Prevention
Scabies <i>Parasite</i>	Transmitted by contact with the parasite Contracted by intimate contact and/or sharing clothes, bedding, towels or personal items	- Itchiness (especially at night) - A pimple-like, itchy rash	Yes	Lotion or cream; Wash all clothes and bedding; Vacuum mattresses	Scratching can lead to skin infections	- Abstinence - Monogamy between uninfected partners - Avoid skin-to-skin contact with an infested person or with items such as clothing, bedding, towels or personal items used by an infested person
Syphilis <i>Bacteria</i>	Transmitted by fluids from a syphilis lesion Contracted by direct contact with a syphilis sore during vaginal, anal or oral sex; can be passed to an unborn baby	- Individuals often do not notice symptoms - Sores at the site of infection (genitals, anus, rectum, in/around mouth), skin rash, swollen lymph nodes, fever, severe medical problems	Yes	Antibiotics	- Damage to brain, heart and other organs - Infection of the central nervous system - Pregnancies can result in stillbirth, preterm birth and abnormalities	- Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable
Trichomoniasis <i>Parasite</i>	Transmitted by semen, vaginal fluids, anal fluids Contracted by having unprotected vaginal, anal or oral sex with someone who has it	- About 70% of infected people do not have any signs or symptoms - Vaginal discharge - Pain or burning during urination and/or sex	Yes	Antibiotics	- Increased risk of pelvic infection or other STDs - Lower sperm count - During pregnancy, can cause premature birth or low birth weight	- Abstinence - Monogamy between uninfected partners - Consistent, correct use of latex, polyurethane or polyisoprene condoms or dental dams as applicable

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.

