Nu-CULTURE

Cultivating Urban Leaders Through
Unique Relationship Education

8th Grade Curriculum

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Unique Relationship Education

A Healthy Futures Holistic Relationship Education Curriculum for Teens

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Healthy Futures
www.healthy-futures.org

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Introduction

Healthy Futures

Healthy Futures is an age-appropriate program framed on the social ecological model, which posits that lasting changes in health behaviors require not only increased knowledge and skills at the individual level but also supportive physical and social systems. The main component is a classroom-based relationship education curriculum, Nu-CULTURE, offered in 6th, 7th, and 8th grade for eight 50-minute sessions each year. The Healthy Futures program has been revised from an abstinence-only program to now emphasize delay of sexual initiation, with added components on safer sex practices for reducing sexually transmitted infections and pregnancy.

Nu-CULTURE

Nu-CULTURE (pronounced "new culture") is the classroom education component of the Healthy Futures approach described above. Dedicated to **C**ultivating **U**rban **L**eaders **T**hrough **U**nique **R**elationship **E**ducation, this program provides youth with the tools and resources needed to make and maintain healthy choices and be positive role models in their communities.

Nu-CULTURE is designed for youth in 6th, 7th, and 8th grades, and includes the following:

1) Twenty-four 50-minute sessions delivered over three years (8 sessions each year).
2) Curriculum for mixed gender groups of 20-40 participants.
3) Use of participatory activities including small group activities, role-playing, and audiovisual materials.

Goals

The goals of Nu-CULTURE are to:

1) Influence attitudes, behavioral and normative beliefs, and self-efficacy regarding healthy relationship choices and risk-reduction behaviors by creating an environment where healthy choices are supported by peers and family.
2) Strengthen beliefs about the benefits of delaying sexual activity.
3) Increase intentions to delay sexual activity.
4) Develop leaders to be positive role models.

Nu-CULTURE addresses three key areas: 1) human anatomy and physiology, 2) life skills, and 3) relationships. The curriculum emphasizes increasing skills and self-efficacy in communication and refusal skills through age-appropriate, medically accurate information about pregnancy prevention, sexually transmitted infections, and sexual abuse.

Nu-CULTURE Logic Model

The goals of Nu-CULTURE are to:

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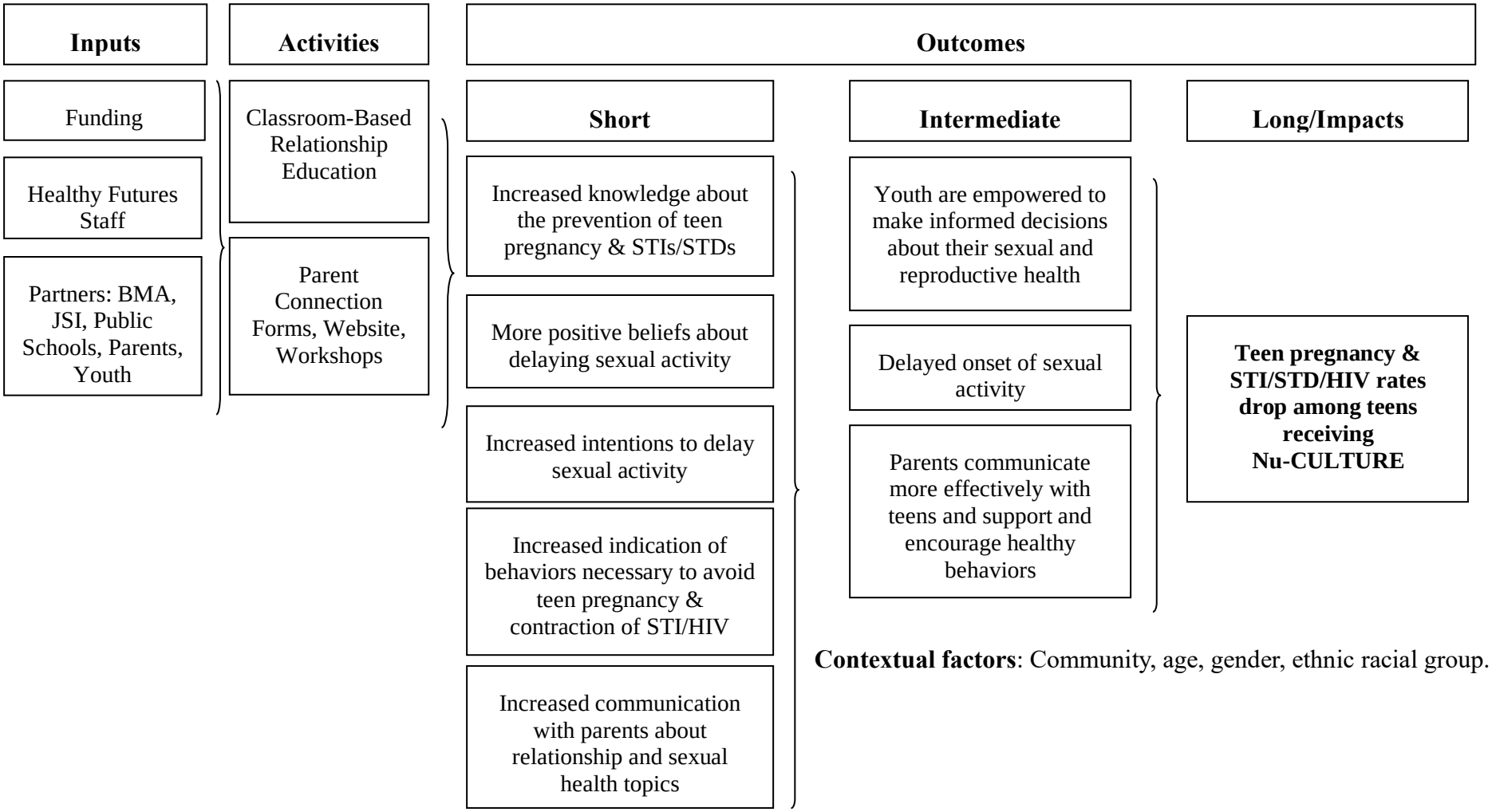

Theoretical Models Used in Nu-CULTURE

The ability of youth to make healthy relationship choices depends on information, perceived risk and vulnerability, and the self-efficacy to practice abstinence or utilize effective contraceptive methods (e.g., condoms). Healthy choices are the result of individual, interpersonal, organizational, and community-level influences. Additionally, youth must learn and develop relationship skills and confidence in their capabilities to effectively weigh the potential benefits and consequences of their choices. For these reasons, Nu-CULTURE is based on the Social Ecological Model [1] and Social Learning Theory.[2, 3]

Social Ecological Model

The Social Ecological Model suggests that changes in individual behavior result from influences at the individual, interpersonal, organizational, and community levels. The model recognizes that lasting changes in health behaviors require physical environments and social systems that support positive lifestyle habits. Accordingly, Nu-CULTURE includes activities that influence individual attitudes (classroom activities), interpersonal behavior (classroom activities and parent connection forms), organizational knowledge and support (resources for schools), and community knowledge and support (parent connection forms, parent education programs, and new media resources).

Social Learning Theory

Social Learning Theory states that human behaviors are the result of three interacting factors, mediated by contingencies of reinforcement and observational learning:

1) Pre-existing behaviors
2) Cognitive, affective, and biologic internal events
3) External events within the environment

Accordingly, Nu-CULTURE includes four components directed at changing or strengthening each of these interacting factors:

1) Informational, to increase awareness and knowledge of health risks of sex during adolescence and the benefits of delaying sex
2) Social and self-regulatory skills, to teach youth how to translate knowledge into effective action, through observations of role models
3) Skill enhancement and resilience self-efficacy, opportunities to practice healthy skills and bolster beliefs in one's capability to effect change, such as role-playing
4) Social supports for personal change, to provide a broad network of social supports, such as health educators, peers, teachers, and parents

Nu-CULTURE Core Components

1) Incorporating the Healthy Futures message of "The choices you make NOW will affect you LATER" throughout the program.
2) Implementing 24 50-minute lessons over three years (6th, 7th, 8th grade).
3) Building participants' skills and self-efficacy to effectively weigh the benefits and consequences of their choices.
4) Incorporating activities that increase knowledge and influence positive attitudes, beliefs, and self-efficacy to prepare teens for making healthy choices regarding relationships and sexual activity.
5) Using age-appropriate and medically accurate materials and activities.

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[1] McLeroy KR, Bibeau D, Steckler A, Glanz K. An Ecological Perspective on Health Promotion Programs. Health Education Quarterly 1988;15:351-77.
[2] Bandura A. Social Cognitive Theory and Exercise of Control Over HIV Infection. In: DiClemente RJ, Peterson JL, eds. Preventing AIDS: Theories and Methods of Behavioral Interventions. New York: Plenum Press; 1994:25-29.
[3] Carter-Jessop L, Franklin LN, Heath JW, Jr., Jimenez-Irizarry G, Peace MD. Abstinence Education for Urban Youth. J Community Health. Aug 2000;25(4)293-304.

6) Delivering high quality, participatory, and interactive sessions.
7) Engaging parents and guardians via distribution of daily parent connection forms.

These seven **Core Components** must be maintained with fidelity to ensure the effectiveness of the program. A fidelity checklist is included in each implementation guide. Fidelity means conducting a program by following the **Core Components**, protocols, procedures, and content set by the research study that determined its effectiveness. While the **Core Components** cannot be changed, agencies can make adaptations to make the program appropriate for their setting or community. Appropriate adaptations for activities and delivery methods are discussed in detail in the **Nu-CULTURE Adaptation Guide**.

CREATING SAFE SPACES

A Facilitator's Guide to Trauma-Informed Programming for Youth in Optimal Health Programs

FYSB Family & Youth Services Bureau

Introduction

Pre-Implementation Checklist

Implementation Checklist

Post-Implementation Checklist

References and Resources

INTRODUCTION

This guide complements an organization-wide, trauma-informed approach.

Programs that teach young people about personal responsibility, self-regulation, goal setting, forming healthy relationships, and healthy decision making can help them achieve optimal health. When such programs are delivered in a trauma-informed way, participants feel safe and supported and are more likely to remain engaged in program activities. This guide to trauma-informed programming is for facilitators who deliver school- and community-based or one-on-one optimal health programs to young people.

Using a trauma-informed approach requires ongoing attention, awareness, and sensitivity to program participants. This approach also requires an organizational-level commitment to be successful, as many strategies for incorporating a trauma-informed approach rely on organizational-level policies and procedures for success. This guide is for facilitators who work directly with youth and is intended to complement other activities, policies, and procedures that support this approach.

What Is Trauma?

Trauma refers to experiences that cause intense physical and psychological stress reactions. Specifically, trauma is defined as something that results from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (SAMHSA, 2014).

Trauma can result from physical, psychological, or sexual abuse; neglect; family violence; grief from the death of a loved one or other loss; a natural disaster, pandemic, or war; or other emotional experiences. People of any age, gender, race, ethnicity, geography, or socioeconomic status can experience trauma. It is also important to recognize the historical and intergenerational trauma sometimes experienced by populations that have a history of being systematically oppressed. Likewise, high rates of trauma may exist among refugee families affected by war or persecution. Studies show that adverse childhood experiences (ACEs), including traumatic events, can have long-lasting health effects (Felitti et al., 1998; Sacks et al., 2014).

What Is a Trauma-Informed Approach?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as one that is based on the knowledge and understanding of trauma and its far-reaching implications. A trauma-informed approach is grounded in four key assumptions known as the "four Rs" (SAMHSA, 2014), which specify that a program, organization, or system is trauma-informed:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery.
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the program, organization or system.
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
4. **Resists** re-traumatization.

SAMHSA also establishes the following six key principles of a trauma-informed approach (SAMHSA, 2014):

1. **Safety**
2. **Trustworthiness and Transparency**
3. **Peer Support**
4. **Collaboration and Mutuality**
5. **Empowerment, Voice, and Choice**
6. **Cultural, Historical, and Gender Issues**

Organizations that use a trauma-informed approach in their work apply these principles across their organizations. It is important for program facilitators to consider how these principles can be actualized during program implementation. For example, they can begin to develop trust and transparency with youth by establishing ground rules at the beginning of the program and reinforcing them in their sessions. Engaging program participants in the development of these ground rules can increase collaboration, empowerment, and voice. Being clear about mandatory reporting requirements for child abuse and neglect is also important for developing trust and transparency so that youth understand what kinds of information facilitators are required to report (Child Welfare Information Gateway, 2014).

Facilitators of curricula that aim to delay the onset of sexual activity and prevent pregnancy and sexually transmitted infections especially will need to carefully frame discussions and avoid language that may trigger survivors of sexual trauma. Being sensitive to participants' experiences with trauma will help create a safe environment for them to learn. Knowing the behavioral indicators of trauma will prevent you from engaging in any activities or disciplinary techniques (e.g., punitive measures that deprive participants of a sense of control) that may trigger or re-traumatize a participant. It will also help you to find ways to empower participants so they are better able to manage their feelings and focus on the content of your lessons.

Effects of Trauma

Trauma can significantly affect adolescents' bodies, brains, emotions, and behaviors (see Table 1). The checklists in this guide include programmatic considerations to help you address the effects of trauma that may impact a participant's ability to fully benefit from your sessions. Not all youth who exhibit these behaviors have necessarily experienced trauma; however, all youth exhibiting these types of behaviors will benefit from a trauma-informed approach.

Table 1

Trauma May Affect	In These Ways	Programmatic Considerations
Bodies	• Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)	• Offer a safe space for participants to calm down and relax. • Consider alternative program strategies if there are chronic absences.
Brains (Thinking)	• Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another	• Offer ample instructional time and varied instructional methods, including hands-on activities and activities involving multiple senses. • Consider ways to assess learning beyond memorization. For example, you could have students create a skit, video, or other product to show they have learned the concepts.
Emotions (Feeling)	• Low self-esteem • Feeling unsafe; feeling intense fear • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Feeling hopeless • Depression, anxiety	• Establish group ground rules to create a safe environment. • Offer space for participants to leave the group and take care of their own needs if necessary. • Avoid assumptions that it will be easy for participants to talk with peers or adults about sensitive topics. • Understand that it will take time to build trust with participants.
Behaviors (Acting)	• Being hypervigilant (constantly tense and on guard) • Having frequent nightmares and/or sleeplessness (leading to tiredness during the day) • Constantly recounting a traumatic event or denying that it happened • Wanting to leave the room (which could signal discomfort with content) • Appearing disengaged with the lesson (which could be a defense mechanism) • Lack of impulse control • Fighting, aggression • Engaging in other risk-taking behaviors, including running away, getting in trouble with the law, or acting out in class • Abusing substances • Expressing suicidal thoughts or attempting suicide	• Seek support from a licensed mental health professional or social worker if behavioral issues are a challenge.

Source: Child Welfare Information Gateway, 2014

How to Use This Guide

On the following pages, you will find the following three checklists:

Pre-Implementation Checklist

Use this checklist to prepare for program implementation.

This checklist should be completed before each series of sessions with a new group of students. It will help you to review the curriculum, assess the program environment, and identify trauma-specific student needs or challenges to consider. Some changes (e.g., modifying a curriculum component) may require meeting with your supervisor/program director before implementation.

Implementation Checklist

Use this checklist during program implementation.

This checklist will serve as a reminder of steps to take during each session to ensure that participants feel comfortable and prevent triggering or re-traumatization. When possible, either between sessions or at the end of the day, note any concerns you have about your group or any specific challenges you have encountered.

Post-Implementation Checklist

Use this checklist after program implementation.

Use this checklist to reflect on program implementation and plan improvements in your trauma-informed approach for the next cycle of program implementation.

These checklists should complement other training and activities that build on the skills and expertise of facilitators and enable your organization to use a trauma-informed approach.

PRE-IMPLEMENTATION CHECKLIST

As a facilitator, there are several activities that you can complete to increase the responsiveness of your programming to the needs of participants who have experienced trauma. Use this checklist to determine if and when these activities have been completed and note any challenges or considerations for each activity. For example, make a note if you are not allowed to make program adaptations.

Class Description:	Session Dates:

Trauma-Informed Approach Activity	Date Completed	Notes
Review the curriculum and identify any potential triggers for survivors of trauma. Pay particular attention to language that may re-victimize participants. This step should be repeated each time the curriculum is revised. For example: Language that implies that sexual experiences make a person dirty, damaged, "used up," irresponsible, or unable to bond with future partners could be triggering for survivors. Language that implies that previous traumatic sexual experiences could have been avoided or that all trauma can be prevented may make survivors think the abuse was their fault.		
Consider making adaptations to address anything in the curriculum that may upset a trauma survivor. Be sure you have approval from your program director and/or curriculum developer to make adaptations if required (Family and Youth Services Bureau, n.d.).		
Meet with the classroom teachers, school counselors, and/or after-school or community-based organization program directors to learn more about any publicly available information about events that have occurred at school or in the community that could affect students' reactions to the content of your sessions.		
If possible, get in touch with participants and their families before the program to introduce yourself and develop a rapport with them. You can do so by sending a text or email or by visiting the classroom where students are based to say hello.		

Trauma-Informed Approach Activity	Date Completed	Notes
Visit the space where the program will be implemented and ensure that it is an environment that is as comfortable and accommodating as possible for all participants. Simple ways to enhance the space may include • asking the classroom teacher or organization representative if you can rearrange the tables and chairs; • providing coloring materials or other items that participants can manipulate during the session; • bringing program-specific posters or signs to personalize the space; or • bringing a small speaker to play music at the beginning or end of a session.		
Develop a plan for how to respond if a participant has a negative reaction to the content and needs support. This could include the following options: • Designate spaces in and outside of the room for participants to go if they feel upset and need to take a break. Ensure you are following site-specific policies about allowing students to leave the room and that supervision will be provided. • Have an experienced adult on hand, such as a mental health professional, to support students and help them get any help they might need.		
Develop a list of community-specific referrals to distribute to participants and their caregivers. Use this template to create a list for your community. Use this template to create a version that can be folded into a pocket guide.		
Speak with your supervisor/program director to discuss any anticipated challenges with regard to trauma and ensure that you have the necessary training and resources based on your role.		

Additional Notes:

IMPLEMENTATION CHECKLIST

Class Description:	Session Dates:

Trauma-Informed Approach Activity	Notes *(e.g., concerns about your group or specific challenges encountered)*
Welcome each participant as they arrive or greet the group at the beginning of the session (if you are entering an existing group).	
Work with program participants to establish "group agreements," which should provide for the physical and emotional safety and confidentiality of all participants. Review the agreements at the beginning of each session. Common group agreements include the following: • Keep all discussions confidential (within the group only). • Step up/step back (i.e., encourage people who do not often participate to contribute and those who often contribute to listen). • Take a break when needed. • Respect others' opinions and refrain from criticizing others.	
Provide an explanation for all program rules and requests. For example: If you are conducting a pre-session survey with participants, let them know why the survey is important and how the information will be used. Let participants know about mandatory reporting requirements for child abuse and neglect and why these are important.	
Provide warm, nonjudgmental, empathetic, and genuine interactions at all times. Strategies may include asking and remembering participants' names; taking events that have occurred in the community or school into account when teaching a lesson; and avoiding the use of language that criticizes, blames, or judges. This also means remembering and recognizing that all youth have strengths and resources that can be shared and learned about.	
Provide an opportunity for participants to share their stories and insights and allow all youth to be heard during the program.	

Trauma-Informed Approach Activity	Notes *(e.g., concerns about your group, specific challenges encountered)*
Use an anonymous system (e.g., shoe box with slot, free version of Poll Everywhere app [2020]) to elicit questions from participants who might be concerned about confidentiality. If you use a question box, give each student a slip of paper at the beginning of each session and ask them to place their slips in the box at the end of the session, regardless of whether they wrote a question or comment. This will help ensure confidentiality.	
Provide youth with relevant information about mandatory reporting of child abuse and neglect.	
If classroom behavior is disruptive or students are not engaged, determine if it is a recurring challenge or one-time occurrence. Explore potential root causes for the issue (e.g., a particular lesson plan, something that happened in the school or community that day, a challenge among the participants in the group because of interactions outside of the group). If necessary, check in with the school social worker or site director. Try new strategies, such as incorporating movement into the session, providing an opportunity for different participants to lead different aspects of the session, or providing an opportunity for youth input (e.g., through stories, spoken word, or visual media).	
Ensure that youth are able to step away during implementation if needed (see instructions on designating a place they can go where there is supervision in your Pre-Implementation Checklist).	
Have support staff (e.g., counselors, social workers) ready and available in case they are needed during the session, particularly if you are covering topics that may trigger youth.	
Share your list of national hotline numbers and community-specific referrals with all participants at the beginning of the session. You can also post hotline numbers on the board or in the Chat function of your videoconferencing platform. Use your primary form of communication with parents to provide them with access to all hotline numbers and community referrals as well. Follow up on specific referrals you make if needed. If a student shares information indicating that they or another minor may be experiencing abuse or neglect, be sure to follow your agency's protocols for reporting your concern to the appropriate authorities. Provide a complete, honest account of what you observed that led you to suspect abuse or neglect.	

Additional Notes:

POST-IMPLEMENTATION CHECKLIST

Class Description:	Session Dates:

Trauma-Informed Approach Activity	Date Completed	Notes
If your session is virtual, be aware that students may be dealing with additional challenges relating to their home lives while learning remotely. Privacy may be limited, and they may be uncomfortable sharing information that they might otherwise share in an in-person discussion. If you are concerned about a participant's safety, reach out and help the participant connect with a trusted adult or counselor and be sure to follow mandatory reporting requirements for child abuse and neglect.		
Seek additional training for challenges related to trauma that came up during program implementation.		
Revisit your list of referral resources and ensure that they remain appropriate and current, updating with additional resources as needed. If you receive feedback from participants about particular referral sources, take that into account when you revise your list.		
Review organizational resources for secondary traumatic stress and personal coping strategies to address it. Secondary traumatic stress disorder can happen to service providers who work with people who have been traumatized. Service providers can experience cognitive, behavioral, emotional, and physical symptoms from this disorder (Administration for Children & Families, n.d.).		
Revisit curriculum notes to determine if additional adaptations are necessary to decrease the potential for re-victimization of program participants.		

Additional Notes:

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Administration for Children & Families. (n.d.). Secondary traumatic stress toolkit. Available from https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress

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Resources

The following resources, available on the Exchange, may help you incorporate a trauma-informed approach into your work:

- Sex Trafficking and Adolescents: What Adults Need to Know training
- Closing the Loop: Developing Effective Referral Networks for Youth webinar

FYSB Family & Youth Services Bureau

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Table of Contents

8th Grade Curriculum Outline

Session 8.1: (Re-) Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs ..... Page 8.1-1
Session 8.2: Puberty, Pregnancy, and Abstinence ..... Page 8.2-1
Session 8.3: Contraception ..... Page 8.3-1
Session 8.4: Sexually Transmitted Infections (STIs) ..... Page 8.4-1
Session 8.5: Emotional Needs and Bonding ..... Page 8.5-1
Session 8.6: Healthy and Unhealthy Relationships ..... Page 8.6-1
Session 8.7: Peer Pressure and Avoiding Risky Behavior ..... Page 8.7-1
Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned ..... Page 8.8-1

Appendix A: Notification Letters
Passive Notification Letter
Active Notification Letter

Appendix B: Handouts
Activity 8.1.4: Goals and Dreams
Activity 8.3.2A: Contraception
Activity 8.3.2B: Contraception Methods Brochure
Activity 8.5.2: Emotional Needs
Activity 8.6.2: Characteristics of Healthy and Unhealthy Relationships
Activity 8.6.3: All Falls Down
Activity 8.7.4: Refusal Skills
Activity 8.8.2: Sex and the Law

Appendix C: Parent Connection Forms
Parent Connection Form Session 8.1: Goals and Dreams, Healthy Relationships, and Emotional Needs
Parent Connection Form Session 8.2: Puberty, Pregnancy, and Abstinence
Parent Connection Form Session 8.3: Contraception
Parent Connection Form Session 8.4: Sexually Transmitted Infections (STIs)
Parent Connection Form Session 8.5: Emotional Needs and Bonding
Parent Connection Form Session 8.6: Healthy and Unhealthy Relationships
Parent Connection Form Session 8.7: Peer Pressure and Avoiding Risky Behavior
Parent Connection Form Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

Appendix D: Feedback Forms
Teacher Feedback Form
Participant Feedback Form

Table of Contents

Appendix E: State and National Standards

Appendix F: Fidelity Checklists

Appendix G: Adaptation Guidance

Appendix H: Optional Activities - Optimal Health Supplements
Session 8.3: Contraception Optimal Health Supplement
Activity 8.3.2: Contraception Optimal Health PowerPoint
Activity 8.4.3: Sexually Transmitted Infections (STIs) Optimal Health PowerPoint

Physical Classroom Tools
Activity 8.1.2: Rights and Responsibilities Cards
Activity 8.2.3: Pregnancy Scramble Game Cards
Activity 8.3.2: A, B, C Cards
Activity 8.8.4: Wheel and The Big 3 Review Game Cards

Electronic Classroom Tools (On DVD/Flash Drive)
Activity 8.1.7: Train Track Activity PowerPoint
Activity 8.2.2: Changes in Puberty PowerPoint
Activity 8.2.3: Pregnancy PowerPoint
Activity 8.3.2: Contraception PowerPoint
Activity 8.4.3: Sexually Transmitted Infections (STIs) PowerPoint
Activity 8.6.2: Conversations PowerPoint
Activity 8.7.2: Delayed Gratification Video
Activity 8.7.3: Limits PowerPoint
Activity 8.8.2: Sex and the Law PowerPoint
Activity 8.8.3: Advertising – What are they Really Trying to Sell? PowerPoint Template
Activity 8.8.5: "Wait" Music Video by Lukus Simari
Session 8.1: Big 3 Review Video - Goals and Dreams, Healthy Relationships, and Emotional Needs
Session 8.2: Big 3 Review Video – Puberty, Pregnancy, and Abstinence
Session 8.3: Big 3 Review Video – Contraception
Session 8.4: Big 3 Review Video – Sexually Transmitted Infections (STIs)
Session 8.5: Big 3 Review Video – Emotional Needs and Bonding
Session 8.6: Big 3 Review Video – Healthy and Unhealthy Relationships
Session 8.7: Big 3 Review Video – Peer Pressure and Avoiding Risky Behavior
Session 8.8: Big 3 Review Video – Sex and the Law, Media Influences, Review Topics and Discussed Lessons Learned

Classroom Tools to Purchase Separately
Question Bag
Candies
3x5 Index Cards for Question Cards
Construction Hearts
Yard Stick
Plastic eggs
All Falls Down Video [Available for purchase from ETR pub.etr.org]

8th Grade Curriculum OUTLINE

Session 8.1

(Re-) Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs

- Activity 8.1.1 (Re-) Introduction to Healthy Futures
- Activity 8.1.2 Group Rights and Responsibilities
- Activity 8.1.3 Yard Stick Activity
- Activity 8.1.4 Goals and Dreams
- Activity 8.1.5 Healthy Relationships
- Activity 8.1.6 Emotional Needs Review
- Activity 8.1.7 Train Track Activity
- Activity 8.1.8 Conclusion and Wrap Up

Session 8.2

Puberty, Pregnancy, and Abstinence

- Activity 8.2.1 Review Session 8.1
- Activity 8.2.2 Puberty Review
- Activity 8.2.3 Pregnancy Review
- Activity 8.2.4 Egg Activity
- Activity 8.2.5 Abstinence Review
- Activity 8.2.6 Conclusion and Wrap Up

Session 8.3

Contraception

- Activity 8.3.1 Review Session 8.2
- Activity 8.3.2 Contraception
- Activity 8.3.3 Conclusion and Wrap Up

8th Grade Curriculum OUTLINE

Session 8.4

Sexually Transmitted Infections (STIs)

- Activity 8.4.1 — Review Sessions 8.1-8.3
- Activity 8.4.2 — Beads and Bracelet Activity
- Activity 8.4.3 — STIs
- Activity 8.4.4 — Conclusion and Wrap Up

Session 8.5

Emotional Needs and Bonding

- Activity 8.5.1 — Review Session 8.4
- Activity 8.5.2 — Emotional Needs Review
- Activity 8.5.3 — Emotional Need Posters
- Activity 8.5.4 — Hearts Activity (Bonding)
- Activity 8.5.5 — Healthy Ways to Meet Emotional Needs
- Activity 8.5.6 — Conclusion and Wrap Up

Session 8.6

Healthy and Unhealthy Relationships

- Activity 8.6.1 — Review Session 8.5
- Activity 8.6.2 — Characteristics of Healthy and Unhealthy Relationships
- Activity 8.6.3 — All Falls Down Video
- Activity 8.6.4 — Conclusion and Wrap Up

8th Grade Curriculum OUTLINE

Session 8.7

Peer Pressure and Avoiding Risky Behavior

- Activity 8.7.1 Review Session 8.6
- Activity 8.7.2 Self-Control
- Activity 8.7.3 Setting Limits
- Activity 8.7.4 Refusal and Negotiation Skills
- Activity 8.7.5 Conclusion and Wrap Up

Session 8.8

Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

- Activity 8.8.1 Review Session 8.7
- Activity 8.8.2 Sex and the Law
- Activity 8.8.3 Media Influence
- Activity 8.8.4 The Big 3 Review Game
- Activity 8.8.5 “Wait” Music Video
- Activity 8.8.6 Conclusion and Wrap Up

Session 8.1

(Re-) Introduction to Healthy Futures,
Goals and Dreams, Healthy Relationships,
and Emotional Needs

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Session 8.1

(Re-) Introduction to Healthy Futures; Goals and Dreams; Healthy Relationships; and Emotional Needs

Session Overview:

1. (Re-) Introduce Healthy Futures.
2. (Re-) Introduce "The choices you make NOW will affect you LATER" slogan and incentive.
3. Establish and post the Group Rights and Responsibilities.
4. Explain and pass out the question cards.
5. Illustrate the importance of focusing on goals and dreams using the Yardstick Activity.
6. Use the Goals & Dreams handout to help participants identify their goals and dreams and what will make it easier or more difficult to achieve their goals and dreams.
7. Identify characteristics of healthy relationships and discuss how relationships can make it easier or harder to achieve their goals and dreams.
8. Review emotional needs and relate it to healthy relationships and choosing to delay sexual activity.
9. Wrap up session.
10. Explain and distribute Parent Connection Form Session 8.1: Goals and Dreams, Healthy Relationships, and Emotional Needs.
11. Optional Unit: Success Sequence Session 8.1

Learning Objectives:

- Participants will understand the ground rules that promote a safe and comfortable learning environment.
- Participants will identify their dreams in life and think practically about how to achieve them.
- Participants will understand the influence relationships have on their lives.
- Participants will understand that the choices they make can have positive or negative consequences.
- Participants will be invited to actively engage in class, which will result in positive consequences.
- Optional Unit: Success Sequence Session 8.1

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later Candy
- Yardstick
- Group Rights and Responsibilities Cards (8.1.2)
- Train Track Activity PowerPoint (8.1.7)
- Big 3 Review Video (Session 8.1)
- Handouts:
  - Goals and Dreams (Handout 8.1.4)
  - Parent Connection Form Session 8.1: Goals and Dreams, Healthy Relationships, and Emotional Needs
- Optional Unit
  - Optional Activity 8.1 Success Sequence
  - Success Sequence Video Session 8.1
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.1 curriculum.
- Review the instructions for establishing Group Rights and Responsibilities.
- Make copies of handouts.
- Gather the question cards and question bag.
- Optional Unit: Success Sequence Session 8.1

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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"The choices you make NOW will affect you LATER"

Educator highlight: Introduce yourself and tell the participants about Healthy Futures and the Nu-CULTURE program. Discuss purpose and goals. Communicate to the participants the fact that you care about all of them, that they are all special, and you want to equip them to have the most opportunities in their future. Explain that many things happen during their teen years that they will have to respond to; they'll have choices to make that can have a big impact on their future. Mention that it can be difficult and complicated to go through this phase of life and we want to prepare them for it as much as possible. Also mention now that they are in 8th grade, they need to start preparing for high school and how to make informed and healthy decisions in that environment.

Educator states:

Good morning/afternoon! I'm _____ and this is my friend _____.

By a show of hands, who in here has ever heard of Healthy Futures? For those of you that haven't, we are an organization that goes to different middle schools and high schools to speak to teens like you about making good choices, especially choices about relationships. When we talk about relationships we mean people who you spend time with including family, friends, and people who may be "more than friends," such as a boyfriend or girlfriend.

You are all 8th graders and you have a lot of choices you're going to be making now and in the future. We are here to talk about your choices and how the choices you make now will influence your life and your future. This is especially true with your choices in relationships.

Healthy Futures is not here to tell you what to do, we are here to share some information with you to help you make healthy choices in your lives. We want to let you know that the choices you make now will impact your future.

Educator highlight: The following activity is an optional activity educators can use to get the participants energized and focused at the beginning of the presentation.

Educator states:
This is something that we want you to remember:

Educator 1 – A healthy choice helps develop a healthy	Educator 2 – Mind!
Educator 1 – A healthy mind helps develop a healthy	Educator 2 – Lifestyle!
Educator 1 – A healthy lifestyle helps develop a healthy	Educator 2 – Future!

Notes:

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Educator states:
Choices are really important and the choices you make now are important to your future. That's why we bring this jar of candy with us to help illustrate that point.

Do you know the message to this candy?

[The choices you make NOW, will affect you LATER!]

Exactly. The choices you make now will definitely affect you later. If you have this message figured out, you have an important part of life figured out.

At Healthy Futures, we like to do a drill to help teens remember this message.
Whenever I say "The choices you make…" you shout out NOW.
Then I shout, "will affect you…" and you shout out LATER!

Let's try it. Notice that I say yell, okay. We want you to be loud. Your teacher said it's okay for us to get a little loud. Are you ready?

The choices you make…NOW will affect you…LATER!

The lessons we teach over the next eight days are interactive so we will be doing that drill together frequently. It's important that you really understand that the choices you make now will definitely affect you later.

We'll be leaving this jar of Now and Laters out every time we meet to remind you of this drill. The choices you make now to participate and listen will determine whether or not your class can have them later.

Notes:

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Educator highlight: Post the Group Rights and Responsibilities cards. Begin by explaining why it is important to discuss Group Rights and Responsibilities and explain each of the points. Next, ask the participants if there are any other suggestions they have to add to the list. Acknowledge and affirm each suggestion. It is important that participants take ownership of this list so that they can take responsibility for their behavior.

Educator states:
In order for us to have a fun time together we need to set up some classroom guidelines. This way everyone gets a chance to participate and have a good time. We call these our "Group Rights and Responsibilities" and they will be our rules for our class.

[Hold up Group Rights and Responsibilities cards and have participants repeat each right after you.]

You have the **right**:

1. **To be heard** – No talking while others are talking.
2. **To express your opinion** – To share your own point of view.
3. **To ask any questions** – No question is too stupid or silly.

[Mention the question cards as a place for asking questions. Do not pass them out yet.]

4. **To be respected** – Respect others as you want them to respect you.
5. **To confidentiality and privacy** – Personal information or situations shared here shouldn't be shared outside of this class.

Are there any other rules/responsibilities you want to add in order to feel more comfortable sharing information and participating in the discussions?

Ok, now that we have discussed how this will be a safe environment, we want to tell you about the question cards. Each of you should have received a question card in your folder. Does everyone have one?

[Hold up a question card and let them know where this should be located in their folder.]

The question bag is available for any participant who does not feel comfortable asking their question in front of the whole class. You can use your question card for this purpose. On the card you should include your initials (unless you would like to remain anonymous), your class section, and school name. The Healthy Futures staff will check these every day and address your questions or concerns during our time together.

Notes:

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Educator states:
By a show of hands, who wants to be successful in life? Did you know that success begins with your choice? Success begins with your choice. Failure also begins with your choice.

To get things started, can I get a volunteer to come up here?

[Ask their name.]

_____ (Volunteer's name) I want you to try and balance this yardstick vertically (up and down) in the palm of your hand. Keep your palm flat and try to do it as long as you can. You can walk around a little bit in this area to try and keep it balanced. There's one condition though: you have to look at the bottom of the yardstick, where it touches your palm. You can't look up, left, or right. Got it? Where are your eyes going to be?

[The bottom of the yardstick.]

Alright, give it a try.

[Give the participant a few tries to balance it this way.]

That didn't work out too well, so we're going to have _____ [Volunteer's name] try it again. This time, keep your eyes on the top of the yardstick and try to balance it as long as you can. Remember to keep your palm flat.

[Give the participant a few tries to balance it this way.]

Alright, give _____ [Volunteer's name] a hand!

Now every time Healthy Futures does an activity, it is an illustration of a point we are trying to make. For those of you watching your classmate, can one of you tell me what we had him/her do?

[Balance the yardstick on his/her hand.]

There were two places I had _____ [Volunteer's name] focus on. Where were they?

[The bottom and the top of the yardstick.]

Which spot made it easier to balance the yardstick?

[Focusing on the top of the yardstick.]

Notes:

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Educator states:
Here's the illustration: In life, if you focus on the top, which represents your goals and your dreams, it will be easier to balance the things in your life and make it easier to reach your goals and dreams.

Your classmate had a hard time balancing the yardstick by focusing on the bottom. The same is true in life. If you focus on the bottom, which represents your everyday problems/issues/drama it will make life a lot more difficult. For example, if you have trouble at home, at school, or with a boyfriend or girlfriend and that is all you focus on, it will be hard to balance those things with your future goals and dreams. This is why we encourage you to stay focused on top: Your goals and dreams. There's an important quote that I want you to hear: "Obstacles are the things that I see when I take my eyes off my goals."

If you're not focusing on your goals and dreams, what do you think you're focusing on?

[Problems, drama.]

If you're not focusing on success, what might happen?

[You may get distracted and fail to achieve your goals and dreams.]

That's something to think about. Everyone faces challenges, problems, and drama. It is your choice to either focus on those challenges or focus on overcoming those challenges to achieve your goals and dreams.

Notes:

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Educator states:
In your folder is a handout that says Goals and Dreams at the top. On the top of the handout you will see a list of things that you might want for your future. These are just some suggestions that we frequently hear from teens like you, you may have a different goal or dream not listed.

[Pass out Goals and Dreams (Handout 8.1.4) and name some of the choices listed on the handout.]

We are going to be talking about your goals and dreams: Where you want to go in life and what you want to achieve. To help us think about this, we want you to check off three or four things that you think would be important to you in the future. Take some time to do that now.

Great! Now, let's get specific. Under that list you will see empty space. I am going to give you directions as to how to fill this out.

- Put your name at the bottom right of the handout.
- At the top, write words or phrases that describe your goals and dreams in life. What do you want to be doing as an adult? Where do you want to be? Who do you want to be sharing your life with?
- At the bottom, write things you can choose to do now that will help you achieve your goal.
- In the middle, write the things that you can do during high school or college years that will help you achieve your goal.

Educator highlight: Be prepared to prompt participants by giving them a few examples of goals and what things can be done along the way to reach them. For example, if a participant wants to be a singer, he/she may want to take voice lessons now, choose to be in a singing group in high school, and go to a college that specializes in music. While participants are working on their handouts, circulate around the class, give encouragement, and answer questions. This activity is not intended to be a long discussion, rather a quick activity to help participants think about their futures and how choices they make impact that future.

Sometimes when you talk about your goals and dreams they may seem unattainable, or people in your life may not be supportive. It's important to stay focused on your goals and dreams and never let anyone else's opinion become your reality. You have the dream. You make the choices that will help you achieve your dream.

[Ask participants to share their goals and dreams.]

Notes:

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Educator states:
Next, we are going to discuss some things that will help you achieve your goals and dreams and obstacles that might stand in your way.

[Educator draws grid on board that has Easier on one side and Harder on the other.]

Easier	Harder
Making healthy choices	Making unhealthy choices (using alcohol, drugs)
Choosing healthy relationships	Choosing unhealthy relationships
Getting an education	Dropping out of school
Studying, succeeding in school	Getting in trouble, fights, gangs
Practice your hobby or craft	Having a child at a young age
Staying out of trouble	

We are going to talk about some things that can make it easier for you to achieve your goals and dreams and some things that can make it harder.

Let's talk about the easier side first. With your hand raised, what is one thing that can make it easier to achieve your goals and dreams?

[Briefly discuss what participants bring up on list, making sure that you mention items that are on the list above, if they were not mentioned.]

Educator highlight: Be prepared to prompt participants by giving them a few examples what might make it easier or harder to achieve their goals and dreams. An example for a goal that requires a college degree (e.g., nurse, doctor, engineer, teacher, etc.) might be: "It could be true that having a college education can make it easier to achieve your goals and dreams. In order to get to college, what is it that you have to complete?" [High school.] "And in order to pass high school, what do you have to do now?" [Pass 8th grade.] "What is it that you need to do now to pass 8th grade?" [Attend school, do homework, study, get good grades.]

So, we see that making good choices and choosing positive relationships can help you achieve your goals and dreams.

What about the HARDER side? With your hand raised, what is one thing that can make it harder to achieve your goals and dreams?

[Briefly discuss the topics participants bring up, making sure the items listed above were mentioned.]

Notes:

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Educator states:
As we just discussed, relationships are really important in reaching our goals and dreams. Who we spend time with – family, friends, boyfriends, girlfriends, etc. – influence our choices. We want people in our lives that can help us make good choices and achieve our goals and dreams.

Who remembers the qualities of good friends we described in 6th and 7th grade?

[Respectful, fun, kind, loyal, helpful, trustworthy, honest, responsible, good listener, good role model.]

And who gets to choose what kind of friends you have?

[We do.]

This extends to the people you choose to be "more than friends" with, or to date. And remember what we said earlier? The people you spend time with can make it easier or harder to make good decisions and achieve your goals and dreams.

* For quality improvement purposes, Activity 8.1.5 Healthy Relationships discussion replaced an abstinence worksheet and illustration. Abstinence review moved to Activity 8.2.6.

Notes:

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Educator states:
Many of you identified a specific relationship as your goal or dream or certain people in your life who will help support you on your journey to achieving your goals and dreams. Maybe you wanted to be with a special someone or you wanted to be able to share certain areas of success with your friends and family. Relationships are important. Why? Because relationships are the way that we meet the emotional needs we talked about in 6th and 7th grade. We talked about how we all have emotional needs and it is through those relationships that we have - with our friends, family, someone who is more than a friend – that we get these emotional needs met.

Does anyone remember what those emotional needs are from 7th grade?

[Give time for answers. If they don't remember, list a few – acceptance and love; relationships, companionship, intimacy; and safety and security.]

Great! We need people in our lives to help us meet these emotional needs to be happy and healthy people.

Sometimes, when teens aren't getting their emotional needs met they may turn to sexual activity, thinking it will fulfill these needs. At Healthy Futures, we believe the healthiest choice for teens is to delay sexual activity until a faithful lifelong relationship and in 6th and 7th grade we mentioned the three risks associated with early sexual activity. Can we get a volunteer to remind everyone what those risks are?

[Pregnancy/Fathering a child, sexually transmitted infections (STIs), and emotional heartache.]

Right. These are all risks of sexual activity. We will talk more about these topics throughout our eight sessions together.

Notes:

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[Begin by playing the Train Track Activity PowerPoint.]

Educator states:
Now, we're going to do another activity. What are these lines illustrating in the PowerPoint?

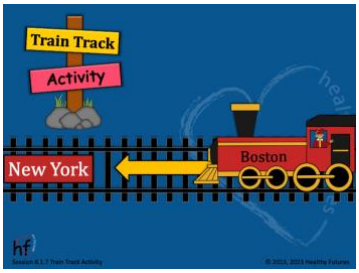
[A train track.]

Right! Let's say this train is leaving _____ (name of the city where you are teaching) and headed to _____(New York City or other major city).

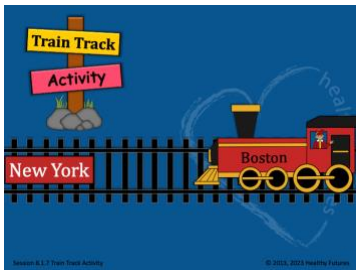
[Type the current city name next to the train and destination at the top of the track.]

What is the fastest way for this train to get to its destination?

[In a straight line, directly up, etc.]



[Slide 1]

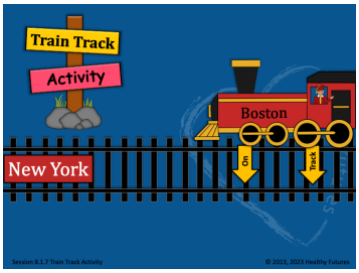


[Slide 2]

[Advance slide to show arrow from the city name toward the destination.]

But what happens if the train gets derailed (e.g., gets off track)?

[Advance slide to show train off track.]



[Slide 3]

* For quality improvement purposes, Activity 8.1.7 Train Track added to enhance student's understanding of the consequences of their decisions.

Notes:

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Educator states:
If the train gets derailed, can it still get to its destination?

[Yes.]

Will the train get there on time?

[No.]

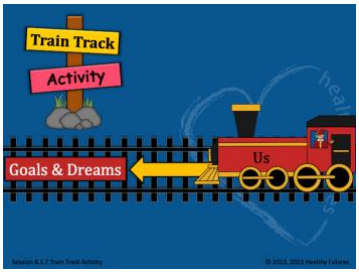
Will the passengers be frustrated?

[Yes.]

What has to happen for the train to get to its destination?

[Get back on track.]

[Advance slide from the derailed train back to the track.]



[Slide 4]

The same thing can happen in our lives. Let's think of _____ (name of the city where you are teaching) as us.

[Write us next to city name.]

And let's think of our train's destination as our goals and dreams.

[Advance slide to goals and dreams next to the destination at the top of the train track.]

What is the best way for us to achieve our goals and dreams?

[In a straight line, directly up, etc.]

Notes:

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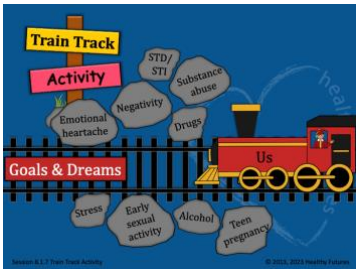


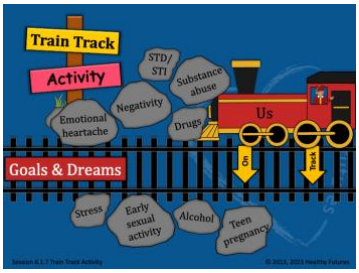
[Slide 5]

Educator states:
Yes. So we know the best way for us to achieve our goals and dreams is to stay on track and stay focused. But we also know there are things that can get us off track in life. What are some things that can happen in life that could get us off track and distract us from our goals and dreams?

[Drugs, alcohol, negativity, early sexual activity, teen pregnancy, STD/STI, emotional heartache, stress, substance abuse, etc.]

Right. Many of these things can distract us from our goals and dreams and derail us from our path. Sometimes we hear about negative relationships that can get you off track. If someone makes a decision and gets off track, does that mean they can't achieve their goals and dreams?

[No.]



[Slide 6]

What do they have to do?

[Get back on track.]

Notes:

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Educator states:
As we discussed earlier, Healthy Futures activities always have a meaning. The meaning behind this activity is when you get off track, you have two choices. You can choose to stay off track and potentially go even further off track, or you can choose to get back on track and continue to focus on your goals and dreams. But that is your choice.

These are the types of decisions you have to make in life. Obstacles are going to come along but it is your choice how you deal with them. For example, if you choose to become sexually active at a young age, it can definitely get you off track and make it a lot harder to achieve your goals and dreams. It is a decision you have to make. At Healthy Futures we believe the healthiest lifestyle for teenagers is to delay sexual activity. But it all comes down to your choice.

And…The choices you make…NOW will affect you…LATER!

Notes:

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Educator states:
So today we talked about the importance of focusing on your goals and dreams and how your choices in relationships can either help you or make it harder to get there. We talked about how it really begins with a choice.

At the end of each session together, we are going to show you a video to review the three main points we covered.

The Big 3:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

Let's practice our Healthy Futures saying together. The choices you make…NOW will affect you…LATER!

[Pass out Parent Connection Form Session 8.1: Goals and Dreams, Healthy Relationships, and Emotional Needs.]

Notes:

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Session 8.2

Puberty, Pregnancy, and Abstinence

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Session 8.2

Puberty, Pregnancy, and Abstinence

Session Overview:

1. Review Session 8.1.
2. Pass out blank question cards.
3. View and discuss the Changes in Puberty PowerPoint.
4. Play Pregnancy Scramble game.
5. Use Egg Activity to discuss pregnancy.
6. Show Pregnancy video.
7. Collect completed question cards.
8. Pass out Parent Connection Form Session 8.2: Puberty, Pregnancy, and Abstinence.

Learning Objectives:

- Participants will review the male and female reproductive systems.
- Participants will understand the physical, social, and emotional changes that occur during puberty and the benefits of delaying sexual activity.
- Participants will identify how pregnancy occurs.
- Participants will evaluate how pregnancy may affect a teen's future.

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later candy
- Plastic Eggs and Pregnant/Not Pregnant Slips of Paper
- Changes in Puberty PowerPoint (8.2.2)
- Pregnancy PowerPoint (8.2.3)
- Pregnancy Scramble Game Cards (8.2.3)
- Big 3 Review Video (Session 8.2)
- Handouts:
  - Parent Connection Form Session 8.2: Puberty, Pregnancy, and Abstinence
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.2 curriculum.
- Review the instructions for establishing Group Rights and Responsibilities.
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we begin today's session, let's review the "Big 3" from the last session:

The Big 3:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

Notes:

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Notes:

Educator states:
Today we are going to talk about the changes everyone experiences during their teenage years. We talked about this topic in 6th and 7th grade and discussed changes you and your friends will be going through as you develop from children into adults. Can anyone tell me what this stage is called?

[Puberty.]

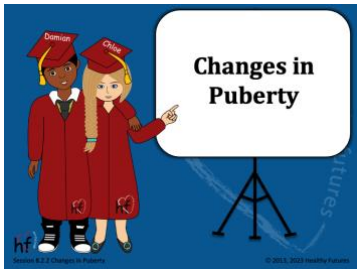
What are some things you know about puberty?

[It happens to everyone; both emotional and physical changes occur; you may start to develop crushes; and you may start to have sexual thoughts or feelings.]

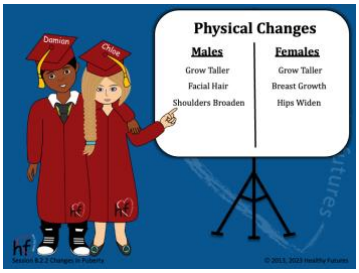
So there are not just physical changes that go on in puberty, there are also changes to your emotions, your social life, and your relationships.

[Show the Changes in Puberty PowerPoint.]

PPT Slides: Changes in Puberty



[Slide 1]



[Slide 2]

Let's start with the physical changes. Think back to the changes we discussed in 6th and 7th grade. What kinds of changes happen to your bodies during puberty?

[Take time to hear from participants. Write answers in on the board.]

Males	Females
Grow taller	Grow taller
Facial hair	Breast growth
Shoulders broaden	Hips widen

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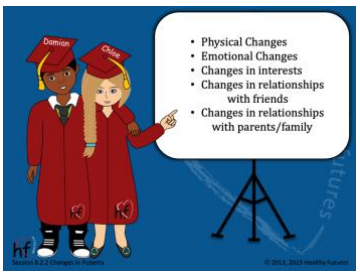
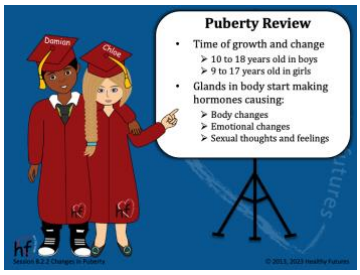


[Slide 3]

Educator states:
As we discussed in 6th and 7th grade, a lot of changes happen during puberty. Let's list some of the changes that happen:

- Physical changes
- Emotional changes
- Changes in interests
- Changes in relationships with friends
- Changes in relationships with parents/family

[Take time to hear from participants. Write answers in on the board.]



[Slide 4]

Let's review some puberty facts:

- Puberty is a time of growth and change.
- It can start anytime 10 to 18 years old in boys and from 9 to 17 years old in girls.
- During puberty the glands in the body start making hormones that cause many physical and emotional changes. The body begins to grow and mature, gains the ability to reproduce, and sexual thoughts and feelings begin to occur.

Notes:

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Notes:

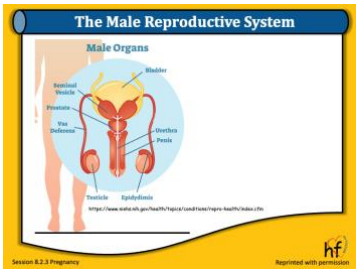
Educator highlight: If abortion comes up, acknowledge the participant's statement/question and explain that abortion is a very sensitive topic and people often have very strong feelings about it. Recommend if the participant has questions to speak with a parent/guardian or other trusted adult.

There are two types of abortions, both used to terminate a pregnancy: (1) taking medicine to end a pregnancy and (2) having a medical procedure to end a pregnancy. In the first type, a woman takes medication (i.e., pills), which cause her body to reject the fertilized egg/embryo in the next couple days. The procedure can be done at the doctor's office or at home. The second type of abortion is done from a few weeks to about 3 months into a pregnancy, usually. It's a procedure done at a clinic or hospital where a doctor removes the fetus surgically.

Educator states:
One of the most significant changes during puberty is that you develop the ability to reproduce. So it is important for teens to understand how pregnancy occurs and what happens during pregnancy. We also said that teen pregnancy was one of the risks of early sexual activity. There are some detailed images of the male and female reproductive system but since you learned about these topics in 6th and 7th grades and you are mature 8th graders now, we know you can handle this topic maturely.

[Show the Pregnancy PowerPoint.]

PPT Slides: Pregnancy



[Slide 1]

First we are going to do a quick review of the male reproductive system. This slide shows the inside of a male reproductive system.

Males have two testicles, one on each side, and the process is the same for both. The testes create sperm. They also create the chemical testosterone. Testosterone is the male hormone that helps maintain the male sexual characteristics (facial hair, deep voice, etc.).

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Notes:

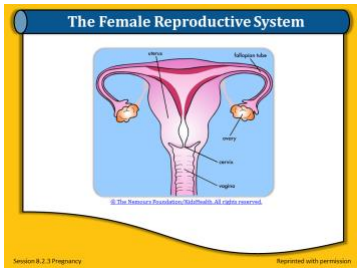
Educator states:
The testes are located in the scrotum or scrotal sac, the loose pouch-like sac of skin located behind and below the man's penis (hangs under the penis). Also found in the scrotum is the epididymis (right next to each testicle).

As sperm are being produced (several hundred million a day), they pass from the testes through a tightly coiled tube known as the epididymis. This is where the sperm is stored and matures until they are ready to be transported through a tube called the vas deferens. Now that the sperm is mature (a process of about 72 days from the time they are formed), they move through the vas deferens. The vas deferens is also called the ductus deferens. It is a thin long tube that transports sperm from the epididymis to its final destination, the urethra. But before that, it needs to pass through very important glands.

The first glands are the seminal vesicles. They are two pouch-like glands that produce and secrete fluid into the ejaculatory ducts. This fluid provides sperm with a source of energy and helps with the sperm's motility. They are located at the base of the bladder (the bladder is the sac that stores your urine). So the job of the vesicles is to release a thick, sugar-like fluid that nourishes the sperm (in other words, feed and energize sperm).

The sperm travels from the seminal vesicles to another important gland called the prostate gland. The prostate gland produces some of the fluids in semen. The prostate gland releases thin, milky colored fluid that enhances the motility of the sperm.

Finally, we have the penis. The penis is made of two parts: the shaft (which is the main part) and the glans (also known as the tip, sometimes called the head). The penis releases sperm or semen through a process called ejaculation. Ejaculation is the release of semen from the penis. Also, inside the penis is the urethra, which is the tube that carries semen or urine out of the penis.



[Slide 2]

Now let's look at the female reproductive system. This slide shows the inside of a female reproductive system.

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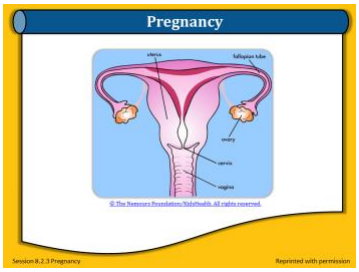
Educator states:
There are two ovaries. The ovaries are located in the left and right lower abdomen. Their function is to release eggs as well as hormones like estrogen and progesterone. These chemicals give women their female characteristics (such as breasts, wider hips, menstrual period, etc.).

There are also two fallopian tubes. There is one tube associated with each ovary. These thin, soft tubes extend from the uterus and end close to the ovaries. Because there is no connection between the fallopian tubes and the ovaries, at time of ovulation the fingerlike structures at the end of the fallopian tubes create a current to help move the egg from the ovary to the fallopian tube. Once inside the fallopian tube, millions of tiny, hair-like cilia move the egg through the fallopian tube toward the uterus. If a female engages in vaginal sex with a male around the time of ovulation, this is where the male's sperm will meet with the egg in a process called fertilization.

The egg next enters the uterus. It's a stretchy muscle where a baby might grow one day. It is also called the "womb." The uterus is a hollow, pear-shaped organ with a muscular wall and a lining. The uterus expands many times in size during pregnancy to hold the growing fetus (meaning it becomes larger as the baby grows). At the lower part of the uterus is a small opening called the cervix, which opens into the vagina. The vagina is a tube-like organ that connects the vagina to the outside of the body.



[Slide 3]

The vagina is where vaginal intercourse takes place and is the birth canal during childbirth. When a male ejaculates, it may happen here. If a male ejaculates in or near the female's vagina, the sperm may make its way up to the fallopian tubes and fertilize the egg. Sperm can live in the female body for up to five days. A fertilized egg moves into the uterus and implants in the lining. There the baby grows until it is ready to be born. During labor (the process of childbirth), the cervix dilates (expands to about 4 inches or 10 centimeters in diameter) to allow the baby to leave the uterus through the vagina (birth canal) and exit the mother's body.

Notes:

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Educator states:
Now that we have reviewed how a pregnancy occurs, let's see how much you remember. We are going to break you up into several groups and see which group can be the first to win the "Pregnancy Scramble" game.

[Divide participants into groups of three to five. Give each group a handful of cards which, when put together, depict the whole process of reproduction. Their task as a group is to put the cards into the order that they occur. The group that finishes accurately assembling the cards first wins the prize.]

Now this is how you play the game. Each group has been given several cards. Each card has a step in the reproductive process. I want your group to work together to put those cards in order.

I'll give you an example of this process. If you wanted to scramble an egg, what would be the first thing that you would do? Right get a pan and/or get an egg from the refrigerator. What would be the next step? Crack the egg in a bowl. Step number three might be mix it up and put it in the pan.

You and your group are going to put in order the process for pregnancy to occur. The first group that accurately gets all the steps in order will win a prize.

Ready, set, go!

Educator highlight: Educators are to circulate around the classroom to ensure that everyone is engaged and that all participants participate.

[Slide 4]

Just because your body is ready for pregnancy, does that mean that you are ready to have a child?

[No.]

There is a lot of responsibility that comes along with having a child. So why do some teens become pregnant if they are not ready to have a child?

[They don't know the facts; they think it can't happen to them; don't know the risks of sexual activity; they think having a child will help keep their boyfriend or girlfriend; sex is not planned, it just happened.]

Notes:

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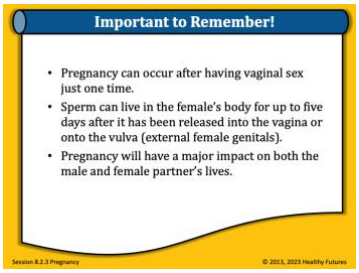
Educator states:
Right. For many teens, they might not know the facts about puberty and pregnancy or maybe they don't think that it will happen to them. Additionally, even if some teens know about puberty and pregnancy they might not know the risks of sexual activity. Who can remind us what the three risks and dangers of sexual activity are?

[Pregnancy/Fathering a child, sexually transmitted infections (STIs), and emotional heartache.]

Sometimes teens become pregnant because sex was not planned and it just happened. Other times teens think having a child will help them keep their boyfriend or girlfriend.



[Slide 5]

It's important to remember:

- Pregnancy can occur after having vaginal sex just one time.
- Sperm can live in the female's body for up to five days after it has been released.
- Pregnancy will have a major impact on both the male and female partners' lives.

Notes:

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Educator states:
During the previous activities we talked about pregnancy and why some teens become pregnant. Now, we want you to listen to a story about some teens like you who could easily be from your neighborhood.

Before we listen to the story, we are going to do an activity together. I am going to come around the room with a basket of eggs and set an egg on your desk. Do not open the egg. Just leave it sitting on your desk for the moment.

[Once every participant has an egg, continue.]

We are going to tell you a story and we want you to imagine you are one of the two people in this couple. Remember; do not open your egg. Just leave it on your desk for right now.

> Jack and Jill are juniors in high school. They love just being together but six months into dating, their friends start to ask if they are having sex. Jack's friends were making fun of him, saying that he should have been doin' it by now.
>
> They decide to become sexually active. Jack and Jill were happy with that decision at first; they thought it seemed right. They really liked each other, so this seemed like the next logical step in their relationship.
>
> They continued to be sexually active right through the summer. Suddenly, Jill realized that her period was late. She panicked—What did this mean? She waited another few days and still no period. Jill confided in one of her girlfriends. She was terrified and did not know what to do. How could she possibly be pregnant? It must be something else, she thought. A few more days went by and finally she decided she had to take a pregnancy test. She took it home and took the test. She had to wait 2 minutes for the results. She called Jack and told him that she was taking the test and she would call him back when she got the results.

In a moment you are going to get to open your egg, but don't open it yet!

[Write "One long two minutes" on the board at the front of the room.]

Put yourself in Jill's or Jack's place. What would you be thinking and how would you be feeling in their situation?

[Write participants' answers on the board. Possible answers may include scared, regretting having sex, worried about the future, worried what others will think.]

Jill got the test results and told Jack.

Notes:

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Educator states:
Inside your egg lies a piece of paper with the result to your pregnancy test. When you open your egg do so in complete silence and do not tell anyone what is written on your piece of paper. We want you to put yourself in Jill's or Jack's place and write down how you would feel if that was you and you got that result. What would you be thinking? What options might you consider? Feel free to do this in list form or in paragraph form, this is for you. Open your eggs and begin to write.

[Give participants a few minutes to write down their thoughts.]

Let's have some people share some of the things that they wrote down.

[Write responses on the board.]

How many of you are glad that you are not Jack or Jill and you don't have to deal with this situation right now?

Those 2 minutes that they had to wait for the results were very stressful. Many of you mentioned some of the things that you would be considering as you waited for the result. Those of you that had a "pregnancy" result in your egg were now thinking about what you would do.

[Give examples from participant responses.]

Remember this was just a game and no one is held to the result(s) of what was in their egg or what was given to them.

Notes:

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Educator states:
In 6th and 7th grade we talked to you about abstinence. Who can remind me what the definition of abstinence is?

[Abstinence means choosing not to be involved in any sexual activity until you're in a faithful lifelong relationship.]

Right!

We are not telling you that you can never have sex. We know that sex is good and pleasurable. But at Healthy Futures, we believe choosing to abstain from sexual activity is the safest and healthiest lifestyle for teenagers.

Whose choice is it to practice abstinence?

[Ours!]

And the choices you make…NOW will affect you…LATER!

* For quality improvement purposes, Activity 8.2.5 Abstinence Review was moved from Session 8.1 to connect abstinence to the puberty and pregnancy review.

Notes:

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Educator states:
Did you know, about 77% of teen pregnancies are unplanned?[4] That means they occurred "to soon". While becoming pregnant as a teenager this was not in their plan, they have to deal with the consequences of their choices and the way it affects their goals and dreams.

There is a choice that teens can make to prevent teen pregnancy. What is that choice?

[Abstain or choose not to have sex, use an effective method of birth control if sexually active.]

Right. As we said before, we are not here to tell you what to do. We want to give you information that can help you make healthy choices. At Healthy Futures we believe the healthiest choice for teens is to abstain from sexual activity. But is also important to know the facts about preventing pregnancy if you do become sexually active. During the next session we will talk about contraception, also known as birth control.

And the choices you make…NOW will affect you…LATER!

The BIG 3:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotional changes.
- Unplanned pregnancy is a risk of sex. Think about it – Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.2: Puberty, Pregnancy, and Abstinence and collect completed forms from Session 8.1.]

[4] Mosher, W. D., Jones, J., Abma, J.C. (2012). *Intended and unintended births in the United States: 1982-2010*. National Center for Health Statistics. Vital Health Stat (55). Retrieved January 23, 2015, from http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf.

Notes:

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Session 8.3

Contraception

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Session 8.3

Contraception

Session Overview:

1. Review Session 8.2.
2. Pass out blank question cards.
3. Show the Contraception PowerPoint.
4. Optional Activities: Optimal Health Supplements
   - Session 8.3
   - Contraception Optimal Health PowerPoint (8.3.2)
5. Show Pregnancy video.
6. Collect completed question cards.
7. Pass out Parent Connection Form Session 8.3: Contraception.

Learning Objectives:

- Participants will understand the common methods of contraception.
- Optional Activities: Optimal Health Supplements
  - Session 8.3
  - Contraception Optimal Health PowerPoint (8.3.2)

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later candy
- Contraception PowerPoint (8.3.2)
- A, B, C Cards (8.3.2)
- Big 3 Review Video (Session 8.3)
- Handouts:
  - Contraception (Handout 8.3.2A)
  - Contraception Methods Brochure (Handout 8.3.2B)
  - Parent Connection Form Session 8.3: Contraception
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.3 curriculum.
- Make copies of handouts.
- Optional Activities: Optimal Health Supplements
  - Session 8.3
  - Contraception Optimal Health PowerPoint (8.3.2)

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we begin today's session, let's review the "Big 3" from the last session:

The BIG 3:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotional changes.
- Unplanned pregnancy is a risk of sex. Think about it – Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

Notes:

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Educator states:
Last time we talked about puberty and how pregnancy occurs. We also talked about the huge responsibility that raising a child is and the challenges teen parents face.

Educator highlight: If a participant suggests withdrawal* as a method of contraception explain that the types discussed in this activity are "effective methods" and withdrawal has the highest failure rate of any other method of birth control. Women whose partners use withdrawal typically have a 22% chance, or about 1 in 5 chance of getting pregnant within a year. This method takes a lot of self -control and most couples do not do it perfectly all the time. This method is especially ineffective for teens who are sexually inexperienced and the male may not know the exact moment he is about to ejaculate. Furthermore, withdrawal is not as reliable a method because a male may eject pre-ejaculate fluid while he is aroused and still inside the vagina – this fluid can contain as many as 300,000 sperm (and it only takes 1 to fertilize an egg) and if the male ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy. Finally, withdrawal does not protect against sexually transmitted infections (STIs).

[Show Contraception PowerPoint.]

PPT Slides: Contraception

[Slide 1]

Educator states:
Today we are going to talk about methods of contraception, also known as birth control. We are going to give you the facts so that you can make informed choices.

* For quality improvement purposes, withdrawal was removed from the final curriculum package due to its ineffectiveness, especially for teens. The evaluated curriculum presented withdrawal as a contraception method.

Notes:

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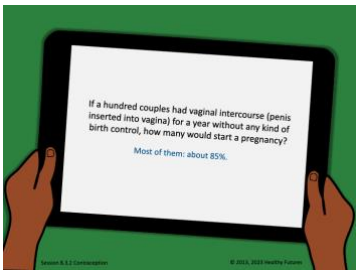
[Slide 2]

Educator states:
Most middle school participants choose not to have sex. But it is important for you to know the facts about contraception for when you become sexually active in the future and want to prevent pregnancy. This information is extremely important now if you or someone you know is currently sexually active or thinking about becoming sexually active. Even if you choose to wait to become sexually active until a faithful lifelong relationship, this is important if you want to prevent pregnancy. The information we talk about today could also help your friends or family members.



[Slide 3]

First, let me ask you a question. If a hundred couples had vaginal intercourse (penis inserted into vagina) for a year without any type of contraception, how many couples would have a pregnancy?

[Most of them: about 85%.]

If a couple is sexually active and doesn't take steps to prevent pregnancy they most likely will become pregnant. This is important because many teens who choose to be sexually active think that they won't become pregnant. But you can see by this number that eventually, they will most likely become pregnant.

Notes:

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[Slide 4]

Educator states:
Let's take some time to brainstorm the different types of contraceptive methods you know about.

[Allow time for participants to respond. Once a few suggestions have given, click the PowerPoint to bring up the list of contraceptive methods.]

Great job! Today we are going to talk about a number of contraceptive methods, some of which you named. We're going to give you information on effective contraceptive methods so that you can make informed choices for yourself.

[Slide 5]

Today we are going to talk about seven contraceptive methods effective at reducing or eliminating the risk of pregnancy: abstinence, implant, intrauterine devices (IUDs*), progestin injection ("the shot"), oral contraceptive ("the pill"), the birth control patch, condoms, and emergency contraception (e.g., Plan B). We will review each type and recommend you take notes on the Contraception handout in your folder.

* For quality improvement purposes, IUDs were added to the final curriculum package. The evaluated curriculum did not include information on IUDs.

Notes:

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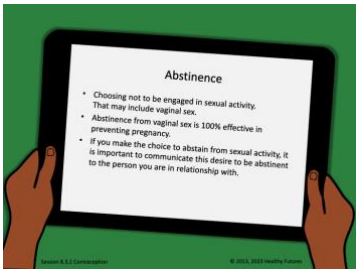
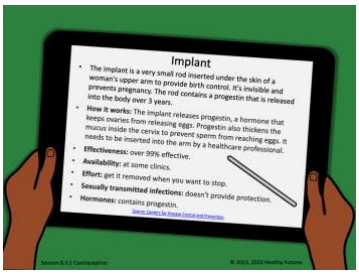


[Slide 6]

Educator states:
As we discussed in 6th and 7th grade, sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex. If you make the choice to abstain from sexual activity, it is important to communicate this desire to be abstinent to the person you are in a relationship with. At Healthy Futures, we believe abstinence is the healthiest choice for teens because it protects you from all three risks associated with early sexual activity. Can anyone remind us what those three risks are?

[Pregnancy/Fathering a child, sexually transmitted infections, and emotional heartache.]

Yes!



[Slide 7]

The implant is a very small rod inserted under the skin of a woman's upper arm to provide birth control. It's invisible and prevents pregnancy. The rod contains a progestin that is released into the body over 3 years.

Progestin is a hormone that keeps ovaries from releasing eggs. Progestin also thickens the mucus inside the cervix to prevent sperm from reaching eggs. It needs to be inserted into the arm by a healthcare professional.

As we mentioned before, since Implants do not protect against STIs, if a teen is sexually active and chooses to use the implant, it is recommended they also use a condom every time they have sex.

Notes:

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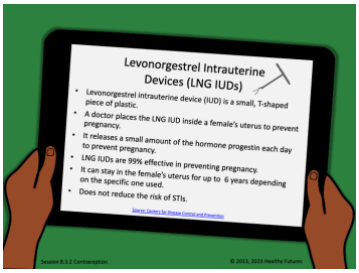
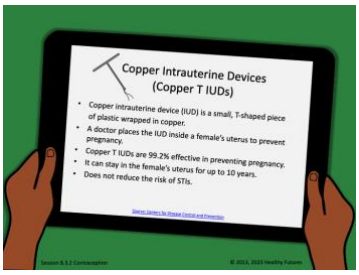


[Slide 8]

Educator states:
The levonorgestrel intrauterine device (LNG IUD) is a small, T-shaped piece of plastic like the Copper T IUD without the copper. A doctor places the LNG IUD inside a female's uterus to prevent pregnancy. It releases a small amount of the hormone progestin each day to prevent pregnancy. LNG IUDs are 99% effective in preventing pregnancy. It can stay in the female's uterus for up to 6 years depending on the specific one used.

As we mentioned before, since IUDs do not protect against STIs, if a teen is sexually active and chooses to use an IUD, it is recommended they also use a condom every time they have sex.



[Slide 9]

Educator states:
A copper intrauterine device (IUD) is a small, T-shaped piece of plastic wrapped in copper. A doctor places the IUD inside a female's uterus to prevent pregnancy. Copper T IUDs are 99.2% effective in preventing pregnancy. It can stay in the female's uterus for up to 10 years.

Since IUDs do not protect against STIs, if a teen is sexually active and chooses to use an IUD, it is recommended they also use a condom every time they have sex. This is called dual protection.

Notes:

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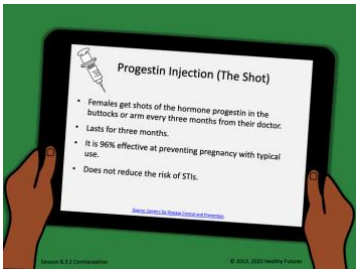

[Slide 10]

Educator states:
Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. It lasts for three months and is 96% effective at preventing pregnancy with typical use.

Since the shot doesn't protect against sexually transmitted infections (STIs), if a teen is sexually active and chooses to use the shot as a contraception method, it is recommended they also use a condom every time they have sex.

[Slide 11]

Oral contraceptives contain hormones. There are two types of oral contraceptives: (1) either estrogen and progestin combined or (2) progestin only prescribed by a doctor. The pill is 91% effective at preventing pregnancy when taken every day at about the same time. The pill sometimes may be prescribed for acne or painful periods, not just as a contraceptive.

Since the pill doesn't protect against sexually transmitted infections (STIs), if a teen is sexually active and chooses to use the pill as a contraception method, it is recommended they also use a condom every time they have sex.

Notes:

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[Slide 12]

Educator states:
The patch releases hormones progestin and estrogen. It is worn on a female's lower abdomen, buttocks, or upper body (but not on the breasts). It is prescribed by a doctor. A new patch is worn each week for three weeks. During the fourth week, the patch is not worn to allow the period to happen. The patch is 93% effective at preventing pregnancy with typical use (but may be less effective in women who weigh more than 198 pounds).

Since the patch doesn't protect against STIs, if a teen is sexually active and chooses to use the patch as a contraception method, it is recommended they also use a condom every time they have sex. This is called dual protection.

[Slide 13]

Condoms are another non-hormonal contraceptive method. A condom is a latex/rubber sleeve that fits over a male's penis. Condoms are made to be a barrier so that sperm or infections can't get passed between partners during sexual activity. The consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STI transmission.

Condoms are 87% effective at preventing pregnancy with typical use. That means if 100 people use condoms as their only contraception method for a year, at least 13 of them will become pregnant/father a child.

Notes:

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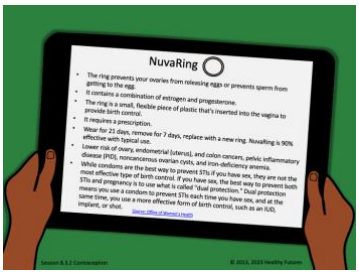
Educator states:
Typical use means the way most people use condoms. Occasionally, condoms might break or slip off. Or the condom might not be put on correctly. So, it is important to read condom instructions, follow the directions, and use a condom correctly every time partners have sex. Condoms can only be used once and should never be used after the expiration date or doubled up (using 2 condoms) as they might be more likely to break.

"Natural" or "lambskin" condoms also help prevent pregnancy, but may not provide protection against STIs, including HIV. Natural or lambskin condoms are not recommended for teens.

In addition to reducing the risk of pregnancy, condoms also reduce the risk of sexually transmitted infections (STIs), including HIV. We will talk more about this when we discuss STIs in the next session. A lot of times people refer to using condoms as having safe sex or using protection. It's more accurate to say "safer sex" or using "some" protection- as we will see there are still risks when condoms are used.

Using a condom in addition to another effective method of contraception is known as a "dual method."



[Slide 14]

Educator states:
The ring prevents your ovaries from releasing eggs or prevents sperm from getting to the egg. It contains a combination of estrogen and progesterone. The ring is a small, flexible piece of plastic that's inserted into the vagina to provide birth control. It requires a prescription. You wear it for 21 days, remove it for 7 days, and replace with a new ring. NuvaRing is 90% effective with typical use. Lower risk of ovary, endometrial (uterus), and colon cancers, pelvic inflammatory disease (PID), noncancerous ovarian cysts, and iron-deficiency anemia.

While condoms are the best way to prevent STIs if you have sex, they are not the most effective type of birth control. If you have sex, the best way to prevent both STIs and pregnancy is to use what is called "dual protection." Dual protection means you use a condom to prevent STIs each time you have sex, and at the same time, you use a more effective form of birth control, such as an IUD, implant, or shot.

Notes:

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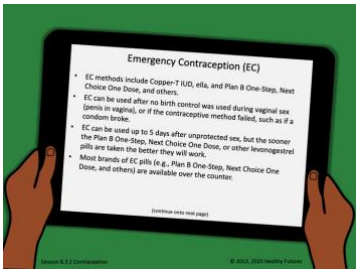

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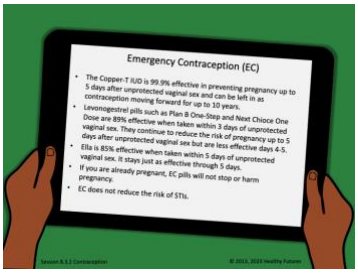

[Slide 16]

Educator states:
Emergency Contraception (EC) is not a regular method of birth control. EC can be used after vaginal sex during which no birth control was used, or if the contraceptive method failed (such as if a condom broke). There are a number of EC option including the Copper-T IUD, ella pill, levonogestrel pills (e.g., Plan B). The Copper-T IUD is 99.9% effective in preventing pregnancy up to 5 days after unprotected vaginal sex and can be left in as contraception moving forward, for up to 10 years. Levonogestrel pills, such as Plan B One-Step and Next Choice One Dose, are 89% effective when taken within 3 days of unprotected vaginal sex. They continue to reduce the risk of pregnancy up to 5 days after unprotected vaginal sex but are less effective days 4-5. Efficacy is better if the tablet is taken as soon as possible after unprotected intercourse. The ella pill is 85% effective when taken within 5 days of unprotected vaginal sex. It stays just as effective through 5 days.

If you are already pregnant, EC pills will not stop or harm the pregnancy.

EC is not a regular method of birth control and doesn't protect against STIs. If a teen is sexually active, using dual protection — an effective method of birth control (e.g., IUDs, the pill) and a condom every time they have sex — is the best way to prevent pregnancy and reduce the risk of STIs.

In your folder please pull out the Contraception Methods brochure. Next we are going to divide you into small groups. Each group is going to have a packet of flash cards that say "A", "B", or "C" on them. After you see the question on the screen, we will give you a few seconds to talk to your group. Then I will say "final answxers please." You will have one person lift up the card that is your answer. Now we know that you are in 8th grade and have the maturity to talk about these questions and come up with some good answers. Again, you can use your Contraception Methods brochure to find the answers if you don't remember.

Educator highlight: Divide participants into small groups. Give each group a packet of flash cards. As each question appears on the Contraception PowerPoint, give the participants about 5 seconds to deliberate over the answers. Discuss answers and emphasize key points. If this activity is done as a competition, have the other educator keep score by noting which team came up with the most correct answers. Give prizes for winner(s).

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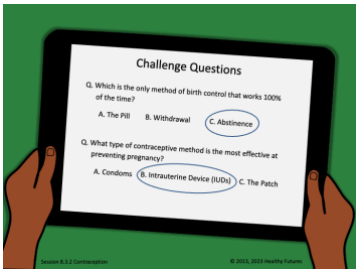
[Slide 17]



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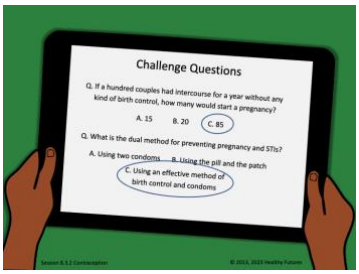

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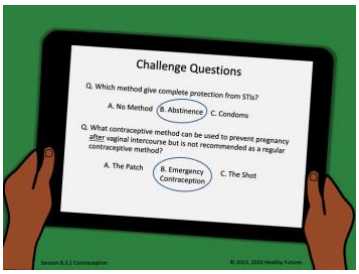

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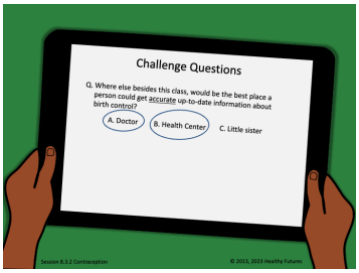

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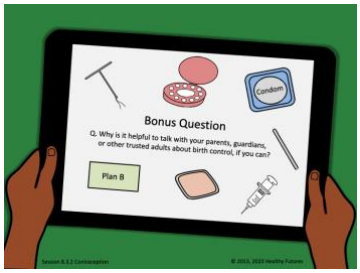

[Slide 22]

Notes:

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Educator states:
Each group did a good job with the questions. We want to emphasize the main points from today's session.

The BIG 3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- If you are sexually active, you need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms to reduce the risk of sexually transmitted infections (STIs).
- If you want to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

At Healthy Futures we believe abstinence is the healthiest lifestyle for teens but we want you to know the facts about contraception to be able to make informed decisions. Again, it is all about your choices.

The choices you make…NOW Will affect you…LATER!

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.3: Contraception and collect completed parent connection forms from session 8.2.]

Notes:

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Session 8.4

Sexually Transmitted Infections (STIs)

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Session 8.4

Sexually Transmitted Infections (STIs)

Session Overview:

1. Review Session 8.1-8.3.
2. Pass out blank question cards.
3. Facilitate Beads and Bracelet Activity.
4. Show the Sexually Transmitted Infections (STIs) PowerPoint.
   - Or Optional Activities: Optimal Health Supplement STIs Optimal Health PowerPoint (8.4.3)
5. Collect completed question cards.
6. Pass out Parent Connection Form Session 8.4: Sexually Transmitted Infections (STIs).

Learning Objectives:

- Participants will understand the risk of contracting sexually transmitted infections (STIs).
- Participants will identify the major symptoms of common STIs.
- Participants will understand abstinence is 100% effective in preventing STIs.
- Participants will understand condoms are effective at reducing the risk of many STIs.
- Optional Activities: Optimal Health Supplement STIs Optimal Health PowerPoint (8.4.3)

Materials Needed:

- Computer, projector, speakers
- Jar of Now and Later candy
- Beads in brown lunch bags with stars on the bottom of the bags and elastic bracelet bands (8.4.2)
- Sexually Transmitted Infections (STIs) PowerPoint (8.4.3)
- Big 3 Review Video (Session 8.4)
- Handouts:
  - Parent Connection Form Session 8.4: Sexually Transmitted Infections (STIs)
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.4 curriculum.
- Prepare for Beads and Bracelet Activity.
- Optional Activities: Optimal Health Supplement Sexually Transmitted Infections (STIs) Optimal Health PowerPoint (8.4.3)
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we start today's session, let's review the Big 3 from the last three sessions:

The Big 3:

Session 8.1:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

Session 8.2:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotional changes.
- Unplanned pregnancy is a risk of sex. Think about it – Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

Session 8.3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- If you are sexually active, you need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms reduce the risk of sexually transmitted infections (STIs).
- If you want to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

Notes:

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Educator highlight: Before the session, prepare bags of single-color beads for every participant. Place approximately ten beads of one color in each bag but no red beads (e.g., three bags of orange, three bags of yellow, etc.). Prepare three (or four if 30+ participants) bags with ten red beads (representing STIs) and place a red star sticker/draw a red star on the bottom of the bag. Prepare one bag with ten green beads (representing abstinence) and place a green star/draw a green star on the bottom of the bag.

Pass out a bag to each participant, giving the starred bags out at random without letting the participant know.

Educator states:
Now let's start today's lesson. We are going to go around and give each of you a brown bag. Do not touch it. Repeat after me, do not touch it.

When everyone has a brown bag, I'm going to say, get ready, get set, go! When I say go, I want you to take a look at what's inside that brown bag. Then get out of your seat, walk around the room, and exchange one item in your bag with one item from someone else's bag. You have to exchange with at least 5 people.

[If class is small — fewer than 15 participants — exchange with 3-4 people instead of 5.]

Ok, now that you understand the rules, before I give you the bags, I want a volunteer.

[Give bag to volunteer, making sure that it is not the STI color. Quickly pick someone if there is no volunteer. Explain to the class that the volunteer will be standing in front of the class room with the educators and will not be exchanging anything in the bag.]

Ok, here are the final rules, you cannot exchange with the people sitting next to you and you have 30 seconds to exchange your items. When your time to exchange is coming to an end, I will count down from 10. When I get to 1, you all need to be back in your seat with your brown bag rolled up in front of you. Does everyone understand?

Ok, get ready, get set, go! I want my volunteer to come up here.

[Give participants 30 seconds to exchange.]

Make sure you are back in your seat. If you are not back in your seat, you will be disqualified and we will take away your brown bag.

[Once all participants are seated continue.]

Notes:

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Educator states:
By a show of hands who would like to keep what's inside their bag? In order to keep what's inside of that bag, you have to be qualified. Let's see how many of you qualify.

I want you to look at the bottom of your bag. If you have a red star, stand up, you get to keep what's inside your bag. Show me the red star. Remain standing.

For those of you who are sitting down, I'm going to give you another chance. Look inside your bag. If you have a red bead, you also get to keep your bag. Show me the red bead.

For those of you who are standing — remain standing. For those of you who are still sitting, I'll give you another chance. If you had a red bead, and then you gave it away, stand up, you also get to keep your bag. Be honest.

For those of you still sitting, thank you for your honesty. For those of you who are standing — remain standing.

At Healthy Futures our activities always have a lesson. This is an illustration, an activity that has another meaning.

There are three main points to this activity. For the number of you that had that red star on the bottom of your bag, that represented someone with a sexually transmitted infection (STI). Remember, it's only an illustration.

You are the only ones that had a red bead when we started. Everyone else had different colors. I gave you 30 seconds, and within 30 seconds, almost your whole class came into contact with that red bead.

- This is the first point: STIs can spread quickly. Repeat that after me. STIs can spread quickly.

For those of you who had the red star, did you know that you had the star before the beginning of the activity?

[Most Likely not.]

- This is the second point: Most people with an STI don't know that they have it.

Why is the fact that there are often no symptoms a problem?

[If you don't know you have it, you are more likely to spread it and you are less likely to get treatment for it.]

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[Have the volunteer who did not exchange any of their beads stand up.]

Educator states:
Did our volunteer get any of the red beads?

- This is the third point: This volunteer represents choosing not to be sexually active. Choosing not to be sexually active protects you 100% from STIs.

[Ask volunteer how they feel about not participating in activity now that they know what it was about.]

There are a lot of people out there that have an STI, but they don't look sick, and they don't feel sick. They look and act just like me and you. They feel normal and they feel fine.

This is why STIs can spread quickly. The most common symptom of an STI is no symptom.

Everyone gets to keep their bag. We will pass out bracelet bands that go along with the beads and you can assemble it on your free time.

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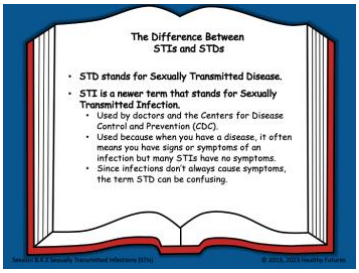
[Show Sexually Transmitted Infections (STIs) PowerPoint.]

PPT Slides: Sexually Transmitted Infections (STIs)

[Slide 1]

Educator states:
Sexually transmitted infections (STIs) are infections that you can get from engaging in sexual activity with an infected person. What were the three points we learned about STIs from the Beads activity?

1. STIs can spread quickly.
2. Most people with an STI don't know that they have it.
3. Choosing not to be sexually active will protect you 100% from STIs.



[Slide 2]

Sometimes people talk about Sexually Transmitted Diseases (STDs) so you might be asking, what is the difference between an STI and STD? STD stands for Sexually Transmitted Disease, a term that has been used for a long time.

Notes:

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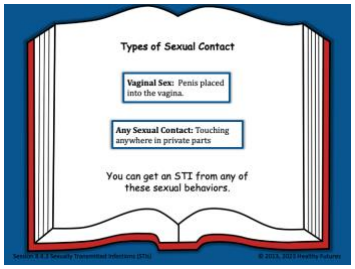
Educator states:
STI is a newer term that stands for Sexually Transmitted Infection, and is beginning to be used more by doctors and the Centers for Disease Control and Prevention (CDC). STI is used because when you have a disease, it usually means that you have signs or symptoms of an infection, but many sexually transmitted infections have no symptoms so a lot of people don't even know they have them. Since infections don't always cause symptoms, some people think the term STD can be confusing. For this reason, we will use the term STI.



[Slide 3]

Let's begin by discussing what counts as sexual contact. Often, when people think of sex, they think vaginal sex, which is when a male places his penis in a female's vagina but remember that sex is any type of private area contact; you can get an STI from doing any of these things. It doesn't matter if you are male or female, if you are old or young, if it's your first time having sex or your hundredth time having sex, you can still get an STI.

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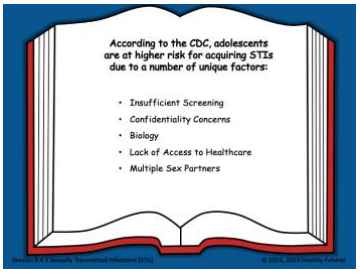
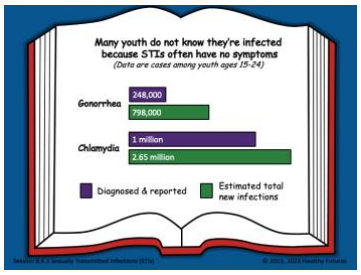


[Slide 4]

Educator states:
According to Centers for Disease Control and Prevention (CDC)[5], teens are at higher risk of getting an STIs than adults. Here are some reasons why:

[CLICK for each to appear.]

1. Insufficient Screening – many teens don't receive screening for STIs
2. Confidentiality concerns – many teens are reluctant to disclose sexual behaviors to doctors
3. Biology – young women's bodies are biologically more susceptible to STIs
4. Lack of Access to Healthcare – youth often lack insurance or transportation needed to access healthcare services
5. Multiple sex partners – some teens have multiple partners which increases STI risk
6. Many youth often don't know they're infected because STIs often have no symptoms



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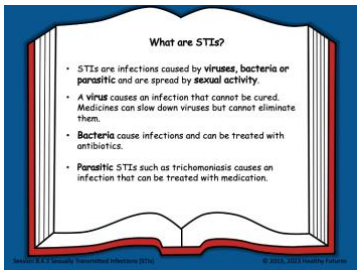

[Slide 6]

What are STIs?

- STIs are infections caused by viruses, bacteria, or parasites and are spread by sexual activity.

[5] STDs in Adolescents and Young Adults. CDC website: http://www.cdc.gov/std/stats11/adol.htm

Notes:

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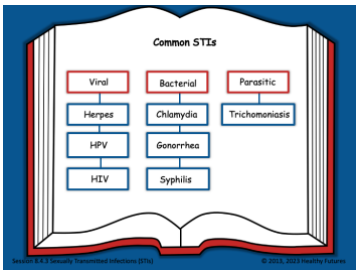
Notes:

Educator states:

- A virus causes an infection that cannot be cured. Medicines can slow down viruses but cannot eliminate them.
- Bacteria cause infections and can be treated with antibiotics.
- Parasites cause infections and can be treated with medication.

An important thing to remember with bacterial and parasitic STIs is that, even if you have gotten treatment and are STI free, if you continue to engage in sexual activity with an infected partner you could get re-infected.



[Slide 7]

Now let's talk about some specific information about STIs. There are more than 25 different types of STIs. This slide lists only a few of the most common ones. There are three main categories of STIs:

1. Viral STIs which include herpes, HPV (human papillomavirus), and HIV (human immunodeficiency virus)
2. Bacterial STIs: chlamydia, gonorrhea, syphilis
3. Parasitic STIs: trichomoniasis

Which ones are curable?

[Bacteria and Parasitic]

Which ones, in most cases, cannot be cured?

[Viral]

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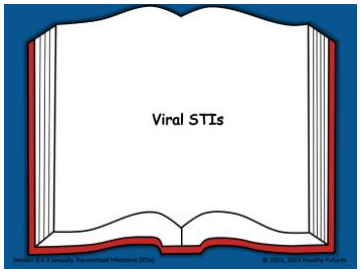

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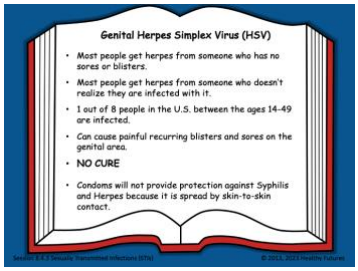


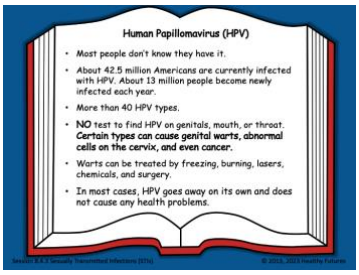
[Slide 9]

Educator states:
Most people get Genital Herpes Simplex from someone who has no sores or blisters. Most people get herpes from someone who doesn't realize they are infected with it. One out of eight people in the U.S. between the ages of 14-49 are infected. It can cause painful recurring blisters and sores on the genital area. Genital Herpes Simplex has no cure. Condoms will not provide protection against Syphilis and Herpes because it is spread by skin-to-skin contact.

Most people out there who have herpes don't know that they are infected with it. The most common symptom of and STI is what?

[No symptom!]

Most people who get the sores and blisters will get them again and again because the virus stays in their bodies for the rest of their lives. There are no medicines to get rid of, or that can cure, the herpes virus. Medicines are available that can prevent the sores from coming back, but you have to take prescription medicines (pills) every day. If you stop taking the medicine, the sores can reappear. Most people who get herpes will get it from someone who has no sores or blisters.



[Slide 10]

Most people don't know they have Genital Human Papillomavirus (HPV). About 42.5 million Americans are currently infected with HPV. About 13 million people become newly infected each year. There are more than 40 different HPV types. There is no test to find HPV on genitals, mouth, or throat. Certain types can cause genital warts, abnormal cells on the cervix, and even cancer. Warts can be treated by freezing, burning, lasers, chemicals, and surgery. In most cases, HPV goes away on its own and does not cause any health problems.

Notes:

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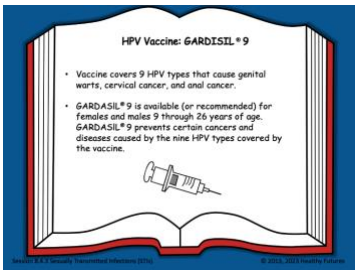
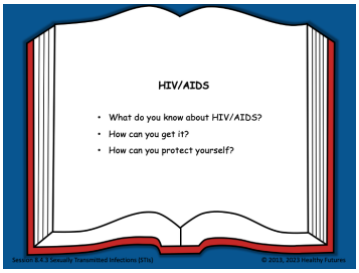


[Slide 11]

Educator states:
GARDASIL® 9 is a vaccine that prevents cancers and diseases caused by the nine HPV types covered by the vaccine. GARDASIL® 9 is available (or recommended) for females and males 9 through 26 years of age. If you want to know more about this vaccine, we recommend that you speak with your parent or guardian and go talk to your family doctor about it.

Educator highlight: GARDASIL® 9 covers 9 of the types of HPV- 6, 11, 16, 18, 31, 33, 45, 52, and 58. Types 16 and 18 cause most cases of cervical cancer. Types 6 and 11 cause cervical warts.



[Slide 12]

- What do you know about HIV/AIDS?
- How can you get it?
- How can you protect yourself?

[Give participants time to respond to questions. Write answers on the board.]

Notes:

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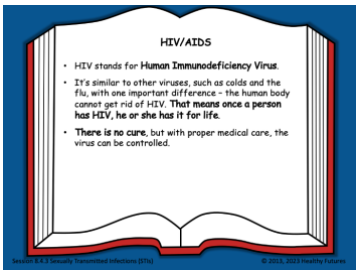

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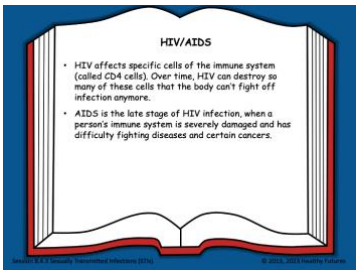

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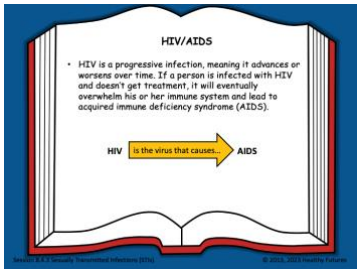

[Slide 15]

Educator states:
HIV stands for Human Immunodeficiency Virus. It's similar to other viruses, such as colds and the flu, with one important difference—the human body cannot get rid of HIV. That means once a person has HIV, he or she has it for life. There is no cure, but with proper medical care, the virus can be controlled.

HIV affects specific cells of the immune system (called CD4 cells). Over time, HIV can destroy so many of these cells that the body can't fight off infection anymore. AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers.

HIV is a progressive infection, meaning it advances or worsens over time. If a person is infected with HIV and doesn't get treatment, it will eventually overwhelm his or her immune system and lead to acquired immune deficiency syndrome (AIDS).

Notes:

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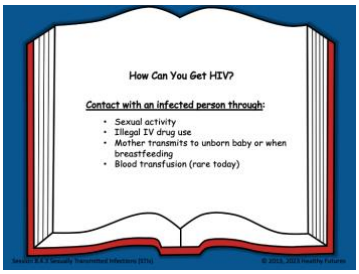


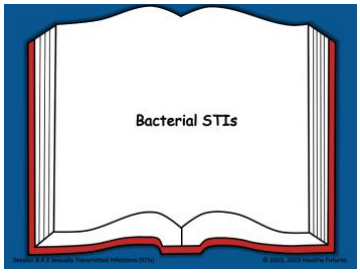
[Slide 16]

Educator states:

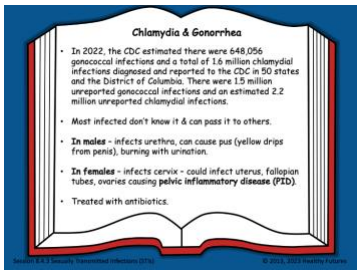
HIV can be contracted through:

- Sexual activity
- Illegal IV drug use
- Mother transmitting to unborn baby or when breastfeeding
- Blood transfusion (rare today)

Contracting HIV through a blood transfusion is really rare in the United States.



[Slide 17]



[Slide 18]

In 2022, the CDC estimated there were 648,056 gonococcal infections and a total of 1.6 million chlamydial infections diagnosed and reported to the CDC in 50 states and the District of Columbia. There were 1.5 million unreported gonococcal infections and an estimated 2.2 million unreported chlamydial infections. Most who are infected don't know it and can pass it to others. In males it infects the urethra, can cause pus (yellow drips from penis) and burning with urination. In females it infects the cervix and could infect uterus, fallopian tubes, and ovaries causing pelvic inflammatory disease (PID). These STIs can be treated with antibiotics.

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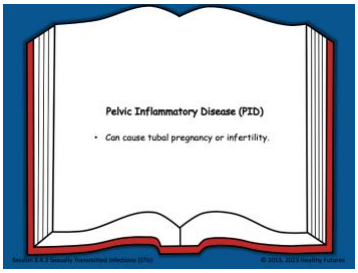
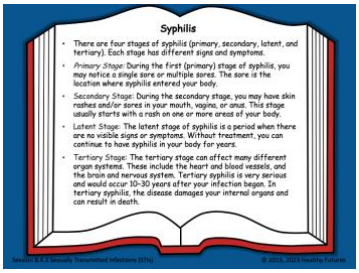


[Slide 19]

Educator states:
Pelvic Inflammatory Disease (PID) can contribute to tubal pregnancy or infertility. Infertility means a man or women is unable to reproduce/ have a baby. One of the ways this happens is: Inside a woman's fallopian tubes, there are tiny hair-like structures called cilia. When a female releases an egg during ovulation, the cilia move back and forth and create a current that pushes the egg through the fallopian tube and into the uterus. If an egg was to be fertilized by a sperm in the fallopian tube, it will be pushed out into the uterus. But PID damages the female's reproductive system by causing scarring and by destroying the cilia. When the cilia are destroyed, there isn't anything to make the current that pushes the egg along. The scar tissue that is there also makes it difficult for the egg to move through the fallopian tube. If the egg is fertilized and stays in the fallopian tube, the tube will grow and eventually burst, causing more damage. The fallopian tube is about the size of a strand of spaghetti; it isn't meant to expand. This can be a very serious medical emergency. Even if the tube doesn't burst, it can make it very hard for the fertilized egg to reach the uterus.



[Slide 20]

There are four stages of syphilis (primary, secondary, latent, and tertiary). Each stage has different signs and symptoms.

Primary Stage: During the first (primary) stage of syphilis, you may notice a single sore or multiple sores. The sore is the location where syphilis entered your body. These sores usually occur in, on, or around the penis, vagina, anus, rectum, and lips or in the mouth.

Notes:

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Educator states:
Sores are usually (but not always) firm, round, and painless. Because the sore is painless, you may not notice it. The sore usually lasts 3 to 6 weeks and heals regardless of whether you receive treatment. Even after the sore goes away, you must still receive treatment. This will stop your infection from moving to the secondary stage.

Secondary Stage: During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus. This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can be on the palms of your hands and/or the bottoms of your feet and look rough, red, or reddish-brown.

The rash usually won't itch, and it is sometimes so faint that you won't notice it. Other symptoms may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired).

The symptoms from this stage will go away whether you receive treatment. Without the right treatment, your infection will move to the latent and possibly tertiary stages of syphilis.

Latent Stage: The latent stage of syphilis is a period when there are no visible signs or symptoms. Without treatment, you can continue to have syphilis in your body for years.

Tertiary Stage: Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen, it can affect many different organ systems. These include the heart and blood vessels, and the brain and nervous system. Tertiary syphilis is very serious and would occur 10–30 years after your infection began. In tertiary syphilis, the disease damages your internal organs and can result in death. A healthcare provider can usually diagnose tertiary syphilis with the help of multiple tests.

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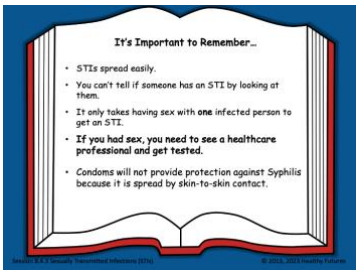
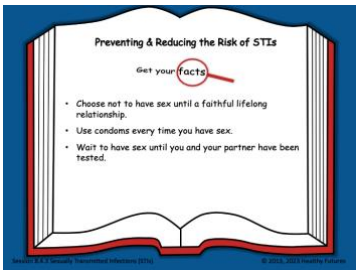


[Slide 21]

Educator states:
It's important to remember:

- STIs spread easily.
- Often, you can't tell if someone has an STI by looking at them.
- It only takes having sex with one infected person to get an STI.
- If you had sex, you need to see a healthcare professional and get tested.
- Condoms will not provide protection against Syphilis because it is spread by skin-to-skin contact.



[Slide 22]

Now we want to talk to you about preventing and reducing the risk of STIs. It's important for us to tell you the facts so you can make healthy, informed decisions about your sexual health. Here are three ways to protect yourself from STIs:

1. Choose not to have sex until a faithful lifelong relationship.
2. Use condoms every time you have sex.
3. Wait to have sex until you and your partner have been tested.

Notes:

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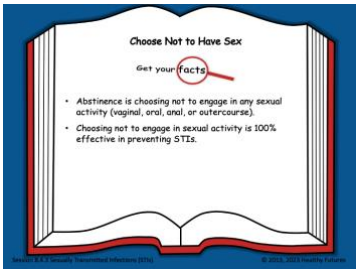
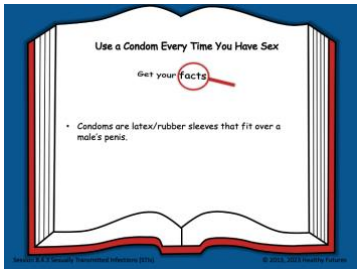


[Slide 23]

Educator states:
Abstinence is choosing not to engage in any sexual activity (vaginal, oral, anal, or outercourse). Choosing not to engage in sexual activity is 100% effective in preventing STIs. The surest way to avoid transmission of STIs is to abstain from sexual activity.



[Slide 24]

If you do choose to become sexually active, use a condom every time you have sex. As we discussed in our last session, condoms are latex/rubber sleeves that fit over a male's penis.

[Slide 25]

The consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STI transmission. Condoms will not provide protection against Syphilis and Herpes because it is spread by skin-to-skin contact.

Notes:

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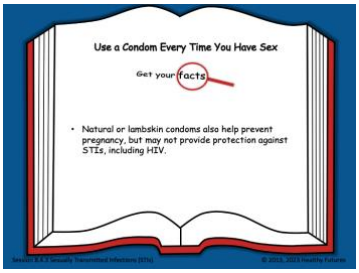
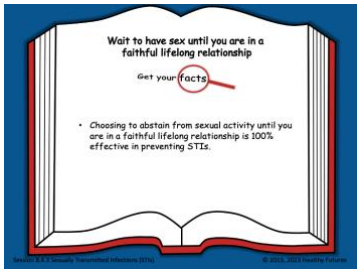


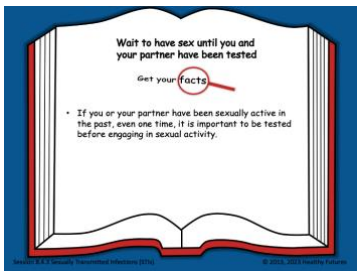
[Slide 26]

Educator states:
Natural or lambskin condoms also help prevent pregnancy, but may not provide protection against STIs, including HIV.



[Slide 27]

Wait to have sex until a faithful lifelong relationship. Choosing to abstain from sexual activity until a faithful lifelong relationship is 100% effective in preventing STIs.



[Slide 28]

Wait to have sex until you and your partner have been tested. If you or your partner have been sexually active in the past, even one time, it is important to be tested before engaging in sexual activity.

Notes:

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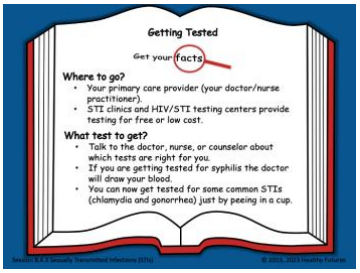
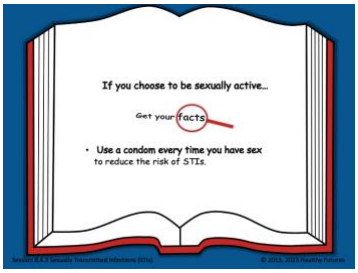


[Slide 29]

Educator states:
Where to go to get tested? Your primary care provider such as a doctor or nurse practitioner; STI clinics and HIV/STI testing centers where they often provide tests for free or low cost.

What test should I get? Talk to the doctor, nurse, or counselor about which tests are right for you. If you are getting tested for syphilis the doctor will draw your blood. You can now get tested for some common STIs (chlamydia and gonorrhea) just by peeing in a cup.



[Slide 30]

If you choose to be sexually active use a condom every time you have sex to reduce the risk of STIs.

Notes:

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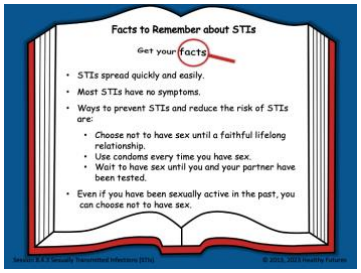

[Slide 31]

Here are some facts to remember about STIs:

- STIs spread quickly and easily.
- Most STIs have no symptoms.
- Ways to prevent STIs and reduce the risk of STIs are:
  - Choose not to have sex until a faithful lifelong relationship.
  - Use condoms every time you have sex.
  - Wait to have sex until you and your partner have been tested.
- Even if you have been sexually active in the past, you can choose not to have sex.

[Slide 32]

Educator states:
Making informed decisions about sex can help you lead a healthy life and achieve your goals and dreams.

The choices you make NOW will affect you LATER!!

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Educator states:
Before we finish, we want to emphasize the main points from today's session.

Here are The Big 3 for today:

The BIG 3:

- STIs spread quickly and easily.
- The most common symptom of an STI is no symptom. If you have been sexually active, get tested!
- Choosing not to have sex (vaginal, oral, anal, or outercourse) until you are in a faithful lifelong relationship is the only 100% way to protect yourself from STIs. If you are sexually active, or in a faithful lifelong relationship with someone who has an STI, it is important to use a condom every time to reduce the risk of spreading the STI.

And remember, the choices you make…NOW will affect you…LATER!

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.4: Sexually Transmitted Infections and collect completed forms from sessions 8.3.]

Notes:

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Session 8.5

Emotional Needs and Bonding

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Session 8.5

Emotional Needs and Bonding

Session Overview:

1. Review Session 8.4.
2. Pass out blank question cards.
3. Review emotional needs and their importance in healthy relationships using the poster activity.
4. Illustrate the concept that sexual activity emotionally bonds people.
5. Collect completed question cards.
6. Pass out Parent Connection Form Session 8.3: Sexually Transmitted Infections (STIs).

Learning Objectives:

- Participants will understand how bonding occurs and which chemicals in the brain are involved in that process.
- Participants will have a better understanding of emotional heartache due to break ups.

Materials Needed:

- Computer, projector, speakers
- Jar of Now and Later candy
- Construction paper
- Markers
- Big 3 Review Video (Session 8.5)
- Handouts
  - Emotional Needs (Handout 8.5.2)
  - Parent Connection Form Session 8.5: Healthy Relationships - Emotional Needs and Bonding
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.5 curriculum.
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we begin today's session, we want to review The Big 3 from the last session:

The BIG 3:

- STIs spread quickly and easily.
- The most common symptom of an STI is no symptom. If you have been sexually active, get tested!
- Choosing not to have sex (vaginal, oral, anal, or outercourse) until you are in a faithful lifelong relationship is the only 100% way to protect yourself from STIs. If you are sexually active, or in a faithful lifelong relationship with someone who has an STI, it is important to use a condom every time to reduce the risk of spreading the STI.

Notes:

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Educator states:
Today we are going to talk more about relationships. Why do people want to be in relationships?

[Brainstorm about what people need in relationships. Write participant responses on board. Possible responses include: to not be lonely, to have someone to love them, to feel comfortable, to feel attractive, to feel popular, etc.]

Many of the reasons we just discussed have to do with our emotional needs. Remember the first day we talked about emotional needs and how important they are in relationships. In fact, it is in relationships that many of our emotional needs are met and we meet some of the emotional needs of others.

Let's talk some more about what those emotional needs are. In your packets you have a list of emotional needs and the definitions. We are going to quickly go over that list and then talk about which of the ones listed really mean a lot to you personally.

Now that we talked about what these emotional needs are and what they look like we want you to take your sheet and rank what you think are the most important emotional needs to be met in a relationship. Rate the top 5 emotional needs that are most important to you with 1 being the most important and 5 being less important.

[Go over emotional needs using Emotional Needs (Handout 8.5.2). If time permits, have participants share their priority emotional needs.]

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Educator states:
Now we are going to break up in small groups of 3 or 4. Just gather around with the people who are closest to you, near your desk. We want each of you to choose an emotional need that you feel is the most important to be filled in a relationship — for example, maybe you think that belonging is the most important, or respect, or trust. We are going to give you a piece of paper and markers to create a small poster using pictures and/or words that represent what that emotional need means to you.

Although you are working in a group, you are each to create your own poster. When it is time to share, you will come up as a group to share your posters with the entire class.

[Give the participants time to complete their posters. Circulate around the room and give feedback/direction as needed.]

Which group would like to come up first and share their posters?

[Provide participants with positive reinforcement on their posters.]

Wow! This gives us all a good idea about what emotional needs are important to you. We also want to stress that while we all have priority emotional needs, it is important for the other emotional needs to be met as well.

You all did a great job! We are going to collect all of your posters so that we can display them at another time.

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Educator states:
It is important to have emotional needs met in a healthy way. If we try to fulfill our emotional needs in an unhealthy way that could impact our ability to achieve our goals and dreams. Can you give me some examples of having our emotional needs met in an unhealthy way?

[Examples may include gangs (need for belonging), listening to the wrong people (need for guidance).]

Many times teens think that becoming sexually active is the best way to meet their emotional needs and build a relationship. But as we mentioned earlier in our sessions together, sexual activity, especially in middle school, brings with it many risks and consequences and complicates relationships. What are the three risks associated with sexual activity?

[Pregnancy/fathering a child, STIs, and emotional heartache.]

Right now we want to talk to you about the risk to your emotions. But first I need two volunteers to come join me in the front of the room.

Educator highlight: This activity can be done with one or two couples depending on the size of the class, the time, or any other factors.

We are going to give you a heart to hold between the two of you. This heart is really two hearts stuck together. This represents a bonded couple. Now we are going to tell a short story and want you to remember the story is not about our volunteers here. They are just representing the couple in the story.

Educator highlight: Make sure you emphasize that the story is not about the participants in the activity. It might also be helpful to give the volunteers different names. The story included is the basic scenario. If time allows, the story can be embellished to make it more interesting.

_____ (Fictional names) represent a couple who have been dating for a while and decide to be sexually active. They eventually decide they don't get along as well as they used to and they decide to break up. Having sex bonded them and we are going to use two hearts to represent that.

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[Tell the participants to carefully take their own heart back by pulling the hearts apart without breaking them. Continue talking to the class as the volunteers are trying to pull the hearts apart.]

Educator states:
What's happening to their hearts?

[They are ripping, there are holes, pieces of one heart are stuck on the other heart.]

Exactly. This represents their emotional bond. Sex wasn't just their bodies coming together but also their hearts and emotions.

_____ (Fictional name 1) thought that if he/she got rid of everything that reminded him of his boyfriend/girlfriend, the pain would go away. But no matter what he/she did, he/she still had memories stuck to his/her heart. In fact, in the process of breaking up, his/her heart got pretty torn up.

[Point to his paper heart.]

It will take a long time to heal those holes. _____ (Fictional name 2) was feeling the same way.

What will happen if they rebound right into another relationship without giving themselves time to heal? That could do even more damage to their hearts.

Just because your heart was broken doesn't mean it can't become whole again. Give it time for your heart to heal.

[Show a fold paper heart.]

[Thank the volunteers and ask them to sit down.]

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[Break up into groups and assign each group an Emotional Needs card with one emotional need and the instruction sheet. Go over the instruction sheet after handing it out and throughout the activity. Refer to Emotional Needs (Handout 8.5.2) for a full list of emotional needs. Write on the board: 1) How could that need be filled for you? 2) How could that emotional need be filled for you? Tell participants they have _____ minutes to brainstorm and then they will present to the class. They will need to appoint writers to document their progress and presenters to present their answers to the larger class. Have groups brainstorm how needs could be met for them and how they can meet that need in someone else. Circulate to encourage participants and answer questions. Then have each group present their solution(s) to the class. After each group presents, acknowledge effort and affirm ideas. You may want to collect all the lists and create a master list for each question and pass them out to the class later. Remind participants of the ways they have discovered to meet emotional needs in a healthy way. Explain that these needs are always present and now each of them is more equipped to handle them in a healthy way.]

* For quality improvement purposes, Activity 8.5.5 Healthy Ways to Meet Emotional Needs (originally an optional activity) was included in the final curriculum in place of the "How We Bond" activity which was identified during process evaluation as confusing for students.

Notes:

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Educator states:
Let's review The Big 3 for today's session:

The BIG 3:

- We all have emotional needs that need to be met to be successful in life.
- It is important to meet our emotional needs in a healthy way.
- Sexual activity creates emotional bonds that lead to heartache if they are broken.

And whose choice is it to make good decisions about meeting your healthy needs in a healthy way?

[Ours.]

And…. The choices you make…NOW will affect you…LATER!

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.5 Emotional Needs and Bonding and collect completed forms from sessions 8.4.]

Notes:

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Session 8.6

Healthy and Unhealthy Relationships

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Session 8.6

Healthy and Unhealthy Relationships

Session Overview:

1. Review Session 8.5.
2. Pass out blank question cards.
3. Facilitate a discussion about characteristics of healthy and unhealthy relationships.
4. Show and discuss the All Falls Down video.
5. Collect completed question cards.
6. Pass out Parent Connection Form Session 8.6: Healthy and Unhealthy Relationships.

Learning Objectives:

- Participants will recognize that every decision has consequences, some good and some bad.
- Participants will identify the steps to making good decisions.
- Participants will acknowledge how giving in to peer pressure can lead to unhealthy decisions.

Materials Needed:

- Computer, projector, speakers
- Jar of Now and Later candy
- Conversations PowerPoint (8.6.2)
- All Falls Down Video (8.6.3)
- Big 3 Review Video (Session 8.6)
- Handouts
  - Characteristics of Healthy and Unhealthy Relationships (Handout 8.6.2)
  - All Falls Down (8.6.3)
  - Parent Connection Form Session 8.6: Healthy and Unhealthy Relationships
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.6 curriculum.
- Review All Falls Down video.
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we start today's lesson, let's review the Big 3 that we learned yesterday:

The BIG 3:

- We all have emotional needs that need to be met to be successful in life.
- It is important to meet our emotional needs in a healthy way.
- Sexual activity creates emotional bonds that lead to heartache if they are broken.

Notes:

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Educator states:
Later in this session we are going to watch a video and the teens in that video will all be making some decisions about romantic/dating relationships. Before we get to the video, we want to discuss characteristics of healthy relationships.

As we mentioned before, now that you are in 8th grade and starting to think about high school, we want to focus more on characteristics of healthy teen romantic/dating relationships. We want to hear from you.

Educator highlight: Use prompts below to start a conversation about characteristics of a healthy relationship and write responses on the board. Refer back to related 6th grade and 7th grade sessions. If the participants have trouble coming up with answers, offer some suggestions, using the opposite characteristic (e.g., would you want to be in a relationship where the person talked about you behind your back or lied to you?). It is important for participants to understand that you are asking if these particular characteristics are healthy/unhealthy if they are prominent characteristics in the relationship. Remind participants, "There is no relationship where there is no disagreement or arguments. As individuals we all have our own thoughts and opinions and will not always agree with our partner. What we want you to think about is, would you want a relationship where that was what happened most of the time?"

- What characteristics do you think of when you hear the term healthy relationship?
- How does it feel to be in a healthy relationship with someone?
- How does this build on the characteristics of good friends we discussed in 6th and 7th grade?
- What are some characteristics of a relationship that you would want to be in?

What I hear you saying is that a healthy relationship is one that builds up both people physically or emotionally.

Now we are going to show you some examples of teen text message conversations. We will show two or three lines and want you to identify what characteristic of a relationship the conversation represents. Then we want you to tell us if it was a healthy or unhealthy relationship for an 8th grade romantic/dating relationship.

You are going to use the handouts in your folder and fill it out as we go along.

[Pass out the Characteristics of Healthy and Unhealthy Relationships (Handout 8.6.2). Discuss each slide in the Conversations PowerPoint and give the participants time to complete their handout after each slide.]

Notes:

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[Show Conversations PowerPoint.]

PPT Slides: Conversations

[Slide 1]

[Slide 2]

[Slide 3]

[Slide 4]

[Slide 5]

[Slide 6]

Notes:

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PPT Slides: Conversations

[Slide 7]

[Slide 8]

[Slide 9]

[Slide 10]

[Slide 11]

Notes:

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Educator states:
You did a great job recognizing what healthy and unhealthy relationships might sound like!

Having healthy relationships is a choice.

[Hold up the Characteristics of Healthy and Unhealthy Relationships (Handout 8.6.2).]

Do you see people walking around like this, with their qualities stuck on them? Is it that obvious in real life?

[No.]

Can you look at someone and tell whether or not they are going to be abusive in a relationship or whether they'll respect you and treat you as equal?

[No.]

It takes time to get to know the true qualities in a person. Learning to recognize qualities of healthy and unhealthy relationships can be challenging and we hope this exercise will help you prepare to do that. It is really important to be able to tell the difference between a healthy and an unhealthy relationship. Why would we say this?

[Write down participants' responses.]

Right. If you can recognize when a relationship is healthy you are in a better position to build up those qualities in yourself and choose those qualities in the person you date. Because it's not just about what you look for in someone else, you need to make sure that you also show these healthy qualities.

Notes:

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Educator highlight: During Session 8.6 participants view and discuss *All Falls Down*, a video written, produced and directed by teens from Scenarios USA. Make sure you have viewed the film and are familiar with the themes presented.

Educator states:
Today we are going to be continuing our conversation about relationships and making healthy choices. Healthy relationships with family, friends, and boyfriends/girlfriends will help you achieve your goals and dreams. It is important to be able to recognize whether a relationship is healthy and helps you work toward your goals and dreams or if it is unhealthy and making it harder to reach your goals and dreams.

We are going to be watching a short video called *All Falls Down*. It was written and directed by teens. It is about relationships and about the choices that the three girls and three guys make in relationships.

We are going to watch the video in three parts, stopping between each part to talk about what's going on with the different characters in the video.

We are going to give you a handout with the main characters on it. You can write words or phrases on your handout that could help you remember facts about each teen in the video.

Educator highlight: Not all questions need to be asked, just enough to get the conversation going.

[Pass out the All Falls Down (Handout 8.6.3) and show the *All Falls Down* video following timing listed below.]

Part 1 (stop at 4:23):

1. What do you know about the 3 girls and 3 guys after watching this portion of the video?
2. Did you learn anything about their families?
3. How did the guys approach the girls to start a conversation?
4. Do you think the way the guys approached the girls is a good way to meet someone?
5. What do you think of Quiana's choice to agree to hangout with Tyrone?
6. What do you think will happen next in the video?

Notes:

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Educator states:

Part 2 (stop at 8:06):

1. What do you think of the way Tyrone approached Quiana on the train? Did his approach work in getting to know her?
2. Why did Quiana end up having sex with Tyrone? What do you think about these reasons?
3. What pressures do you think guys have to deal with in trying to start a relationship?
4. Why do you think the guys were saying not to call a girl on the phone? What did Sean think about his friends' views about how to treat a girl?
5. How was Sean different? How does peer-pressure play into this?

Part 3 (until the end):

1. What happened with Nycole? Remember she was the one who said "never in a million years." Why did she end up having sex with Sharod? How does alcohol affect your ability to make decisions?
2. What were the girls stressed about during their last ride on the train?
3. What couple do you think has the healthiest relationship? Why?
4. What choice did Portia and Sean decide to make?
5. What do you think the benefit of this choice might be?

Notes:

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Educator states:
Many of you mentioned that you thought Portia and Sean looked like they were making good choices. Their relationship had the characteristics of trust, respect, and support as well as a choice to delay sexual activity.

These choices set them up to have a healthy relationship. We think this is important to emphasize because it all begins with our choice and…

The choices you make…NOW will affect you…LATER!

The BIG 3:

- A healthy relationship is one that builds up both people emotionally and physically.
- It is important to know the characteristics of a healthy relationship so that you can know if you are in one.
- Choosing a healthy relationship can help you avoid risky behaviors and achieve your goals and dreams.

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.6: Healthy and Unhealthy Relationships and collect completed forms from sessions 8.5.]

Notes:

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Session 8.7

Peer Pressure and Avoiding Risky Behavior

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Session 8.7

Peer Pressure and Avoiding Risky Behavior

Session Overview:

1. Review Session 8.6.
2. Pass out blank question cards.
3. Lead the kisses activity.
4. Discuss the three ways to respond to peer pressure.
5. Facilitate participant refusal/negotiation scenarios.
6. Collect completed question cards.
7. Pass out Parent Connection Form Session 8.7: Peer Pressure and Avoiding Risky Behavior

Learning Objectives:

- Participants will identify communication styles that are effective in dealing with peer pressure.
- Participants will understand how giving in to peer pressure can lead to unhealthy decisions.
- Participants will discuss concepts of self-control and delayed gratification as it relates to peer pressure.
- Participants will practice refusal and negotiation skills.

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later Candy
- Kisses Candy
- Delayed Gratification Video (8.7.2)
- Limits PowerPoint (8.7.3)
- Big 3 Review Video (Session 8.7)
- Handouts:
  - Refusal Skills (Handout 8.7.4)
  - Parent Connection Form Session 8.7: Peer Pressure and Avoiding Risky Behavior
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.7 curriculum.
- Review Self-control video and Limits PowerPoint
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we start today's session, let's review the Big 3 we learned about during the last session:

The BIG 3:

- A healthy relationship is one that builds up both people emotionally and physically.
- It is important to know the characteristics of a healthy relationship so that you can know if you are in one.
- Choosing a healthy relationship can help you avoid risky behaviors and achieve your goals and dreams.

Notes:

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Educator states:
Who in here is hungry? At Healthy Futures we love to use food to prove a point. If you're hungry, you are in luck. Today we are going to give each of you a kiss…I mean a Hershey's Kiss. Once you get it, please do not touch it or open it. Just let it sit on your desk.

Now pay attention to these instructions, because they are important. If at any time during the class you want to eat your candy, raise your hand and let us know you want to eat it. Then you can open it up and eat it. But, before you raise your hand and eat your candy, I am going to make you a deal. If you don't eat the candy now and you wait until the end of class, I will give you three more. Again, if you want to eat it now, just raise your hand first.

For our first activity today, we are going to watch a video and discuss it as a group. Now, I know I love a snack during a movie so I am going to have another piece of candy anyone want to join me?

[Show the Delayed Gratification video.]

Let's discuss the video we just watched. It talked a lot about delayed gratification. Does anyone know what that term means?

[Take time to hear participant answers.]

What about the term self -control?

Delayed gratification means to put off something fun or pleasurable now to wait for something better or more satisfying in the future. What were the children in the video told would happen if they waited?

[They would get more candy.]

What were you told would happen if you waited to eat your candy?

[Get more.]

Now we are not saying that you are exactly like the children in the video. We know that you are much more mature than them, but the point of this activity is that there are times when you will need to exercise self-control and practice delayed gratification in order to get what you really want. There are times where you have to wait in order to get something better.

Can you give some examples of having to wait for something? Or a time when you needed to practice self-control?

[Take time to listen to participants responses. Examples may include saving money so you can buy something better later or practicing playing a sport instead of watching TV now because you know it will pay off later.]

Notes:

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Notes:

Educator states:
This idea can also be applied to relationships. Having sexual feelings is a normal part of life and at some point in your life you're going to want to become sexually active. But it is not always the best thing to act on our feelings, is it? For example, being angry is also normal but it would not be good to act on your anger every time you felt it, would it?

Did you know that self-control is like a muscle?[6] The more you use it, the stronger your willpower gets. For those of you who chose to eat your candy you might need to work on exercising that self-control muscle a little bit more to build it up. For the rest of you, you all showed that you have self-control and can delay gratification.

We are discussing the topic of self-control and delayed gratification because it is important for you to think about all the choices you will have to make as 8th graders and into high school. We really want you to think of self-control as an important tool for helping you delay sex. We want to equip you with what you might need to make the healthiest choices for your life.

As we discussed yesterday, the couple in All Falls Down decided to wait to be sexually active and that set them up for having a healthy teen relationship. Both the young man and the young woman were dealing with their own feelings and peer pressure but exercised self-control.

For those of you who waited to eat your candy, we have three more for you.

[6] Muraven, Mark and Baumeister, Roy F. Self-regulation and Depletion of Limited Resources: Does Self-Control Resemble a Muscle? Psycological Bulletin.Vol. 126, No.2, p. 255. Psychological Bulletin Copyright 2000 by the American Psychological Association, Inc. 2000, Vol. 126, No. 2, 247-259

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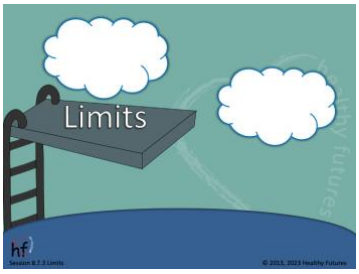
Notes:

Educator states:
Now, we want you to think back to your goals and dreams you mentioned the first day. We're going to talk now about steps you can take to make sure that you accomplish those goals, specifically goals you have around relationships and delaying sexual activity. You need some practical steps that will help you and will need to exercise self-control to use these steps.

[Show and discuss the Limits PowerPoint.]

PPT Slides: Limits



[Slide 1]

How many of you have ever been on a diving board? What's it like as you start walking towards the edge of the diving board?

Does it get more or less bouncy?

[More bouncy.]

Can you walk all the way out to the very edge of the diving board and not fall in?

[Maybe/No.]

You probably can, but you can lose your balance pretty easily, right?

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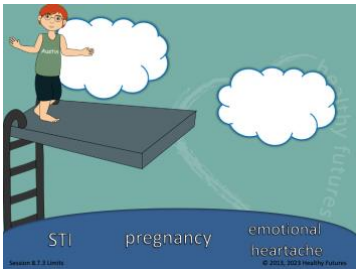
[Slide 2]

[Slide 3]

Educator states:
This diving board is an illustration about sexual activity as a teen. In this scenario going off the diving board represents being sexually active before a faithful lifelong relationship.

As we have discussed in 7th grade and earlier this week, there are three risks associated with sexual activity outside of a faithful lifelong relationships. Can someone name the three risks?



[Slide 4]

[Pregnancy/Fathering a child, STIs, emotional heartache.]

So, thinking about this illustration more, as physical contact progresses in a relationship, does it get easier or harder to stop and say no to sexual activity?

[Harder.]

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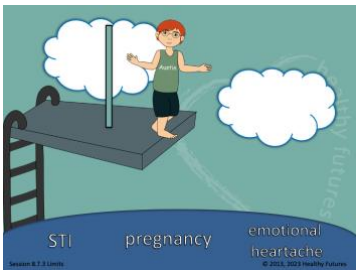
[Slide 5]



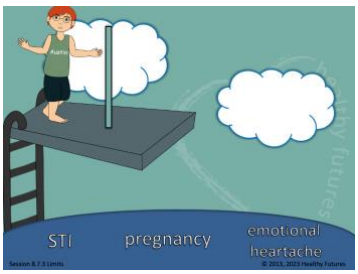
[Slide 6]

Educator states:
Harder, exactly. That's like walking out on the diving board. The further out you are, the easier it is to go into the pool. Now, if you're on a diving board, if you lean out, can you still stand back up and walk away from the edge?

[Yes but it can sometimes be hard.]

Right. You can always stand back up, no matter how close you are to the edge. The same thing is true for sexual activity. You can always stop and go back to a place where you're less likely to lose control.

What happens if you stay out on the edge? You may get tired of balancing or start to think how nice it would be to be in the pool with your boyfriend/girlfriend.



[Slide 7]

At Healthy Futures, this is what we recommend: set a limit for yourself.

Is it going to be more or less bouncy there?

[Less bouncy.]

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Educator states:
Setting limits in relationships help you stick to your goal and delay sexual activity. The limit represents your personal limit for sexual activity (the new edge of the diving board that you won't cross).

You have to set your own limits. No one can do it for you. This limit is different for everyone and is influenced by your parents, your values, your spiritual beliefs, and your friends. Choose your limits carefully and remember the further out you are on the diving board, the more bouncy it's going to be.

Now, what would happen if this person, in a moment of passion goes further than the limit they had set for themselves?

Do they fall into the pool?

[No.]

They can go back to the other side of their limit pretty easily.

What about the person out here on the edge?

[Point to the person on the end and draw arrows over the limit line into the pool.]

[Slide 8]

Would he/she fall into the pool?

[Yes.]

Right, just like Austin, they'll fall in.

Let's talk about that for a minute. If they're in this pool, do they need to keep swimming around in there?

[No.]

Right. They can get out and rethink their limits.

Notes:

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[Slide 9]

[Slide 10]

Educator states:
The exciting news is that if you thoughtfully set your limits as a teen, when you are older and in a faithful lifelong relationship, you'll be standing on the diving board with your partner, ready to jump off together. All of the risks will be gone.

You will be able to fully enjoy sexual activity without the risks of unintended pregnancy (if you are trying to have a child/using contraception), STIs, or emotional heartache!

Notes:

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[Briefly review refusal skills from 7th grade so participants can apply these skills.]

Educator states:
In order to maintain limits you set for yourself, you may need to refuse pressure to engage in activity you are not ready for. Will someone remind the class of the three steps to saying "no" Healthy Futures taught you in 7th grade?

[Speak up, stand up, and walk away. Briefly review these refusal skills so participants can apply these skills.]

Great!

What do we call it when people your own age are trying to get you to do something that you may not want to do?

[Peer pressure.]

Right!

[If time permits, give a brief example.]

Why is it sometimes hard to resist peer pressure?

[Write responses on board.]

Why is it important to know how to respond to peer pressure in a healthy way?

[So you don't get into trouble. So you don't do something that you regret. So you don't get into fights with your friends, etc.]

Throughout your entire life you will experience peer pressure, sometimes even from people you care about. You need to be able to respond to this peer pressure in a way that is clear and respectful.

This is especially true in romantic relationships. It is important to learn how to communicate clearly what we want and what our limits are. If the other person respects you and cares about you, he/she will respect the limits you set for yourself. If he/she doesn't respect your wishes, then it is not a healthy relationship.

Today we are going to talk about three ways people respond to pressure.

1. **Passive** — Letting the other person get their way with no respect for what you may want. Example: "Ok, I don't want to do it but I guess I can go along."

Notes:

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Notes:

Educator states:

2. **Aggressive** — Getting your own way without respect for the needs of the other person. Example: "I don't want to go and you can't either! You either do it my way or our relationship is over!"
3. **Assertive** — Respecting your needs and desires while trying to respect the other person. Example: "I am not going to be going this time. Call me when you have something else to do."

Now that you understand what the different types of responses are, we are going to set up some scenarios and see if you can come up with the assertive way to deal with the situation.

[Tell each participant have the person next to them as their partner. They are going to have a few minutes to read over the scene and come up with a skit that demonstrates what the assertive answer in each situation would be. When participants are finished, ask for volunteers to act out their skits.]

Educator highlight: Acting out skits is a great way for participants to develop skills by practicing what they have learned. It is important to refer back to class rules and responsibilities and any other guidelines that might be necessary to keep this exercise orderly and fun.

Remember it is your choice to wait and have self-control, and you know what we say about choices.

The choices you make…NOW will affect you…LATER!

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Notes:

Educator states:
Let's review The Big 3 from today's session:

The BIG 3:

- It's important to respond to peer pressure with an assertive answer.
- Self-control is like a muscle, the more your exercise it, the stronger you will be. You need to exercise self-control to practice delayed gratification.
- It's important to set limits in relationships so that you stick with your healthy choices. Make decisions about limits before you're in a high pressure situation.

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.7: Peer Pressure and Avoiding Risky Behavior and collect completed forms from sessions 8.6.]

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Session 8.8

Sex and the Law, Media Influence,
Review Topic and Discuss Lessons Learned

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Session 8.8

Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

Session Overview:

1. Review Session 8.7.
2. Review the legal implications of sexual activity.
3. Discuss how the media can influences decisions.
4. Discuss advertisements and identify messages used in advertisements.
5. Review Session 8.1-8.7 using the Big 3 Review Game.
6. Show "Wait" music video by Lukus Simari.
7. Pass out evaluation forms.
8. Pass out Now and Later candy.
9. Pass out Parent Connection Form Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

Learning Objectives:

- Participants will understand the legal implications of sexual activity.
- Participants will understand that sexual assault is never the victim's fault.
- Participants will discuss the importance of reporting sexual assault.
- Participants will discuss ways to protect themselves from sexual assault.
- Participants will identify ways the media promotes sexual activity.
- Participants will discuss advertisements and how they influence behaviors.

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later candy
- Sex and the Law PowerPoint (8.8.2)
- Advertising: What are they Really Trying to Sell? PowerPoint Template (8.8.3)
- Wheel and Big 3 Review Game Cards (8.8.4)
- "Wait" Music Video by Lukus Simari (8.8.5)
- Handouts:
  - Sex and the Law (Handout 8.8.2)
  - Teacher(s) Feedback Form
  - Participant Feedback Form
  - Parent Connection Form Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned
- Question cards
- Question bag

Classroom Planning:

- Review Session 8.8 curriculum.
- Populate the Advertising: What are they Really Trying to Sell? PowerPoint Template with current advertisements.
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Let's review The Big 3 from the last session:

The BIG 3:

- It's important to respond to peer pressure with an assertive answer.
- Self-control is like a muscle, the more your exercise it, the stronger you will be. You need to exercise self-control to practice delayed gratification.
- It's important to set limits in relationships so that you stick with your healthy choices. Make decisions about limits before you're in a high pressure situation.

Notes:

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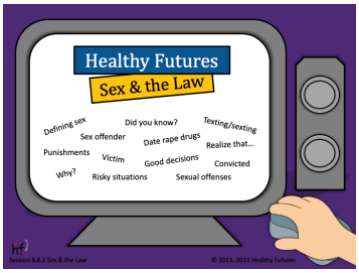
Educator states:
It's important to make good choices because it will help you to get to your goals and dreams. We're going to give you the facts about what the law says about teenagers and sexual activity. It is important for you to know about these laws so you can make informed decisions. It will also help you avoid getting in trouble with the law.

[Pass out the Sex and the Law (Handout 8.8.2). Show the Sex and the Law PowerPoint and have the participants fill out the Sex and the Law handout as you go through the presentation. The answer key to the handout is also in Appendix B.]

PPT Slides: Sex and the Law



[Slide 1]

Today we are going to discuss the laws around sexual activity. Specifically, as the laws relate to sexual activity as a teen. If someone chooses to become sexually active as a teenager it can be against the law. So it is important for you all to be aware of these laws to make informed decisions.

Educator highlight: In the United States the age of consent is determined at the state, territorial, or federal district levels. According to Massachusetts law[7], you have to be 16 years old to legally consent to have sex. If you are implementing this program outside of Massachusetts, check with your state legislature to determine age of consent in your state, territory, or federal district and definitions of felony sexual offenses. Remember that sexual assault is a very serious subject. There may be participants in your class or people that participants know that have been assaulted. Before you begin the PowerPoint, be sure to remind participants that they need to be respectful and take this subject seriously.

[7] Massachusetts Laws Part IV, Title I, Chapter 265 Section 23 and Chapter 272 Section 35A. Available online: https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI

Notes:

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[Slide 2]

Educator states:
Defining sex - Sexual activity is any contact with sexual organs with the intent to arouse or gratify sexual desire such as Sexual Touching and Vaginal Sex. It's all sex!

[Slide 3]

There are laws in your state that decide the age at which teens can consent to sexual activity. In _____ (insert state), _____ (insert age) is the age of consent. Can someone tell me what the word "consent" means?

[To give permission.]

Yes. Consent means to give permission. In _____ (insert state), if you are not _____ (insert age) yet, you cannot legally give consent to have sex. That means, anyone who has sex with someone under _____ (insert age) can be charged with rape (event if you both agree to it) because legally, the person under _____ (insert age) is not old enough to give consent.

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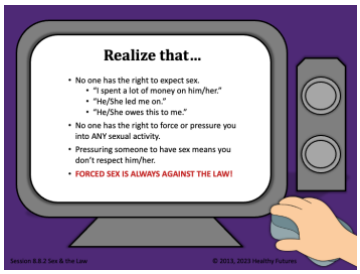
[Slide 4]

Educator states:
You may be asking yourself, "Why are there laws about how old you have to be to consent to sex?" Laws, like rules, are in place to protect people. In this case, children and young teens. Think back to 7th grade when we talked about sexual offenses. One category of sexual offenses we discussed is sexual assault. Can anyone remind me what the definition of sexual assault is?

[Any sexual act in which a person is threatened, coerced, or forced to engage against their will.]

Exactly. Another way of saying this is nonconsensual sexual touching (such as groping). The worst form of sexual assault is rape (such as forced vaginal, anal, or oral penetration using a body part (penis, finger) or an object).

So, in addition to there being laws about when you are legally old enough to consent to sexual activity, there are also laws that punish perpetrators of sexually assault.



[Slide 5]

Remember, forcing sex on someone else is a serious crime no matter what their age. It is ALWAYS wrong to force sexual activity on someone. Also remember victims are not at fault, the perpetrator is at fault. You can only control your behavior. We can't control somebody else's behavior.

Notes:

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Notes:

Educator states:
No matter what a victim might think or feel, it is never their fault. No one has the right to expect sex. You need to realize that no one owes you sex for any reason. And you never "owe" anyone sex for any reason, and you always have the right to say "No" to any form of sexual activity at any time and any place! Forced sex is against the law – ALWAYS!

[Slide 6]

Don't blame yourself if you are sexually assaulted. It is never your fault if you are sexually assaulted. No one has the right to force you to have sex or to touch you sexually, not even your boyfriend or girlfriend! And you do not have the right to force sex or to touch sexually, not even your boyfriend or girlfriend.

Get help—tell a trusted adult and REPORT the assault. If you were assaulted, you need to tell someone about it. Even if you think you might have been assaulted, you need to tell someone you trust about the incident. Also, you need to report the assault because most likely the abuser is abusing more than one person. You want to protect yourself and protect others by reporting it.

Be believed– If you are sexually assaulted, we recommend that you tell your parent or guardian first. If that isn't possible, tell your teacher, your counselor, your principal…But you need to be believed if you tell someone your story. So if the first person you tell doesn't seem to believe you, tell another person. If the second person doesn't believe you either, tell another person. Keep telling until you are believed.

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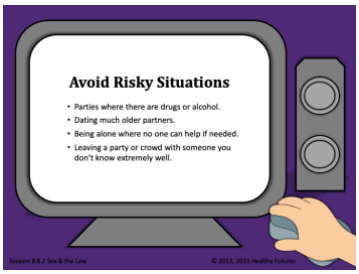
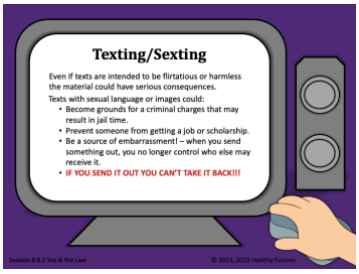


[Slide 7]

Educator states:
Who remembers the tips we taught you in 7th grade to protect yourself?

[Avoid parties where there are drugs and alcohol, avoid dating much older partners, avoid being alone where no one can help if needed, don't leave a party/crowd with someone you don't know well.]

We talk about these things, not to scare you, but to give you important information about how sexual activity can have legal consequences that can really affect your life. Understanding sex and the law as a teenager is important to help you make informed decisions about your sexual activity and understand your rights.



[Slide 8]

Technology allows us to send and receive inappropriate and oftentimes explicit pictures and texts. Even when it's intended to be flirtatious or harmless this material can have very serious consequences. Texts with sexual language or images could: (1) become grounds for criminal charges that may result in jail time, (2) prevent someone from getting a scholarship or job, (3) be a source of embarrassment. Remember, when you send something out, you no longer have control over who else may receive it. If you send it out, you can't take it back! Know the laws in your state and protect yourself from the serious prosecution associated with sexting or texting something inappropriate. Sexting can have serious consequences.

Notes:

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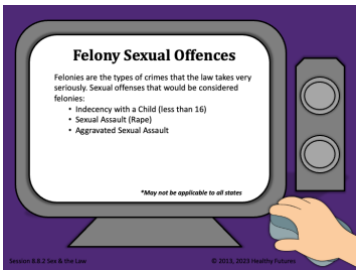

[Slide 9]

Educator states:
Felony sexual offenses are crimes that the law takes extremely seriously. Sexual offenses considered felonies include: indecency with a child (under 16 years old), sexual assault (e.g., rape), and aggravated sexual assault. Aggravated sexual assault is typically defined as a sexual assault that maims, wounds, or disfigures the victims, or involves a victim who is physically or mentally incapacitated. It may also be defined to include a sexual assault that is aided or abetted by another person, occurs during commission of another crime, or involves use of a deadly weapon.

[Slide 10]

GHB and Rohypnol (slang term is “roofie”) are date rape drugs. Regardless of whether you gave them to someone, if you even just have them in your possession, you can be charged with a felony. It is similar to how you would be charged if you were caught with cocaine.

Date rape drugs are very dangerous. People can slip them into your drink without you knowing. These drugs are tasteless, colorless, and odorless. You’d have no idea it was in there. These drugs attack your Central Nervous System. If you consumed that drink with this drug in it, you would pass out. And while you are passed out, someone could take advantage of you.

We are telling you this, not to scare you but so you are prepared for situations you might face in the future. For example, when you are older and going to parties, don’t take an open drink from someone (whether it is soda or alcohol).

Notes:

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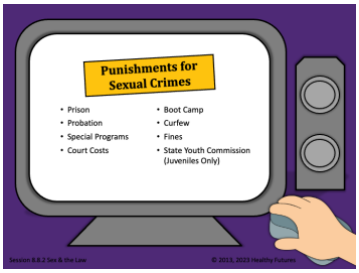
Educator states:
Get your own drink and don't leave it unattended. Meaning, don't set it down and walk away. Keep it with you. You can never be too careful because these are dangerous drugs.

Educator highlight: Sexual assault involving date rape drugs is classified as aggravated sexual assault, a felony.



[Slide 11]

Prison, probation, special programs, court costs, boot camp, curfew, fines, and state youth commission are all examples of potential punishments for sexual crimes. Often a punishment will include several of these. All crimes are different, and the punishment is designed to fit the crime.

[Slide 12]

In addition to serving their sentence, people convicted of felonies may never hold public office (e.g., principal, governor, senator, etc.), never carry a firearm, may lose licenses (e.g., driving, fishing, hunting, professional medical license, etc.) and have to report the felony when you're applying for part-time jobs in high school or college. One of the questions on job applications is "Have you ever been convicted of a felony?" This is a mandatory question and you will have to answer it honestly.

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Educator states:
Once you are convicted of a sexual offense, you will have to register as a sex offender. Regardless of age, he or she will be required to register as a sex offender. Every time they move somewhere, they have to check in with local law enforcement agencies and register with them. This is mandatory. If required to register as a sex offender, the person's picture and address will be published in the newspaper with the crime they have committed and may be posted on the internet. By law, the ad has to run two consecutive Sundays and is paid for by the sex offender. A judge can also assign other punishments such as requiring a sex offender to post a large sign at his/her residence to alert neighbors that a sex offender lives at that address. The law considers public safety more important than the privacy rights of persons convicted of sexual offenses.

Educator highlight: A federal crime law called "Megan's Law" requires all 50 states to inform the public of convicted sex offenders.

[Slide 13]

Remember how we say the choices you make will affect you later? Getting in trouble with the law as a teen will impact your future. And making informed decisions about your sexual activity will help you avoid legal ramifications if you break the laws in your state. Offenses committed when you are young can follow you for the rest of your life. Making good choices can help you avoid getting in trouble with the law. And that's important because: The choices you make…NOW will affect you…LATER!

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Educator highlight: Before class, populate the Advertising: What are they Really Trying to Sell? PowerPoint Template with examples of current advertisements that use sexual images to sell a product. For example, an advertisement featuring two teens kissing may be using sexual activity to sell gum.

Educator states:
Next we are going to talk about something else that can have an influence on us, the media. What do we mean when we say "the media"?

[Have participants respond and write the list up on the board. The list may include television, radio, magazines, movies, music, the internet, etc.]

Do you think advertising affects what you think, do or buy?

[Give time for various answers.]

Who can think of their favorite commercial? What is it about? How do they get their message across?

Raise your hand if you agree that media can influence you. Raise your hand if you disagree with me.

Let me give you an example of how media can influence you without you even realizing it.

Who has ever gone around singing a song they don't even like? Let me ask you: Why do you go around singing that song? It doesn't matter what reason you give me. You have been influenced. Before you know it, you are starting to like the song, hum the song, and you might even wind up purchasing it. Why? Because you were influenced by the music industry, the radio, maybe YouTube, or iTunes, or other places you heard the song.

Do you think that advertisers who spend millions of dollars on ads think that their ads affect you in any way?

[Yes.]

Why do they spend this money on advertising?

[To get people to buy their products.]

What is their goal?

[To make money.]

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Educator states:
What about relationships? What do the TV shows, music, and movies say about relationships? About sex?

[Give time for answers.]

So we talked about music but let's talk about advertising in magazines or TV.

We are going to look at some ads. What they're actually advertising is covered up but from the context of the ad (the pictures and words used) I want you to guess what they're trying to sell.

[Show the Advertising: What are they Really Trying to Sell? PowerPoint. Stop on each slide, show the advertisement, and have participants guess what the advertisement is for. After participants guess, lift up the block covering the product in the advertisement. Ask participants after each one, "Do they really need to do this to advertise _____ (insert product here)? No. But it gets your attention.]

PPT Slides: Advertising: What are they Really Trying to Sell?

[Slide 1]

[Slide 2]

That is the way that advertisements are used to influence the way we think. They want to make you think that if you use this product you will be gorgeous, sexy, and rich and have all the guys or girls running after you. Is that really true?

[No.]

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[If time allows, discuss the following.]

Educator states:
What about how we use media in relationships? How do we use social media (e.g., Facebook, Twitter, SnapChat, etc.) in relationships?

We use social media to:

- Meet people
- Make connections
- Impress people
- Fight with people

Remember that it is unhealthy, inappropriate, and sometimes illegal to:

- Send unflattering or partially clothed or unclothed images of yourself or others (sexting),
- Spread rumors,
- Instigate a fight,
- Set up a false identity to fool people (catfishing)

Again, we're not here to tell you what to do. You have to make your own decisions. We're here to have you think from a new perspective and for you to be able to make healthy and smart choices for yourselves. Be careful what you're listening to and realize that it's only meant for entertainment, nothing more. The TV shows and the music you listen to can definitely impact your decisions.

Here are The Big 3 from our session today:

THE BIG 3:

- There can be legal consequences to sexual activity
- Nobody has the right to demand sex. Forced sex is against the law.
- The media often uses sex to sell products. Be aware of the obvious and hidden messages in the media you use (television, music, magazines, social media, etc.) and the influence the media has on your decisions.

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[Using the wheel, review the topics covered during the 8th grade program.]

Educator states:

Session 8.1:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

Session 8.2:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotion changes.
- Unplanned pregnancy is a risk of sex. Think about it – Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

Session 8.3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- If you are sexually active, you need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms to reduce the risk of sexually transmitted infections (STIs).
- If you want to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

Session 8.4:

- STIs spread quickly and easily.
- The most common symptom of an STI is no symptom. If you or someone you know has been sexually active, get tested!
- Choosing not to have sex (vaginal, oral, anal, or outercourse) until you are in a faithful lifelong relationship is the only 100% way to protect yourself from STIs. If you or someone you know is sexually active, or in a faithful lifelong relationship with someone who has an STI, it is important to use a condom every time to reduce the risk of spreading the STI.

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Educator states:

Session 8.5:

- We all have emotional needs that need to be met to be successful in life.
- It is important to meet our emotional needs in a healthy way.
- Sexual activity creates emotional bonds that lead to heartache if they are broken.

Session 8.6:

- A healthy relationship is one that builds up both people emotionally and physically.
- It is important to know the characteristics of a healthy relationship so that you can know if you are in one.
- Choosing a healthy relationship can help you avoid risky behaviors and achieve your goals and dreams.

Session 8.7:

- It's important to respond to peer pressure with an assertive answer.
- Self-control is like a muscle, the more your exercise it, the stronger you will be. You need to exercise self-control to practice delayed gratification.
- It's important to set limits in relationships so that you stick with your healthy choices. Make decisions about limits before you're in a high pressure situation.

Session 8.8:

- There can be legal consequences to sexual activity.
- Nobody has the right to demand sex. Forced sex is against the law.
- The media often uses sex to sell products. Be aware of the obvious and hidden messages in the media you use (television, music, magazines, social media, etc.) and the influence the media has on your decisions.

Bonus Questions:

[For the Bonus Questions cards write up bonus questions based on curriculum content/topics that you think this class needs an additional review on. The questions and answers can be written down on the purple Bonus Question cards.]

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Educator states:
Now, we are going to show you a music video by Lukus Simari. It was filmed in Lowell, Massachusetts.

[Show the "Wait" music video.]

Remember that regardless of whether or not you think about the consequences to your decisions:

The choices you make…NOW will affect you…LATER!

Notes:

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Notes:

Educator states:
We have really enjoyed our time with you for the last eight sessions! We know that as 8th graders you all will be entering high school next year. High school can be exciting and intimidating so we want you to take your Healthy Futures lessons with you.

We want you to remember to choose good friends because you can't choose your mom, dad, brother or sister but you can choose your friends. So choose your friends with positive qualities we discussed. At Healthy Futures we like to say "show me your friends and I'll show you your future!"

Next we want you to remember to focus on your dreams and goals, not the every day problems, issues, or drama you may face! If you want to be successful, so know what you want and know how to get there!

And lastly, remember to think about the consequences of the decisions you make because…

The choices you make…NOW will affect you…LATER!

[Pass out Participant Feedback Forms and Teacher Feedback Form(s). Collect the forms once they are completed.]

[Pass out Parent Connection Form Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned and collect completed forms from sessions 8.7. Distribute Now and Laters and incentives.]

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