

native

STAND

Students Together Against Negative Decisions

Facilitator's Manual

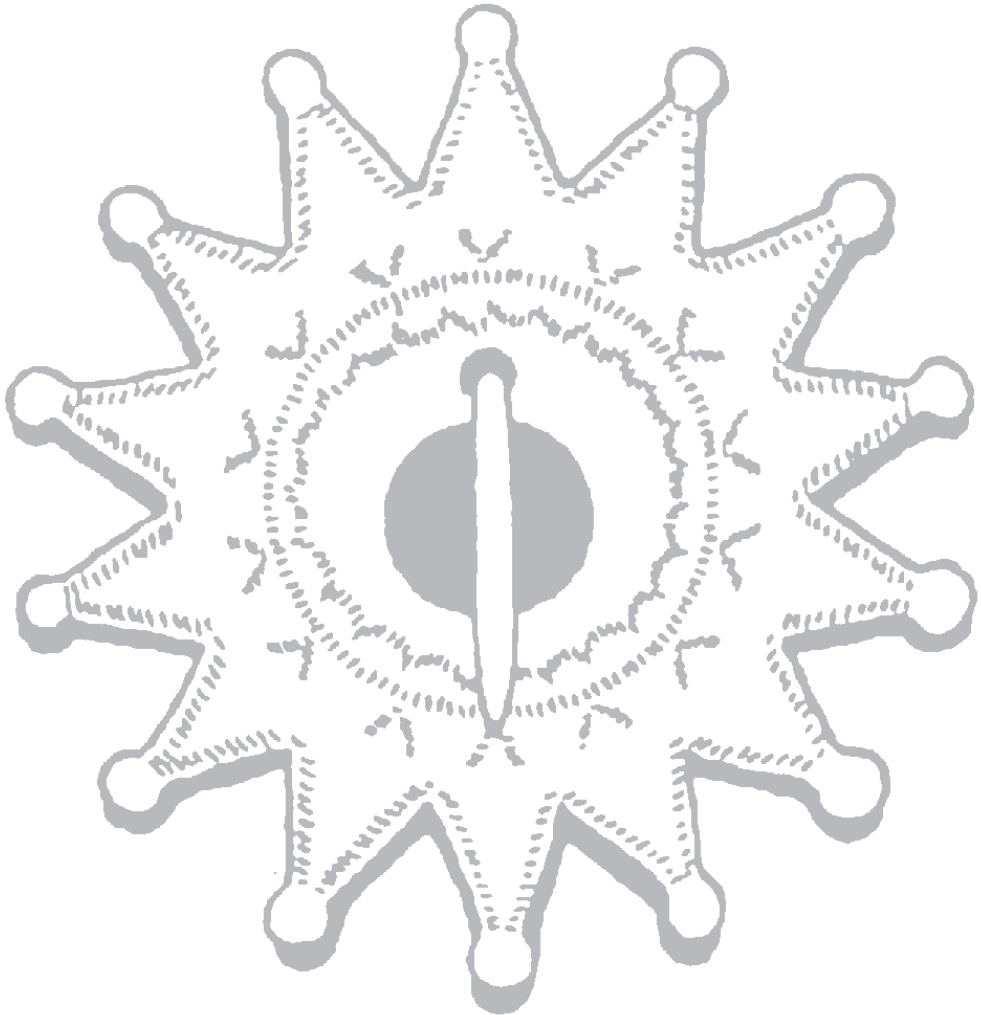
Native STAND Facilitator's Manual

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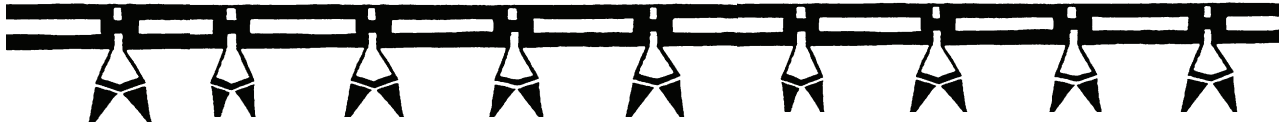
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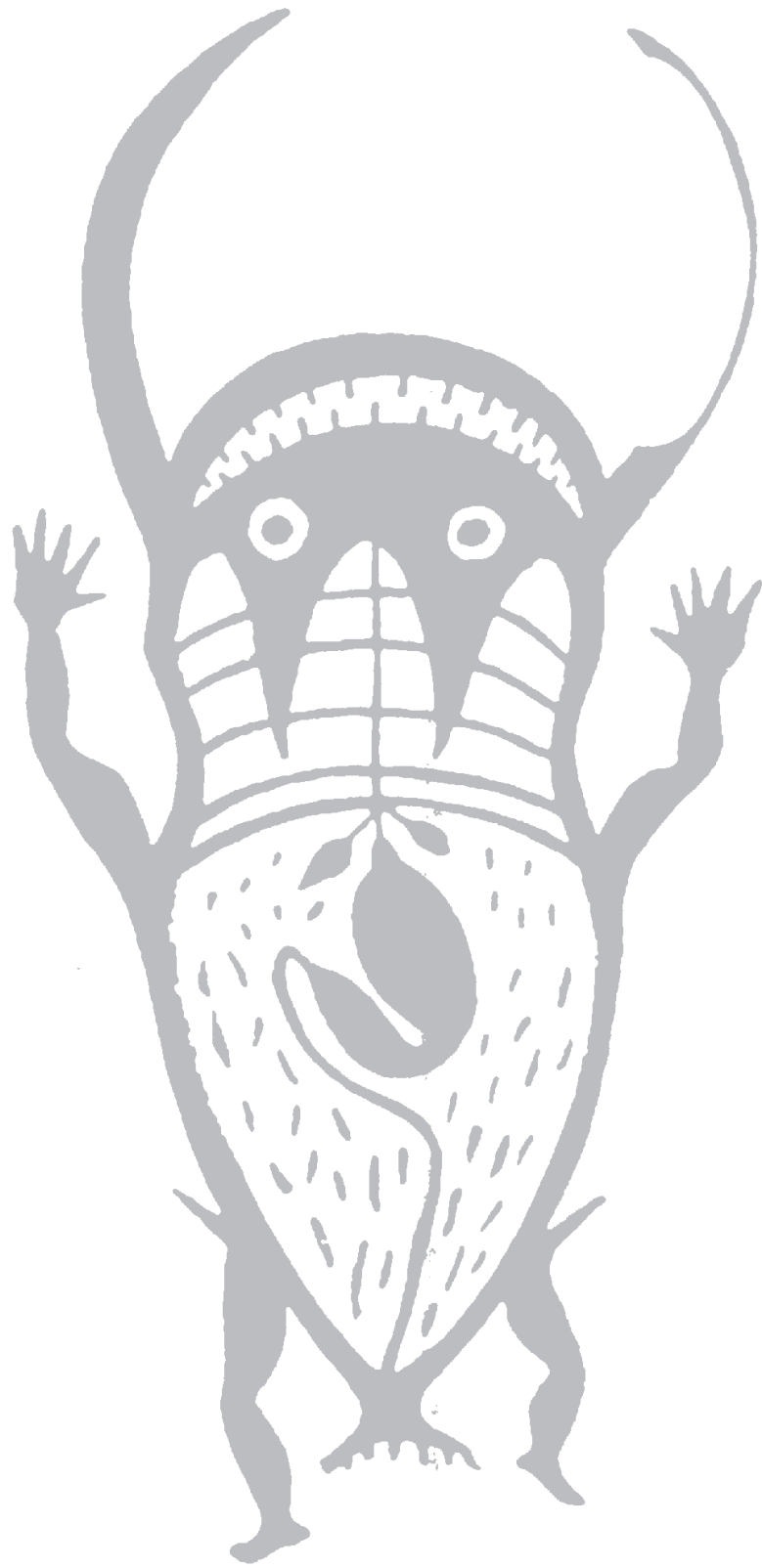
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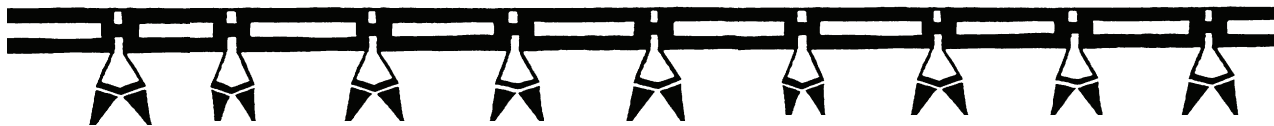
Development of this curriculum involved the contributions of many, many people from across the country. We would particularly like to thank:

- Mike Smith (developer of the original STAND curriculum)
- The Native STAND Work Group:
 - Marco Arviso—*Navajo AIDS Network (Chinle, AZ)*
 - Krysten Azure—*Student (Devils Lake, ND)*
 - Dana Cropper-Williams—*National Coalition of STD Directors (Washington, DC)*
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Implementation Guide



Background

Youth in the U.S. have very high-risk behaviors, ranging from personal safety issues (such as wearing seatbelts, driving with drunk drivers, and getting into physical fights), to risk behaviors related to drug and alcohol use and sexual activity. Although data are limited, these risk behaviors are especially high among American Indian/Alaska Native (AI/AN) youth.¹

There are many curricula developed for youth that address some of these high-risk behaviors, including the prevention of STDs, HIV, teen pregnancy, and interpersonal violence. However, few curricula take a comprehensive healthy decision-making approach. Importantly, there are very few curricula that are culturally relevant for AI/AN youth.

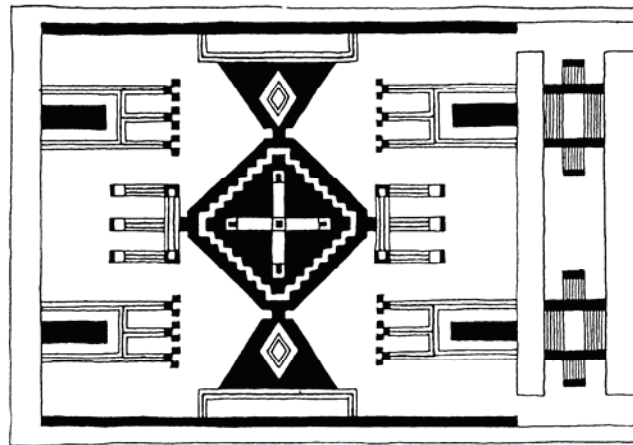
Recognizing this gap, the National Coalition of STD Directors, the Centers for Disease Control and Prevention/Division of STD Prevention and the Indian Health Service/National STD Program sought to develop a culturally appropriate peer education curriculum to support AI/AN youth to make healthy decisions for themselves in all areas of their lives, including the prevention of STDs, HIV, teen pregnancy, and drug and alcohol use.

We identified an existing curriculum, Students Together Against Negative Decisions (STAND), to adapt for AI/AN youth (Native STAND). The original STAND was developed by the Mercer University School of Medicine in Macon, Georgia. It was developed for rural youth and aims to promote healthy decision making around STDs, HIV, and teen pregnancy prevention. The goals of STAND are abstinence, reduction of risk for those who do not abstain, and the development of norms that oppose sexual risk taking. It is designed to train teen opinion leaders to be role models and peer educators who promote abstinence and risk reduction with their friends.



¹ 2005 YRBS; 2005 Navajo Nation YRBS, 2003 BIA YRBS

We are proud to share Native STAND with you. We hope it will be a useful and effective tool for supporting healthy decision-making among AI/AN youth. We welcome your comments and feedback.



How to Use this Curriculum

The curriculum is comprised of 27 sessions which last approximately 1 ½ hours each. Additional time may be required for activities like choosing a name for your group, designing T-shirts, planning the graduation ceremony, etc.

There are three Native STAND manuals:

1. The Peer Manual (PM) *(one per peer educator)*
2. The Facilitator's Manual (FM) *(one per facilitator)*
3. The Resource Manual (RM) *(one per school + CD-Rom)*

Everything you need to know to deliver each session is in the FM. The first page of each session in the FM includes the information on the following page.

The Question Box

At the beginning of every session the facilitator will check the Question Box (QB) to see if any peers have questions that they were too embarrassed to ask in front of the group.

You may want to review any questions in the QB before the session, in case you need to look up answers to particular questions, etc.

You will need to make the QB yourself before Session 1. It should be closed except for a slit to submit questions (like a polling box). Decorate it anyway you like.

Purpose:
what you will do during this session and why

Stages of Change Process:
The SOC process that corresponds to the session's content

Learning Objectives:
What the peer educators should learn by the end of the session

1: Welcome & Introduction

Purpose:
To give Native STAND members a clear understanding of the Native STAND program and to establish the need for the program.

Stages of Change Process:
Getting information

Learning Objectives:
By the end of this session, Native STAND members will be able to:

1. Describe the goals, content, and procedures of the program.
2. Describe the magnitude of the problem of teen pregnancy and STDs.
3. Recognize the need for teens to learn how to reduce their risks of pregnancy and STD infection.
4. Describe the role of a peer educator.

Supplies/Materials:


- Peer Educator Binders (PEBs)
- 1 large bag of M&Ms
- Small prize for Activity #4 winning team (*optional*)
- Chart paper, markers, masking tape
- Question Box (QB)

Resources/Handouts:

	RM	PEB	HO
Native STAND Consent	•		<i>if/as needed</i>
Peer Educator's Journey	•	•	
Risky Business Worksheet	•	•	
Sources for Youth Risk Behavior Surveillance Data			
Native STAND Contract	•	•	•

Preparation:

- Create Question Box
- Get small prizes for Activity #4 winning team (*optional*)



Native STAND Facilitator's Manual—Session 1: Welcome & Introduction 1

Supplies/ Materials:
things the facilitator will need to conduct the session

Resources/ Handouts:
written documents the facilitator will use/refer to during the session (RM=in Resource Manual for your reference, PM=in Peer Manual for their reference, HO=a handout in the RM that you will need to make copies of for the peer educators)

Preparation:
things you will need to do in advance to prepare for the session

We estimate that facilitators will spend about 1 ½ hours a week getting ready for that week's session (a 1:1 ratio). This will vary somewhat from session to session and should take less time as facilitator's become more familiar with the curriculum and more confident in their skills and abilities to deliver it. It is important that you schedule some planning time for the adult (and teen co-facilitator, if using one) to plan together. Taking 15 minutes or so at the end of each session to plan the next session is often a good strategy.

As noted, the first page of each session lists the necessary materials for that session. A complete list of materials for the entire curriculum is in the RM.

Note that an extensive glossary of terms is included in the FM and PM. Also, an alphabetical listing of all activities is included in the RM.

Identifying Peers

The way you identify peer educators to participate in Native STAND will vary depending on how you choose to implement the curriculum.

For example,

- some may implement it as part of a required health class
- some may implement it as an after school or summer camp program with no limits on the number of participants
- some may implement it as a sanctioned school activity with a limit on the number of participants

If you are implementing Native STAND as it was developed, Native STAND peer educators will be selected using a **peer nomination process**. It's important that *peers* choose who they trust to be peer educators, as teachers and faculty don't always see things through the same lens. It's important that the other students trust the nominated person and would actually go to him or her with personal problems. A teacher or faculty member might nominate who they think would be the person, but that doesn't mean that the rest of the kids will agree or will actually use that person as a peer.

The peer nomination process is based on the Diffusion of Innovations (DOI) theory, which maintains that diffusion is the process by which an innovation (i.e., something new) is communicated among the members of a particular social system. In this case, the "innovation" is healthy decision-making to prevent STDs, HIV, and unwanted pregnancy, and it is the trained peer educators who spread the innovation within the community. DOI maintains that a change is most likely to be widely adopted in a group if the popular opinion leaders (the peers who have the most informal influence on the attitudes about these topics and related behaviors of the group) adopt the innovation first and promote it to their peers.

What to look for in a facilitator

It is very important to the success of your Native STAND program that you choose your adult facilitators carefully.

The most effective facilitator will be someone who:

- has a genuine concern for the well-being and social development of youth
- is comfortable discussing sensitive issues, like sex
- is non-judgmental
- has good facilitation/training skills
- has good rapport with the students, parents, administrators
- is reliable
- is organized
- isn't leaving soon

We strongly recommend that *at least two* facilitators (ideally, one male and one female).



Here's a bright idea: In one school, the *students* asked whether they could do a similar process as the Peer Nomination Process to determine which staff/faculty would be the facilitators.

1. To begin the nomination process, plan an assembly with the students who are eligible to participate in Native STAND (for example, 10th graders).
2. Before the assembly, prepare the peer nomination forms. To do this, you will need a list of eligible students. Create a form that has these elements:
 - A blank for the student's name (or I.D. number, if there is a concern on the part of the students to maintain their anonymity)
 - Instructions for the students to review the names and select five who they would trust and feel comfortable talking to about a sensitive issue, like sex.
 - The list of eligible students' names.
 - Here is a sample peer nomination form:

PEER NOMINATION FORM

Name/Student ID: _____

Instructions: Look at the names on this list and select five people who you think you would trust and feel comfortable talking to about something sensitive, like sex.

- ___ Molly Redbird
- ___ Carlos Montoya
- ___ Peter Jim
- ___ Marty Johnson
- ___ Larry Foster
- ___ Joe Gonzales
- ___ Jamie TwoCrow
- ___ Ned Smith
- ___ Alissa Hubbard
- ___ Jason Fights Plenty
- ___ Delmar James
- ___ Crystal Chacon
- ___ Alex Ames
- ___ Sophie Billy

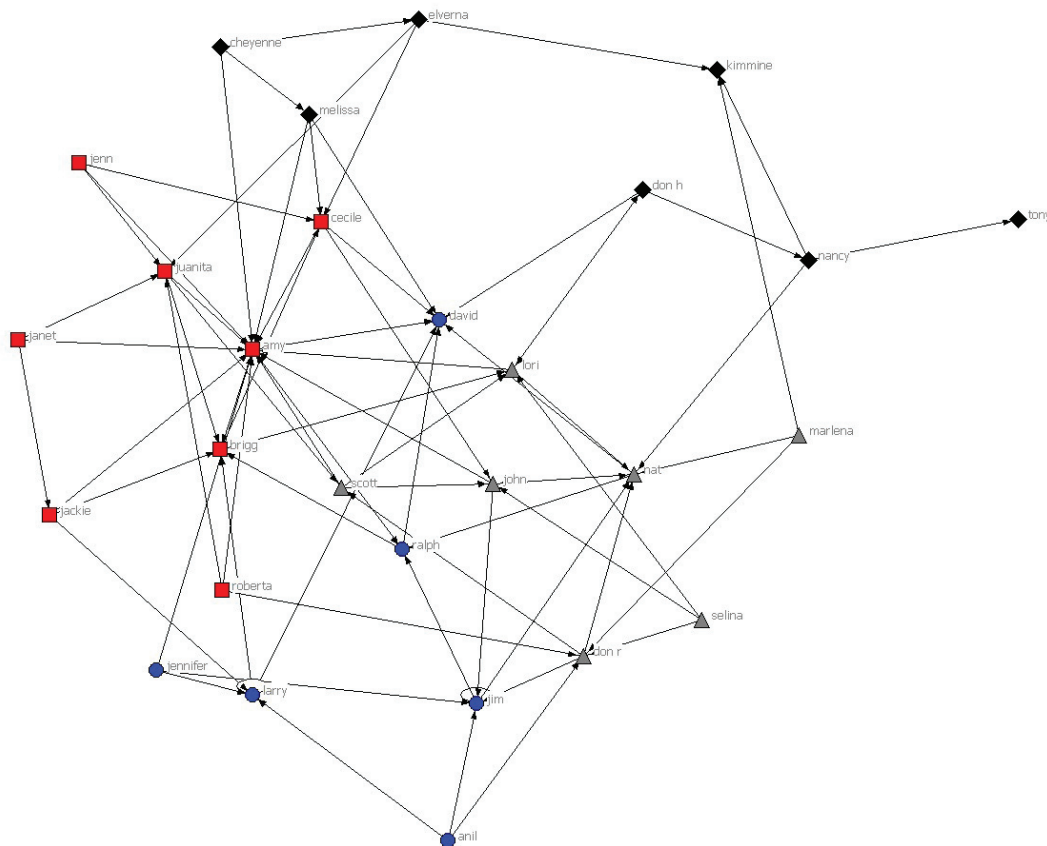
3. At the assembly, describe the Native STAND program and explain the peer nomination process. Emphasize how important it is to take the nomination process seriously, to ensure that the most appropriate kids will be trained as peer educators. Give each student a peer nomination form and ask them to read the instructions and complete the form. Make sure you get a completed form back from every student at the assembly and that either their name or student I.D. is on the form.
4. Once you have the completed forms, the steps of actually identifying who the peer educators will be can vary from a very simple system of tabulating votes to a very complex process that entails a special kind of software package.

Simple Method:

Rank the students with the most nominations. Beginning at the top of the list, count down the list until you get to the desired number of peer educators. If you someone declines the nomination or you otherwise need to replace a peer, you can work your way down the list.

Complex Method:

- The peer nomination data is entered into a computer program especially developed to analyze social networks;⁵ the result is a graphic distribution of social groups—or cliques—among the eligible student pool.



- In this example, there are four different cliques, as indicated by the different colored and shaped people (e.g., red square, black diamond, blue circle, gray triangle). The arrows between the people indicate who nominated whom; a double headed arrow indicated that the two people nominated each other.
- Rank the students by the most connections and cliques to ensure broad coverage across all cliques. (Such a report is available depending on the software package you use.)

⁵ We used UCINET (<http://www.analytictech.com/ucinet>)—free time-limited demo version available.

Planning and Managing a Native STAND Club

Once the training sessions have been completed and the peer educators have graduated, we recommend that you start a “Native STAND Club”. This can be held once a week, once a month, or something in between. It’s an opportunity for the peers to come together to share challenging situations they have encountered, to share skills and techniques they have developed, and to maintain the camaraderie developed over the course of the school year.

In addition to allowing time to debrief and share, the facilitators should plan fun and interactive educational opportunities to keep the peers’ skills up and knowledge current.

Here are some topic ideas you may want to consider for your Native STAND Club:

- How to handle common problems the peer educators are having
- Role play how to initiate risk reduction conversations or other problems
- Present the latest AI/AN risk data (e.g., YRBS data)
- Allow students to talk about their perceptions of risk taking norms among their peers
- Guest speakers on leadership, college application, etc.
- Plan a school health fair
- Discuss the possibility of lobbying the administration for a student health clinic, condom machines in the school bathrooms, World AIDS Day celebration at school, etc.
- Ask students to share peer education “success stories”
- Plan a field trip to a local AIDS hospice, etc. or just somewhere for fun
- Plan for the group to present their stories at a youth conference, powwow, etc.
- Plan a fund raiser for a local AIDS organization
- Plan a school “Health Week”
- Ask the peer educators to be creative and come up with their OWN ideas!

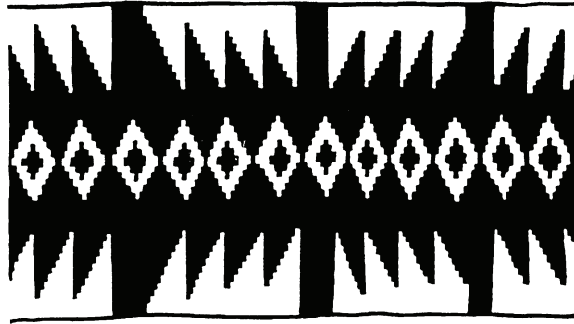
Where to meet?

When thinking about space for Native STAND to meet, keep these considerations in mind:

- The space should be enclosed and private. Some Native STAND conversations can be very personal and embarrassing. Peers may feel comfortable saying and doing things in front of other peer educators that they would not want to say or do in front of another student.
- The space should be large enough for the 20 peers to spread out for small group work, role plays, and other activities that require ample space.
- The space should be secure to safeguard Peer Educator’s Binders and other supplies and materials.



Try to choose a space that is as different as possible from a typical classroom and that makes the students feel as “special” as possible. One group met in a room with couches and pillows, just off the stage. Another met in the new faculty lounge that is normally “off-limits” to students.



Getting Community Approval and Buy-In

One of the lessons we learned throughout the process of developing the Native STAND curriculum is the importance of taking a holistic approach when approaching communities to discuss the curriculum. Just as the curriculum itself is comprehensive, so are the lives of the youth we hope to reach with Native STAND. STD, HIV, and teen pregnancy prevention are important to youth—but they are not *everything* there is for youth. Youth need support in making healthy decisions in every aspect of their lives, including sexual decisions. We hope that Native STAND will promote healthy decision-making for Native youth throughout their lives.

How Native STAND is implemented in your community depends on many things: Will it be part of a school health curriculum? Will it be an after school program? Will it be used in a public, private, tribal, or BIA school? Is the school physically located on Tribal lands? Is the school located in a state with restrictions on what can be taught in schools?

Once you know the answers to these questions, you can begin to identify the approval process that needs to happen. Depending on the situation, this can add many months onto the start-up process, especially if Tribal approval is required. You may have to make presentations to many groups to get community buy-in, including Tribal Councils, Boards of Education, School Boards, community groups, etc. Start early! Raise awareness of need. Get the input and support of concerns stakeholders.

If possible, it is very important to have an information session for parents of the selected peers before the program starts. (This will probably not be possible if you are implementing the curriculum in a residential school. Look for opportunities when parents may visit the school to have such a meeting.)

Again, depending on the situation, you may or may not need parental consent for the students to participate as peer educators in Native STAND. In some cases, an “active” or “opt-in” consent may be necessary. (This is a consent that the parents or guardians must sign in order for a student to participate in an activity.) In other settings, a “passive” or “opt-out” consent will suffice. (This is a consent that goes home to the parents or guardians with a statement that they should sign the

consent and return it ONLY if they do not want their child to participate in the activity.)

Enrichment Opportunities

Educators and youth development specialists from across the country have given us some great ideas about ways to enrich Native STAND. Although we didn't include them in the pilot phase, they are worth mentioning and looking into:

- Add a service learning⁶ component, such as a school-wide HIV/AIDS or STD awareness day or a school health fair
- Add a journal component to the curriculum
- Provide cash incentives for peer educator participation (e.g. as part of a summer jobs program, scholarship money)
- Provide college credit for peer educator participation
- Use Native STAND as an add-on to an existing peer educator program
- Involve elders (who supportive of the program) whenever possible.
- In non-residential schools, have students discuss what they are learning with their parents or guardians.



Core Elements

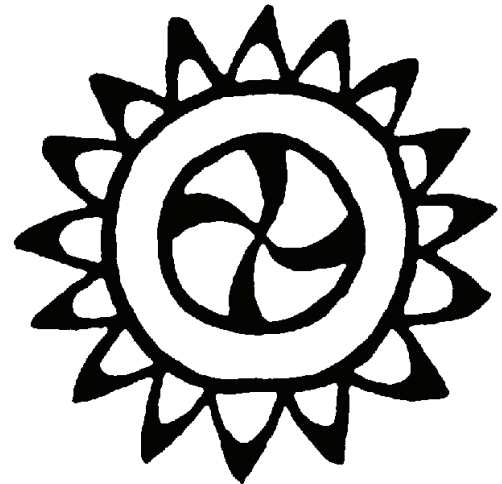
There are certain core elements that are the foundation of the curriculum; variations away from the core elements may impact the effectiveness of the curriculum.

Native STAND:

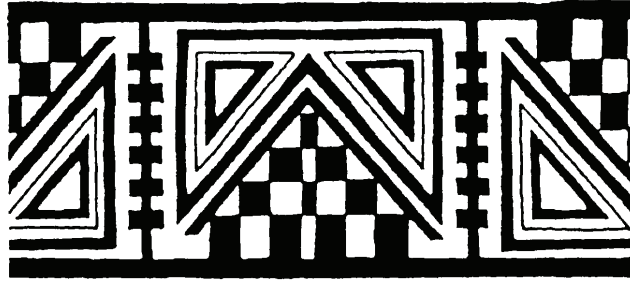
1. Promotes both sexual abstinence and risk reduction.
2. Focuses on both pregnancy and STD/HIV prevention.
3. Is teen-centered, focusing on empowerment and mutual support.

⁶ "Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities." For more info, visit The National Service Learning Clearinghouse at <http://www.servicelearning.org>.

4. Promotes skills development (e.g., communication, negotiation, refusal, assertiveness, contraceptive use) with practice and feedback.
5. Teaches youth to initiate risk reduction conversations with friends, family members, and other acquaintances.
6. Teaches youth how to communicate with messages that target risk-related attitudes, norms, intentions, and self-efficacy.
7. Uses active learning techniques.
8. Uses techniques known to be components of most effective primary prevention program (e.g., adequate number of sessions, non-judgmental attitudes, explicit information sharing, advocating specific behaviors, using non-heterosexist language, positive role modeling, promoting personal commitment).
9. Is “sex-positive,” teaching that sexual expression under the right circumstances is normal and healthy.
10. Selects peer educators through a peer nomination process.⁷
11. Focuses first on knowledge, attitudes, and behaviors, then on how to educate peers and promote positive social norms in the community.
12. Follows the Transtheoretical Model (TTM) stages of change in its design, assuming that students enter the program in pre-contemplation/contemplation and move toward action and maintenance.
13. Employs techniques consistent with the Diffusion of Innovations model of change, focusing on peer opinion leaders, emphasizing relative advantage of change, compatibility of new behaviors with personal values, and trialability and observability of new behaviors.
14. Encourages peer educators to personally endorse the benefits of safer behavior and recommends practical steps needed to implement change using a TTM-based diagnosis strategy and recommending stage-matched TTM processes for promoting change.
15. Supports peer educators to set specific goals to engage in risk reduction conversations.



⁷ If a project is primarily interested in the impact on the actual peer educator—and not diffusion to the broader community—it may use a different selection process than the peer nomination one described.

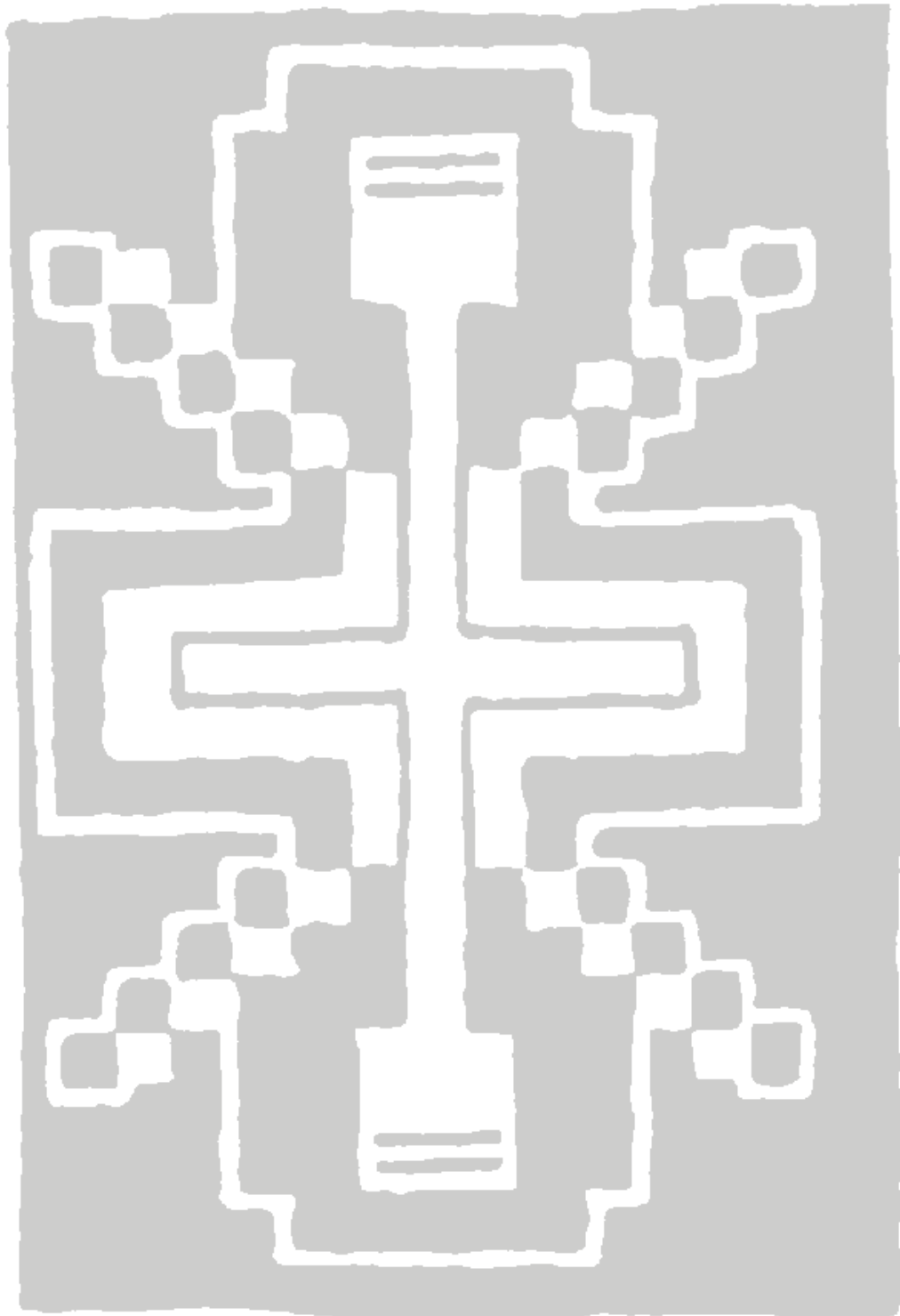


Other important considerations/recommendations:

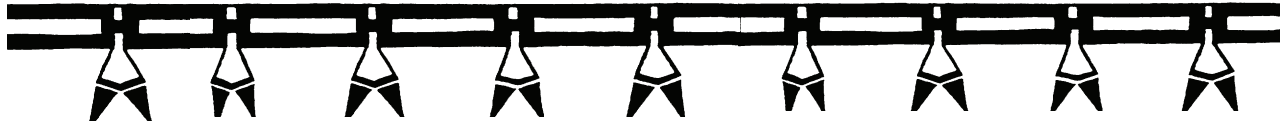
- 1. The number of peer educators should cover appx. 90% of the target population through 5-7 cliques. (This can be determined using the social networking analysis described earlier.)**
- 2. The maximum training group should not exceed 20.**
- 3. The curriculum can be modified as needed to be developmentally and culturally appropriate to the trainee group. Other specific modifications can be made as needed on the basis of need assessments conducted prior to program implementation.**
- 4. Interviews with community leaders and gatekeepers should be conducted, sharing the planned program content and procedures to obtain their input, suggestions, and buy-in.**
- 5. Native STAND should be co-facilitated by a male adult, a female adult, and (in years 2 and beyond) at least one peer teen (1-2 years older, previously trained). The teen co-facilitators and at least one of the adults should be respected leaders from the target community.**
- 6. Peer educators should meet regularly after training to discuss their experiences, refine their skills, and gain confidence in delivering effective prevention messages to others (this is the “Native STAND Club”). Omitting these “booster sessions” is likely to reduce the long-term effects of the program but is preferable to no program at all.**
- 7. Peer educators can use T-shirts, buttons, logos, or other devices as “conversation starters” to help others identify them as Native STAND peer educators and to initiate risk reduction conversations.**
- 8. Your group may choose a name other than “Native STAND” if you like. Choosing their own group name is one way to increase teen buy-in.**
- 9. Facilitators must be open and honest with parents/guardians, explaining any potentially troublesome content before training begins and requiring signed consent.**

NOTES





1: Welcome & Introduction



Purpose:

To give Native STAND members a clear understanding of the Native STAND program and to establish the need for the program.

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe the goals, content, and procedures of the program.
2. Describe the magnitude of the problem of teen pregnancy and STDs.
3. Describe the role of a peer educator.



Supplies/Materials:

- Peer Educator Manuals (PMs)
- 1 large bag of M&Ms
- Small prize for Activity #4 winning team (*optional*)
- Chart paper, markers, masking tape
- Question Box (QB)

Resources/Handouts:

	RM	PM	HO
Native STAND Consent	●		if/as needed
Native STAND Journey	●	●	
Risky Business Worksheet	●	●	
Native STAND Contract Sample	●		●

Preparation:

- Create Question Box
- Create M&M “code” on chart paper (*See Section 3*)
- Create Risky Business scoring sheet (*See Section 4*)
- Get small prizes for Activity #4 winning team (*optional*)

1. Welcome/Overview

8-10 minutes, large group discussion, adult facilitator

- Welcome students to Native STAND and explain that the acronym “STAND” represents “Students Together Against Negative Decisions.”
- Distribute the Peer Educator Manuals (PM).
- Introduce adult facilitators and teen co-facilitator (if there is one).
- If required, collect signed Native STAND Consent Forms. (If required, students must have signed consent forms in order to continue in the Native STAND program after Session 1.)
- Express excitement and anticipation. Congratulate them on being selected by their peers to be a peer educator.
- Discuss the responsibility they have to their peers to provide accurate information on making healthy decisions, including preventing STDs, HIV, and unplanned pregnancy.
- Review the commitment required (e.g., time, energy, stamina, and giving of themselves). Include make-up policy/policy for missed sessions.
- Review training logistics: how many weeks/sessions, how long each one lasts, when and where, and plans for after training (e.g. Native STAND Club).
- Review incentives for program participation (e.g., class credit, outings). *(If any.)*

NATIVE STAND CONSENT FORM	
Student: I agree to participate in Native STAND (Native Students Together Against Negative Decisions), a program that will teach me how to make healthy decisions concerning my health and to avoid pregnancy, HIV/AIDS, and other sexually transmitted diseases (STDs). Group sessions will provide information on healthy decision making and prevention. The program will teach ways that may help me avoid or lower the risk of STDs, HIV, and pregnancy, refuse unwanted propositions, and form stable relationships with others. As a Native STAND member, I understand that I will be asked to practice how I would handle pressures from other people. The program will also teach me how to share this information with others. I understand that all discussions in the group and my conversations with the project staff are confidential. They will not be revealed to my parents or anyone else. Any written evaluations that I complete for this project will be confidential and my name will not be placed on them. These evaluations will include questions about my personal knowledge, attitudes, and behaviors related to sex. My name will never appear on any report of the project or its results. I choose to participate in this project voluntarily. I understand that I am free to stop any time I wish.	
Native STAND Member signature _____	Date _____
Native STAND Project Director signature _____	Date _____
Parent/Guardian: I understand the nature of the Native STAND program my child will be participating in, and I hereby give my full permission for him or her to participate in the program in its entirety.	
Parent/Guardian signature _____	Date _____
Parent/Guardian (in print): _____	
Parent/Guardian Phone Number(s): _____	

2. Native STAND Journey

3-5 minutes, large group discussion, adult facilitator

- Refer students to the Native STAND Journey in the PM.
- Explain that participation in the Native STAND program is like a journey along a path, where they will learn important things about themselves and others.
 - ◇ Who am I? What do I know? What’s important to me?
 - ◇ What’s a healthy relationship? Am I in one now? How can I have one?
 - ◇ How can I talk to others about protecting themselves from STDs, HIV, and pregnancy? How do I protect myself?
 - ◇ How can I help my peers make good decisions?



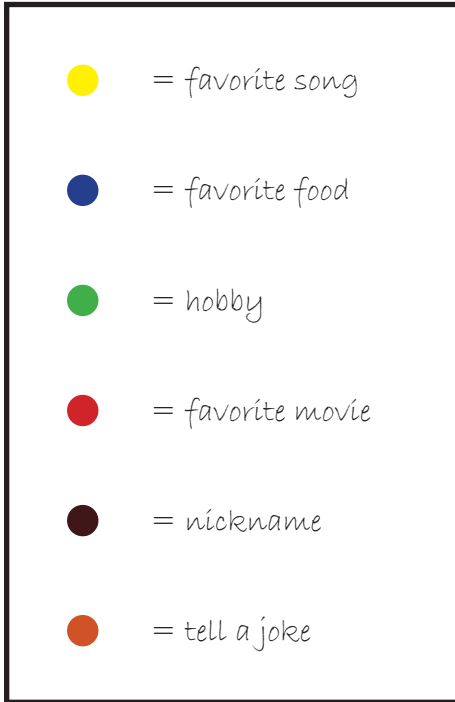
Native STAND Journey



3. “M&M” Activity

15-18 minutes, large group activity, adult or teen co-facilitator

- Before this session starts, develop a “code” for each different color of M&M and post it on chart paper. This example shows the kinds of things you can ask about, but the options are limitless.

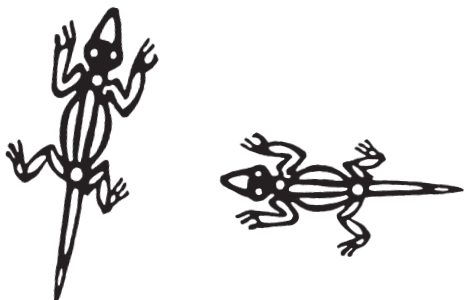


Here’s a bright idea!

If you prefer not to use M&Ms, this activity can also be done with other small multi-colored objects.





- Don’t let the students see the chart paper until activity begins.
- Introduce activity: “We’re going to get to know you and you are going to get to know each other—and yourselves—much better over these upcoming weeks and months. Today we’re going to begin with a fun and easy way to learn more about each other.”
- Have students sit or stand in a circle. Pass a bag of M&Ms around and tell each student to take 3 different colored M&Ms. They are not to eat the M&Ms (yet!) (NOTE: Make sure no one has a peanut allergy if you use Peanut M&Ms.)
- Display the chart paper and explain that for each different colored M&M, the student will share the corresponding aspects about him or herself. After a student has gone through his or her M&Ms, go to the next student in the circle.
- It’s fun and builds trust if the facilitators also participate in this activity.
- Once everyone has had a turn, they can eat their M&Ms. Now you can also pass around the M&Ms for them to share.





4. Risky Business

18-20 minutes, small & large group activity, adult facilitator

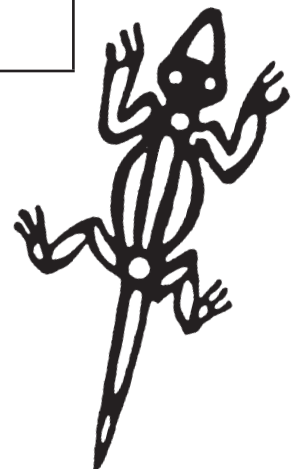
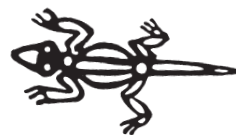
- Evenly divide students into 3-4 small groups.
- Refer students to the Risky Business worksheet in the PM and ask them to take about 10 minutes to go through the questions as a group and come up with their best guess for each question.
- While the small groups are in discussion, display the scoring chart you prepared for this activity. The chart should look something like this:


Risky Business


1. What % of Native students think they are slightly or very overweight? ____%
2. What % of Native students eats at least 6 servings of fruits and vegetables every day? ____%
3. What % of Native students has ever tried cigarettes? ____%
4. What % of Native students drink alcohol at least once in the last month? ____%
5. What % of Native students had 6 or more alcoholic drinks within a couple of hours of each other in the last month? ____%
6. What % of Native students has ever had sex? ____% 
7. What % of Native students has had sex with 4 or more people during their life? ____%
8. What % of Native students attempted suicide 1 or more times in the past year? ____% 

	Team 1	Team 2	Team 3	Native	All Races
1					
2					
3					
4					
5					
6					
7					
8					
Total					

- After about 10 minutes (or when it looks like the teams have worked through the questions), ask them to stop and reconvene.



Risky Business Questions & Answers

1. What percent of Native students think they are overweight? 26% (vs. 28%)
2. What percent of Native students eat at least 5 servings of fruit or vegetables every day? 31% (vs. 22%)
3. What percent of Native students have ever tried cigarettes? 76% (vs. 46%)
4. What percent of Native students drank alcohol at least once in the last month? 43% (vs. 42%)
5. What percent of Native students had 5 or more alcoholic drinks within a couple of hours of each other in the last month? 30% (vs. 24%)
6. What percent of Native students have ever had sex? 60% (vs. 46%)
7. What percent of Native students have had sex with 4 or more people during their life? 23% (vs. 14%)
8. What percent of Native students attempted suicide 1 or more times in the past year? 10% (vs. 6%)

- Read question 1 aloud and ask for the Team 1's answer. Write the answers in the appropriate row and column. Repeat for Teams 2 and 3. Repeat for the remaining questions. Once you have gone through every team's answers for every question, the table may look something like this:

	Team 1	Team 2	Team 3	Native	All Races
1	40%	25%	35%		
2	5%	10%	30%		
3	75%	50%	62%		
4	75%	40%	55%		
5	25%	20%	20%		
6	75%	45%	50%		
7	60%	25%	20%		
8	30%	5%	10%		
Total					

- Ask for a volunteer to share any observations they have about how the different teams answered the different questions. (For example, Team 1 consistently guessed “worst case scenario”, while Team 2 guessed somewhat more positively/optimistically; Team 3 guessed somewhere in between.). What would account for the different answers between the groups? (Answers might include: the way the discussion went, someone on the team was very persuasive, someone on the team knew the answer.)

- Inform the students know that you are going to go through each question and provide the correct answer. The team with the guess closest to the correct answer will get 1 point; the team with the most points will win a small prize. (The prize is optional.) If two teams have the same guess or are equally close to the correct answer, give each team a point. As you go through each question's correct answer, circle the closest answer in a different color marker and write the correct answer in the "Native" column. Add up each team's correct answers and write the total points in the last row. (In this example, Team 3 scored the most points and will win the prize.) When you are done, the table may look something like this:

	Team 1	Team 2	Team 3	Native	All Races
1	40%	25%	35%	27%	
2	5%	10%	30%	31%	
3	75%	50%	62%	67%	
4	75%	40%	55%	43%	
5	25%	20%	20%	30%	
6	75%	45%	50%	59%	
7	60%	25%	20%	23%	
8	30%	5%	10%	10%	
Total	1	3	4		

- Lastly, go through the questions one more time and ask for volunteers to share whether they think Native or "All races" will have a higher risk and what their guess is for each risk. Write the correct answer down in the "All" column and circle the group with the greater risk. Point out any answers that are very close between the two groups (for example, as with questions 1 and 2. When you are done, the table may look something like this:

	Team 1	Team 2	Team 3	Native	All Races
1	40%	25%	35%	27%	28%
2	5%	10%	30%	31%	22%
3	75%	50%	62%	67%	46%
4	75%	40%	55%	43%	42%
5	25%	20%	20%	30%	24%
6	75%	45%	50%	59%	46%
7	60%	25%	20%	23%	14%
8	30%	5%	10%	10%	6%
Total	1	3	4		



- Lead a discussion:
 - ◇ What do you think about this information?
 - ◇ Did any of the answers surprise you? If so, which ones and why?
 - ◇ Do you believe these same trends hold true for your own community? Why or why not?
 - ◇ Do you think Native kids have riskier behaviors than kids of other races? If so, how?
 - ◇ In what ways are Native kids less risky than kids of other races?

Frequently Asked Questions

Where do these data come from?

These data are from the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS). YRBSS is a school-based survey conducted every two years by CDC and state, local, and some Tribal entities that monitor priority risk behaviors among youth and young adults.

Do students tell the truth on the YRBSS?

Research indicates data of this nature may be gathered as credibly from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers.

Where can I get more information on the YRBSS?

Visit <http://www.cdc.gov/HealthyYouth/yrbs>. Also, check with your state department of health or education to see whether your state samples for and publishes YRBSS data for Native Americans.

5. Introduction to the Peer Educator Concept

10-12 minutes, large group lecture, adult facilitator

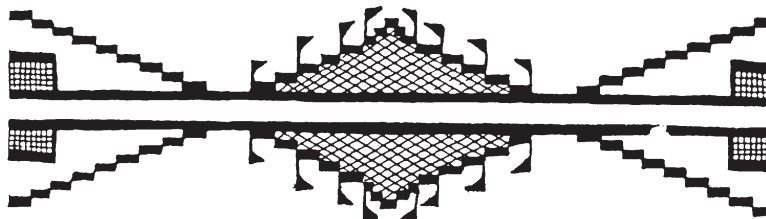
- Divide students into small groups of 3 or 4 persons each. Ask for one volunteer from each group to serve as the facilitator to guide the discussion and one person to serve as the scribe to write down the group's responses.
- Ask the groups to take 5-8 minutes to discuss the following:
 - ◇ What is a peer educator?
 - ◇ Why do you think peers - people like you - would be good educators for teens?
- Call the groups back to the large group and ask the facilitator from each group to share briefly what their group discussed. Student discussions may include:
 - ◇ What is a peer educator?
 - Someone who shares characteristics of his or her group of friends, but gets special training to be able to share information with other youth.
 - Peer educators have to be positive role models.
 - ◇ Why do you think peers would be good educators for teens?
 - Teens get their information from other youth and the media.
 - Teens have a lot of influence on each other as they grow up.
 - Teens will listen to each other more than they will listen to adults.
 - ◇ Teens will trust what other teens tell them more than they will trust what adults say.
 - ◇ It may be easier to ask questions about tough subjects (like sex) of another teen.
 - ◇ Teens who think their peers are practicing safer sex are more likely to do the same.

Note: It's very important that the facilitators, the peer educators, and the student body understand that participants in Native STAND are peer educators, not counselors. It's important to have a clear referral mechanism in place for the peer educators to refer students to when the students need counseling services.

6. What's a "Teen Co-Facilitator"?

3-5 minutes, large group lecture, adult and teen co-facilitator

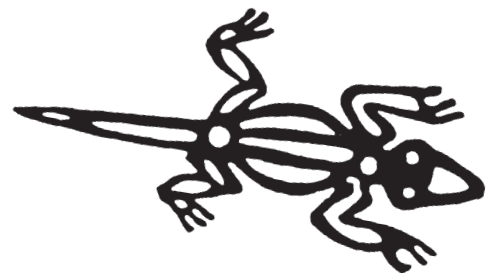
- If you are using a teen co-facilitator, introduce him or her, explain who he or she is and what their role will be. Ask the teen co-facilitator to say a few words about their experience as a Native STAND peer educator.
- If you are not using a teen co-facilitator, introduce the concept to the students and let them know that one of them may get the opportunity to stay on with Native STAND in the future as a teen co-facilitator to help run the program the next year.



7. Review Native STAND Learning Tools

3-5 minutes, large group lecture, adult facilitator

- Peer manuals (PMs)
 - ◇ Briefly review the contents of the PM with the students.
 - ◇ Explain that most everything they will need for the entire training period is included in the PM. Occasionally, they will add materials that you provide to them.
 - ◇ Inform students that the PM will stay in the regular meeting room during the program, but the PM is theirs to keep after they graduate.
- Question Box
 - ◇ Direct their attention to the Question Box and explain that it will be used throughout the training to collect anonymous questions or feedback about how things are going.



MANDATORY REPORTERS

As adult facilitators of a peer education program for Native youth, you are required by most state laws to report suspected or known child abuse or neglect, including physical neglect, physical abuse, emotional abuse, sexual abuse, sexual assault, child pornography, and drug or alcohol consumption.

Inform students that while you will respect confidentiality, there are certain situations that you are required by law to report so as to ensure their safety or that of others.

An excellent resource with up-to-date information on each state's reporting requirements is the Child Welfare Information Gateway of the Administration on Children, Youth, and Families at <http://www.childwelfare.gov>.

8. Native STAND Contract

5-8 minutes, large group lecture/discussion, adult facilitator

- Some Native STAND projects are extracurricular (outside of regular class time and not for class credit). If your project is extracurricular, you may want the students to sign a Contract that spells out the rules they will follow and expectations they will meet as participants in Native STAND. Although it isn't legally binding, it does challenge them to make a commitment to the program and to give it their best effort. If students do something to break the Contract during the program, you can refer to it to remind them what they agreed to or even use it to dismiss someone from the program if you have to.
- A sample Contract is in the RM. You can use it as is or adapt it to suit your specific needs.
- If you choose to use a Contract, provide each student two copies of the Contract, one that they will sign and return to you and one that they can keep to refer to during the program. In some projects, they are required to submit a signed Contract before they are allowed to attend another Native STAND session.

Native STAND Contract

As a participant in Native STAND, I agree to:

- ◊ Attend every session unless an emergency arises.
- ◊ Be on time for sessions and activities.
- ◊ Participate to my fullest in each session.
- ◊ Learn with an open mind and respect the ideas and feelings of others, even if they are different from my own.
- ◊ Not discuss anything personal that is said or done in the group with anyone outside the group.
- ◊ Serve as a positive role model among my peers.
- ◊ Provide my peers with factual information about STD, HIV, and teen pregnancy prevention.
- ◊ Encourage my peers to be abstinent or to reduce their sexual risk taking.
- ◊ Support fellow Native STAND participants in their personal decisions as long as they are choosing to reduce the risks they take.
- ◊ Discuss with the adult facilitator any problems, concerns, suggestions, or questions I have.

Signed _____ Date _____

9. Native STAND Constitution

10-12 minutes, large group lecture/discussion, adult facilitator

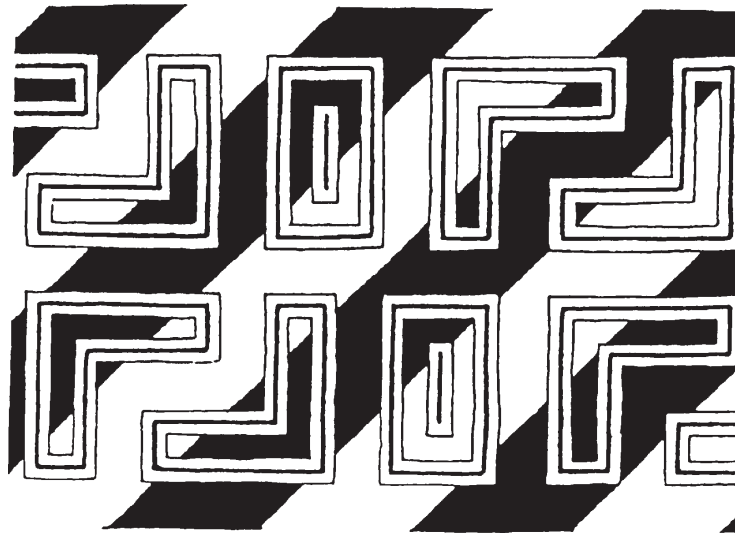
- The Native STAND Constitution, unlike the Contract, contains the students' own guiding principles that they come up with and they agree to adhere to as Native STAND peer educators. This is a "living document" and items can be added or removed as the program progresses (given that a discussion takes place and the students are in agreement).
- Explain to students what purpose the Constitution will serve and ask them to make suggestions. Write them down on chart paper for discussion, transcription, and inclusion in the PM.

- Possible elements for the Constitution could be:
 - ◊ No put downs
 - ◊ Leave your bad mood at the door
 - ◊ Respect each other's opinions
 - ◊ No interrupting
 - ◊ No talking while other people are trying to talk
 - ◊ Everyone has the right not to answer
 - ◊ There are no dumb questions
 - ◊ Laugh with others, not at them
 - ◊ What's said here stays here
- If the students have a hard time getting started or they get stuck, facilitators can make suggestions.
- Make sure the students understand the full implications of what they put in the Constitution. In some Native STAND programs, the students set a bar so high that they could not follow their own rules.
- Before the next session, transcribe the Constitution and make a copy for each student to place in their PM.

10. Closing

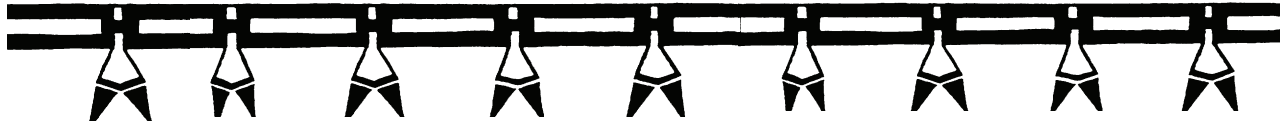
3-5 minutes, large group lecture/discussion, adult facilitator

- Preview next session: Team Building.
- Thank students for coming. Add something like: "I hope you are excited about becoming a peer educator. It's going to be fun and we'll learn a lot. I look forward to seeing you next time."



NOTES

2: Team Building



Purpose:

To foster trust and cooperation and promote a sense of belonging and team spirit among Native STAND members.

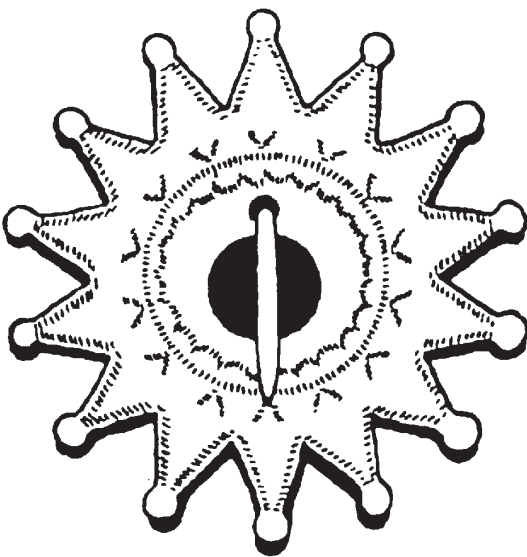
Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Display an increased level of cooperation when working together.
2. Express an increased sense of trust towards each other.
3. Voice an increased sense of belonging as a Native STAND member.



Supplies/Materials:

- Cones, flags, tables, chairs, etc. for obstacle course
- Bandanas or other blindfolds
- Several old newspapers (*optional*)
- Several rolls of masking tape (*optional*)
- 1 ball of multicolored yarn

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Native STAND Contract			if/as needed
Native STAND Constitution			●
Man in the Maze	●	●	
Ojibwe Dreamcatcher Legend	●	●	

Preparation:

- Transcribe the items generated in Session 1 for inclusion in the Native STAND Constitution and make copies for the students
- Set up obstacle course for Activity #3
- Arrange tables for optional activity
- Display Words of Wisdom
- Read the questions in the Question Box ahead of time



1. Welcome/Overview

8-10 minutes, large group lecture, adult facilitator

- If consent forms are required, collect any outstanding forms. (If consent is required, students who do not have signed consent forms will not be allowed to stay for the session.)
- If using them, collect signed Contracts. (Have extra blank contracts available.)
- Distribute transcribed Constitution. Review and make sure everyone is in agreement. Ask them to keep this in their PM for future reference
- Answer any questions in the Question Box.
 - ◇ Get in the habit of doing this at the beginning of every session, so the students know you really do look in the box for questions and to encourage them to contribute to the box.
 - ◇ If there are no questions in the QB, you may want to “plant” a few. This can serve as a review if you want to ask something about a previous session, and it will also get the students used to the idea of the QB and hopefully more comfortable to ask their own questions.
- Explain that at the start of every session, you will share “Words of Wisdom” (WOW) with the group. These are important and meaningful sayings or quotes by many different Native American leaders from throughout Indian Country, some from hundreds of years ago, some from modern times. At the end of the session, ask a volunteer(s) to share with the group what the day’s WOW means to them personally and how they think it relates to today’s session.
- Read today’s WOW.

**If you have one hundred people who live together, and
if each one cares for the rest, there is One Mind.**

Shining Arrows, Crow, 1972

2. Team Work & Trust

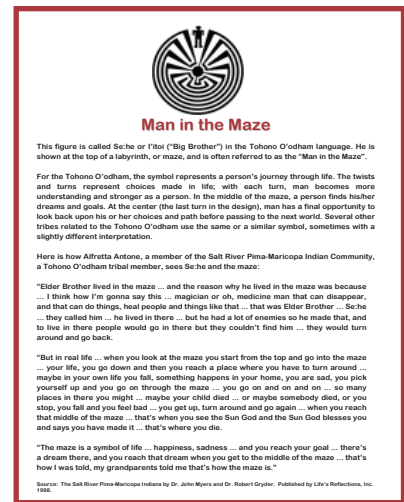
5-8 minutes, large group lecture, adult facilitator

- Introduce topic: Belonging to a team results in feeling part of something larger than you. As an effective team, you work together for the overall success of the program. The members of a team must trust one another in order to best work together and achieve their goals.
- Ask/Brainstorm: Why is it important for the members of a team to trust one another? Answers may include:
 - ◇ To rely on each other to accomplish tasks.
 - ◇ To be able to communicate freely.
 - ◇ To be open and honest with each other.
 - ◇ To trust that others will respect their confidentiality.
 - ◇ To enjoy their time working together as a team.

3. Man in the Maze

30-35 minutes, large group lecture, small group activity, large group discussion, adult and teen co-facilitators

- Direct students to Man in the Maze in the PM.
- Ask a volunteer(s) to read the Man in the Maze.



This figure is called Se:he or I'toi ("Big Brother") in the Tohono O'odham language. He is shown at the top of a labyrinth, or maze, and is often referred to as the "Man in the Maze".

For the Tohono O'odham, the symbol represents a person's journey through life. The twists and turns represent choices made in life; with each turn, man becomes more understanding and stronger as a person. In the middle of the maze, a person finds his/her dreams and goals. At the center (the last turn in the design), man has a final opportunity to look back upon his or her choices and path before passing to the next world. Several other tribes related to the Tohono O'odham use the same or a similar symbol, sometimes with a slightly different interpretation.)

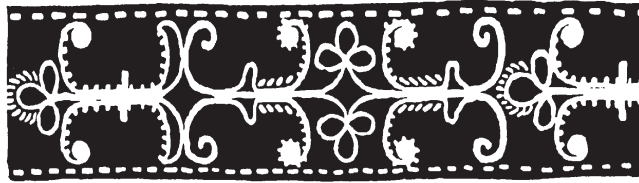
Here is how Alfretta Antone, a member of the Salt River Pima-Maricopa Indian Community, a Tohono O'odham tribal member, sees Se:he and the maze:

"Elder Brother lived in the maze ... and the reason why he lived in the maze was because ... I think how I'm gonna say this ... magician or oh, medicine man that can disappear, and that can do things, heal people and things like that ... that was Elder Brother ... Se:he ... they called him ... he lived in there ... but he had a lot of enemies so he made that, and to live in there people would go in there but they couldn't find him ... they would turn around and go back.

"But in real life ... when you look at the maze you start from the top and go into the maze ... your life, you go down and then you reach a place where you have to turn around ... maybe in your own life you fall, something happens in your home, you are sad, you pick yourself up and you go on through the maze ... you go on and on and on ... so many places in there you might ... maybe your child died ... or maybe somebody died, or you stop, you fall and you feel bad ... you get up, turn around and go again ... when you reach that middle of the maze ... that's when you see the Sun God and the Sun God blesses you and says you have made it ... that's where you die.

"The maze is a symbol of life ... happiness, sadness ... and you reach your goal ... there's a dream there, and you reach that dream when you get to the middle of the maze ... that's how I was told, my grandparents told me that's how the maze is."

Source: The Salt River Pima-Maricopa Indians by Dr. John Myers and Dr. Robert Gryder. Published by Life's Reflections, Inc. 1988.



- Tell the students that they will work in pairs to go through a simple obstacle course that will represent the Tohono O’odham labyrinth. It may include items to walk around, step over, and duck under. One of the partners will be blindfolded and the other will be providing instructions on how to maneuver the course. Each person in the pair will have the opportunity to lead and to be led.
- When you are leading your partner through the course:
 - ◇ Give clear, specific directions.
 - ◇ Don’t touch, lead by the elbow or hand, or use any other methods of communication with your partner other than giving verbal cues.
- When you are blindfolded and are being led through the course:
 - ◇ Rely on your partner to direct you through the course.
 - ◇ Use your listening skills and instincts to get you through the course.
- Divide students into pairs and distribute one bandana to each. Tell them to decide who will be blindfolded first.
- Once all teams have gone through the course once, have them switch roles. While they are transferring the bandana, have them in a place where they cannot see the course. Make several modifications to the course so that it is not identical for the other partner.
- When both partners in the pairs have completed the course, call everyone back into a large group and debrief:
 - ◇ Was that fun?
 - ◇ What feelings did you have when you were blindfolded? Were you scared, nervous, confident? Did you feel safe?
 - ◇ What feelings did you have when you were guiding your blindfolded partner? Did you feel overly protective? Not protective enough? Did you feel responsible for your partner?
 - ◇ How did the guiding partners do? Did they provide clear instructions? Were they helpful along the way?
 - ◇ What could the guiding partner have done to make you feel more comfortable or safer?
 - ◇ How did the blindfolded partners do? Did they listen to and follow instructions?
 - ◇ Could the blindfolded partners have done the obstacle course without the help of the guiding partner?
 - ◇ How does this exercise relate to the Tohono O’odham legend of the Man in the Maze and the meaning of the labyrinth?
 - ◇ Why do you think we did this activity? (Have fun, get to know each other, develop trust, etc.)
 - ◇ What is something new that you learned about your partner during this activity?
 - ◇ How do you think you would feel talking about personal things in front of each other? Any different than before the activity?

OPTIONAL: Building Bridges

If you have time during today's session—or in a later session—this is another fun team-building activity.

25-30 minutes, large group, activity, adult and teen facilitators

- Arrange tables so that teams will be able to sit near each other, but at separate tables.
- Divide students into two (or more) teams. (Mix up the groups, so students are not working with their best friends.)
- Half of each team should sit at one table and the other half at a different table nearby.
- Give each half-team a stack of several newspapers.
- Each half-team must build a portion of a newspaper bridge to connect and be joined in the middle (between the tables) to the other half of their team's bridge. Preferably, the bridges should be self-supporting (no tape allowed). (This is at the facilitator's discretion; use of masking tape is optional.)
- The facilitator must decide in advance whether the winning team will be the first one to finish or the one to build the strongest bridge. (Decide on a weight requirement for the bridge to support, such as a piece of fruit or a chocolate bar, for example.)
- Give the teams a set amount of time to build their bridge (e.g., 15-20 minutes).
- Explain to each team that both halves of the teams must work on their half of the bridge to connect in the middle. Simply making a single bridge fixed to each table with sticky tape is not allowed.
- Control the level of difficulty of the game by the distance between the tables and the number of newspapers provided.
- The secret is to build up and out, so that each side of the bridge supports the other; two horizontal halves generally collapse, unless each is extremely strong.
- Call time and announce the winning team. (Optional: have a small prize for members of the winning team.)
- Call the students back into the large group and debrief:
 - ◇ What did they learn from this experience?
 - ◇ Could either half-team have built its bridge without the help of the other half-team?
 - ◇ What helped get the job done? What made getting the job done tougher?



4. Dreamcatcher

15-20 minutes, large group, adult facilitator

- For this activity you will need a ball of multi-colored yarn. (Note: A ball of yarn works better than an oblong skein.)
- Have students stand in a circle. The facilitator starts with the ball of yarn. Hold the end of the yarn and tell the group one thing you learned today. Then, holding the end of the yarn, toss the ball of yarn to someone else on the other side of the circle. Each person will share the same type of information and then toss the ball of yarn to someone who hasn't had it yet. When the last person is finished, you will have a multi-colored dreamcatcher (or web) connecting each person to the other.
- Discuss the fact that as peer educators, we gain new knowledge and we increase our resources and contacts and become new friends in our circle of life.
- Ask: What happens if one person drops their piece of the web? Ask one person to drop their yarn. (The web is weakened.) What happens if even more people drop their piece of the web. Ask several other people to drop theirs. (It is even more weakened.) The strength of the web is that together we all do our small part to make the web strong. There are enough of us that we can keep the web strong if one or two people need a break, but if everyone drops their piece of the web, it is no longer strong, it falls apart.
- As peer educators, we each have to do our small part to keep the web strong. If we need a short break from time to time, the others are here to support us. But we need to make sure there are always enough people holding up the web to keep it strong.
- Close by saying something like: "As we are connected by this yarn, we are all a part of a larger circle of life."



5. Closing

3-5 minutes, large group discussion, adult facilitator

- Tell the students that the activity you just did is based on a Native American dreamcatcher. Ask if anyone knows what a dreamcatcher is and what it is used for. Explain that it is a willow hoop with a sinew web. It originated from the Ojibwe tribe in the Great Lakes region, but is used by many tribes. It is said to capture bad dreams. Point out to the students that there is an Ojibwe legend in the PM about dreamcatchers, if they want to know more about it.
- Draw the student's attention to today's WOW.
- Ask a volunteer to share what the words means to them personally and how they think the WOW relates to today's session.
- Preview next session: "Acting Out"
- Adjourn.

Ojibwe Dreamcatcher Legend

This is the way the old Ojibwe say Spider Woman helped bring Grandfather Sun back to the people. To this day, Spider Woman will build her special lodge before dawn. If you are awake at dawn—as you should be—look for her lodge and you will see how she captured the sunrise as the light sparkles on the dew which is gathered there.

Spider Woman took care of her children, the people of the land, and she continues to do so to this day. Long ago, in the ancient world of the Ojibwe Nation, the Clans were all located in one area called Turtle Island. When the Ojibwe Nation dispersed to the four corners of North America, Spider Woman had a difficult time making journeys to all those baby cradle boards, so the mothers, sisters, and grandmothers wove magical webs for the new babies using willow hoops and sinew. The shape of the circle represents how Grandfather Sun travels across the sky.

The dreamcatcher filters out the bad dreams and allows only good thoughts to enter into our minds when we are asleep. A small hole in the center of the dreamcatcher is where the good dreams come through. With the first rays of sunlight, the bad dreams will perish.

When we see little Spider Woman, we should not fear her, but instead respect and protect her. In honor of their origin, many dreamcatchers have eight points where the web connects to the hoop (eight points for Spider Woman's eight legs). Some people place a feather in the center of the dreamcatcher, to symbolize breath or air. From the cradle board, a baby can watch the air play with the feather and be happily entertained with the blowing feather.

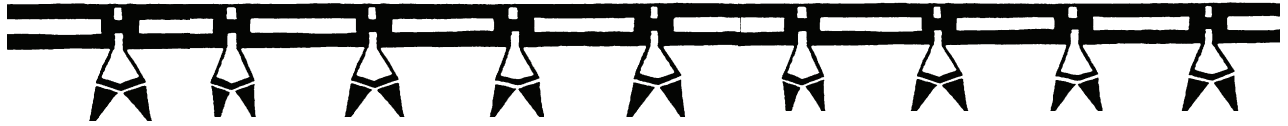


* Adapted from <http://www.cynaurind.com/dreamcatcher>

NOTES



3: Acting Out



Purpose:

To introduce students to improvisation techniques for future role plays and to increase students' comfort level in acting front of peers.

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe the importance of improvisation and role playing in health education.
2. Describe an increased level of comfort when improvising or role playing.
3. Describe an increased sense of bonding and unity with other peer educators.

Supplies/Materials:

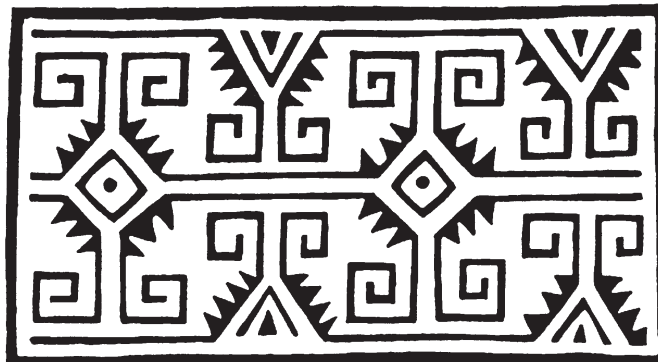
- People, Places, Things cards
- Scissors, colored paper

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
People, Places, Things cards	●		

Preparation:

- Copy People, Places, Things cards onto different colored paper
- Cut out and place in three separate piles by card category/color
- Display Words of Wisdom





1. Welcome/Introduction

5-8 minutes, large group discussion, adult or teen co-facilitator

- Review Session 2: Team Building
 - ◇ What did they think about the Man in the Maze activity?
 - ◇ Did doing that activity increase their comfort level and trust with their partner?
 - ◇ Why is it important to develop trust and comfort between the participants in Native STAND?
- Answer any questions in the QB
- Introduce today's session
 - ◇ In some parts of Native STAND, we will act out certain scenarios. We do this so we can experience certain situations and practice how we might respond.
 - ◇ Sometimes we will follow a script, but sometimes we will improvise. What does it mean to improvise? Has anyone ever seen an "improv comedy show" (like "Whose Line Is It Anyway?")? Has anyone ever played charades?
 - ◇ Today we are going to have a lot of fun doing improv.
- Read today's WOW

You, whose day it is, make it beautiful. Get your rainbow colors, so it will be beautiful.

Nootka song to bring fair weather

2. People, Places & Things

45-50 minutes, small group activity, adult or teen co-facilitator

- Beforehand:
 - ◇ Review Persons, Places and Things cards (in RM). If you have local people, places or things that you would like to use, feel free to swap out some or all of the ones provided.
 - ◇ Cut out People, Places, and Things cards and place them in three separate piles. (*Option: copy cards from each category onto different colored paper.*)
- Activity:
 - ◇ Let students know that this activity is a little silly, and requires them to trust each other enough to not feel embarrassed making fools of themselves in front of each other. Throughout the curriculum, there will be many times when they will have to act things out or be silly. It's important they get comfortable with doing this; everyone will get more out of it if people relax, have fun, and try and get into their roles.

PEOPLE	PLACES	THINGS
VAMPIRE	SWAMP	RUSTY NAIL
RAPPER	BARBER SHOP	TEA CUP
SHAKIRA	ZOO	NEON LIGHT
DORA THE EXPLORER	GRAND CANYON	TROPHY
CRUELLA DE VIL	ROLLERCOASTER	SURF BOARD
SNOOP DOG	TAXI	HAMMER
BARACK OBAMA	ALLEY	BOOK OF POETRY
IRON MAN	MOON	AFRICAN DRUM
ARNOLD SCHWARZENEGGER	UNDERWATER	METAL DETECTOR
SANTA CLAUS	BEACH	DOG COLLAR

- ◇ Break students into teams of 3-4 people. Each team draws one card from each pile (e.g., People, Places, Things). The teams have 5-10 minutes to come up with a short skit to try and convey what their person, place and thing is without using the actual words on the cards. Every person on the team must have a speaking role.
- ◇ Option: Play for points. If a team guesses any of the three they get one point. (So when each team presents, there are three points that can be won.) The team with the most points at the ends wins a small prize.
- Debrief:
 - ◇ Ask students to share their opinions about the activity. Was it fun? Embarrassing? Intimidating?
 - ◇ Why do you think we did this activity today? (e.g. to have fun, to team build, to practice improvising, to get comfortable doing and saying things that may be awkward for us, testing the safety of the group)

3. Closing

3-5 minutes, large group discussion, adult or teen co-facilitator

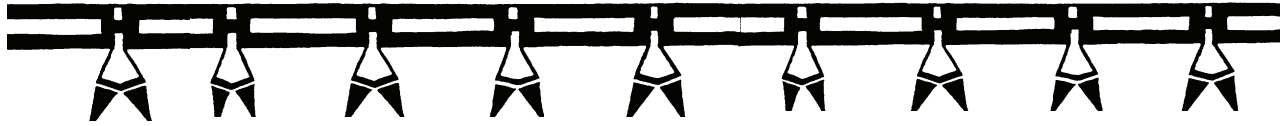
- Answer any questions.
- Preview next session: Culture + Tradition
- Read WOW



NOTES



4: Culture & Tradition



Purpose:

To recognize the importance that culture and tradition have in the lives and well-being of Native youth.

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe traditional Native American healing practices used to promote healing and well-being.
2. Describe the role elders play in Native American culture.

Supplies/Materials:

- Chart paper, markers & masking tape

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Medicine Wheel	●	●	
What is an Elder?	●	●	





1. Welcome/Introduction

3-5 minutes, large group lecture, adult facilitator

- Review Session 3: Acting Out.
- Answer any questions in the QB.
- Introduce session: Traditional Native American healing focuses on balancing mind, body, and spirit. Contrary to the “Western approach” to health and healing, Native healers don’t isolate one part of a person and only try to heal that part. Traditional healing practices center on benefits to the emotional, spiritual, psychological, and cultural aspects of the tribe.¹
- Read today’s WOW.

We should be as water, which is lower than all things yet stronger than even the rocks.

Oglala Sioux

2. Sacred Circles

8-10 minutes, large group lecture, adult facilitator

- Explain:
The symbol of the circle is very important to Native peoples. Although specific interpretations and meanings of the circle vary from tribe to tribe, it generally represents wholeness, health, and harmony with one’s self, family, community, nation, and universe. It represents the cycle of things in nature and life, like seasons and stages of life.
- Ask:
“What are some things in Native American culture or in your Tribe that are round or circular? (Write answers on a sheet of chart paper.) Answers could include:



- Medicine wheel
- Kivas
- Drums
- Hogans
- Shields
- Teepees
- Sweatlodges
- Firepits
- Round houses
- Hoops
- Sandpaintings
- Talking circles
- Powwow Dances
- Conch shells
- Bowls, pottery
- Sun, planets, moon, stars
- Teepee base
- Turtle shell
- Rattles
- Igloos
- Arm bands
- Zia sign
- Burial mounds
- Pipe bowl

¹ Source: http://tribalconnections.org/ehealthinfo/trad_healing.html.



- Explain:
Native people refer to circles by many names, including the Sacred Circle, the Circle of Life, the Sacred Hoop, and the Medicine Wheel.
- Ask:
What are some concepts represented by the Sacred Circle or the Medicine Wheel?
Answers could include: (provide a few examples, if necessary)
 - ◇ four cardinal directions (e.g., east, south, west, north)
 - ◇ four seasons (e.g., spring, summer, fall, winter)
 - ◇ four phases of our lives (e.g., child, adolescent, adult, elder)
 - ◇ four elements (e.g., fire, water, earth, air)
 - ◇ four colors of humans (e.g., yellow, black, red, white)
 - ◇ four aspects of our nature (e.g., physical, mental, emotional, spiritual)

3. Medicine Wheel

15-20 minutes, small group work, adult or teen co-facilitator

- Divide the participants into four groups and assign each group one of the four cardinal directions (east, south, west, north). Refer them to the Medicine Wheel in the PM that describes the significance of the wheel's components. Each group should read the section that corresponds to its assigned cardinal direction and select 4-5 key aspects to illustrate on a chart paper without using letters or words (encourage them to be creative and colorful). Reconvene the groups and have them sit according to their cardinal directions. Beginning with the East and moving counter-clockwise, have a spokesperson from each group present their work.
- Discussion:
 - ◇ What is the relationship between the four directions?
 - ◇ How does the direction and movement around the Medicine Wheel represent situations in their own lives?
 - ◇ How can a Medicine Wheel be used to describe the process of becoming a peer educator?

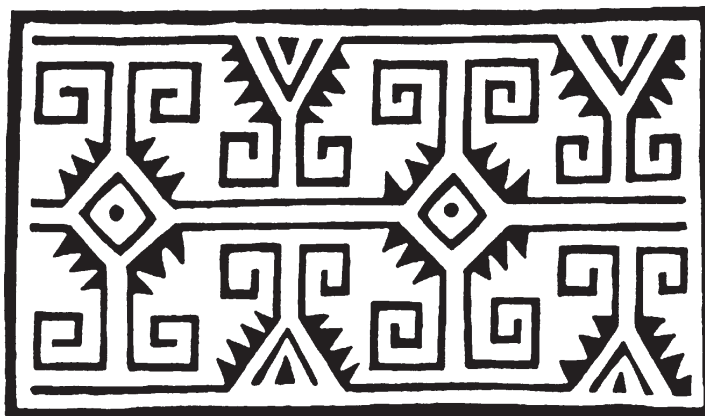




4. Traditional Healing & Well-Being

10-15 minutes, large group lecture & discussion, adult facilitator

- Introduce topic: As we just learned, the circle represents wholeness, balance, and wellness. Wellness occurs when there is balance and harmony of the mind, body, spirit, emotions, and natural environment in relation to all things.
- Ask:
 - ◇ What happens if the circle gets out of balance? (e.g., illness, disease)
 - ◇ What are some things a person can do to regain balance? (e.g., rest, nutrition, exercise, meditation, western medicine, traditional medicine)
 - ◇ Ask participants to name some traditional healing practices used by Native Americans to promote healing and well-being. Write answers on chart paper. These may include:
 - Dances, dancing
 - Songs, singing
 - Sweatbaths/sweat lodge
 - Herbal remedies
 - Smudging
 - Vision quests
 - Ceremonies
 - Sandpaintings
 - Storytelling
 - Offerings
 - Drumming
 - Talking circle
 - Stargazing
 - Fasting
 - Running
- Ask a volunteer to share a personal story about the power of traditional healing in his or her own life or that of a family member or friend.



5. Learning From Our Elders

30-40 minutes, large group, guest speaker, individual work, adult or teen co-facilitator

Introduce topic: Traditionally, Native American elders have held unique and honored positions in their communities. Their greater life experience, historical perspective, spiritual knowledge, and closer ties to the old ways of tribal ancestors make them a valuable resource for younger people.²



Option 1 - Elder Guest Speaker

- Introduce the guest speaker.
- Ask elder to speak with the students about the relationship of culture and tradition to health and well-being and the important role elders play in traditional Native cultures. Allow the elder to talk for 30 minutes or so.
- Leave time for questions and discussion at the end. (Be prepared to ask some questions, in case the students don't have any).

Option 2 - No Speaker Available

- Refer students to “What is an Elder?” in the PM and ask a volunteer(s) to read some or all of the pieces aloud to the group.
- Ask the students to think about an elder in their life and something that person taught them about health and well-being.
- Ask them to write their thoughts down in the space provided for this activity in the PM.
- After 10 minutes or so, ask for volunteers to share their experiences with an elder's teachings.

WHAT IS AN ELDER?³

“Elders are not born, they are not appointed, they emerge as the sum total of the experiences of life, they are a state of being.”

“You see, the elder, the concept for me is like if you go into a strange land and you don't know the country and you're swamped and there's [bad places to travel] and there's good places to travel. So the ones who have been longer are the good guides because they know how to get around the swamps, who know where to go, and so on. It doesn't matter if there's a trail. They know that country . . . So there are in fact guides who have been there who have each individually lived through their own hell and have found their way and they are in fact guides. So if you are going into a strange land, and God knows, it's strange to so many young people. And they can avoid all that and ensure you a good trip.”

² Source: <http://www.montana.edu/conors/research/grasslandsproject.htm>.

³ Stiegelbauer SM. What is an Elder? What do Elders do? First Nations elders as teachers in culture-based urban organizations. The Canadian Journal of Native Studies, 1996; VXI(1):37-66. Available at: <http://www2.brandonu.ca/library/cjns/16.1/Stiegelbauer.pdf>

“It is not surprising that many of the people recognized as ‘Elders’ have lived through difficult times, both personally and politically. Some have had problems with the law, with alcohol, with family separation; some have seen such things happen to others. What they have in common is the fact that they learned something from those experiences, that they turned to the traditional culture for understanding, support and healing, and that they are committed to helping others, especially those of similar background.”

“When you ask an elder for advice about tradition, you are also asking for a kind of honesty and purity and the best of tradition itself which was the spiritual as well as the everyday. Elders are practical, they have practical situations to attend to. You can confide in them and just ask for direction and help yourself.”

“Aside from the issue of age, a person becomes an ‘Elder’ in the ‘eyes of the community.’ That in itself is a process, as one Elder said, ‘part of the process of life’. Elders, however, are also practical people—people who live and make choices within an everyday life. Being an Elder requires a certain quality of person. It is also informal and something in tune with the cycle of life, with the natural way that things work.

“Through the process of accumulating knowledge and experience, some individuals begin to show an aptitude for talking to people and helping them in ways that contribute to a better life. This aptitude is acknowledged by the community in seeking them out, for discussions, for teaching, for public lectures. This in itself is a process as it happens slowly overtime so that by the time a person reaches the age of Eldership, the community begins to ‘recognize’ them as an Elder, as one who is able to communicate the teachings in a meaningful way.”

“So an elder is a very high quality of person and someone who never asked to be called an elder but is deserving of that title and of that respect, and it’s other people who recognize that person. There’s no process that I know of where you can make someone an elder. It’s a term of respect and recognition given by the people because a person has lived that life, has followed it, given those teachings from birth, has followed them through life, has lived it and practised it and now he can give that back, with the understanding. So that makes it even less in number how many elders we have.”

“Approaching an elder is a little bit like going swimming. The first time, some people are scared of water, but after they get used to it, it becomes natural to them. And so, we have to do as much as we can to get rid of the artificial barriers that are there. People are shy to go—reluctant to show their ignorance, that they don’t know how to do it.”

“The Elder I approached said that all you have to do is start talking to the Elder and things will happen—that starting the conversation, establishing the relationship is what is important, not judging the seriousness of what might be said. She said that was the nature of this kind of guidance and encouraged me to come again to talk, informally, that the conversation would take care of itself. My perception of approaching an Elder, before this discussion, was that it had to be done in the ‘proper way’, within a traditional framework, and I wasn’t sure what this was. This perception is likely one shared by many people, Native or non-Native, who have not had previous experience with working with Elders. In reality, the most difficult part was beginning, then the Elder helped with the rest.”

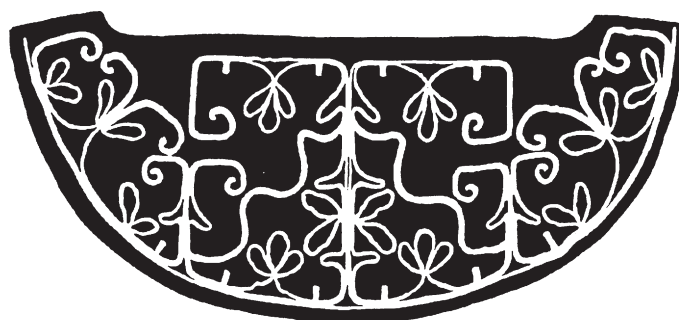
“Native elders are living links to the past. Their vivid memories have the vitality, immediacy and authenticity of those who have experienced the transition from traditional ways to the new. In the short space of two generations, they have gone from travelling the coast in canoes to flying in floatplanes...Not even the social upheaval of losing nine out of every ten people to raging epidemics in the nineteenth century, not even the disorientation of changing to new, cash economy with a more complex technological base, not even the acceptance of a new cosmology and religion, none of these broke native pride in the past or native ties to ancestral lands and waters. This is remarkable continuity. This is what the elders are about.”

“Elders are the people who are the cornerstone of our culture as they are the keepers and teachers of traditional teachings. They are the link with our past, our present and our future. They are spiritual leaders and teachers but also have the wisdom and the experience to provide very pragmatic guidance and advice on how best to improve and ensure the physical, mental and spiritual health of our community.”

6. **Closing**

3-5 minutes, large group discussion, adult or teen co-facilitator

- Answer any questions.
- Revisit WOW.
- Preview next session.
- Adjourn.



NOTES





5: Honoring Diversity/ Respecting Differences



Purpose:

To recognize common stereotypes and prejudices and to describe the negative effects they can have on individuals.

Stages of Change Process:

Getting information, knowing who you are

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Define the terms “stereotype” and “prejudice”.
2. Identify and correct common myths/ misconceptions, stereotypes and prejudices.
3. Describe negative effects of stereotypes and prejudices.



Supplies/Materials:

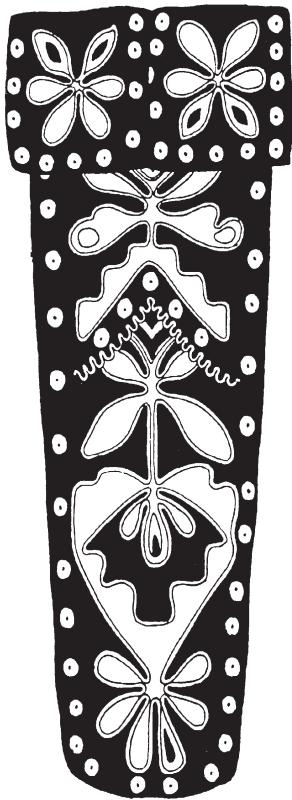
- Masking tape

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
The Three Sisters	●	●	
Stereotypes Labels	●		
Myths & Misconceptions Statements	●	●	●
Myths & Misconceptions Signs	●		
Myths & Misconceptions: What Does Science Say?	●	●	
Resources	●	●	

Preparation:

- Cut out Stereotypes activity labels (in RM)
- Make copies of Myths & Misconceptions: What Does Science Say? Handout (in RM)
- Make copies of Myths & Misconceptions worksheet
- Hang signs for Myths & Misconceptions activity (spaced apart, preferably on separate walls)
- Display Words of Wisdom



1. Welcome/Overview

8-10 minutes, large group lecture, adult co-facilitator

- Review Session 4: Culture & Tradition.
- Answer any questions in the Question Box.
- Introduce today's session:
 - ◇ Sometimes we make judgments about a person, group or thing based on stereotypes.
 - ◇ Ask: What is a stereotype? Responses may include:
 - An idea or judgment about a group or thing that may or may not be true or may be only partially true.
 - A mental picture you have of someone just because they belong to a certain group of people. (For example, you might think that all teenagers like a certain kind of music. It's not true, but it probably isn't hurtful. Still, it's a stereotype.)
 - ◇ A prejudice is a negative or hurtful stereotype. For example, if you believed that all teenagers shoplift, that would be hurtful thinking, so it is a prejudice. Someone who is prejudiced against a people of a particular race is a racist. Everyone has stereotypes and prejudices—some we don't even think about much—but they can affect how we react to and treat others.
- Read today's WOW

What should it matter if one bowl is dark and the other pale, if each is of good design and serves its purpose well?

Hopi

2. Three Sisters

8-10 minutes, large group lecture, adult or teen co-facilitator

- Ask: Does anyone know who or what are “The Three Sisters”? (Answer: Corn, beans, squash planted together)
- Ask: Who knows the legend of The Three Sisters?
 - ◇ Iroquois legend has it that they sprouted from the body of Sky Woman's daughter, granting the gift of agriculture to the tribes.
 - ◇ Three sisters, all different in appearance and in personality, live together and help each other to grow and to be strong.
 - Corn, or maize, is the oldest sister. She stands tall in the center and provides a structure for the beans to climb, eliminating the need for poles.
 - Squash is the next sister. She grows over the mound, protecting her sisters from weeds and shades the soil from the sun with her leaves,

The Three Sisters

An Iroquois legend tells of three sisters who sprouted from the body of Sky Woman's daughter, granting the gift of agriculture to the tribes.

The sisters were all different in appearance and in personality. They lived together and helped each other grow and to be strong.

- Corn, or maize, is the oldest sister. She stands tall in the center and provides a structure for the beans to climb, eliminating the need for poles.
- Squash is the next sister. She grows over the mound, protecting her sisters from weeds and shades the soil from the sun with her leaves, keeping it cool and moist.
- Beans are the third sister. She climbs through squash and then up the corn stalk to bind all together as she reaches for the sun.

Each crop also complements the others in nutritional value:

- Maize is high in calories but relatively low in protein and is missing two critical amino acids.
- Beans, on the other hand, is a rich source of protein, and has an amino acid that complements maize.
- Eating the two crops together provides a complete array of amino acids.
- Squash is high in calories, vitamins, and minerals and its seeds are good sources of protein and oil.

Each of these crops does better when planted together than when planted on their own. They each contribute a different characteristic that helps all three of them grow and be strong.

The Three Sisters teaches us:

- Everyone has something to offer.
- Everyone brings something different to the table.
- There is strength in diversity.

- ◇ Beans are the third sister. She climbs through squash and then up the corn stalk to bind all together as she reaches for the sun.
- ◇ In addition, each crop also complements the others in nutritional value:
 - Maize is high in calories but relatively low in protein and is missing two critical amino acids.
 - Bean, on the other hand, is a rich source of protein, and has an amino acid that complements maize.
 - Eating the two crops together provides a complete array of amino acids.
 - Squash is high in calories, vitamins, and minerals and its seeds are good sources of protein and oil.
- This session is about honoring diversity and respecting differences . . . why do you think we are talking about The Three Sisters?
 - ◇ Each of these crops does better when planted together than when planted on their own.
 - ◇ They each contribute a different characteristics that helps all three of them grow and be strong.
 - ◇ There is strength in diversity.
- When we say “diversity”, what do we mean? Do we only mean race? What about tribe? What about sexual orientation? What about learning styles? Athletic abilities?
 - ◇ Everyone brings something different to the table.
 - ◇ Everyone has something to offer.

3. Stereotypes Activity¹

15-20 minutes (depending on size of group), large group activity, large group discussion, adult co-facilitator

- Ask students to sit or stand in a circle.
- Randomly tape one of the stereotype labels on the back of each participant. (Labels are in RM.)
- Tell students not to read their identity; they are going to try to figure it out from how people react to them.
- After everyone has an “identity”, ask students to mingle and talk for 5 minutes reading one another’s identities and treating each other according to those identities.
- Have all participants sit in a circle (still not looking at their identities). Ask each participant:
 - ◇ What is your identity?
 - ◇ Why do you think that is your identity?
- Have the participants check their identities. Then ask:
 - ◇ How did you feel by the way you were treated by the others?
 - ◇ What are the stereotypes linked to your identity?
- Lead discussion by asking: How can stereotypes be limiting and harmful? (Because they represent a group of things we assume about individuals that may not be true.)
- Summarize:
 - ◇ Everybody has stereotypes and prejudices.
 - ◇ Prejudices get in the way of really knowing someone.
 - ◇ Drawing conclusions about what someone is like from a first impression or partial information is usually wrong, but it happens.

Stereotypes Activity Labels – Pg 1

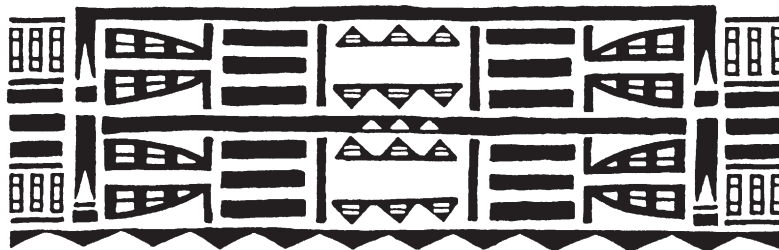
SPECIAL EDUCATION STUDENT	PERSON WITH HIV/AIDS	GUITARIST IN A ROCK BAND
DEAF PERSON	JOCK	CHEERLEADER
ELDER	BRAIN	GEEK
FAST FOOD CASHIER	SCHOOL PRINCIPAL	HOMELESS PERSON

¹ Source: Adapted from Red Cross of Tulsa Peer Educator Curriculum

- Peer educators/leaders have to work to recognize and get rid of their personal prejudices because it keeps them from being able to help others who are different from them.

Tips for Facilitating Values Exercises²

- Even young adolescents may feel personal and family values strongly, and discussing these values may bring up strong emotions. Be sure that ground rules are understood and in effect.
- Emphasize that individual values differ greatly and that there are no “right” or “wrong” answers. Allow open discussion as long as it does not get out of hand—allow participants to express, explain, and defend their values. Encourage them to use “I” statements and do not allow any put downs.
- If an argument over a value-related issue erupts, call time out and ask each side to articulate their point of view. Reiterate that values differ greatly and that it’s OK not to see eye-to-eye on everything. You can “agree to disagree”. Remember that while you are monitoring the students to make sure that they are nonjudgmental, you as the facilitator must be nonjudgmental as well. Be aware of your own personal values, especially when controversial topics come up. Monitor your comments and body language to avoid looking like you support one side over another.
- Support students so they will not feel pressured by the values and opinions of their peers. Make it clear that it is alright to change one’s mind based on new information or a new way of looking at an issue.
- Occasionally, a small minority of students will express a particular value stance in opposition of the majority of students. In such a case, it is your responsibility to support the minority. Use a verbal comment, touch, or physical proximity to show your support, but state clearly that you support the behavior of standing up for one’s values rather than the position itself.
- You may be asked about your own values related to various topics. It is appropriate to share some of your personal values and to discuss the values that you learned from your family, held as a young person, or helped you make a positive decision about vocational goals, etc. However, it’s best not to share values related to highly controversial topics. You are an important figure in the lives of the students and have a tremendous potential for influencing their values and behavior. If asked about a topic like abortion, say something like, “I’m more interested in hearing what you believe right now” or “Knowing my position may not help you figure out your own”. If you do share personal values, be clear that the values are right for you, but not necessarily right for them.



² Adapted from Advocates for Youth’s Life Planning Education

4. Myths and Misconceptions Activity

25-30 minutes, large group activity, adult co-facilitator

- Give each student a copy of the Myths & Misconceptions Statements.
- Ask them to read the statements and to circle, “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” for each.
- Tell students to remove the sheet from their PM, wad it up, and toss it across the room. Have them throw the wadded papers around the room a few times to thoroughly mix them up.
- Ask each student to pick up one of the papers.
- Point out the four signs around the room: “Strongly Agree”, “Agree”, “Disagree”, and “Strongly Disagree”.
- As you read the statements below, ask students to stand under the sign corresponding to the statement written on the paper they have. Remind teens of the ground rules—that we will respect each others’ opinions without put-downs and they should not speculate who has whose paper.
- Read each of the following statements aloud, and give students a few minutes to distribute themselves. Explain that people have very different perceptions of the same issues. Sometimes perceptions are based on values or someone’s “moral compass”. Sometimes they are based on peer pressure or what someone thinks is the socially-desirable response to a question.
- Explain that for each of the statements they read there is a scientifically-based yes or no answer.
- Read through each statement and ask for a volunteer(s) to tell you whether they think the answer is true or false.
- If there is dissension in the group or no one get it correct, refer students to “Myths & Misconceptions: What Does Science Say?” in the PM and ask a volunteer to reach the explanation provided aloud to the group.
- Tell students that even through people have different opinions on many of these issues, it’s important to look at the scientific evidence. It’s also important to be respectful of other people even if you do not share the same beliefs.

Myths and Misconceptions Statements

1. Both girls and boys can play sports.
Strongly Agree Agree Disagree Strongly Disagree
2. All overweight people are lazy.
Strongly Agree Agree Disagree Strongly Disagree
3. All Native people are alcoholics.
Strongly Agree Agree Disagree Strongly Disagree
4. People choose to be gay/lesbian/bi/transgendered.
Strongly Agree Agree Disagree Strongly Disagree
5. You can tell if people are gay or lesbian by how they look or talk.
Strongly Agree Agree Disagree Strongly Disagree
6. Both girls and boys can act, sing, and dance, regardless whether they are straight or gay/lesbian.
Strongly Agree Agree Disagree Strongly Disagree
7. Gays and lesbians are more likely than straight people to be child molesters and pedophiles (people who are erotically attracted to children).
Strongly Agree Agree Disagree Strongly Disagree

Myths and Misconceptions
What does science say?

1. **Both girls and boys can play sports.**
Yes. Both males and females of all ages can play sports.
2. **All overweight or obese people are lazy.**
No. Many people, both overweight and underweight need to be more physically active. Overweight can be due to genetics, stress, diet, and societal influence.
3. **All Native people are alcoholics.**
No. While alcoholism is a problem in many Native communities, we know that every Native person is not an alcoholic.
4. **People choose to be gay/lesbian/bi/transgendered.**
No. Science today tells us that sexual orientation is probably caused by a combination of genetic, hormonal, and social/environmental influences. Almost all GLBTQ people believe that they did NOT choose their sexual orientation.
5. **You can tell if people are gay or lesbian by how they look or talk.**
Not always. Only some people fit the stereotypes, that's what makes them stereotypes. Some people who aren't gay also fit stereotypes about gay people. It's OK for a gay or lesbian person to fit those stereotypes, but many gay and lesbian people don't.
6. **Both girls and boys can act, sing, and dance, regardless whether they are straight or gay/lesbian.**
Yes. Many boys and girls participate in all kinds of activities. Activities do not determine one's sexual orientation.
7. **Gays and lesbians are more likely than straight people to be child molesters and pedophiles (people who are erotically attracted to children).**
No. Gay men and lesbians are usually just as respectful of children and others as heterosexuals are. There's a false stereotype that gay men molest children; most child molesters are heterosexual.
8. **All teenagers make bad choices and cannot be trusted.**
No. Many teens can and do make good choices all the time. Just as many people have preconceptions about young people, others stereotype older individuals. Neither form of ageism is right.
9. **It's not a good idea to be friends with a gay/lesbian person because they will try to convert you.**
No. Another stereotype is that gay people "recruit" or "come on" to heterosexuals. That's not usually true either. A person would just be setting themselves up for rejection if they flirted with someone who clearly wasn't interested.

Note: If you hear students say things like “That’s so gay!” It’s perfectly appropriate to respond by saying something like: “Some people say ‘That’s so gay!’ to mean that they don’t like something. Have you heard that? What do you think about that? It shows prejudice and it might hurt people...maybe somebody who’s mom or dad or another family member or friend is gay. We all probably know someone gay, even if we don’t realize it.”

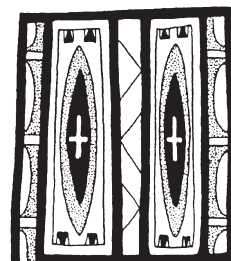
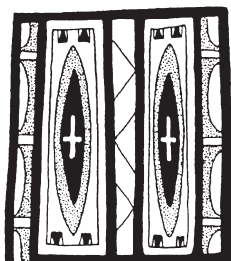
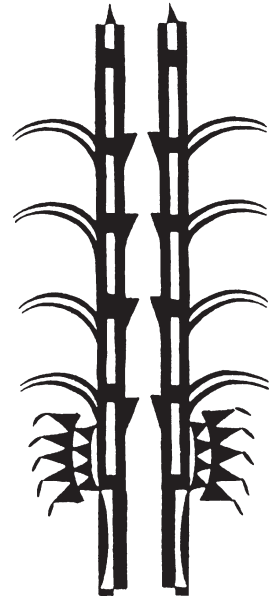
Myths & Misconceptions Statements

1. Both girls and boys can play sports.
2. All overweight people are lazy.
3. All Native people are alcoholics.
4. People choose to be gay/lesbian/bi/transgendered.
5. You can tell if people are gay or lesbian by how they look or talk.
6. Both girls and boys can act, sing, and dance, regardless of whether they are straight or not.
7. Gays and lesbians are more likely than straight people to be child molesters.
8. All teenagers make bad choices and cannot be trusted.
9. It's not a good idea to be friends with a gay/lesbian person because they will try to convert you.
10. It's common for teenagers to question their sexual orientation.
11. If you have ever had a sexual experience with a person of the same gender, then you are gay/lesbian.
12. Women who like to have sex are whores or sluts.
13. All black people like to listen to hip hop and rap.
14. All Hispanic people eat tortillas.
15. Many people in wheelchairs or who have other disabilities can still have a sex life.

5. Sexual Diversity

10-12 minutes, large group lecture, adult co-facilitator

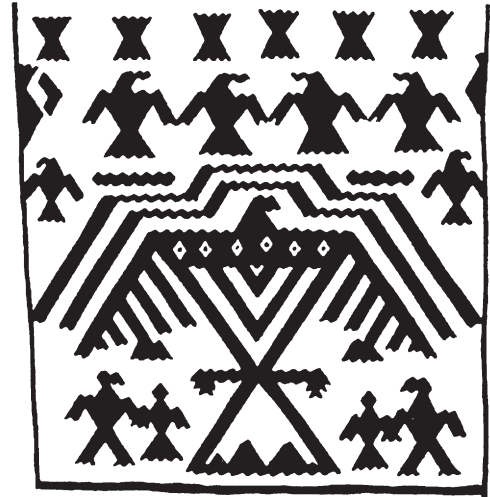
- Introduce topic:
 - ◇ One of the stereotypes we just discussed concerns people with different sexual orientations—gays, straights, lesbians, bisexuals, people who are transgendered, and people who are questioning their sexual orientation. (We sometimes refer to this group as “GLBTQ” or “LGBTQ”.)
 - ◇ Today we are going to talk about different attitudes people have about people who are GLBTQ and what it takes to work with GLBTQ youth as an effective peer educator.
- Your biological sex is the way your body was made. Most people’s bodies are male or female. Their chromosomes, their brains, their reproductive systems, their skeletons and their hormones are either male or female.
- Your gender identity is who you feel you are on the inside (male, female, both, neither, flexible). Your gender expression has to do with how you act on the outside (how you walk, talk, sit, or dress; whether you’re more masculine, feminine, some of both, etc.).
- Some people call themselves transgender (or “trans”, “trany”) because they feel they were born biologically one sex, but emotionally and spiritually another. Other transgender people have just never really fit people’s expectations about how boys or girls, or men and women, are supposed to act. Transgenderism can refer to how people choose to dress and appear. It can also include taking hormones or having surgery to change one’s sex organs and appearance.
- Your sexual orientation has to do with who you mostly find sexually, emotionally, and romantically attractive (guys, girls, or both).
 - ◇ A “gay” man is someone who is physically attracted to other males.
 - ◇ A “lesbian” is a woman who is physically attracted to other females.
 - ◇ “Heterosexuals” are people who are physically attracted to people of another gender – a man who loves a woman or a woman who loves a man.
 - ◇ People are “bisexual” or “bi” if they are physically attracted to both men and women. Some young people experiment with people of both sexes, but having a sexual experience with a person of the same (or opposite) gender does not mean you are gay (or straight).
- Some people use the term “sexual preference” but the term “sexual orientation” is better because “preference” sounds more like it is a choice or not a deep down part of your being that doesn’t change.



6. Native GLBTQ Talk

8-10 minutes, large group lecture, adult co-facilitator

- Many Native Americans both past and present (including contemporary Native American individuals) identify as gay, lesbian or bisexual, transvestites, transsexuals, and transgendered.
- Traditionally, many tribes had multiple gender systems (more than two genders), and it was understood that there were people who occupied a social and spiritual position somewhere in between men and women. Many other cultures around the world also had or have multiple gender societies. Native American cultures shared this outlook on humanity that acknowledged the value and contributions of all people in a community.
- “Two Spirit”³ is one term used to refer to a GLBTQ in some tribes. This term implies that someone has both male and female aspects within them, not that they are physically both male and female (e.g., a hermaphrodite). Ask: Do you know how your Tribe refers to GLBTQ?
- Ask: Do you know what the traditional role of GLBTQ was in your tribe? What is it now?
- Ask: Do you think GLBTQ people have the same sexual health risks as straight people? Why or why not? Answers may include (if they don’t, add them):
 - ◇ Less likely to access health care system because of fear of being judged, discriminated against.
 - ◇ Health care providers are less knowledgeable about same-sex STD transmission patterns.
 - ◇ Anal sex is a higher risk activity than other forms of sexual activity for STD/HIV transmission.
- In a later session, we’ll will talk more about the specific risks and health concerns of GLBTQ people.



7. Closing

3-5 minutes, large group lecture, adult co-facilitator

- Answer any questions.
- Point out the GLBTQ Resources in the PM.
- Preview next session: Goals & Values
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Let students know how well they are doing so far.
- Adjourn.

RESOURCES

Advocates for Youth
<http://www.advocatesforyouth.org>
Advocates for Youth helps young people make informed and responsible decisions about their reproductive and sexual health.

Bisexual USA
<http://www.bisexualusa.org>
A network of bisexual individuals that promotes a sense of bisexual community, increases bisexual visibility, and advocates for bisexuals.

Bisexual Resource Center
<http://www.bisexualresource.org>
A resource directory for individuals who identify as bisexual and their allies.

GLBT National Youth Talkline
<http://www.glnytc.org>
<http://www.glnytc.org>
YouthLine: 1-800-245-PRIDE (1-800-245-7743), Mon-Fri 10 am PST, Sat 9am to 2pm PST. The GLBT National Youth Talkline provides telephone and e-mail peer-counseling, as well as factual information and local resources. Telephone volunteers are in their teens and early twenties; they speak with teens and young adults up to age 25 about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety, and safer-sex information. All services are free and confidential. A project of the GLBT National Help Center.

Gay, Lesbian, Bisexual and Transgender Peer Help Line
817-267-8001, toll-free: 888-340-4529
A youth support and information line staffed by trained GLBTQ volunteers age 25 and under. A service of Fenway Health.

Go Ask Alice!
<http://www.goaskalice.columbia.edu>
Provides readers with reliable, accurate, accessible, culturally competent information and a range of perspectives so that they can make responsible decisions concerning their health and well-being. The site answers questions about relationships, sexuality, sexual health, emotional health, fitness, nutrition, alcohol, nicotine, and other drugs, and, general health. A project of Columbia University.

Healthy Teen Network
<http://www.healthteennetwork.org>
LGBTQ web links.

Jump Start Guide for Gay-Straight Alliances
<http://www.gssn.org/links/straightalliances/record#2226.html>
Information and resources for GLBTQ students and their straight allies, aimed at making school communities safe and accepting of all students. A service of the Gay, Lesbian, Straight Education Network (GLSEN).

LAMBDA Community Services
<http://www.lambdacore.org>
Resources for GLBTQ people and activists, including a Youth Outreach program designed to help GLBTQ youth stand up for their rights, lead safe and healthy lives, and educate others.

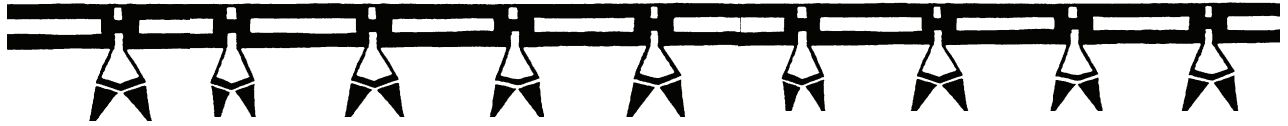
³ Source: Addressing Two Spirits Curriculum, National Native American AIDS Prevention Center.

NOTES





6: Goals & Values



Purpose:

To encourage Native STAND members to examine how the choices they make coincide with their own personal goals, values, and self-concept.

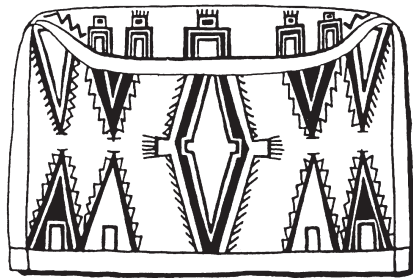
Stages of Change Process:

Getting information, knowing who you are

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe how culture helps to define values within a community or family.
2. Define the term “values” for themselves and their communities.
3. Identify three values they learned from their families.
4. Examine their personal values related to sexual matters.
5. Articulate things that matter to them and why.



Supplies/Materials:

- Masking tape
- Safety pins

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Seven Grandfathers	●	●	
Values Voting Handouts	●	●	
Value Voting Signs	●		
How Does Your Family Feel About?	●	●	
Paper Blanket	●		

Preparation:

- Copy and cut out one paper blanket per peer educator for activity #6
- Display Words of Wisdom

THINKING AHEAD:

Identify a community health care provider for Session 12 to talk about birth control options for teens

1. Welcome/Overview

3-5 minutes, large group, adult facilitator

- Answer any questions in the Question Box
- Read today's WOW

In the absence of the sacred, nothing is sacred - everything is for sale.

Oren Lyons, Onondaga, 1992

2. The Seven Grandfathers

10-12 minutes, large group, adult facilitator

- Refer students to the Seven Grandfathers in the PM.
- Ask for volunteers to read the opening paragraph and each of the seven basic principles of the Anishinaabe and discuss how each animal symbolizes an important value held by that Tribe.
- Ask:
 - ◇ How do these values relate to your community? How do they differ?
 - ◇ What are your values? What are your family's values?
 - ◇ How do values impact your decisions?
 - ◇ Do any of your values impact the decisions you make about sex? If so, how?



The Seven Grandfathers

Many Anishinaabe people use seven basic principles to guide how they live. These teachings are known as the Seven Grandfathers.

Wisdom

- To cherish knowledge is to know wisdom
- Wisdom is knowing the difference between good and bad and the result of your actions
- Wisdom is given by the Creator to be used for the good of the people

Love

- To know love is to know peace
- Love is given freely and you cannot put conditions on it or your love is not true
- When people are weak they need love the most
- You must love yourself in order to love another

Respect

- To honor all creation is to have respect
- Respect others beliefs and your own
- You must give respect if you wish to be respected

Bravery

- To face the foe with integrity
- In the Anishinaabe language, this word literally means "state of having a fearless heart"

Honesty

- To achieve honesty within yourself, to recognize who and what you are—do this and you can be honest with all others
- Always be honest in word and action

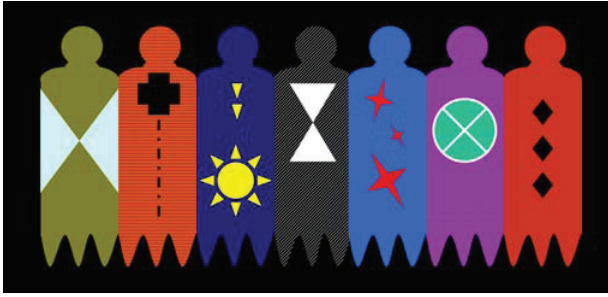
Humility

- To know yourself as a sacred part of Creation
- You are equal to others, but you are not better
- Humble yourself and recognize that no matter how much you think you know, you know very little of the universe.
- To think things through carefully and to know your place

Truth

- To know all of these things
- Speak the truth; do not deceive yourself or others
- Learn truth, live with truth, walk with truth, speak truth





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3. Introduction to Values

10-12 minutes, large group, adult facilitator

- Explain that the term “value” has several meanings. One is the actual worth of an object or item, in dollars for example. Another meaning involves a more personal measure of worth, such as how important certain things, beliefs, principles, or ideas are to someone. Different things are worth more or less to different people, meaning they have more or less value. The things, ideas, beliefs, and principles that are of worth to you shape your values. Our values help define who we are and help determine our behavior. Give the following examples:
 - ◇ A man who values family cares about his life partner, his children and his home life.
 - ◇ A person who values beauty may want to live surrounded by art and nature.
 - ◇ A person who values health will have a healthy diet, exercise regularly, avoid drugs, alcohol, tobacco, and will practice safer sex behaviors to prevent pregnancy and STD transmission.
- Ask the following discussion questions:
 - ◇ Where do you think we get our values? (Possible answers: family, religious teachings, culture, friends, media, etc.)
 - ◇ What is a value that your family feels is important?
 - ◇ Which of your values come from your cultural beliefs?
 - ◇ Can you think of a value that someone else has that you do not share? What is it?



4. Values Voting

20-25 minutes, large group activity, adult facilitator

- Tape “STRONGLY DISAGREE”, “DISAGREE”, “AGREE”, and “STRONGLY DISAGREE” signs around the room
- Refer students to Values Voting in the PM.
- Tell the students not to put their names on their papers.
- Give them about 10 minutes to go through the list. Encourage them to go with their first instinct and not to overanalyze their choices.
- Ask students to wad up their papers and throw them across the room; they should do this several times to thoroughly mix up the papers.
- Instruct each student to pick up one of the wadded up papers. For this activity, they must act as though or pretend that the answers on the paper they pick up are now their own opinions.
- Read the statements one-by-one. For each statement, the students should position themselves under the sign that corresponds with the response on their paper. (Don’t read through every statement, rather choose the 8-10 you think will be most interesting to see the difference in how students responded.)
- Remind students that they are not here to judge anyone else’s responses. They must be respectful of different views and values.
- Once everyone is in grouped by response, ask a volunteer in each group to explain their position, or why they answered the way they did.
- When you have read through each statement, have the students return to their seats and debrief with them.

Values Voting					
Do NOT put your name on this sheet of paper. Answer as truthfully as you can, but don't spend too much time on any one questions. When you are done, wait for further instructions.					
SD=strongly disagree, D=disagree, A=agree, SA=strongly agree					
1.	Most teenagers should not have sexual intercourse.	SD	D	A	SA
2.	It is OK for two people to have sex if they are in love.	SD	D	A	SA
3.	Having sex is not a big deal.	SD	D	A	SA
4.	People should only have sex if they are married.	SD	D	A	SA
5.	It is okay to have oral sex as long as you are not having intercourse.	SD	D	A	SA
6.	People in same sex relationships should be treated with respect.	SD	D	A	SA
7.	Getting pregnant in high school is not a big deal.	SD	D	A	SA
8.	It is smart to wait to have sex until you are an adult.	SD	D	A	SA
9.	It is cool to use condoms.	SD	D	A	SA
10.	I think that homosexuals are responsible for the AIDS epidemic in the United States.	SD	D	A	SA
11.	I think it should be a crime for anyone infected with HIV to have sexual intercourse without telling their partner.	SD	D	A	SA
12.	I would be uncomfortable eating food prepared by a person with AIDS.	SD	D	A	SA
13.	I think that it is important to educate teens about low-risk alternatives to sexual intercourse, including mutual masturbation.	SD	D	A	SA
14.	Believing that condoms are 100 percent effective in preventing HIV infection gives people a false sense of security.	SD	D	A	SA
15.	I think that giving injection drug users clean needles is a good way to prevent the spread of HIV.	SD	D	A	SA



- ◇ What surprised you about this activity?
- ◇ Were you surprised that not everyone thinks like you?
- ◇ What was it like to defend someone else’s opinion that you didn’t necessarily agree with?
- ◇ Why is it important to respect the values and beliefs of others?

Values Voting

Do NOT put your name on this sheet of paper. Answer as truthfully as you can, but don't spend too much time on any one questions. When you are done, wait for further instructions.

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- | | | | | |
|---|----|---|---|----|
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5. Family Messages

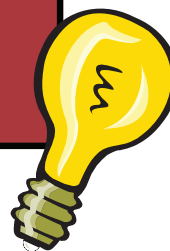
20-22 minutes, large group, adult facilitator

- Introduce activity: As we've seen, values are the qualities, principles, and beliefs we feel strongly about. Different people have different values. It's important to know your values and to live your life according to them. Families are one of the most important and powerful sources of messages about values. People learn their values from their families and pass them on to their children. Tribes and communities are also important sources of messages about values.
- Refer students to "How Does Your Family Feel About . . . ?"¹ in the PM.
- Ask each student to take 5-10 minutes to write down what their family's messages are on each topic. (If time is short you can select which ones they should write about.)
- Divide students into small groups and either assign two topics or ask each group to pick out two topics to discuss. Each participant will share their family's messages on the selected topics.
- When time is up, reconvene the group and ask each to report on their topics
- Lead a discussion.
 - ◇ Were you aware of your family's values on all of these topics?
 - ◇ Are there values in your family that, although no one speaks openly about them, are clear anyway? Which ones? How do you get the message?
 - ◇ What are some of the non-verbal ways your family members communicate their values to you?
 - ◇ Do the men in your family give different messages than the women? On what topics?
 - ◇ Is there a common message(s) among the families in this group?
 - ◇ If you have children, what is one family message that you will want to pass to them? Why?
 - ◇ Is there a family message that you will not communicate to your children? Why?

How Does Your Family Feel About . . . ?
1. Getting good grades in school
2. Being male/female
3. Having friends that are not Native American
4. Going out with girls/boys
5. Going out with people who are not Native American
6. Using alcohol and other drugs
7. Making money
8. Making money selling drugs
9. Being respected by others
10. Graduating from high school
11. Having expensive tennis shoes

Here's a bright idea!

Ask students to take handouts home and interview at least one family member. Have students report on their findings at the beginning of the next session.



¹ Source: Advocates for Youth, Life Planning Education

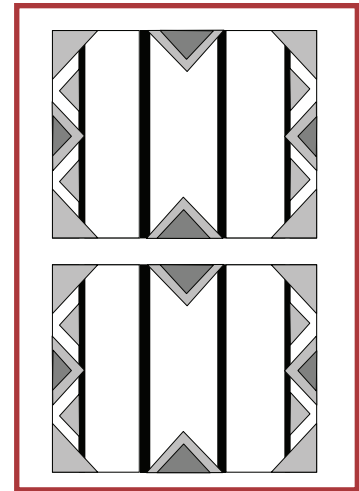
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6. Using alcohol and other drugs
7. Making money
8. Making money selling drugs
9. Being respected by others
10. Graduating from high school
11. Having expensive tennis shoes
12. Having sex as a teenager
13. Using condoms or other forms of birth control
14. Getting a job to help your family
15. Going to college after high school
16. Having children
17. Staying out of trouble with the law
18. Helping others in your community
19. Taking part in tribal ceremonies and traditions
20. Learning your native language

6. **The Unraveling**²

15-18 minutes, large group activity, pairs, adult or peer co-facilitator

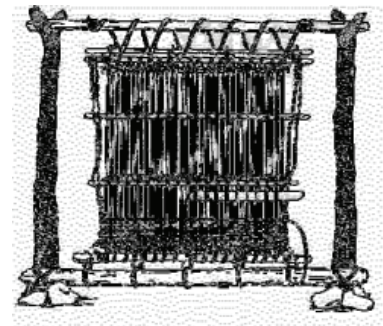
- Make enough copies of the blanket in the RM that each student will have one.
- Ask students to think about three goals they have for themselves and to write one goal in each of the three sections of the blanket. The goals can be short- or long-term, but should be significant (for example, a short-term goal might be graduating from high school; a long-term goal might be going to college.)
- Ask the students to pin or tape their blankets onto the front of their shirts.
- Ask them to walk around the room silently and read each other's goals.
- Ask students to choose a partner and decide who will go first.
- Instruct the first partner to tear carefully the bottom third off his or her partner's blanket. As he or she does this, they should say, "I'm HIV and I'm here to . . ." and they should insert whatever goal they have just torn away. For example, if the one partner's goal was to go to college, the other partner would say, "I'm HIV and I'm here to prevent you from going to college."
- Instruct the partners to take turns doing this until they have gone through both blankets.
- Reconvene the large group and lead a discussion:
 - ◇ What was the meaning of this activity?
 - ◇ How can being infected with HIV prevent a person from reaching their goals?
 - ◇ What is the difference between short- and long-term goals? How does having HIV affect achieving one's short- and long-term goals? (Someone with HIV may not have symptoms for as long as 8-10 years, so they may be able to attain some life goals, but probably not all.)
 - ◇ Explain that there is no way to ever re-create this blanket. Even if they were to re-weave the yarn, it would never look exactly the same as it was. HIV gets into the body and cannot be removed. The body may look the same as when a person was not infected, but the person will probably eventually get ill and show signs of the infection.
 - ◇ Ask students to share how they think getting HIV could interfere with the things they want to do later in life.



7. **Closing**

3-5 minutes, large group, adult facilitator

- Preview next session: Healthy Relationships - Part 1
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

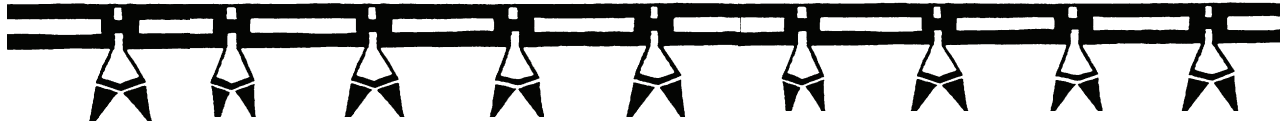


² Adapted from Torn Apart activity from The Educational Aspects of Human Sexuality.

NOTES



7: Healthy Relationships - Part 1



Purpose:

To recognize healthy and unhealthy aspects of relationships.

Stages of Change Process:

Getting information, thinking about how your actions affect others, knowing who you are

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe at least four types of love.
2. Describe characteristics of a healthy relationship.
3. Objectively judge the quality of a romantic relationship against a written checklist.

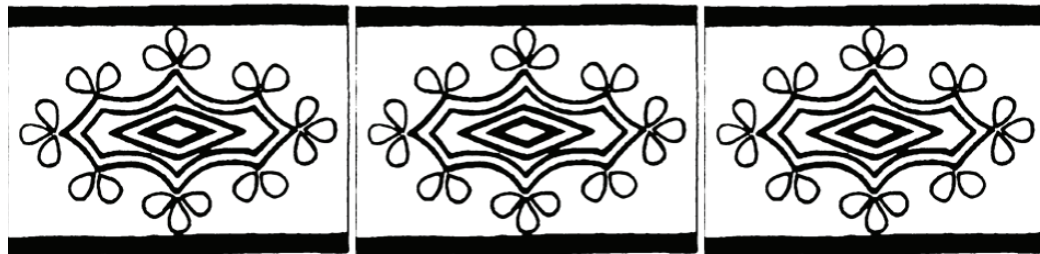
Supplies/Materials:

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Phases of Love	●	●	
What's Love Got to Do With It?	●	●	
What is a Healthy Relationship?	●	●	
Are You in a Healthy Relationship?	●	●	
Ordering Information for "101 Ways" Brochure	●		

Preparation:

- Display Words of Wisdom



THINKING AHEAD:

- Order brochures for Session 10: "101 Ways of Making Love Without Really Doin' It"



1. Welcome/Overview

3-5 minutes, large group lecture, adult facilitator

- Review Session 6: Goals and Values.
- Answer any questions in the Question Box.
- Preview today's session.
- Read today's WOW.

**Love one another and do not strive
for another's undoing.**

Seneca

2. What Is Love?

10-15 minutes, large group lecture, adult facilitator

- What is love?
 - ◇ Strong affection
 - ◇ Personal attachment
 - ◇ Strong positive feelings one person has for another
 - ◇ Passionate desire, intimacy
 - ◇ Kindness, compassion, affection
 - ◇ "God is love"
 - ◇ Pleasure
- Are there different kinds of love? If so, what are some different kinds of love?
 - ◇ Romantic
 - ◇ Sexual
 - ◇ Puppy love/crushes
 - ◇ Familial
 - ◇ Platonic
 - ◇ Religious
 - ◇ Love of things and ideas (money, power, objects, causes, community)
 - ◇ Love of self
 - ◇ Unrequited
- Let's focus on romantic love. People who experience romantic love normally pass through certain phases: (Refer students to "Phases of Love" in the PM.)
 - ◇ The first phase is LUST
 - Initial passionate sexual desire that promotes mating
 - Increased release of certain chemicals that make you feel good
 - Rarely lasts more than a few weeks or months
 - ◇ The next phase is ATTRACTION
 - More individualized and romantic desire for a specific candidate for mating
 - Commitment to an individual mate forms
 - Generally lasts from 1½ to 3 years

Phases of Love



Lust

Passion, sexual desire
"Feel good" chemicals released in body
Lasts a few weeks or months



Attraction

Romantic desire for a specific person
Commitment to an individual
Lasts 1½ to 3 years



Attachment

Intense bonding with another person
Mutual commitments, such as marriage, children
Can last many years, even decades

- And the last phase is ATTACHMENT
 - ◇ The bonding that promotes relationships lasting for many years, even decades
 - ◇ Generally based on commitments such as marriage, children, or on mutual friendship based on things like shared interests

3. What's Love Got to Do With It?

20-25 minutes, small group work and presentations, adult or teen co-facilitator

- Divide the students into 3 groups.
- Refer students to “What’s Love Got to Do With It?” in PM and assign each group one of the following sets of questions.

Group 1

- ◇ Do people go through these phases of romantic love (lust, attraction, attachment) only once in their lives?
- ◇ Does everyone who feels lust for someone go on to form an attraction with that person?
- ◇ Does everyone who feels an attraction for someone go on to form an attachment with that person?
- ◇ Does everyone who forms an attachment with someone keep that attachment forever?

Group 2

- ◇ Do certain phases of romantic love correspond with specific times in a person’s life? For example:
 - Do only older people experience attachment? Or can a teenager be romantically attached to another person for several years?
 - Do only young people feel lust? Or can an older person fall in love and feel lust and attraction?

Group 3

- ◇ Does romantic love always involve sex?
- ◇ Is it possible to experience romantic love without having sex?
- ◇ Does sex mean different things at different points in a romantic relationship? (For example, in the LUST stage vs. the ATTACHMENT stage.)

- Reconvene the groups and have a spokesperson from each group briefly share what they discussed.

What's Love Got to Do With It?

Group 1

- Do people go through phases of romantic love (e.g., lust, attraction, attachment) only once in their lives?
- Does everyone who feels *lust* for someone go on to form an attraction with that person?
- Does everyone who feels an *attraction* for someone go on to form an attachment with that person?
- Does everyone who forms an *attachment* with someone keep that attachment forever?

Group 2

- Do certain phases of romantic love correspond with specific times in a person's life? For example:
 - Do only older people experience attachment? Or can a teenager be romantically attached to another person for several years?
 - Do only young people feel lust? Or can an older person fall in love and feel lust and attraction?

Group 3

- Does romantic love always involve sex?
- Is it possible to experience romantic love without having sex?
- Does sex mean different things at different points in a romantic relationship? (For example, in the LUST stage vs. the attachment stage.)



4. “Sex” vs. “Intimacy”

8-10 minutes, large group lecture & discussion, adult facilitator

- Ask for volunteers to share their definition of “intimacy”.
 - ◇ What is the difference between sex and intimacy?
 - ◇ Sometimes a person who wants intimacy (to feel emotionally close to someone) mistakes this yearning for a desire for sex. Or, they may feel if they have sex with someone, that person will then feel emotionally close to them.
- And after sex, they may still feel empty and still have a yearning for intimacy.
 - ◇ Can you have sex and not be intimate?
 - ◇ Can you be intimate and not have sex?



5. What Is a Healthy Relationship?

10-15 minutes, large group discussion, adult or teen co-facilitator

- Lots of teenagers aren’t looking for a serious relationship, but some are. It’s OK just to want to hang out with other people and have a good time. Lots of people just like to hang out with a group of friends.
 - ◇ Ask students to think about these questions, without answering aloud:
- What kind of relationship are you looking for now, if any?
- How would you describe a “perfect relationship”?
- What things are “musts”?
- What do you NOT want?
 - ◇ Think about your current (or last) romantic relationship. (If you haven’t had a boyfriend or girlfriend yet, think about a couple you know.) What was good about it? What was not so good?
 - ◇ Refer students to Characteristics of a Healthy Relationship¹ in the PM. Read the list aloud (or have several volunteers read it).
- What do they think about the things on this list?
- Does it describe a relationship that you would like to be in?
- Does it seem realistic?
- Is it possible to have a relationship where both partners do all these things all the time?

What Is a Healthy Relationship?

You Demonstrate Mutual Affection

- Tell each other things that you like and appreciate about the other person
- Each person can decide if, how, and when they want to be touched, and checks in with the other to make sure the affection is mutual
- Respect each other’s values, property, bodies, pace, and limits; stop if either one says “No”

You Share Activities

- Hang out together
- Do things each person enjoys
- Encourage each other’s enjoyment and success
- Learn from each other

You Are Honest and Accountable With Each Other

- Accept responsibility for yourself.
- Acknowledge things you have done wrong; work to change the behavior
- Admit to your mistakes or to be wrong
- Communicate openly and truthfully; discuss problems
- Use “I” messages to share feelings
- Give genuine compliments
- Ask for what you want; don’t expect they owe it to you
- Ask (don’t accuse) each other about gossip

You Trust and Support Each Other

- Support your partner’s goals in life
- Respect your partner’s right to be or her own feelings, friends, activities, opinions, space, and dreams
- Express fears and share your feelings—instead of claiming ownership—when jealous

You Treat Each Other With Non-Threatening Behavior

- Talk and act so that your partner feels safe and comfortable doing and saying things

You Respect Each Other

- Ask what is important to your partner
- Ask what they think and how they feel
- Be emotionally affirming and understanding
- Listen to your partner non-judgmentally
- Value opinions their opinions
- Disagree without name-calling, out-downs or threats
- Respect their right to be safe and to control their own body and decisions
- Try to understand their feelings, even if you disagree with their ideas
- Care enough to find out their point-of-view

You Treat Each Other With Kindness

- Help each other (while respecting your own limits)
- Give gifts sincerely, not to try and get something from them
- Show you care through your respect for them

You Make Decisions Together

- Decide things together
- Negotiate differences
- Split costs fairly
- Search for win-win solutions
- No matter who pays, no one owes anyone kisses, touching, or anything else

¹ Adapted from: http://www.recovery-man.com/abusive/healthy_abusive.htm; http://www.eap.partners.org/WorkLife/Relationships/Healthy_Relationships/Characteristics_of_a_Healthy_and_Enjoyable_Friendship_or_Dating_Relationship.asp

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- Give genuine compliments
- Ask for what you want; don't expect others to read your mind
- Ask (don't accuse) each other about gossip

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- Split costs fairly
- Search for win-win solutions
- No matter who pays, no one owes anyone kisses, touching, or anything else

6. Are You in a Healthy Relationship?

10-15 minutes, large group lecture, individual work, large group discussion, adult co-facilitator

- Ask students to think about a current close relationship (other than with a family member)—it could be a romantic relationship, a close friend, or another. (If they don't have a relationship like that right now, ask them to think about one they had in the past or think about a relationship that they would like to have in the future.)
- Direct the students to **Are You in a Healthy Relationship?**² in the PM.

Are You in a Healthy Relationship?			
Can you speak up about anything to your partner and experience mutual understanding and kindness?	YES	NO	SOMETIMES
Do you bring out the best qualities in each other?	YES	NO	SOMETIMES
Do you feel like you can honestly ask for what you want and need in this relationship?	YES	NO	SOMETIMES
Are you both comfortable with how physical the relationship is (or isn't)?	YES	NO	SOMETIMES
Do you both feel close to each other (not just physically) and are willing to trust each other with personal stuff?	YES	NO	SOMETIMES
Do you make decisions jointly, with input from each partner?	YES	NO	SOMETIMES
Does she or he take responsibility for their own actions and not blame others for their failures?	YES	NO	SOMETIMES
Can the two of you admit when you are wrong and apologize to each other when needed?	YES	NO	SOMETIMES
Do you feel less like yourself when you have been with your partner?	YES	NO	SOMETIMES

Are you in a Healthy Relationship?

- Can you speak up about anything to your partner and experience mutual understanding and kindness?
 - Do you bring out the best qualities in each other?
 - Do you feel like you can honestly ask for what you want and need in this relationship?
 - Are you both comfortable with how physical the relationship is (or isn't)?
 - Do you both feel close to each other (not just physically) and are willing to trust each other with personal stuff?
 - Do you make decisions jointly, with input from each partner?
 - Does she or he take responsibility for their own actions and not blame others for their failures?
 - Can the two of you admit when you are wrong and apologize to each other when needed?
 - Do you feel less like yourself when you have been with your partner?
- Ask them to work individually and to go through the questions with that relationship in mind.
 - Ask them to be as honest as they can and let them know that they can keep their answers private and they won't have to share with the group if they choose not to.
 - After the students have had time to answer the questions, ask:
 - ◇ What items on the list surprised you or made you think?
 - ◇ How does the relationship you were thinking about stand up to this list?
 - ◇ Did you learn anything about yourself and/or your relationship?
 - ◇ Does anyone want to share their responses?

² Adapted from the following sources: <http://pjc.edu/rapeeducation/huhr.html>; http://www.askthetherapist.com/counselingarchive_relationships_e-counseling.asp; <http://www.theright2besafe.org/articles/Healthy%20Relationships.pdf>

7. **Closing**

3-5 minutes, large group, discussion, adult facilitator

- Answer any questions.
- Preview next session: Reproductive Health Part 1
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

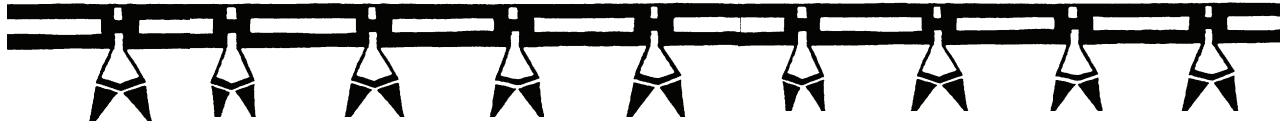


NOTES





8: Reproductive Health - Part 1



Purpose:

To identify the major structures and functions of the male and female reproductive systems in preparation for later understanding and discussion of STDs, HIV, and teen pregnancy with peers.

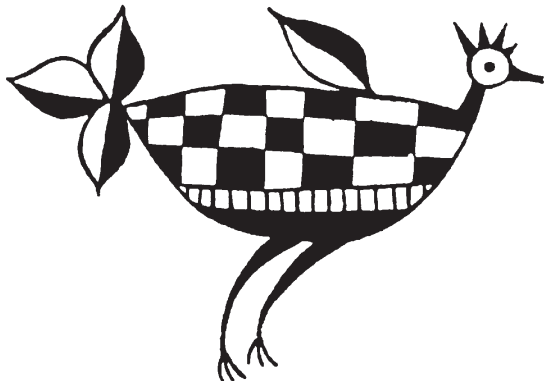
Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify the major structures and functions of parts of the male and female reproductive systems.
2. Explain the physical changes that occur during puberty.
3. Cite the phases of a woman's menstrual cycle.
4. Describe recommended male and female hygiene practices.



Supplies/Materials:

- Chart paper, markers, masking tape

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
“What Do Ya Know?” Quiz	●	●	
Male & Female Reproductive Systems	●	●	
Big Changes: Stages of Adolescent Development	●	●	
The Menstrual Cycle	●	●	
When a Woman Has Her Moon	●	●	
Douching FAQs	●	●	
“I Didn’t Know That!” - Male Reproductive Health Issues	●	●	
Answers to “What Do Ya Know?” Quiz	●		

Preparation:

- You will need a second room and

THINKING AHEAD:
Grade quizzes for Session 9

1. Welcome/Overview

3-5 minutes, large group lecture, adult or teen co-facilitator

- Review Session 7: Healthy Relationships - Part 1.
- Answer any questions in the Question Box.
- Read today's WOW.

**There are many paths to a meaningful sense
of the natural world.**

Blackfoot

- Introduce today's session
 - ◇ In this session and the next, we will be looking at reproductive health issues. For some this will be a review, for others it will be a learning opportunity.
 - ◇ Remind them that no one has all the answers and it's never wrong to ask—if they have a question about something, there's probably someone else in the room that has the same question. If they are too embarrassed to ask it, they can always put a question in the Question Box.
 - ◇ We'll have fun—as always—but it's important to be respectful and not make crude or crass comments as we go through the session.
 - ◇ To ensure that students can maximize the learning opportunities in today's session, we will do this session separately for the boys and the girls. The exact same information will be covered, but we will do them separately to make sure everyone is comfortable and can get their questions answered without embarrassmen.
 - ◇ Break the students into two groups by sex.

Note: If there are transgendered students in the group, encourage them to go with the group that they would be most comfortable with.

2. “What Do Ya Know?” Quiz

10-15 minutes, individual work, adult facilitator

- Refer students to What Do Ya Know in the PM.
- Ask them to put their names on the papers so that you can return them to the right person next session.
- Give them a fixed amount of time to complete the quiz (e.g. 5-7 minutes) and tell them to answer as many questions as they can in that time.
- Collect quizzes—they will be used again in Session 9.

“What Do Ya Know??”		
1. Ovaries produce eggs.	T	F
2. Men and women both have urethras.	T	F
3. Babies grow in a woman's vagina.	T	F
4. Women should begin to get Pap Smears three years after they become sexually active or at 21 years of age.	T	F
5. A Pap Smear checks for STDs.	T	F
6. Douching is a recommended way to maintain hygiene.	T	F
7. Some untreated STDs can scar the fallopian tubes and cause infertility.	T	F
8. The average age women begin to menstruate is 16.	T	F
9. Cervical cancer is associated with an STD.	T	F
10. Some birth defects and disabilities can be prevented.	T	F
11. Overweight and obese women are at increased risk for poor reproductive health and pregnancy complications.	T	F
12. Women who smoke are at an increased risk for reproductive health problems.	T	F
13. Sex during pregnancy isn't safe.	T	F
14. Drug and alcohol use can increase your chances of getting an STD or pregnant.	T	F
15. Women who are pregnant should not drink alcohol.	T	F
16. Oil-based lubricants should be used with condoms.	T	F
17. People who don't want to get pregnant should use protection against pregnancy and STDs every time they have sex.	T	F
18. Girls get sexual urges that are just as strong as those that boys get.	T	F
19. The average size of an erect penis is between 7 and 10 inches.	T	F
20. A penis reaches its full size at around age 16.	T	F

“What Do Ya Know??”

1. Ovaries produce eggs.
2. Men and women both have urethras.
3. Babies grow in a woman’s vagina.
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13. Sex during pregnancy isn’t safe.
14. Drug and alcohol use can increase your chances of getting an STD or pregnant.
15. Women who are pregnant should not drink alcohol.
16. Oil-based lubricants should be used with condoms.
17. People who don’t want to get pregnant should use protection against pregnancy and STDs every time they have sex.
18. Girls get sexual urges that are just as strong as those that boys get.
19. The average size of an erect penis is between 7 and 10 inches.
20. A penis reaches its full size at around age 16.



3. Whatchamacallit¹

5-8 minutes, large group, adult or teen co-facilitator

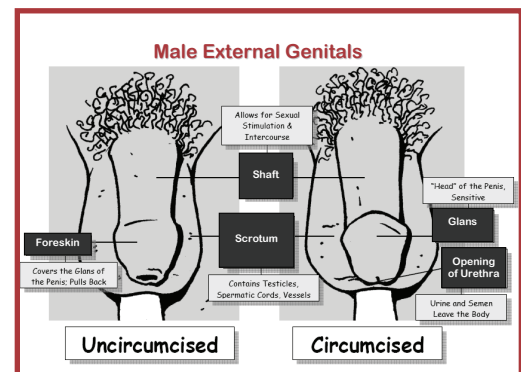
- Introduce activity by acknowledging that even though everybody has genitals, people often feel embarrassed or giggly talking about them.
- Ask the students to call out some commonly used (“street” or “slang”) names they may have heard for genital structures, including the penis, vagina, breasts, and testicles. (If the students are reluctant to say commonly used names aloud, you may need to start the list yourself.)
- As the students throw out terms, repeat them aloud to acknowledge their existence.
- Once the students start running out of terms, ask them to call out commonly used names for other body parts, like the elbow, foot, or ear.
- Ask the students why they think there are so many commonly used names for body parts related to sex, but none for nonsexual body parts. Point out that sex and reproduction are emotionally charged and often held secret in our society, and these are some reasons why there are so many commonly used, or “slang”, names.
- Let the students know that in Native STAND we will use the proper names for body parts so that everyone understands what we are talking about.



4. Learning the Parts^{2,3}

20-25 minutes, large group discussion, adult facilitator

- Refer students to the handouts of the Male and Female Reproductive Systems in the PM. Ask the students to follow along as you describe the different parts of the systems and their functions.
- On the diagram of the male external genitals:
 - ◇ Describe these components:
 - Shaft—allows for sexual stimulation and sex
 - Scrotum—contains testicles
 - Foreskin—covers the glans of the penis (if not circumcised)
 - Glans—“head” of the penis
 - Opening of urethra—urine and semen leave the body through this opening
 - ◇ Point out that some males are circumcised and some are uncircumcised. Circumcision is removal of the foreskin, and it is usually performed shortly after birth. Let the students know that males can be healthy and normal, whether or not they are circumcised. Mention also that most males have one testicle that hangs lower than the other.



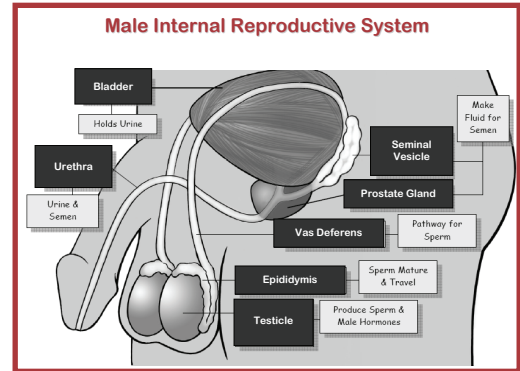
¹ Adapted from Big Decisions curriculum, available at: <http://www.bigdecisions.org>.

² Adapted from Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV/STD Infection. Washington, DC: Advocates for Youth, © 2002.

³ Adapted from Big Decision curriculum, available at: <http://www.bigdecisions.org>.

- On the diagram of the male internal reproductive system:

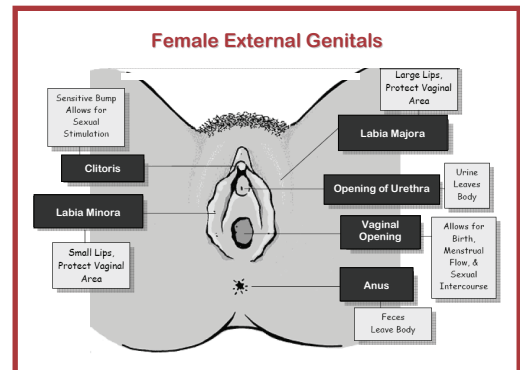
- ◇ Describe these components:
 - Bladder—holds urine
 - Urethra—urine and semen leave body through this pathway
 - Seminal Vesicles—makes fluid for semen
 - Prostate Gland—makes fluid for semen
 - Vas Deferens—pathway for sperm
 - Epididymis—sperm mature and travel through this organ
 - Testicles—produce sperm and male hormones



- ◇ Trace the path that sperm take from the testes, through the epididymis and vas deferens, over and behind the bladder, through the prostate gland, into the urethra, through the penis and out the tip of the penis with ejaculation.

- On the diagram of the female external genitals:

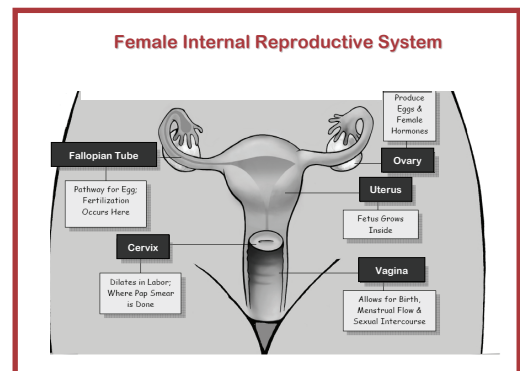
- ◇ Describe these components:
 - Clitoris—sensitive bump that allows for sexual stimulation
 - Labia Minora—small “lips”, protect vaginal area
 - Labia Majora—large “lips”, protect vaginal area
 - Opening of urethra—urine leaves body through this opening
 - Opening of vagina—allows for birth, menstrual flow, and sex
 - Anus—feces leaves body through this opening



- ◇ Point out the opening of the vagina, and let the class know that some females have a hymen, i.e., tissue around the opening. This is the tissue that is sometimes called a “cherry”. For many females, this tissue is stretched or broken when they first have vaginal sex, and they can have some bleeding or pain. Some females have very little hymeneal tissue, and have no bleeding or pain when they first have vaginal sex.

- On the diagram of the female internal reproductive system:

- ◇ Describe these components:
 - Fallopian Tube—pathway for egg, where fertilization occurs
 - Vagina—allows for birth, menstrual flow, sex
 - Uterus—fetus grows inside
 - Ovary—produce eggs and female hormones
 - Cervix—opening to uterus, dilates in labor, where a Pap Smear is done



- ◇ Trace the path that the egg takes from the ovary, through the Fallopian tube, into the uterus. Then, if it has not been fertilized (in the tube), the egg goes with the menstrual blood flow through the cervix, and through the vagina to the outside of the body. If the egg is fertilized, this happens shortly

after ovulation (when the egg is released from the ovary). Fertilization of the egg by the sperm occurs in the Fallopian tube. The fertilized egg takes about a week to travel to the uterus, and then it implants in the uterine lining to begin a pregnancy. If fertilization and implantation are successful, the female will usually not have menstrual bleeding. This “missed” or “late” menstrual period is one of the symptoms of early pregnancy.

• Lead a discussion:

◇ Do you think males generally feel more comfortable than females about their genitals? If so, why do you think this is? *(Possible answer might include):*

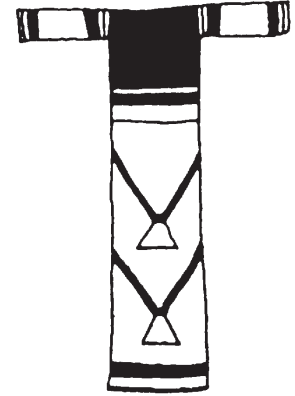
- Males can see their genitals and are taught to touch and handle their penis to urinate.
- Females cannot easily see their genitals and are often discouraged from touching them.

◇ Why is it important to feel comfortable touching your own genitals? *(Possible answer might include):*

- Genitals are sources of erotic pleasure and masturbation is a risk-free way of expressing and experiencing one’s sexuality. Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer
- Women who use tampons must touch their genitals.
- For both sexes, some methods of contraception require touching the genitals.
- It’s always important for teens to know how their bodies function and how they can stay healthy

◇ Why is it important for teens to understand exactly how and when conception occurs? *(Possible answer might include):*

- Knowing exactly how and when conception occurs is necessary so that teens know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.



5. Big Changes: Stages of Adolescent Development

20-25 minutes, large group discussion, adult facilitator

- Ask for a volunteer to define the term “puberty”. (The response may be: When boys and girls experience physical changes as they move from childhood into adulthood.)
- Ask the group what specific physical changes occur during puberty. Write the answers on chart paper. (Answers may include: acne/breakouts, breasts grow, testicles and penis grow, body hair starts to grow, boys’ voices change, you start to sweat more, body odor starts, girls start their menstrual periods, sexual urges may begin, girls hips grow and their waists form.)
- Direct students to Big Changes: Stages in Adolescent Development⁴ in the PM. Read through the table on the next page and ask them to follow along.
- Emphasize that everyone experiences these changes differently and there is no right or wrong way to develop into an adult.

**Big Changes:
Stages of Adolescent Development**

Stage	Boys	Girls
1	No sexual development	No sexual development
2	<ul style="list-style-type: none"> ○ Testicles enlarge around age 9 ○ Body odor begins 	<ul style="list-style-type: none"> ○ Breasts begin growing may start as early as 8 yrs old ○ Body odor begins ○ Pubic hair starts to grow around age 9-10 ○ Growth spurt begins between ages 9-14, av. age 12
3	<ul style="list-style-type: none"> ○ Penis begins growing around age 12 ○ Wet dreams (“nocturnal emissions”) begin 	<ul style="list-style-type: none"> ○ Breasts keep growing ○ Pubic hair darkens ○ Vaginal discharge begins
4	<ul style="list-style-type: none"> ○ Voice deepens begins around age 13 ○ Penis and testicles continue to grow ○ Penis and scrotum deepen in color ○ Pubic hair becomes curlier and coarser ○ Growth spurt begins around age 14 ○ Breast development begins 	<ul style="list-style-type: none"> ○ Menstruation begins usually 2 years after puberty starts—can be as early as 9 or as late as 15—average age is 12.5
5	<ul style="list-style-type: none"> ○ Penis reaches full size around age 16-17 ○ Pubic hair extends to inner thighs ○ Height spurt tapers off ○ Height spurt tapers off ○ Fully mature male 	<ul style="list-style-type: none"> ○ Pubic hair extends to inner thighs ○ Height spurt tapers off ○ Breasts are fully developed between 15-16 yrs old ○ Fully mature female

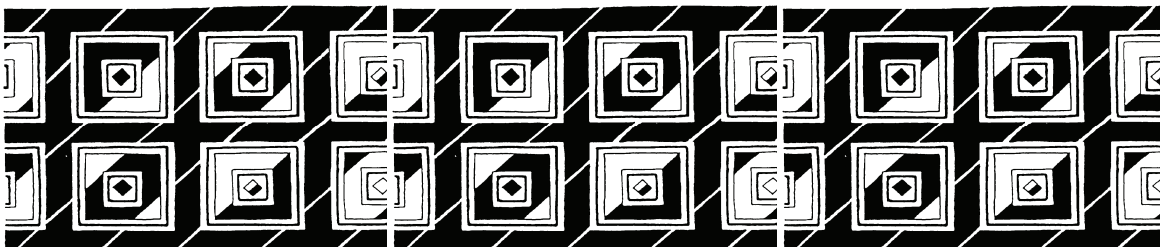


⁴Adapted from Puberty Information for Parents and Kids, <http://www.childdevelopmentinfo.com/development/puberty.htm>

⁴ Adapted from Puberty Information for Parents and Kids, <http://www.childdevelopmentinfo.com/>

Big Changes: Stages of Adolescent Development¹

Stage	Boys	Girls
1	No sexual development	No sexual development
2	<ul style="list-style-type: none"> ○ Testicles enlarge <i>around age 9</i> ○ Body odor begins 	<ul style="list-style-type: none"> ○ Breasts begin growing, <i>may start as early as 8 yrs old</i> ○ Body odor begins ○ Pubic hair starts to grow <i>around age 9-10</i> ○ Growth spurt begins <i>between ages 9-14, average age 12</i>
3	<ul style="list-style-type: none"> ○ Penis begins growing ○ Pubic hair starts growing <i>around age 12</i> ○ Wet dreams (“nocturnal emissions”) begin 	<ul style="list-style-type: none"> ○ Breasts keep growing ○ Pubic hair darkens ○ Vaginal discharge begins
4	<ul style="list-style-type: none"> ○ Voice deepens <i>beginning around age 13</i> ○ Penis and testicles continue to grow ○ Penis and scrotum deepen in color ○ Pubic hair becomes curlier and coarser ○ Growth spurt begins <i>around age 14</i> ○ Breast development begins 	<ul style="list-style-type: none"> ○ Menstruation begins <i>usually 2 years after puberty starts—can be as early as 9 or as late as 15—average age is 12.5</i>
5	<ul style="list-style-type: none"> ○ Penis reaches full size <i>around age 16-17</i> ○ Pubic hair extends to inner thighs <i>around age 16</i> ○ Height spurt tapers off ○ Fully mature male 	<ul style="list-style-type: none"> ○ Pubic hair extends to inner thighs <i>around age 14</i> ○ Height spurt tapers off ○ Breasts are fully developed <i>between 12-18 yrs old</i> ○ Fully mature female

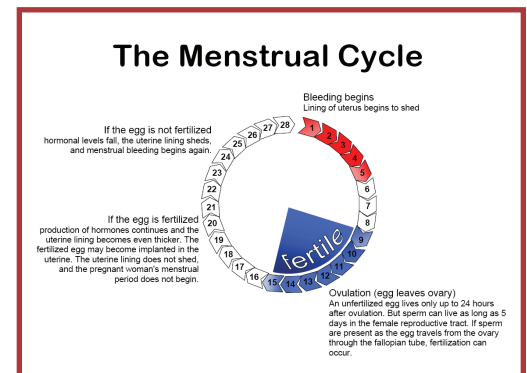


¹ Adapted from Puberty Information for Parents and Kids, <http://www.childdevelopmentinfo.com/development/puberty.htm>

6. “It’s That Time of the Month . . . Again!”

15-20 minutes, large group discussion, adult facilitator

- Explain that a woman’s menstrual cycle is a very basic human physical process, and that without it none of us would be here. A woman’s monthly cycle is what allows her to become pregnant (or not).
- Ask:
 - ◇ Why is it important for a woman to understand her menstrual cycle?
 - So she can know when her most fertile times of the month are to avoid or attempt a pregnancy
 - So she can know whether her cycles are regular or not
 - ◇ Is it important for men to understand how a woman’s menstrual cycle works? Why or why not?
 - Yes, because men are also responsible for avoiding an unplanned pregnancy
 - ◇ Why is it important for a woman to keep track of when her periods start?
 - So she can know when her cycle began and estimate her most fertile days so she can be extra careful to avoid pregnancy during that time.
- Refer students to The Menstrual Cycle⁵ in the PM. Have them follow along as you describe the menstrual cycle:
 - ◇ Most women have a menstrual cycle that last an average of 28 days.
 - ◇ The first day of her cycle is the day her period begins.
 - ◇ The blood that comes out is actually the lining of her uterus.
 - ◇ A woman’s uterus builds up the lining anticipating a fertilized egg. Since no fertilized egg happened, the body sheds the lining.
 - ◇ Half-way through her cycle, hormonal changes cause her ovary to release an egg.
 - ◇ An unfertilized egg only lives up to 24 hours after it is released from the ovary. (However, sperm cells can live as long as five days in the female reproductive tract. So if sperm are present as the egg travels from the ovary through the fallopian tube, fertilization can occur.)
 - ◇ In the meantime, hormonal changes cause the uterine lining to begin to build up again.
 - ◇ If the egg is fertilized, hormone levels continue to rise and the uterine lining becomes even thicker.
 - ◇ The fertilized egg may become implanted in the uterine. If so, the uterine lining does not shed, and the pregnant woman’s menstrual period does not begin. She is pregnant.
 - ◇ If fertilization does not occur, hormone levels fall, the uterine lining sheds, and menstrual bleeding begins again.
- Ask:
 - ◇ What happens the first day of a woman’s menstrual cycle?
 - ◇ Around how many days after her period does a woman’s fertile period begin? (Remind students that every woman is different and these are just approximations.)
 - ◇ Around how many days does a woman’s fertile time last?



⁵ Source: Family Health International, http://www.fhi.org/en/RH/Pubs/Network/v17_1/nt1712.htm

- ◇ Once a woman's fertile period has passed, is it safe to have sex without protection? Why or why not?

7. When a Woman Has Her Moon

5-7 minutes, large group discussion, adult facilitator

- Introduce topic by stating that in many cultures there are strong beliefs, customs, and practices about menstruating women. In some cultures, menstruating women are seen as having a lot of power, in others they may be seen as unclean. Because of these beliefs, in some cultures, women live in separate quarters while they menstruate, they may not be able to interact with other people, or they may not be able to prepare food.
- Refer students to *When a Woman Has Her Moon* in the PM.
- Read the passage to the students or have them read it silently to themselves.



When a Woman Has Her Moon

People will say that a woman who is having her moon should stay away from the ceremonies because she could ruin them, but they don't understand or know why this is. It is because a woman is the only one who can bring a child into this world. It is the most sacred and powerful of all mysteries. Certainly the man must be there to plant the seed, but his part is simple and relatively unimportant.

When a woman is having her time, her blood is flowing, and this blood is full of mysterious powers that are related to childbearing. At this time she is particularly powerful. To bring a child into this world is the most powerful thing in creation. A man's power is nothing compared to this, and he can do nothing compared to it. We respect that power.

If a woman should come into contact with the things that a man prays with (pipe, rattles, medicine objects) during this time it will drain all the male powers away from them. You see, a woman's power and a man's are opposites—not in a bad way, but in a good way. Because of the power a woman has during this time it is best that, out of respect for her men and for their medicine things, she stay away from them. In the past they would build a little lodge for her, and their other female relatives would serve her needs. She would get a rest from all of her chores. It was not a negative thing like people think now. So you see, we did this out of respect for this great mystery, out of respect for the special powers of women.

*Joseph Rockaby
Yankton/Sioux Falls, Dakota*



Source: Fitzgerald J & Fitzgerald MD (eds) *The Spirit of Indian Women* World Wisdom, Inc. 2005

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- Ask: What are your community's beliefs about menstruating women? Are there particular stories your tribe tells about them?



8. The Truth About Feminine Hygiene

5-7 minutes, large group discussion, adult facilitator

- Explain that many people—especially teens whose bodies are changing so quickly—worry about sweat and smells coming from their underarms. Girls and women sometimes worry about vaginal odors.
- Showering and bathing on a regular basis, using mild soap and warm water, should be effective in keeping underarms and genital areas clean as well. Deodorants are a good idea for underarm areas for males and females.
- Many products like douches, feminine sprays, deodorants, or wipes are marketed to supposedly keep a woman's vaginal area smelling “fresh and clean”. Douching (the name comes from the French word “to wash”) refers to washing out the vagina, usually with a prepackaged mix of fluids. Unless a doctor tells you to, you never need to douche. Douching can cause allergic reactions, irritation, and even infections in the vagina.
- Feminine sprays and deodorants aren't a good idea either. They are often heavily perfumed and—like douching—can lead to allergic reactions, irritation, and infections. The vagina has its own natural cleaning system that flushes out bacteria, so you don't need to add any chemicals to help it.
- For more information, refer students to Douching FAQs in the PM.

Douching FAQs

- Q: What is douching?**
A: The word “douches” means to soak or wash in French. Douching is washing or cleaning out the vagina with water or other mixtures of fluids. Usually douches are pre-packaged mixes of water and vinegar, baking soda, or iodine. Women can buy these products at drug and grocery stores. The mixtures usually come in a bottle and can be squirted into the vagina through a tube or nozzle.
- Q: Why do women douche?**
A: Women douche because they mistakenly believe it gives many benefits. In reality, douching may do more harm than good. Common reasons women give for using douches include:
- To clean the vagina
 - To rinse away blood after monthly menstruation
 - To get rid of odors from the vagina
 - To avoid STDs
 - To prevent pregnancy
- Q: How common is douching?**
A: Douching is common among women in the U.S. It is estimated that 20-40% of American women aged 15 to 44 douche regularly. About half these women douche every week.
- Q: Is douching safer?**
A: Most doctors and the American College of Obstetricians and Gynecologists (ACOG) suggest that women do not douche. All healthy vaginas contain some bacteria and other organisms called the vaginal flora. The normal acidity of the vagina keeps the amount of bacteria down. But douching can change this delicate balance. This may make a woman more prone to vaginal infections. Plus, douching can spread existing vaginal infections up into the uterus, fallopian tubes, and ovaries.
- Q: What are the dangers linked to douching?**
A: Research shows that women who douche regularly have more health problems than women who do not. Health problems linked to douching include:
- Vaginal irritation
 - Vaginal infections (called bacterial vaginosis or BV)
 - STDs
 - Pelvic inflammatory disease (PID)
- PID is an infection of a woman's uterus, fallopian tubes and/or ovaries. It is caused by bacteria that travel from a woman's vagina and cervix up into her reproductive organs. If untreated, PID can cause fertility problems (difficulties getting pregnant). PID also increases a woman's chances of an ectopic pregnancy (a pregnancy that occurs in the fallopian tube instead of the uterus).

9. I Didn't Know That!—Male Reproductive Issues

10-12 minutes, individual, large group, adult facilitator

- Refer students to “I Didn't Know That! - Male Reproductive Health Issues” the PM.
- Ask them to read the handout individually.
- Ask volunteers to share one piece of information that they did not know before reading the handout.

10. Closing

3-5 minutes, large group lecture, adult co-facilitator

- Answer any questions.
- Preview next session: Reproductive Health—Part 2
- Direct the students' attention to the WOW. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

“I Didn't Know That!”: Male Reproductive Health Issues

- Does size really matter?**
Many boys worry about the size and shape of their penis. Is it too small? Too big? Too thin? Does it hang straight? Or does it curve slightly to one side? Yet penises come in all shapes and sizes and all are very different. The average length of a penis when it is flaccid (not erect) is around 3 to 4 inches whereas when it is hard it is around 5 to 7 inches. However, your penis size can depend on many things like the weather, your body shape, pubic hair and even ethnicity. Your penis also doesn't stop growing until you reach the ages of 18 to 21, so don't fret yet if you feel yours is too small.
- What is a penis?**
The penis is made up of a shaft, the glans (head/helmet) and the prepuce (foreskin). You pee through the urethra, which is a tube that passes through the penis and carries both urine from the bladder and semen from the testicles. If you have been circumcised then you won't have a foreskin. This is surgically removed at a young age for cultural and religious reasons.
- Foreskin**
When a boy is born he has an uncircumcised penis. This means his penis has a foreskin that covers the head (glans) of the penis. In the U.S., many parents choose to have the foreskin removed within a few days of the baby's birth, which is called circumcision. Other parents leave the foreskin intact. Whether or not a child is circumcised is a matter of the parents' personal preference and beliefs, and sometimes is because of religious or cultural practices.
- If a man is uncircumcised, the foreskin should be gently pulled back to expose the tip of the penis, which should then be washed with mild soap and water. Washing the penis daily this way is important because during puberty and beyond, dead skin cells and an oil-like substance called smegma can accumulate under the foreskin forming a substance called “smegma”. Smegma can build up and cause infections or harden if not washed away on a regular basis. A man with a circumcised penis should also wash his penis with mild soap and water daily.
- Erections**
Most boys start to experience erections when they reach puberty. They happen when you get sexually aroused and extra blood flows to the penis. This causes the penis to swell and grow large and hard. Sometimes erections are referred to as a hard-on or a boner, although there aren't actually any bones in the penis!

NOTES





9: Reproductive Health - Part 2



Purpose:

To identify the major structures and functions of the male and female reproductive systems in preparation for later understanding and discussing STDs, HIV, and teen pregnancy with peers.

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe how pregnancy happens.
2. Explain the importance of early prenatal care.
3. Identify the types of reproductive health care examinations that males and females should get in order to maintain reproductive health.
4. Identify reproductive health risks specific to GLBTQ youth.

THINKING AHEAD:
Identify teen mom guest speaker for Session 11.*

** Select teen mom with caution to ensure her message aligns with the goal of the session—she shouldn't glorify teen motherhood or downplay its challenges. Also, if she is very shy, you may need some questions prepared to "interview" her. You may want to invite a teen mom and a teen dad. If you cannot find a teen mom, use the Longhouse Media/Native Lens video clip located at: <http://www.youtube.com/user/Nativestand7#p/u>*

Supplies/Materials:

- Small prize for Activity #3 winning team (*optional*)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Mad Lib	●	●	
Sperm & Egg Signs	●		
How Does Pregnancy Happen?	●	●	
Pap Smear Screening	●	●	
Vaccines for Tweens & Teens	●	●	
Fast Facts About GLTBQ Health Needs	●	●	
Resources	●	●	

Preparation:

- Grade What Do Ya Know? Quizzes from Session 8
- You will need a second room and facilitator, as boys and girls are segregated
- Display Words of Wisdom
- Create two sets of signs for Activity #3

1. Welcome/Overview

3-5 minutes, large group lecture, adult or teen co-facilitator

- Review Session 8: Reproductive Health—Part 1
- Answer any questions in the Question Box
- Introduce today's session: Reproductive Health—Part 2
- Remind students to be respectful and not make crude or crass comments as we go through the session.
- As with Session 8, separate boys and girls.
- Read WOW

If a man is as wise as a serpent, he can afford to be as harmless as a dove.

Cheyenne

2. Mad Lib¹

10-15 minutes, large group activity, adult or teen co-facilitator

- Ask if anyone knows what a “Mad Lib” is. (It’s a kids’ word game where one player gives specific types of words to another player—like “noun”, “verb”, “a color”, “a food”—and the second player uses those words to fill in blanks in a story. When the story is read, it often has funny and has unintended consequences.)
- Ask for a volunteer. Tell the volunteer to open his or her PM to the Mad Lib worksheet. The other students should keep their PM closed.
- Ask the other students to call out a word to the volunteer in each of these categories (go slowly, one word at a time to give the volunteer time to write down the words):



1. Feeling
2. Famous actress' name
3. Verb ending in “-ing”
4. Action
5. Physical problem
6. Body part
7. Physical sensation
8. Living creature
9. Relative

MAD LIBS
Phil N. DeBlanks

Jackson felt a lot of _____ (feeling)
for his girlfriend, _____ (famous actress'
name). But lately they had been _____
(verb with -ing) a lot because she wanted to _____
(action) with him, but he didn't want to because he was worried
about _____ (physical problem).
He had a friend who had gotten it, which had caused his friend's
_____ (body part) to _____
(physical sensation). Jackson also didn't want his girlfriend to end
up having a _____ (living creature).
After all, he wasn't ready to be a _____
(relative).

¹ Adapted from PATH's “Word Bird” from Games for Reproductive Health, <http://www.path.org/files/gamesbook.pdf>.

- The volunteer will fill in the blanks on the Mad Lib worksheet. Once all the blanks are filled, ask the volunteer to read the “story” to the group. It usually ends up being a very silly story that makes little sense and gets lots of laughs. For example:

Jackson felt a lot of shyness for his girlfriend, Julia. But lately they had been swinging a lot because she wanted to wash clothes with him, but he didn’t want to because he was worried about having diabetes. He had a friend who had gotten it, which had caused his friend’s hand to tingle. Jackson also didn’t want his girlfriend to end up having a rattlesnake. After all, he wasn’t ready to be a grandmother.

- Now have everyone look at the Mad Lib worksheet in the PM. As a group, go through the exercise again and ask for volunteers to call out realistic terms to fit the story. For example:

Jackson felt a lot of love for his girlfriend, Angelina. But lately they had been fighting a lot because she wanted to have sex with him, but he didn’t want to because he was worried about getting an STD. He had a friend who had gotten it, which had caused his friend’s penis to burn. Jackson also didn’t want his girlfriend to end up having a baby. After all, he wasn’t ready to be a father.

3. The Sperm & The Egg²

8-10 minutes, competing teams, adult or teen co-facilitator

- Introduce topic by stating that one of the goals of Native STAND is to prevent unplanned pregnancies. Now that they are more familiar with the male and female reproductive systems, they need to understand more about how pregnancy occurs, so they can keep it from happening until they’re ready for the responsibility of being parents.

The Sperm & The Egg Signs—Page 1

TESTICLE

TESTICLE

² Adapted from Big Decisions curriculum, available at: <http://www.bigdecisions.org>.

- You will give them a set of signs. Each sign has a component of either the male or female reproductive system that is critical to the journey of the sperm. The goal of the activity is to get the signs in the correct order the fastest.
- The correct order is:

- Epididymis
- Testicle
- Vas Deferens
- Urethra
- Vagina
- Cervix
- Uterus
- Fallopian Tube
- Egg



- Ask the students to walk you through the journey.
- Direct students to How Does Pregnancy Happen?³ in the PM.
- Review the information on the handout and answer any remaining questions.

NOTE: If there are at least 12 participants, you can divide the students into two teams and have them compete against each other to see which team can get the signs in the correct order in the least amount of time. You can give the winning team a small prize. *(optional)*

How Does Pregnancy Happen?

Getting the Sperm and Egg Together
Every day men create sperm in their testicles. When a man has an orgasm (and ejaculates), millions of sperm are released within the fluid that's often called "cum." The more formal name is "semen."

Once a month, a woman releases an egg from one of her ovaries. The fallopian tube takes the egg from the ovary toward the uterus.


During vaginal sex between a woman and a man, the man's penis ejaculates in the woman's vagina. That ejaculation shoots millions of sperm up into the woman's vagina, where they race through the cervix, then the uterus and into the fallopian tubes hoping to find an egg. If they find one, fertilization may occur.

From Fertilized Egg to Baby
Each month a woman's brain sends out hormones that cause changes in her uterus. At one point in the cycle, her body creates a potential home for the fertilized egg in the wall of her uterus. A woman can only become pregnant during the days when the uterus is ready. If the fertilized egg doesn't attach during this part of her menstrual cycle, the uterine lining is expelled from her body during her period.

Pregnancy starts when the fertilized egg attaches to the uterus. Once it's attached, the egg grows into an embryo and eventually a fetus. As the embryo develops into a fetus, the placenta develops. The placenta is an organ that connects the mother to the child. It supplies nutrients to the fetus and takes away waste.

The Body's Changes
A woman's body goes through many changes during pregnancy. She gains weight to help keep the fetus growing and protected. She produces more blood, so that there's enough for two bodies instead of one. Toward the end of her pregnancy, a woman's breasts enlarge and get ready to produce milk. And in preparation for the final delivery of the baby, some muscles and ligaments (ligaments attach muscles to bones) relax, so that it has room to get out.

The entire process, from ejaculation to delivery, takes about 40 weeks.



4. **Healthy Pregnancies**

3-5 minutes, large group discussion, adult facilitator

- Remind students that another important time to seek health care is during pregnancy.
- In an ideal world, all pregnancies would be planned. However, that's not the case, and almost half of all pregnancies in the U.S. are unplanned.
- As soon as a woman even thinks she might be pregnant, it's very important to seek care with a health care provider as soon as possible.
- If you decide to have your baby, it is very important to see a doctor regularly so that your baby will be healthy. Many complications can be prevented if you get the proper and early prenatal care.
- Remind students that women should not smoke, drink, or do drugs during pregnancy and that overweight woman are at a higher risk of complications during pregnancy.
- All women who can get pregnant should take a folic acid supplement, which prevents a serious birth defect called neural tube defects. It's important to take this supplement before getting pregnant.

³ Adapted from Puberty Information for Parents and Kids, <http://www.childdevelopmentinfo.com/development/puberty.htm>

5. Keeping Healthy

10-15 minutes, large group discussion, adult facilitator

- For the past few sessions, we have been talking about some important reproductive—or sexual—health issues that affect many teens.
- It's important to recognize that you can't have reproductive or sexual health if you aren't healthy overall.
- Many experts recommend yearly check-ups for all teens until they turn 21. The visits should include:
 - ◇ a health history and exam (including history of personal illness or illness among family members; height and weight; blood pressure; heart rate; visual check of ear, nose and throat; listening to lungs, checking reflexes)
 - ◇ a review of vaccination history and needs (all teens should have immunizations against Tetanus-Diphtheria-Pertussis, Measles-Mumps-Rubella, chickenpox, polio, influenza, Pneumococcal polysaccharide, Hepatitis A, Hepatitis B, and Human Papilloma Virus)
 - ◇ counseling about healthy habits and risky behaviors (including drugs and alcohol, smoking, physical activity, nutrition)
- Ideally, at least part of the visit should be done without the parent or guardian present, so the doctor and the teen can have an open and confidential discussion about drug and alcohol use, sexuality and sexual activity, smoking, and other sensitive topics.
- When a person begins to have sex, what's talked about and done in doctor's visits should expand to include screening for STDs and discussions about STD/HIV and pregnancy prevention. (Some people assume that an STD test was done when it wasn't. Specifically ask your doctor if you are being tested for STDs.)
- In addition to these topics, there are some differences in what male and female teens can expect at these visits:
 - ◇ Women—discussion topics may include pelvic pain, irregular periods, and contraception; a pelvic exam may be done to look for irregularities; a breast exam may be done to look for lumps; cervical cancer screening ("Pap smear") should begin at age 21 and be done every two years. Some doctor's may screen for intimate partner violence, depression, eating disorders, and suicide.
 - ◇ Men—discussion topics may include the use of anabolic steroids, care for uncircumcised penises; an exam of the genitals may be done to check for suspicious lumps or hernias.
- Although it can be embarrassing to be examined by a doctor and to be asked very personal questions, it's a very important part of your health care. STDs and cancer can cause infertility and other complications. If a teen wants to become a parent some day, he or she needs to take care of their bodies now.
- Remind students that later we will visit a clinic and we can talk more about these health care visits and exams then.
- Point out to the students that they have information in the PM on Pap Smear Screening⁴ and Vaccines for Teens & Tweens⁵.

Vaccines for Tweens & Teens

Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!

Many people between the ages of 11 and 19 think they are done with their vaccinations. They think vaccinations are just for little kids, but guess what? They're wrong. There are millions of teens and tweens who need vaccinations to prevent all kinds of serious illnesses. Are you one of them?

Pap Smear Screening

What is a Pap smear?

A Pap smear, also called a Pap test, is part of a pelvic exam. The word "Pap" is short for Papanicolaou, which is the last name of the doctor that studied changes in cervical cells. A Pap test is usually done in the first few years after you have become sexually active and then yearly after that or when you turn 21, which ever comes first. It is the only way to check the cells on your cervix for changes that can lead to cancer. Your health care provider usually checks for STDs at the same time.

How is a Pap smear done?

As part of your pelvic exam, your health care provider will take a thin plastic wand and a tiny brush and gently wipe away some of the cells from your cervix. Most girls don't feel anything at all. A few girls may feel a little cramping as their cervix is gently brushed. If you feel anything, it usually lasts less than 1 minute. These cells are placed in a bottle or on a glass slide and sent to a laboratory.

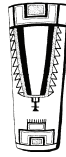
A trained technician then examines the sample of cells under a microscope to see if the cells are normal or if there are any problems. The lab then gives the results to your health care provider, who will contact you if the results are NOT normal.

If you are menstruating, you should reschedule your Pap smear as the blood cells make the smear difficult to "read" accurately. The same is true if there is semen on your cervix—if you had sex without a condom within 24 hours of the Pap smear.

What do Pap smear results mean?

Although most Pap smear results come back as normal, it is not unusual for the test results to be abnormal if you are an adolescent. This may be because the young cervix is more vulnerable to cancerous changes when exposed to semen early in a woman's fertile lifetime. Precancerous or cancerous changes are even more likely to occur if you have several sexual partners.

If your results come back "normal", this means that your cervix is healthy and you will need another Pap smear in 1 year. Other test results may mean that the sample of cells was not a good sample and can't be read by the lab technician or it may mean there are some funny looking cells on the test and more tests are needed to figure out the reason for the changes. It is very important to return to your health care provider if they tell you that you need to have another Pap smear.



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⁴ Source: <http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm>

⁵ Source: <http://www.youngwomenshealth.org/abpap.html>; <http://www.coolnurse.com/papsmeas.htm>

6. GLBTQ Reproductive Health Issues

10-15 minutes, large group lecture, adult facilitator

- Introduce topic: GLBTQ youth have unique reproductive health needs and are often at higher risk for STDs, HIV, and even teen pregnancy than “straight”—or heterosexual—youth. GLBTQ teens are more likely than straight teens to:
 - ◇ Have had sex
 - ◇ Have had more partners
 - ◇ Have had sex against their will
 - ◇ Report high-risk sexual behaviors
 - ◇ Report substance use before sex
 - ◇ Report personal safety issues
- Ask students to review *The Unique Sexual and Reproductive Health Needs of Gay, Lesbian, Bisexual, Transgender, and Questioning Youth*⁶ in the PM. Answer any questions.
- Explain that transgender youth have complicated health concerns and need sensitive primary care providers, mental health support, peer support, and education.⁷
 - ◇ Transgender youth may face ridicule and discrimination in health care facilities, practitioners who may not be properly trained to handle their issues, and others who may have their own prejudices against transgender identities.
 - ◇ A caring and committed doctor is key for the survival of transgender youth.
 - ◇ Many transgendered people take male or female hormones to change their appearance, often without the supervision of a licensed medical provider. (They may be using “bootleg” substances, may be over self-medicating, and may be incorrectly injecting or sharing needles to administer their hormones.) Because of barriers to health care, transgender youth may be especially susceptible to disreputable practices and predatory practices.



7. Answers to “What Do Ya Know?” Quiz

10-15 minutes, large group activity and discussion, adult facilitator

- Return the completed “What Do Ya Know” quizzes from Session 8 to each student.
- Go through the answers, discuss any areas of confusion, and make sure everyone is comfortable with the correct answers.

8. Closing

3-5 minutes, large group lecture, adult co-facilitator

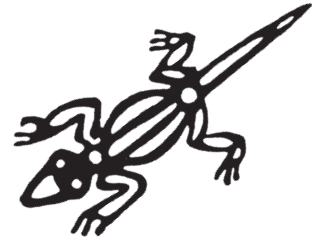
- Answer any questions.
- Refer students to the Resources in the PM.
- Preview next session: The Downside of Hooking Up.
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.

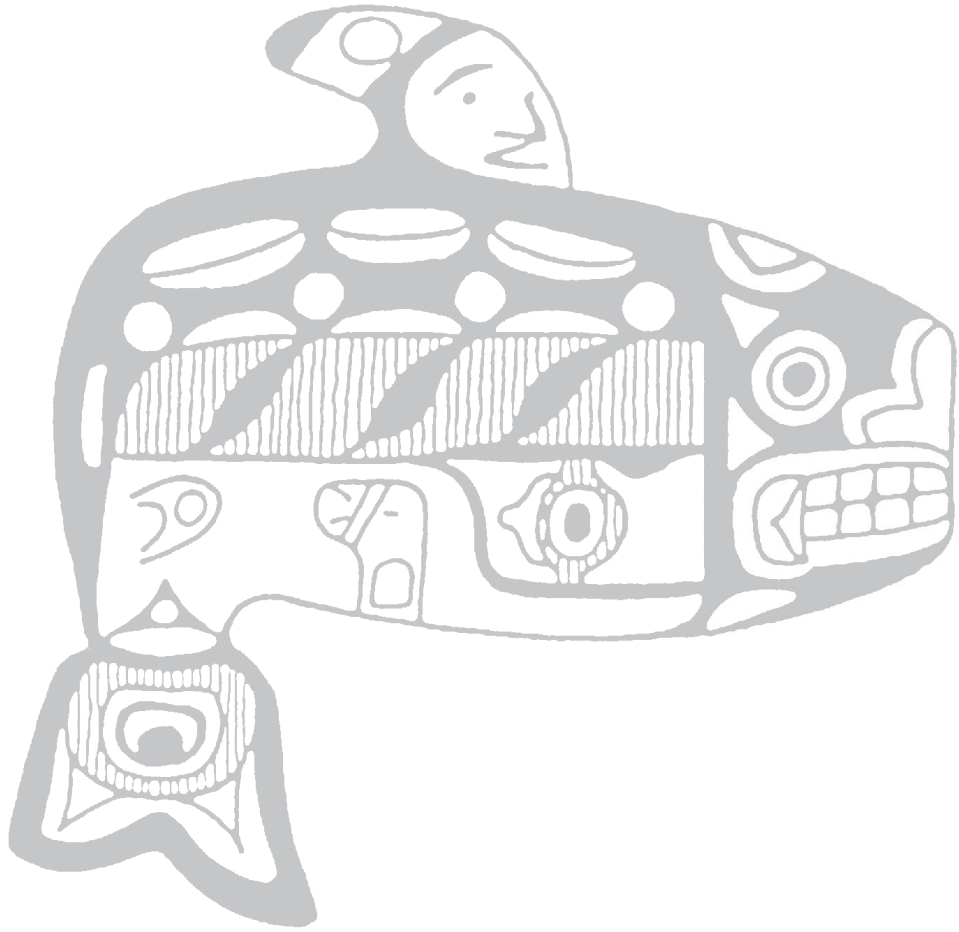


⁶ <http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B516EF85D-49FA-4F3F-B562-FA918CF9ED58%7D.PDF>

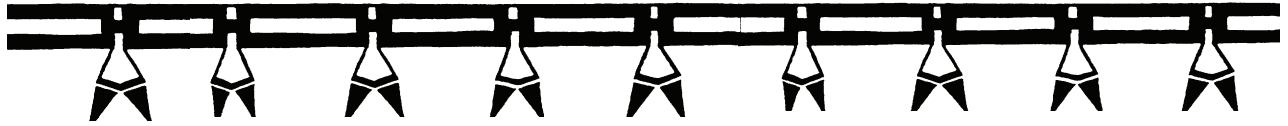
⁷ Adapted from <http://www.sexetc.org/story/glbtc/2238>

NOTES





10: The Downside of Hooking Up



Purpose:

To identify the relative risks of sexual behaviors for teenagers.

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Discuss common reasons teens give for deciding to have or not have sex.
2. List the benefits to teens for postponing sex.
3. Recognize that abstinence is the only 100% sure way to prevent getting pregnant or getting an STD, including HIV/AIDS.
4. Identify sexual behaviors that carry more risk of STD, HIV, and pregnancy than others.
5. Distinguish between behaviors that are “safe sex” versus “safer sex.”
6. Recognize that even teens who continue to have intercourse can reduce their risks.

Supplies/Materials:

Resources/Handouts:

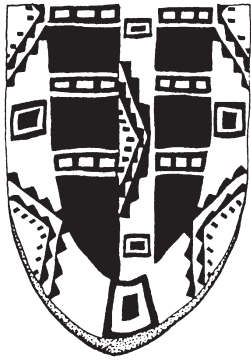
	RM	PM	HO
Words of Wisdom	●		
Say “No” to What? Worksheet	●	●	
Risk Signs	●		
“101 Ways of Making Love Without Really Doin’ It” Brochure			●
Ordering Information for STD Facts	●		

Preparation:

- Make sure there is a large, empty wall available in the room to do Activity #5
- Display today’s Words of Wisdom

THINKING AHEAD:

- Optional: Get small gift for teen mom for Session 11
- Identify a community health provider guest speaker for Session 12
- Collect local STD data and create handout for Session 14
- Order brochures for Session 14



1. Welcome/Overview

3-5 minutes, large group lecture, adult facilitator

- Review Session 9: Reproductive Health—Part 2
- Answer any questions in the Question Box.
- Preview today's session.
- Read today's WOW.

Each person is his own judge.

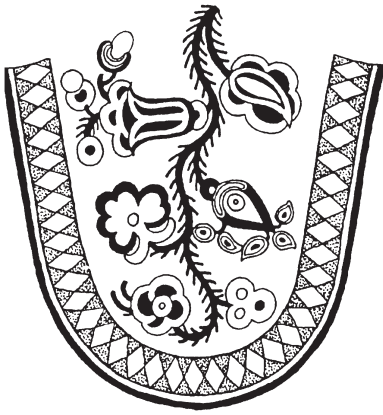
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2. Assessing Your Daily Risk

10-12 minutes, large group activity, adult or teen co-facilitator

- Explain that we make decisions—large and small—that affect our health every day.
- Have the group stand. Tell them you are going to read a list of health behaviors. If they answer “yes” to a question, they should remain standing. If they answer “no” to even one question, they should sit down and remain seated.
- Read these health behaviors (you may substitute behaviors):
 - ◇ I brushed my teeth this morning.
 - ◇ I wash my hands after I use the restroom and before eating.
 - ◇ I got at least 8 hours of sleep last night.
 - ◇ I have not smoked cigarettes in the past month.
 - ◇ I had breakfast today.
 - ◇ I ate at least three fruits or vegetables yesterday.
 - ◇ I wore my seat belt the last time I rode in a car.
 - ◇ I have been to the doctor for a check-up in the past year.
 - ◇ I did something active such as walking, cleaning, or exercising in the past 3 days.
- Applaud those standing for taking the fewest risks with their health.
- Debrief:
 - ◇ Point out that most of us take risks that impact our health.
 - ◇ Making healthy choices is a lifelong task and not as easy as it sounds.
 - ◇ Don't judge others who struggle to make healthy changes in their lives, because most of us could make some changes to decrease risk in our lives.





3. **Benefits of Abstinence**

10-15 minutes, small group activity, large group discussion, adult or teen co-facilitator

- Divide students into groups of 4-6.
- Ask them to make a list on chart paper of the reasons teens engage in sexual activity and another list of reasons teens choose not to have sex.
- Have each group report back to the large group.
- Display each group's list.
- Evaluate the reasons listed and the importance of each reason.

4. **Say "No" to What?**

10-15 minutes, individual activity, large group discussion, adult or teen co-facilitator


- Direct students to Say "No" to What?¹ in the PM.
- Ask them to read it and to fill it out individually.
- When they are done, ask for volunteers to share their definitions of abstinence with the group. Is there consensus? Is there one definition for abstinence?
- Select several behaviors from the handout and ask for volunteers to share whether they circled it or not. Discuss answers, especially if people answered something differently.
- Discuss which behaviors are compatible with abstinence.

Say "No" to What??

What is your definition of abstinence?

Circle the behaviors that are compatible with abstinence:

1. Dry kissing (close-mouth)
2. Holding hands
3. Hugging with hands on arms and back
4. Flirting using eye contact
5. French kissing (open-mouth)
6. Vaginal intercourse
7. Hand contact with another person's genitals
8. Mouth contact with someone's breast
9. Touching another person's lower body with clothes on
10. Mouth on another person's genitals
11. Touching another person's lower body with clothes on
12. Kissing while pressing your body against another person
13. Touching another person's lower body without clothes on
14. Anal sex with a condom
15. Lying next to each other with no clothes on



1. Dry kissing (close-mouth)
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15. Lying next to each other with no clothes on

¹ Source: Red Cross of Tulsa, Peer Educator Curriculum

5. Risk Continuum

20-25 minutes, large group activity, adult or teen co-facilitator

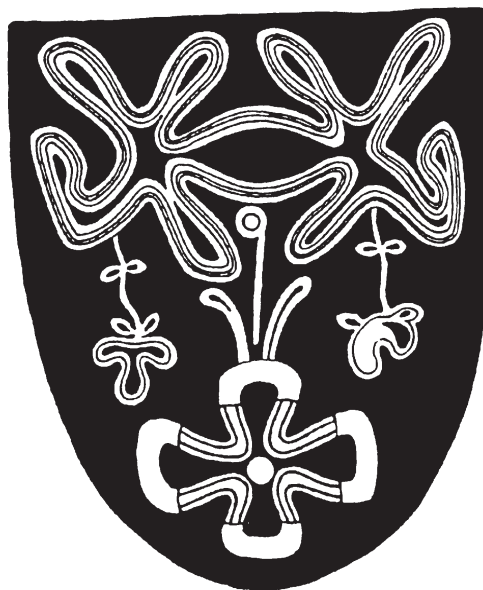
- The objective of this activity is to identify ways couples can have fun together and to rank them in order of STD/HIV risk.
- Tell students that there are many things we can do to have fun with a partner—some are safe and some are not so safe.
- Give each student a stack of sticky notes (at least 12). Ask them to think of things they do with a partner to have fun and to write each thing on a sticky note (one thing per sticky note).
- Encourage them to think about all kinds of things you can do together—from hanging out to hooking up and everything in between.
- Tell them to place their sticky notes up on the wall, in no particular order. If the students are not putting up a variety of activities with differing degrees of risk, the facilitator should add some. Examples of activities could include:

Go for a walk
Go to a movie
Watch TV
Dry/"social" kissing
"French" (tongue) kissing
Go horseback riding
Have sex
Cuddle
Go to a powwow
Tattoo their names on each other

- Make sure to include some of the following sexual activities as well:
 - ◇ Abstinence from all sexual activity with another person
 - ◇ Masturbation (solo)
 - ◇ Mutual masturbation
 - ◇ Withdrawal
 - ◇ Oral sex with a condom
 - ◇ Oral sex without a condom
 - ◇ Vaginal sex with a condom
 - ◇ Vaginal sex without a condom
 - ◇ Vaginal sex with a latex condom and oil-based lubricant
 - ◇ Vaginal sex with a latex condom and water-based lubricant
 - ◇ Anal sex with latex condom and oil-based lubricant
 - ◇ Anal sex with a polyurethane condom and an oil-based lubricant
- Walk along the wall and read the notes aloud to the group. Ask them to think about the risk involved in the activities as you read them.



- Tape two signs on the wall, one on each side of the available space. One sign should say “Not Risky” and the other “Very Risky”.
- Ask the students to arrange the sticky notes in order from least risky to most risky. They can move any sticky note, it doesn’t have to be their own. They must reach consensus on the order.
- Walk along the wall again and ask why students chose the order they did.
- Encourage discussion. The order of the notes is not as important as the discussion.
- Points to draw out from the students:
 - ◇ Abstinence is the only 100% sure way to keep from getting HIV/STDs.
 - ◇ The only 100% safe sex is solo sex (masturbation).
 - ◇ There are many things you can do to have fun that do not put you or your partner at risk.
 - ◇ Some sexual activities are much riskier than others.
 - ◇ People usually can reduce their risk (by moving “up” the continuum/substituting less risky behaviors for more risky ones, and that is healthy).
 - ◇ Few people want to or can go to zero risk in one step. People are more likely to succeed in changing a behavior if they set smaller, more achievable goals.
 - ◇ Water-based or silicone-based (not oil-based) lubricants should be used with latex condoms. Any kind of lubricant can be used with polyurethane condoms.
 - ◇ Barrier protection (like condoms) makes sex “safer” but not 100% safe. Condoms are effective for both birth control and STD prevention when used properly.
 - ◇ Oral sex carries a low risk of HIV transmission (about 1/100 times that of anal intercourse), but other STDs can be spread more easily through oral sex.



- ◇ Less than half of US high school students have had sexual intercourse.
- ◇ One of the reasons STDs are so easily transmitted during anal intercourse is because there is greater likelihood of rectal tearing.
- ◇ Students should realize that there are different kinds of risks involved (e.g., pregnancy vs. STD prevention). Some of the behaviors on the list protect against one but not the other.
- ◇ Ask the students what new information they learned from this activity.
- ◇ Distribute the ETR brochure “101 Ways to Make Love Without Doin’ It”. (Ordering information is in Session 7.)

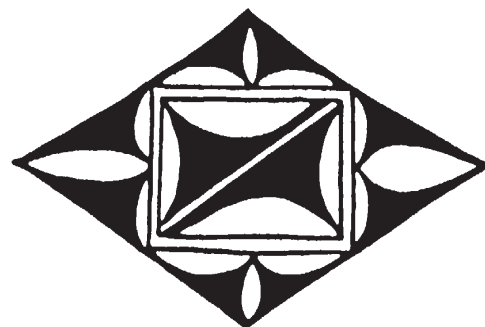
NOTE: If your students are very shy or you are short on time, another option for this activity is to have pre-printed signs of risky and not risky behaviors, distribute one sign to each student, and have them put themselves in the correct order by risk.

6. Reducing Sexual Risk

8-10 minutes, large group brainstorm/discussion, adult or teen co-facilitator

- As we’ve just seen, there are risks to being sexually active and there are some things that are riskier than others.
- If someone chooses to have sex, despite the risks involved, they should protect themselves. What are things someone can do to reduce the risk to themselves and their partners from STDs, HIV, and pregnancy? Responses may include:

- ◇ Know your partner
- ◇ Take it slow
- ◇ Talk to partners about their risks
- ◇ Use condoms
- ◇ Get screened for STDs
- ◇ Get an HIV test
- ◇ Abstain from sex
- ◇ Don’t share needles
- ◇ Limit the number of sex partners



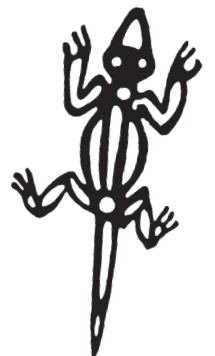
- Get their thoughts on this and generate discussion.

7. Closing

3-5 minutes, large group, discussion, adult or teen co-facilitator

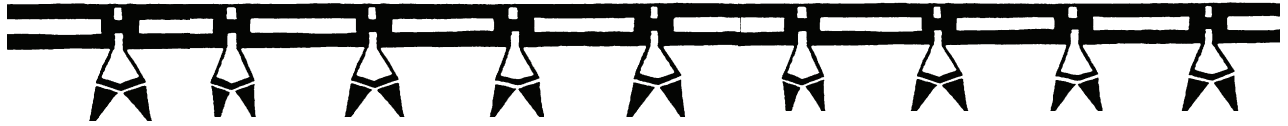
- Answer any questions.
- Preview next session: Pregnancy & Parenting
 - ◇ If you will have a teen mom as a guest speaker for the next session, prepare students and remind them to be respectful and appreciative. Talk about how difficult this will be for the teen mother. Remind them to be thinking about questions they may want to ask.
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.

NOTES





11: Pregnancy & Parenting



Purpose:

To encourage Native STAND members to think about the costs of being involved in a pregnancy as a teenager and to encourage them to see that pregnancy is a real and personal danger for teens who have sex.

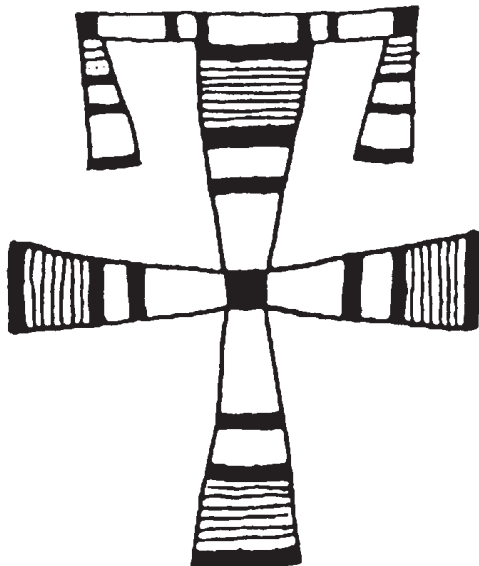
Stages of Change Process:

Getting info, involving the emotions, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify at least 6 disadvantages of getting pregnant/being a teen parent.
2. List at least 4 risks of teen parenthood.
3. Name a local place to get pregnancy testing and counseling.



Supplies/Materials:

- Small gift for teen mom (*optional*)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Pregnancy & Parenting Questions for Teen Mom	●	●	
Risks of Teen Parenthood	●		
“Once is Enough” Role Play	●	●	
Resources	●	●	

Preparation:

- Display Words of Wisdom
- Decide how questions will be posed to teen mom

1. Welcome/Overview

3-5 minutes, large group lecture, adult facilitator

- Review Session 10: The Downside of Hooking Up.
- Answer any questions in the Question Box.
- Introduce today's session.
- If you are able to have a teen mom as a guest speaker, be sure to remind students to be respectful and non-judgmental.
- Read today's WOW.



What is past and cannot be prevented should not be grieved for.

Pawnee

2. Pregnancy/Parenting in the First Person

25-30 minutes, large group lecture/discussion, adult co-facilitator

- Either invite teen mom to tell her story and leave time for questions, or have students take turns asking her prepared questions in an interview format.
- If you choose to have students ask questions, refer them to the **Pregnancy/Parenting in the First Person: Some Suggested Questions for Teen Mom Guest Speaker in the PM** and decide how you will ask the questions (e.g., who will ask which questions and in what order).
- Some questions might include:
 - ◇ Did you mean to get pregnant?
 - ◇ If you had the chance to start over, would you do things differently?
 - ◇ How did your parents react when you told them?
 - ◇ How did the father react when you told him?
 - ◇ Do you get enough financial or other support from the father?
 - ◇ Does the father spend enough time with your child?
 - ◇ Was it hard to go back to school?
 - ◇ Do you recommend that other teens have babies?
 - ◇ Is having a child a big responsibility or not a big deal?
 - ◇ Does having a child cramp your social life?
 - ◇ How has having a child affected your life?
 - ◇ How has having a child affected your family?
 - ◇ Do you feel that having a baby has made you lose your life as a teenager?

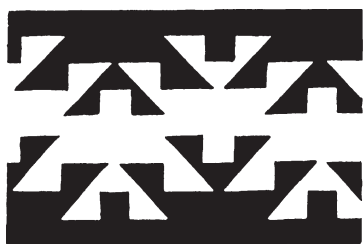
Pregnancy and Parenting in the First Person: Some Suggested Questions for Teen Mom Guest Speaker

- Did you mean to get pregnant?
- If you had the chance to start over, would you do things differently?
- How did your parents react when you told them?
- How did the father react when you told him?
- Do you get enough financial or other support from the father?
- Does the father spend enough time with your child?
- Was it hard to go back to school?
- Do you recommend that other teens have babies?
- Is having a child a big responsibility or not a big deal?
- Does having a child cramp your social life?
- How has having a child affected your life?
- How has having a child affected your family?
- Do you feel that having a baby has made you lose your life as a teenager?
- How often do you get to go out with friends? Do you go with the baby or do you get someone to take care of him/her?
- Do you have good support from your parents or other family members? If so, do they sometimes make it too easy so you don't worry much about getting pregnant again?
- Do people look at you differently now?
- How did you feel when you first thought you might be pregnant? What about when you found out that you were in fact pregnant?
- Once you've had a child, do guys you date often expect you to have sex with them?



- ◇ How often do you get to go out with friends? Do you go with the baby or do you get someone to take care of him/her?
- ◇ Do you have good support from your parents or other family members? If so, do they sometimes make it too easy so you don't worry much about getting pregnant again?
- ◇ Do people look at you differently now?
- ◇ How did you feel when you first thought you might be pregnant? What about when you found out that you were in fact pregnant?
- ◇ Once you've had a child, do guys you date often expect you to have sex with them?
- Have the group express their appreciation to teen mom (e.g., hugs, small gift, etc.) and excuse her.

NOTE: If you cannot arrange for a teen mom guest speaker, use the Longhouse Media/Native Lens video clip located at:
<http://www.youtube.com/user/Nativestand7#p/u>



3. Discuss Reactions to Teen Mom

10-15 minutes, large group discussion, adult co-facilitator

- Focus on the costs/disadvantages of pregnancy. Ask:
 - ◇ Were there any surprises in what she had to say?
 - ◇ How does the teen mother's story make you feel about getting pregnant?

4. Risks of Teen Parenthood

8-10 minutes, large group lecture, adult co-facilitator

- Direct students to Risks of Teen Parenthood in the PM.
- Read statements to group and ask whether they think they are true or false statements.
 - ◇ Pregnant teens have more serious medical complications.
 - ◇ Deliveries to pregnant teens cost more.
 - ◇ Teens often give birth to underweight babies.
 - ◇ Teen moms are less likely to have the education and skills to be financially independent.
 - ◇ 80% of teen moms drop out of high school.
 - ◇ A teen mom will earn only half the life-time wage of her peers.
 - ◇ Most teen moms are unmarried.
 - ◇ Unmarried teen moms rarely receive child support from the baby's father.
 - ◇ Married teen moms have higher divorce rates.
 - ◇ Teen dads are more likely to drop out of high school.
 - ◇ Teen dads are half as likely to complete college as their peers.
 - ◇ Over 80% of babies born to teens don't live with the dad.
 - ◇ After the first year, most teen dads who live apart from their children do not see them even once a week.

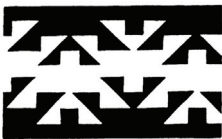
Risks of Teen Parenthood

Teen Moms

- Pregnant teens have more serious medical complications.
- Deliveries to pregnant moms cost more.
- Teens often give birth to underweight babies.
- Teen moms are less likely to have the education and skills to be financially independent.
- 80% of teen moms drop out of high school.
- A teen mom will earn only half the life-time wage of her peers.
- Most teen moms are unmarried.
- Unmarried teen moms rarely receive child support from the baby's father.
- Married teen moms have higher divorce rates.

Teen Dads

- Teen dads are more likely to drop out of high school.
- Teen dads are half as likely to complete college as their peers.
- Over 80% of babies born to teens don't live with the dad.
- After the first year, most teen dads who live apart from their children do not see them even once a week.



- Let the students know that all of these statements are TRUE.
- Ask whether any of the answers surprised them and whether they learned anything new.

5. **Pregnancy Role Play “Once is Enough”**

25-30 minutes, large group, adult co-facilitator

- Refer students to the “Once Is Enough” role play in the PM.
- Select two females and two males to perform this role play and assign each one of these roles:
 - ◇ Derek—Avery’s boyfriend and Trenton’s best friend
 - ◇ Avery—Derek’s girlfriend and Sierra’s best friend
 - ◇ Trenton—Derek’s best friend and the director of the play
 - ◇ Sierra—Avery’s best friend
- The storyline: Derek and Avery have been going out for about a year. Two months ago, they watched a really sexy movie at Avery’s house. They got carried away and had sex for the first time without a condom. Avery has since missed one period and is late for the second. This morning, she did a home pregnancy test and found out she’s pregnant.
- During the play: Derek and Avery must talk through their problem with the help of their friends and come to a decision about what they will do. As facilitator, keep track of time and offer technical assistance on pregnancy-related questions as appropriate. Otherwise, the actors will have all the information they need in their scripts.

“Once Is Enough” Role Play
Derek’s Part

Getting Started:


1. You have about three minutes to prepare for your part in the play.
2. Read the rest of this page. When you have finished, Trenton will tell the group to begin the play.

Story
You’ve been going out with Avery for almost a year. Two months ago, you and Avery watched a really sexy movie at her house. You both got carried away and had sex for the first time without a condom.

Decide the Following

- What are your career goals?
- How far do you want to go in school?
- Do you plan to get married? If so, at what age?
- Do you want to have children? If so, when?

During the Play
When Trenton tells you to begin the play, Avery has something she wants to tell you. (She may want to talk to her friend Sierra, first.) You will respond based on the decisions you made above. You may also want to talk over your problem with your friend, Trenton.



NOTE: A version of this role play, acted out by Native students, is available at: <http://www.youtube.com/user/Nativestand7#p/u>

6. **Closing**

3-5 minutes, large group lecture, adult co-facilitator

- Answer any questions.
- Refer students to Resources¹ in the PM.
- Preview next session: Preventing Pregnancy
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.


RESOURCES

If you think you might be pregnant

If you or someone you know thinks you might be pregnant, it’s important to find out for sure as soon as possible. The first thing you can do is to take a home pregnancy test. Most grocery stores and pharmacies sell these tests at low cost and they are very accurate. You just pee on the end of a special stick and wait the recommended time to read the indicator on the stick.

If your test comes back positive, or if you prefer to have the test done in a clinic setting, here are some places you can consider contacting for a pregnancy test:

- Community Health Centers
- County, Local & State Departments of Health
- Indian Health Service
- Planned Parenthood
- School-based Health Centers
- Tribal Health Centers
- Private doctors’ offices
- Urban Indian Health Centers



If you just found out you’re pregnant

If you just found out you’re pregnant, you are probably very scared and worried right now. You may want to talk to someone other than a boyfriend or family member about your pregnancy. Many clinics have counselors on staff who provide “Pregnancy Options Counseling”—this is a term used to describe the different choices a woman has when she learns she is pregnant. It’s important to see a counselor who has been trained to provide “non-directive” counseling, which means the counselor should help you figure out what is right for ~~you~~ ~~and~~ ~~should~~ not tell you what to do about your pregnancy.

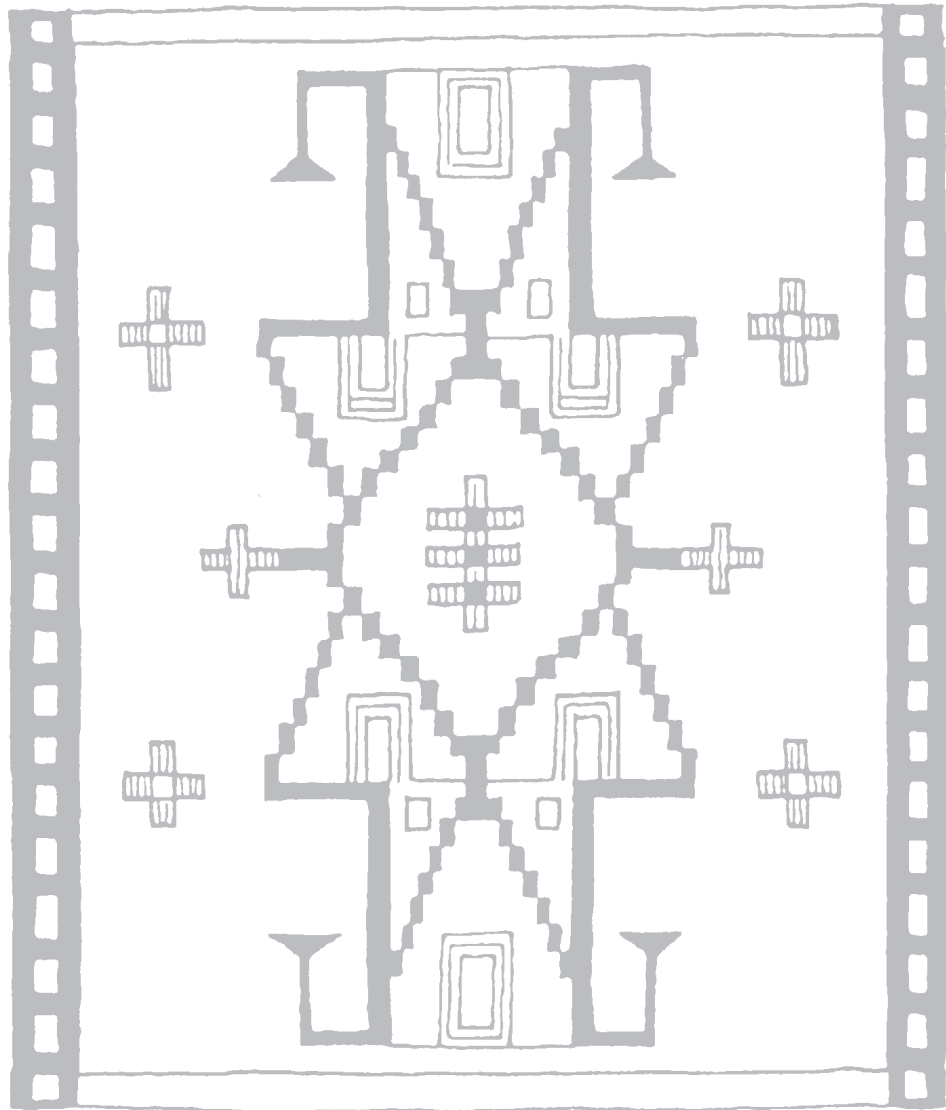
Pregnancy Resources

- **Advocates for Youth: Teen Pregnancy Prevention**
<http://www.adolescentscience.org/teenpregnancy.htm>
Information from Advocates for Youth—dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media.
- **Backline**
<http://www.yourbackline.org>
Talkline: 800-493-0092
Backline offers a peer counseling service for women and their loved ones wishing to discuss pregnancy, parenting, abortion, and adoption issues.

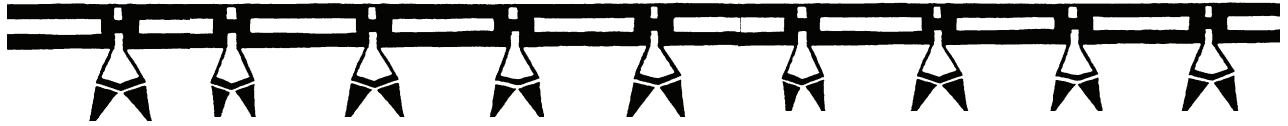
¹ Adapted from Family Planning Council, http://www.familyplanning.org/reprofacts_pregcouncils.html

NOTES





12: Preventing Pregnancy



Purpose:

To provide Native STAND members with detailed information about the different methods of contraception and STD prevention available.

Stages of Change Process:

Getting info, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. List at least 5 commonly available methods of birth control and identify the relative advantages and disadvantages of each.
2. Identify the relative effectiveness of each of the methods for pregnancy and STD prevention.

Supplies/Materials:

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Birth Control Options for Teens	●	●	
Methods Not Usually Recommended for Teens	●	●	
Emergency Contraception	●	●	
Dual Methods	●	●	
1 Out of 100 Women	●	●	
Resources	●	●	



THINKING AHEAD:

Begin planning the field trip to a local health care facility for Session 18

1. Welcome/Overview

3-5 minutes, large group lecture, adult facilitator

- Review Session 11: Pregnancy & Parenting.
- Answer any questions in the Question Box. Remind students to use the Question Box if they have questions about anything discussed today.
- Introduce today's session.
- Read today's WOW.



Seek wisdom, not knowledge. Knowledge is of the past, wisdom is of the future.

Lumbee

2. Birth Control Methods Overview

5-8 minutes, large group, adult facilitator

- Explain that having sex is about making choices. We choose when we are ready and when we want to wait. We choose our partners. We choose what we want to do and what we don't want to do with our partners. We can choose to do it in the safest way. We can choose when we are ready to be pregnant and when we are ready to be parents.
- The only 100% sure way to avoid an unplanned pregnancy is to practice abstinence. If you choose not to abstain, there are steps you can take to protect yourself from getting pregnant.
- To choose the birth control method that may be best for you, consider how well each one will work for you. Ask yourself:
 - ◇ How well will it fit into my lifestyle?
 - ◇ How convenient is it?
 - ◇ How effective is it?
 - ◇ How safe is it?
 - ◇ How affordable is it?
 - ◇ Is it reversible?
 - ◇ Does it also prevent STDs? (It's important to point out that just because a method is effective at preventing pregnancy doesn't mean it is effective at preventing STDs.)
 - ◇ Are free condoms available in my community? Where are they? How do I get them?



3. Community Health Provider Guest Speaker On Birth Control Methods

40-45 minutes, large group, adult facilitator

- Introduce community health provider.
- Community Health provider presents information on birth control methods.
- After presentation, allow students time to ask questions. If students are shy, you can ask some of these questions to get the conversation going:
 - ◇ Which of the methods discussed is most effective?
 - ◇ What are the advantages and disadvantages of each of these methods?
 - ◇ Are some methods more appropriate for teens than others? Which and why?
 - ◇ Where would you go if you wanted to find out more information about contraception or even start using a method?
 - ◇ Be sure that the community healthcare provider shares information about local clinics.
- Thank the provider.

BIRTH CONTROL OPTIONS FOR TEENS

ABSTINENCE

Dual Methods¹

Emergency Contraception

Emergency contraception (EC) is a safe and effective way to reduce your chance of pregnancy up to 5 days *after* unprotected sex. It's important to take EC as soon as possible after unprotected sex—the sooner you start it, the better it will work.

You may want EC if:

- ☒ The condom broke or slipped off, and he ejaculated in your vagina.
- ☒ He didn't pull out in time.
- ☒ You forgot to take your birth control pills, insert your ring, or apply your patch.
- ☒ Your diaphragm or cap slipped out of place, and he ejaculated inside your vagina.
- ☒ You miscalculated your "safe" days.
- ☒ You weren't using any birth control.
- ☒ You were forced to have unprotected vaginal sex, or were raped.

EC is available without a prescription for women (and men) 17 or older, but those 16 and younger need a prescription.

To get EC, check with:

- ☒ Your local IHS or tribal health clinic
- ☒ Your county, local, or state health department
- ☒ Your school-based health clinic
- ☒ A local Planned Parenthood clinic—to find the clinic nearest to you, visit: <http://www.plannedparenthood.org/FindCenterProcess.asp>.
- ☒ If you live in Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, or Washington, you can get EC without a prescription at some pharmacies. Call your pharmacy in advance to make sure they offer and stock EC. If you live in one of these states, you can locate a pharmacy near you that dispenses EC at this website: <http://www.ec-help.org/PharmacyLocations.asp>.
- ☒ A searchable database of EC providers is located at: <http://eclocator.not-2-late.com>.

¹ EC is also known as "the morning after pill"; brand names include Plan B, Plan B One-Step, Next Choice, and ella.

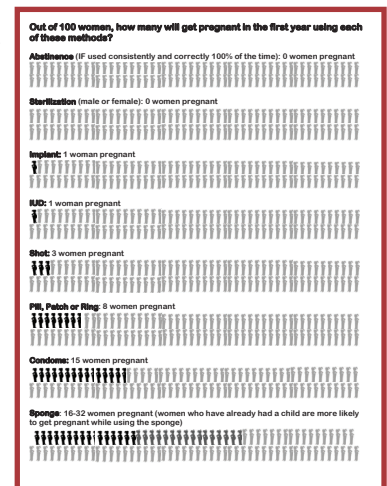
Options: If you are unable to locate/arrange for a health care provider to give this talk, here are some other sources of information:

- ◇ The contraceptive section of the Big Decisions curriculum, available at: <http://www.bigdecisions.org/08pdfs/BDJan08L6.pdf>.
- ◇ Your local, county or state health department—they often have educational materials and displays they can loan out.
- ◇ Purchase an inexpensive contraception education kit (like those available through Planned Parenthood at: <http://www.plannedparenthood.org>)

4. Discuss Community Health Care Worker Visit

8-10 minutes, large group discussion, adult or teen co-facilitator

- Check in with students to see what they thought of the presentation and the information shared.
- Are there questions that weren't answered? Were there questions that they wanted to ask but didn't? What are some things you learned today that you didn't know before?
- Let students know that any questions they had about this session can be shared with the health care provider and can be addressed on the day of the clinic visit (Session 18).
- Point out the reference materials in the PM (Birth Control Options¹, Emergency Contraception, Dual Methods, Out of 100 Women).



¹ <http://www.teenwire.com/infocus/2005/if-20050308-birthcontrol.php>

5. Closing

3-5 minutes, large group, adult facilitator

- Point out the Resource List in the PM.
- Preview next session: Condoms
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

RESOURCES

Birth Control and Contraception for Teenagers
<http://www.avert.org/cpills.htm>
Good and easy-to-read basic information about contraception. Developed by AVERT, an international HIV/AIDS charity.

Birth Control Methods
<http://www.womenshealth.gov/faq/birth-control-methods.cfm>
A comprehensive review of contraceptive methods by the federal government's Office of Women's Health.

Condoms
<http://www.avert.org/condom.htm>
Good and easy-to-read basic information about condoms. Developed by AVERT, an international HIV/AIDS charity.

Contraception/Birth Control: A Guide for Teens
<http://www.youngwomenshealth.org/contr.htm>
Good and easy-to-read information about birth control, abstinence. Developed by the Center for Young Women's Health at Children's Hospital Boston.

How to Put on a Condom
http://www.ashaid.org/condom/condom_male.cfm
Developed by the American Social Health Association.

StayTeen: Birth Control/Contraception
<http://www.stayteen.org/get-informed/contraception.aspx>
An informative and youth-friendly website. Developed by the National Campaign to Prevent Teen and Unplanned Pregnancy.

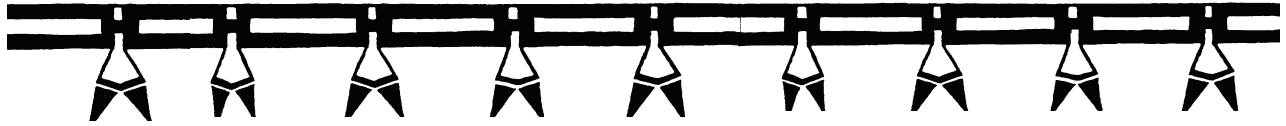
TeenSource: Emergency Contraception
http://teensource.org/pages/3068/Emergency_Contraceptive_Pills.htm
Comprehensive website for adolescent sexual health issues. Developed by the California Family Health Council.

TeenTalk: Birth Control
<http://www.plannedparenthood.org/teen-talk/birth-control/25079.htm>
A comprehensive website for adolescent sexual health issues. Developed by Planned Parenthood.

NOTES



13: Condoms



Purpose:

To empower students to protect themselves from STDs, HIV, and unwanted pregnancy by using condoms correctly and consistently every time they have sex.

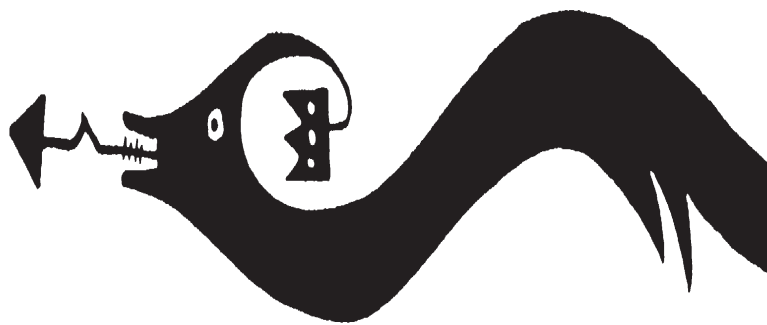
Stages of Change Process:

Getting info, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify at least two advantages of using condoms when having sex.
2. Identify the three main types of condoms on the market.
3. Describe the advantages and disadvantages of different types of condoms.
4. Identify the basics steps in using a male condom correctly.
5. Describe the availability and cost of condoms in several local stores.



Supplies/Materials:

- Blank sheets of paper – 1 per peer educator
- Pens or pencils
- Different kinds of condoms (including male, female, latex, polyurethane)
- Lubricant
- Handi-wipes
- Anatomical model (“woody”), fruit, or vegetable (optional)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
How to Use a Male Condom	●	●	
Condom Line-Up Cards	●		
Shopping Information Form	●	●	
Condom Dos and Don'ts	●	●	

Preparation:

- Set up a computer with an internet connection to a projector for viewing videos in activity #4 (Optional)
- Display Words of Wisdom

THINKING AHEAD:

Arrange transportation for field trip to local clinic (Session 18)
 Identify a teen in recovery as a guest speaker (Session 21)

1. Welcome/Overview

5-8 minutes, large group lecture, adult facilitator

- Review Session 12: Preventing Pregnancy.
- Answer any questions in the Question Box.
- Introduce today's session.
 - ◇ Condoms can greatly reduce the risk of transmitting STDs, HIV, and preventing pregnancy but do not provide 100% protection.
 - ◇ To be effective, condoms must be used consistently and correctly each and every time a person has vaginal, anal, or oral sex.
 - ◇ Condoms may not protect against STDs that are spread through skin-to-skin contact (such as herpes, syphilis, and HPV).
 - ◇ Condoms are the best protection against pregnancy and STDs. (Remind them about "dual methods" from the Preventing Pregnancy session.)
- Read today's WOW.



**Wishing cannot bring autumn glory nor cause
winter to cease.**

Kiowa

2. Perceptions of Using Condoms

10-15 minutes, individual work, large group discussion, adult or teen co-facilitator

- Give each student a sheet of paper and a pen or pencil.
- Ask students to write the main two or three reasons they don't (or wouldn't) use condoms or reasons they think that their peers don't use condoms all the time.
- Instruct students to wad up their papers and throw them across the room. Have them do this several times to thoroughly mix up the papers. Tell each person to pick up a paper. Go around the room and have each person share what is on the paper they are holding.
- Ask the group to evaluate each reason. Reinforce accurate information. Note that some reasons may be "good" or true (e.g., allergic to latex, reduces sensation). Talk about ways to address all concerns.
- Ask students to generate good things about using condoms (e.g., protect against pregnancy and STD, no/fewer worries the next day, feel good about myself for sticking with my decision, feel good about the relationship).



3. Getting to Know Condoms

25-30 minutes, large group, adult facilitator

- Pass around different samples of condoms and encourage the students to take a couple of different kinds.
- Tell the students to open a package and to check it out. They can touch them, smell them, and manipulate them in their hands so they will be more comfortable and familiar with them. (Put out some Handi-Wipes so students can clean the lubricant from their hands when they're done.)
- If students are not allowed to practice with the condoms at school, encourage them to take several condoms with them and to practice on their own.
- As you talk about the different kinds of condoms, take one and stretch it out as far as it will go. Fit it over your arm, if you can! This helps to dispel the excuse that a man is "too big" for a condom.
- Types of Condoms—While students are exploring the condoms, describe the different kinds of condoms.
 - ◇ Latex Male Condoms
 - Come in many shapes, sizes, colors, flavors
 - Lubricated vs. non-lubricated
 - Spermicide (Nonoxynol-9 or "N9") (*Use with caution—see box.*)
 - ◇ Polyurethane Male and Female Condoms
 - Compared to latex condoms, polyurethane condoms are made from a type of plastic that:
 - * is thinner
 - * is stronger
 - * offers a less constricting fit
 - * is more resistant to deterioration
 - * transmits heat better, which helps increase pleasure
 - * may enhance sensitivity
 - Unlike other condoms, polyurethane ones are available in male and female versions.
 - The female condom is a sheath that's inserted into a vagina up to 8 hours before sex. Adding extra water-based lubricant helps increase comfort and decrease noise. Female condoms should not be used together with male condoms.
 - Some people use the female condom—also called the Reality Condom—for anal sex.
 - ◇ Lambskin Male Condoms
 - Lambskin condoms are made from the intestinal membrane of a lamb. Viruses that cause STDs and HIV are able to pass through this material. But they do protect against pregnancy, since the pores are too small for sperm to pass through. Lambskin supposedly has a more "natural" feel than latex and polyurethane. They are significantly more expensive than a male latex condom.



Nix the Nonoxynol (N9)

The U.S. Food & Drug Administration (FDA) states that N9 does not provide protection against infection from HIV or other STDs. Further, it can irritate the vagina and rectum, which may increase the risk of contracting HIV/AIDS from an infected partner.

N9 can be used to help reduce chances of getting pregnant (with or without a diaphragm or condom) if you have sex with only one partner who is not infected with HIV and who has no other sexual partners or HIV risk factors.

◇ **Dental Dams**

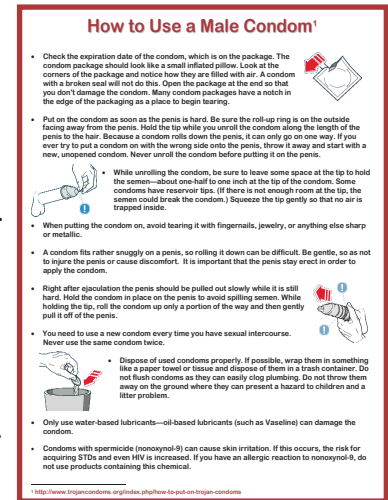
- Dental dams are small, thin, square pieces of latex used for oral-vaginal or oral-anal sex. They get their name from their use in dental procedures. Dental dams help to reduce the transmission of STDs during oral sex by acting as a barrier to vaginal and anal fluids that contain bacteria and viruses. Like condoms, dental dams must be used correctly and consistently in order to be effective.

4. How to Use a Male Condom

10-15 minutes, large group activity, adult facilitator

- There are several options for this activity. The best option is for the students themselves to practice putting a condom on an anatomical model. If this is not possible, you can either show a video (such as the one available through Longhouse Media/Native Lens¹ or Teen Wire²), or do the condom demonstration yourself with an anatomical model (or appropriate fruit or vegetable). (If the community health provider who discussed birth control methods did a condom demonstration, you may only need to do a refresher—or even ask the students to tell you what the steps are and have them correct each other as necessary.)
- Refer students to How to Use a Male Condom in the PM. Ask them to follow along as you go through the steps.

- ◇ Check the expiration date of the condom and make sure the seal hasn't broken.
- ◇ Put on the condom as soon as the penis is hard.
- ◇ While unrolling the condom, be sure to leave some space at the tip to hold the semen.
- ◇ Roll completely down to the base of the penis.
- ◇ Only use water-based lubricants—oil-based lubricants (such as Vaseline) can damage the condom
- ◇ Right after ejaculation the penis should be pulled out slowly while it is still hard. Hold the condom in place on the penis to avoid spilling semen.
- ◇ You need to use a new condom every time you have sexual intercourse. Never use the same condom twice.
- ◇ Dispose of used condoms properly in the trash.



¹ Longhouse Media/Native Lens Condom Demonstration on You Tube at: <http://www.youtube.com/user/Nativestand7#p/u>

² <http://www.teenwire.com/interactive/movies/do-040217-condom.php>

5. Condom Line-Up

10-15 minutes, large group activity, adult or teen co-facilitator

- Remove Condom Line-Up cards from the RM.
- Tell students to close their PM so they can't see "How to Use a Male Condom"
- Shuffle the sheets and give one to each student.
- Tell the students to hold up their signs in front of them and put themselves into the proper order. (If there are more sheets than students, give some students more than one sheet. If there are more students than sheets, have the remaining students help place the sign holders in order.)
 - ◇ Have students self-correct the order.
 - ◇ The correct order is:
 - Talk about using a condom
 - Buy condoms
 - Check expiration date
 - Check condom package to make sure it's airtight with no holes in it
 - Carefully open condom package
 - Penis gets hard
 - Flip condom so ready to roll down
 - Pinch tip of condom and roll onto penis
 - Have sex
 - Orgasm, ejaculation
 - Hold on to rim of condom and base of penis and pull out
 - Tie knot in end of condom and throw it away
 - ◇ Lead a discussion:
 - Was this easy or hard to do?
 - Were there points of disagreement about the order?
 - What were they and how were they resolved?



6. Shopping for Condoms

5-8 minutes, large group, adult facilitator

- Tell students that they have an assignment for the next session! They are to visit a local store (supermarket, drug store, convenience store, etc.) to see what kinds of condoms are available there. They can go in pairs, if they prefer.
- Refer students to the "Shopping Information Form" in the PM. They will fill out this form based on their experience and bring it with them to the next session.

Shopping Information Form

1. Name of store: _____

2. What kinds of condoms are sold here? (List at least 3 kinds of condoms, indicate the details about the condoms you saw.)

Brand	# per box	Price per box	Latex (L) or Polyisoprene (P)	Lubricant?	Spermicide?	Reservoir?
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N

3. Are condoms behind the counter or in a locked glass case? Or are they in an open and easily accessible aisle?

4. How comfortable would you be buying contraception here?

1 very comfortable	2 fairly comfortable	3 somewhat uncomfortable	4 very uncomfortable
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5. What are the store's hours of business?

6. Would you recommend that a friend buy contraception here? Why or why not?

7. Condoms Dos & Don'ts

8-12 minutes, large group, adult facilitator

- Refer students to Condoms Dos & Don'ts in the PM and ask them to review the information on their own.
- Ask students if they have any questions regarding the Condoms Dos & Don'ts.
- The Condoms Dos & Don'ts include:

DO:

- ◇ Talk with your partner about using condoms to prevent pregnancy and STDs before you get into it, *not* after you're already turned on.
- ◇ Practice stating your reason for using a condom so you'll feel comfortable stating it when the time comes. (For example: "It's not that I think you might have a disease. It's just that I think it's smart to ALWAYS use a condom, and I promised myself in Native STAND that I would always use one, regardless.")
- ◇ Practice opening and putting a condom on at home alone first (maybe in the dark).
- ◇ Use only latex or polyurethane (plastic) condoms.
- ◇ Keep condoms in a cool, dry place.
- ◇ Put the condom on an erect (hard) penis before there is any contact with a partner's genitals.
- ◇ Use water-based lubricant (like KY Jelly® or Astroglide®) with latex condoms. This reduces friction and helps prevent the condom from tearing.
- ◇ Squeeze the air out of the tip of the condom when rolling it over the erect penis. This allows room for the semen (cum).
- ◇ Hold the condom in place at the base of the penis before withdrawing (pulling out) after sex.
- ◇ Throw the condom away after it's been used.
- ◇ Be prepared: have a condom with you any time sex is a possibility.

DON'T:

- ◇ Use out of date condoms. Check the expiration date carefully. Old condoms can be dry, brittle or weakened and can break more easily.
- ◇ Unroll the condom before putting it on the erect penis.
- ◇ Leave condoms in hot places like your wallet or in your car.
- ◇ Use oil-based products, like baby or cooking oils, hand lotion or petroleum jelly (like Vaseline®) as lubricants with latex condoms. The oil quickly weakens latex and can cause condoms to break.
- ◇ Use your fingernails or teeth when opening a condom wrapper. It's very easy to tear the condom inside. If you do tear a condom while opening the wrapper, throw that condom away and get a new one.
- ◇ Reuse a condom. Always use a new condom for each kind of sex you have.
- ◇ Use lubricants with spermicide called nonoxynol-9 ("N-9") as they may cause skin irritation or tiny abrasions that make the genital skin more susceptible to STDs.


Condoms Dos & Don'ts²

DO:

- Talk with your partner about using condoms to prevent pregnancy and STDs before you get into it, *not* after you're already turned on.
- Practice stating your reason for using a condom so you'll feel comfortable stating it when the time comes. (For example: "It's not that I think you might have a disease. It's just that I think it's smart to ALWAYS use a condom, and I promised myself in Native STAND that I would always use one, regardless.")
- Practice opening and putting a condom on at home alone first (maybe in the dark).
- Use only latex or polyurethane (plastic) condoms.
- Keep condoms in a cool, dry place.
- Put the condom on an erect (hard) penis before there is any contact with a partner's genitals.
- Use water-based lubricant (like KY Jelly® or Astroglide®) with latex condoms. This reduces friction and helps prevent the condom from tearing.
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- Reuse a condom. Always use a new condom for each kind of sex you have.
- Use lubricants with spermicide called nonoxynol-9 ("N-9") as they may cause skin irritation or tiny abrasions that make the genital skin more susceptible to STDs.



² http://www.sehat4u.com/condom/condom_ayamviva.cfm

8. Closing

3-5 minutes, large group adult facilitator

- Preview new session: Sexually Transmitted Diseases - Part 1.
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

NOTES





14: Sexually Transmitted Diseases - Part 1



Purpose:

To share information with Native STAND members about common STDs, including how they are transmitted, their signs and symptoms, sequelae, treatment, and prevention (routine screening).

Stages of Change Process:

Getting information

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Name 8 STDs.
2. Identify the 3 STDs most common among teenagers.
3. Use a pamphlet to match STD symptoms to individual STDs.
4. Name 2 incurable STDs.
5. Identify the three most common symptoms of STDs.
6. Name a local, regional, or national hotline or other resource for STD testing, counseling, and information.

THINKING AHEAD:

Collect local HIV/AIDS data and create a PowerPoint presentation (*optional*) and handouts for Session 16

Supplies/Materials:

- Laptop, LCD projector, screen (*optional*)
- STD Facts brochures

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
STD Quiz	●	●	
STD Quiz with Answers	●		
STD presentation without photos	●	●	
STD presentation with photos	●		
STD Fact Sheets	●	●	
Local STD Data			●
STD Facts Brochures			●
STD Case Studies	●	●	
Call an STD Hotline Worksheet	●	●	
Resources	●	●	

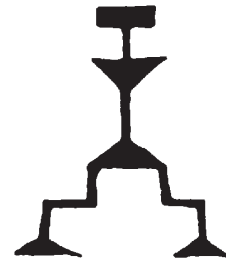
Preparation:

- Set up computer, LCD projector, and prepare PowerPoint presentation prior to session. (*optional*)
- Display Words of Wisdom
- Display Words of Wisdom

1. Welcome/Overview

3-5 minutes, large group lecture, adult co-facilitator

- Review Session 13: Condoms.
- Answer questions in the Question Box.
- Introduce today's session.
- Read today's WOW.



The smarter a man is, the more he needs God to protect him from thinking he knows everything.

George Webb, Pima, 1959

2. Shopping for Condoms Follow-Up

5-10 minutes, large group discussion, adult or teen co-facilitator

- Ask students who went shopping for condoms and filled out their Shopping Information Sheet.
- Ask who would like to share their experience. What was it like? How did it feel? Were they embarrassed? Was the store teen-friendly? Were the condoms accessible?
- Write the names of the stores that students felt comfortable visiting and would recommend to other students on chart paper. Ask the students to copy down the names of the stores in their PMs for future reference.

3. STD Quiz

10-15 minutes, large group discussion, individual work, adult or teen co-facilitator

- Refer students to the STD Quiz in the PM.
- Tell students NOT to put their names on them.
- Ask them to complete as much of the quiz as they can in 5-8 minutes.
- Call time.
- Tell students to wad up their quizzes and toss them across the room. Have them toss the papers several times to mix them up thoroughly.
- Tell each person to get a quiz.
- Ask volunteers for answers to the items. Get consensus. Have the students mark the incorrect answers with an "X". Explanations to the answers are in the RM, if there are any questions about a why a particular answer is true or false.

STD Quiz	
1. A Pap Smear checks for STDs.	T F
2. Douching is recommended to prevent STDs.	T F
3. Some untreated STDs can scar the fallopian tubes and cause infertility.	T F
4. Cervical cancer is associated with a STD.	T F
5. Condoms lubricated with spermicide are effective at preventing STDs.	T F
6. Drug and alcohol use can increase your chances of getting an STD or pregnant.	T F
7. Oil-based lubricants should be used with condoms.	T F
8. STDs always have signs and symptoms.	T F
9. Having an STD can increase your chances of getting HIV.	T F
10. You can tell if someone has an STD by the way they look.	T F
11. You can get HIV the first time you have sex.	T F
12. You should use protection against STDs and pregnancy every time you have sex.	T F
13. Only people who sleep around get STDs.	T F
14. Condoms protect you against all STDs equally well.	T F
15. All STDs are curable.	T F
16. You can get an STD in your rectum (butt) from anal sex (sex in the butt).	T F
17. Most people with genital herpes never know they have it.	T F
18. You can get an STD in your throat and mouth from oral sex.	T F
19. Many STDs can be passed on to a baby during pregnancy or delivery.	T F
20. Compared to all races, American Indian/Alaska Natives have high rates of STDs.	T F

Answers to STD Quiz

1. A Pap Smear checks for STDs. **FALSE**
2. Douching is recommended to prevent STDs. **FALSE**
3. Some untreated STDs can scar the fallopian tubes and cause infertility. **TRUE**
4. Cervical cancer is associated with a STD. **TRUE**
5. Condoms lubricated with spermicide are effective at preventing STDs. **FALSE**
6. Drug and alcohol use can increase your chances of getting an STD or pregnant. **TRUE**
7. Oil-based lubricants should be used with condoms. **FALSE**
8. STDs always have signs and symptoms. **FALSE**
9. Having an STD can increase your chances of getting HIV. **TRUE**
10. You can tell if someone has an STD by the way they look. **FALSE**
11. You can get HIV the first time you have sex. **TRUE**
12. You should use protection against STDs and pregnancy every time you have sex. **TRUE**
13. Only people who sleep around get STDs. **FALSE**
14. Condoms protect you against all STDs equally well. **FALSE**
15. All STDs are curable. **FALSE**
16. You can get an STD in your rectum (butt) from anal sex (sex in the butt). **TRUE**
17. Most people with genital herpes never know they have it. **TRUE**
18. You can get an STD in your throat and mouth from oral sex. **TRUE**
19. Many STDs can be passed on to a baby during pregnancy or delivery. **TRUE**
20. Compared to all races, Native Americans have high rates of STDs. **TRUE**

STD Basics for Native STAND Peer Educators—no pictures

3 very important things you need to know about STDs:

1. You can get an STD by having any kind of sex (vaginal, anal, oral)
2. Most STDs are asymptomatic (there are no signs or symptoms)
3. Having an STD increases your chances of getting HIV

Types of STDs

- Bacterial - curable
 - Chlamydia
 - Gonorrhea
 - Syphilis
- Viral - not curable
 - Herpes
 - HPV*
 - Hepatitis B*
 - HIV/AIDS

*Vaccine Preventable

4. STD Overview

25– 30 minutes, large group lecture, adult co-facilitator

- Ideally, present the STD overview using a laptop and LCD projector. If this is not possible, direct students to the copy of the STD PowerPoint presentation in the PM.

Note: There are 2 versions of the STD Overview provided: one has photos of patients with STDs and one does not. There are advantages and disadvantages to the version you use. The graphic slides provide a visual representation of what an STD may look like. This may be helpful to peers when they are discussing STDs with others. Some people think the graphic photos serve as a “scare tactic” and will deter young people from having sex out of fear of an STD. Some people feel that since the majority of STDs are asymptomatic, that showing graphic photos of the most extreme cases of STDs is misleading and may cause youth to take a cavalier approach if they don’t see something on themselves or a partner like what they see on the slides. You know your students and community best. You will need to decide which slides are the most appropriate for your youth.

- After you have gone through the presentation, refer students to the STD Fact Sheets in the PM. These are for their future reference.

Chlamydia Fact Sheet

Overview

- Chlamydia (pronounced kuh-MID-ee-uh) is a very common STD caused by bacteria.
- It is the most frequently reported bacterial STD in the U.S. (about 3 million cases a year, mostly young women).
- If detected early, chlamydia can be easily treated.

Transmission

- Contact with infected mucous membranes/exchange of body fluids.
- Passed easily during vaginal, anal, or oral sex.
- Passed from an infected mother to her newborn during vaginal childbirth.



Signs & Symptoms

- Mild or absent - known as the “silent disease”.
- If any signs or symptoms, they usually are seen within 1-3 weeks of exposure.
- In women: abnormal vaginal discharge, burning sensation when urinating. If left untreated: lower abdominal pain, low back pain, bloating, fever, pain during intercourse, bleeding between menstrual periods.
- In men: a discharge from the penis, a burning sensation when urinating, burning and itching around the opening of the penis, pain and swelling in the testicles.

Testing

- Most tests are done with urine.
- Some tests require a specimen from the infected site (e.g., cervix or penis) using a swab similar to a Q-tip.

Treatment

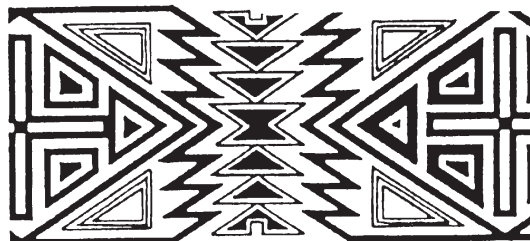
- Cured with antibiotics.
- Recommended to re-screen at 3 months.
- All sex partners must also be treated.
- Avoid sex until treatment complete.

Complications (if left untreated)

- In women, can cause Pelvic Inflammatory Disease (PID), chronic pelvic pain, infertility, and ectopic pregnancy.
- In men, can cause urethral infection, pain, fever, infertility.

Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.



5. Local STD Data

8-10 minutes, large group lecture, adult or teen co-facilitator

- In preparation for this session, collect recent local STD data to share with students. See the box for ideas on where you may be able to get local STD data.
- The more recent and more local the data the better. However, local numbers for AI/AN will probably be very small. You may want/need to expand your reach out to the county, state, or even region. You may also want to include multiple years, to increase the numbers.
- It's important the data show race/ethnicity, sex, and age differences.
- Be creative in how you present the data to the students—they may not be interested in seeing complex tables and graphs. How can you present the data creatively? (*Think back to the Risky Business activity in Session 1.*)

Where Can I Get Local STD Data?

Start with local health agencies, like:

- Your local IHS Service Unit or Tribal Health Center
- Your County Department of Health

If they can't give you the data you need, try these regional sources:

- Your State Department of Health
<http://www.cdc.gov/mmwr/international/relres.html>
- Your IHS Area Office
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp
- The IHS National STD Program Surveillance Report
<http://www.cdc.gov/std/stats/IHS>

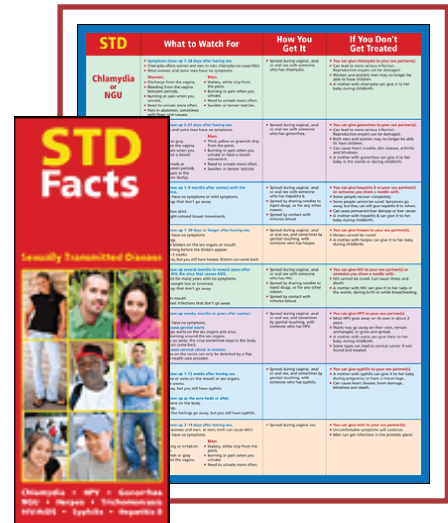
You can get national and state data from the Centers for Disease Control and Prevention/Division of STD Prevention, <http://www.cdc.gov/std>

- Ask students to review the data and share their observations with the group.
- Lead a discussion:
 - ◇ What are the differences in STD rates between AI/AN and non-AI/AN?
 - ◇ Why do you think there are differences?
 - ◇ How do you think the STD rates in our community would compare to the U.S. as a whole?
- Share the most recent U.S. data for STDs with students so they can see how their community/county/state compares. These data are available at:
<http://www.cdc.gov/std>.

6. STD Facts Brochure Overview

8-10 minutes, large group, adult co-facilitator

- Pass out STD Facts brochures (produced by ETR Associates). This is an excellent resource that opens into an easy-to-read poster-sized table that describes different STDs, signs and symptoms, treatment, potential complications. (*Ordering information for the STD Facts pamphlet is located in the RM.*)
- Ask students to familiarize themselves with the brochure.
- Explain that just as they learned in the STD Overview presentation, many symptoms of STDs are similar and it can be confusing trying to remember all the different types of infections and their symptoms.



7. STD Case Studies - Identifying STDs

10-15 minutes, small group then large group activity, adult or teen co-facilitator

- Break the students into small groups.
- Ask each group to read STD Case Studies in the PM.
- Using the STD Facts brochure, ask them to identify the probable STD in each scenario.
- Ask the groups to report and compare answers. They should focus on what STDs the individuals could have and what they should do next.
- Remind students that all sexually active people should get routine testing, even if they don't have symptoms. Because—as they have learned—many STDs are asymptomatic and some symptoms are easy to miss.

STD CASE STUDIES

Alissa & Marco

Marco and Alissa had been crushing on each other for a long time, but they just never seemed to get together. When Marco was available, Alissa was going out with someone else. When Alissa was available, Marco was seeing someone else. When they finally began to date, Alissa and Marco decided to have sex. Almost a month after they first had sex, Alissa developed a fever and headache and small fluid-filled blisters appeared on her vulva.

Stacey & Jim

Stacey and Jim started dating their sophomore year of high school. They fell in love and agreed they would only date each other. When they were seniors, they decided they were ready to start having sex. That summer, Jim told Stacey he had a growth on his penis that looked like a wart.

Phil

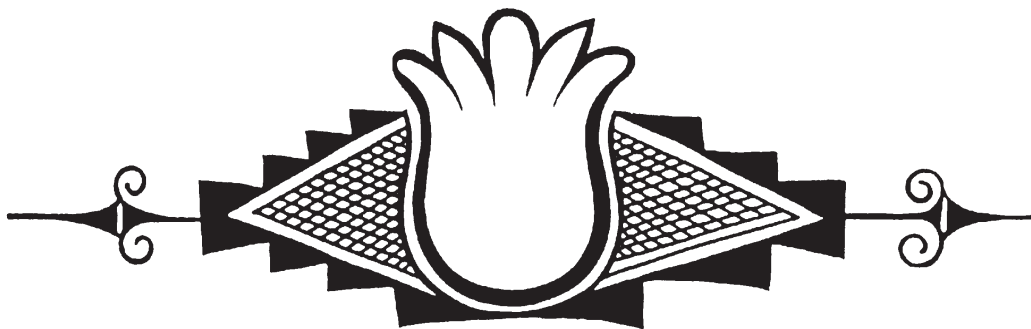
Phil was proud to join the Marines after high school graduation. While in basic training, he began to visit a local bar on the weekends. One night, Phil had way too much to drink and had sex with a man he just met at the bar. He was really embarrassed and promised himself never to go back to that bar. Several weeks later, Phil noticed a sore on his penis. He was concerned at first, but the sore didn't hurt and it disappeared after a couple of weeks.

Jessie & James

One night, Jessie and her friend James were watching T.V. They started making out and one thing led to another and they had sex. She was really embarrassed about the whole thing and they never talked about it again. She had never had sex before and decided she wanted to wait to have sex again. Jessie was sore the next day, but felt fine after that.

Pat & Lesley


Pat and Lesley are friends who sometimes mess around. They aren't serious about each other and neither one is really ready to have sex, so when they get together they just go down on each other. Last week Lesley gave Pat a blow job. This week she has a sore throat.



8. Call an STD Hotline

5-8 minutes, individual work

- Tell students that they have an assignment to complete before the next session.
- Direct students to the “Resources” in the PM. (Update this list to include local hotlines, organizations, and referrals are included.)
- Direct students to Call an STD Hotline in the PM. They should use this form to organize their questions and capture their experience.
- Explain to students that they will select one of the organizations listed in the “Resources” to call for information.

RESOURCES	
<p>American Social Health Association (ASHA) http://www.ashaof.org/learn/overview.cfm ASHA is "a trusted, non-profit organization that has advocated on behalf of patients to help improve public health outcomes since 1914."</p>	<p>Hotline Friday and how to prevent them; provides (CDC)</p>  <p>ge, AK. Their website has many condom ordering, and (soon) the</p> <p>h, preventing STDs and pregnancy, the American Social Health</p> <p>(PIN) Friday</p> <p>ine -Friday, ics. Operators can answer general treatment of STDs.</p>
<h3>Call an STD Hotline</h3> <p>Who will you call? _____</p> <p>What's the number? _____</p> <p>What do you want to know?</p> <p>Question 1: Answer: _____</p> <p>Question 2: Answer: _____</p> <p>Question 3: Answer: _____</p> <p>Was the person at the hotline helpful? Courteous? Easily understood? Did they make you feel comfortable?</p> <p>Would you recommend this hotline to a friend who had a question you couldn't answer?</p> <p>Be prepared to tell the class what you learned.</p>	

Option: If phones are not available but computers are available, have students contact web-based services.

9. Closing

3-5 minutes, large group lecture, adult co-facilitator

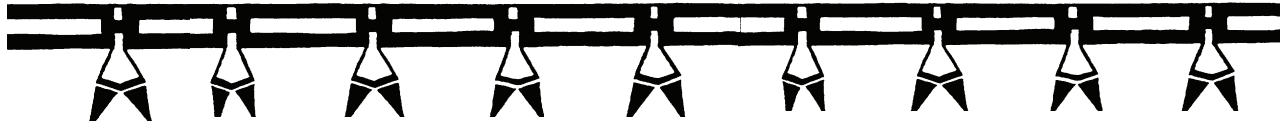
- Preview Next Session: STDs Part 2.
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.



NOTES



15: Sexually Transmitted Diseases - Part 2



Purpose:

To share information with Native STAND members about common STDs, including how they are transmitted, their signs and symptoms, sequelae, treatment, and prevention (routine screening).

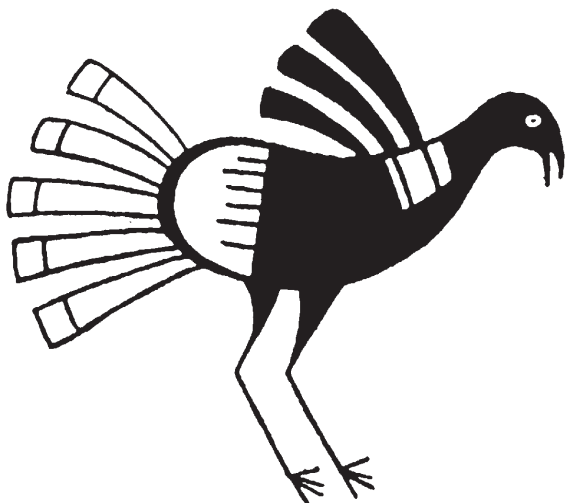
Stages of Change Process:

Getting information, involving the emotions

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe their reproductive rights according to their state's laws.
2. Describe the role stories play in Native American culture and tradition and how stories can be used in STD/ HIV prevention work.
3. Review students' understanding of STDs.



Supplies/Materials:

- Scissors

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Traditional Stories Discussion Questions	●	●	
Traditional Stories (6)	●	●	
STD Bingo	●	●	

Preparation:

- Display Words of Wisdom
- Cut out Caller's Cards and place in box or envelope, so they can be randomly drawn for STD Bingo.
- Find plenty of game pieces. (If you're in a pinch, you can use M&Ms or other small candies).



1. Welcome/Overview

3-5 minutes, large group lecture, adult co-facilitator

- Review Session 14: STDs Part 1.
- Answer questions in the Question Box.
- Introduce today's session: STDs Part 2
- Read today's WOW.

If we wonder often, the gift of knowledge will come.

Arapaho

2. Review Call an STD Hotline Assignment

5-7 minutes, individual sharing, large group discussion, adult facilitator

- Ask for a show of hands of who called a hotline.
- Ask volunteers to share their experience with the group.
- Were there any hotlines that were especially good (or not) that they would recommend to other STAND members to use with peers?
- Ask the students to make note of the recommended hotlines in their PMs.

3. Getting Tested—Know Your Rights

12-15 minutes, large group lecture, adult facilitator







- Tell the students the following story:
 - ◇ Sam is a teen who lives on a very rural reservation. One morning, Sam wakes up feeling terrible, even vomiting and with a high fever. Sam calls out to Uncle Joe for help. Uncle Joe takes Sam to the local IHS clinic. They see a doctor, get medicine for Sam, and Uncle Joe handles all the paperwork and signatures, etc.
 - ◇ The next week Sam suspects that a small genital sore may be a STD. Now what? Does Sam call out to Uncle Joe for help? Probably not . . . Maybe Sam and Uncle Joe have a very strong and trusting relationship and Sam feels comfortable telling Uncle Joe about the lesion and Uncle Joe has no problem taking Sam to the clinic to see the doctor. While this is possible, it's not likely.
 - ◇ So Sam is hanging around the house wondering what to do about this lesion and with no way to get to the clinic. Luckily, Sam's friend, Anthony, happens to stop by; he's on his way to the clinic and can give Sam a ride. On the way to the clinic, Sam tells Anthony about the situation. Anthony tells Sam "Forget about seeing a doc at the clinic . . . without Uncle Joe there to say it's OK, you aren't going to see anybody."
- Ask the students: Is Anthony right? Do you think teens can get health care without a parent or guardian's approval?

- Depending on the health care service, the answer is yes. In most states minors (usually youth ages 12-18) can make decisions for themselves about certain health care needs, especially related to sexual health:
 - ◇ About half the states allow minors to consent to birth control services.
 - ◇ All states allow minors to consent to STD services.
 - ◇ Most states allow minors to consent to prenatal care.

4. Learning Through Traditional Stories

25-30 minutes, large group, adult facilitator

- Introduce topic: Even though STDs seem like a topic that has only come up recently or that only has to do with medicine, oral traditions in Native cultures have warned about the dangers of sexual activity and the need to use caution in engaging in sexual activity.
- Traditional stories play an important role in Native American culture. Stories guide us in making decisions and teach lessons for life, including lessons related to sex.
- Divide the students into small groups and assign each group one story to read and discuss using the discussion questions, below.
- Refer students to the Traditional Stories Discussion Questions in the PM.
- After the small groups have discussed the stories, reconvene the large group and have a representative from each smaller group give a brief description of the story and share how they think the story relates to STDs, HIV, pregnancy, or sexual behavior in general.
- General discussion questions:
 - ◇ What is the meaning of the story?
 - ◇ How does the story relate to STDs/HIV, pregnancy, or sexuality?
 - ◇ What does the story mean to them personally?
 - ◇ How could they use the story in talking to a peer about STD, HIV, or teen pregnancy prevention?
 - ◇ Do they know of any other traditional stories that are about sexuality?
- For each of the included stories, here is some information on the tribe and some discussion questions specific to the story. (In alphabetical order.)

<p>Coyote's Carelessness</p> <ul style="list-style-type: none"> • What was Coyote's motivation for his actions? • Was Coyote's behavior acceptable? • Why didn't the other sisters get suspicious? 	
<p>Coyote Dances with a Star</p> <ul style="list-style-type: none"> • What lesson do you think Coyote learned from his experience with the first star? • What did he learn from the comet? • Why didn't he learn his lesson after the first star and not try and dance with the stars again? 	
<p>Coyote and the Mallard Duck</p> <ul style="list-style-type: none"> • What was Coyote's motivation behind his actions? • Was his behavior acceptable? • What could the sisters have done differently to prevent this from happening? • How was the sick girl healed? • Did Coyote deserve to be recognized as a powerful? 	
<p>Iktome and the Ignorant Girl</p> <ul style="list-style-type: none"> • What was Coyote's motivation behind his actions? • Was his behavior acceptable? • Does the girl realize what is happening to her? • What could have the girl done differently to prevent this from happening? • What will happen to the girl now? How will she be treated? How will she behave? 	
<p>Tolowin Woman and Butterfly Man</p> <ul style="list-style-type: none"> • What did the woman hope to gain? • Why didn't the woman hang onto the first Butterfly Man, as he instructed her to? 	
<p>The Woman Who Loved a Serpent Who Lived in a Lake</p> <ul style="list-style-type: none"> • Did the woman know she would kill her husbands if she had sex with them? Did she mean to kill her husbands? • Why did the last husband get suspicious? • What did she die from? 	

Note: You can substitute the stories provided here with more locally relevant ones. Be aware that certain stories should not be told at certain times of year. For example, some Tribal elders only tell certain stories inside at night, during the short days of the dark winter months. In other tribes, such as the Dine (Navajo), certain stories should only be told after the first hard frost, but before the first spring rain. Certain stories may involve specific constellations, and so are only told during times of the year when those stars are visible. It's important to know that there are certain taboos and consequences for not following the traditional way; when in doubt, it's best not to tell a story or to try and get permission from that Tribe or a member of that Tribe.



Coyote's Carelessness

- **Tribal Information:** This story is from the Confederated Tribes of Warm Springs, located in central Oregon. For more information, visit: <http://www.warmsprings.com>
- **Possible Interpretation:** This story teaches people to be careful when it comes to sex. The youngest sister sensed that something was wrong, so she checked the situation out and protected herself by casting coyote away. In STD/HIV/AIDS education, it is important to teach people not to be careless and to practice safer sex.
- **Discussion Questions:**
 - ◇ What was Coyote's motivation for his actions?
 - ◇ Was Coyote's behavior acceptable?
 - ◇ Why didn't the other sisters get suspicious?



Coyote Dances with a Star

- **Tribal Information:** This story is from the Cheyenne, who originated in Minnesota and later migrated to Oklahoma and Montana. For more information, visit: <http://www.cheyennenation.com>.
- **Possible Interpretation:** Although this story doesn't deal directly with sex, it can be useful in thinking about sexual behavior. This story teaches that people can become overconfident in themselves and place themselves in dangerous situations. People can get hurt by their own conceit and by their own actions. It is easy to be tempted by something flashy and challenging, but sometimes it is not safe to pursue those things.
- **Discussion Questions:**
 - ◇ What lesson do you think Coyote learned from his experience with the first star?
 - ◇ What did he learn from the comet?
 - ◇ Why didn't he learn his lesson after the first star and not try and dance with the stars again?



Coyote and the Mallard Duck

- **Tribal Information:** This is a Nez Perce story; Nez Perce traditionally lived in the deep canyons of the Snake, Clearwater and Salmon rivers in Idaho. For more information, visit: <http://www.nezperce.org>.
- **Possible Interpretation:** This story illustrates that people can be naive to their risks for STD/HIV, and that there are people who may take advantage of that naiveté. People must arm themselves with education—but also with caution—and learn to question things they do not understand.
- **Discussion Questions:**
 - ◇ What was Coyote’s motivation behind his actions?
 - ◇ Was his behavior acceptable?
 - ◇ What could the sisters have done differently to prevent this from happening?
 - ◇ How was the sick girl healed?
 - ◇ Did Coyote deserve to be recognized as a powerful?



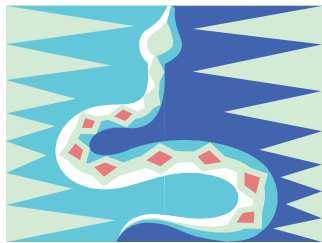
Iktome and the Ignorant Girl

- **Tribal Information:** This is a Brule Sioux story. Brules are one of the seven Western Sioux tribes; today they occupy the Rosebud reservation in southwestern South Dakota. For more information, visit: <http://www.rosebudsiouxtribe-nsn.gov>.
- **Possible Interpretation:** The story illustrates that we cannot continue to allow people to be ignorant about sex and STDs/HIV. Education is our most powerful tool in STD/HIV prevention and we need to teach people of all ages to practice safer sex and to know the facts about STDs, HIV, and their transmission.
- **Discussion Questions:**
 - ◇ What was Coyote’s motivation behind his actions?
 - ◇ Was his behavior acceptable?
 - ◇ Does the girl realize what is happening to her?
 - ◇ What could the girl have done differently to prevent this from happening?
 - ◇ What will happen to the girl now? How will she be treated? How will she behave?



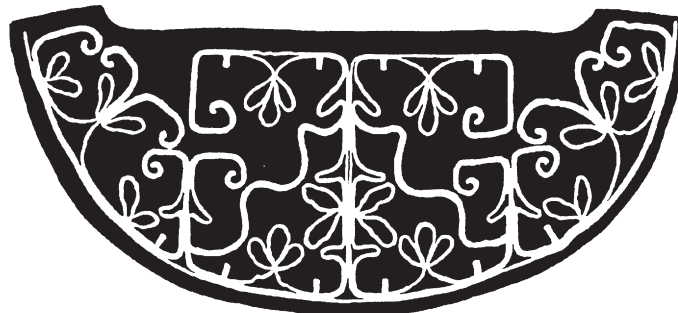
Tolowim Woman and Butterfly Man

- **Tribal Information:** Maidu live in Northern California in the central Sierra Nevada mountains. For more information, visit: <http://www.maidu.com> and <http://www.mechoopda-nsn.gov>.
- **Possible Interpretation:** This story illustrates temptation and the hopeless search for something better, just beyond one's reach. The woman foregoes her child and ultimately her life in search of something better.
- **Discussion Questions:**
 - ◇ What did the woman hope to gain?
 - ◇ Why didn't the woman hang onto the first Butterfly Man, as he instructed her to?



The Woman Who Loved a Serpent Who Lived in a Lake

- **Tribal Information:** The Passamaquoddy are located in Maine and are closely allied with the Penobscot. For more information, visit: <http://www.passamaquoddy.com>.
- **Possible Interpretation:** This story illustrates how sex can be dangerous, but also how people can hurt others they love without meaning to.
- **Discussion Questions:**
 - ◇ Did the woman know she would kill her husbands if she had sex with them? Did she mean to kill her husbands?
 - ◇ Why did the last husband get suspicious?
 - ◇ What did she die from?



5. STD Bingo

30-35 minutes, competing teams, two facilitators (adult and/or teen) OR individual players, adult or teen facilitator

- Give each student a game card. (There are 20 unique cards provided.)
- Give each student ~15-20 game pieces.
- Draw one card at a time and read it aloud. (Use the second copy of the caller's cards (not cut out) as a record sheet to track which cards have been used.)
- Players look for their answer on their game cards. If they have the answer on their game card, they cover that square with a game piece.
- When a player covers a straight line on their chart, they yell "BINGO!"
- Check the players' answers against the caller's record card.
- If you play more than one round, have players trade game cards.

6. Visualize Having an STD

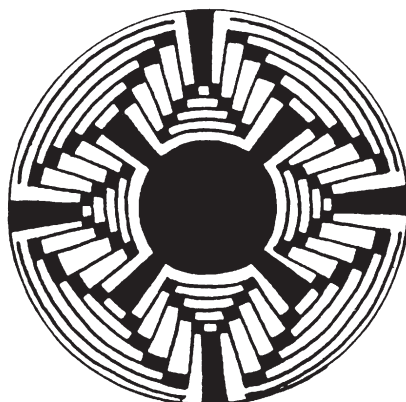
3-4 minutes, individual/large group activity, adult co-facilitator

- This activity can be challenging for some facilitators to lead. It's important to give it your best effort, as it supports the theoretical basis of the curriculum by engaging the students' emotions.
- Ask students to close their eyes and to think back to poor Sam, who had the genital sore.
- Read this aloud to them: "Picture waking up in the morning. You stretch in bed, get up, and stumble into the bathroom. As you start to pee, you realize something 'isn't right down there'. You look down and feel around. You feel swollen bump, it itches. You look down and see that a red and inflamed sore."
- Ask the students to keep their eyes closed and to think about how they might feel in this situation. What will they do? Who will they tell?
- Ask for a volunteer(s) to share their thoughts, what they will do, who they will tell. How did this exercise make them feel?

7. Closing

3-5 minutes, large group lecture, adult co-facilitator

- Preview Next Session: HIV/AIDS.
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.



NOTES



16: HIV/AIDS - Part 1



Purpose:

To provide Native STAND members with basic information about HIV/AIDS risks and to correct misconceptions.

Stages of Change Process:

Getting information, involving the emotions, thinking about how what you do affects others

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify personal strengths and weaknesses in HIV/AIDS knowledge.
2. Identify at least two reasons teens are not normally worried about getting HIV/AIDS.
3. Describe local, regional, and national HIV/AIDS data.
4. Describe at least two challenges to preventing HIV transmission among Native Americans.
5. Describe the experience of simulating the spread of HIV.

Supplies/Materials:

- Laptop, LCD projector, screen (*optional*)
- Index cards

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
HIV/AIDS True/False Part 1	●	●	
HIV/AIDS True/False Part 1 Answers	●		
Local HIV/AIDS Data			●
Challenges to Preventing HIV Among Native Americans	●	●	
The Z Virus	●		

Preparation:

- Collect local data on HIV/AIDS and prepare handouts
- Prepare index cards for Z Virus activity

THINKING AHEAD:

Begin looking for an HIV+ Speaker for Session 17

Contact local clinic for visit in Session 18

Finding an HIV+ Speaker

Ideally, the guest speaker should be someone with AIDS (vs. HIV), who is relatively young, and similar to the students so they can relate to the speaker. The person should have good speaking skills, however the session could be run like an interview if the speaker needs assistance elaborating and staying on track.

Many local AIDS Service Organizations (ASOs) have speaker's bureaus or know of HIV+ people who are willing to speak about their personal experience. If you don't know who your local ASOs are, there are several websites that provide directories. For example, Avert (http://www.avert.org/hiv_usa.htm) and The Body (<http://www.thebody.com/index/hotlines/other.html>). You could also do an internet search for ASOs in your state or region.

HIV Prevention Community Planning Groups (CPGs) are another good resource. These are mostly state-based groups who determine the allocation of STD/AIDS prevention funds from the Centers for Disease Control and Prevention. There are several sites that provide directories to CPGs and CPG-related resources. For example, HIV InSite (<http://hivinsite.ucsf.edu/InSite?page=li-07-12>). You could also do an internet search for CPGs in your state or region.

The National Alliance of State and Territorial AIDS Directors (NASTAD) is an association of the AIDS Directors from every state department of health in the U.S. The AIDS Director in your state might be able to help you identify an appropriate HIV+ speaker. A directory of state HIV/AIDS Program Directors is available at http://www.nastad.org/About/res_state_Directory.aspx.

Other organizations that may be of assistance identifying an HIV+ speaker are:

Commitment to Action for 7th-Generation Awareness & Education: HIV/AIDS Prevention Project (CA7AE: HAPP)
<http://www.happ.colostate.edu>

National American Indian/Alaska Native HIV/AIDS Technical Assistance Center
<http://casr.ou.edu/hiv>

National Native American AIDS Prevention Center (NNAAPC)
<http://www.nnaapc.org>

Navajo AIDS Network
<http://www.navajoaidsnetwork.org>

Project Red Talon
http://www.npaihb.org/epicenter/project/project_red_talon

Indian Health Service HIV/AIDS Program
<http://www.ihs.gov/medicalprograms/hivaids/>

1. Welcome/Overview

3-5 minutes, large group lecture, adult co-facilitator

- Review Session 15: STDs Part 2
- Answer any questions in the Question Box
- Introduce today's session:
 - ◇ In the last several sessions we have been talking about STDs; HIV is another STD, but we often single it out and treat it differently because of the seriousness of the infection and some of its unique characteristics.
 - ◇ Health experts recommend that HIV be screened for and treated just like any other disease—in fact, experts recommend that every person in the U.S. between the ages of 13 and 64 be screened for HIV at least once in their life, and more often if they practice behaviors that put them at increased risk for HIV.
- Read today's WOW.

Man has responsibility, not power.

Tuscarora

2. Teens & HIV/AIDS

7-10 minutes, large group lecture, adult or teen co-facilitator

- Ask: On a scale from 1-10, how much do you think you know about HIV/AIDS? On the same scale, how confident are you that you could talk to a peer about HIV/AIDS and provide them with accurate information?
- Ask: Are your friends worried about HIV/AIDS? If no, why do you think they aren't worried?
- Write reasons on chart paper and briefly discuss each.
- Ask: Which of these reasons are true and which are not true? (Dispel any myths that come up. For example, it might be true that young people are less likely to get HIV if they have not had very much sex, but all it takes is one time. Address any discriminatory comments that come up such as "only gays get HIV.")

3. HIV/AIDS True/False Part I

30-35 minutes, small teams, large group discussion, adult or teen co-facilitator

- Divide participants into teams of 3-4 students and assign each team a number or a name.
- Refer students to the HIV/AIDS True/False Part I in the PM.
- Tell the students to write their team's number or name on the top of the page.
- Give teams 15 minutes to answer as many questions as they can.
- Reconvene large group and review answers. Ask teams to grade their own quizzes on the honor system. (Brief explanations of answers are in the RM.)
- These same teams will reconvene in Session 17.

HIV/AIDS True or False—Part I Answers & Explanations

1. Most people who have HIV look sick. TRUE FALSE
People can live for years with HIV and not necessarily feel or look sick.*

HIV/AIDS True or False—Part I

TEAM: _____

1. Most people who have HIV look sick.	TRUE	FALSE
2. No case of HIV/AIDS has ever been caused by social (dry) kissing.	TRUE	FALSE
3. You can't get HIV during oral sex.	TRUE	FALSE
4. A person can get HIV from one sexual contact.	TRUE	FALSE
5. Keeping in good physical shape is the best way to keep from getting HIV.	TRUE	FALSE
6. Condoms make sex completely safe.	TRUE	FALSE
7. A shower after sex reduces the risk of getting HIV.	TRUE	FALSE
8. By having just one sex partner at a time you can protect yourself from getting HIV.	TRUE	FALSE
9. HIV doesn't typically go through unbroken skin.	TRUE	FALSE
10. Cum (semen) and blood can carry HIV.	TRUE	FALSE
11. A person must have a lot of different sex partners to be at risk for HIV.	TRUE	FALSE
12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV.	TRUE	FALSE
13. A negative result on an HIV test can happen even when somebody has HIV.	TRUE	FALSE
14. It's more important for people to protect themselves against HIV in big cities than in small towns.	TRUE	FALSE
15. Only receptive anal sex transmits HIV/AIDS.	TRUE	FALSE
16. Many people in the U.S. who have HIV don't even know they have it.	TRUE	FALSE
17. Anal sex (in the butt) is risky.	TRUE	FALSE
18. Mutual masturbation and body rubbing are low risk for HIV.	TRUE	FALSE
19. There are no HIV-infected people on Indian reservations.	TRUE	FALSE
20. When they are first infected with HIV, some people get flu-like symptoms that soon go away.	TRUE	FALSE

Answers to HIV/AIDS Quiz

1. Most people who have HIV look sick. **FALSE**
 2. No case of HIV/AIDS has ever been caused by social (dry) kissing. **TRUE**
 3. You can't get HIV during oral sex. **FALSE**
 4. A person can get HIV from one sexual contact. **TRUE**
 5. Keeping in good physical shape is the best way to keep from getting HIV. **FALSE**
 6. Condoms make sex completely safe. **FALSE**
 7. A shower after sex reduces the risk of getting HIV. **FALSE**
 8. By having just one sex partner at a time you can protect yourself from getting HIV. **TRUE**
 9. HIV doesn't typically go through unbroken skin. **TRUE**
 10. Cum (semen) and blood can carry HIV. **TRUE**
 11. A person must have a lot of different sex partners to be at risk for HIV. **FALSE**
 12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV. **FALSE**
 13. A negative result on an HIV test can happen even when somebody has HIV. **TRUE**
 14. It's more important for people to protect themselves against HIV in big cities than in small towns. **FALSE**
 15. Only receptive anal sex transmits HIV/AIDS. **FALSE**
 16. Many people in the U.S. who have HIV don't even know they have it. **TRUE**
 17. Anal sex (in the butt) is risky. **TRUE**
 18. Mutual masturbation and body rubbing are low risk for HIV. **TRUE**
 19. There are no HIV-infected people on Indian reservations. **FALSE**
 20. When they are first infected with HIV, some people get flu-like symptoms that soon go away. **TRUE**
 21. If you have unprotected intercourse with a person who is HIV positive, you will always become infected. **FALSE**
 22. If a mosquito bites a person with AIDS then bites you, you can become infected. **FALSE**
 23. You can get AIDS in a swimming pool or on a toilet seat. **FALSE**
 24. Teenagers can't get AIDS. **FALSE**
 25. If you have HIV and have a baby, your baby will definitely be born with HIV. **FALSE**
- Collect the quizzes (one per team) to aggregate with HIV/AIDS True/False Part 2 (in Session 17).

Where Can I Get Local HIV/AIDS Data?

Start with these local health agencies:

- Your local IHS Service Unit
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp
- Tribal Health Center
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp
- Your local County Department of Health
- AIDS Service Organizations (ASOs) in your community—check out this website to locate ASOs in your community: <http://www.asofinder.com/>

If they cannot give you the data you need, try these regional sources:

- Your State Department of Health (website links to these can be found at: <http://www.cdc.gov/mmwr/international/relres.html>)
- Kaiser Family Foundation's State Health Facts
<http://www.statehealthfacts.kff.org/comparecat.jsp?cat=11>
- The IHS Area Office responsible for your area
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp

You can also get data from the federal Centers for Disease Control and Prevention

- HIV/AIDS Statistics & Surveillance
<http://www.cdc.gov/hiv/topics/surveillance/index.htm>

4. Local HIV/AIDS Data

8-10 minutes, large group lecture, adult or peer co-facilitator

- In preparation for this session, collect recent local HIV/AIDS data to share with students.
 - ◇ It's important that the data show racial and age differences.
 - ◇ Prepare handouts for the students; a PowerPoint presentation can be an effective presentation technique, but only if it will not detract from the data.
 - ◇ The more local the data the better, however local numbers will be very small. So you may want to expand your reach out to the county, state, or even region. You may also want to include multiple years, to increase the numbers.
 - ◇ A good place to start is at your local Indian Health Service (IHS) or Tribal health care facility. You may also want to talk to someone at the IHS Area Office for area-wide statistics, or the county or state health department for their most recent data.
 - ◇ Be creative in how you present the data to the students—they may not be interested in seeing complex tables and graphs. Be creative!
- Ask students to review the data and share their observations with the group.
- Lead a discussion:
 - ◇ What are the differences in HIV rates between AI/AN and non-AI/AN?
 - ◇ Why do you think there are differences in the rates?
 - ◇ Why are there so few data for HIV rates? (HIV testing rates are low; not every state reports HIV test results.)
 - ◇ How do most people contract HIV?
 - ◇ How do you think the HIV rates in our community/county/state/IHS Area/region would compare to the U.S. as a whole?
- Share the most recent U.S. data for HIV/AIDS with students so they can see how their community/county/state compares.

- Ask students to read “Challenges to Preventing HIV among Native Americans” in the PM.
- Lead a discussion:
 - ◇ Why are AI/AN at a higher risk of getting HIV?
 - ◇ What are some of the barriers for AI/AN to prevention and treatment services?
 - ◇ Why is it important to get tested for HIV?

Challenges to Preventing HIV among Native Americans¹

Just knowing someone's race or ethnicity doesn't mean you can predict whether they are more likely to get an STD. But, there are certain things that people do or experience that **can** make it more likely that they will get an STD. Unfortunately, some of these things affect Natives and **raise our chances of getting STDs and HIV.**

What are some things that increase our risk?


STDs
Having an STD can increase the chances of getting or spreading HIV. Native Americans have high rates of STDs compared to non-Natives.

Drug & Alcohol Use
People who use illegal drugs or who abuse alcohol are more likely to do risky sexual behaviors—like not using a condom—when they are high or drunk. Native Americans use more illegal drugs than non-Natives.

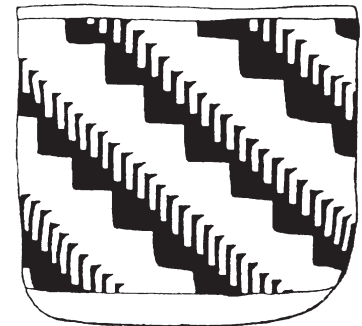
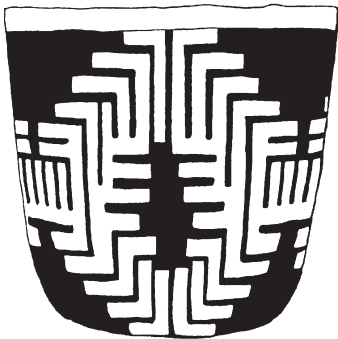
Tribal Variation
To work, HIV prevention efforts have to fit the specific needs of individual groups. Because each tribe has its own culture, beliefs, and practices, it can be hard to tailor these efforts for specific Native groups—like Native youth in the Pacific Northwest or LGBTQ Native Youth in the Southwest.

Poverty
Issues related to poverty (like low education levels and poor use of health care services) can increase the risk for HIV infection. About 25% of Natives live in poverty—that is twice as high as the U.S. as a whole. As a result, compared to non-Natives, fewer Natives graduate from high school. Natives use health care services less. Natives suffer more from many sicknesses, and Natives live shorter lives.

HIV Testing
For many Native Americans, getting an HIV test isn't easy. This is because many of us live in small, rural communities, far away from towns and cities that may have places you can go to be tested for HIV. Many Natives don't want to be tested in their own communities, because they know too many people who work in the clinic.



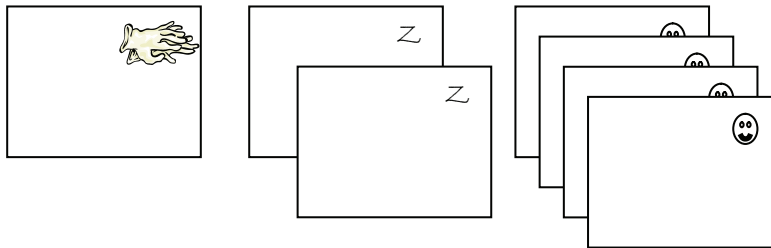
1 Source: CDC, <http://www.cdc.gov/hiv/resources/factsheets/ain.htm>.



5. The Z Virus

20-25 minutes, large group activity, adult or teen co-facilitator

- The objective of this activity is to emphasize that you can't tell whether it is safe to have sex or share needles with someone just by looking at them. Most infected persons have no symptoms or outward signs of illness and may not know themselves that they are infected. This activity demonstrates how quickly STDs (including HIV), can pass from person to person.
- Before the session, gather one index card for each student. On the back of one card draw a very small glove. On the back of two cards, draw a small letter “Z”. On the rest of the cards put a small happy face. (If there are more than 15 people in the group, add another glove and another “Z” card.)



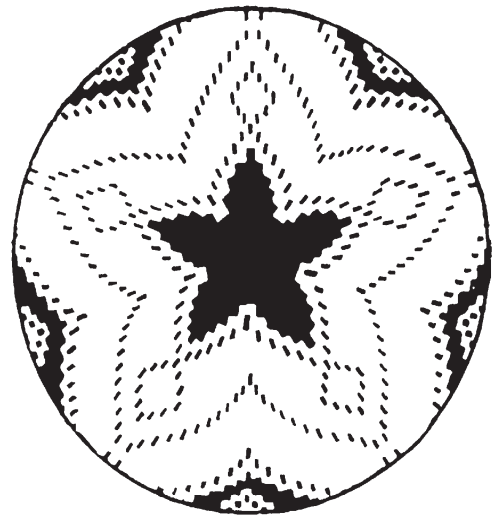
- Shuffle the cards and hand out one to each student; don't acknowledge that the cards have symbols on the back. Instruct the students to go around the room and greet three people with a firm hand shake. Each person they greet should sign their card. Once they have three signatures they should return to their seats and wait until everyone else is through.

- After everyone is seated tell the group about a new deadly disease that has no cure called the “Z Virus”. Explain that the only way to get the virus is by shaking hands and the only way to be protected from getting the virus—other than not shaking hands—is wearing a latex glove.
- Tell the group there are several people in the room who have the virus. Tell everyone to turn over their cards; whoever has a “Z” on their card is “infected” and should stand up. Ask that person to read the names of the people he or she shook hands with; those people should also stand up. Each person who stands up should identify the people whose hands they shook, and each of these people should stand up as well. Soon, almost the entire group will be standing. Have the participants look at their cards again; whoever has a glove on their card was protected during the game and can take a seat.
- Lead a discussion about the activity. Ask:
 - ◇ How did it feel to discover you were infected with the Z virus?
 - ◇ If you had known at the beginning that you could get the Z virus from shaking hands, how would you have dealt with the activity differently?
 - ◇ Could you tell by looking at a person whether or not they had the Z virus?
 - ◇ How is the Z virus like other illnesses? (STDs and/or HIV should come up)
 - ◇ What behaviors put you at risk for STDs/HIV?
 - ◇ How could a person protect themselves from STDs/HIV?
 - ◇ What might declining a hand shake represent? (choosing not to have sex)
 - ◇ What might the glove represent? (latex condom)
 - ◇ What might asking to see someone’s card before shaking hands represent? (having you and your partner tested for STDs/HIV before having sex)
 - ◇ What if you chose to greet each other by rubbing elbows instead? What would that represent? (reducing risk)
- Wrap up discussion by pointing out that:
 - ◇ STDs can be transmitted very quickly and easily.
 - ◇ You cannot tell if someone has an STD or HIV without his or her being tested.
 - ◇ Having casual sexual contact with one person is like having contact with all that person’s partners.
 - ◇ There are simple steps we can take to ensure that we take care of our sexual health.

6. **Closing**

3-5 minutes, large group lecture, adult co-facilitator

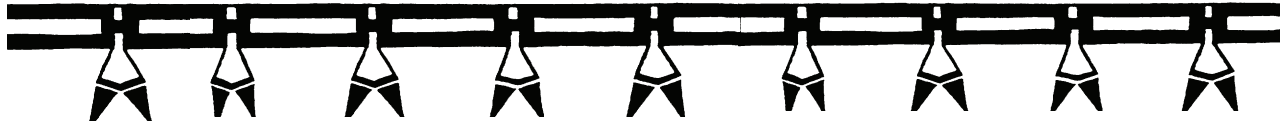
- Preview next session: HIV/AIDS - Part 2
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.



NOTES



17: HIV/AIDS - Part 2



Purpose:

To provide Native STAND members with basic information about HIV/AIDS risks and to correct misconceptions.

Stages of Change Process:

Getting information, involving the emotions, thinking about how what you do affects others

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify routes of HIV transmission.
2. Identify personal strengths and weaknesses in HIV/AIDS knowledge.
3. Describe the personal experience of simulating someone with HIV or the partner of someone with HIV.
4. Describe the personal experience of someone living with HIV/AIDS.



THINKING AHEAD:
If possible, arrange for a counselor to be available during Session 19

Supplies/Materials:

- HIV/AIDS Match-Mismatch cards
- Small prize for winning team on Activity #2 (*optional*)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
HIV/AIDS True/False Part 2	●	●	
HIV/AIDS True/False Part 2 Answers	●		
HIV/AIDS Match - Mismatch Cards (<i>optional</i>)	●		
“This Can’t Happen to Me” Role play	●	●	
“This Can’t Happen to Me” Lab Results	4 of each result		●
Person Living with HIV/AIDS Interview Guide	●	●	
Resources	●	●	

Preparation:

- Cut out HIV/AIDS Match-Mismatch cards and shuffle separately by color (*optional*)
- Display Words of Wisdom



1. Welcome/Overview

3-5 minutes, large group lecture, adult co-facilitator

- Review Session 16: HIV/AIDS Part 1.
- Answer any questions in the Question Box.
- Introduce today's session: HIV/AIDS Part 2.
- Read today's WOW.

It's easy to be brave from a safe distance.

Omaha

2. HIV/AIDS True/False Part II

30-35 minutes, teams, adult or peer co-facilitator

- Have students get back into the same small groups they formed in Session 16 for the HIV/AIDS True/False quiz.
- Refer students to the HIV/AIDS True/False Part 2 in the PM.
- Tell the students to write their team's number or name on the top of the page.
- Give the groups 15 minutes to answer as many of the questions as they can.
- Reconvene large group and review answers. Ask teams to grade their own quizzes on the honor system. (Answers and brief explanations are included in the RM.)
- Tabulate team quiz scores and aggregate with the HIV/AIDS True/False Part 1 from Session 16.
- Provide a small prize for the team that answered the most questions correctly. (*Optional*)

HIV/AIDS True or False—Part 2 Answers & Explanations

1. Most teens report that they used a condom the last time they had sex. TRUE FALSE
Among high school students who were currently sexually active, 82% reported that either they or their partner had used a condom during last sexual intercourse.¹
2. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years. TRUE FALSE
After the initial flu-like symptoms that some people infected with HIV experience, most do not experience any other visible symptoms for 8-10 years.²
3. Today, HIV is acquired in 3 ways: TRUE FALSE
-Sexual intercourse with an infected person
-Blood-to-blood contact (mostly sharing needles and injection equipment)
-From infected mother to child during birth or through breastfeeding

HIV/AIDS True or False—Part 2

TEAM: _____

1. Most teens report that they used a condom the last time they had sex. TRUE FALSE
2. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years. TRUE FALSE
3. Today, HIV is acquired in 3 ways: TRUE FALSE
-Sexual intercourse with an infected person
-Blood-to-blood contact (mostly sharing needles and injection equipment)
-From infected mother to child during birth or through breastfeeding
4. About 1 out of every 4 new HIV infections reported in the U.S. are among persons under 22 years old. TRUE FALSE
5. HIV causes AIDS. TRUE FALSE
6. Breast milk of HIV positive women contains HIV. TRUE FALSE
7. Being "HIV positive" is the same thing as having AIDS. TRUE FALSE
8. Symptoms of late stage HIV infection include: TRUE FALSE
-Persistent, unexplained fatigue
-Soaking night sweats
-Shaking chills or high fevers
-Swelling of lymph nodes
-Chronic diarrhea
-Persistent headaches
9. Douching after sex reduces the risk of HIV infection. TRUE FALSE
10. You can catch HIV by touching saliva (spit), tears, or sweat. TRUE FALSE
11. You have to be gay to get HIV. TRUE FALSE
12. Doing drugs or drinking alcohol can increase your chance of getting HIV. TRUE FALSE
13. You can get HIV from sharing needles and other works to inject drugs. TRUE FALSE
14. There are medicines to cure HIV. TRUE FALSE

For syringes and new very rarely in infected blood or before or during
 FALSE
ages of 13-29;
 FALSE
Sex tests are called and how your body fight HIV in get sick. 500 to 1,000 per cubic cm. Even if your CD4

Answers to HIV/AIDS Quiz

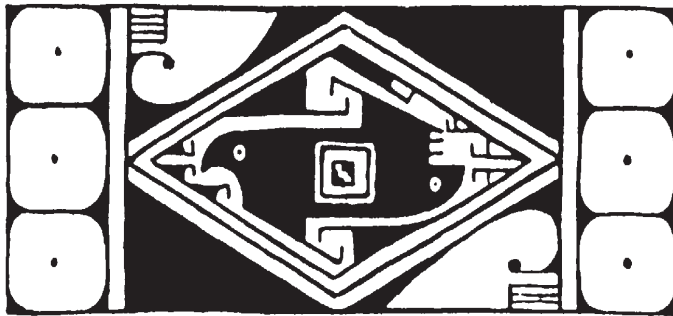
1. Most teens report that they used a condom the last time they had sex. **TRUE**
2. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years. **TRUE**
3. In the United States today, HIV is acquired in 3 ways: Sexual intercourse with an infected person; Blood-to-blood contact (mostly sharing needles and injection equipment); and from infected mother to child during birth or through breastfeeding. **TRUE**
4. About 1 out of every 4 new HIV infections reported in the U.S. are among persons under 22 years old. **TRUE**
5. HIV causes AIDS. **TRUE**
6. Breast milk of HIV positive women contains HIV. **TRUE**
7. Being “HIV positive” is the same thing as having AIDS. **FALSE**
8. Symptoms of late stage HIV infection include: persistent, unexplained fatigue; soaking night sweats; shaking chills or high fevers; swelling of lymph nodes; chronic diarrhea; and persistent headaches. **TRUE**
9. Douching after sex reduces the risk of HIV infection. **FALSE**
10. You can catch HIV by touching saliva (spit), tears, or sweat. **FALSE**
11. You have to be gay to get HIV. **FALSE**
12. Doing drugs or drinking alcohol can increase your chance of getting HIV. **TRUE**
13. You can get HIV from sharing needles and other works to inject drugs. **TRUE**
14. There are medicines to cure HIV. **FALSE**
15. Each year, the number of women diagnosed with HIV grows more than the number of men diagnosed with HIV. **TRUE**
16. Getting HIV is a death sentence. **FALSE**
17. Having an STD makes you more at risk for HIV. **TRUE**
18. HIV weakens your immune system so your body can’t fight against infections. **TRUE**
19. You can get HIV by sharing a razor or toothbrush with someone who is HIV positive. **TRUE**
20. Women are more easily infected with HIV by men than men are infected by women. **TRUE**
21. An HIV positive man with an undetectable viral load cannot transmit HIV. **FALSE**
22. There will probably be a vaccine for HIV/AIDS pretty soon. **FALSE**
23. It’s possible to get HIV from a blood transfusion today in the U.S. **FALSE**
24. Many cases of HIV/AIDS have been from female-to-female sexual transmission. **FALSE**
25. Current U.S. national guidelines recommend that everyone between the ages of 13 and 64 be screened for HIV. **TRUE**

Optional: Match-Mismatch

If you have time during today's session—or in a later session—this is another fun and interactive activity that checks for understanding regarding the body fluids that can transmit HIV and the points of entry for HIV.

15-20 minutes, large group activity, adult co-facilitator

- Before the session begins, cut out HIV/AIDS Match-Mismatch cards (in RM) and shuffle each set of colored cards separately.
- Divide the students into two groups. Have them form two lines facing each other
- Give each person in one line a green square and each person in the other line a pink square.
- The first person in each line will hold up their squares, examine the match, and determine whether HIV could be passed through that particular exchange. For example, if one person's card says "MOUTH", and the other person's card says "TEARS", this would be a mismatch (since HIV is not passed in one's tears and therefore getting an HIV+ person's tears in another's mouth would not transmit HIV).
- Ask other students to correct any misinformation.
- Repeat the process down the line.
- Lead a discussion. Was this an easy exercise? Or are there still misperceptions about transmission? Were students able to correct each other?



3. "This Can't Happen to Me" Role play

20-30 minutes, small groups of 4, adult co-facilitator

- Divide students into groups of 4 and assign each person in each group a specific role to play (Marco, Abby, Joshua, or Kelsey).
- Set the stage by sharing the back story:

Marco and Abby have been going out and having sex for several months. Things have gotten pretty serious lately, and they've even talked about getting married. They decide they should both get tested for HIV. Today is the day they get their test results. Marco does not know Abby's test result and Abby does not know Marco's.

Joshua is Marco's best friend and Kelsey is Abby's best friend. They are here to support them if they need to talk through things or have questions about HIV/AIDS.

- Refer students to “This Can’t Happen to Me” in the PM. Instruct them to read only the information for the character they have been assigned. Give them time to read their parts.
- Once everyone has finished reading their parts, give HIV test results to the students playing the parts of Abby and Marco.
- Tell the groups they will have about 15 minutes to perform their role plays.
- The facilitators should “float” from group to group, observing the process and providing input.
- Call time after about 15 minutes and have the students playing the roles of Kelsey and Joshua lead their groups in a discussion using the questions on their sheets.
- When each group has processed the discussion questions, come back together and ask each group to share their reactions to the activity with the entire group.

“This Can’t Happen to Me” Role Play
Marco’s Part

The Story:
You and Abby have been going out and having sex for several months. Things have gotten pretty serious lately, and you’ve even talked about getting married. You decide you should both get tested for HIV. Today is the day you get your test results. You do not know Abby’s test results and she does not know yours. If you need to talk through things or have questions about HIV/AIDS, your best friend Joshua is here to help you.

Before the Role Play:

- You will receive your HIV test results.
- Read the discussion questions on the bottom of your test results and think about the answers before you talk to Joshua or Abby.

During the Role Play:

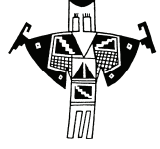
- Kelsey (Abby’s best friend) will tell you when it’s time to start the role play.
- Start by talking to Joshua or Abby. Tell him or her what your HIV test results are.

Ending the Role Play:

- The role play ends when you and Abby have made decision about your future.

After the Role Play:

- Joshua and Kelsey have some questions to discuss with the group.



NOTE: A version of this role play, acted out by Native students, is available at: <http://www.youtube.com/user/Nativestand7#p/u>

4. Personal Story of Someone Living with AIDS

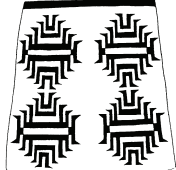
Option 1—Guest speaker available

30-35 minutes, lecture, large group discussion, adult co-facilitator

- Introduce speaker.
- Ask speaker to share his/her story. If the speaker is shy or the students are not asking many questions, refer them to the Interview Guide located in the PM.
- Students and co-facilitators can ask questions. Moderate the discussion carefully.
- Thank speaker. Provide with small gift (*optional*).
- Debrief with students:
 - ◇ What questions or concerns do they have?
 - ◇ Does hearing the personal story of someone with HIV/AIDS make them question their own behaviors?
 - ◇ Does it make them plan to do things differently?

**Person Living with HIV/AIDS
Interview Guide**

1. Tell us a little bit about yourself including how long you have known your HIV status.
2. Tell us about your life before you knew you had HIV.
3. Do you know when you contracted HIV? Was it with a particular partner or during a certain time in your life? Tell us about that.
4. How did you decide to get tested?
5. Tell us about your experience getting tested. Where did you go? What was the test like? How did you find out your status?
6. How did you feel when you found out you were HIV positive? Who did you tell?
7. How has your life changes since finding out you were HIV positive? How often do you go to the doctor? Do you take medications?
8. What is your life like now? How is your health? How have your relationships with other people changed?
9. What is one thing you wish you knew before you contracted HIV?
10. What is one word of advice you would give to young people about taking care of their health?



Option 2—Video (No guest speaker available)

30-35 minutes, video, large group discussion, adult co-facilitator

- Show one of the following videos:
 - ◇ Living with HIV/AIDS (Longhouse Media/Native Lens), available at: <http://www.youtube.com/user/Nativestand7#p/u>
 - ◇ Show one or more (or sections) of a video at The Positive Project: www.thepositiveproject.org. You can search videos by several characteristics, including race/ethnicity and topic of discussion.
- Debrief with students:
 - ◇ What questions or concerns do they have?
 - ◇ Does hearing the personal story of someone with HIV/AIDS make them question their own behaviors?
 - ◇ Does it make them plan to do things differently?

5. Closing

3-5 minutes, large group lecture, adult co-facilitator

- Refer Student to the Resources List in the PM.
- Preview Next Session: Field trip to local health clinic.

Ask:

- ◇ Have you ever been to the health center where we will visit?
 - ◇ Have you ever been there on your own (without a parent or guardian)?
 - ◇ Have you ever been there for an STD test or birth control?
 - ◇ What was that visit like for you?
 - ◇ How were you treated?
 - ◇ Were the staff youth friendly?
 - ◇ Was the clinic youth friendly?
 - ◇ Would you recommend that clinic to your friends?
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
 - Adjourn.

RESOURCES

AIAN Resources

Centers for Disease Control & Prevention: HIV/AIDS Among AIAN
<http://www.cdc.gov/resources/factsheets/fs041ain.pdf>
Factsheet on HIV/AIDS in Native Americans from the CDC.

I Know Mine

<https://www.iknowmine.org>

I Know Mine is an STD/HIV prevention project of the Alaska Native Tribal Health Consortium. Its website has factsheets, quizzes, a clinic locator, digital stories, condoms, posters, brochures, and more.

Indian Health Service HIV/AIDS Program

<http://www.ihs.gov/MedicalPrograms/HIV/AIDS>

Links to HIV/AIDS resources and information relevant to AIAN.

National Native American AIDS Prevention Center

<https://www.nnaapc.org/programs/aiian-youth-media.html> NNAAPC helps organizations that serve Native communities to plan, develop and manage HIV/AIDS prevention, intervention, care, and treatment programs. This link is to NNAAPC's HIV Prevention Media, Curricula, and Resources for Native youth.

Project Red Talon

http://www.oregon.gov/health/epidcenter/project/project_red_talon

Project Red Talon is the HIV/AIDS Project of the Northwest Portland Area Indian Health Board. Culturally appropriate brochures, posters, and other educational materials available for download.

General Information

Amplify Your Voice: HIV

<http://www.amplifyyourvoice.org/issues/hiv>

Amplify is an online community dedicated to sexual health, reproductive justice, and youth-led grassroots movement building. A project of Advocates for Youth.

Avert: What is AIDS?

<http://www.avert.org/aids.htm>

AVERT is an international HIV/AIDS charity. Good and easy-to-read basic information.

Teen Source: What is HIV?

http://www.teenresource.org/pages/3026/Human-ImmunoDeficiency-Virus_HIV.htm

An educational resource for teens and young adults on healthy and responsible sexual lifestyles. Developed by the California Family Health Council.

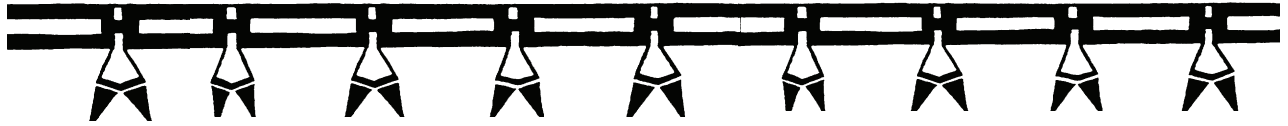
TeenTalk

<http://www.plannedparenthood.org/teen-talk>

A teen-friendly sexual health website developed by Planned Parenthood.

NOTES

18: Field Trip to a Local Health Clinic



Purpose:

To acquaint Native STAND members with the services available at their local clinic; to reduce any discomfort with accessing services; to increase STAND members' first-hand knowledge of local resources.

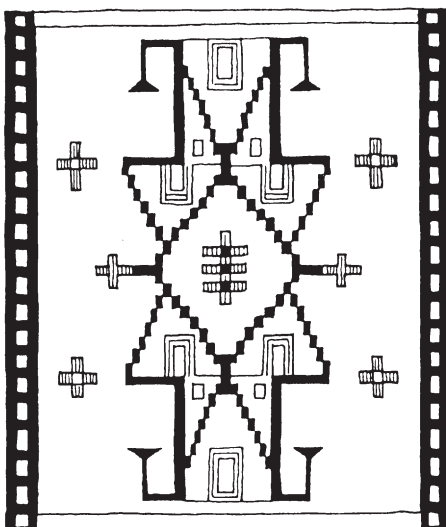
Stages of Change Process:

Getting information, building self confidence, developing the ability to change

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe how to access services at the community clinic.
2. Describe the services available to teens at the clinic, including costs.
3. Explain how confidentiality for teen clients is handled at the clinic.



Preparation:

Arrange a visit and Q&A session to the local tribal, IHS, or state/county health clinic. (Ideally, this is the same location where the provider who already visited the group for the birth control session works.)

Before the visit, discuss with the clinic staff the visit's objectives and points you would like covered.

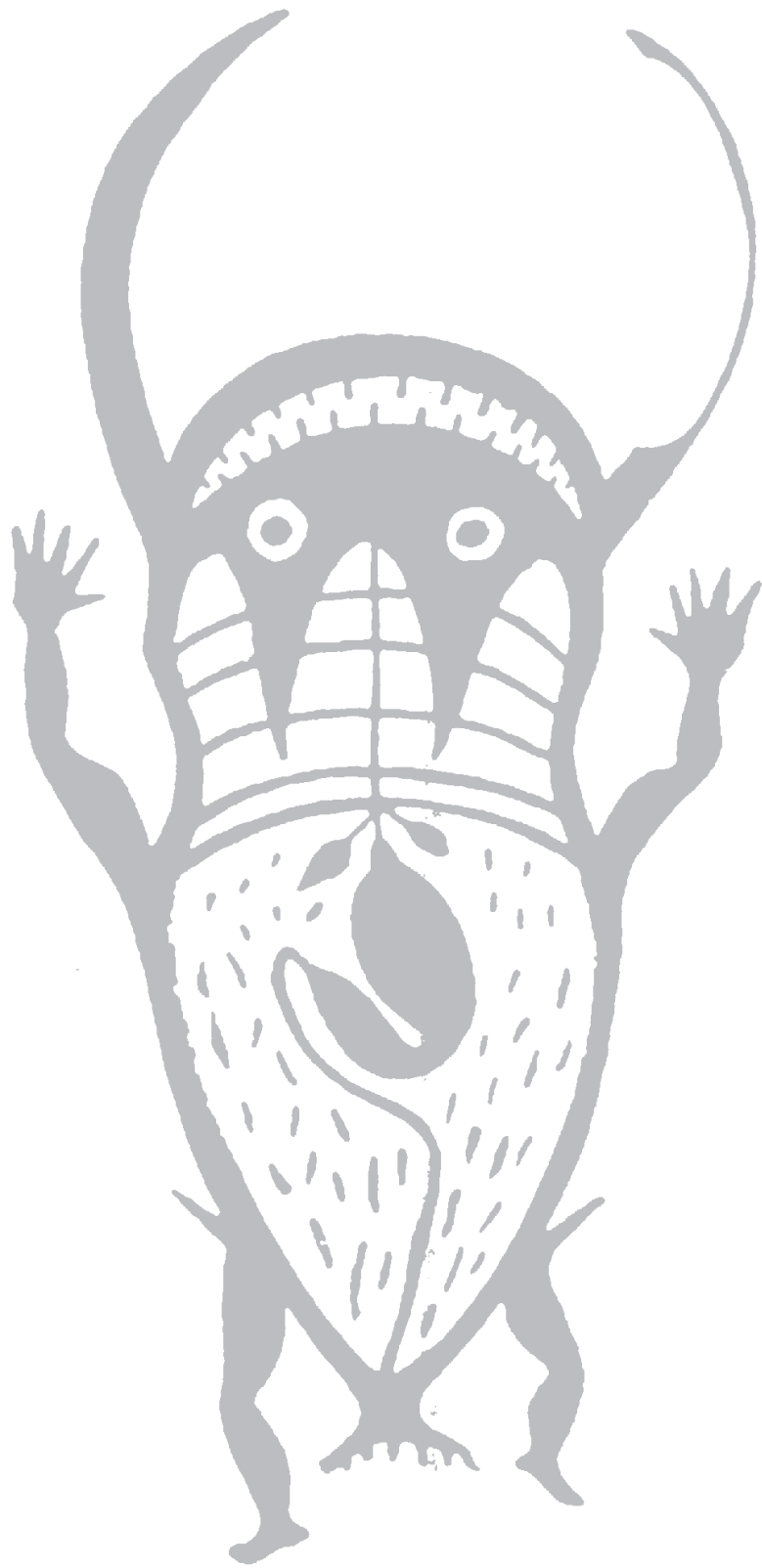
Check with the facility to see if it is possible to split the group up by sex so students will be more comfortable seeing the exam rooms and discussing specifics of what happens during an exam (i.e., pelvic exam, testicular exams, etc.).

Bring any questions from the Question Box related to birth control or accessing care.

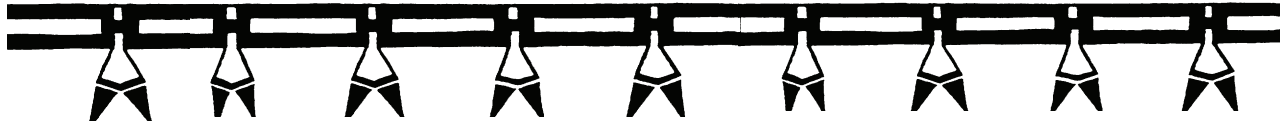
There are possible Q&A questions on the next page. (These are also included in the PM.)

NOTES





19: Taking Care of the Whole Person



Purpose:

To recognize that health and true happiness comes when we balance all aspects of our life, including the physical, mental, emotional and spiritual.

Stages of Change Process:

Getting information, involving the emotions, knowing who you are

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Explain the importance of balance in one's life.
2. Describe what stress is and how it can negatively impact you.
3. Identify strategies to deal with stress in a healthy manner.
4. Define sadness, depression, and grief.



Supplies/Materials:

- Chart paper, markers, masking tape
- Index cards
- Hole punch
- Pens, markers, stickers
- Loose leaf rings (1 per student) *(could use yarn instead)*

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Stress Cartoons	●	●	
Who's Got Your Back?	●	●	
How can you tell if someone is depressed?	●	●	
Myths About Depression	●	●	
What is Grief?	●	●	
Native Youth Suicide	●	●	
Resources	●	●	

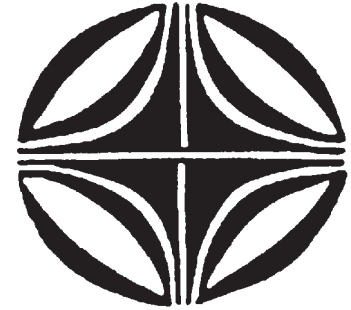
Preparation:

- Display Words of Wisdom
- Prepare chart paper with questions for Activity 2 (one question per sheet)
- Hole punch index cards in upper left corner.

1. Welcome/Overview

8-10 minutes, large group lecture, adult facilitator

- Have the students sit in a large circle with their PM.
- Review Session 18: Field Trip to Clinic.
- Answer any questions in the Question Box.
- Preview today's session.
 - ◇ To be truly happy and healthy, we must strive to maintain a balanced life, including the physical, mental, emotional, and spiritual aspects of our life.
 - ◇ Today we are going to talk about the effects of mental, emotional, and spiritual imbalance.
 - ◇ Sometimes in our busy lives it's easy to get caught up in the physical and not pay enough attention to the mental, emotional, and spiritual.
 - ◇ We are going to talk about some heavy topics, like stress, depression, and suicide—but we are also going to talk about positive ways to deal with these imbalances, like coping skills, support systems, and resiliency.
 - ◇ For some of you, this session might be very intense and personal. Many of you—or maybe one of your friends or someone in your family—may have had some of these experiences. Remember that you are in a safe place among people who care about you. Share as much as you feel comfortable sharing, so we can learn from each other's experiences. Let one of the facilitators know if you need a break or need someone to talk to after the session ends.
 - ◇ Think back to the Medicine Wheel we worked with in the Culture and Tradition session. Remember that it represents wholeness, health, and harmony with one's self, family, community, nation, and universe.
 - ◇ Ask what happens if a person is not living a balanced life (answers may include the following):
 - They may get sick—health is a continual process of staying strong spiritually, mentally, emotionally, and physically
 - People must stay in harmony with themselves, other people, their natural environment, and their Creator
 - Illnesses are related to a spiritual cause, which creates an imbalance between the body, mind, and spirit
 - All thoughts and actions have consequences, creating harmony or disharmony. Disharmony can cause illness.¹
- Read today's WOW.



All individuals have the power to transform and change themselves.

Anonymous

¹ <http://www.faqs.org/health/topics/12/Native-American-medicine.html#ixzz0qSzFzFVP>

2. Stress

15-20 minutes, small group activity, large group discussion, adult or teen co-facilitator

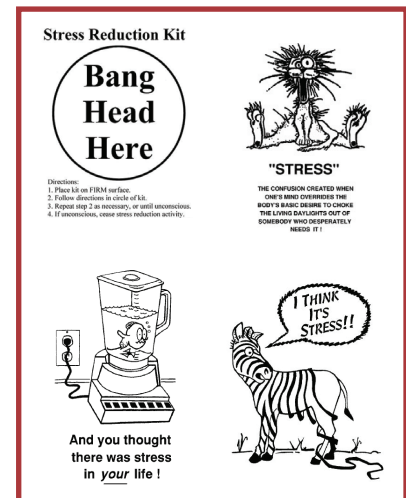
- Direct students to the cartoons in their PM. After they've had a chance to look at them and (hopefully) laugh, continue.
- These cartoons are funny, but stress is a serious issue. Today we're going to talk about stress, depression, grief, and suicide.
- Remind students that Native STAND peer educators are not counselors. It's important they recognize some of these issues in case they are talking to someone who may be experiencing them, but they are not expected to make a clinical judgment about someone's mental health.
- It's important to know your limits as a peer educator and to make appropriate referrals to a school counselor as you think necessary.
- Divide students into three groups and give each group a sheet of chart paper with one of the questions below.
 - ◇ What is stress?
 - ◇ What causes stress?
 - ◇ What happens if you don't deal with stress?
- Tell each group to take 5 minutes to write as many responses as possible on their chart paper.
- Reconvene the large group and ask each small group to share their responses starting with the "What is stress?" group.

What is stress? *Answers may include:*

- Not having the skills to deal with challenges you face
- Physical and emotional reactions to perceived dangers and demands

What causes stress? *Answers may include:*

- school demands and frustrations
- negative thoughts and feelings about themselves
- changes in their bodies
- problems with friends or family
- unsafe living environment/neighborhood
- separation or divorce of parents
- domestic violence
- chronic illness in the family
- drug and alcohol abuse
- incarceration
- death of a loved one
- moving to a new community
- changing schools
- taking on too many activities or having too high expectations
- family financial problems



What happens if you don't deal with stress? *Answers might include:*

- You get out of balance, sad, depressed, physically sick
- Stress can lead to anxiety, withdrawal, aggression, and poor coping skills such as drug and/or alcohol use
- Stress can cause a faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread

- After each group shares its responses, ask the other students if they agree and if they can think of other responses to add to the list.
- Ask the large group (and write answers on pre-labeled chart paper):
 - ◇ What are some negative ways people deal with stress? *Answers might include:* smoking cigarettes, drugs, alcohol, eating, cutting
 - ◇ What are some positive—or healthy—ways people deal with stress? *Answers might include:* exercise, healthy eating, music, meditation, relaxation techniques, sleep, prayer, positive thinking, talk to friends, talk to a counselor

3. Who's Got Your Back?

8-10 minutes, individual work, large group discussion, adult or teen co-facilitator

- Refer students to *Who's Got Your Back?* in the PM.
- Ask them to take a few minutes to complete the boxes (“If you were feeling super stressed out, what are three healthy things you could do to make yourself feel better?” and “If you needed to talk to someone about your feelings, who are three supportive people you could go to?”)
- Ask for volunteers to share what they wrote.

Who's Got Your Back?

If you were feeling super stressed out, what are three healthy things you could do to make yourself feel better?

1. _____

2. _____

3. _____

If you needed to talk to someone about your feelings, who are three supportive people you could go to?

1. _____

2. _____

3. _____

4. Sadness, Depression & Grief

15-18 minutes, lecture, large group discussion, adult co-facilitator

- Explain that sadness is a part of life—everyone feels sad every now and then. Someone may feel sadness after they go through a sad event or they are hurt or disappointed by something or somebody. Sadness may last for days or weeks, but sadness and depression aren't the same thing.
- Describe the difference between sadness and depression:

Sadness	Depression
Temporary	Last more than two weeks, sometimes months or years
Normal	Serious health problem
Feelings are not usually severe enough to interfere with your daily activities.	Feelings prevent you from functioning normally and doing the things you normally do.

- Ask one or two of the volunteers who shared in the “Who's Got Your Back?” activity:
 - ◇ “If you felt sad or depressed would you tell one of the people that you listed in “Who's Got Your Back?”

◇ “How would they support you?”, “How would you want them to support you?”

• Refer students to PM and review together: How Can You Tell if Someone is Depressed?, Myths About Depression, and What is Grief?^{2,3,4} (Available in RM)

How Can You Tell if Someone is Depressed?

- Do they express feelings of
 - Sadness or “emptiness”?
 - Hopelessness, pessimism, or guilt?
 - Helplessness or worthlessness?
- Do they seem
 - Unable to make decisions?
 - Unable to concentrate and remember?
 - To have lost interest or pleasure in ordinary activities—like sports or band or talking on the phone?
 - To have more problems with school and family?
- Do they complain of
 - Loss of energy and drive – so they seem “slowed down”?
 - Trouble falling asleep, staying asleep, or getting up?
 - Appetite problems; are they losing or gaining weight?
 - Headaches, stomach aches, or backaches?
 - Chronic aches and pains in joints and muscles?
- Has their behavior changed suddenly so that
 - They are restless or more irritable?
 - They want to be alone most of the time?
 - They’ve started cutting classes or dropped hobbies and activities?
 - You think they may be drinking heavily or taking drugs?
- Have they talked about
 - Death?
 - Suicide - or have they attempted suicide?!



REMEMBER – Native STAND peer educators are not counselors. It’s important you recognize the symptoms of depression, but you are not expected to make a clinical judgment about someone’s mental health. It’s important to know your limits as a peer educator and to make appropriate referrals to a school counselor as you think necessary.

¹ NIMH - http://www.pueblo.ssa.gov/cvic_text/health/friend-depressed/friend-depress.htm

Myths About Depression

Myths or misconceptions about depression can cause stigma and prevent people who need help from getting it. As a peer educator, you need to know the **facts**. Some of the most common myths are:

- Myth:** It’s normal for teenagers to be moody; Teens don’t suffer from “real” depression.
- Fact:** Depression can affect people at any age or of any race, ethnic, or economic group.
- Myth:** Teens who claim to be depressed are weak and just need to pull themselves together. There’s nothing anyone else can do to help.
- Fact:** Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.
- Myth:** Talking about depression only makes it worse.
- Fact:** Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult – that’s what a real friend will do.
- Myth:** Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it.
- Fact:** Depression, which saps energy and self-esteem, interferes with a person’s ability or wish to get help. And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.¹

Remind students that this discussion may raise some intense emotions or reactions from the students. Make sure they know that you are in a safe place; you are there to support them. Be prepared to stay afterwards and address individual reactions. Make a special point of checking in on those students who seemed upset by the discussion. Also, if in a boarding school setting, give the dorm managers a heads up to check in on those students and make sure they’re doing OK.

¹ NIMH - http://www.pueblo.ssa.gov/cvic_text/health/friend-depressed/friend-depress.htm

What is Grief?

- All people who suffer loss experience grief in one way or another.
 - The emotional, physical, intellectual, behavioral and spiritual process of adjusting to loss.
 - family breakdown
 - divorce
 - incarceration
 - moving to a new home or community
 - adoption
 - abuse
 - loss of health
 - serious illness of a family member or close friend
 - death of a family member or close friend
 - suicide of a family member or close friend
 - The normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you.
 - It’s a natural and normal response to losing someone you love.
 - A typical reaction to death, divorce, job loss, a move away from friends and family, or loss of good health due to illness.
 - There is no timeline for grieving—it occurs throughout our lives and is a process, not an event.
 - It is a necessity, not a weakness.
 - The sense of loss will never go away completely, but over time the intensity of the pain will diminish.
 - The grieving process takes time and healing usually happens gradually. The intensity of grief may be related to how sudden or predictable the loss was and how you felt about the person who died.
 - If ignored, grief may show up as changes in concentration, troubled relationships, emotional problems or physical illness.
- People who are grieving may:**
- feel empty and numb, in shock
 - feel strong emotions, such as sadness, anger, guilt
 - have physical reactions, such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating
 - have strange dreams or nightmares, be absent-minded, withdraw socially, or lack the desire to return to work
 - have spiritual reactions to a death – for example, some people find themselves questioning their beliefs and feeling disappointed in their religion while others find that they feel more strongly than ever about their faith

<http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>
<http://www.teenloss.com>
<http://www.youthradio.org/news/helping-teens-deal-with-grief>
<http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

5. Suicide

18-20 minutes, lecture/large group discussion, adult co-facilitator

NOTE: Preface talk with warning about the sensitivity of the topic—offer to stay after to talk to anyone who needs to talk. If a counselor was able to attend the session, make sure students know who he or she is and that they are available to talk during or after the session.

- Today we are talking about the emotional state of mind that might make someone feel that they don’t want to go on, that they want to commit suicide. Later in the curriculum—when we talk about being a peer educator—we will talk about some of the warning signs that someone may be suicidal and also about your limits and boundaries as a peer educator.
- Many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control.
- They may feel like they can’t:
 - ◇ stop the pain
 - ◇ think clearly
 - ◇ make decisions
 - ◇ see any way out
 - ◇ sleep, eat or work
 - ◇ get out of depression
 - ◇ make the sadness go away
 - ◇ see a future without pain
 - ◇ see themselves as worthwhile
 - ◇ seem to get control⁵

² <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

³ <http://www.teenloss.com>

⁴ <http://www.youthradio.org/news/helping-teens-deal-with-grief>

⁵ <http://www.suicidepreventionlifeline.org/GetHelp/WhatIfSomeoneIKnowNeedsHelp.aspx>

- Ask students if they think there is a difference in teen suicide rates between different race/ethnicities? If so, which group do they think has the highest rates? Which has the lowest?

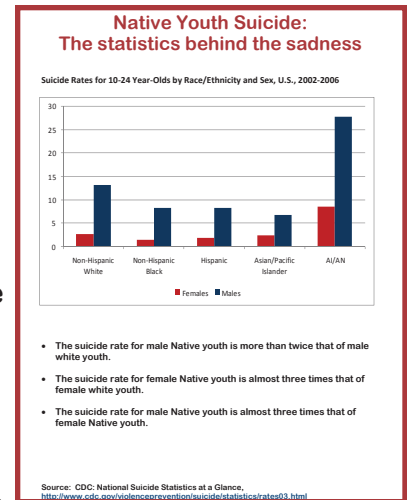
- Direct students to Native Youth Suicide: The statistics behind the sadness in PM. Describe chart/figure. Make sure everyone understands how to read/interpret it. Point out:

- ◇ The suicide rate for male Native youth is more than twice that of male white youth.
- ◇ The suicide rate for female Native youth is almost three times that of female white youth.
- ◇ The suicide rate for male Native youth is almost three times that of female Native youth.

- Ask students what they think about this information? Does it surprise you? Why or why not?

- Why do you think more Native youth commit suicide than other youth? *Answers might include:*

- ◇ History of trauma, physical and/or sexual abuse
- ◇ History of neglect
- ◇ Feeling of alienation from family and community
- ◇ Family loss, separation, and disruption
- ◇ Extreme poverty
- ◇ Foster care with multiple home placements
- ◇ Involvement in the juvenile justice system
- ◇ Poor parent-child communication
- ◇ Hopelessness
- ◇ Previous suicide attempt
- ◇ Suicide of a close friend or relative
- ◇ Local clusters of suicide that have contagious influence
- ◇ Exposure to suicides by others, either directly or through the media
- ◇ Not talking about suicide ideation
- ◇ Easy access to lethal means
- ◇ School problems, family conflict, unwanted pregnancy
- ◇ Poor coping and problem solving skills
- ◇ Impulsivity and aggression
- ◇ Being GLBTQ
- ◇ Alcohol or substance abuse
- ◇ Stigma associated with help-seeking behavior
- ◇ Barriers to accessing health care, especially mental health and substance abuse treatment
- ◇ Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- ◇ Low self-esteem
- ◇ Major physical illnesses
- ◇ Poor self-perception of health status



⁶ CDC: National Suicide Statistics at a Glance, <http://www.cdc.gov/violenceprevention/suicide/statistics/rates03.html>

- Why do you think male Native youth commit suicide at such a high rate, far more than Native females or males or females of any other race?
- What can you do to support your friends and your community to help decrease the rate of suicides among Native youth?

6. **“You Rock!” Activity – Part 1**

8-10 minutes, large group activity, adult or teen co-facilitator

- Say: We’ve talked about a lot of intense stuff today and I want us to end on a positive note. Every time we meet as a group, we are getting to know each other better. Some of us may know each other really well, and some of us may just be beginning to get to know each other. But whether we know someone really well or just a little, there is always something positive we can say about someone else. And everyone needs to feel appreciated by someone else in their life.
- Today we are going to start a project that I want you to work on between now and our next meeting, and we will finish it up at the beginning of the next session.
- Give each student one hole-punched index card for every student in the group. (So, if there are 10 students, each student will get 10 cards.) Tell them to write their own name one one-side of each card. (They can take up the whole side, and even decorate it with markers, stickers, etc. if they want.)
- Instruct them to give each person in the group one of their cards.
- Give each student a loose leaf binder ring or a piece of yarn and instruct them to put their set of cards on the ring. (They should have one card for each person in the group on their ring.)
- Between today and when we meet again, take some time to think about your fellow Native STAND participants, and jot down something you admire or like about that person on the back of each of their cards.
- When we give someone positive affirmations or validation, it’s important to be honest and sincere. Don’t come up with something that’s not true. It doesn’t have to be a big thing that you’re recognizing, even small recognitions add up.
- You don’t have to fill the page, but try and write more than just a word or two.
- You don’t have to put your name on your affirmations, but the words will have more meaning if the person whose card it is knows who wrote them.
- Tell students not to forget to bring their completed cards with them for the next session.

7. **Closing**

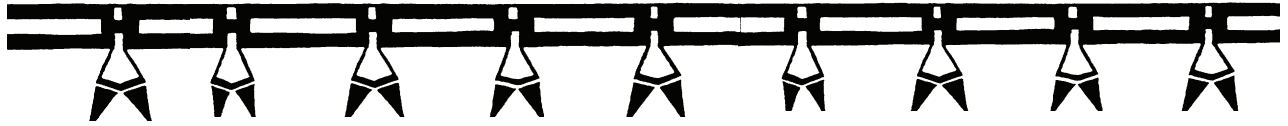
3-5 minutes, large group activity, adult or teen co-facilitator

- Answer any questions.
- Preview Next Session: Healthy Relationships - Part 2
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.

NOTES



20: Healthy Relationships - Part 2



Purpose:

To recognize healthy and unhealthy aspects of relationships.

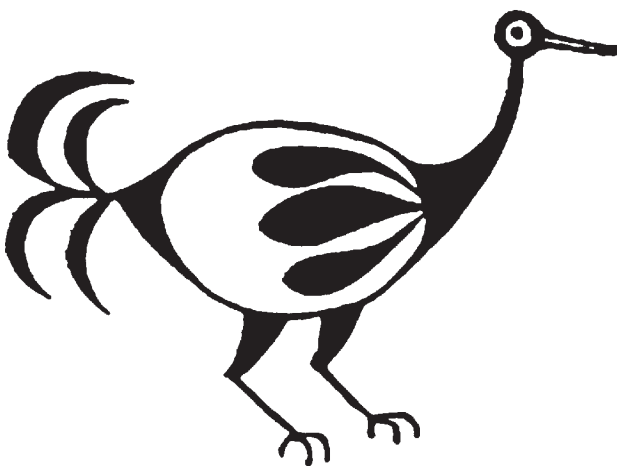
Stages of Change Process:

Getting information, thinking about how your actions affect others, knowing who you are

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify warning signs of unhealthy relationships.
2. Identify what dating abuse is and how common it is.
3. Explain the connection between dating abuse/violence and STD risk.
4. Identify healthy strategies to handle conflict.
5. Identify 3 risk factors that hinder personal growth.
6. Identify 3 factors that support personal growth.



Supplies/Materials:

- Chart paper, markers, masking tape

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Are You Being Abused Quiz	●	●	
Dating Abuse Fast Facts	●	●	
Say Something	●	●	
Teen Dating Bill of Rights and Pledge	●	●	
Healthy Conflict	●	●	
Risk & Protective Factors for Your Journey Along Life's Path	●	●	
Resources	●	●	

Preparation:

- Display Words of Wisdom

1. Welcome/Overview

3-5 minutes, large group lecture, adult facilitator

- Review Session 19: Taking Care of the Whole Person—remind students that they need their “You Rock!” cards today. They should have already written an affirmation on each person’s card.
- Answer any questions in the Question Box.
- Preview today’s session.
- Remind students:
 - ◇ The importance of maintaining confidentiality—this topic can bring up intense feelings and emotions, and it’s important that everyone feels comfortable and safe.
 - ◇ That you are a mandatory reporter and must adhere to specific state reporting laws.
- Read WOW.



Love is something you can leave behind when you die. It’s that powerful.

*John (Fire) Lane Deer
Rosebud Lakota, 1972*

2. Brainstorm & Self-Assessment

15-20 minutes, large group discussion, individual work, adult facilitator

- Sometimes we find ourselves caught up in a bad romance. Maybe things started out great, but now there is jealousy, fighting, yelling . . . we might not even be able to see it ourselves—sometimes a friend has to point it out to us.
- Direct students to “Are You Being Abused?”¹ in the PM.
- Working individually, they should read the questions while thinking about a current or past partner. Instruct them to put a checkmark on the questions that apply to that relationship. Let them know they will not have to share their answers.
- After they have read through the questions and responded to them, let them know that if they checked off even one question, they may be in an abusive relationship. Encourage them to talk to you, a counselor, or another adult they trust. Also make sure they know about the resource section at the end of the session.

Are You Being Abused?
Take the most important quiz of your life to find out.

Read this list carefully and think about each question. Place a check mark next to the ones that apply to you. (You don't have to mark anything on your paper, if you prefer not to. But read through the list and think about your answer for each.)

Does your boyfriend or girlfriend:

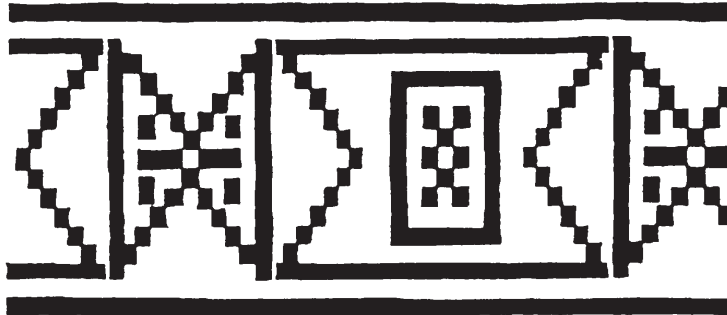
- Act jealous or possessive?
- Demand to know where you are at all times?
- Try to control where you go, what you wear, or what you do?
- Text you all the time and get upset when you don't respond?
- Monitor your e-mail or profile on a social networking site?
- Call you names, ridicule you, criticize you, or put you down?
- Blame you for the hurtful things they say and do?
- Get jealous or angry when you spend time with friends or family?
- See other relationships as a threat?
- Try to "guilt" you or force you into having sex before you're ready?
- Think you're cheating if you talk or dance with someone else?
- Lose their temper easily?
- Get in your face during a disagreement?
- Break or throw things when they're angry?
- Hit, slap, push or kick you?
- Threaten to hurt them or you if your relationship ever ends?
- Drink or take drugs almost every day or go on binges?
- Think there are some situations when it's OK for a person to hit their partner?
- Scare you or threaten to hurt you?

If you said yes to even **one** of these questions, you may be in an abusive relationship. You should talk to your Native STAND facilitator, a counselor, another adult you trust, or contact the helpline below.

National Teen Dating Abuse Helpline
1-866-331-6474
1-866-331-6453 TTY
www.lovesrespect.org

¹ <http://www.faqs.org/health/topics/12/Native-American-medicine.html#ixzz0qSzFzFVP>


- Ask them to keep these questions in mind when they hear their friends and peers talk about their relationships. Lots of people don't know that these behaviors are not healthy. For example, they may think jealousy is just the normal way to show you care. Peer educators can help them by sharing what they know.




3. What Is Abuse?

10-12 minutes, large group lecture/discussion, adult facilitator

- Introduce the topic—Abuse can be many things:
 - ◇ Verbal abuse—name calling or verbal threats
 - ◇ Physical abuse—hitting or doing bodily harm
 - ◇ Emotional abuse—playing mind games
 - ◇ Sexual abuse—unwanted sexual contact
 - ◇ Date rape—a specific kind of sexual abuse when one partner forces the other to have sex
- Explain that everyone's experiences and perceptions of abuse are different. Just because one person does not call it abuse does not mean that it is not abuse or that it's okay.
- Ask:
 - ◇ Do you know anyone or have you ever seen anyone who has been hit, slapped, or pushed by a partner?
 - ◇ Do you think there is ever an acceptable reason for doing that?
- Ask:
 - ◇ Is there ever an acceptable reason for one person to force another to have sex against their will?
 - ◇ What if one partner says “No” but doesn't seem to really mean it?
 - ◇ What if one partner has spent a lot of money on the date?
 - ◇ Do you hear a lot about abuse between couples?
 - ◇ How common do you think date rape is?
- Direct students to “Dating Abuse Fast Facts”² in the PM. Ask them to read through it.



**Dating Abuse
Fast Facts**



PHYSICAL VIOLENCE

- ▣ 1 in 5 teens who have been in a relationship report being hit, slapped or pushed by a partner.
- ▣ 1 in 10 Native American teens report being hit, slapped or pushed by a partner.
- ▣ 1 in 3 girls who have been in a relationship say they've been concerned about being physically hurt by their partner.
- ▣ Women ages 16 to 24 experience the highest rates of intimate violence.
- ▣ 24% of males and 28% females in same-sex relationships (gay or lesbian) report physical violence by a partner.

EMOTIONAL ABUSE

- ▣ 1 in 4 teens who have been in a relationship say their boyfriend or girlfriend has tried to prevent them from spending time with friends or family; the same number have been pressured to only spend time with their partner.
- ▣ 1 in 5 teenage girls report that their boyfriend threatened violence or self-harm when they tried to breakup.
- ▣ 1 in 4 teen girls in a relationship report enduring repeated verbal abuse.

SEXUAL ABUSE

- ▣ 1 in 3 girls between the ages of 16 and 18 say sex is expected for people their age if they're in a relationship; half of teen girls who have experienced sexual pressure report they are afraid the relationship would break up if they did not give in.
- ▣ 1 in 4 girls who have been in a relationship reported going further sexually than they wanted to as a result of pressure.
- ▣ 1 in 4 teen girls who are in a relationship report they are pressured into performing oral sex or engaging in sexual intercourse.

² Adapted from: <http://www.loveisrespect.org/is-this-abuse/dating-abuse-fast-facts.html>;
<http://www.ncadv.org/files/datingviolence.pdf>; <http://www.amnestyusa.org/women/maze/report.pdf>;
<http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsdating.htm>

Note: Because it is so underreported, it is very hard to obtain accurate statistics about dating abuse and sexual violence. This may be especially true for data on AI/AN victims. If you have local or even regional statistics, you should use those in addition to or instead of the data used here.

- **Ask:**
 - ◇ Do any of the numbers there surprise you?
 - ◇ Did you know that dating abuse is so common among Native American teens?
 - ◇ Do you think your friends know that abuse between dating partners is so common?
 - ◇ What should you do when you think someone is being abused by their partner?³


4. Say Something

10-12 minutes, lecture/large group discussion, adult co-facilitator

- Refer students to “SAY SOMETHING” in the PM.
- When you see something abusive happening to a friend, the best thing to do is just to SAY SOMETHING. One of the reasons abusers continue to abuse is because they can get away with it—most of the time no one says anything to them. And one of the reasons victims stay in these relationships is they think it is normal—no one has said anything to make them think otherwise. The simple act of someone saying something and naming this behavior “abuse” is enough to get people thinking about how they treat the people around them.
- How do you know when to speak up? Relationships aren’t perfect. Everyone has fights, miscommunications, and rough times, so how do you know when a relationship is on the road to being abusive? The key is to know the warning signs, watch for a pattern, and then be willing to act if necessary. Trust your instincts. If you see or hear something that makes you feel uncomfortable or that you think crosses the line, chances are it’s a warning sign and should not be ignored.
- The other thing to do is talk to your friend about telling a counselor or getting help from another trusted adult. Dealing with an abusive partner is usually VERY hard to do, and even dangerous. Support your friend, but don’t get in the middle!
- Direct students to the Teenage Dating Bill of Rights and Pledge⁴ in the PM. Ask them to read through it, discuss it, and encourage them to make a stand on teen dating violence by signing the pledge. *(The pledge is for them; they don’t need to return it.)*

SAY SOMETHING!

- When you see abuse happening to a friend the best thing to do—believe it or not—is just to SAY SOMETHING. One of the reasons abusers continue to abuse is because they can get away with it—most of the time no one says anything to them. And one of the reasons victims stay in these relationships is they think it is normal—no one has said anything to make them think otherwise. The simple act of someone saying something and naming this behavior “abuse” is enough to get people thinking about how they treat the people around them.
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Teen Dating Bill of Rights and Pledge

I have the right:

- To always be treated with respect. In a respectful relationship, you should be treated as an equal.
- To be in a healthy relationship. A healthy relationship is not controlling, manipulative, or jealous. A healthy relationship involves honesty, trust, and communication.
- To not be hurt physically or emotionally. You should feel safe in your relationship at all times. Abuse is never deserved and is never your fault. Conflicts should be resolved in a peaceful and rational way.
- To refuse sex or affection at any time.
- A healthy relationship involves making consensual sexual decisions. You have the right to not have sex. Even if you have had sex before, you have the right to refuse sex for any reason.
- To have friends and activities apart from my boyfriend or girlfriend.
- To end a relationship.

I pledge to:

- Always treat my boyfriend or girlfriend with respect.
- Never hurt my boyfriend or girlfriend physically, verbally, or emotionally.
- Respect my girlfriend’s or boyfriend’s decisions concerning sex and affection.
- Not be controlling or manipulative in my relationship.
- Accept responsibility for myself and my actions.

Signature _____ Date _____

³ <http://www.seeitandstopit.org>

⁴ <http://www.loveisrespect.org/dating-bill-rights/digital-dating-bill-of-rights.html>

5. Making the Connection Back to STDs

3-5 minutes, large group lecture, adult co-facilitator

- Ask: Do you think someone who is being abused is at an increased risk for STDs, HIV, and teen pregnancy? Why or why not?
- The answer is yes, because a person who is being abused is often not in a position of power in that relationship, and often they cannot insist their partner use a condom.

6. Healthy Conflict⁵

10-15 minutes, large group lecture, adult co-facilitator

- In most relationships, there will be some conflict. Since no two people have the same wants, needs, values, and beliefs, at some point those differences will cause them to disagree.
- Conflict itself is not a problem. Confrontation and releasing one's feelings—even when negative—are healthy in any relationship. What causes the problem between two people is the way they choose to deal with the conflict.

Life is 10% what happens to you and 90% how you react to it.

- Most of us have never learned how to handle negative emotions in a positive or constructive way.
- Because many couples don't know how to handle conflict, they may get hostile, or defensive; they may hold back their true feelings and avoid talking about the issues. Eventually, they may pull away from each other and the relationship loses its meaning and importance.
- Refer students to "Healthy Conflict" in the PM.
- If some issue is bothering you, ask yourself these questions before you start a fight over it:

- ◇ Do I really have a valid complaint or am I just looking for a fight?
- ◇ Is my partner's behavior bad for the relationship? Or do I just want him or her to think or act the same way I do?
- ◇ What does this fight really mean to me? If I "win", what do I really win? Or will I just put more distance between us?
- ◇ Am I overreacting to the situation?
- ◇ How will my partner respond? Will taking a stand be worth the price I pay?
- ◇ Will my partner hear and understand my message the way I am saying it? Or am I too upset to make my point clearly?
- ◇ Point out the "Guidelines for a fair fight" (part of Healthy Conflict in the PM). Suggest they read through the list on their own time and come to you with any questions, concerns, or for clarification.

Healthy Conflict

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- Am I overreacting to the situation?
- How will my partner respond? Will taking a stand be worth the price I pay?
- Will my partner hear and understand my message the way I am saying it? Or am I too upset to make my point clearly?

Guidelines for a fair fight:

- Schedule your fights. This means when you both have time, when other people aren't around, and when you're both in the mood to handle conflict.

⁵ Patricia Kramer. *The Dynamics of Relationships: A Guide for Developing Self Esteem and Social Skills for Teens and Young Adults (Student's Manual—Book 1)*, 1985.

7. Resiliency & Protective Factors

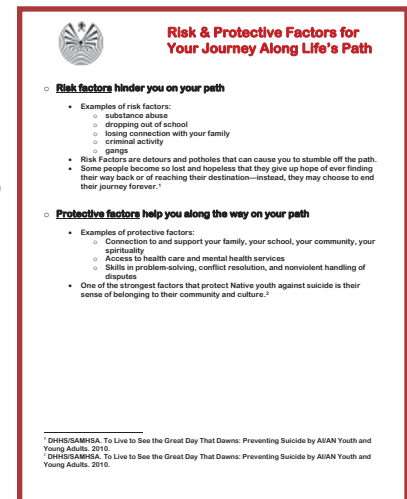
15-18 minutes, lecture/large group discussion, adult or teen co-facilitator

- Read:

We cannot be surprised when hard times come to us. We have to know how to face our problems and get through them. We can't lose our way when we have worries; we have to keep ourselves calm and steady. We can't let ourselves get scared or down. We need our energy to solve the problems, not to get too down about them.

--wisdom from an Inuit elder

- Ask: What this elder is talking about is resilience . . . does anyone know what that word means? Some definitions include:
 - ◇ The ability to keep, regain, and build hope, emotional wellness, and positive ways of coping through times of difficulties in life.⁶
 - ◇ Highly resilient people are even able to become stronger after difficult situations, because they develop confidence in themselves and learn new coping skills.⁷
- Ask: Why are some people able to cope and carry on under very stressful situations while others become overwhelmed and helpless?⁸
- Ask: Think back to the Man in the Maze activity we did at the beginning of Native STAND. What do you remember about the meaning of that symbol for the Tohono O'odham people? Answers may include:
 - ◇ The maze represents your journey through life.
 - ◇ The twists and turns represent choices made in life— with each turn, you become more understanding and stronger as a person.
 - ◇ At the center of the maze, you have a final opportunity to look back on your choices and the path you took to get to where you now are.
- Ask: What hinders and what helps you along the way on your path?
- Refer students to two resources in the PM: “Risk & Protective Factors for Your Journey Along Life’s Path” and :Cultural and religious beliefs & traditions that keep you on the path”. Review these two resources together



8. “You Rock!” Activity – Part 2

3-5 minutes, group activity, adult or teen co-facilitator

- Instruct students to remove their cards from their rings and to return each person’s card to them.
- When you get one of your own cards returned to you, place it on your ring. At the end, you should have one card from each participant.

⁶ National Aboriginal Health Organization. Resilience—Overcoming Challenges and Moving on Positively

⁷ Ibid.

⁸ Ibid.

- Even though they will be excited to read their cards, ask them to wait until the end of the session. (You're almost there!)
- Explain that these are theirs to keep, and they should read the cards from time to time when they're feeling down or when they want to affirm how wonderful they are.

8. Closing

3-5 minutes, large group, discussion, adult co-facilitator

- Answer any questions.
- Point out the Domestic Violence & Sexual Assault Resource List in the PM.
- Preview next session: Drugs & Alcohol
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

RESOURCES

Break the Cycle
<http://www.breakthecycle.org>
 A national nonprofit organization addressing teen dating violence.

Know the Red Flags
<http://www.knowtheredflags.org>
 Website created by a survivor of intimate partner violence; lists some common red flags of an abusive partner/relationship.

Maze of Injustice: The failure to protect indigenous women from sexual violence in the USA
<http://www.amnestyusa.org/women/maze/report.pdf>
 A report on sexual assault in Indian Country produced by Amnesty International.

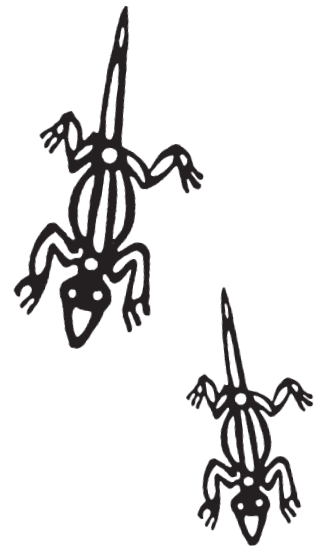
Love Is Not Abuse
<http://www.loveisnotabuse.com>
 Love Is Not Abuse has developed a teen dating abuse prevention curriculum, hand books and innovative research to help teens, teachers, parents, and domestic violence organizations. It is a project of Liz Claiborne Inc.

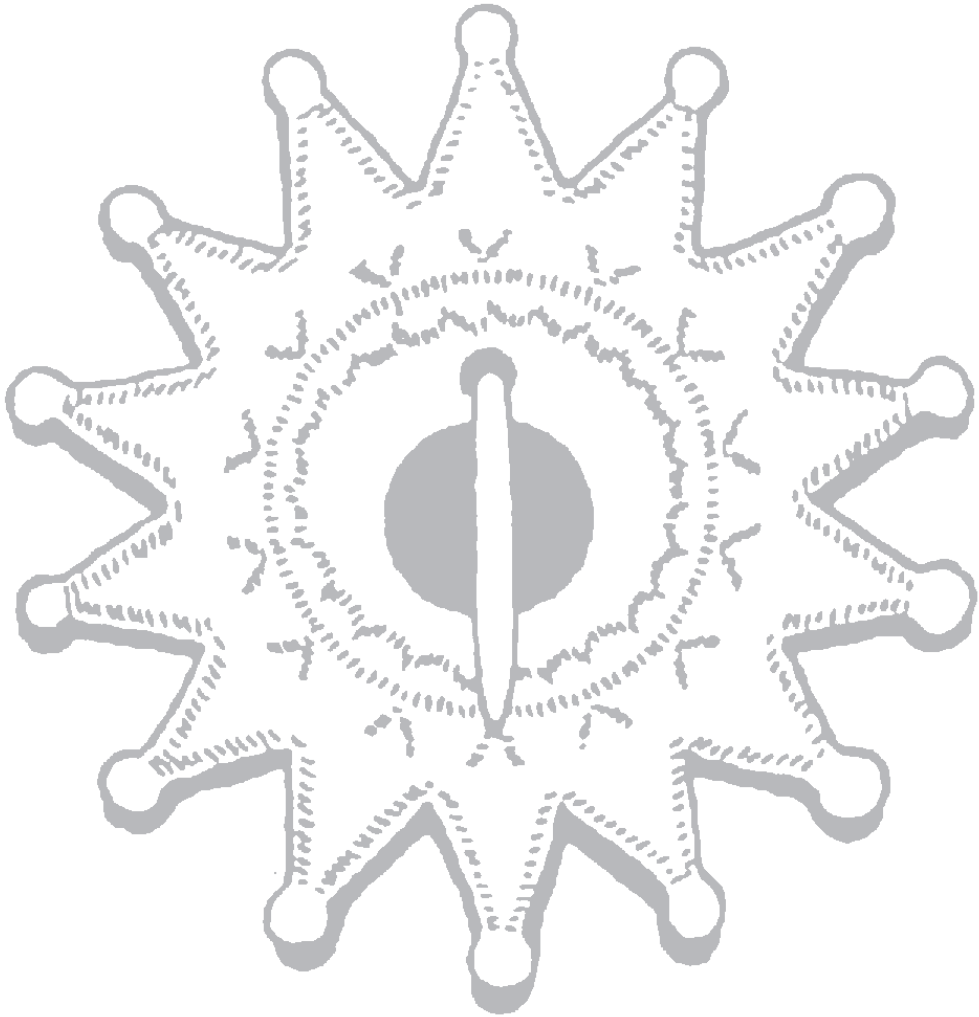
Love Is Respect
 1-866-331-9474 (National Teen Dating Abuse Helpline)
<http://www.loveisrespect.org>
 Provides resources for teens, parents, friends and family, Peer Advocates, government officials, law enforcement officials and the general public. All communication is confidential and anonymous. A project of Liz Claiborne, Inc.

Men Can Stop Rape
<http://www.mencanstoprape.org>
 Men Can Stop Rape mobilizes male youth to prevent men's violence against women. They strive to build young men's capacity to challenge harmful aspects of traditional masculinity, to value alternative visions of male strength, and to embrace their vital role as allies with women and girls in fostering healthy relationships and gender equity.

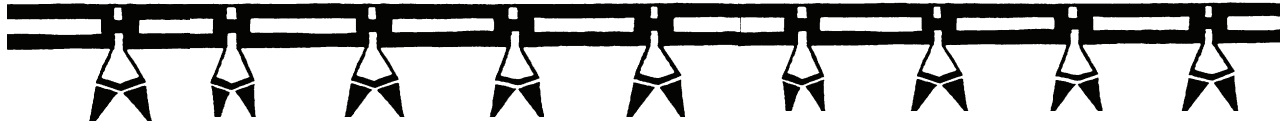
National Child Abuse Hotline
 1-800-4-A-CHILD—available 24/7
<http://www.childhelp.org>
 The hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social services, and support resources. All calls are anonymous and confidential. A project of Childhelp, a national non-profit organization dedicated to helping victims of child abuse and neglect.

NOTES





21: Drugs & Alcohol



Purpose:

To determine how drugs, alcohol and other substance use can increase the risk of STDs, HIV, and unplanned pregnancy.

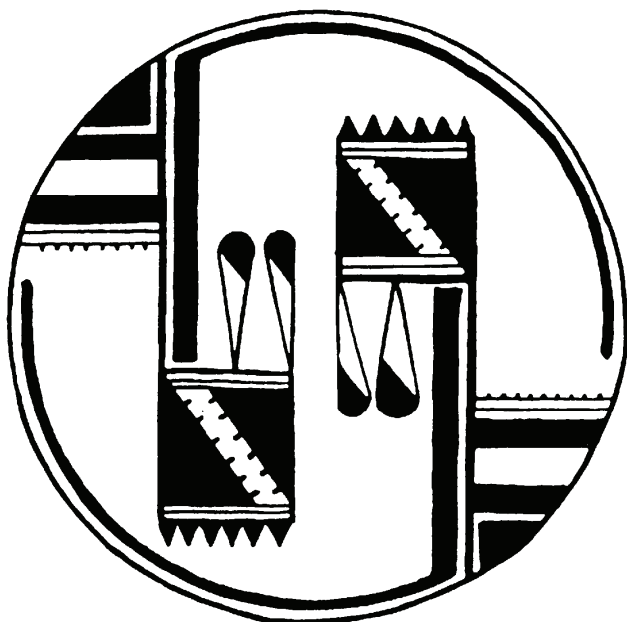
Stages of Change Process:

Getting information, involving emotions, thinking about how your actions affect others, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe how alcohol and drugs can increase the risk of STDs, HIV, and unplanned pregnancy.
2. Identify strategies to prevent high-risk behaviors when under the influence of drugs and/or alcohol.



Supplies/Materials:

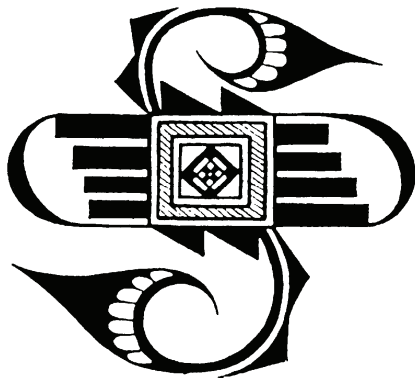
- Chart paper & markers
- 2 Barbie dolls with clothing and accessories
- 2 pairs of dishwashing gloves
- 2 pairs of goggles
- Vaseline
- Stopwatch
- Small prize for the winning team of Drunk Barbie activity (*optional*)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Drugs & Alcohol Myths & Statements	●		
Answers to Drugs & Alcohol Myths & Statements	●		
Additional Drug & Alcohol Facts	●	●	
Resources	●	●	

Preparation:

- Take some time to consider how to best address alcohol and drug use in your community. The students' maturity and degree of experience, and the extent to which alcohol and drugs are used and discussed in your community will impact how you address these issues.
- Display Words of Wisdom
- Set up laptop, computer with Internet connection, and screen for videos in activities #2 and #5.



1. Welcome/Overview

3-5 minutes, large group, adult facilitator

- Review Session 20: Healthy Relationships - Part 2.
- Answer any questions in the Question Box.
- Read Words of Wisdom and ask students to keep it in mind as you go through the session.
- Read today's WOW.

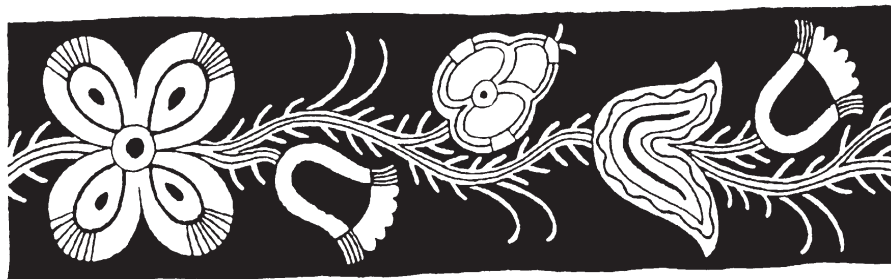
Touch not the poisonous firewater that makes wise men turn to fools and robs the spirit of its vision.

Tecumseh, Shawnee, c. 1800

2. Intro to Drugs & Alcohol

10-15 minutes, large group discussion with adult or teen co-facilitator, video clip

- In the past few sessions, we've spent a lot of time talking about very intense and emotional things. We've talked a lot about things you can do to deal with stress and depression and how you can tell whether you are in a healthy relationship. A lot of what we've been talking about centers around the need for you to feel confident to make decisions that are in your best interest. It's important to know what you need and want—and what you don't need and don't want—and to be proactive and confident in making your needs and wants known.
- Today we are going to talk about another important issue: alcohol and drug abuse. Youth often end up using drugs and alcohol because of peer pressure—because they don't know how to say “no” to their friends. In a future session we're going to learn some important strategies to communicate and negotiate in situations where peers may be pressuring you to do something you're not ready to do.
- Today, we are going to talk about the physical and mental effects of drugs and alcohol and how being drunk or high can put you at greater risk for getting an STD, HIV, or pregnant.
- Show Longhouse Media/Native Lens video on drugs and alcohol (6:20 minutes).
- Briefly discuss reactions to the video clip.



3. Drunk Barbie

20-25 minutes, competing teams, adult or teen co-facilitator

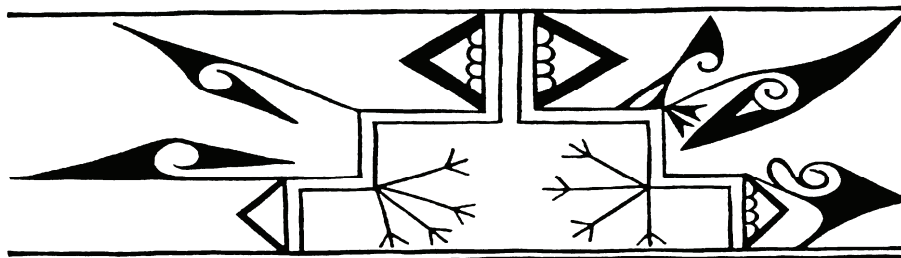
- Post chart paper to record times for each team.
- Divide students into two teams. Each team will select three members to represent them for this activity. Before you begin the activity, assign those team members numbers 1-3. (Do this before they realize what they are in for!)
- Each team gets a fully-dressed Barbie doll. Be sure there are small details included in the Barbie's' outfits such as a belt, shoes, jewelry, hairpieces, etc.
- The 1s will undress and dress their Barbie as fast as they can. They are not done until each article of clothing and each accessory is perfectly placed. Use a stopwatch to time each team.
- Next, explain that the 2s have been out to a party and each has had 1-2 drinks each. They will put on dishwashing gloves to undress and dress the Barbies. Time them and record the finish times for each.
- Next, explain that the 3s have been out partying and each has had 3-4 drinks. These guys are drunk. They will use the dishwashing gloves as well as goggles with Vaseline smeared on the lenses. Time them undressing and dressing the Barbies and record the finish times for each.
- Direct the students' attention to the chart paper. Point out how each pair of competitors got slower and sloppier as they drank more alcohol.
- Explain that the gloves demonstrated how drinking alcohol can impair motor skills. The goggles demonstrated how drinking alcohol can blur vision. These effects can make everything from driving to putting on a condom much more difficult and dangerous.
- Have a small prize for the winning team. *(Optional)*



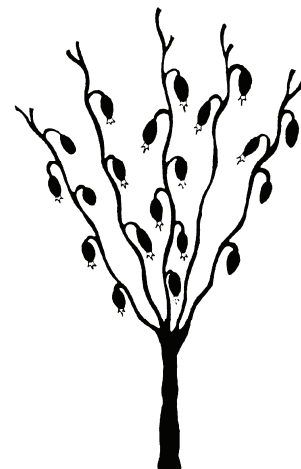
4. Effects of Drugs and Alcohol on Sexual Behavior

5-8 minutes, large group, adult facilitator

- Ask: How do you think using drugs and alcohol affects sexual behavior?
 - ◇ Relaxes sexual inhibitions.
 - ◇ Enhances romantic and sexual feelings.
 - ◇ Increases likelihood that intercourse will occur during adolescents' and college students' first dates.
 - ◇ Increases risk-taking behaviors.
 - ◇ Impacts ability to communicate clearly.



- Ask students if they know anyone who suffered negative sexual consequences as a result of drugs and alcohol such as:
 - ◇ They were influenced by alcohol or drugs to do something sexual.
 - ◇ They worried about STDs or pregnancy as a result of something they did sexually while drinking or using drugs.
 - ◇ They have used alcohol or drugs to feel more comfortable with a sexual partner.
 - ◇ They have had unprotected sex because they were drinking or using drugs.
 - ◇ They blacked out and were raped.
- Explain that many teens and young adults think that if they just drink once in awhile, on the weekends, out with their friends then they will not have any problems as a result of drinking. Explain the concept of bingeing: the consumption of several drinks in a row (5 drinks for men, and 4 for women) in a short time period. Emphasize the fact that binge drinking can especially impair decision-making and that social drinking does not make someone immune to the effects of alcohol.
- What should you do if you are drinking or using drugs and a situation comes up where you might have sex? (Brainstorm. Responses might include: have an agreement with my friends that they won't let me have sex with anyone while I'm high/drank, have a condom on hand and use it.)



5. **Myths & Facts About Drugs²**

30-35 minutes, two competing teams, adult facilitator

- This game will test the students' knowledge about drugs and their effects on health.
- Before the session begins, cut out the Myth & Fact Statements from the RM, fold them in half twice, and place them in a box or other similar container.
- Hang a piece of chart paper with two columns to keep track of the teams' scores.
- Divide students into two teams and have them line up on opposite sides of the room.
- Individual team members will take turns drawing statements about drug use from the container. Some of the statements are true and some are myths.
- After reading the statement aloud, the team member will consult with their entire team on the best answer. (Determine the maximum allowed time to come up with an answer [30-60 seconds] and make the teams adhere to the limit.)
- Teams will get 1 point each for a correct answer and an additional 1 point per answer if they provide information on why the statement is a myth or fact.
- When teams don't know the right answer, provide additional information from the Myths & Facts About Drugs Answers located in the RM.

Drugs & Alcohol Myths & Fact Statements	
1. Caffeine is the most widely used drug in the world.	2. It is rare for a teenager to be an alcoholic.
3. One out of every five people in the U.S. die from causes linked to cigarette smoking.	4. When people stop smoking cigarettes, they can reverse some of the damage to their body.
5. Babies exposed to secondhand smoke after birth have double the risk of Sudden Infant Death Syndrome (SIDS).	6. Drug addiction is a voluntary behavior.
7. Marijuana is not harmful because it is natural and comes from a plant.	8. You have to "huff" a lot of fumes (like glue, paint, gasoline, etc.) before it can hurt you.
9. Hallucinogens (like acid and "magic mushrooms") can affect you for a long time after taking them.	10. Methamphetamine is less harmful than crack, cocaine, and heroin.
11. Smoking marijuana is less dangerous than smoking cigarettes.	12. Beer and wine are safer than liquor.
13. Half of Native Americans over 12 years old currently use tobacco more than any other racial/ethnic group.	14. Taking someone else's prescription drugs is safer than taking illegal drugs, like cocaine or heroin.

² Adapted from Advocates for Youth Life Planning Education

- Repeat with the second team and alternate until everyone on both teams has had a turn.
- Have a small prize for the winning team. (Optional)
- Conclude the activity with these discussion points:
 - ◇ What other drugs or substances do your friends talk about using?
 - ◇ What other myths have you heard? Which ones do your friends still believe?
 - ◇ Which facts surprised you? Which myths?
 - ◇ Which myths are most harmful? Why?
 - ◇ How can you help friends who do not have accurate information about drugs and drug use?

OPTIONAL - Wrecked (IF TIME ALLOWS)

15-20 minutes, video clip, large group discussion with adult or teen co-facilitator

- Play the “Wrecked” video on Check Yourself (10:43 minutes) (<http://www.checkyourself.com/wrecked/aboutWrecked.aspx>)
- Briefly discuss reactions to the video clip.

6. Closing

3-5 minutes, large group, adult facilitator

- Refer students to the Resource List and additional information on drugs and alcohol. They should review the information on their own and bring any questions to the next sessions.
- Preview next session: Negotiation & Refusal Skills.
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.

Additional Drug & Alcohol Facts

What counts as 1 drink?
 $\frac{1}{2}$ ounce (oz) of alcohol = 1 standard drink =



5-oz shot of liquor

alcohol?

...e system, and
 ...become more
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RESOURCES

Alcohol & Substance Abuse Treatment Locator
<http://www.samhsa.gov>
 Online resource for locating drug and alcohol abuse treatment programs sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Check Yourself
<http://www.checkyourself.com>
 Teen-friendly site includes basic information, true stories, Q&A, quizzes, decision-making online games, and more. Developed by the Partnership for a Drug-Free America.

The Cool Spot
<http://www.thecoolspot.org>
 Youth-friendly, interactive website that gives teens a clearer picture about alcohol use among their peers and helps to develop skills to resist pressure to drink. Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Go Ask Alice: Alcohol & Other Drugs
<http://www.goaskalice.columbia.edu/ask.html>
 Columbia University's health Q&A Internet site.

NIDA for Teens
<http://teens.drugabuse.gov/facts/index.asp>
 Teen-friendly site with drug facts, Q&A, brain games, true stories. Developed by the National Institute on Drug Abuse.

TeensHealth
http://www.teenshealth.org/teensdrug_alcohol
 Website created for teens looking for honest, accurate information and advice about health, relationships, and growing up. Developed by Nemours, a leading pediatric health system.

Tips for Teens: The Truth About Alcohol
<http://nicat.samhsa.gov/resources/0424>
 A component of the Substance Abuse and Mental Health Services Administration's (SAMHSA) national clearinghouse for alcohol and drug information.

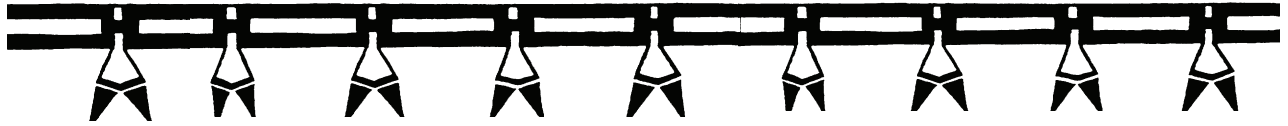
Too Smart to Start
<http://www.toosmartostart.samhsa.gov>
 A public education initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) to prevent underage alcohol use.



NOTES



22: Negotiation & Refusal Skills



Purpose:

To encourage Native STAND members to be firm in their beliefs and to communicate their needs assertively when responding to peer pressure.

Stages of Change Process:

Using substitutes, making a commitment

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Explain the difference between passive, assertive, and aggressive communication.
2. Explain the importance of using body language that matches your words.
3. Identify communication norms specific to your tribe.
4. Identify three effective refusal techniques.
5. Use the three refusal techniques effectively.
6. Respond assertively to peer pressure to engage in unwanted activities (gossip, cruelty, drinking, drugs, sex, etc.).
7. Provide effective “comebacks” to common sexual pressure lines.

Supplies/Materials:

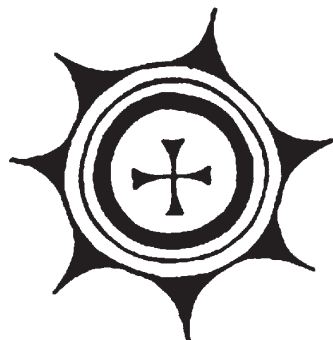
- None

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Assertive, Aggressive & Passive Communication Styles	●	●	
Three Refusal Techniques	●	●	
Pressure Lines	●	●	
Pressure Lines with Assertive Responses	●		
Condom Negotiation Scenarios	●	●	

Preparation:

- Display Words of Wisdom



1. Welcome/Overview

5-8 minutes, large group, adult facilitator

- Review Session 22: Drugs & Alcohol – specifically review information in PM that wasn't covered in the actual session.
- Answer any questions in the Question Box.
- Read the WOW.



Those who know how to play can easily leap over the adversaries of life.

Igulik

- Introduce today's topic: Negotiation & Refusal Skills.
- Read this scenario:

You're hanging out at the park with some of your friends. A kid you know from school walks by. Your friends don't like this guy, and they start calling him names, making fun of his clothes, etc. You don't have anything against him.

- Ask for ideas about how students might respond.
- Explain that sometimes with friends and boyfriends/girlfriends it can be difficult to know how to respond when you are not comfortable with a situation.
- Explain that today they will learn ways to communicate to make these situations easier to deal with.

2. Communication Styles

10-12 minutes, large group lecture, adult facilitator

- Refer students to Assertive, Aggressive & Passive Communication Styles in the PM.
- Ask for volunteers to read the three styles.

Assertive, Aggressive & Passive Communication Styles

Assertive Speech and Behavior

- Speech and Voice
 - Honest statements, direct and to the point
 - Smooth, flowing speech pattern
 - Clear, firm, relaxed voice that is loud enough to hear but not too loud
 - Voice not monotonous
 - Eyes open, with direct, comfortable eye contact, but not staring
- Posture
 - Well-balanced, straight on; sitting or standing tall but relaxed
 - Hands relaxed motions; appropriate gestures
- Examples of Assertive Behavior
 - Giving compliments, accepting compliments
 - Asking for what you want, being willing and able to take "no" for an answer
 - Saying "yes" or "no" to requests, according to what you have decided is best
 - Controlling your temper when people get angry... so that you might yell, but you wouldn't use putdowns, threats, or violence to get your way



Aggressive Speech and Behavior

- Speech and Voice
 - Loaded words and generalizations that start fights (such as "always" and "never")
 - You messages (such as "You are so...")
 - Superior or putdown words (such as "prude," "wimp" or "stuck" etc.)
 - Sarcasm (such as "I guess you never stole anything!")
 - Tense, loud voice or cold, clearly quiet voice
 - Eyes narrowed, cold, staring, not really seeing you
 - Rolling the eyes, refusing to look at you
- Posture
 - Hands on hips; feet apart; back turned; stiff and rigid
 - Hands clenched; fist pounding; finger pointing; abrupt gestures
 - Violent (throwing, grabbing, poking, etc.)
- Examples of Aggressive Behavior
 - Putdowns, name calling, interrupting, demanding, giving orders
 - Just taking things (touch, etc.) without asking, violence
 - Ignoring you; hanging up the phone on you; walking away when you're talking

3. Non-Verbal Communication/Body Language

3-5 minutes, large group activity, adult or peer co-facilitator

- There are plenty of verbal ways to say “no”, but there are also skills you can develop that will help you show that you mean “no”.
- An important skill is knowing how to look when you say “no.” If you know how to look, you can become more effective whenever you say “no” in a situation where you are being asked to do something you don’t want to do.
- For example, avoid “nervous” gestures or mannerisms, such as: wringing hands or continuous shuffling of positions. (Demonstrate these mannerism as you talk.) These send the nonverbal message that you are insecure in your decision.
- Facial expressions, body movements, hand gestures, should all reflect your verbal message—firm and self-assured. Make eye contact—look directly at the person, do not stare at the floor or the ceiling.
- Questions for Discussion:
 - ◇ Why do you think it matters how you look when you say “no”?
 - ◇ Why do you think it would be important to avoid making excuses or trying to explain why you are saying “no”?

4. Communicating in Your Culture

3-5 minutes, small groups/large group activity, adult or peer co-facilitator

- Does your culture, family, or community have rules or expectations about communication—maybe for males or females—or for youth and elders?
- Can you think of any situations where it would be especially important (or hard) for you or a member of your community to stand up for yourself without being seen as disrespectful? If so, what could you do to communicate your thoughts and intentions more effectively?



5. Refusal Skills

3-5 minutes, large group, discussion, adult facilitator

- Explain: Refusing what you don’t want, or saying “no,” is sometimes really hard to do. Saying “no” can sometimes be easy if you don’t care about how the other person feels about you, but it can be tough with peers.
- Ask: What things can you think of that teens sometimes get pressured into by their friends or girlfriends/boyfriends that are REALLY hard to say “no” to? (Responses may include alcohol, drugs, sex.)
- Explain: Today we are going to learn effective ways to say “no” for things like that and not hurt the relationship with the other person.
- If you have decided you do not want to have sex, saying “no” to a boyfriend or girlfriend who wants to have sex can be really hard to do if you don’t want to break up—especially if you have some mixed feelings about it yourself!

6. Three Refusal Techniques¹

18-20 minutes, large group activity, three pairs of volunteers, adult or peer co-facilitator

- Refer students to Three Refusal Techniques in the PM.

1-Broken Record—say “NO” and just keep repeating

- Explain that the first technique is to say “NO” and to keep repeating it. Read this dialogue aloud to the students:

My mom’s not home. Wanna come over?

No.

C’mon, we won’t get another chance like this for a long time.

No, I’m not going to come.

But I really, really want you to. It means a lot to me.

No.

- If you keep saying “no” firmly enough, and clearly enough, the other person will usually get the message. Whatever you do, don’t get tricked into giving a list of reasons, and don’t give into threats.
- Read this situation to the students and let them know you are going to be coming back to this throughout the activity.

Jo invited Toni over after school.

They’re watching TV and having a snack when Jo’s mother comes in and says: “Jo, your brother called. He forgot his basketball shoes. I’m going to take his shoes to school and then stop at the store. I’ll be back in about an hour and a half.”

After Jo’s mother leaves, Toni starts to come on to Jo: “Now’s our chance. I’ve wanted to make it with you for so long.”

Toni moves closer to Jo.

Jo says “no.”

- Ask two volunteers to act out what happens when Toni keeps pressuring Jo and she uses the technique of saying “no” over and over again.

Three Refusal Techniques¹

1. Broken Record—say “NO” and just keep repeating it

My Parents aren’t home, how about coming over?

No.

C’mon, we won’t get another chance like this for a long time.

No, I’m not going to come.

But I really, really want you to. It means a lot to me.

No.

- If you keep saying “no” firmly enough, and clearly enough, the other person will usually get the message. Whatever you do, don’t get tricked into giving a list of reasons, and don’t give in threats.

2. Take the Offensive/Reverse the Pressure—tell the other person clearly what you think or how you feel

My parents aren’t home. Wanna come over?

Uh...no.

Please...

No, I don’t want to put myself in the position of being limited to do something I would later regret. So I am not going to come over.

- If they continue to pressure you, you can also simply tell the other person clearly how their continuous pressure makes you feel.

When you keep asking me to come over—after I already said no—it makes me feel like you don’t care about how I feel, just about what you want.

But I really want you to come over.

When you keep pressuring me like this, it makes me feel angry with you. You’re asking me to do something I don’t want to do. I already told you “no” and that makes me feel that you don’t respect my right to say “no”.

¹ Adapted from the Postponing Sexual Involvement Curriculum

2-Take the Offensive/Reverse the Pressure—tell the other person clearly what you think or how you feel. Read this dialogue aloud to the students:

My mom's not home. Wanna come over?

Uh...no.

Please . . .

No. I don't want to put myself in a position where I'll be tempted to do something I'll regret later. So I am not coming over.

- If they continue to pressure you, you can also simply tell the other person clearly how their continuous pressure makes you feel. Read this dialogue aloud to the students:

When you keep asking me to come over—after I already said no—it makes me feel like you don't care about how I feel, just about what you want.

But I really want you to come over.

When you keep pressuring me like this, I get really angry with you. You're asking me to do something I don't want to do. I already told you 'no' and you're making me feel like you don't respect my right to say 'no'.

- You can reverse the pressure by questioning them about why they continue to pressure you after you have told them what you think or how you feel. Read this dialogue aloud to the students:

But if you really cared about me, you'd come over.

You know, if you really cared about me, you'd stop pressuring me. I already told you 'no'. What are we really talking about here? Whether I care about you or whether I'll give in to what you want?

- Now tell students you are going to change the situation.

Remember that Jo and Toni are at her house listening to music and having a snack when Jo's mother tells them that she has to go out and won't be back for about an hour and a half.

Now let's say that after Jo's mother leaves, it's Jo that starts coming on to Toni.

Jo says, "This is what I've been waiting for—a chance to be alone with you and find out what you're like in bed. Come on, let's do it."

Toni says, "No, I really don't feel I should do that."

Jo keeps pressuring Toni and Toni keeps saying “no”.

Finally Toni tells Jo how her continued pressure makes him feel.

- Ask for two different volunteers to act out the situation. Tell them to act out what happens when Jo pressures Toni and Toni tells Jo how it makes Toni feel.

3-Walk Away—simply refuse to discuss the matter any further. Read this dialogue aloud to the students:

You keep saying ‘no’. Please come.

Look, I’m not going to talk about it anymore.

But ...

I’ve already told you I’m not going to come over. That’s all there is to it.

- If necessary, you can just remove yourself from the situation. Just walk away.
- Now tell students you are going to change the situation back to the way it was in the beginning.

Remember that Jo and Toni are at her house hanging out when Jo’s mother tells them that she has to go out and won’t be back for about an hour and a half.

After Jo’s mother leaves, Toni starts to come on to Jo.

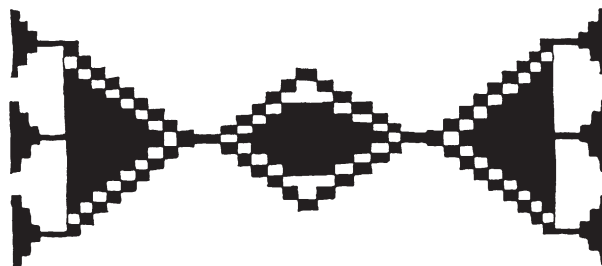
Toni says, “This is the chance we have been waiting for. I’ve wanted to make it with you for so long.”

Toni moves closer to Jo.

- Ask two new volunteers to act out what happens when Toni pressures Jo and when Jo doesn’t want to discuss the matter any further.

Putting It All Together

- Now let’s see how to use all three techniques together. Read this dialogue aloud to the students:



My mom's not home. Wanna come over?

No, I don't want to.

Oh, come on, please.

No.

Just for a little while.

This pressure is really making me uncomfortable.

If you really cared about me, you'd come over.

*If you really cared about me you'd back off. What are we talking about?
Whether I care about you or whether I will give in to you?*

Relax, don't be so uptight.

Look, I'm not going to talk about this anymore. I told you 'no' and that's all there is to it.

- Debrief with students. What do they think about those techniques? Can they see themselves using them?

7. Pressure Lines

15-20 minutes, small group then large group activity, adult or teen co-facilitator

- Direct students to Pressure Lines in the PM.
- Point out that these are lines that people sometimes use to pressure other people into doing what they want, like drinking, having sex, or having sex without a condom.
- Ask students to work individually to come up with assertive replies to each one (not aggressive). Remind them that you want to clearly state your position without hurting the other person's feelings or your relationship.
- Reconvene the large group and ask students to share some of their responses.
- Affirm assertive responses. If students come up with less appropriate responses, help them identify whether they are aggressive or passive and help them come up with assertive responses.
- Sample assertive responses are included in the RM.

Pressure Lines

1. Line: C'mon . . . everybody's doing it.
Reply:
2. Line: If you love me, you'll have sex with me.
Reply:
3. Line: If you won't have sex with me, then I don't want to see you anymore.

Pressure Lines With Assertive Responses

1. Line: Everybody's doing it.
Reply: Well, I'm not everybody, I'm me. Besides, I don't really believe everybody is doing it.
2. Line: If you love me, you'll have sex with me.
Reply: If you love me, you'll respect my feelings and not push me into doing something I'm not ready for.
3. Line: If you won't have sex with me, then I don't want to see you anymore.
Reply: Well, if that's the way you feel, I'm going to miss seeing you, but that's the way it's going to be.
4. Line: I know you want to do it, you're just afraid of what people will say.
Reply: If I wanted to, I wouldn't have said no.
5. Line: I just want to see how it feels without a condom on. Don't worry, I'll pull out.
Reply: I'm uncomfortable with that. I want to use a condom.
6. Line: I want to marry you someday.
Reply: Marriage is a long way off for me. There is a lot I want to see and do. I want to wait until I'm older to have sex.
7. Line: We had sex before, so what's the problem now?
Reply: I have the right to change my mind. I want to wait until I am older to have sex.
8. Line: You don't want people to think you're not a man (woman), do you?
Reply: Having sex does not prove that you are a man (woman). It's not for me right now.
9. Line: Don't you want to try it to see what it's like?
Reply: I think that is a pretty poor reason to have sex, pretending to care, just so that you can see what it is like. No thanks.
10. Line: But since you are on the pill, we really don't need to use a condom too.
Reply: I want to have the safest sex possible and for me that means using two types of contraception.

8. Negotiating Condom Use

22-25 minutes, small groups, adult facilitator

- Introduce this activity by saying that for some people and some situations, one liners like those in Pressure Lines won't work to negotiate a sensitive subject with a partner, like condom use.
- Note that negotiating for what you want—like using condoms—is sometimes even harder than refusing something you don't want. This is where you really have to practice your assertive communication skills.

- Remind the group that assertive communication skills include asking clearly for what you want—directly and firmly—without calling names, using put downs, or blaming.
- Divide the students into small groups and refer them to the Condom Negotiation Scenarios in the PM.
- Working in small groups, they should read through the four scenarios and choose one or two to act out among themselves.
- When the groups have had time to act out 1-2 scenarios, reconvene the large group.
- Ask how they felt doing this activity. Did they feel confident in their ability to bring up the issue of condoms and to negotiate using condoms with their partners? What were some especially good arguments that both sides came up with to use or not to use condoms? Were they able to use assertive statements without being aggressive or passive? What are some things people said that were especially good or effective?

Condom Negotiation Scenarios

Hot Babe

It's Friday night and you are at a party at your friend's house. You've been flirting with Hot Babe all night. Everyone is drinking and getting crazy. You are dancing up close with the Hot Babe and the temperature is starting to rise. The two of you decide to step outside and get some fresh air. You start to make out and before you know it, you are starting to get down to business. You have a condom in your pocket. How will you talk to Hot Babe about this?

Snookems

You have been with your partner, Snookems, for four months. You've been having sex for the past two months. You are in love with each other, so you really don't think there are other sex partners involved on the side. You haven't been using condoms, but now you learned in Native STAND that there are lots of STDs you can get from the other person without them even knowing they gave anything to you. You don't want to get an incurable STD or HIV, so you think you should start using condoms. How will you talk to Snookems about this?

Nice Guy

You are just starting to date this Nice Guy you met at school. You've gone to the movies a few times and held hands. He kissed you goodnight once. He seems like a really Nice Guy and everything is going nice and slow. Now he's asked you to go camping this weekend. You are excited, but nervous that something more might happen between you. You are very serious about protecting yourself and always use condoms. How will you talk to Nice Guy about this?

Overly Friendly

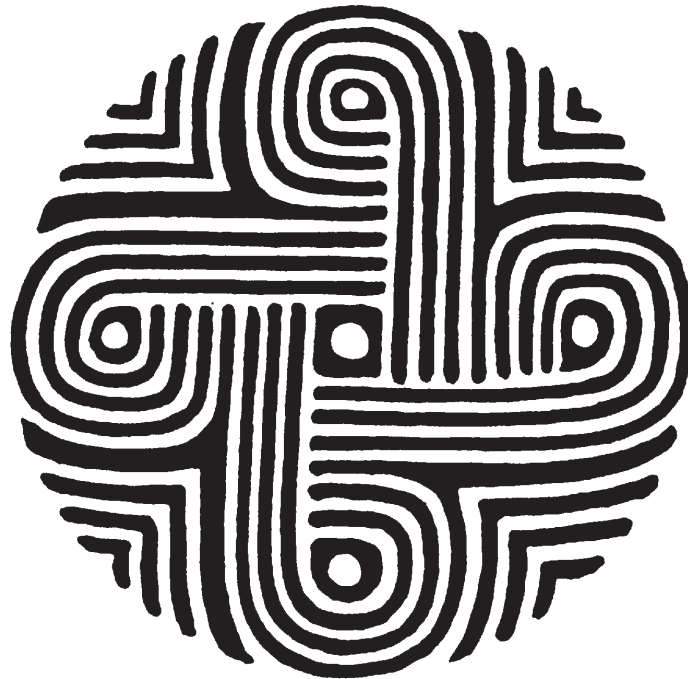
You got high at a party and ended up in the back seat of your car with Overly Friendly. Overly Friendly wants to give you oral sex. You tell Overly Friendly that you need a condom (or a dental dam) for that, but Overly Friendly insists you can't catch anything from oral sex. What will you tell Overly Friendly?



9. Closing

3-5 minutes, large group, adult facilitator

- Preview next session: Decision Making
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

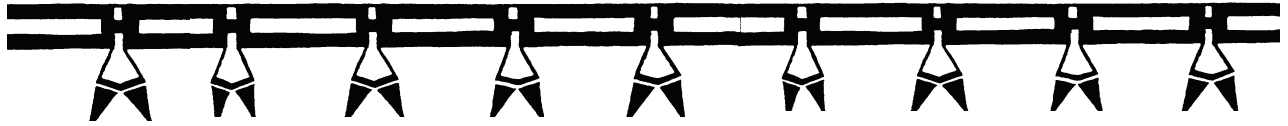


NOTES





23: Decision Making



Purpose:

To encourage Native STAND members to focus on the importance of their life goals and consider how sexual involvement could impact achieving those goals; to learn to apply a decision-making strategy; to encourage Native STAND members to make decisions about their sexual behavior when they are not under pressure; to provide positive peer role models.

Stages of Change Process:

Involving emotions, building self-confidence, getting support from others, making a commitment

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Describe the limitations of using the Feel-Act Decision-Making Method.
2. Describe the steps in the STAR decision-making method.
3. Apply the STAR method to a personal decision.
4. Make an explicit written personal commitment about sexual behavior boundaries that will eliminate or reduce their risk.

Supplies/Materials:

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Feel-Act Scenarios	●	●	
STAR Decision-Making Method	●	●	
"I Promise"	●	●	

Preparation:

- Display Words of Wisdom





1. Welcome/Overview

3-5 minutes, large group activity, adult co-facilitator

- Review Session 22: Negotiation & Refusal Skills
- Answer any questions in the Question Box
- Introduce today's session.
- Read the WOW.

**You already possess everything you need to
become great.**

Crow

2. The Feel-Act Method of Decision-Making

8-10 minutes, adult facilitator role play, large group activity, adult or peer co-facilitator

- The facilitators will “perform” this role play, “Lee and Lee”. It’s supposed to be funny and “over-the-top”, so have fun with it!
- Introduce it by setting the stage: Lee and Lee have been going out for three months, and, although taking it slow, they’ve been getting closer to having sex. They’re sitting on the sofa together. Music is playing. Lee and Lee begin to get down to some serious kissing and touching.

Lee: Don’t, Lee. Let’s stop.

Lee: Why?

Lee: I don’t know. I don’t think I’m ready for this. And we don’t have anything to . . . you know . . . protect us.

Lee: *Being ready just means we love each other. You do still love me, don’t you?*

Lee: You know I do, but what if something happens? What if I get pregnant?

Lee: *We could handle having a baby. It would look just like you—we could name it Lee. That would be so cool!*

Lee: Oh, Lee, I don’t know . . .

Lee: *Listen don’t worry about getting pregnant. I can stop before anything happens.*

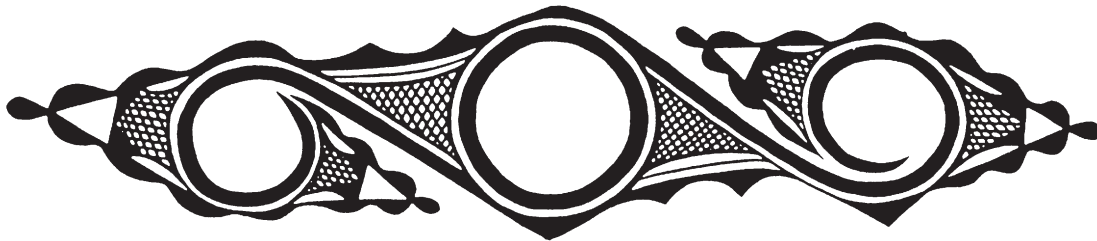
Lee: My cousin told me that doesn't work.

Lee: Listen, don't worry about getting pregnant. Mark and Lisa are doing it and Lisa's not pregnant, right? You think they're using anything? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if somebody wasn't looking out for us?

Lee: (Laughs and kisses Lee) I really do love you, Lee. You're right—we're two lucky people.

Lee: (Moaning) Oh, baby!

- After the laughter dies down (hopefully there will be laughter), tell the group that Lee and Lee went ahead and had sex without using birth control. And—even though Lee said he could stop in time and that he was lucky—Lee did get pregnant. She had the baby the night of the sophomore dance, but neither Lee went to the dance.
 - ◇ Lead a discussion:
 - How did Lee and Lee make the decision to have sex? Did they think through their actions? Or did they act on feelings? (Answer: Feelings)
 - We call this method of decision-making the “Feel-Act” method. Why would we call it this?
 - * People get a feeling and they act on it without clearly thinking it through.
 - * You make choices based on how you feel in the moment.
 - * These decisions are impulsive and do not take short or long-term consequences into consideration.
 - Ask: What kinds of things might you do if you make decisions in this manner? Can anyone think of an example of a time when they made decisions in this way? What happened, or might have happened, as a result of that decision?



3. Feelings and the Feel-Act Method

10-15 minutes, small groups/pairs, adult facilitator

- Introduce topic: It's important to identify what we are feeling and how our feelings might guide the decisions we make.
- Divide students into three small groups. (If the group is very large, make six small groups.)
- Refer them to Feel-Act Scenarios in the PM. Assign each group one of the scenarios.
- Ask students to think about and discuss what the person in each scenario might do if they make a decision in the moment, based on their feelings at that time.

Feel-Act Scenarios

1. Linda had a really bad day. She got a C on her Biology exam, even though she had studied really hard. Her best friend Casey got mad at her because she couldn't go to her birthday party. She was late to pick up her little brother from school and now her mom is mad at her too. She can't seem to do anything right. She feels as though she has disappointed everyone and so nobody cares about her.
John, a boy in her math class who is kind of annoying and not that attractive, keeps trying to talk to her. He calls her today and says his parents are not home and asks if she would like to come over. He says he thinks she is really sexy and would love to spend time just with her to get to know her better. Even though she doesn't really like him, it feels so nice to hear him say those things.
2. Ramon and Jerri have been going out for a few months. Ramon has wanted to have sex with Jerri for a long time. They started talking about having sex recently and decided they would do it tonight and use a condom because they don't want to worry about anything. Ramon just bought some condoms at the store this afternoon and now they are driving about 30 minutes away to a party at Mia's house because his parents will not be there. Ramon and Jerri go off to a room and start making out and getting really turned on. One thing leads to another and they are naked and ready to have sex. Ramon reaches into his jeans pocket where he thought he put a couple of the condoms he bought today. The condoms are not there!
3. Alexis and Grace drive out to the woods one night with Grace's older brother's friends. Some of the guys have brought some beer. Alexis does not want to drink and no one seems to mind. They hang out for a while talking, telling stories, and having fun. Alexis starts talking to one of Grace's brother's friends, Andy, and they really hit it off. Eventually it is time to go and they all start getting into the car to head home. Grace's brother gets into the driver's seat, even though he has had several beers. Alexis tells Grace that she feels uncomfortable riding with her brother driving. Grace gets upset and tells Alexis that if she doesn't want to come, she can stay alone in the woods. Alexis does not want her friend to be mad at her and she does not want to look stupid in front of Andy.

- When each group has had a chance to read and discuss the scenario, lead a discussion:
 - ◇ What are the individuals in the scenarios feeling at the moment?
 - ◇ How will their feelings at that moment impact their decisions?
 - ◇ What will they decide to do if they use the Feel-Act method of decision-making?
 - ◇ What would most people do and why? (*They would let their feelings sway their actions.*)

4. Using the STAR Decision-Making Method

8-10 minutes, large group lecture, adult co-facilitator

- Introduce the topic by discussing the relevance of stars in Native American cultures.
 - ◇ Many tribes traditionally have looked to the skies and used the movement of the stars, the moon and the sun to guide the timing of ceremonies, agricultural activities, and other important tribal events.
 - ◇ Although each tribe has a unique creation story, in many of them, first man and first woman were created from stars, the moon, and the sun. For example, Pawnees believe that the first human, a female, came from the union of the Morning and Evening stars, and that the first male came from the Sun and Moon.¹
 - ◇ In other tribes, the stars guide tribal laws, practices, and decision-making processes. For example, in a traditional Navajo story, First Woman uses the stars to write the laws that govern the Navajo people:

“I will use these to write the laws that are to govern mankind for all time. These laws cannot be written on the water as that is always changing its form, nor can they be written in the sand as the wind would soon erase them, but if they are written in the stars, they can be read and remembered forever.”²

- In Native STAND, we will use the STAR Decision-Making Method. Refer them to STAR Decision Making in the PM and ask them to follow along as you explain the method.

STAR Decision-Making Method

STAR is an acronym for the steps of this decision-making model: Stop, Think, Act, and Review.

1. **Stop:**
 - Take time out to collect your thoughts before making a decision.
2. **Think:**
 - Identify the problem.
 - Ask: What is the most important goal? *For example, is taking the risk getting pregnant and having a baby right now important or is going to college or being true to your values more important?*
 - Generate alternatives: *For example, could we only go out on group dates for a while, can I have an honest discussion with my partner and share my decision not to have sex until I'm older?*
 - Evaluate your choice: What is the choice that will help me reach my most important goals?
3. **Act:**
 - Make that choice.
4. **Review:**
 - Ask: How did that work out? How did my actions affect my relationship with my partner (and others)? How do I feel about myself for this action? How did my actions impact whether I can achieve my goals or not?

¹ <http://www.clarkfoundation.org/astro-utah/vondel/ducks.html>

² <http://www.firstpeople.us/FP-HTML-Legends/TheSunMoonandStars-Navajo.html>

- Explain that STAR is an acronym for the steps of this decision-making method: Stop, Think, Act, and Review.
 - ◇ **Stop:** Take time out to collect your thoughts before making a decision.
 - ◇ **Think:** Identify the problem.
 - Ask: What is the most important goal? For example, is taking the risk of getting pregnant and having a baby right now important, or is going to college or being true to your values more important?
 - Generate alternatives: For example, could we only go out on group dates for a while; can I have an honest discussion with my partner and share my decision not to have sex until I'm older?
 - Evaluate your choice: What is the choice that will help me reach my most important goals?
 - ◇ **Act:** Make that choice.
 - ◇ **Review:** How did that work out? How did my actions affect my relationship with my partner (and others)? How do I feel about myself for this action? How did my actions impact whether I can achieve my goals or not?

5. Using the STAR Method in Your Own Life

8-10 minutes, pairs then large group, adult co-facilitator

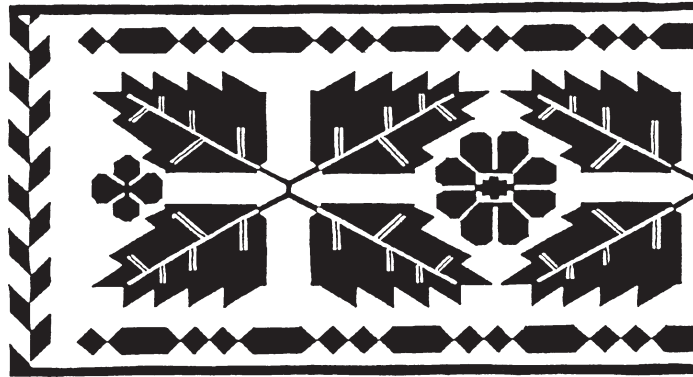
- Have students choose a partner.
- Ask each person to think of a decision she or he needs to make. (Tell them to make up one if they can't think of a real decision they're facing. It doesn't need to be a sexual or high-risk decision).
- Each person should use the STAR Method to come to a decision. Ask them to describe their step-by-step process to their partner.
- Reconvene group and ask for 1-2 volunteers to share their decision-making process.

6. Feel-Act vs. Using the STAR Method

15-20 minutes, pairs, large group discussion, adult facilitator

- Instruct students to get back into the small groups they formed in activity #3 with the Feel-Act Scenarios.
- Ask them to go back and look at the same Feel-Act Scenario they discussed earlier in the session. Ask students to predict how the person in each scenario might change their decisions if they used the STAR method of decision-making.
- Discuss:
 - ◇ If the individuals in the scenarios took the time to think through their actions, could they have come up with less risky alternatives?
 - ◇ What are some of those alternatives?
 - ◇ How does taking time out to really think through our decisions and look beyond the feelings we have in the moment impact our decisions?
 - ◇ Which decision-making method would help you make decisions that are more aligned with your goals and values?





7. Making a Personal Commitment

10-15 minutes, individual activity, then pairs, adult co-facilitator

- Encourage students to think about their own personal sexual boundaries—what they are and are not willing to do.
- Ask: Have you thought about this and made a conscious decision about your limits? Or are you using the Feel-Act method? Think about your personal values and the values of your family, tribe, community, church, etc. Do your decisions fit with who you are and who you want to be now and in the future?
- Direct students to the “I Promise” worksheet in the PM.
- Let the students know they won’t have to share information from this exercise if they choose not to.
- Ask the students to choose one of the behaviors listed on the handout that they need to have a clear boundary about and circle it. Encourage them to be realistic and not over-commit themselves to something they will not be able to do.
- Direct students to the middle section of the handout. Ask them to answer the questions, then use the STAR Method to set a limit/boundary about a sexual behavior. Tell the students to write their decision at the bottom of the page and sign it. Stress that no one will see their information if they don’t want them to, but that it is important to write it down. Stress that the decision they make only has to be what’s right for them right now; they can change the boundary later.
- Once students are done writing, encourage them to share their commitment with another trusted peer educator. They don’t have to share it with anyone, but if they do, they should ask that person to help them stick with their decision. In the future, if they are feeling tempted to engage in the behavior, they can go to this person as a “safety line”. They can support each other and help one another make a good decision.

I Promise

Choose and circle one behavior to make a decision about:

Holding hands	Hugging and kissing
Touching above the waist	Touching below the waist
Having oral sex	Having vaginal sex
Having anal sex	Using birth control
Using a condom to prevent STDs	Being abstinent

Decisions to make about the behavior:

1. Is it okay for me to do this? (Now? In the future? Never?)
2. Under what circumstances is it okay for me to do this? (When? With whom?)

Setting My Own Limits

Consider the alternatives for the behavior you selected. Try to choose the alternative that reduces your risks of STDs and pregnancy as much as possible.

I promise to myself and to those who care about me to:

Signed: _____ Date: _____

- Ask whether anyone else would like to share their decision with the group. If so, encourage and support all decisions that reduce/eliminate risk.
- Thank the students and let them know that making wise decisions about sex is what we have been working on so far in Native STAND. They may be thinking about how hard it will be to live up to their decisions, so let them know that now we'll start working on developing skills so they can stand by their decisions and learning how to work with others as peer educators.

8. **Closing**

3-5 minutes, large group lecture, adult or peer co-facilitator

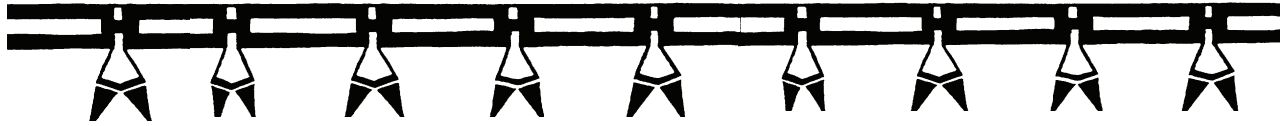
- Preview next session: Being a Peer Educator
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

NOTES

NOTES



24: Being a Peer Educator



Purpose:

To acquaint Native STAND members with the basic responsibilities and characteristics of effective peer educators.

Stages of Change Process:

Getting information, making a commitment, helping others, advocating for safer norms

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. List characteristics of effective peer educators.
2. Explain the importance of peer educators as role models and their impact on norm setting.
3. List three “dos” and “don’ts” for peer educators.
4. Identify issues that a peer educator should refer to a professional

Supplies/Materials:

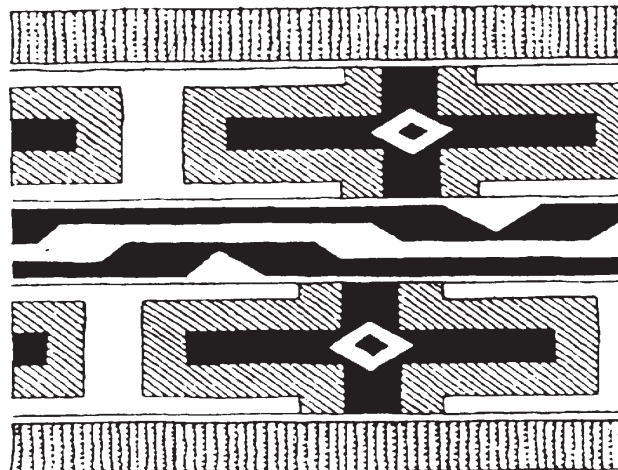
- Chart paper & markers

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Dos and Don'ts of a Peer Educator	●	●	
Would you say...?	●	●	
Peer Educator Brainstorm	●	●	
When to Make a Referral	●		●

Preparation:

- Complete the When to Make a Referral worksheet with local resources prior to this session
- Display Words of Wisdom



1. Welcome/Overview

3-5 minutes, large group, adult facilitator

- Review last session: Decision Making
- Answer any questions in the Question Box
- Preview the remaining sessions—explain that the rest of the sessions will focus on preparing them to have risk reduction conversations with their peers.

The remaining topics will be:

- ◇ Stages of Change
- ◇ Effective Communication
- ◇ Putting It All Together
- Read the WOW.



Learn how to talk, then how to teach.

Nez Perce

2. Being a Peer Educator

5-8 minutes, large group discussion/brainstorming, adult or teen co-facilitator

- Ask: Peer educators can often be more effective than professional adult educators. Why do you think that is?
- Ask: What do you think the characteristics of good/effective peer educators are? Write responses on chart paper. (*Responses may include the following—if not, you can add them to the list.*)
 - ◇ Credibility
 - ◇ Respect among their peers
 - ◇ Good communication skills
 - ◇ Non-judgmental attitude
 - ◇ Dependable
 - ◇ Trustworthy
 - ◇ Self-confident
 - ◇ Respect for client confidentiality
 - ◇ Caring
 - ◇ Well-informed
 - ◇ Comfortable talking about sensitive topics without embarrassment
- This sounds like an amazing person—to have all these characteristics. Do you think it's possible for one person to be all these things all the time? (No.)
- Remember that we are human—we have good days and bad days; at times, we make mistakes or regret things we said or did. That's OK! Forgive yourself, learn from those experiences, and move on.



3. Review the Native STAND Approach to Peer Education

10-15 minutes, large group lecture, adult co-facilitator

- Remind students about the first session of Native STAND, when you introduced the peer educator concept and discussed what a peer educator is and what a peer educator does.
- Ask a volunteer to describe what a peer educator is and what a peer educator does. Write responses on chart paper. *(Should include the following, if not you can add these to the list.)*
 - ◇ Shares characteristics of his or her group but gets special training to be able to share information with other youth.
 - ◇ Is a positive role model
 - ◇ Encourages positive behaviors
 - ◇ Talks with peers in 1-on-1 or small group settings
 - ◇ Starts up conversations about lowering someone’s risk behaviors
 - ◇ Uses good basic communication skills
 - ◇ Is visible to other students (wears Native STAND t-shirts, etc.)
 - ◇ Refers questions/problems that are beyond their level of training
 - ◇ Participates in regular & ongoing Native STAND activities (“peer educator club”, group sessions, etc.)
- Tell students to flip back in their PM to the Native STAND Contracts they signed at the beginning of Native STAND. (If they signed one.)
- Ask a volunteer(s) to read the statements listed on the contract.
- How do they feel about these statements now? Are they comfortable with the commitment they made when they signed the contract? Are they worried they won’t be able to do the things listed?
- Remind students that they were selected by their peers as someone who could be trusted.

Native STAND Contract

As a participant in Native STAND, I agree to:

- ◇ Attend every session unless an emergency arises.
- ◇ Be on time for sessions and activities.
- ◇ Participate to my fullest in each session.
- ◇ Learn with an open mind and respect the ideas and feelings of others, even if they are different from my own.
- ◇ Not discuss anything personal that is said or done in the group with anyone outside the group.
- ◇ Serve as a positive role model among my peers.
- ◇ Provide my peers with factual information about STD, HIV, and teen pregnancy prevention.
- ◇ Encourage my peers to be abstinent or to reduce their sexual risk taking.
- ◇ Support fellow Native STAND participants in their personal decisions as long as they are choosing to reduce the risks they take.
- ◇ Discuss with the adult facilitator any problems, concerns, suggestions, or questions I have.

Signed _____ Date _____

4. Role Models

10-12 minutes, pairs, large group discussion, adult facilitator

- Introduce topic by saying, “One of the roles of Native STAND members is to serve as positive role models. The image that we portray—whether positive or negative—will affect how others see us and maybe even how others behave.
- Ask: What is a “role model”? What makes someone a role model?
- Ask for volunteers to share names of people they consider to be positive role models (either in their own lives, or famous) and what characteristics make them good role models.
- Discuss:
 - ◇ As Native STAND members, and role models yourselves, what characteristics do you want to put forth so that your peers will respect you, admire you, and want to model your actions?
 - ◇ What kind of responsibility comes with being a role model?
 - ◇ How does this responsibility affect your decisions and behaviors?
 - ◇ How important is it for role models to “walk the walk and talk the talk”? Is it important in everything they do? Everywhere they go?

5. Dos and Don'ts of a Peer Educator

10-15 minutes, single then large group activity, adult and/or teen co-facilitator

- Refer students to the “Do’s and Don’ts of a Peer Educator” handout in the PM.
- Ask a volunteer(s) to read the two lists.
- Ask: What do people think about these two lists? Do they agree or disagree with anything?
- Refer students to the “Would you say . . . ?” handout in the PM. Ask them to put a check mark next to the statements they think would be appropriate to say to a fellow student as a peer educator and an X next to those that would not.
- Go over the worksheet together with volunteers reading each response and explaining how they answered and why. Is there consensus among the students? Have them discuss any statements where there is not agreement.
- Explicitly state that peer educators are not counselors and are not medical experts. They have to know when an issue is beyond their scope and how to refer someone to a professional who is trained to deal with complex psychological and medical issues.

**Dos and Don'ts
of a Peer Educator**

A Peer Educator Does	A Peer Educator Does Not
Would you say . . . ?	
<p>Read the following statements. Circle the ones you think would be appropriate to say to a fellow student as a peer educator X out those that would not.</p>	
1. You have got to stop having sex without a condom.	
2. Mark has the same problem with his girlfriend.	
3. Unprotected sex is really dangerous to your health.	
4. You want to keep getting drunk on weekends? Why don't you want to stop? Don't you want to be safe?	
5. I think you should just break it off with him if he keeps pushing you to have sex and you don't want to.	
6. I know that will be hard, but I know you can do it!	
7. You are really stupid to keep doing whatever she wants you to do.	
8. The answer to your problem is to get a better group of friends.	
9. You should get on the pill.	
10. If you want, I'll call the clinic and make an appointment for you.	
11. Are you still smoking weed? Didn't you tell me last week you were going to stop?	
12. Are you really thinking about killing yourself? Let's talk about this and see how I can help you.	
13. Man, that's a weird problem! I never heard of anybody feeling like that!	
14. I'm sorry. I believe it's a sin to be gay. I can't help you.	
15. What are some ways you can come up with to solve this problem?	
16. I don't know the answer to that question.	

6. Knowing Your Limits as a Peer Educator

8-10 minutes, large group activity, adult and/or teen co-facilitator

- Before this session, you must complete the When to Make a Referral worksheet so that it has local referral information for your specific community.
- Distribute a completed worksheet to each student and ask them to review the information.
- Stress that these issues require more training to deal with than Native STAND peer educators receive. The best thing you can do when these issues come up is to get the person the help they need. You can continue to be supportive as they deal with the problem with a professional, but you should not attempt to be the only helper they talk to.
- When possible, it's best to go with the person to the resource, to support and encourage them. If they have thoughts about hurting themselves or others, make every effort to go with them to seek help IMMEDIATELY.
- If a student who is having thoughts about hurting themselves or others refuses to go with you to get help, you must report this situation right away to the adult facilitator or to a school or safety official (such as a principal or security guard).
- Let students know that they can and should refer ANY problem (on the When to Make a Referral list or not) if they are uncomfortable with that situation. Peer educators can also seek help from their adult and/or peer co-facilitators at any time, as long as confidentiality is maintained.

When to Make a Referral

Some issues require more training to deal with than Native STAND peer educators receive. The best thing you can do when these issues come up is to get the person to the help they need. You can continue to be supportive as they deal with the problem with a professional, but you should not attempt to be the only helper they talk to.

Issue	Refer to . . .
Alcoholism	
Drug addiction	
Depression	
Suicidal thoughts*	
Quitting smoking	
Coming out/sexual orientation	
Plans to hurt others*	
Sexual abuse	
Physical abuse	
Rape	
Medical problems	

* Make every effort to go WITH the person to get help IMMEDIATELY.

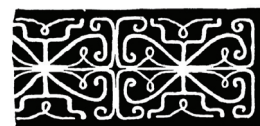
7. Peer Educator Brainstorm

15-20 minutes, pairs, large group activity, adult and/or teen co-facilitator

- Refer students to Peer Education Brainstorm in the PM.
- Have students get into pairs and brainstorm ideas about how they would respond if another student came to them with the problems described in each scenario.
- Let students know that it's OK if they don't know what to do right now—we're going to be working on this in the next few sessions. This activity is just to get them thinking.
- After they have worked through the scenarios, reconvene the large group and ask for volunteers to share their responses.

Peer Educator Brainstorm

1. I've been dating Joe for a couple of months. He says he loves me and he wants to have sex with me. Last night he said, "You love me enough to have sex with me, don't you?" I really like him and I really like "fooling around" but I am just not sure I want to have sex yet.
2. I've been dating my girlfriend for a long time. We've had sex a couple of times, but now I am not sure that it was such a good idea. I am afraid to bring it up with her because I am afraid of how she might react.
3. I'm going camping this weekend with a bunch of friends. This guy I've gone out with a few times, Alex, is going to be there. I think we're sharing the same tent. I am not sure what is going to happen or if he expects anything.
4. Jamie and I were invited to Sam's for a party this weekend. I heard he's going to have keg and some weed there. I've heard lots of rumors about Sam's parties, that people always go off and hook up at his house. I think it will be really fun, and Jamie really wants to go, but I'm not sure.
5. So, I met this guy online last night. He asked if I want to meet up and go clubbing one night. I really want to meet him in person, but I am little nervous.

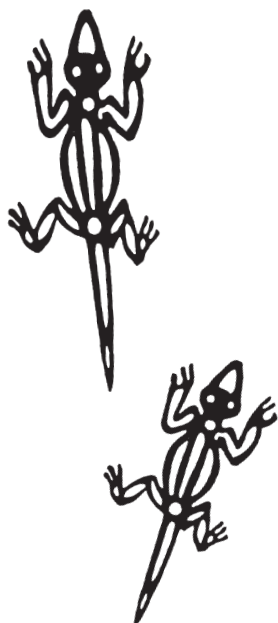


8. Closing

3-5 minutes, large group discussion, adult or peer co-facilitator

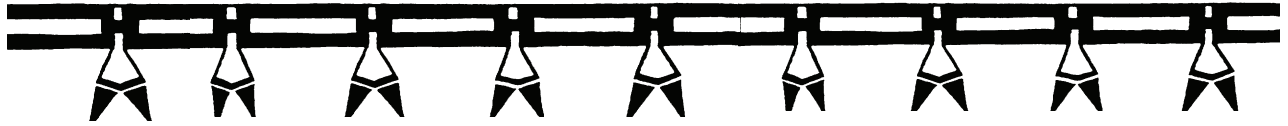
- Preview next session: The Stages of Change
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

NOTES





25: The Stages of Change



Purpose:

To acquaint Native STAND members with the Stages of Change (SOC) model to encourage them to adopt techniques for maintaining their commitment to abstinence/sexual risk reduction.

Stages of Change Process:

Getting information, building self-confidence, being able to change, helping others

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. List in order the four SOC stages
2. Describe the four SOC stages
3. Determine a person's stage of change
4. Identify their current personal stage of change for specific decisions
5. List the SOC techniques that are helpful for people in specific stages
6. Describe the SOC techniques that are helpful for people in specific stages

Supplies/Materials:

- Laptop, projector & screen
(optional)

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Stages of Change Handouts	●	●	
What Stage?	●	●	
Tools for Promoting Change	●	●	

Preparation:

- Display Words of Wisdom
- Set up laptop, projector and screen before session begins
(optional)



1. Welcome/Overview

10-12 minutes, large group activity, adult co-facilitator

- Review Session 24: Becoming a Peer Educator.
- Answer any questions in the Question Box.
- Introduce today's session.
 - ◇ People can want to change all kinds of behaviors. Think back to the earlier session when we assessed daily risk ... not all of those risks are related to sex, or drugs, or alcohol.
 - ◇ Many people want to change a small thing about themselves, for example:
 - I want to start wearing my seat belt every time I drive.
 - I want to floss once a day.
 - I want to walk for 30 minutes every day.
 - I want to eat two more servings of fruit or vegetables a day.
 - ◇ As we talk about behavior change today, remember that this applies to any kind of change you might want to make in your life.
 - ◇ Imagine you have smoked for 5 years. You really enjoy smoking and you don't like it when people tell you can't smoke. You don't even go into businesses that don't allow smoking. Then one day, you wake up and quit smoking cold turkey without ever look back. Is that realistic? Can you go from not even having something on your radar screen to making a drastic change in behavior overnight? Maybe, but not usually.
 - ◇ What is a more realistic scenario? Maybe you are tired of coughing all the time, your doctor tells you need to quit, your new girlfriend says she won't kiss you until you quit, etc. Something happens that gets you thinking "Gee, maybe smoking isn't all that great." Then something happens that makes you try to go a whole day without smoking. Then you try a week, and then a month. Do you never smoke again? Maybe. Or maybe in a few weeks you "fall off the wagon" and smoke a cigarette or two. Does that mean you're back to being a full time smoker and you've given up on trying to quit? Maybe. Or maybe it was just a little slip, and then you get back on track again. These are normal stages that someone goes through when they are trying to change a behavior. We call them "The Stages of Change".
- Read today's WOW.



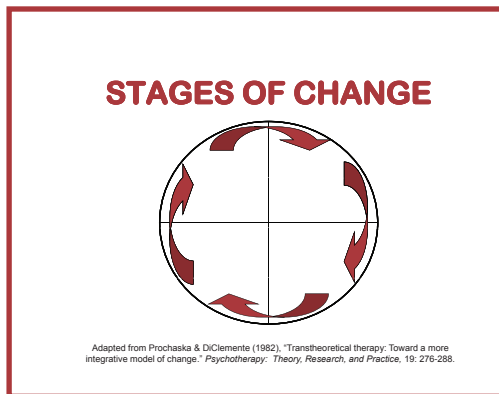
We have to look at the way we were in the past, hang on to it with our hearts and at the same time change; accept we're always changing to survive.

*Dorothy Haberman
Yurok, 1992*

2. Stages of Change

10-15 minutes, large group lecture /discussion, PowerPoint presentation (optional), adult co-facilitator

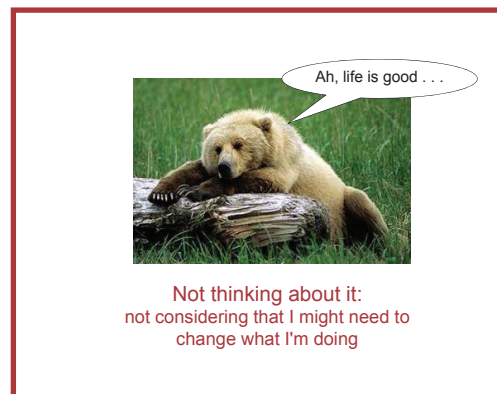
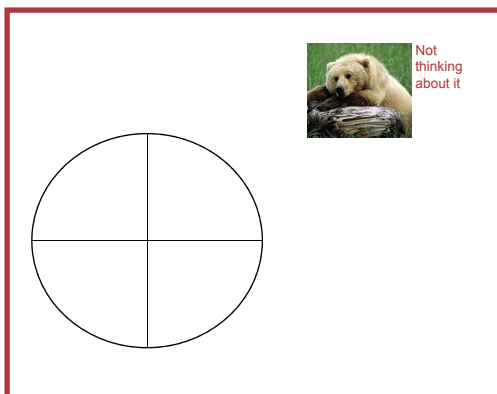
Note: There are two options for this activity. You can either show the PowerPoint presentation or you can refer the students to the Stages of Change handout in the PM.



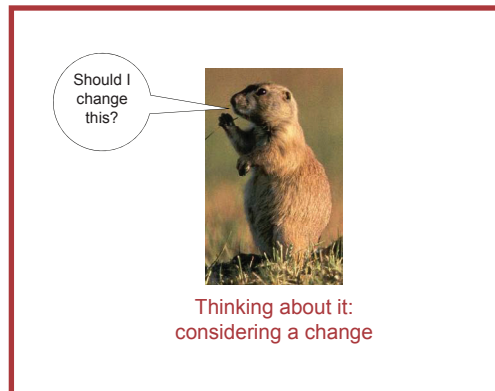
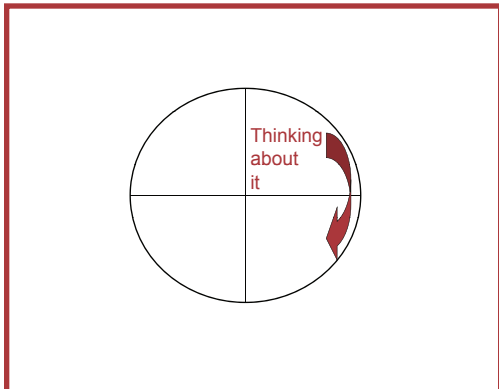
- Present the Stages of Change presentation or review the Stages of Change handouts together. Use the smoking example to talk the students through the stages.

Stages of Change

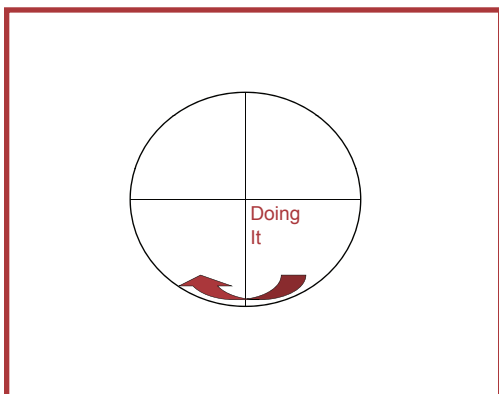
1. Not thinking about it



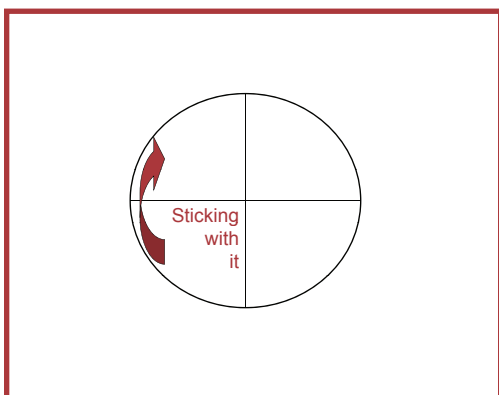
2. Thinking about it



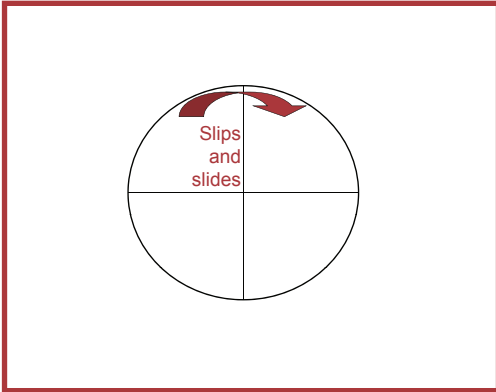
3. Doing it



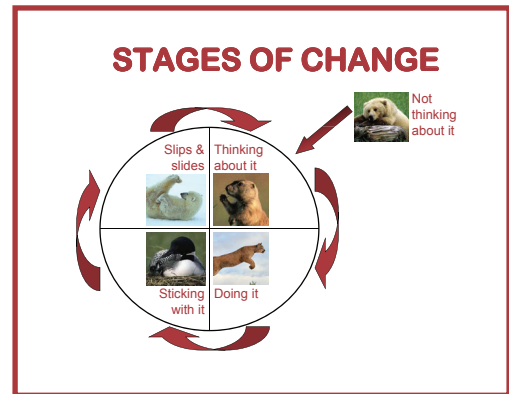
4. Sticking with it



5. Slips & Slides



- Explain that:
 - ◇ change is not usually a quick, single event
 - ◇ people go through stages of change for each decision separately
 - ◇ the stages don't have to be in order
 - ◇ people can go forward or backward
 - ◇ relapse is common
- Discuss:
 - ◇ Which stage do you think most people in our group are in for the decision to be abstinent or not? To use condoms or not?
 - ◇ Don't answer aloud, but what stage are you at for each decision?



3. Identifying Stages of Change

10-15 minutes, individual, large group, adult or teen co-facilitator

- Refer students to What Stage...? in the PM.
- Ask students to read the scenarios individually, then ask for volunteers to share the stage they think the scenario represents and their rationale.

What Stage...?

Identify each person's stage.

1. Alicia has been having sex with Alex for a long time. Sometimes they use condoms and sometimes they don't. She wants to start using them, but is not sure how to bring up the conversation with Alex.
In which stage is Alicia?
2. Malcolm goes out and has a few beers every Friday after the football game. Lately, some of his friends don't want a ride home with Malcolm because they think he's had too many drinks to drive safely. Malcolm doesn't think there is any problem.
In which stage is Malcolm?
3. Jason had sex for the first time with Chris last week. He didn't have a condom then, but he decided that next time they do it, he is going to wear a condom. He talked about it with Chris last night and tonight they are going to use a condom.
In which stage is Jason?
4. Last year June quit smoking and now she is on the track team. She usually comes in first in the 400 meters. Her times have gotten worse since she started hanging out with Corey and smoking cigarettes again. She even lost a race last week.
In which stage is June?
5. Jessica and Zeke have been together almost two years. Last year they started having sex. Jessica decided to go to the health center and get the Depo shot so they could worry less about getting pregnant. Jessica has remembered to go get the shot every 3 months for the past year.
In which stage is Jessica?

Answers to What Stage? Worksheet

1. Alicia has been having sex with Alex for a long time. Sometimes they use condoms and sometimes they don't. She wants to start using them, but is not sure how to bring up the conversation with Alex.

In which stage is Alicia? **Thinking about it**

2. Malcolm goes out and has a few beers every Friday after the football game. Lately, some of his friends don't want a ride home with Malcolm because they think he's had too many drinks to drive safely. Malcolm doesn't think there is any problem.

In which stage is Malcolm? **Not thinking about it**

3. Jason had sex for the first time with Chris last week. He didn't have a condom then, but he decided that next time they do it, he is going to wear a condom. He talked about it with Chris last night and tonight they are going to use a condom.

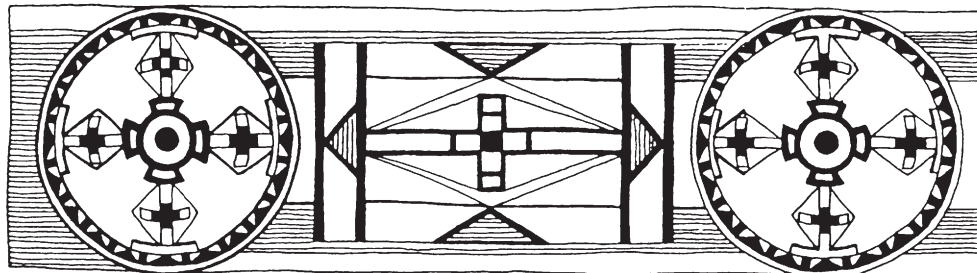
In which stage is Jason? **Doing it**

4. Last year June quit smoking and now she is on the track team. She usually comes in first in the 400 meters. Her times have gotten worse since she started hanging out with Corey and smoking cigarettes again. She even lost a race last week.

In which stage is June? **Slips & Slides**

5. Jessica and Zeke have been together almost two years. Last year they started having sex. Jessica decided to go to the health center and get the Depo shot so they could worry less about getting pregnant. Jessica has remembered to go get the shot every 3 months for the past year.

In which stage is Jessica? **Sticking with it**



4. Moving to the Next Stage

20-30 minutes, large group lecture /discussion, adult co-facilitator

- Introduce topic by saying:
 - ◇ People move from one stage to another through a range of activities and experiences.
 - ◇ Things that help move a person from one stage to the next are different for people in different stages.
 - ◇ Helping a person in an early stage is very different from helping a person in a later stage.
- Refer students to Tools for Promoting Change in the PM.
- Read through the tools to use in the “not thinking about it” and “thinking about it” stages. Ask students for examples. Here are some examples for each tool:

Tools for Promoting Change¹

If you are talking with someone in the Not Thinking About It or the Thinking About It stage, use these tools:

Identifying the pros & cons: help your peer look at the pros and cons (the good things and the bad), of a situation but encourage them to tip the scales so the pros outweigh the cons.


Getting information: Providing your peer with information, new facts, and suggestions to support the change they are thinking about.

Involving emotions: Encourage your peer to express their negative feelings about one's problems (such as worry or fear).

Thinking about how someone's actions affect others: Help your peer think about how their problem affects the physical environment.

Visualizing how you want to be: Encourage your peer to think about the behavioral change they are thinking about as a part of their identity.

Making a commitment: Support your peer to commit to the belief that change is possible and to take responsibility for changing.



¹<http://www.kir.org/ncapp/thebeststagedchange/Processes.htm>

- ◇ Identifying the pros & cons: help your peers look at the pros and cons (the good things and the bad) of a situation but encourage them to tip the scales so the pros outweigh the cons. **Example: make a list of the pros and cons**
 - ◇ Getting information: Providing your peer with information, new facts, and suggestions to support the change they are thinking about. **Example: read a pamphlet, visit a website, call a hotline**
 - ◇ Involving emotions: Encourage your peer to express their negative feelings about one's problems (such as worry or fear). **Example: talking with a friend, writing in a journal**
 - ◇ Thinking about how someone's actions affect others: Help your peer think about how their problem affects the physical environment. **Example: realizing that second-hand smoke may affect non-smoking children and partners or even pets**
 - ◇ Visualizing how you want to be: Encourage your peer to think about the behavioral change they are considering as a part of their identity. **Example: seeing themselves as a non-smoker or a fit person**
 - ◇ Making a commitment: Support your peer to commit to the belief that change is possible and to take responsibility for changing. **Example: making a New Year's resolution**
- Next, read through the tools to use in the later stages. Ask students for examples. Here are some examples for each tool:
 - ◇ Using substitutes: Help your peer identify substitutes that are healthier alternatives for their problem behaviors. **Example: using relaxation or meditation techniques or exercise instead of eating to deal with stress**

- ◇ **Getting support from others:** Encourage your peer to seek out and rely on a strong support system of family and friends. **Example: talk to family and friends about what’s going on in their lives**
- ◇ **Using reminders:** Help your peer develop strategies to remind them to stick to their new behavior. **Example: putting a picture of themselves when they were skinnier on the refrigerator to remind them not to snack**
- ◇ **Avoiding temptations:** Help your peer develop strategies to avoid triggers and cues (events that make your peer want to fall back on their old behaviors). **Example: avoiding bars, friends who still smoke, and dessert parties**
- ◇ **Building self-confidence:** Support your peer to develop self-confidence to stick to their behavior change. **Example: role playing and preparing for difficult situations, practicing specific skills (like condom negotiation), giving themselves a pep talk (“You’ve done this before—you can do it again!”)**
- ◇ **Rewarding yourself:** Encourage your peer to provide themselves with rewards for positive behavior change (and decrease rewards for unhealthy behavior). **Example: buying new clothes after losing weight instead of eating dessert**
- ◇ **Helping others:** Encourage your peer to reach out to and help others who may be struggling with behavior change. **Example: volunteering at a stop smoking hotline**
- ◇ **Advocating safer norms:** Support your peer to develop societal support for healthier behaviors. **Example: smoke-free workplaces, discussions about safer sex in school**



5. Practice Tailoring the Message

10-12 minutes, large group lecture and discussion, adult co-facilitator

- Ask a volunteer(s) to come up with a situation that they (or their friends) find tempting (like to use drugs or alcohol or have sex, etc.).
- Ask them to explicitly state the decision to be made. Assume the person is in the “not thinking about it” stage.
- Ask the group to pick tools to help in that situation. Ask how would they use each tool in that setting.
- Present a scenario of a teen girl seeking help from a peer educator. She has sex, they never use condoms, she just had a pregnancy scare, and she is seriously thinking about starting to demand that her partner always use a condom. Have the group identify the decision being considered, the stage of change, and pick a process appropriate for the girl. Ask two volunteers to model what the conversation might be like between the peer educator and the girl.

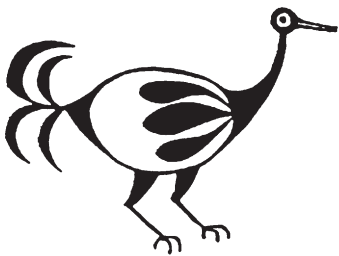
6. Closing

3-5 minutes, large group lecture, adult or peer co-facilitator

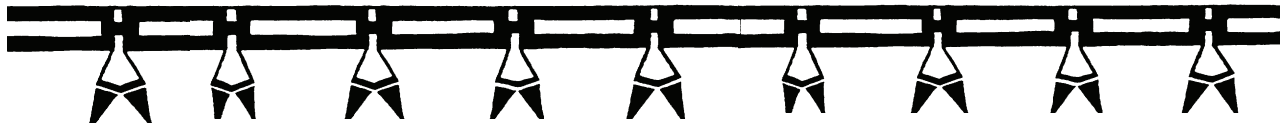
- Preview next session: Effective Communication
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.



NOTES



26: Effective Communication



Purpose:

To help Native STAND members develop effective communication skills as individuals and peer educators.

Stages of Change Process:

Getting information, involving emotions, thinking about how what you do affects others, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify at least 5 Communication Jammers that prevent effective communication.
2. Recognize how tone can affect communication.
3. Practice effective ways of communicating without judgment.
4. Practice using I messages
5. Practice staging a person and tailoring messages to that stage.



Supplies/Materials:

- Chart paper & markers

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
What are Communication Jammers	●	●	
Identifying Communication Jammers	●	●	
I Messages	●	●	
Tone of Voice Cards	●		
Tone of Voice Role Play	●	●	
Peer Educator Practice Scenarios	●	●	

Preparation:

- Cut out Tone of Voice cards
- Display Words of Wisdom

THINKING AHEAD:

If you are considering hosting a graduation ceremony and celebration, you should begin to plan for that event. Will students perform a skit? Will there be a guest speaker?

1. Welcome/Overview

3-5 minutes, large group activity, adult co-facilitator

- Review Session 25: The Stages of Change.
- Answer any questions in the Question Box.
- Introduce today’s session by saying: “In this session we will work on communication skills, both as individuals and as peer educators.” Ask students to tell you what they think makes a good communicator. Write the responses on chart paper.
- Read the WOW.



Words are like arrows: once released, they strike their mark.
Guard them well or one day you may be your own victim.

Navajo

2. Communication Jammers

20-22 minutes, large group discussion/activity, adult or teen co-facilitator

- Explain that when you are communicating with peers it’s easy to fall into some common traps that may prevent you from communicating clearly—we call these “Communication Jammers”.
- Refer students to “What are Communications Jammers?” in the PM.
- Have volunteers read one communication jammer each.
- Discuss examples and make sure everyone is clear on the different types.
- Refer students to Identifying Communication Jammers in the PM.
- Go through the examples and have the students tell you which kind of jammer was used. (*Answers are below.*)

What are “Communication Jammers?”

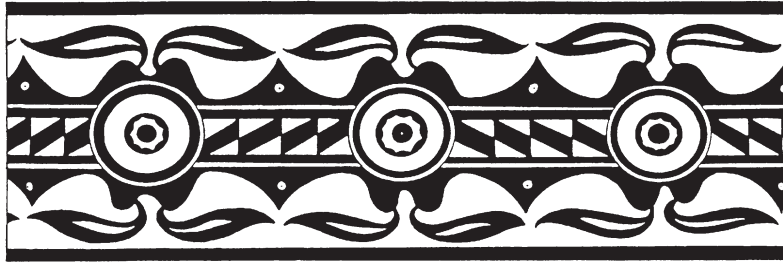
- Directing, ordering**
 - Telling someone to do something so they have no choice.
 - Examples: “You have to get to work by 8:00 am.” “Always use a condom.”
- Warning, threatening**
 - Telling someone that if a certain behavior continues, negative consequences will happen.
 - Examples: “If you’re not at work by 8:00am, your pay may be docked.” “If you have sex, you’re gonna be sorry.”
- Moralizing, preaching**
 - Telling someone what they should do.
 - Examples: “You should always do your best.” “Having sex before you get married is a sin!”
- Persuading, arguing**
 - Trying to influence another person with facts, information, and logic.
 - Examples: “If you drop out of school, you won’t find a good job.”
- Advising, recommending**
 - Giving advice or providing answers for a problem.
 - Examples: “If I were you, I would quit being Joe’s friend and be Joe’s friend.” “You ought to quit doing that.”
- Evaluating, criticizing**
 - Making a negative interpretation of another person’s behavior.
 - Example: “You got into work late ... you must have been up to no good.”
- Ridiculing**
 - Blaming, name-calling, being sarcastic, shaming and making judgments.
 - Examples: “You’re so stupid!” “You’re a spoiled brat.” “You’re not thinking straight.” “You’re being childish.”
- Amplifying**
 - Figuring it out for the other person.
 - Example: “The problem with you is you’re just feeling jealous.”
- Consoling**
 - Making light of the problem, dismissing it.
 - Examples: “It’s really not that bad.” “You’ll feel better in the morning.” “Don’t worry, it will all work out.”
- Logicizing**
 - Trying to prove your point with all the facts, giving lots of information you weren’t asked for.
 - Examples: “The facts show clearly that teens shouldn’t have sex. Don’t you know that 1 out of 4 who do will get an STD?”

Identifying Communication Jammers

Example	Type of Communication Jammer
“You dummy, why can’t you figure out your English? Speaking is so simple, and you’re really stupid not to understand it.”	
“I definitely would advise you not to take that job because you don’t like math and have never done well in a job that involves math.”	
“You should paint your room for the following reasons: 1) So it will look better; 2) It will look new; 3) It will be better that way.”	
“You better stop doing that. Don’t you know that it’s wrong?”	
“Your problem is that you don’t study until the last minute for a test.”	
“Man, you gotta start using condoms!”	
“I can’t believe you got drunk!”	
“Don’t try to figure it out. Just do it.”	
“Don’t you know that being gay is a wrong?”	
“Well, I think the best thing for you to do is to get on birth control pills.”	
“If you don’t start using a condom, you are going to up as a daddy!”	
“You gotta listen to me. One fourth of teens who have sex get an STD. So please stop.”	
“Clean up your room.”	
“Shut up!”	
“I think your problem is that you aren’t a man—you’re still a child.”	
“Oh, don’t worry about it, she’s probably not really pregnant.”	
“Oh, I’m sure everything will be alright.”	
“I can’t believe that you would have sex with him so fast—that is so stupid!”	

Answers: Identifying Communication Jammers

Communication Type	Jammer Type
“You dummy, why can’t you figure out your English? Speaking is so simple, and you are really stupid not to understand it.”	ridiculing
“I definitely would advise you not to take that job because you don’t like math and have never done well in a job that involves math.”	advising, recommending
“You should paint your room for the following reasons: 1) So it will look better; 2) It will look new; 3) I will like it better that way.”	analyzing
“You’d better stop doing that. Don’t you know that it’s wrong?”	moralizing, preaching
“Your problem is that you don’t study until the last minute for a test.”	evaluating, criticizing
“Man, you gotta start using condoms!”	moralizing, preaching
“I can’t believe you got drunk!”	moralizing, preaching
“Don’t try to figure it out. Just do it.”	directing, ordering
“Don’t you know that being gay is wrong?”	moralizing, preaching
“Well, I think the best thing for you to do is to get on birth control pills.”	moralizing, preaching
“If you don’t start using a condom, you are going to end up a daddy!”	warning, threatening
“You gotta listen to me. One fourth of teens who have sex get an STD. So please stop.”	persuading, arguing
“Clean up your room.”	directing, ordering
“Shut up!”	ridiculing
“I think your problem is that you aren’t a man—you’re still a child.”	analyzing
“Oh, don’t worry about it, she’s probably not really pregnant.”	consoling
“Oh, I’m sure everything will be alright.”	consoling
“I can’t believe that you would have sex with him so fast—that is so slutty!”	ridiculing



3. “I” Messages

10-12 minutes, large group, individual work, adult facilitator

- Explain to students that one way to avoid using Communication Jammers is to use statements that explain how you feel and what you need or want from the other person.
- These are called “I statements” or “I Messages”, and they take blame out of the communication and focus on the speaker’s feelings and needs/wants.
- Effective “I Messages” follow a specific pattern:

I feel _____
 when you _____.
 I need (or want) _____
 because _____.

- The “because” part of this format should focus on how important the relationship is and how the change will strengthen the relationship.
- Give an example:

I feel hurt
 when you make fun of me in front of your friends.
 I need you to not embarrass me that way
 because I really like being your friend, and I think we would be even better friends if I felt I could trust you not to embarrass me.

- Refer students to “I Messages” in the PM.
- Ask students to work individually and to change the blaming statements on the handout to “I Messages”.
- Reconvene the group and ask volunteers to share their “I messages”.
- Ask other students to help out if they get stuck or to offer suggestions on improvements.

“I” Messages

Change the following blaming statements to “I” messages.

Example: Blaming statement:
 “You forgot to return my tapes.”

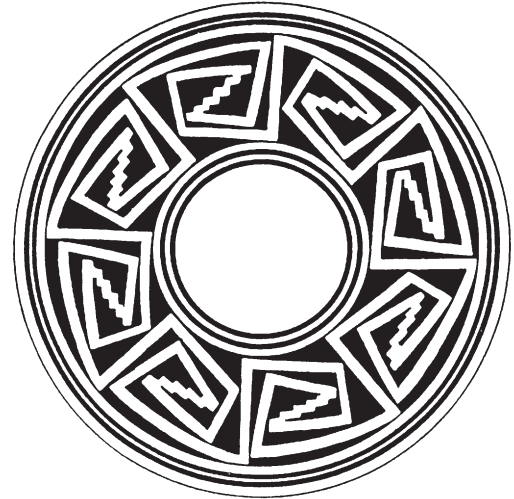
Change to “I” message:
 “I feel disappointed when you don’t return my things. I need you to return my tapes because I want to be able to trust you in the future.”

- You said I don’t really love you because I did not want to have sex yet.
 I feel _____
 when you _____
 I need (or want) _____
 because _____
- You gotta start using condoms when we do it.
 I feel _____
 when you _____
 I need (or want) _____
 because _____
- You always decide when we go out and where we go.
 I feel _____
 when you _____
 I need (or want) _____
 because _____

4. Tone of Voice Role Play

15-20 minutes, pairs role play, group discussion, adult facilitator

- Cut out the Tone of Voice cards in the RM before the session begins.
- Divide students into pairs and designate one person the Peer and one the Peer Educator.
- Give half the students assigned the role of Peer Educator a card that says “Angry, Accusatory & Judgmental” and the other half a card that says “Calm, Caring & Concerned”. Tell the Peer Educators to use the tone of voice described on the card when acting out the role play.
- Refer them to Tone of Voice Role Play in the PM.
- Have them read through the role play in their pairs.
- Ask two pairs (one with Angry, Accusatory & Judgmental and the other with Calm, Caring & Concerned) to act out the role play in front of the group.



Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned
Angry, Accusatory & Judgmental	Calm, Caring & Concerned

Tone of Voice Role Play

Peer Educator: Hey, so you said you were going to talk to Jordan about using condoms last night. How did that go?

Peer: Well, we went to a movie and then we ran into some guys he knows from soccer and we never really had time to talk just the two of us.

Peer Educator: You didn't talk to him? Don't you still want to talk to him about it?

Peer: I do, but....

Peer Educator: When we talked the other day you said you were going to talk to him. You said you were concerned about STDs and HIV and that that you were going to use a condom. Doesn't that stuff matter to you anymore? Don't you want to be safe?

Peer: It does matter to me. But it just wasn't the right time to have the talk. And it's hard to bring it up.

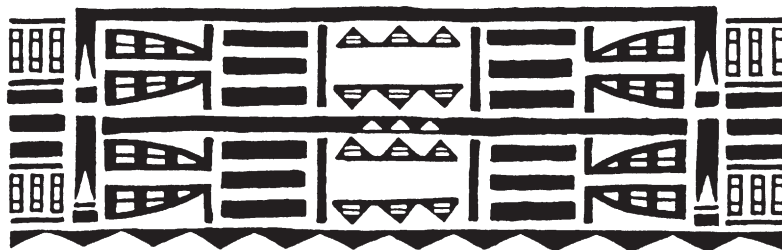
Peer Educator: Well yeah, of course it's hard. But it doesn't mean you can't do it. You can at least think of a way to start the conversation, right?

Peer: I guess I could say something about how I heard that a friend of my cousin's got gonorrhea. I guess that might get his attention.

Peer Educator: Yeah, and if he doesn't want to listen, he's not worth your time anyway. When will you see him again?

Peer: We'll see each other tomorrow. He's going to pick me up so we can go to the game together.

Peer Educator: Well I am going to be at the game too and we can talk then. I'd better hear that you had the conversation with him by the time I see you. Good luck talking to him before that.



Tone of Voice Role Play

Peer Educator: Hey, so you said you were going to talk to Jordan about using condoms last night. How did that go?

Peer: Well, we went to a movie and then we ran into some guys he knows from soccer and we never really had time to talk just the two of us.

Peer Educator: You didn't talk to him? Don't you still want to talk to him about it?

Peer: I do, but....

Peer Educator: When we talked the other day you said you were going to talk to him. You said you were concerned about STDs and HIV and that that you were going to use a condom. Doesn't that stuff matter to you anymore? Don't you want to be safe?

Peer: It does matter to me. But it just wasn't the right time to have the talk. And it's hard to bring it up.

Peer Educator: Well yeah, of course it's hard. But it doesn't mean you can't do it. You can at least think of a way to start the conversation, right?

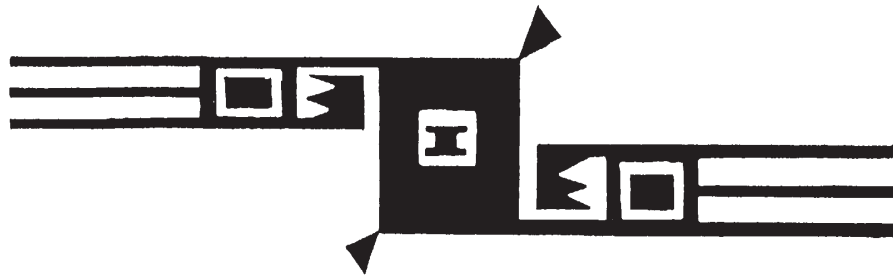
Peer: I guess I could say something about how I heard that a friend of my cousin's got gonorrhea. I guess that might get his attention.

Peer Educator: Yeah, and if he doesn't want to listen, he's not worth your time anyway. When will you see him again?

Peer: We'll see each other tomorrow. He's going to pick me up so we can go to the game together.

Peer Educator: Well I am going to be at the game too and we can talk then. I'd better hear that you had the conversation with him by the time I see you. Good luck talking to him before that.

- Discuss:
 - ◇ Even though the words were the same in both role plays, how was the tone different?
 - ◇ When the Peer Educator used an angry and judgmental tone, how did the peer respond? Do you think the peer will still feel comfortable talking to the peer educator at the game? Why or why not?
 - ◇ When the peer educator used a calm and concerned tone, how do you think the peer felt? Do you think the peer would be able to go back to the peer educator to talk, even if the conversation with Jordan hadn't happened yet?
- Emphasize with students that even if a friend or peer has done something that may seem stupid to you, you should never be judgmental or place blame. Even if you feel angry or upset because they keep making the same mistakes, it is important to remain calm and not to make them feel stupid, weak, or ashamed. This can ruin your relationship and may make them feel as though they could never change their behavior and they should not bother trying.



5. Practice Being a Peer Educator

25-30 minutes, small group activity, large group discussion, adult and teen co-facilitators

- Refer students to the Peer Educator Practice Scenarios in the PM.
- Divide students into 2 groups; assign one group the James scenarios and the other the Robin scenarios. (There are three versions for each scenario. The same person is in each scenario, but in a different stage.)
- The groups will read their three assigned scenarios in order, discuss the accompanying questions, and come to consensus on the answers.
- Have the groups report back to the larger group. Ask them to specifically talk about how their role changed depending on the stage the person was in.
- Here are the scenarios and possible answers to the proposed questions:

Peer Educator Practice Scenarios: James A

Read this scenario

James is a 10th grader at Apache County High School. You two are good friends and you talk with each other about very private things sometimes. James is on the basketball team and is pretty popular; he's also a good student and very active in the tribal youth group. You and James usually hang out with a group of friends on weekends. James' girlfriend, Stephanie, is very pretty and popular—she's a cheerleader.

One day, you and James are talking and the subject turns to sex. You begin telling James some of the stuff that's going on in Native STAND and about the decision you've made to reduce your risk of getting STDs. James confides in you that he has fooled around with lots of girls, but hasn't had sex yet. James tells you he and Stephanie usually end up touching each other's private parts when they're making out.

Here is some of your conversation:

- You: Are you gonna do it sometime soon, or have you decided, yet?
- James: I know it may sound stupid, I mean, sure I want to do it, but I think sex—real sex—should be a big deal. You know, with someone you really love, and I'm not ready yet.
- You: What if Stephanie really pushes you to do it?
- James: I hope that doesn't happen! It would be so hard to say no! But, even if Stephanie did that, I wouldn't do it. I don't think I want to go any further until I'm older.
- You: Why not?
- James: Well, I just believe it's wrong. And, besides, I don't want to take any chances of becoming a father or getting AIDS or something.
- You: When did you decide you weren't gonna have sex yet—that you wanted to wait?
- James: About a month ago.
- You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. It sounds to me like you've made a smart decision, bro. In Native STAND, we learned that, "The only 100% sure way to keep from getting a girl pregnant or from getting an STD is just not to have sex". Believe me, I know how hard it is to stand by a decision like that and not give in when you get the chance. In Native STAND we also learned some things you can do to help make it easier. Want to hear about some of them?

James A

1. What is the decision James is making?
 - To be abstinent.
2. At what stage of change is James?
 - Doing it.
3. What SOC tools could be used to help James stick to his decision?
 - Support James in his desire to be responsible and committed to one person before he has sex. (process: visualizing how you want to be)
 - Brainstorm with James what are some other things he can do to have fun and be intimate with Stephanie without having intercourse. (process: using substitutes)
 - Encourage James to talk to you or other trusted friends/family when he feels insecure about his decision. (process: getting support from others)
 - Brainstorm with James things he can do to remind himself why he's not ready to have sex—maybe carry a picture of the college he wants to go to in his wallet. (process: using reminders)
 - Brainstorm with James measures he can take to avoid the temptation of having sex with Stephanie—like not going over to her house when her parents aren't there. (process: avoiding temptations)
 - Offer to role play a situation where James explains his decision to Stephanie. (process: building self-confidence)
 - Encourage James to share his decision with other peers that may be struggling with this issue. (process: helping others)
 - If Stephanie is also a member of Native STAND, remind James that working with peers and encouraging them to be safe will make it easier for both of them to “stick with it”, too. (process: helping others)
 - Get James to think about how great it will be to tell the person he falls in love with and finally decides it's OK to have sex with that he's a virgin. Talk about how good it feels to be a strong person who can stick to decisions. (process: visualizing)
 - Encourage James to talk to Stephanie about this decision. Encourage him to talk with her and to set a goal together that's important to both of them, and to reward themselves when they reach that goal. (process: rewarding yourself)
4. What would you say to James to help support him and this decision?
 - Let him know that you are proud of his decision and that you are here to support him any way you can.
 - Offer to share techniques and strategies learned in Native STAND that can help him stick to his decision.

James B

1. What is the decision James is making?
 - Whether to have sex with Stephanie.
2. At what stage of change is James?
 - Thinking about it.
3. What SOC tools could be used to help James stick to his decision?
 - Encouraging James to make a list of the pros and cons of having sex with Stephanie. (process: identifying the pros and cons)
 - Providing James with information on the risks of early sexual involvement. (process: getting information)
 - Encouraging James to express his negative feelings about his problems—like writing down his feelings, worries and fears. (process: involving emotions)
 - Encouraging James to think about how he would feel if he and Stephanie had sex. How would he feel if she got pregnant? Or one of them got an STD? (process: involving the emotions)
 - Encouraging James to think about how his having sex with Stephanie will affect his relationship with his parents, with her parents, and with his younger siblings (who look up to him as a role model). (process: thinking about how someone's actions affect others)
 - Encouraging James to talk about what can happen when you have sex and how those consequences would affect his relationship with Stephanie, his peers, his future partners, etc. How would her friends, parents, etc. react? How would it make her feel about herself? (process: thinking about how someone's actions affects others)
 - Brainstorming with James what he wants his life to be like 5 years from now. How would becoming a teen father or getting an incurable STD affect his future? (process: visualizing how you want to be)
4. What would you say to James to help support him and this decision?
 - Let him know that you are here to support him any way you can and that you understand what a difficult decision this can be.
 - Offer to share techniques and strategies learned in Native STAND that can help him make a decision and to stick to it.
 - Encourage him to take the time he needs to look at the situation from many different sides until he feels comfortable with his decision.
 - Let him know if he does decide to have sex with Stephanie, he needs to take precautions to avoid STDs or an unplanned pregnancy. Let him know you are available to provide information, answer questions, or refer him to someone.

James C

1. What is the decision James is making? Or is he still undecided?
 - Whether to make a decision about it or to just let what happens happen. His “decision” is not to decide and to just see what happens.
2. At what stage of change is James?
 - Not thinking about it.
3. What SOC tools could be used to help James think about not having sex or help him decide to reduce his risks?
 - Encouraging James to make a list of the pros and cons of having sex with Stephanie. (process: identifying the pros and cons)
 - Providing James with information on the risks of early sexual involvement. (process: getting information)
 - Encouraging James to express his negative feelings about his problems—like writing down his feelings, worries and fears. (process: involving emotions)
 - Encouraging James to think about how he would feel if he and Stephanie had sex. How would he feel if she got pregnant? Or one of them got an STD? (process: involving the emotions)
 - Encouraging James to think about how his having sex with Stephanie will affect his relationship with his parents, with her parents, and with his younger siblings (who look up to him as a role model) (process: thinking about how someone’s actions affect others)
 - Encouraging James to talk about what can happen when you have sex and how those consequences would affect his relationship with Stephanie, his peers, his future partners, etc. How would her friends, parents, etc. react? How would it make her feel about herself? (process: thinking about how someone’s actions affects others)
 - Brainstorming with James what he wants his life to be like 5 years from now. How would becoming a teen father or getting an incurable STD affect his future? (process: visualizing how you want to be)
4. If James said he has definitely decided to go ahead and have sex with Stephanie, what would you say next?
 - Let him know that you are here to support him any way you can and that you understand what a difficult decision this can be.
 - Offer to share techniques and strategies learned in Native STAND that can help him make a decision and stand by it.
 - Let him know if he does decide to have sex with Stephanie, he needs to take precautions to avoid STDs or an unplanned pregnancy. Let him know you are available to provide information, answer questions, or refer him to someone.

Robin A

1. What is the decision Robin is making?
 - Whether or not and how to bring up the discussion of condoms with Kyle.
2. At what stage of change is Robin?
 - Thinking about it.
3. At what stage do you assume Kyle is?
 - Not thinking about it.
4. What SOC tools could be used to help Robin move to the next stage?
 - Encouraging Robin to make a list of the pros and cons of using condoms with Kyle. (process: identifying the pros and cons)
 - Providing Robin with information on the risks of having sex without condoms. (process: getting information)
 - Encouraging Robin to express the negative feelings about problems—like writing down feelings, worries and fears. (process: involving emotions)
 - Encouraging Robin to express feelings about not using condoms and thoughts and fears about how Kyle might respond to the issue. (process: involving emotions)
 - Encouraging Robin to think about how having sex without a condom with Kyle will affect the relationship with Kyle, peers, future partners. (process: thinking about how someone's actions affect others)
 - Brainstorm with Robin how life might be different with an STD/HIV or (if female) if pregnant. (process: visualizing)
 - Brainstorming with Robin about what life could be like 5 years from now. How would it feel to have had as STD or even HIV? (process: visualizing how you want to be)
5. What are some specific suggestions about how Robin could help Kyle move to the next stage?
 - Robin could share information with Kyle about the risks of unprotected sex.
 - Robin could share information with Kyle about the asymptomatic nature of STDs and the possibility of spreading them without either partner knowing it.
 - Robin could encourage Kyle to speak to a peer educator with any questions or concerns.
6. What would you say to help Robin?
 - Let Robin know that you are here to support Robin any way you can and that you understand what a difficult decision this can be.
 - Offer to share techniques and strategies learned in Native STAND that can help Robin make and stick to a decision.
 - Encourage Robin to take the time he needed to look at the situation from many different sides until Robin feels comfortable with the decision.
 - Let Robin know if they decide not to use condoms, there are some precautions they can take to lessen the chance of transmission of STDs and HIV—such as massage, mutual masturbation, etc. Let Robin know you are available to provide information, answer questions, or make a referral.

Robin B

1. What is the decision Robin is making?
 - To continue using condoms every time they have sex.
2. At what stage of change is Robin?
 - Doing it.
3. What SOC tools could be used to help Robin stick to her decision?
 - Encourage Robin to talk to you or other trusted friends/family when Robin feels insecure about this decision. (process: getting support from others)
 - Brainstorm with Robin strategies to remind them that they're doing a really great thing by using condoms every time they have sex—like taping a sign on the dashboard that says something like, "I'm safe because I care." Encourage them to come up with others that will be meaningful to them. (process: using reminders)
 - Brainstorm with Robin measures to take to avoid the temptation of having sex without a condom—what's a back up plan if they get hot and heavy one night and neither one of them has a condom? (process: avoiding temptations)
 - If Kyle is also a member of Native STAND, remind Robin that working with peers and encouraging them to be safe will make it easier for both of them to "stick with it", too. (process: helping others)
 - Offer to role play a situation where Robin resists pressure to have sex without a condom (process: building self-confidence)
 - Encourage Robin to talk to Kyle about this decision. Encourage them to set a goal together that's important to both of them, and to reward themselves when they reach that goal. (process: rewarding yourself)
 - Encourage Robin to share this decision with other peers that may be struggling with this issue. (process: helping others)
4. What would you say to help Robin?
 - Let Robin know that you are proud of this decision and that you are here to support it any way you can.
 - Offer to share techniques and strategies learned in Native STAND that can help Robin stick to this decision.

Robin C

1. What is the decision Robin is making?
 - Whether or not to use condoms.
2. At what stage of change is Robin?
 - Not thinking about it.
3. What SOC tools could be used to help Robin move to the next stage?
 - Encouraging Robin to make a list of the pros and cons of not using a condom with Kyle. (process: identifying the pros and cons)
 - Providing Robin with information on the risks of not using a condom. (process: getting information)
 - Encouraging Robin to consider any negative feelings about this problem—like writing down feelings, worries and fears. (process: involving emotions)
 - Encouraging Robin to reflect about feelings associated with not using condoms. The next day after sex, is there a fear of STDs or pregnancy (if a girl)? (process: involving emotions)
 - Encouraging Robin to think about how having sex without a condom with Kyle will affect the relationship with Kyle, peers, future partners. (process: thinking about how someone's actions affect others)
 - Brainstorming with Robin about what life could be like 5 years from now. How would it feel to have had as STD or even HIV? (process: visualizing how you want to be)
4. What would you say to help Robin?
 - Let Robin know that you are here to be supportive any way you can and that you understand what a difficult decision this can be.
 - Offer to share techniques and strategies learned in Native STAND that can help Robin make a decision and stand by it.
 - Let Robin know if they decide not to use condoms, there are some precautions they can take to lessen the chance of transmission of STDs and HIV—such as massage, mutual masturbation, etc. Let Robin know you are available to provide information, answer questions, or make a referral.

6. Assignment: Find a Friend

3-5 minutes, large group lecture, adult or peer co-facilitator

- Ask students to identify a friend who has a decision to make (it can be about anything—it doesn't have to be sexual) and to talk to them about the decision before the next Native STAND session.
- Tell students they should tell their friend that they are learning to talk to people about making decisions in Native STAND and ask if it would be OK to practice with them.
- Tell students to use what they have learned in the last couple of sessions to figure out which stage their friend is in. They should choose a technique or two that would “match” that stage and help their friend move forward in making a decision.
- Students should jot down a few notes to share with the group at the next session:
 - ◇ What was the decision your friend was trying to make?
 - ◇ What stage was your friend in concerning this decision?
 - ◇ What SOC tools did you try?
 - ◇ What worked and what didn't?
 - ◇ How did you respond to your friend's decision?
 - ◇ What would you do differently next time?
- Don't use your friend's name or provide the group other information that would make it possible to identify who your friend is.

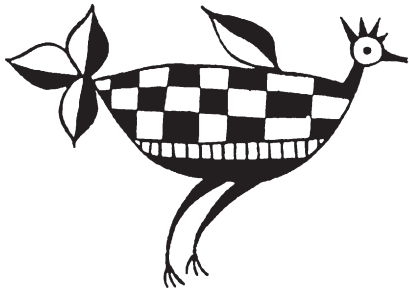
7. Closing

3-5 minutes, large group lecture, adult or peer co-facilitator

- Preview next session: Putting It All Together
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- Adjourn.

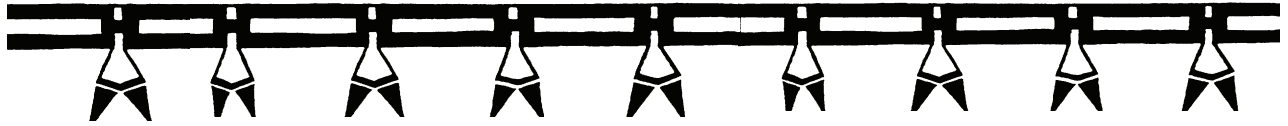


NOTES





27: Putting It All Together



Purpose:

To provide Native STAND members with a tool and the skills needed to speak with peers about sexual risk reduction.

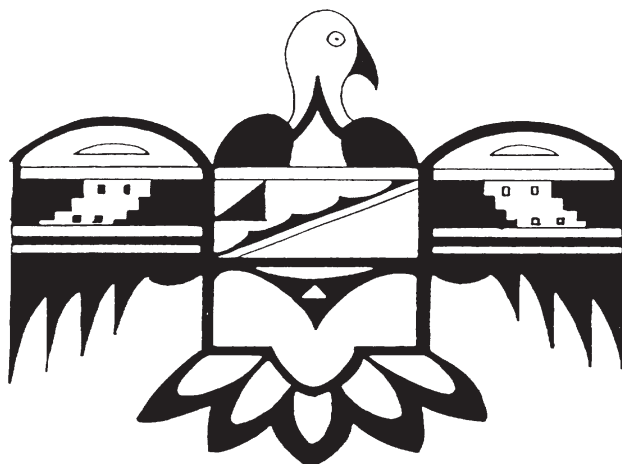
Stages of Change Process:

Thinking about how what you do affects others, making a commitment, building self-confidence

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Interact effectively with others to promote behavior change that will reduce that person's risk.
2. Assess one's own strengths and challenges in peer educator conversations.



Supplies/Materials:

- Supplies for Activity #2
- Small prize for winning team in Activity #2 (*optional*)
- Chart paper & markers

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Putting It All Together Role Play I	●	●	
Putting It All Together Role Play II	●	●	
Peer Educator Self-Assessment Sheet	●	●	
Peer & Observer Reflection Sheet	●	●	
Contact Summary Form	●	●	

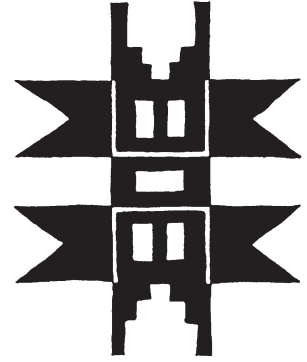
Preparation:

- Display Words of Wisdom

1. Welcome/Overview

5-8 minutes, large group activity, adult co-facilitator

- Review Session 26: Effective Communication,
- Ask for a volunteer(s) to share the experiences with the “Find a Friend” assignment
- Answer any questions in the question box.
- Introduce today’s session.
- Read the WOW.



What is life? It is a flash of a firefly in the night. It is the breath of a buffalo in the wintertime. It is as the little shadow that runs along the grass and loses itself in the sunset.

Blackfoot

2. Getting the Ball Rolling

18-20 minutes, small group brainstorm, large group report/discussion, adult and/or teen co-facilitators

- Divide students into several smaller groups.
- Ask them to brainstorm “opening lines” for starting one-on-one or small group conversations about risk reduction (for alcohol, drugs, sex, etc.).
- They should write their ideas on chart paper.
- Have each group present their ideas. Ask students to discuss which are better and why.
- Acknowledge the importance of just “being yourself” as opposed to having canned sentences to say and not pushing.

**Putting it All Together:
Role Play I**

Peer

The two of you are close friends. Last night was a Friday night. You didn't see your friend because you went to a party and they went to the basketball game. You went to a party at a girl's house whose parents weren't home. As usual, you had a few beers—maybe 3 or 4—but not that many. You felt pretty sober. You drove a couple of people home after a party, which you do a lot.

Only this night things didn't go so smoothly. You got stopped by a tribal cop who made you get out, try to walk in a straight line, and take a Breathalyzer test. He said you were legally drunk, he called you names, and put the cuffs on you. He purposely embarrassed you in front of your friends.

Peer Educator

The “part” you are to play here is YOU—the real person/peer educator that you are. What would you do in this situation to help move your friend toward being safer?

The two of you are close friends. Last night was Friday night. You didn't see your friend because you went to the basketball game and they went to a party. Now it's Saturday afternoon and your friend drops by. You two are hanging out in your room talking ...

3. Putting it All Together Role play I

15-18 minutes, large group role play, “tap-in”, discussion, adult or teen co-facilitator

- Refer students to Putting it All Together: Role Play I in the PM.
- Ask for two volunteers. One will be the peer and one will be the peer educator. Once the role play gets started, other students should periodically “tap in” to replace the peer educator so they can try their hand at that role. (“Tap in” is when you tap someone on their shoulder to take their place in the role play.)
- Afterwards, lead a brief discussion about how the students felt about that activity. Did they learn anything from the other students that “tapped in”?
- Acknowledge any especially good comments or techniques.



4. Putting it All Together Role play II

15-18 minutes, groups of three students, large group discussion, adult and teen co-facilitators

- Divide students into groups of three. (If students don't fit into triads exactly, there can be 1-2 groups of four.)
- Tell the groups to determine who will be the peer, who will be the peer educator, and who will be the observer. In groups of more than three, there will be more than one observer.
- Refer students to Putting it All Together: Role Play II in the PM.
- Tell them to read through the scenario and to act out what they think would happen between the peer and the peer educator.
- The observer should note things the peer educator did that were particularly effective in communicating with the peer.
- Reconvene in the large group and discuss the students' experiences during this activity. Ask the observers to share what they saw.

Putting it All Together: Role Play II

Peer

You two have been best friends for years. You see each other almost every day and you talk about everything. You have been dating a person in your class for almost a year, and you two have oral and vaginal sex at least once a week. You are very happy together. You (or your girlfriend) is on the pill but sometimes forget it 3 or 4 times a month. You use condoms sometimes, but she just doesn't feel as good with a condom.

Putting it All Together: Role Play II

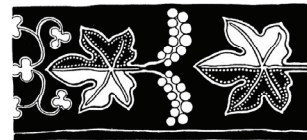
Peer Educator

The "part" you are to play here is YOU—the real person/peer educator that you are. What would you do in this situation to help move your friend toward being safer?

You two have been best friends for years. You see each other almost every day and you talk about everything. You know that your best friend has been dating a person in your class for almost a year and that they have oral and vaginal sex at least once a week. They are very happy together. You also know that she is on the pill.

You just found out that TWO girls who are also close friends of yours are pregnant and one has syphilis! You know the guys involved, too. Your friend worries that she might end up in the same boat.

It's Thursday afternoon after school and the two of you are hanging out, waiting for the bus.



5. Putting it All Together Role play III

20-25 minutes, groups of three students, adult and teen co-facilitators

- Divide students into groups of three. (Not necessarily the same groups as earlier.)
- Ask groups to develop a brief scenario between a peer educator and a peer and to act it out. (If students are nervous about this, acknowledge that fear, attempt to defuse any anxiety, and encourage them to do the best they can.) Have them fill out the form as best they can during the role play; if it is too much of a distraction, they can complete it immediately following the role play.
- Tell the groups to determine who will be the peer, who will be the peer educator, and who will be the observer.
- This time, the participants will use a form to help them track what goes on in the discussion. Refer them Self-Assessment for the Peer Educator the PM. The peer and the observer will use the Peer Observer Reflection in the PM.
- Once the groups have finished acting out their scenarios and completing their forms, go around and allow the groups to describe their scenarios, what transpired between the peer and the peer educator, and how the three participants in that group experienced the communication between them.

Role Play Feedback Sheet SELF ASSESSMENT FOR PEER EDUCATOR

Decision/behavior change the person could make:

Peer's Current SOC Stage:

Not thinking about change Thinking about it Doin' it
 Stinkin' with it Slips and slides

SOC Tools you encouraged the person to use:

Role Play Feedback Sheet PEER & OBSERVER REFLECTION

Decision/behavior change the person could make:

Peer's Current SOC Stage:

Not thinking about change Thinking about it Doin' it
 Stinkin' with it Slips and slides

SOC Tools the peer educator encouraged the person to use:

<input type="checkbox"/> Pros and Cons	<input type="checkbox"/> Getting support from others
<input type="checkbox"/> Reducing the cons	<input type="checkbox"/> Using reminders
<input type="checkbox"/> Getting information	<input type="checkbox"/> Avoiding temptations
<input type="checkbox"/> Involving emotions	<input type="checkbox"/> Building self-confidence
<input type="checkbox"/> Rewarding yourself	<input type="checkbox"/> Knowing WHO you are
<input type="checkbox"/> Helping others	<input type="checkbox"/> Making a commitment
<input type="checkbox"/> Advocating safer norms	<input type="checkbox"/> Using substitutes
<input type="checkbox"/> Being a good role model	<input type="checkbox"/> Thinking about how your actions affect others

Was the peer a good listener? Yes No

Were his/her tone, voice, and body language appropriate? Yes No

Did he/she use "blaming statements" (statements that begin with "you")? Yes No

Did the peer educator use "I" statements? Yes No

Did he/she use any common "communication jammers"? Yes No

Which ones: _____

List three things that went well:

1. _____

2. _____

3. _____

What could have been better? _____

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in
&

Option: Ask students to complete a Contact Summary Form for each encounter they have after they graduate. A sample form is in the PM.

6. **Closing**

5-8 minutes, large group lecture, adult co-facilitator

- Answer any questions, especially about how they will interact with peers.
- Review any program expectations (e.g., compliance with a Native STAND Contract, participation in a Native STAND Club).
- Direct the students' attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today's session and activities.
- If considering a graduation ceremony, preview the ceremony (location, planned speakers and activities, t-shirts, certificates, etc.).
- Adjourn.

NOTES

