

Native American Prevention Project Against AIDS and Substance Abuse

Level I Instructor's Manual



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Junior High Schools

Dilcon School
Hopi Junior High School
Kayenta Junior High School
Leupp Public School
Leupp Schools, Inc.
Tuba City Boarding School
Tuba City Junior High School
Winslow Junior High School

Senior High Schools

Chief Leschi School
Flagstaff BIA Dormitory
Greyhills High School
Hopi High School
Kayenta High School
Tuba City High School
Winslow BIA Dormitory
Winslow High School

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Introduction

The curriculum materials in this manual are the first part of a two-stage AIDS, alcohol, and other drug abuse prevention curriculum for young adolescents. This curriculum was originally developed and evaluated by the Native American Prevention Project Against AIDS and Substance Abuse (1) with funding from the Prevention Research Branch of the National Institute on Alcoholism and Alcohol Abuse. The NAPPASA curricula were then enhanced for national distribution with funding from the Center for Substance Abuse Prevention (CSAP). As published by CSAP the NAPPASA Curriculum Kit contains the following: the NAPPASA Level I Instructors Manual, and the NAPPASA Level I Youth Manual, plus the NAPPASA Level II Instructors Manual and the Level II Youth Manual. A number of videos are also part of the NAPPASA Curriculum of which eleven are available directly from the NAPPASA Project.

The NAPPASA Project

Under the direction of Jon Rolf, Ph.D. and Julie Baldwin, Ph.D. The NAPPASA Project was created through a collaborative research partnership. Beginning in 1990 this partnership linked educators, health providers, and residents from northern Arizona American Indian reservation and border town communities with faculty, staff and students from John Hopkins School of Public Health and Northern Arizona University. Dr. Jon Rolf (1) the NAPPASA's Project Director has described the ways that the prevention partnership was built and sustained. The CSAP video "NAPPASA – Southwest Partners for Prevention" shows that partners describing the NAPPASA project, their roles in it, and the effects it has on the participants.

Dr. Julie Baldwin (2) has written about the methods and stages used in developing and evaluating two different curricula for eighth and ninth graders. In brief, the instructors, students, school administrators and community consultants told our evaluation staff through questionnaires, focus groups, and interviews what aspects of the prototype curricula had worked best with the students within the time constraints of school schedules. Subsequently, longitudinal outcome evaluations of the eighth and ninth grade curricula demonstrated significant program effects in improving knowledge, building preventive decision making and communication skills, strengthening motivations and intentions to avoid behavioral risks for HIV/AIDS, and reducing use and motivations to use alcohol and other drugs.

This version of the NAPPASA Level I Prevention Curriculum has been created on four year's experience and with the evaluation findings from the original NAPPASA curricula. The curriculum has been prepared for use with students from all kinds of backgrounds, including those living in our Native American communities. The scope and objectives of the original version of the curriculum and present revisions are nearly identical. However, in the new version produced for CSAP, we had adjusted the original materials and activities to better fit with the interests and abilities of typical classes of eighth graders in group sessions that last about 45–50 minutes.

Cultural Relevance

The integration of biological, social, cultural, and psychological topics into the NAPPASA prevention curricula was a direct result of educators', parents', and students' interest in a holistic approach to HIV/AIDS and substance abuse prevention programming. The NAPPASA curricula tried a balanced multi-cultural view of its

topics. The amount of content and activities emphasizing American Indian ways of health education is an important feature. Some of these were adapted from the Beauty Way Curriculum, (3) a substance abuse prevention curriculum developed by the Navajo Nation. Also incorporated into the curriculum were Native American stories and legends and content developed by the research team that drew upon traditional teachings and philosophy, and role playing scenarios derived from the NAPPASA project's focus groups. This rich mixture of cross-cultural examination has proven to be an important contribution to the effectiveness of the curricula. There is evidence that the holistic presentation of physical, psychological, social and spiritual health issues has significantly increased the perceived importance and relevance of many students' own personal values, their religion, and the "ways and teachings of their ancestors" in helping them to avoid illicit substances and unprotected (or unwanted) sexual intercourse.

The Theoretical Basis for the NAPPASA Prevention Curriculum

In developing these curricula, the NAPPASA research team sought an intervention approach that was based on scientific theories of behavior change that could integrate both biomedical and holistic approaches to health and illness, and that was relevant to the health belief systems of many cultures, including Native Americans. Therefore, an integrative approach to health and preventive interventions, the Social Action Theory conceptual model (4), was adapted because it combined several theories, it addressed multiple change processes, and it addressed different social and cultural contexts.

To the authors' knowledge, this curriculum is one of the first attempts to develop a combined HIV/AIDS and AOD abuse prevention program for adolescents based on a multi-level, multi-method intervention model. The relevance of Social Learning Theory approaches for preventive interventions with Native American youth has been suggested by a number of mental health related studies (5, 6). Empirical data from the NAPPASA project have demonstrated the suitability of a prevention curriculum based on Social Action Theory for youth from Native American and other cultural backgrounds.

In a recent review by Hansen (7), the conceptual underpinnings of alcohol and other drug (AOD) prevention curriculum content from a number of different studies were summarized. Underlying all of these educational interventions and curricular activities is the assumption that behavioral effects are the result of changing appropriate processes that mediate the onset of health risking behaviors. What follows is an overview of how the NAPPASA Prevention Curricula is related to the eleven types of educational interventions described by Hansen.

1. **Information.** Information programs target knowledge and beliefs about the consequences of engaging in risky behaviors. The NAPPASA curriculum contains many sessions, which supply information about a broad range of health promotion and disease/injury prevention topics. Often the curriculum draws attention to specific health behaviors (e.g., drinking alcohol) by supplying information about its consequences in order to create emotional reactions to these consequences. Following the Social Action Theory Model, the NAPPASA curriculum sessions were developed so that the information is provided in a way that relevant emotional consequences of the information can be experienced with classmates. In some curriculum sessions, such socially experienced learning includes the various good or bad consequences

students actually experience as a result of role-playing scenarios involving health risking versus health protecting behaviors.

2. Decision-making. Decision-making programs typically teach young people a strategy for identifying problems, creating solutions, and making choices among alternatives. Decision making strategies are a part of this curriculum. They include components adapted with permission from a previously developed alcohol and drug abuse prevention curriculum called SODAS, which was created by Dr. Steven Schinke and colleagues (8). The SODAS curriculum is based on a Social Learning Theory approach to skill building. The SODAS title is an acronym for a decision-making sequence: Stop, Options, Decide, Act/communicate, and Self-praise. Ten sessions incorporate SODAS in which instructors model role-plays or students view video performances of peers coping with pressures to use alcohol, tobacco or other drugs. The students are coached: 1) to practice identifying and coping with social situations involving risky behaviors; 2) to reflect on the potential health risks and social problems at hand; 3) to check with their personal values to decide on a non-risky but rewarding behavior; 4) to act to effect this decision; and 5) to end with some self-praise for their efforts at problem solving. In addition to SODAS activities, other curriculum sessions contain activities also designed to build decision-making skills.

3. Values clarification. Values clarification programs examine the relationship between individuals' values and the consequences of their behavior and demonstrate how many personal values are incompatible with risky behavior. Values clarification programs may include activities that either assist individuals to understand better their current values or to identify a set of positive values that fit within their family and cultural teachings. Students are assisted with discussion and work sheet activities that deal with clarifying how values are related to alcohol and other drug use/abuse. The NAPPASA curricula were created to be sensitive to Native American cultural values and their connectedness to the positive values of other cultural groups in the United States. Students and instructors have found that strengthening connections to shared values with the NAPPASA curricula has helped them in promoting health and harmony in their daily lives.

4. Goal setting. Goal setting programs teach skills for setting and attaining goals. Goal setting also encourages adoption of an achievement orientation and building of specific sets of skills to achieve personal goals. In both the eighth and ninth grade curricula, students are asked to specify things that they would like to change to make their lives more healthful and safe.

5. Stress management. Stress management programs teach skills for coping with and managing stress. By focusing on teaching students skills to cope with psychologically difficult situations, stress management programs also help to increase an individual's perceived self-efficacy for coping with problem situations. Although there are no entire sessions in this curriculum devoted to stress management, some sessions address ways in which a young person can cope with common stressors including substance abuse in the family.

6. Self-esteem. Self-esteem programs focus on developing individual feelings of self-worth and value. Several sessions incorporate activities, which help student, appreciate their natural strengths and individuality. Group based self-efficacy and self-esteem building activities are also included because they have been found to improve the role play performances in which students demonstrate abilities to refuse peers who pressure them to try alcohol, other drugs or sexual intercourse. Good self-esteem also helps teens to assert themselves more effectively in

proposing safer activities to peers seeking to engage in health risking behaviors. The curriculum provides sufficient group-based planning and practice time for role-playing which also builds self-esteem.

7. Resistance skills training. Resistance skills training teaches students to identify and assertively resist pressure to engage in risky behaviors. The focus of instruction in these sessions is to help students develop skills to deal with pressure from peers, as well as pressure from the media, parents, or siblings engaging in risky behaviors. Students put knowledge into action as they are introduced to: a) the practice of peer communications regarding risky scenarios, HIV/STD infections and AOD use; and b) the role playing of risky scenarios, which provide opportunities to offer advice or demonstrate safe, non-health risking, enjoyable options to student peers.

8. Life skills training. Life skills training programs teach broad social skills, including communication skills, human relations skills, and skills for solving interpersonal conflict. In this approach, students are taught more than simply how to resist offers to use alcohol or drugs. Training may include a variety of instructional strategies, including lecture, discussion, and role-playing. In the NAPPASA curricula, students are given opportunities to experience the social consequences of participating in structured role playing and to learn vicariously the consequences experienced by live and videotaped peer models, as they engage in preventive communications or report about their health-risking lifestyles.

9. Norm setting. Norm setting programs focus on correcting erroneous perceptions about the prevalence and acceptability of high-risk behaviors among local peer groups. This approach focuses on altering opinions about the acceptability of risky behaviors by showing how few teens are actually engaging in these behaviors. Several curriculum sessions give feedback on local rates of risky behaviors with follow-up activities that shape personal and peer perceptions of the behavior's, attractiveness, safety, social acceptability, and consequences.

10. Persistent assistance. Assistance programs encourage peers, and others to play an integral role in prevention and intervention by providing social support to at-risk individuals. The Social Action Theory prevention model predicts that a prevention curriculum, which is limited to instruction, positive modeling and a few sessions of reinforcing the practice of preventive communications and behaviors, may only persuade a youth to try a new health practice. Longer sequences of activities providing social reinforced practice of prevention and life skills are needed to promote longer-term use of these skills until they become habits. This is why the NAPPASA curricula contain 20 sessions during each of two years. The junior high curriculum prepares the student for the senior high curriculum. Together, they provide many motivating sessions to build skills into healthy attitudes and behavioral habits.

11. Alternatives. Alternative programs provide experience in activities that are incompatible with risky behaviors. The NAPPASA curricula include structured activities, as well as information and incentives for participating in alternative activities. For example, in the ninth grade curriculum, students are asked to interview their parents regarding values, laws, and community norms of alcohol and other drug use when their parents were teenagers. Other activities are also included to promote other kinds of parent-student and student-student communication about health topics.

Instructional and Educational Orientation

The NAPPASA Prevention Curricula seeks useful balances between the time efficiency of didactic instructor presentations and the power of in-class activities, which promote learning by active student participation. Simply increasing knowledge of facts through lectures does not produce strong prevention skills or propel teens toward healthier lifestyles. Teens seem to grow most when they test knowledge through interaction with peers. Therefore, the revised curriculum contains more opportunities to practice emergent prevention skills, and the Instructor's Manual includes more encouragement and praise for student participation. As the sessions progress, the trend is toward briefer instructor presentations and relatively more action-oriented, student activities.

We have scripted the instructors' presentations and carefully timed the sequences of the topics and activities within class sessions. The purpose of this scripting is to promote both complete coverage of topics and student participation. Instructors are not expected to read the "scripts" verbatim. In the NAPPASA Instructor Training Workshops, we emphasize that the instructors can and will use their own words, examples, and style, especially during the discussions. Instructors are also expected to slightly adapt the delivery and the pace of session activities to the ability levels of each specific classroom of students.

In order to facilitate planning for the successful delivery of each session, its prime objectives, tasks, and required materials are listed at the beginning of each session in the Instructor's Manual. Further, each session is bundled with hard copies of any overhead transparencies and Student Manual materials that are part of in-class activities involving the instructor.

Video Media

Video media are included in half the topical sessions in order to present relevant role models who demonstrate the consequences of risky and preventive behaviors. The videos are listed for each session on page 28.

Instructor Training

The NAPPASA curricula are designed to be taught by a pair of male and female instructors. Unusually, a community person is paired with an experienced teacher from a local school. Instructor training is very important. In the NAPPASA project, training takes place in a workshop retreat setting where the instructor teams from different schools receive 2 days of training by NAPPASA staff and experienced instructors. Each instructor is provided with the project's history, educational rationale, his/her own copy of the Instructor's Manual, Student Manual, the required session logs and process evaluation forms, and updated supplementary information packets in HIV/AIDS and substance abuse facts and local referral agencies. During the training workshop, the instructors also are: a) given NAPPASA's history and rationale and recent findings; b) shown videos of the program in action in local schools; c) reinforced for active participation in discussions; and d) encouraged to see ways the program fits into their own schools' health agendas.

Evaluating Curriculum Effects for your Teen Groups

The NAPPASA prevention project team and its community partners believe that it is very important to evaluate the process and outcome effects of the curricula. Both the eighth and ninth grade curricula can be evaluated with the NAPPASA Health Behavior Surveys, which have different versions for use at (a) baseline (before delivery of the curriculum), (b) at post-delivery (after session 20), and at different follow-up intervals (3-5 months and 12 months). These Surveys contain both outcome and process evaluation items and scales. Outcomes include: (1) shorter-term, pre-post intervention comparisons (e.g., changes in knowledge, perceptions of personal risk, self-efficacy beliefs, perceived loss of future options), and (2) behavioral outcomes targeting longer term effects of the intervention, (e.g., peer group norms of illicit substance use and AIDS-risking behaviors, and self reports of personal substance use and potentially HIV-risking behaviors). Process evaluation items involve perceived barriers to successful implementation of the curriculum, the extent of satisfaction with it, and its perceived cultural relevance to the participants.

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How to Use This Manual

You are in the position to influence young people who are growing up in a time when the usual difficult decisions are complicated further by the possibility of contracting AIDS and by the rising levels of addiction, substance abuse, and the breakdown in the family structure in all areas of society.

Young people realize when someone cares about the struggles and obstacles they face. By personally considering some of the issues raised in these sessions, you will be that much more effective in making contacts that transcend the daily routines of providing instruction in academics. That is, if we are to expect young people to be more conscientious, caring, and responsible, it will be necessary for us, as respected adults in their lives, to exhibit behaviors and attitudes that express those same values.

Some young people will need nothing more than the information you give them to begin making better decisions and to protect themselves from the AIDS virus and addiction to alcohol and drugs. Others, however, will not be affected so readily, and will go on to take risks and make decisions that result in harm to themselves or others; these are the young people who will greatly benefit from adults willing to take on the additional responsibility of responding as a fellow human being to the struggles and pain of others.

This may require some further education on your part, as you may face situations that require knowledge of counseling and social services available in your school or community to refer youths who may be in crisis. Whatever extra time or energy is used will be easily compensated by the responsiveness of the youth and the intrinsic reward of knowing that you are doing something that could result in positive change in a young person's life.

The sessions in this manual are scripted so that the instructor can follow along, almost word for word, in each session. By instructor, we mean the group leader or facilitator. The sessions follow a logical order, so that each session builds upon the previous one. Some of the sessions however, can stand-alone and do not need the information from the previous sessions. There is also a ninth grade manual that may be of some use as it provides even more information that can be obtained by calling NCADI. Many of the sessions use videos, and these videos can be obtained from the list of vendors at the end of this section. However, if the videos prove to be too difficult to get, we have included alternate activities to conduct in each session in place of video presentations.

Many times the session requires an overhead projector for the transparencies. A hard copy of the necessary transparencies is included in each session. It is important to read each session over to understand the concepts being presented. We recommend training and if you have any questions, please contact NAPPASA1@hotmail.com.

Talking About Difficult Issues

Sometimes in talking about the issues presented in the curriculum, other issues arise. Perhaps the youth has been a victim of abuse, or perhaps the youth is making a connection with an adult for support and encouragement for the first time. The content matter of the session may inspire a youth to seek information

on treatment, additional information on the HIV virus and AIDS, or on receiving counseling; if this occurs, talk with the youth as openly as you are comfortable with. If the youth shares things you feel a different professional should deal with, suggest the name, phone number, and address of the appropriate agency or social service. In any case, the instructor's role is always to listen.

In addition, youth who reside in households disrupted by domestic problems may be more likely to turn to alcohol and other intoxicating substances as an escape from stress. Therefore, recognizing and knowing how to respond to young people you suspect of being physically abused or neglected, sexually abused and/or emotionally abused, is taking action towards prevention. By 1967, all 50 States passed legislation requiring the reporting of child maltreatment to authorities. A session on abuse is beyond the scope of this curriculum. However, the following suggestions may help if abuse is suspected.

- Obtain other witnesses, such as a counselor or another adult. A record of observed symptoms or injuries should be entered into the youth's record. Note your impressions of the abuse in writing to document the date and contact.
- Keep a personal record to contain objective notes, with personal thoughts identified as such.
- Report the incident using the agency's procedures for reporting. If it does not have a procedure, use a local number for reporting suspected abuse. This would probably involve contacting the police department. Reports can be made anonymously. Document all professional actions.
- Follow-up: A written report may be submitted to the local social service agency concerned with abuse and neglect. If the report is not made anonymously, it is appropriate to remain in contact with the person assigned to the youth's case by the social service agency. Feedback and coordination of strategies between professionals is helpful and may be appropriate. Depending on the situation, you may also inform the parents of the report.

Know Your Youth

You may or may not be familiar with the group of adolescents you are about to teach. Perhaps you have lived a long time in the area and are part of the community, or you may have the same cultural background as the youth you are teaching. On the other hand, some instructors do not speak the same language as the participants do at home and have a widely different cultural background.

In any case, it helps to acknowledge the unique characteristics of the communities in which your students live. There may be influences that you haven't considered or that you are unaware of. This information is presented, then, to help you put the curriculum and its goals into perspective, and to enable you to increase your sensitivity to the issues.

The information we presented below is abstracted from the Prevention Resource Guides published by the National Clearinghouse on Alcohol and Drug information.

Facts & Figures

- American Indian and Native Alaskan groups vary widely in alcohol use, but as a whole they have very high mortality rates from causes that are alcohol related, such as cirrhosis, unintentional injuries, homicide, and suicide.
- Alcoholism among American Indians has been described as the number one health problem in these cultural groups.
- American Indians consistently report higher lifetime prevalence and current use in all drug categories, with the notable exception of cocaine, compared with the general population in the National High School Senior Survey.
- Young American Indian females use drugs at the same rate as males.
- Fetal Alcohol Syndrome is 33 time higher in American Indians than in Whites.
- At least 80 percent of homicides, suicides, and motor vehicle crashes in the American Indian population are alcohol related.
- American Indian youth are consistently reported to have the highest prevalence of inhalant abuse, with estimated ranges of 17 to 22 percent, about twice as high as non-American Indian youth.
- Twelve percent of American Indian youth have used stimulants and 72 percent have smoked cigarettes, while the percentages of their non-American Indian peers is significantly lower (4.2 percent and 42.8 percent respectively.)
- Marijuana is the next most widely used drug after alcohol. It is estimated that about half (41–62 percent) of American Indian youth have tried marijuana, compared with less than half (28–50 percent) of other youths, although there is a wide intertribal variation.
- Alcohol is by far the most widely abused drug in rural areas.
- Prevalence rates for cocaine appear to be lower in rural than non-rural areas. Prevalence rates for other drugs, such as inhalants may be higher in rural areas than elsewhere.
- More than ever before, cocaine and heroin use is found in rural areas. Arrests for cocaine and heroin, two of the most highly addictive drugs, rose by almost 20 percent in rural areas between 1984 and 1988.

- Snuff and chewing tobacco are being used more than ever before in rural areas by young men hoping to prove their “manhood.” Many young men even begin using because of peer pressure and become addicted to the tobacco, which causes mouth cancer, gum disease, and increased death rates.
- One-third of rural children have had their first drink on their own by the age of 10 according to the results of a survey conducted in one small, middle Atlantic town.



Summary of Session Objectives Level I – NAPPASA Curriculum

Survey Session 1: Students will complete the Baseline Survey.

Session 1: Students will be presented with an overview of the course

Session 2: Students will be introduced to different concepts of health and the history of epidemics experienced by Native Americans. Students will also be introduced to concepts of prevention for themselves and their community.

Session 3: Students will learn factual information on alcohol and other drug abuse.

Session 4: Students will understand the concept of dependence on substance and the harmful effects of alcoholism and drug abuse on individuals, families, and communities.

Session 5: Students will be made more aware of pressures on them to use alcohol and drugs as well as reasons people have for not using AOD.

Session 6: Students will understand what values are and how they are part of prevention through a class discussion and presentation on values by a peer speaker or video.

Session 7: Students will learn about the importance of finding safe ways to communicate their feelings and consider which relationships in their lives meet their needs for safety, security, etc.

Session 8: Students will learn what SODAS stands for and how it is used to keep one's balance and prevent health problems.

Session 9: Students will review the human reproductive process and how sexual behavior can influence health.

Session 10: Students will discuss the consequences of sexual behavior.

Session 11: Students will provide with an overview of sexually transmitted diseases and be able to explain at least one example of a STD.

Session 12: Students will learn factual information about AIDS, what AIDS stands for, how HIV attacks the immune system, the symptoms the HIV/AIDS patient experiences, and basic information about AIDS testing.

Session 13: Students will be able to name the modes of HIV transmission, view a short video with information on the transmission of the AIDS virus, and participate in an exercise, which demonstrates how HIV is transmitted.

Session 14: Students will learn the basic guidelines for HIV/AIDS prevention and will understand how teenagers are at risk for HIV.

Session 15: Students will learn what is entailed in the effective use of the STOP and OPTIONS steps of the SODAS communication skills.

Session 16: Students will learn about and practice the DECIDE and ACT steps of problem solving to reduce risks for HIV and substance use.

Session 17: Students will understand the value of having self-esteem and learn ways to build their own and other's self-esteem.

Session 18: Students will provide illustrative situation of pressures they face around drug and alcohol use.

Session 19: Students will rehearse their role-plays of a locally valid pressure situation using the SODAS model.

Session 20: Students will present their role-plays using the SODAS model to the class.

Session 21: Students will identify specific places/persons for obtaining more information, support or services on AIDS, alcohol, and drug abuse prevention.

Survey Session: Students will complete the post-evaluation of what they have learned from the program.

Session Concepts



Session 1: Introduction

Session 1 provides a general overview of the program as a means of introducing students to the topics of AIDS, alcohol, and other drug abuse prevention.

- 1) Students need to feel comfortable talking and sharing with each other because this program requires a lot of group interaction.
- 2) Students can expect some of the following topics to be presented:
 - a) The role of holistic health/western biomedical health in prevention of disease;
 - b) The effects of drugs and alcohol on the body and behavior;
 - c) Elements of peer pressure and social pressure to engage in risky behaviors;
 - d) Problem solving and assertive communication skills using SODAS;
 - e) Prevention of the transmission of HIV/AIDS and other STD's.

Session 2: Concepts of Health, Illness, and Prevention

Session 2 introduces students to both the holistic and the biomedical concepts of health and their role in the promotion of health/wellness and the prevention of drug abuse and disease.

- 1) “Holistic Health” views the wellness of an individual as contingent upon the unity between the person’s physical, mental/emotional, and spiritual self.
- 2) By taking care of our “whole self”, we are protecting not only individuals from disease, but also whole communities.
- 3) The “biomedical model” focuses on the physical cause of an ailment and the treatment of that ailment. Biomedical models view health as dependent on finding a cure for the person after he/she becomes inflicted with an illness or disease.
- 4) One definition of prevention is to take steps to protect yourself from disease, injury and other damages to your health.
- 5) Prevention involves building up personal strength, skills and knowledge.

Session 3: Alcohol and other drugs

Session 3 provides factual information on the many different types of drugs (including alcohol) and the effects of alcohol and other drugs on both the body and behavior.

- 1) The types of drugs include: a) prescription drugs (i.e., drugs administered by a physician); b) over-the-counter drugs (i.e., aspirin, cough syrup, or any other drug bought at a supermarket or drug store); and c) illicit drugs (i.e., illegal substances such as marijuana, cocaine, heroin, and “crack”).
- 2) A drug is any substance that, when taken in any amount, produces significant changes in the functioning of a person’s body, thinking or behavior.
- 3) The effects of alcohol include damage to: body tissues, lining of the digestive system, the liver, and the central nervous system causing significant impairment to one’s thinking, breathing, talking, or behavior.
- 4) The extent of damage from AOD use to the body and /or one’s behavior is dependent upon a variety of factors including: a) the amount and strength of alcohol consumed; b) other drugs already in the body; c) the drinker’s emotional state of mind; and d) the drinker’s expectations of the effects of alcohol.

Session 4: Coping with Alcoholism and Drug Abuse

Session 4 highlights the concepts of substance abuse and dependency as well as the harmful effects of alcoholism on both individual and families.

- 1) Signs of dependency on alcohol and other drugs vary from: a) decreased quality of school work; b) decreased class attendance; c) withdrawing from responsibilities to family; d) mood swings; e) depressive attitude toward behavior; and f) constant trouble with police and other authorities.
- 2) Feelings of anger, resentment, and fear are normal for a young person living with an alcohol or drug dependent person. The goal is for young people to learn how to deal with these feelings without hurting others or themselves.
- 3) Three important concepts to remember about alcoholism: a) alcoholism is a disease; b) this disease has different names including: alcoholism, chemical dependency, and addiction, and c) living with a person who is addicted hurts the whole family.

Session 5: Pressure

Session 5 focuses on the many societal and situational pressures which cause an individual to use alcohol and other drugs. Session 5 also explores different reasons why a person chooses not to use alcohol and other drugs.

- 1) There are many reasons why youth consume alcohol and /or other drugs including: a) pressure to become part of a group; b) media advertisements make it look exciting; c) it is hard to say no; d) curiosity; e) habit or addiction; and f) people think that alcohol/drugs will make them forget their problems.
- 2) Reasons to avoid alcohol and /or drug use include: a) illegality of the substances; b) loss of control over the physical self and behavior; c) high cost; d) interference with things that are important to a person; e) the ability to develop a dependency or addiction.
- 3) There are things in our environment that say it's okay to use these harmful substances. These include: magazine ads, bars, music lyrics and videos, and TV shows and MTV.
- 4) Advertisers use techniques such as the **Bandwagon** or **Testimonial** approaches to try to get people to use or buy their products”

Session 6: Values

Session 6 focuses on the concept of values and helping students understand that values are an important element of prevention. Values may be derived from different sources including: the individual, a group, peers, family and culture.

- 1) Values are an important part of decision making in determining what is important to you.
- 2) One can compare traditional family culture to a “Right Now” consumer culture.
- 3) The shield exercise can help students understand some of their values and beliefs.
- 4) Having other (guest speakers or videos) provide testimonials about their own experiences with pressure to use AOD can help young people learn how to cope better.

Session 7: Communication

Session 7 discusses the role that relationships serve in our lives and how communication and feelings are important components of developing reliable relationships.

- 1) By watching the video, “Broken Promises” or participating in the activity, students can think more about their own feelings about what it is like to live in a home where there is an alcohol or drug dependent person.
- 2) In completing the relationship review list, students can think about and appreciate the relationships in their lives.
- 3) Students are exposed to a role play demonstrating some ways to communicate and make safe choices when living in a household with an alcohol or drug abuser.

Session 8: SODAS

Session 8 teaches the student SODAS skills to help them cope with peer pressure. It also gives students a chance to practice the SODAS skills by role-playing different scenarios.

- 1) The SODAS problem solving model involves the following steps: STOP, OPTIONS, DECIDE, ACT, SELF-PRAISE.
- 2) Ways to STOP include: a) Taking a deep breath, b) counting to 10, and c) asking yourself, “What am I being asked to do?”
- 3) OPTIONS involve thinking about the choices available to you to help you deal with or get out of a tough situation.
- 4) What is best for you depends on your values, goals, your limits, and the situation.
- 5) Give yourself credit and praise for using SODAS.

Session 9: Human Sexuality

Session 9 gives an in-depth look at male and female reproductive organs and what influences an individual’s sexual behavior. It also touches on the subject of how moral and traditional values influence decision about sex.

- 1) The holistic view of sexuality acknowledges that all parts of the person make up a person’s sexual being (physical, emotional, social, and spiritual, etc.).

- 2) The media, peers, and personal experiences have strong influences on one's developing sense of sexuality.
- 3) It's important to take care of all parts of your body, especially the reproductive organs.

Session 10: Sexual Behavior, Responsibility, and Consequences

Session 10 discusses an individual's sexual behavior and the responsibilities and consequences of having sexual intercourse. It also presents information on the accepted norms of teen sexuality.

- 1) Changes that you experience during puberty are not limited to physical changes. They may also include changes in friendships, family relationships and in peer group relationships.
- 2) Teens receive mixed messages about sex from parents, teachers, other adults and people in the community.
- 3) Adolescents can express or show their feelings for one another in ways that do not involve sexual intercourse. These include: a) Hugging, kissing, and holding hands; b) Sharing special thoughts, secrets and feelings; and c) Choosing a style of clothing, fads, hairstyle, or the type of cologne the other special person likes.

Session 11: Sexually Transmitted Diseases (STD's)

Session 11 provides students with an overview of six different STD's and how they can be prevented.

- 1) Sexually transmitted diseases share many common symptoms including: a) sores or lesions, b) burning, c) itching, d) unusual discharge of fluid or puss, e) unusual bleeding, and/or f) abdominal pain.
- 2) If sexually transmitted diseases are not treated medically, they can damage a person's reproductive organs and cause one to become infertile (not able to become pregnant or father a child).
- 3) If you are sexually active, stay alert to bodily changes, get early treatment, and use a condom each and every time you have sexual intercourse.
- 4) The one sure way that you can prevent getting an STD is to abstain from sexual intercourse.
- 5) You can take an active role in protecting your health.

Session 12: HIV/AIDS– What Is It?

Session 12 provides students with a definition of AIDS/HIV, discusses how the HIV virus attacks the human immune system, describes some of the symptoms of AIDS/HIV infected individuals and their experiences, and gives basic information on AIDS testing.

- 1) AIDS stands for acquired Immune Deficiency Syndrome.
- 2) There are many myths about how HIV is transmitted. These include: getting HIV/AIDS from toilet seats, doorknobs, mosquitoes, kissing, hugging, holding or shaking hands, eating food prepared by a person with AIDS or HIV (PWA), sneezing or coughing, and being in a swimming pool with an infected person.
- 3) AIDS is caused by a virus known as HIV, or the Human Immuno Deficiency Virus.
- 4) Once infected with HIV, some people don't appear to be sick at all. Other people might have any of the following signs or symptoms of HIV/AIDS: a) tiredness, b) fever, shaking, chills, c) swollen glands, d) weight loss, d) thick, whitish coating on tongue or throat, e) dry cough, f) pink or purple flat or raised blotches on or under the skin.
- 5) There is a time called the Silent Infection Period during which a person can be infected with the AIDS virus but not have any symptoms.
- 6) There is a blood test, which will determine whether or not the AIDS virus has entered the body. If antibodies to the virus are present in the blood, then that person has been infected.

Session 13: The transmission of the AIDS virus

Session 13 gives the student an overview of the modes of HIV transmission. Students will also participate in an exercise that demonstrates how the AIDS virus can be transmitted.

- 1) Modes of transmission of HIV include: a) Unprotected sexual intercourse; b) sharing of hypodermic needles; c) exchange of bodily fluids; d) tattooing; e) transfusion of contaminated blood; and f) from infected mother to fetus (before, during and after birth).
- 2) Once a person is infected with HIV, that person is infected for a lifetime. Eventually, HIV infection will likely progress to full-blown AIDS, which will lead to death.

- 3) Knowing your sexual partner is NOT enough to assure risk reduction. A person with HIV can spread the infection to any of his or her sexual partners because he or she may not have symptoms and may be unaware that he/she is infectious.
- 4) All of us can be at risk for HIV infection, depending on what we do.

Session 14: Teens AIDS in Focus

Session 14 discusses why teens are at risk for HIV/AIDS and presents basic guidelines for prevention.

- 1) There are some behaviors that put people at greater risk than others for getting the virus. It is important for all of us to know which behavioral risks are higher or lower for getting HIV/AIDS.
- 2) AIDS/HIV infection can be 100% preventable by the following methods: a) Abstaining from sexual intercourse; b) If not abstaining from sexual intercourse protecting yourself from STD's and HIV/AIDS by correctly using latex condoms each and every time you have sex; c) Abstaining from the use of alcohol and other drugs; d) Never using unsterilized needles to inject any drug or medicine.

Session 15: STOP, OPTIONS

Session 15 reviews the first two steps in the SODAS skills prevention model and shows an effective use of the stop and options steps.

- 1) Students need to be completely familiar with how each of the SODAS steps works so they can practice them and become comfortable enough to use them confidently in real-life situations.
- 2) Body clues that tell a person that he/she needs to stop include: feeling anxious, tight stomach, pounding heart, sweaty hands, shortness of breath, etc.
- 3) Three important points to remember about the STOP step: 1) realizing that you are in a tough spot (pay attention to mind and body clues): 2) calming down, and 3) giving yourself lots of encouragement.
- 4) To make healthy decisions, you must come up with good options to peer pressure.
- 5) Young people have a habit of thinking negatively when confronted with a tough situation. There are ways of turning negative thoughts to positive thoughts.

Session 16: DECIDE, ACT

Session 16 reviews the DECIDE and ACT steps of the SODAS skills prevention model. Students will also practice using the skills model among one another to show the effectiveness of the DECIDE and ACT portion of the SODAS steps.

- 1) In making decisions, one needs to consider values, facts, and goals.
- 2) Everyone has the ability to help him/herself in difficult situations. This ability has to do with the ability to communicate what option you've chosen and why you chose it.
- 3) There are two types of communication skills:
 - a) Verbal or speaking skills, which include: refusal sentences, I-sentences and alternative suggestions.
 - b) Non-Verbal skills or "how our body talks without words" which include: Eye contact, Facial expressions, Body gestures (i.e. hand motions, head nodding and fidgeting), and Distancing.

Session 17: Self-Praise and Self-Esteem

- 1) Self-esteem means having a positive attitude about one's worth and abilities.
- 2) Self-confidence (a special kind of self-esteem) means believing that you can do something well.
- 3) Students will learn how to build self-esteem and self-confidence by creating ways to have a good time without using alcohol and other drugs.

Session 18: Situations Around Pressure

Session 18 students will demonstrate situation of pressures they face in today's fast paced world, concerning drugs and alcohol use.

- 1) Students' role-plays should be realistic and demonstrate SODAS being used to help them out in tough situation.
- 2) Each group should have a narrator, high-pressure actor, a friend, a verbal coach and a non-verbal coach.
- 3) Effective verbal and non-verbal skills should be used during the role-plays.

Session 19: SODAS Practice

Session 19 gives students the opportunity to practice and demonstrate the use of SODAS in a situation that students judge to be common in their lives.

- 1) Role-playing gives students an opportunity to rehearse and practice the SODAS and decision-making skills.
- 2) Learning new ways of communicating involves believing in yourself and in the support of your classmates.
- 3) A group's role-play needs the skills and support of all its members.

Session 20: SODAS PRESENTATION

Session 20 allows youth to present their role-plays using the SODAS model to the group.

Session 21: RESOURCES

Session 21 informs students about local and national information and resources on AIDS, alcohol and drug abuse.

List of Level I Curriculum Videos

- Session 1 CHOICES: TEENS SPEAK UP (12min)**
As an introduction to the program, Students speak about their personal experiences with the NAPPASA prevention course and how it has affected their attitudes and behaviors.
- Session 2 PREVENTION (11 min)**
This video defines prevention and shows how it applies to various aspects of teenagers' lives.
- Session 4 BROKEN PROMISES – Part 1 (14min)**
Two therapists lead a discussion with a group of teens who are all learning to cope with alcohol or drug abuse in the home. Facts about alcoholism, how it affects children and issues of responsibility are all addressed with role-play and discussion.
- Session 6 VALUES...WHAT, WHEN and HOW? (19min)**
Three 14 -year old girls and a 22 -year old Hopi University male talk about their personal values and how family, culture, alcoholic homes and peers affect their process of defining values.
- Session 7 BROKEN PROMISES Part – 2 (14min)**
Part 2 shows the therapists and children discussing feelings and coping techniques or defenses used to cover up pain. Why alcoholics drink is also discussed.
- Session 8 SODAS–HOW DO THEY WORK? (5min)**
Students who have learned the SODA' decision-making steps discuss the model and describe how they used it in everyday life.
- Session 11 TIME OUT (8.30 min)**
Excerpted from a Magic Johnson & Arsenio Hall video, this shows teen talking about sex, peer pressure and dating with an emphasis on abstinence. A humorous but factual discussion on condoms and how they are used is also included.
- Session 12 NOT A NICE WAY TO DIE (11 min)**
This video portrays various Arizona people who have the AIDS virus or

AIDS. They describe their symptoms and the impact this illness has had on their lives. Since the completion of the video, 2 participants have died.

Session 13 AIDS...TRANSMISSION & PREVENTION (8 min)

Three Native Americans with AIDS talk about how they got the disease and how they never thought it would happen to them. It closes with a strong message about risk-taking for teens.

Session 14 TEEN AIDS IN FOCUS (16 min)

Three teens with HIV talk openly about their lives, relationships and perspectives on the future. They talk from their hearts in a way that connects with all school age students.

Session 15 SAYING NO TO DRUNK DRIVERS (8.30 min)

Teens address a real life situation where friends died from driving while intoxicated. A re-enactment of the party scene leading up to the accident shown with a discussion and role-play on how to say no (excerpted from a longer video).

VIDEOS USED IN THE CURRICULUM

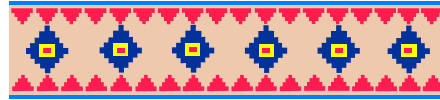
**CHOICES: TEENS SPEAK UP
PREVENTION
BROKEN PROMISES – Part 1
SODAS-HOW DO THEY WORK?
TIME OUT
NOT A NICE WAY TO DIE
AIDS...TRANSMISSION & PREVENTION
TEEN AIDS IN FOCUS
SAYING NO TO DRUNK DRIVERS**

Star Video
3602 E Southern Ave
Ste. 1
Phoenix, AZ
(602) 437-0646

Session 1

Introduction

OBJECTIVES: Youths will be presented with an overview of the program.



TASKS:

1. Write list of sample interview questions on the board before class (15 minutes).
2. Conduct a warm-up exercise (15 minutes).
3. Provide an overview of the program & content areas (7 minutes).
4. Show and discuss a short video about the program (13 minutes); if no video, conduct an alternate activity (13 minutes).
5. Pass out student manuals & review ground rules (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Student manuals.
3. Transparency; course content.
4. If showing video, you need "Choices: Teens Speak Up" & VCR.

In Session 1, it is a chance to get to know the youth and introduce them to the concepts of prevention.

CONCEPTS:

Session 1 provides a general overview of the programs as a means of introducing youths to the topics of AIDS, alcohol, and other drug abuse prevention (AOD).



I. INTRODUCTIONS (2 minutes)

Greet youths and record attendance

II. WARM-UP EXERCISE-GETTING TO KNOW EACH OTHER (15 minutes)

“Today we will start a new program and we will begin with an exercise called “Getting to Know each Other,” First, we need to form a circle or semi-circle or (with Instructors sitting among the group in the circle).”

Instructors: Pair youths within the circle with each other. Make sure that people are paired with those that they don't usually sit with or talk to.

“This activity is going to help us learn more about each other. You are going to interview each other using the topics that you see on the board.”

Instructors: Remember to write the list of questions outlined on the next page on the chalk or poster board before the group meets and refer to the board as you conduct this activity. Also, ask group what other interview questions they would like to include.

“As you conduct your interviews, be sure to listen carefully and watch the person closely. You can learn a great deal by the look on someone's face, the movement of their hands, and by what they do not say. In a few minutes, you will each introduce one another to the group and share a little about that person with the group. Use the questions and topics that we've come up with. Let's begin now.”

Sample of interview questions to be written on the chalkboard:

1. Do you have a nickname?
2. Where were you born?
3. What do you like most about your family?
4. What is your favorite food, sport, T.V. show, movie, song...?
5. Who or what has impressed you or influenced you most in your life?
6. How has that person or event impressed or influenced you?
7. What are you most proud of?

Instructors: Give the group a few minutes to talk with each other, then break up the conversations gently with the following

“Did you learn something new about each other? We have just shared a little about ourselves to others; let us think about why such an exercise also helps to reintroduce you to the group and helps reacquaint you with others you normally don’t get a chance to talk to. Are there any comments?” **{Pause}**

“Ok. Then let’s talk a little bit more now about what we’re going to be doing for the next 5 weeks.”

III. SUMMARIZE WHAT STUDENTS CAN EXPECT FROM PROGRAM (7 minutes)

Display transparency with the course content. Explain the following:

- A. “We will all be involved in a program called the Native American Prevention Project against AIDS and Substance Abuse. This program is designed to give you the opportunity to learn by participating in special activities and games, and watching films. It will be as fun as you (the group) make it. We urge you to be creative and open to new ideas.”
- B. Also, explain that “This program was originally developed for Native American youth, but the ideas and information here are relevant to all teenagers regardless of race, culture or background. We want everyone to learn the basic facts of HIV/AIDS, alcohol and drugs, and ways to prevent health problems. These facts will help us make good choices and decrease the chances of alcohol and other drug use and abuse, contracting the AIDS virus, and other things that could jeopardize our health and safety.”
- C. Ask about previous exposure to prevention programs on AIDS, alcohol and other drug abuse. If mentioned, ask a few questions about them. “Have you had classes or lessons on AIDS, alcohol, and other drug abuse before? If you did, what were some of the program names? What was covered in some of these programs? Did you like any of these programs and why? What did you learn from these programs?”

If possible, the instructor should write this information down on a piece of paper for future reference.

- D. Explain, “As group participants in this program, some of the things you will learn will include:
 - 1. Why it’s important to look at things from a holistic perspective and why prevention is important;
 - 2. How drugs and alcohol are affecting youth today;
 - 3. How to cope with alcoholism or drug abuse in your family;
 - 4. How to solve tough personal problem;
 - 5. How to respond when someone is pushing you to do something you don’t feel is right for you or you know will harm you;

6. How you can help friends who are already in trouble with drugs, alcohol, or sex related problems; and
7. How the AIDS virus is transmitted, and how you and your friends can protect yourselves from AIDS and other sexually transmitted diseases.”

Instructors: If you will be showing the following video, please proceed with the following. However, if you are not showing the video, proceed to Section V.

“We will now watch a video about what some other youths at a local school thought about this program. Notice how they share their experiences.”

IV. SHOW THE VIDEO: “CHOICES: TEENS SPEAK UP” (13 minutes)

“The video: “Choices: Teens Speak Up” shows what other students thought of this program. Hopefully, you will have similar experiences and will grow in positive ways after participating in the program.”

After the video, ask: “Did the youths in the video say that the prevention program was useful? Did they seem to be confident in expressing their thoughts? Can you give some examples of comments they made?”

V. ALTERNATE ACTIVITY IN PLACE OF VIDEO (13 minutes)

VI. DISTRIBUTE YOUTH MANUALS AND ESTABLISH GROUND RULES (5 minutes)

“Now we will be giving you a manual that you can use during the course of this program by filling in information as the sessions are presented. At the end of this program, you may keep the manual.”

“Before you start looking through the manual, let us review the list of ground rules for the program. Please turn to the manual on Session 1. These may be familiar ground rules for some of you. Because we will sometimes touch on sensitive issues, we would like everyone to follow these rules during this program. Will someone volunteer to read through the list?”

Pause, ask after list is read:

“Do you understand the ground rules?”

Pause for discussion

“Good, now to show that you understand, sign your name on the line below the ground rules. Thank you, now you may look through the manual. You will see the topics that are planned for this program after the ground rules page.”

VII. CONCLUSION (3 minutes)

1. Explain that, “Tomorrow, we will start talking about some very important health concepts and topic of prevention. Before the next session, think about what the term prevention means to you and come prepared to discuss it. Have a good day and see you tomorrow!”

Collect Youth Manuals.

Material and preparation for Session 2:

1. Read over Session 2.
2. If you will be showing the Session 2 video, obtain a VCR/monitor and be prepared to show and discuss the video, “Prevention.”
3. If the video is not available, bring a couple of newspapers to class to highlight items that are related to drugs and alcohol. Be prepared to discuss how these situations might have been prevented.

Session 2

Concepts of Health, Illness and Prevention

OBJECTIVES:

Youth will be introduced to different concepts of health and the history of epidemics experienced by Native Americans. Youth will also be introduced to concepts of prevention.



TASKS:

1. Do word splash activity with youth to introduce session (5 minutes).
2. Briefly discuss the major health threats and epidemics among Navajos, Hopis and other Native Americans, (i.e., TB, Smallpox, Cholera, Alcoholism, etc.) (5 minutes).
3. Compare and contrast traditional Native American concepts of health and illness (holistic health) with the Biomedical Model (15 minutes).
4. Introduce the concept of prevention and discuss the importance of developing prevention strategies for oneself and community (3 minutes).
5. Show and discuss the video “Prevention” (15 minutes), or conduct the alternate activity: Bring in a newspaper to highlight items that are related to drugs and alcohol and have youth role-play how they could help friends prevent drug abuse (15 minutes).
6. Have youth complete the youth manual activity in a group or as a homework assignment (3 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Video: “Prevention” and VCR.

FOR REVIEW: from session 1

1. Youth need to feel comfortable talking and sharing with each other because this program requires a lot of group interaction.
2. Youth can expect some of the following topics to be presented:
 - a. The role of holistic health/western biomedical health in prevention of disease.
 - b. The effects of drugs and alcohol on the body and behavior.
 - c. Elements of peer pressure and social pressure to engage in risky behaviors.
 - d. Problem solving skills and assertive communication skills using SODAS.
 - e. Prevention of the transmission of HIV/AIDS and other STD’s.

CONCEPTS: Session 2 introduces youth to both the holistic and the biomedical concepts of health and their role in the promotion of health/wellness and prevention of drug abuse and disease.



I. INTRODUCTIONS (3minutes)

Greet youth and record attendance.

II. INTRODUCTION TO TOPIC AREAS (5 minutes)

“Yesterday we talked a little bit about what you can expect from this program. You might remember that we mentioned some terms like: “holistic health” and prevention. Well, that’s what we are going to talk about today. First, we’re going to do an activity to get us thinking about these topics.”

Instructors: To introduce the following topic areas for this session begin with the word splash activity.

- a. BEFORE Group, write the following key words on a section of the board in various angles: epidemic, modern, traditional, holistic health Native Americans, Europeans, Africans, disease, medical, wellness, prevention, HIV/AIDS, alcohol, drugs, tuberculosis, cholera, behaviors, typhoid, physical, mental, emotional, spiritual, cultural, and social.
- b. Ask youth to generate statements which show the predicted relationships between the topics. For example, a youth may say, “Native Americans, Europeans and Africans suffered from some diseases like, typhoid, cholera, and tuberculosis. They did not have a way to prevent these diseases which threatened their people” Once statements have been made, select 2–3 statements and proceed with session. At end of the session review statements and praise youth for their efforts.}

III. BRIEFLY DISCUSS HISTORY OF HEALTH AND ILLNESS AMONG NATIVE AMERICAN (5minutes).

“All people around the world and in North America have had experiences with illnesses and diseases in which many people have died. For example, many Native American contracted such diseases as cholera, bubonic plaque, pneumonia, small pox, tuberculosis and typhoid partly as a result of their contact with Europeans and Africans. Many died because their bodies were not able to fight new diseases.”

“Another example of an epidemic is the tuberculosis or “**TB**” epidemic which struck the Navajo and Hopi Nations and people of other parts of the United States at one time. TB killed thousands of Native Americans and other people throughout the U.S. During this epidemic on the Navajo Nation, modern medical doctors teamed up with traditional Navajo healers and, together, they eventually found ways for the people to slow down and stop the spread of the TB epidemic to more people. Today, we are hoping that by combining **modern** science and **traditional** values we can help to protect Native American and other communities from the two

new epidemics: the AIDS epidemic and Alcohol and Drug Abuse epidemic which threaten all of us today.”

“At the present time, HIV/AIDS is major epidemic for which no one has immunity and for which there is no cure. Through this prevention program, we will look what kinds of things put a person at higher risk for getting HIV/AIDS. Native Americans and others living in our local communities might be facing another deadly epidemic. We will learn how we can protect ourselves from AIDS. To understand how health and prevention can safely guide how we live and what we do we must first talk about holistic health. Can you guess what this mean? Here’s a clue, it’s found in traditional teaching and it’s important to all people. It means to be a whole person in mind, body and spirit. Understanding what it means to be a whole person in important for all young people regardless of their cultural or racial background”.

IV. A COMPARISON BETWEEN THE HOLISTIC HEALTH CONCEPT AND THE WESTERN MEDICAL CONCEPT OF HEALTH AND WELLNESS (15 minutes)

Illustrate the two models on the board, using the circle for the holistic health concept and a singular line for the biomedical health model.

A. The Holistic Health Concept.

“Holistic health means that by being a ‘whole person,’ we keep our physical, mental/emotional, spiritual, and social parts healthy. Recently, holistic health has been rediscovered by people who are trying to protect others from epidemics. Holistic health focuses on disease prevention; we make this happen when we take care of ourselves. We show others around us that we care about our physical body, emotional and spiritual life and our relationships. This helps our communities by protecting our communities. Here is a circle that shows parts of a ‘whole person’ and tells us more about what holistic health is.”

Youth refer to their manuals and instructors use holistic health transparency.

“People throughout the world have traditional teaching which reflect these important relationships within the Holistic health circle. For example, in the Navajo traditional teachings, there is no separation between spirituality, religion, culture and physical wellbeing. Another example is the medicine wheel of the Plain Indians, which focuses on the balance of each of these areas in one’s life. Many Native healing ceremonies and prayers are preformed in a circle to symbolize the special relationships and continuation of life.”

The following paragraph may be included especially where information is relevant, i.e., among a predominately Native American population.

“Another important concept is the relationship between the individual and Creator. The Creator gives us a life for which we are responsible. We must understand that it is important for us to

learn ways to maintain balance and avoid illness. Living is a process in which a person learns about his or her “self” and how to take care of the “self”. Self, family, and community preservation through holistic beliefs and practices are the foundation of Native American cultures. Since many Native languages are not written, these guiding holistic beliefs and practices have been handed down through oral teaching and by the continuation of ceremonies and rituals. Native people have survived because they feel the need to include spirituality in their lives’ they believe in their Creator. This helps them develop their emotional, mental, and physical self to maintain harmony. Following a balanced holistic life style has helped many Native people survive and become strong and healthy.”

B. How People usually see Health. (The Biomedical Model)

“When we think of health, we think of the cause and cure of an illness or disease.”

Instructors: draw the following line on the board and explain the biomedical model using the terms below.

**Someone gets
sick.**

**Doctors find
Cure**

**Is not sick or
does not have
disease anymore.**

“Compared to Holistic Health, this path of health does NOT focus on other parts of the ‘whole person’. The emphasis is NOT health and wellness but on illness and finding a cure for that illness. This is how “medicine” has been practiced for many years in this country, until more recently. Now some, doctors, nurses, and other health care specialists place more importance on Holistic Health (the physical, emotional, spiritual and social parts of a person) or the whole person’s health.”

C. “The Holistic Health model reminds us that everything is related and we are responsible for the way we live and grow. Sometimes your life may get out of balance and you may feel confused and uncertain about what to do next. Remember, this is a normal part of growing up. Even so, there are things that you can do to bring balance or harmony back into your life. Our hope is that through this program we can help you learn to prevent losing your balance from illness, disease, or injury.”

V. INTRODUCE CONCEPT OF PREVENTION AND DISCUSS ITS IMPORTANCE REGARDING: AIDS, ALCOHOL AND OTHER DRUGS (3 minutes).

“What does the term “prevention” mean to you?”

Allow youth to respond and write responses on the board

“One definition of prevention is to take steps to protect yourself from disease, injury and other damage to your health. Prevention involves building up personal strengths, skills and knowledge. Our history with epidemics has taught us that the prevention of disease is important and valuable. We can learn to slow the spread of epidemics like AIDS, alcohol, and substance abuse.

Instructors: If you will be showing the following video, proceed with the following text. If not, go to Section VII.

“In the video that we are about to watch, some of the kids tell us how they have learned through their experiences, and they talk about the importance of prevention”

VI. SHOW AND DISCUSS VIDEO “PREVENTION” (15 minutes).

- A. Show the Video “Prevention” (7 minutes)
- B. “Look at the definition of the word “prevention” that we wrote before the video. Would you like to add or change anything about our definition? Why do you think that prevention is important? **[Allow youth to respond.]** “The video talked about different forms of prevention like laws. What are some other types of prevention?”

Answers should include: law enforcement, caring parents, education, counseling, and real life experiences.

“What are some of the risks or consequences involved with alcohol and drug use?”

Answers should include: law enforcement, caring parents, education, counseling, real life experiences.

VII. ALTERNATIVE ACTIVITY TO VIDEO: NEWSPAPER 7 ROLE-PLAY ACTIVITIES (15 minutes)

Divide youth into groups of 4-5. Pass out a newspaper article to each group (which relates to alcohol and drug use.) Ask youth to discuss for 3-5 minutes how these situations might have been prevented. Ask a representative from each group to summarize the group’s thoughts. If time permits, have each group come up with a skit that illustrates one of the following topics: accidents, addiction, crime, suicide, or pregnancy. The theme of each skit later in the program when they have to perform in front of the group, so to be sure to write down some of their ideas before the end of group.

VIII. YOUTH MANUAL EXERCISE (5 minutes)

“Turn to your manual. You will see a circle that represents “prevention.” Think of yourself as being in the middle of the circle. Who and what other protecting people, things and activities would protect your circle? Write your ideas in inside the circle of prevention. Now, think of risky, harmful or bad influences (people, things and actions) that work against your circle of prevention. Alcohol and drugs are things that belong outside your circle. What else would you include outside the circle of prevention?”

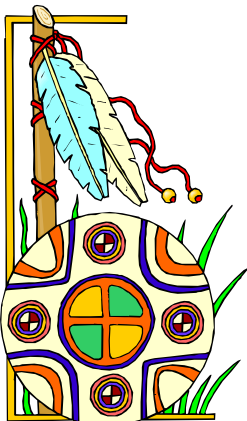
IX. CONCLUSION (2 minutes)

- A. “Thanks for your participation today. Understanding how you can create your own prevention plan can’t be done in one day, but hopefully you have a good start now. Tomorrow we will start a 5-day unit on alcohol and other drugs that should strengthen our prevention model. See you then.”

B. Collect Youth Manuals.

C. Materials and preparation for Session 3:

1. Read through Session 3.
2. Review information on the harmful effects of inhalants, mixing alcohol and other drugs, and impairment from alcohol use. Be prepared to answer questions from youth.
3. Start collecting magazine/newspaper ads to be used in Session 5.



Session 3

Alcohol and Other Drugs

OBJECTIVES:

Youths will share their knowledge and learn new information about alcohol and other drugs by participating in discussions and activities.



TASKS:

1. Youths will describe and categorize examples of prescription, over-the-counter, and illicit/illegal drugs (10 minutes).
2. Youths will define the concept of a drug (5 minutes).
3. Instructors will present information on the harmful effects of inhalants (5 minutes).
4. Youths will discuss the dangers of mixing alcohol and other drugs (AOD) (5 minutes).
5. Instructors will present information on impairments, and the effects of alcohol on the body and behavior (15 minutes).
6. Instructors will inform group of the word puzzle in the student manual to learn and review facts on AOD (3 minutes).

MATERIALS:

1. Attendance sheets.
 2. Student manuals.
 3. Supply box.
- Flip-chart or chalk board.

FOR REVIEW: from session 2

1. “Holistic Health” views the wellness of an individual as contingent upon the unity between the person’s physical, mental/emotional, and spiritual self.
2. By taking care of our “whole self”, we are protecting not only individuals from disease, but also whole communities.
3. The “biomedical model” focuses on the physical cause of an ailment and the treatment of that ailment. Biomedical models view health as dependent on finding a cure for the person after (s)he becomes inflicted with an illness or disease.
4. One definition of prevention is to take steps to protect yourself from disease, injury, and other damage to your health. Prevention involves building up personal strengths, skills, and knowledge.

CONCEPTS: Session 3 provides factual information on the many different types of drugs (including alcohol) and effects of alcohol and other drugs on both the body and behavior.



I. INTRODUCTION (2 minutes)

Greet students and record attendance.

II. KINDS OF DRUGS (10 minutes)

- A. "Yesterday, we discussed some of the negative consequences of using alcohol and drugs. Today, we're going to talk more about the effects that alcohol and drugs can have on you. Open your manual to Session 3 activities, where it says 'What Drugs Have You Heard of?' At this time, I want everyone to start writing a list of the names of every drug you have heard of. In one minute, we'll make a big list on the board. Begin."

Wait a few minutes

"Now listen as I tell you about the three categories (or kinds) of drugs. Think about each drug on your list and what category it fits into best. Here are the three categories of drugs:"

Write the name only of each group on chalkboard or chart paper.

1. "Prescription drugs for curing illness. A physician gives them to you so that you can get well."
2. "Over the counter drugs like aspirin or cough syrup that are on sale in drug stores or markets."

"Illicit drugs (also known as street drugs). Illicit means forbidden. Illicit drugs are always illegal for teenagers and most are illegal for adults. They are much stronger than over-the-counter drugs."

"Now, I want you to make a mark on your paper by all the drugs that you think are illegal ones. After you have marked two or three, raise your hand and I'll call on you. We'll make a list of the illicit drugs you know about."

The exercise will work best if the instructor keeps the discussion going while writing suggested drugs on the chalkboard. If for some reason youths don't mention tobacco, marijuana, alcohol, inhalants or cocaine, then be sure to add these drugs to the list. Reinforce (give praise for) the range of the selections. State that you'll return to this list in a minute.

B. DEFINITION OF A DRUG (5 minutes)

"What is a drug anyway? Let's get some definitions of the word drug."

Write down appropriate key phrases on board or chart paper. Reinforce all responses try to allow inclusion of even the wildly original ones. Shape the group consensus definition to be something close to the following:

“A drug is any substance that, when taken even in small amounts, produces significant changes in the functioning of a person’s body, thinking, or behavior.”

“Some commonly used substances are against the law for teenager to have or use even if people don’t think of them that way. These substances include cigarette tobacco, chewing tobacco, and alcohol.”

At this point, add to the list tobacco, marijuana, alcohol, inhalants and cocaine if students didn’t mention them.

“Different states have different laws and legal restrictions for tobacco and alcohol, especially in regard to minors. They are so widely used that it is sometimes confusing to know why they are legal or illegal or good or bad. Do tobacco and alcohol meet the definition of a drug?”

Reinforce all responses that indicate these substances produce changes in physical or behavioral functioning when consumed. Note that tobacco changes heart rate, blood pressure, etc.

“Alcohol and tobacco really are drugs! These drugs have negative health and social effects even if they may be legal under certain circumstances.” **DO NOT ERASE THIS LISTING.**

III. INHALANTS AND THEIR EFFECTS (5 minutes)

“At this time we’re going to go over some facts on inhalants and their effects. How are inhalants taken into the body?”

Allow students to respond

“That’s right. They’re sniffed or breathed in through the nose or mouth. In your manual is some important information on inhalants.”

Highlight the information presented below. Have youths read their manual more thoroughly at home.

- Effects of can inhalants are immediate because the chemical vapors go straight into the blood– stream through the lining of the nose, throat, and lungs.

- Chemicals in inhalants (hydrocarbons, chlorohydrocarbons) change the functioning of brain cells, which is what creates the “high” feeling.
- Difficulty in controlling how much chemical is taken in may result in overdose.
- Brain cells are damaged or killed resulting in a coma or death.
- Regular use of even small amounts of inhaled drugs results in permanent brain damage, which cause difficulty in learning, controlling behavior, and avoiding accidental injuries.
- “Sometimes, inhalants are used at the same time as alcohol. This is very, dangerous, and we will next spend a little time discussing why mixing drugs is dangerous.”

IV. THE DANGERS OF MIXING DRUGS (5 minutes)

Instructors: Refer students to manual: “Warning! Alcohol and Other Drug = Danger!” chart. Read and discuss the consequences of mixing alcohol with other drugs listed. Review the mixtures of drugs and their effects. If more time is required, have students read over this information at home.

V. ALCOHOL AND ITS EFFECTS ON THE BODY AND BEHAVIOR (15 minutes)

- A. “Alcoholic beverages (beer, wine, whiskey) contain ethanol (also known as ethyl alcohol). It produces physical, mental and behavioral effects, which we’ll discuss in a moment. These effects occur because alcohol slows down (or suppresses) the central nervous system. Drugs that have this effect are called Central Nervous System (CNS) depressants, because they suppress the central nervous system. Other Central Nervous System depressants include tranquilizers (downers) and sedatives (sleeping pills).”

Ethyl alcohol is a strong chemical that causes harm to different body tissues; it damages the lining of the digestive system. Alcohol also damages the liver, this is a very big problem because the liver is the organ that tries to capture and remove damaging or poisonous chemicals from the body. People can die of liver damage when they drink a lot of ethyl alcohol week after week. “

“Is anyone aware of another type of alcohol besides ethanol?”

Call on volunteers.

“There is something called methyl or wood alcohol, found in rubbing alcohol, after shave lotion, and other common household products. Compare to ethyl alcohol, it is much more toxic to the liver. Methyl alcohol is very poisonous to humans even if drunk in very small quantities. People who try to get high on this kind of alcohol often die or permanently damage their body.” “Can alcohol help you grow or develop?”

Acknowledge students’ responses.

“Alcohol contains a lot of calories but no vitamins, proteins or other nutrients. This means that alcohol can help make you fatter but not stronger, taller or more physically developed.”

B. DEFINITION OF IMPAIRMENT

“How does alcohol affect thinking and social behavior?”

Get feedback from students if you’re O.K. on time, and then proceed.

“Because alcohol is a central nervous system depressant, it slows down all kinds of brain functioning including how the brain controls thinking, moving around, talking, your social behavior, and even breathing and the beating of the heart. The term we use that refers to this ‘slowing down’ condition is impairment.”

Write them on board.

“To be impaired means you have a reduced ability to function well.”

Give examples of areas of functioning that can be affected such as coordination, predicting consequences, critical thinking, etc.

“What kinds of activities would you have trouble doing when impaired by alcohol usage?”

Call on youths.

“So, alcohol doesn’t help you to think or act better or older. It doesn’t help you to solve problems better. Alcohol can make you less mature.”

There are factors that influence how much alcohol will impair someone’s functioning. These are good to know about. In your manual are facts telling what determines how much the body and behavior will be impaired when a person drinks alcohol. Look at this page for three minutes. Then I will call on volunteers to share one fact you learned. O.K., time is starting

now.”

The following information is in the student manual under Session 3 Activities

How much alcohol will affect the body and behavior depends on:

- The amount of alcohol consumed.
- The speed (or time taken) in consuming it.
- The strength of the alcoholic beverage as indicated by its “proof” or “percent alcohol by volume” number.
- The drinker’s body weight (it takes more alcohol to get a large person intoxicated).
- The presence of food in the stomach since food slows the absorption of alcohol into the bloodstream
- Whether or not the person is already tired or sleepy.
- The other drugs present in the body, (Tranquilizers and sedatives–downers greatly increase the effects of alcohol).
- How much the person’s body has experienced alcohol. Regular users and alcoholics can TOLERATE more alcohol intake before showing some of the effects on behavior.

Other things that can determine how much alcohol will affect behavior include:

- The drinker’s expectations of the alcohol effects. For example, people who expect to get drunk quickly will start to show the expected effects of intoxication sooner than someone drinking the same amount who doesn’t have that expectation.
- The drinker’s state of mind. Alcohol will have different effects on people who are experiencing different emotional states of mind. Angry people who drink will show more angry and aggressive behavior. Alcohol triggers a lot of violent behaviors.

Instructors: After youths have had a chance to review the list, proceed with the following.

“O.K. Everyone close your manuals. Let’s have some volunteers share with us two factors that influence how much a person will be influenced or impaired by alcohol.”

Call on youths. Write on the board a list of factors that influence the effects that alcohol has on behavior. Facilitate so that all factors are given. Explain quickly, but encourage youths to ask questions.

VI. CONCLUSION (2 minutes)

1. “Remember that if you have any question about alcohol and drugs; don’t be afraid to ask us. Information can help to understand more about the consequences of using alcohol and

drugs. So, you will have the tools to develop your own prevention plan. When you have time, there is a seek and find puzzle in your manual for you to work on.”

2. “Thank you for participation; you did all a great job. Tomorrow we will be discussing more about how people become dependent upon alcohol and drugs and how families are impacted by alcoholism and drug abuse.”
3. **Collect youth manuals.**



Materials and preparation for Session 4:

1. Read through Session 4
2. If showing the video “Broken Promises”, obtain VCR/Monitor and view video. Be prepared to answer questions and to refer youths to counselors, social workers, etc. in the school or community should issues arise that need proper referral.



Session 4

Alcoholism and Drug Abuse

<p>OBJECTIVES: Youths will understand the concepts of substance dependence and the harmful effects of alcoholism and drug abuse.</p>	
<p>TASKS:</p> <ol style="list-style-type: none"> 1. Discuss visible signs of impairment from AOD usage (8 minutes). 2. Discuss alcohol and drug dependency (5 minutes). 3. Ask youths their thoughts about the effect of an addicted person’s behavior on the whole family (5 minutes). 4. Show Part 1 of the video “Broken Promises” (15 minutes), or if video not available, do alternate activity (15 minutes). 5. Youths will suggest appropriate ways of dealing with negative feelings resulting from living in an alcohol or drug disrupted home (8 minutes). 6. Assign reading of “My Dear Friend”, and “What Should You Do?” <p>MATERIALS:</p> <ol style="list-style-type: none"> 1. Attendance sheets. 2. Youth manuals. 3. Markers. 4. Video: “Broken Promises” Part 1, and VCR. 	<p>FOR REVIEW: from session 3:</p> <ol style="list-style-type: none"> 1. The types of drugs include: a) Prescription drugs (i.e. drugs by a physician); b) Over-the-counter (i.e. any drug bought at a supermarket or drug store); and c) Illicit drugs (i.e. marijuana, cocaine, heroin, and “crack”). 2. A drug is any substance that, when taken in any amount, produces significant changes in the functioning of a person’s body thinking, or behavior. 3. The effects of alcohol include damage to body tissues, the lining of the digestive system, the liver, and the central nervous system, causing significant impairment to one’s thinking, breathing, talking and behavior. 4. The extent of damage from AOD use to the body and/or one’s behavior is dependent upon a variety of factors including, a) the amount and strength of alcohol consumed; b) other drugs already in the body; c) the drinker’s emotional state of mind; and d) the drinker’s expectations of the effects of alcohol.
<p>CONCEPTS: Session 4 highlights the concepts of substance abuse and dependency, as well as the harmful effects of alcoholism on both individuals and families.</p>	

I. INTRODUCTIONS (3 minutes)

Greet youths and record attendance

II. KNOWING WHEN SOMEONE IS IMPAIRED (8 minutes)

“Who can remember what we covered yesterday in group?”

Allow youths to make responses

“You might recall that we learned that alcohol and other drugs can affect and impair: 1) the body, 2) the mind, which is, how we think and feel, and 3) how people behave. We are going to begin today’s session talking some more about what impairment is.”

“There are some signs that show someone is impaired by their use of alcohol or other drugs. These signs can indicate that there are problems in many areas of a young person’s life including serious health problems. What do you think are some signs of drug and alcohol use among teens?”

Allow youths to brainstorm answers.

“Those were good answers. Now turn to your manual for the activities in Session 4. You’ll see a list of these warning signs. I’m going to give you three minutes to read these over and then I’ll ask you to share what you learned. Turn to that page and take a few minutes now to read.”

Instructor: The following is in the youth manual

Warning Signs of the Use of Alcohol and Other Drugs by Teens

- 1 Decrease in the level and regularity of schoolwork and attendance.
- 2 Increase in making excuses for not finishing work or not following through on daily commitments.
- 3 Lack of personal hygiene, grooming, and care in appearance.
- 4 Hanging out with other youths who use alcohol and drugs.
- 5 Withdrawing from family responsibilities and friends at school.
- 6 Defensive attitude about the use of alcohol and other drugs.
- 7 Unusual or unpredictable mood swings and attitude changes (including anger, depression, guilt, shame, etc.)
- 8 Trouble with police and other authorities from breaking rules and laws.
- 9 Physical injuries (bruises, cuts, broken bones) resulting from accidents.
- 10 Damage to unborn babies (When a woman drinks during pregnancy, it damages the unborn baby.) Physical abnormalities and mental retardation resulting from drinking during pregnancy are part or Fetal Alcohol Syndrome.

Instructor: Give the youths a few minutes to review the list, then proceed with the following:

“O.K. Close your manuals. Now will someone tell us two of the warning signs just read about.”

As youths respond, list key phrases on the board

III. DEPENDENCY ON ALCOHOL AND TOHER DRUGS (5 minutes)

“When someone shows these signs it usually means they are dependent on the alcohol or other drugs they are abusing. Does anyone know what phrase “dependent on drugs or alcohol” actually means?”

Call on interested youths

“Here is a definition: When a person is physically dependent or a addicted to a drug, he/she will become physically ill without having a certain amount of that substance in his/her system. Someone can also be psychologically dependent in such a way that they think they need to use the substance regularly to feel healthy. They may become very anxious and uncomfortable without using it. You may hear doctors or counselors use the term “dependent person” to indicate that someone had developed a strong physical, psychological, or emotional need for alcohol or drugs. A “dependent person” may want to quit using drugs again and again. There’s no magic or quick way to stop a substance dependent person to get over their dependence on alcohol or drugs. They will need to get appropriate help from people trained for this kind of treatment. It usually takes a lot of medical, psychological, spiritual, and social support for someone to overcome dependency on alcohol or drugs.”

IV. CHEMICAL DEPENDENCE AND PROBLEMS FOR FAMILIES (5 minute)

A. “We’ve talked about how a young person’s regular use and dependence on alcohol or other drugs can cause problems with health, personal relationships, and school work. Now we need to consider what it is like for a child or teenager when one of his/her parents is alcohol or drug dependent.”

Instructor: If you are going to use the video, proceed with the following

B “We are going to see a video that tells several stories about some young kids trying to understand the meaning of alcohol and drug dependency in their families. They’re like your younger brothers and sisters, cousins, etc. They may even be like you. They find it very hard to understand this part of life and growing up.”

Before watching the video initiate discussion about this rather stressful topic with the following statement:

“Millions of youths in schools today are living with an alcohol or drug-dependent parent. It is something that really affects young people around the world. It doesn’t matter where you live; there are families everywhere that are affected by abuse and dependence on alcohol and other drugs. Let’s watch this video now and afterwards we’ll spend some time discussing some of the issues brought up.”

V. SHOW PART 1 OF ‘BROKEN PROMISES’ VIDEO (With Summary Statements) (15 min)

Review summary statements in youth manual after showing the video

“Now turn to your manual where you will see some of the information from this video. We’ve seen in this video that:

1. Alcoholism is a disease.
2. This disease has different names:
Alcoholism
Chemical Dependency
Addiction
3. Living with a person who is addicted hurts the whole family.”

VI. FOLLOW-UP-ACTIVITY (8 minutes)

- A. This video makes people feel many things. Each time it is shown, it is helpful to take time to talk about these feelings. Would someone like to share what feelings or thought you have after watching it?”

Give those youths who may want to speak a chance to share. Try not to rush things at this point, unless it is necessary. A few minutes of silence in the group may be necessary before discussion begins. More discussion can occur after viewing Part II in Session 9

“One of the important things we want you to gain from this video is a better understanding of the feelings that young people will have when they come from troubled families. What are some of the things that young people in these families might be dealing with?”

Acknowledge responses. Write abbreviated list on board

“It is understandable that anger, resentment, fear, and frustration may result from living with an alcohol or drug dependent person. It is only natural that these feeling would occur.” “ The goal for young people in this situation is to learn how to deal with these difficult feelings without taking them out on others or themselves, and without becoming depressed, angry, or hurtful. Such feelings are often the cause of a down turn in grades or work habits. It’s hard to concentrate or care about grades when things are rough at home. What are some helpful suggestions you would give to someone whoa has these feelings because they live in a home where someone may be alcohol or drug dependent?”

Make a list on the chalkboard. It might include things such as talking with friends, other family members, counselors, or teachers, seeing a person at church or a Medicine Man, getting involved in healthy activities such as sports, art, or music, finding a safe person or place to go to, etc

“Very good. Let’s remember these suggestions for ways to cope with negative feelings by writing them in your youth manual in the Session 4 activities.”

VII. ALTERNATE ACTIVITY

VIII. HOMEWORK ASSIGNMENT

Instructors: If group time does not permit, assign homework reading to youths: “My Dear Friend” letter and “What Should You Do” in their manuals (otherwise have them read these during group). After reading this, instruct youths to write their own “Letter of Advice” to a friend on how to cope with this kind of situation. If time permits the next day, some youths may want to volunteer to read their letters

IX. CONCLUSION (2 minutes)

1. “We will be talking more about feelings and coping with alcoholism in the family during Session 7 when we talk about communication skills. But tomorrow we are going to discuss how to cope with pressure from friends and the media to use alcohol and drugs.”
2. **Collect youth manuals.**

Materials and preparation for Session 5:

1. Review Session 5 and prepare for role-play in Section II, Session 5.
2. Bring collection of magazine/newspaper ads for youths to create collages.
3. Practice role-playing before group.

Session 5

Pressure

OBJECTIVES:

Youths will be made more aware of the different kinds of pressures to use alcohol and other drugs, and develop reasons for abstaining from AOD use.



TASKS:

1. Allow short time to continue discussion from previous session and have some youth volunteers read their own “Dear Friend” letters (5 minutes).
2. Instructors will do a mini-role-play to demonstrate “pressuring” among peers (5 minutes).
3. Youths will suggest reasons people have for choosing activities and friends involving AOD (8 minutes).
4. Instructors will discuss persuasive techniques used by advertisers to see alcohol and over the counter medications (8 minutes).
5. Youths will look at magazine ads to analyze the techniques used by advertisers to influence consumers to buy and/or use their product (8 minutes).
6. Youths will suggest reasons for choosing not to use AOD (8 minutes).

MATERIALS:

1. Attendance list.
 2. Youth manuals.
 3. Magazine ads of people smoking and drinking.
- Supply box.

FOR REVIEW: from session 4

1. Signs of dependency on alcohol and other drugs vary from a) decreased quality of schoolwork; b) decreased group attendance; c) withdrawing from responsibilities; d) mood swings; e) depressive attitude toward behavior; and f) constant trouble with police and other authorities.
2. Feelings of anger, resentment, and fear are normal for a young person living with an alcohol or drug dependent person. The goal is for young people to learn how to deal with these feelings without hurting others or themselves.
3. Three important concepts to remember about alcoholism: a) alcoholism is a disease; b) this disease has different names including alcoholism, chemical dependency and addiction; c) living with a person who is addicted hurts the whole family.

CONCEPTS: Session 5 focuses on the many societal and situational pressures, which cause an individual to use alcohol and other drugs. Session 5 also explores different reasons why a person chooses not to use alcohol and other drugs.



I. INTRODUCTION (5 minutes)

Greet youths and record attendance

“Yesterday, we discussed some of the problems young people face when they live in a home environment where someone is alcohol or drug dependent. It can put a lot of pressure on a teenager to feel like they have to solve someone else’s problem. But we talked about how there are some things that we cannot control. There is no magic way to stop a substance dependent person from getting over his/her dependence on alcohol or drugs. He/she will need to get appropriate help from people trained for this kind of treatment. There are some important things, however, that you can do to help yourself or a friend in this situation feel better. Would any of you like to volunteer to read the “Dear Friend” Letter that you wrote last night?”

Allow only 2 or 3 youths to read their letters at this time. If youth does not volunteer, select one from the group

“Thank you for sharing those with us. Today we are going to continue talking about alcohol and drug used abuse, but we are going to discuss another angle—why young people feel pressured to use alcohol and other drugs.”

II. MINI ROLE–PLAY BY INSTRUCTORS ILLUSTRATING PRESSURE (5 minutes)

Do a role–play where one instructor realistically invites, persuades or teases the other to engage in some social drinking activity. Include names of local places. It can be improvised or planned beforehand. Try to make it appear as a “fun” activity. This role–play will serve as an example for the youths, who will be expected to create and perform their own role–play at the end of the program. After the role play ask:

“Is this something that could happen around here among young people?”

Acknowledge responses.

III. REASONS PEOPLE USE DRUGS AND ALCOHOL (8 minutes)

“We know that problems can come from using alcohol and other drugs and that people can be pressured to use them. Let’s think about the reasons why some people decide to use alcohol and drugs. We can make a list of these reasons and why people want to use alcohol and other drugs socially (in a group). A little later, we’ll come up with some reasons not to use alcohol and other drugs. So be thinking of some “not–to–use reasons” that you can share later.

We'll start with some possible reasons people may have for using drugs; raise your hand as you think of some reasons."

Draw a big T on the chalkboard. On one side write "Reasons people use drugs/alcohol:" on the other side, write "Reasons not to use drugs/alcohol." List youths' responses for reasons people use AOD on the appropriate side. Responses may include:

1. May not know dangers
2. Pressure from friends or family members to be part of the group
3. Friends and family members use it in your presence and people seem to enjoy it.
4. Advertisement and commercials make it look exciting
5. Hard to say "No"
6. Want to be part of the crowd
7. Feels good
8. Experiment/curiosity
9. Habit or addiction
10. Because they think drugs will help them solve or forget their problems.
11. Gets people to do things (get romantic, want to have sex)

"Now that we have listed reasons people have for using alcohol and drugs, why do you think people become psychologically dependent on drugs? Think about the reasons people give for using alcohol or drugs."

Youths may mention different reasons, (e.g., security, excitement, feel better, etc.) Have session discuss or give other examples.

"When people come to think that good feelings or good times can't happen without using alcohol or other drugs, they are becoming psychologically dependent on them. They lose confidence in their ability to have fun without getting high or drunk."

IV. ENVIRONMENTAL PRESSURES TO USE DRUGS (SOCIAL/SITUATIONAL DEPENDENCE) (8 minutes)

We've talked a lot about reasons why people take drugs and drink alcohol. There are things in our environment that say it's okay to use these harmful substances. Can anyone name something that might give you the idea it's okay to take drugs or drink alcohol?"

If youth can't come up with any, give the following as example.

- a. Magazine ads
- b. Bars
- c. Restaurants that ask you if you want a drink before, during and after dinner
- d. Drug stores sticking “medications” to change your body’s functioning
- e. Music lyrics and video images
- f. TV shows and MTV

“One major way we get the message that it’s OK to use drugs is from advertisements in magazines, radio, and on TV. The people who create ads try to have a strong influence on how and what people think and do. Sometimes we don’t even know we are being influenced by ads. Have any of you ever seen the Pepsi commercial where everyone on the beach is having a great time, and in the background you can hear the soda being poured? How are the ad makers trying to influence you there?”

Get responses, e.g., to have fun, to be healthy, be beautiful, experience nature Pepsi

“There are some techniques that are good to know about that advertisers use to try to get us to buy their products.”

One technique used by advertisers in the “**Bandwagon Ad.**” The idea here is to get you to think that everyone is using the particular product. The message is: “So you might as well too, because everyone’s doing it and it would be bad to be left out.” The other kind of ad is a “**Testimonial**”. In this one, the ad tries to create the image that the product is very important and useful for a special person who uses it. If you want to be successful and important like the person in the ad, then you’ll want to use the product too. What do the pictures you see in ads and in commercials seem to say about using their drug or alcohol products?”

Hold up ads showing people smoking, drinking beer, etc.

“Do you think using these products will bring you good times and attractive friends? Can you relate to these people and these products?”

“Another thing you’ll notice on T.V. commercials advertising beer is that it appears that the actors in the commercial are actually drinking the beer. Do you think they are?”

Allows youths to respond.

“This is really a trick. Television advertising codes do not allow the ads to actually show the consumption of alcohol on T.V., so the camera moves away just before the beer is

actually drunk. What other important things do the ads suggest but don't actually show?'

"Are over-the-counter products like Tylenol and allergy medications types of drugs?"

Acknowledge yes responses. If necessary, remind youths that these substances can change some area of the body's functioning.

"Advertisements say that these drugs are all you need to get rid of your headache, cold symptoms, or whatever. Is this really true? All these ads give people the false idea that it is really "Okay" and perhaps even necessary to drink and take drugs."

V. ANALYZE ADVERTISEMENT (8 minutes)

"Can you think of any advertisements for projects that use either the **Bandwagon** or **Testimonial** technique to try to get you to use or buy a product?"

Allow for youths' responses.

"We have some magazine ads here that use these techniques to try to influence us to use their product."

Allow for youths' responses.
Present advertisements. Point to one of them. Facilitate a discussion in which youths can see how manipulative techniques are used in the ad.

"How do you feel about all these attempts to influence the way you think and feel? In your manual, you will find some questions that ask you your thoughts about advertisements. Try to take some time at the end of the session to answer these. In your manual is a 'pretend' advertisement for an alcoholic beverage. Please turn to it and look this over. There are some questions there for you to think about and answer on your own when you have time."

Point out to youths that many of the pressures to use drugs involve mistaken beliefs, i.e., that smoking makes people more attractive, that drinking makes you feel better, that cocaine helps you to feel good, etc.

VI. REASONS NOT TO USE DRUGS AND ALCOHOL (10 minutes)

“We have listed some reasons that people give for using drugs but there are also reasons most people give for why they don’t use drugs. Can anyone think of reasons people give for not wanting to use drugs?”

As youths provide answers note these on the “Reasons not to use drugs/alcohol” side of diagram on the blackboard. Refer to the following to facilitate or complete the list.

1. Loss of control over the way you think and feel and sometimes the way your body reacts
2. Illegal; you might get caught; pay fine, get jailed, lose license
3. Not good for your health
4. Costs too much money
5. Someone you care about would be upset
6. Can interfere with other things that are important to you , like getting a good education or keeping a good job
7. Might develop a dependency or addiction
8. Don’t want to be that kind of person, keep self-respect.”
9. It’s not safe.

Compare the lists. Emphasize that sometimes it may seem hard to decide whether or not to use drugs, but given what we are learning, the healthiest decision is a decision not to use.

VII. CONCLUSION (3 minutes)

1. "Thank you for participating today. We've looked at many ways in which we are pressured to use or not use drugs. In our next sessions together we will try new ways to deal with this pressure."
2. Explain that tomorrow we will have a guest speaker (or see a video about someone) who will discuss how his/her values helped him/her find a healthy balance in life and how he/she stayed away from using alcohol or drugs.
3. **Collect youth manuals.**

Materials and preparation for Session 6:

1. Read through Session 6:
2. Obtain VCR/Monitor and preview video, "Values...What When & How for Prevention?"
3. Review transparency: "Comparing Values".

Session 6

Values

OBJECTIVES:

Youth will understand what values are and how they are part of prevention through a group discussion and presentation on values by a peer speaker.



TASKS:

1. Youth will define what a “value” is with the assistance of the instructors and make a comparison of traditional and more contemporary values (13 minutes).
2. Youth will fill in a Shield or Coat of Arms to represent their values (10 minutes).
3. Video will be shown on values, or in place of video, guest speaker will attend group and share personal experiences with alcohol and drug abuse/use (22 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.
4. Video, “Values...What, When, How?” and VCR or if no video, guest speaker.
5. Transparency: “Comparing Values”.

FOR REVIEW: from session 5

1. There are many reasons why youths consume alcohol and/or other drugs including: a) pressure to become part of a group; b) media advertisement makes it look exciting; c) it is hard to say no; d) curiosity; e) habit or addiction; f) people think that alcohol/drugs will make them forget their problems.
2. Reasons to avoid alcohol and/or drug use include: a) illegality of the substances; b) loss of control over the physical self and behavior; c) high cost; d) interference with things that are important to a person; and e) the ability to develop a dependency or addiction.
3. There are things in our environment that say it’s okay to use these harmful substances. These include magazine ads, bars, music lyrics, video/TV shows and MTV.
4. Advertisers use techniques such as the **Bandwagon** or **Testimonial** approaches to try to get people to use or buy their products.

CONCEPTS: Session 6 focuses on the concept of values and helping youths understand that values are an important element of prevention. Values may be derived from different sources including: the individual, a group, peers, family, and culture.



I. INTRODUCTIONS (2 minutes)

Greet youth and record attendance

II. VALUES IN DECISION MAKING (13 minutes)

“Remember in our last group we thought of many reasons why people might decide not to use alcohol and other drugs. We also talked about how sometimes it can be hard to know what to do when our friends encourage us to use drugs. It is easier to make a decision if you know what values are really important to you, your family and your community.”

“Let’s work together to define what values are. Raise your hand if you have an idea of what values are.”

Acknowledge responses. Praise efforts.

“A useful way of thinking about values is to consider what is important to you in life”

Ask youth to think about this. Ask specific youth what is important to them, i.e. family, health, education, culture, tradition, etc. Write appropriate responses on chalkboard.

“Very good. The things you mention are what you place importance on, or what you value; these are some of the groups’ values. These values can help determine how this group will behave in the future.”

“Something helpful to do is to compare some traditional family values that have been passed down in families from many different cultures for generations with the values that we see in our consumer oriented society today.”

Place transparency “Comparing Values” on overhead.

Traditional Family Culture

Group Emphasis, We, Us
Age & wisdom counts more
Cooperation
Patience
Giving, Sharing
Accepting
Learn by doing with adults
Modesty
Win and let others win too
Join & get along with group
Responsible for own behavior

“Right Now” Consumer Culture

Individual Emphasis, I, Me
Youth & energy counts more
Competition
Aggressiveness—A need to control
Taking, Using
Skeptical
Verbal & video instruction
Self-Attention
Win all the time
Get ahead, or on top of group
Influenced by others

“What can you say about the values on the two sides of the board? Have you seen them in action in different places and at different times?”

Call on interested youth.

“Where do you see the values of the Traditional Family Culture?” **{i.e., with extended family, at ceremonies or church, in the community, etc.}** “What about the Right Now Consumer Culture?”
“What do we mean by ‘consumer culture’?”

In the media, television and ads, among people in large cities, etc.

“Now think about your health and your model of prevention. Which values will help keep you healthy and happy? Will you find your balance using values from both lists?”

III. THE SHIELD EXERCISE (10 minutes)

“Many cultures have symbols to help represent their beliefs. Today, we have an exercise to create a representation of what you believe in and care about. You will create your own shield, or Coat of Arms, by putting your values on them. Turn to your manual. You will find an outline of a shield and on the back of the page is an outline of the Coat of Arms. Also on these pages are guidelines for filling them in. Choose the design with which you feel most comfortable. Remember to think of the values of wellness and prevention that we’ve been discussing.”

IV. GUEST SPEAKER/OR SHOW VIDEO (20 minutes)

NOTE TO INSTRUCTORS: If you will be showing the video "Values...What, When, How?" instead of having a guest speaker, skip to Section IV- D; otherwise follow the script below.

A. For a guest speaker:

Personally arrange for the transportation of the guest speaker. The guest speaker should be someone in or near the age range of the youth in the group who will be able to present some of their beliefs and experiences to help youth further understand the role of values in making healthy decision. Meet or talk with the potential speaker before their arrival so they understand the purpose of their presentation in this prevention program. It would be helpful to present the speaker with the following questions so that they can prepare themselves before their presentation.

Guiding Questions for Guest Speakers

1. What are some of my values?
2. How do my values help me stay away from alcohol and drugs?
3. How do I feel about my culture? (Proud, strong, positive, etc.)
4. How do my positive feeling towards my role models help me make decisions about alcohol and drugs
5. How do I deal with peer pressure to use drugs and alcohol?
6. Share how my values and cultural beliefs help me make decisions.

B. **Sample introduction.** "You are not the only ones who may have to face a tough decision when it comes to drugs. (Guest speaker) is here from_____ and will tell you about him/her self. She has had to make decisions about finding a healthy balance in life and is here to talk to us about that."

After guest speaker's presentation, give youth opportunity to ask questions. Emphasize how the decisions were made. Sample questions to the speaker include:

1. What did you do when your friends encouraged you to take drugs and you didn't want to?
2. How did you feel at the time?
3. Did your friends keep bugging you after you said, 'No'?
4. In what ways are the kids who use drugs different from the rest?

- C. For the video: “Next, we will watch a video that includes four young people talking about their values and how their values have helped them to make better decisions.”

Show video and then start a brief discussion by asking the group the following questions. Note: you may not have time to discuss all questions.

Discussion Questions:

1. Are you willing to have certain values even if these are not popular or liked? Explain how you feel.
2. How does a person balance traditional (family) mainstream (“right now” consumer) values?
3. Even if a person has come from a family situation where there are lots of problems, how can he/she develop values?
4. Could you identify any of the speakers in the video talking about “traditional” or “consumer” values? If so, explain.
5. Did anyone in the video voice what you might consider a common value among teenagers?

V. CONCLUSION (3 minutes)

1. After thanking the speaker (or watching the video). Tell the group: “Thank you for your questions and for being a good audience. Be thinking about what our guest speaker (or video) said regarding his/her values and decisions. Please write down any thoughts about what you learned on your manuals. Tomorrow we will discuss the importance of finding safe ways to communicate your feelings as they relate to alcohol or drugs.”
2. **Collect youth manuals.**

Materials and preparation needed for Session 7:

4. Read through Session 7 and practice the role-play
5. Obtain VCR/Monitor and preview Part 2 of “Broken Promises.”



Session 7

Communication

OBJECTIVES:

Youth will learn about the importance of finding safe ways to communicate their feelings and consider which relationships in their lives meet their need for safety, security, etc.



TASKS:

1. Show Part 2, “Feelings”, of “Broken Promises” and discuss, if not available do alternate activity (15 minutes).
2. Youth will complete the Relationship Review List (10 minutes).
3. Youth will be referred to statement in youth manual, “One Man’s thoughts about Relationships” (5 minutes).
4. Instructors will do role-play in which one acts as a young person seeking a “safe place” (5 minutes).
5. Youth may begin their puzzle in the manual (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Video, Part 2 of “Broken Promises” and VCR.

FOR REVIEW: from session 6

1. Values are an important part of decision making in determining what is important for you.
2. One can compare traditional family culture to a “Right Now” consumer culture.
3. The shield exercise can help youths understand some of their values and beliefs.
4. Having others, (guest speakers or videos) provide testimonials about their own experiences with pressure to use AOD can help young people learn how to cope better.

CONCEPTS: Session 7 discusses the role that relationships serve in our lives and how communication and feelings are important components of developing reliable relationships.



I. INTRODUCTIONS (2 MINUTES)

Greet youth and record attendance

Instructors: If you are showing the video, proceed with the following. If not, go to Section III.

II. DISCUSS AND SHOW REMAINDER OF “BROKEN PROMISES” (15 minutes)

“A couple of days ago we watched the first part of the video “Broken Promises.” Can anyone remember some of the things that we learned?” {**Allow youth to respond**} “Recall that we saw a group of kids describing what it is like to live with a parent or other family member who has a drinking or drug problem. Living with an alcoholic, problem drinker, or heavy user of drugs is tough. Sometimes, it can be dangerous. Much of the time, it can make kids in the family feel helpless and unhappy. Today, we’re going to watch the second part of the video where these kids describe their feelings. While you watch the video, ask yourselves, “How would I feel if I were in those situations? Who could I talk to about my feelings and keeping safe?”

Show the second part of “Broken Promises

Turn volume down and begin the discussion as the video credits start to appear.

“This video made me experience many feelings. How about you? Let’s list some words to describe some of our feelings.”

Start writing a list on the chalkboard or flipchart.

“First, it made me feel sad, then it made me start to feel hopeful. What did you feel when the kids in the video were expressing some of their feelings and experiences? Tell me these feelings.”

Try to get youths to quickly call out any feeling words and write them down. Stop after 2 minutes or 20 feeling words

“Why do you think the kids in the video talked about their feelings? Do you think the kids talked about these feelings partly because the people with the drinking problems were close family members?” {Encourage group to agree or disagree.} “Relationships with family members and other people have strong influences on our feelings, how we BEHAVE, and how we get through life”

III. ALTERNATE ACTIVITY

IV. RELATIONSHIP REVIEW LIST (10 minutes)

“There is an exercise in your manual that is meant to help you think about and appreciate the relationships in your life. Before we work on this exercise, I have some questions for you to think about. Who are the most important people to you in your life? What purposes do relationships serve in your life?”

Facilitate so that youth understand the many facets of our lives that relationships touch: personal growth, emotional health, support, protection as well as possible destructive effects.

“Relationships are involved in almost every part of our lives. They can make us happy, safe, sad, lonely, or loved. They can help us grow up to be strong and capable men and women. Or, relationships can do the opposite by damaging our self-esteem, causing uncertainty and fear, and even causing a lot of pain.”

“This Relationship review List in your manual is for you to use for yourself. It lists some basic relationships and asks four types of questions about each one of them:

1. With whom do you have this relationship?
2. How good (or useful) is it?
3. How reliable is it—can you count on it?
4. Do you need or want someone new for this kind of relationship.

“In just a moment you can fill in these answers for each relationship that you list. Some relationships that are important to you aren’t on the list, so write them in and answer the questions. You can finish the list after group if you need to.”

“On the other side of the page are one man’s thoughts about the meaning of relationships for him. He originally came from New York, but he’s lived in northern Arizona for years and has been a teacher, youth counselor, and a master of ceremonies at big events all over the country. We don’t have time to go over this together, but you might read it quickly today or when you have time, and consider how it fits with your own view on relationships.”

If time is available, read the statement out loud after the youth have had a few minutes to work on the Relationship Review List

V. ROLE PLAY (5 minutes)

“We’ll wrap up today’s session with a role play demonstrating some ways to communicate and make safe choice when living in a household with an alcohol or drug abuser.”

One instructor acts as a young person who found him/herself in situations where others were abusing substances and approaches another volunteer who plays a “safe person” in that youth’s life; i.e. a relative, counselor, friend, teacher, community member, etc.

SAMPLE SCRIPT:

Youth: {Goes in door of Community Center.}

Safe person: “Hello, (NAME). Good to see you! What’s up?”

Youth: “Not much. Just wanted to hang out. I wish people didn’t drink.”

Safe person: “Well, you know I told you this is the place to come when you feel that way. Do you want to talk about things?”

Youth: “What I need is a place to do this homework. I guess I can’t concentrate, When I can’t I start to worry.”

Safe person: “That’s natural when things around you are hard to deal with. But really, you can’t control most things in life. Sometimes the most you can do is to take care of yourself. You can do your studies here and when you’re ready to talk there’s always someone here. You can do your homework now if you want, but just let me know if I can be of any help.”

Youth: “That’s cool, I got it figured out. We’ll talk later. Thanks. This place is all right.” END

So you get the idea. Figure out where it’s safe and who is there for you to turn to. Think about what makes a safe person safe and when and where it’s safe to share your feelings in healthy ways. No one is saying this is easy, but you have to start somewhere.”

“Later on, you’ll all have opportunities to do some role plays on issues important to you. There is a word puzzle in your manual. Please take sometime to work on it when you can.”

VI. CONCLUSION (3 minutes)

“Thank you for your attention today. This session may have made you think about and feel a lot of things. Remember, you don’t have to have an alcoholic or drug abuser in your family to want a safe person with whom to share feelings and concerns. Just having someone to talk to about school and other kinds of thing is helpful and healthy. It should be part of your values and your prevention model. Having safe people to talk to is one way to find your balance in life.”

“Tomorrow, we going to talk more about communication and skills that you can learn to let people know where you stand on certain issues. Until then, have a great day!”

Collect youth manuals.

Materials and preparation needed for Session 8:

1. Read through session 8.
2. SODAS poster
3. VCR/Monitor & Video: “SODAS...How do They Work?”



Session 8

SODAS

OBJECTIVES:

Youth will learn what SODAS stands for and how it is used to keep one's balance and to prevent health problems.



TASKS:

1. Introduce the SODAS steps and the concept of peer pressure (5 minutes).
2. Present SODAS step-by-step (15 minutes).
3. Demonstrate SODAS in action with mini-role-play (5 minutes).
4. Youth will fill-in cartoons showing how to use the SODAS steps in "tough situations" (12 minutes).
5. Show video presenting excerpts from interviews with youth who have taken the NAPPASA Prevention course, or if not available, do alternate activity (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.
4. Visual aids: SODAS poster.
5. Video, "SODAS...How do they work?" and VCR.

FOR REVIEW: from session 7

1. By watching the video, "Broken Promises" or participating in the activity, youth can think more about their own feelings about what it is like to live in a home where there is an alcohol or drug dependent person.
2. In completing the relationship review list, youth can think about and appreciate the relationships in their lives.
3. Youth are exposed to a role-play demonstrating some ways to communicate and make safe choices when living in a household with an alcohol or drug abuser.

CONCEPTS: Session 8 teaches the youth SODAS skills to help them cope with peer pressure. It also gives youth a chance to practice SODAS skills by role-playing different scenarios.



I. INTRODUCTION: (3 minutes)

Greet youth and record attendance

II. INTRODUCTION TO S.O.D.A.S. PROBLEM–SOLVING MODEL (5 minutes)

“Yesterday’s session on finding safe places and persons to talk to probably helped you think about ways to deal with family issues. Today you’re going to start learning some more about communication skills. You’ll be learning how to communicate the healthy choices you need to make to refuse risky behaviors. Sometimes those choices can be hard to make. You have to make what we call a tough decision.”

“Let’s talk about one way to solve some tough situations, like when your friends want you to do something you don’t want to do. Does anyone know what being pressured by people your own age is called?”

Call on youth. Praise efforts, then name “peer pressure”

“Raise your hand if you’ve experienced peer pressure. Sometimes you’re the one being pressured by your peers. Sometimes you’re the one doing the pressuring, but you’re not really aware of it. Other times the way you put on the peer pressure is very obvious. Let’s take a couple of minutes to do a warm-up activity. In your manual, I want you to write down 5 things that your friends had you do for them during the past week. How did they persuade you to do these things for them? What we’re going to start learning about today is a way to successfully deal with peer pressure.”

“When I tell you the name of the communication skills you’re going to learn about today, you’re going to think of Pepsi and root beer.”

Unveil S.O.D.A.S. poster

“But these SODAS have more to offer than sugar and calories. By using and practicing the SODAS communication and decision–making steps you can more easily make good decisions during peer pressure and communicate your choices to others.”

Indicate what the five letters stand for:

- a. STOP
- b. OPTIONS
- c. DECIDE
- d. ACT
- e. SELF-PRAISE

“This is my favorite SODAS because it helps me solve problems better.”

III. SODAS – STEP BY STEP (15 minutes)

“Let’s go through my favorite can of SODAS together.”

A. STOP

“The first step is one of the hardest steps because we are usually in such a big hurry to get out of our problems; we don’t stop to think about what we are going to do. In tough situations you need to stop and think about what you are going to do. Here are some things you can do to help you stop and consider the situations you’re in:

1. Take a deep breath; continue taking slow, deep breaths.
2. Slowly count to 10.
3. Ask what I am being asked to do? Is this a problem for me?

“What are some other ways to help you stop and think?”

Write youths’ responses on the chalkboard.

B. OPTIONS

Emphasize that “OPTIONS” means the same thing as discovering your “choices.”

“This step involves thinking about the choices available to you to help you deal with or get out of the tough situation. The reason you need to be able to stop and think is because you’ll be able to come up with better options more easily if you’re in a calm state of mind. These options are things you might want to say or do to someone who’s trying to pressure you. So if a can of beer gets passed to you, you can stop, stay calm and think of some options. One option is to say, “It’s already too late. Does anyone else want to get back to the game?”

C. DECIDE

“What does this mean? What must you finally do when you have thought about your options?”

Allow for youth' responses.

“Yes, you must finally decide on one of them. You do this by considering which one will work out the best. What is best for you depends on your values, your goals (what you want), your limits (what you can do safely) and the overall situation. We'll get into this more later.”

D. ACT

“After you decide on your best option, you then have to act on that decision. Would it do any good to come up with a great option and then just stand there thinking about it while you're being pressured? Acting positively on this decision might mean leaving a situation where you are not comfortable. It could mean telling a friend you don't want to smoke, but would like to do something else (1.e., a positive option, such as drink a soda, shoot some hoops, etc.)”

E. SELF-PRAISE

“Last but not least, you give yourself some praise. Can you see why that's important? Think about it, you just tried your best to deal positively with peer pressure. You probably refused to get involved in a risky behavior and suggested some safer fun instead.”

Let youth comment.

“Give yourself credit and praise for using **SODAS**. This is not the same as bragging. You need to give yourself a mental pat on the back when you know you have done your best.”

IV. INSTRUCTOR ROLE-PLAYS (8 minutes)

“Now, we are going to do two role plays. Watch so that you can tell us how they are different.”

Start with a “before” situation where the youth yields to pressure. Then give an “after” situation of successful resistance. Ask youth to identify differences between the two interactions. Prompts: Why was (Name of Instructor) successful the second time? What did he/she do differently? How did his/her friend react?

V. SODAS CARTOON WORKSHEET (10 minutes)

At this time you should break youth into groups that will work together during this exercise. You may want youth to form their own groups, or you may want to assign youth to groups, have them count off, etc. Groups should consist of 4–6 youth. Five is probably ideal.

“Turn to your manual. Each cartoon represents a tough situation. Your job is to write in how the character being pressured should use the SODAS skills. The first one is done for you to help you get the idea. We’ll also come around to answer questions.”

Circulate and explain exercise to youth who need help getting started. If time permits, let youth know that they will be asked to verbally share some of their responses on the cartoons at the end of group. Note: If you will be showing the following video, proceed with the following text. If not, go to Section VII. If you will be showing the video, proceed with the following. If not, go to Section VII.

VI. VIDEO–‘SODAS...HOW DO THEY WORK?’ (5 minutes)

“As you’re finished up your cartoons we have a short video to show you. What you’ll be seeing are some youth who recently had this program talking about using the SODAS communication skills.”

Begin the video as youth are finishing work in youth manual.

VII. ALTERNATIVE ACTIVITY TO VIDEO: ROLE-PLAYING OF CARTOON WORKSHEETS (5 minutes)

“After you have filled in your responses to the worksheet, share your ideas with your group. As a group, choose one of the cartoons and practice role playing the situation with members of your group. Be prepared to share on of these with the group in 5 minutes.”

If time permits, have some volunteer groups share their role plays

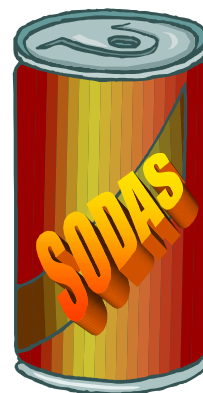
VIII. CONCLUSION (3 minutes)

1. “In future sessions you will have several opportunities to practice using S.O.D.A.S. communication skills. When you have time, you can work on a word puzzle in your manual. Tomorrow we are going to begin a unit on human sexuality.”

2. **Collect youth manuals.**

Materials and preparation needed for Session 9:

1. Read through Session 9.
2. Transparency: Holistic Perspective on Human Sexuality
3. Transparencies on Female and Male reproductive Anatomy



Session 9

Human Sexuality

OBJECTIVES:

Youth will review the human reproductive process and how sexual behavior can influence health.

TASKS:

1. Prepare Holistic Health and Human Sexuality Activity (15 minutes).
2. Discuss the holistic perspective of human sexuality (10 minutes).
3. Correct puzzle errors and review the female and male reproductive organs (10 minutes).
4. Discuss the human reproductive process (10 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Transparency: "Holistic Perspective of Human Sexuality".
4. Posters and labels for Female.



FOR REVIEW: from session 8

1. The SODAS problem solving model involves the following steps: STOP, OPTIONS, DECIDE, ACT, SELF-PRAISE.
2. Ways to STOP include: a) taking a deep breath; b) counting to 10; and c) asking yourself, "What am I being asked to do?"
3. OPTIONS involve thinking about the choices available to you to help you deal with or get out of a tough situation.
4. What is best for you depends on your values, goals, your limits, and the situation.
5. Give yourself credit and praise for using SODAS.

CONCEPTS: Session 9 gives an in-depth look at male and female reproductive organs and what influences an individual's sexual behavior. It also touches on the subject of how moral and traditional values influence decisions about sex.



HOLISTIC HEALTH AND HUMAN SEXUALITY ACTIVITY:

(Before group starts: 1.) Draw a large circle approximately 3 feet in diameter on the board and divide into four quadrants with an X. 2.) At the top of each quadrant write one of the following terms: “MENTAL/EMOTIONAL”, “SPIRITUAL”, “SOCIAL/CULTURAL”, and “PHYSICAL”. 3.) In the center of the X draw another circle approximately 1 foot in diameter and erase the center of this circle. 4.) In the middle of this circle write “Human Sexuality.” 5.) Write the following group of terms on different colored pieces of paper (8” x 11”, or larger if possible) and tape the sheets to the board.

Feelings

Experience

Behaviors

Self-Esteem

Learning

Values

Beliefs/Religion

Ethics & Morals

Cultural, Religious or

Traditional Laws

Family

Friends

Community

Media (like TV)

Tribe or Nation

Body growth and development

Puberty

Reproduction

Physical appearance

I. INTRODUCTION

Greet youth and record attendance.

II. THE HOLISTIC PERSPECTIVE OF HUMAN SEXUALITY (10 minutes)

Instructors introduce session with, “Human sexuality and the human reproductive system are the topics of our session today. Human sexuality can be explaining holistically, through the different parts of the whole person. Remember at the beginning of this course we talked about Holistic Health? Do you remember what we mean by that?”

Allow youth to respond with answers like, “its about the whole person,” etc

“Right. This is the health teaching that includes the different parts of the whole person. **[list on board.]** Like the cultural / social, physical, mental/emotional and spiritual parts of who we are. Let’s see how holistic health and human sexuality come together. Let’s look at this diagram.”

Point to the diagram you have drawn on the board

“Can you guess which of these groups?”

Point to sheets of different colored paper

“Go with which headings in the circle?”

Allow youth to guess which groups go where from the activity you have prepared before group. Allow 1–2 minutes for youth to complete the task.

“Now let’s see if you’re right.”

Show Holistic Health and Human Sexuality transparency to compare answers that of the youth. Praise youth efforts then briefly review the following with the youth:

“Let’s look at some of these areas briefly:

The Social / Cultural parts of human sexuality include, for example, how the sexuality of young men and women is shaped by their family relationship, friendships, peers, community, tribal or national customs, and by messages the media sends them about sex through the radio, television, films and print material. What are some of the messages we receive about sex from television shows, movies, music or other media material?

PAUSE: Allow youth to answer.

“Good. Another media message we are told is that you must have the perfect body and look to fit in. Can you think of any other examples?”

“The mental and emotional parts of our sexual self include our feelings, experiences, attitude, motivation (what makes us want to do something), behaviors (how we act), self-esteem (how we feel about our self), and how and what we learn. We learn through our experiences and have feelings about every experience we encounter. Some of us develop healthy feelings about our sexuality and are comfortable with who we are. Sometimes, when have a bad experience, we learn shame, fear, and feel unhappy when we think of our own sexuality and who we are.”

“The spiritual part of our sexual self includes our values (people, beliefs and teachings important to us), tradition (customs), religion, ethical and moral rules (rules which guide our conduct). With this part of our sexual self we can answer questions about what we feel is right-or-wrong, ‘Should I, yes-or-no?’ Whatever our moral values are, each of us faces daily decisions that affect and, in turn, are affected by how we understand our own sexuality.”

“We are taught moral rules through our culture, society and religion like for instance, that people should not have sexual intercourse until after they are married. Another example of a moral rule for behavior within a society or a culture are the clan systems of the Navajo and Hopi. The clan system places rules on who you can marry or date. Can anyone think of some other examples?”

“The final part of one’s sexual self is what most people usually think of first – the physical self. The physical part of our sexuality includes our physical growth and development, urges, appearance, and ability to have children (reproduction). Your body releases hormones from your pituitary gland just before you begin your teenage years. The hormones or body chemicals signal other changes to start, like the reproductive organs to produce sex hormones during this time. In boys, the testes produce more male hormone (testosterone) and in girls, the ovaries produce the female hormones, estrogen and progesterone. The hormones are powerful chemicals produced in the body, which affect the mental and emotional changes you experience.”

“As we learn more about ourselves we learn about our **sexual identity**. A person may identify themselves as being **heterosexual** (having sexual attraction to persons of the opposite gender), **bisexual** (having sexual attraction to person of the same gender as well as the opposite gender), or **homosexual** (having sexual attraction to a person of the same gender). Every person’s sexual identity is important, because every one of us is a unique and special individual.” The cultural/social, physical, mental/emotional and spiritual parts of who we are all influence a person’s understanding of his or her own sexuality. Sexuality is only one part of who we are, but it is an important part of one’s total health and wellness.”

Decisions that we make about how to express our sexuality through our behaviors have consequences for our health. It is important to know your body, your reproductive organs and their function. To understand how sexual behavior, like sexual intercourse, you put people at risk for disease, lets see if you know these organs and their functions.”

ENERGIZER: HAVE YOUTH STAND AT THEIR CHAIRS, TURN ONCE TO THE RIGHT THEN TO THE LEFT, TAKE TWO STEPS FORWARD BACKWARD AND SAY: “NEXT” THEN SIT DOWN.

Instructor: This energizer is to help youth shift their focus to human reproductive anatomy.

III. HUMAN REPRODUCTIVE ANATOMY ACTIVITY (10 minutes)

“What are the human reproductive organs? How do they work and why are they important? To help answer some of these questions, we will first do an activity where you will label the male and female internal and external reproductive organs.”

ACTIVITY:

1. Instructors have poster drawings of the male and female reproductive anatomy up on board or wall.
2. Have youth divided into groups of equal number.
3. Each youth should be given a labeled piece of paper.
4. Have youth label each organ with a brief description. Give youth 60 seconds.
5. Use the following review to correct and discuss the male and female reproductive anatomy.
6. Praise youth efforts.

IV. REVIEW of THE FEMALE REPRODUCTIVE ORGANS

“The external female genitalia consist of the VULVA which includes the labia, the vaginal opening, clitoris, urethra and the mons pubis.

1. The **LABIA** are the outer skin folds surrounding the vaginal opening.
2. The **VAGINAL OPENING** is the opening to the vaginal canal within the female body.
3. The **CLITORIS** located at the upper end of the vulva is a very sensitive organ (with no specific purpose.)
4. The **URETHRA** is where urine or the fluid waste from the body is discharged from the body.”

V. REVIEW OF INTERNAL FEMALE REPRODUCTIVE ORGANS

“Many of the important female reproductive organs are located within the body.”

- 1.) “The **VAGINA** is the passageway from the outside of the body to the opening of the uterus. This special passageway serves three major purposes:
 - a. For the delivery of a baby from the birth canal.
 - b. To receive the male penis during sexual intercourse.
 - c. To serve as a passageway for discharge of blood and tissues from the uterus.

NOTE: It is very important to know that because the penis enters the vagina during sexual intercourse, bodily fluids are exchanged, and this allows for the entry point of many types of sexually transmitted diseases such as gonorrhea, HIV, herpes, etc. When a baby is delivered through the vagina, these diseases can be passed to the baby, too.”

- 2.) “The **CERVIX** is the opening at the end of the uterus. The cervix can also be a site for infections. Women can become sterile if the infection spreads beyond the cervix.
- 3.) “The **UTERUS**, or the womb, is a muscular organ which is lined with nutrient rich tissue. If conception does not occur, the lining is discarded and discharged.”

- 4.) “The **FALLOPIAN TUBES** or **OVIDUCTS** are the tubes connected to the uterus which branch out over the ovaries. When an egg cell is released from the ovary, the egg cell can occur within this tube.”
- 5.) The **OVARIES** are two sac-like compartments, which contain thousands of human egg cells (called ovum). At about midpoint in the female menstrual cycle, usually only a single ovum is released from one ovary per menstrual cycle. The ovaries produce the hormones, progesterone and estrogen.”

VI. REVIEW OF THE MALE REPRODUCTIVE ORGANS (10 minutes)

“We will now review the male reproductive organs. Most of the male genitals can be seen outside of the body. Other important reproductive organs within the male body will also be discussed.”

A. REVIEW OF THE EXTERNAL MALE REPRODUCTIVE ORGANS

- 1.) “The **SCROTUM** is a skin covered, sack-like organ which protects and insulates the testicles. The scrotum maintains a consistent temperature around the testicles for the production of sperm cells.
- 2.) “The **PENIS** is the organ for urination and sexual intercourse. During sexual arousal, the penis becomes hard and erect, which permits the deposit of sperm in the female vagina. The foreskin around the head of the penis is sensitive. Damage to the foreskin or contact with infection can provide an entry point for various types of sexually transmitted infections.”

B. EXPLANATION OF THE INTERNAL MALE REPRODUCTIVE ORGANS

1. “The **URETHRA** is the canal through which urine is eliminated. The urethra also serves as the canal for the male semen containing sperm cells.”
2. “The **VAS DEFERENS** are the tubes in which the sperm travel from the testicles to the urethra (located in the penis).
3. “The **SEMINAL VESICLES** secrete the thick liquid that mixes with the sperm cells. This mixture is called semen.”
4. “The **COWPER'S GLAND** and the **PROSTATE GLAND** discharges a thick, alkaline fluid that helps clean out the acid in the urethra from urine before the semen is released from the urethra.

5. "The **EPIDIDYMIS** is located above the testicles and is where the sperm mature."
6. "The **TESTES** or **TESTICLES** are two glands where sperm are continually produced. The testes also produce the male sex hormone testosterone."

"Do you have any questions about what the male or female reproductive organs are?"

VII. SESSION REVIEW (5 minutes)

- A. "Why are these reproductive organs so important?"

Allow youth to respond

"These are vital parts of your body. They help make you the unique person that you are. They guarantee that future generations of families will continue. You are responsible for taking care of your body, especially your reproductive organs. If you respect yourself and your body, hopefully you will respect others. This respect involves keeping all parts of the whole person healthy, taking care of yourself in all areas. Remember holistic health and human sexuality."

B. ACTIVITY (5–10 minutes)

"Now, turn to your manual to fill in the seek–n–find puzzle."

VIII. CONCLUSION (2 minutes)

- A. "Thanks for your participation today. In the next session, we will discuss sexual behavior, responsibilities and consequences."
- B. **Collect youth manuals.**
- C. Instructor completes evaluation forms.

Materials and preparation needed for Session 10

1. Six 24"x36" sheets of paper (pre-label each sheet) with the following headings.
2. Words describing human sexuality.
3. What are your reproductive organs and what are they for?
4. Who's responsible (for what happens when you decide to have sex), the guy or girl, why?
5. Safe ways to show your love without having sex.
6. What happens if I have sex?
7. One pack of different colored markers.

Session 10

Sexual Behavior, Responsibility, and Consequences

OBJECTIVES:

Youth will discuss responsibilities and consequences of sexual behavior.



TASKS:

1. Discuss adolescent sexuality and accepted norms (10 minutes).
2. Discuss decisions about sexuality (15 minutes).
3. Youth will participate in an activity regarding sexual behavior and decisions (20 minutes).

MATERIALS:

1. Attendance sheets.
 2. Youth manuals.
 3. Six 24" x 35" sheets of paper (pre-label each sheet).
- One pack of different colored markers.

FOR REVIEW: from session 9

1. The holistic view of sexuality acknowledges that all parts of the person make up a person's sexual being (physical, emotional, social and spiritual, etc.)
2. The media, peers and personal experiences have strong influences on one's developing sense of sexuality.
3. It is important to take care of your body, especially the reproductive organs.

CONCEPTS: Session 10 discusses an individual's sexual behavior and the responsibilities and consequences of having sexual intercourse. It also presents information on the accepted norms of teen sexuality.



I. INTRODUCTION (2 minutes)

Greet youth and record attendance

II. ADOLESCENT SEXUALITY (10 minutes)

“Yesterday, we talked about human sexuality and the human reproductive system. Do you remember some things we learned about holistic health and human sexuality? **{Allow youth to respond.}** “We also learned about the human reproductive process and its function.”

“This stage of your life is a very special time, because you will be going through some important changes. What kinds of changes happen and what triggers these changes? **{Allow youth to answer. Then add ---}** “Remember from yesterday we said some of these changes include growth, voice changes, appearance of body hair, acne, and other physical changes. We also said that hormones activate the sex glands, which cause males and females begin to have sexual feelings and heightened emotion.”

“The changes you experience during puberty aren’t limited to just physical changes. Other kinds of unexpected changes may occur, like in relationships with people your own age and in your family. You may make new and different friends, look at situations differently and just begin to mature as a young adult. The things you believe in and value will be tested. Your mental, emotional and spiritual strength may also be tested, because now you make some decisions on your own. How can you keep balance and harmony through such intense change? Remember the holistic health teaching: by keeping all parts of the self–healthy, you will be able to figure out what is best for you.”

Instructors express concern and support for youth. Affirm that these changes occur to everyone.

“Sometimes you feel confused when you see adults do the things they tell you not to do. You begin to question their actions. These “**don’t-do-as-I-do**” messages usually center around actions adults believe are unhealthy for teens, like having sexual intercourse, using alcohol, drugs or tobacco. Some books, magazines, movies, music and advertisement are filled with “sex” and “alcohol-is-okay” messages produced by adults and these add to the confusion.”

“As we discussed yesterday, there are boundaries we can set about sexual activity. Can you give an example? **{Allow youth to respond.}** One example is the clan system of the Navajo and Hopi people; you cannot date someone who has the same or a related clan as yours. The culture and tradition of the Navajo and Hopi people help set their personal boundaries.”

“As a teenager, you can express your sexuality in ways that show that you are becoming mature without confusing yourself and others. The pressure to do something you are not ready for,

like having sexual intercourse, is sometimes very great. If you find this pressure is a problem, feel relieved to know that there are safe ways to show you care. What are some ways we can safely show special people that we care about them? What are some other ways of showing affection to a special someone (boy/girl friend) without having sex with them?

III. DECISIONS ABOUT SEX (15 minutes)

“Since sexuality can be expressed in a variety of ways, it is not necessary to have sexual intercourse (sex) in order to prove anything; like you care for someone or that you are “normal.”

“Today, family, religious, traditional and cultural teachings are not always followed. These teachings help guide our decisions and actions. Without this type of guidance, sometimes people don’t know how to deal with sexual pressures or other pressures. And, because someone makes the wrong decision, there are often disastrous consequences. Turn to your youth manual. As a teen, you may have thought of some of these questions. We’re going to do an exercise now which will help you think about your views on these topics.

Lead youth through the values continuum exercise:

1. Draw a continuum line on the board.
2. Divide the group into two teams.
3. Select 5 statements from below and read each statement and ask each team if these situations are “Right” or “Wrong”. Count and record youth responses. Place the number on the continuum.
4. Ask youth why they voted the way they did.

Right

Wrong

Statements:

- A. I should take a chance and have sex because he/she won’t want to be with me.
- B. You must prove your love by doing what the other person says.
- C. Sex is love.
- D. There must be something wrong with me, everyone knows more and has experienced more than I have.
- E. I won’t get infected with any diseases like, herpes, AIDS, syphilis, or anything.
- F. I won’t get her pregnant or I won’t get pregnant this one time.
- G. I make my own decisions about everything.
- H. I am responsible for everything I do.

“Okay, now some of you have shared your options based on your beliefs about these statements. Just remember what is important to you and you will do fine. If you had to deal with a situation like an unplanned pregnancy, what would you do? Sometimes teens forget to think about the responsibilities of their behaviors (like what happens afterward). Young

men and women are equally responsible when it comes to protecting their health and well being. You can learn to apply your SODAS skills to avoid teen pregnancy and prevent the spread of sexually transmitted diseases. Getting a sexually transmitted disease like gonorrhea can damage your reproductive organs. Getting a disease like AIDS may kill you and threaten your future family. Decisions about your sexuality have important consequences in your life. Remember, your sexuality is very special and very personal. It should be protected by you.”

“Now, turn to your manual. To summarize what we just discussed:

1. Know that you have needs and responsibilities.
2. Know that acting impulsively could be unhealthy, and /or wrong.
3. Know that you can seek HELP from:
 - a. a school counselor
 - b. a school nurse
 - c. your parent(s), guardian
 - d. elders, like your grandparents
 - e. a person you trust
4. Use your S.O.D.A.S. prevention skills.
5. Remember, you are responsible for making healthy choices.”

IV. ACTIVITY (20 minutes)

Instructors: This activity is provided for you in case you have extra time or if you feel the youth need additional clarification.

“Let’s do an activity that will help you understand the factors that relate to and affect your sexuality.”

- A. Take 6 large sheets of paper and label the top of each sheet with one of the following headings:
 1. Words describing human sexuality.
 2. What are your reproductive organs and what are they for?
 3. Who’s responsible for what happens when you decide to have sex, the guy or girl, why?
 4. Safe ways to show your love without having sex?
 5. What are the possible consequences (outcomes) if I have sex?
 6. My family, cultural or religious rules about sex.
- B. Have youth break into groups of 4–6 per group. Each group starts with one sheet.

Each group will have 30–45 seconds to list what they can for that topic, and then rotate the sheet to the next group for another 30–45 seconds until each sheet has gone to each group.

- C. After the sheets have been through each group, tape each sheet across the chalkboard and hold a group room discussion on the sheets of paper.}

V. CONCLUSION (2 minutes)

- A. “Thank for your participation today. Tomorrow we are going to talk about another consequence of sexual behavior and activity...Sexually Transmitted Diseases or STD’s.”

B. Collect Youth Manuals.

Materials and preparation for Session 11.

1. Five 24” x 36” sheets or paper pre-labeled with the following:
 - a. STD name
 - b. Signs, symptoms and problems
 - c. How you get infected and how it is cured
 - d. How you prevent it
 - e. Who do you tell and why?
2. One pack of different colored markers.
3. Information sheets on STD’s for instructors.
4. VCR/monitor and video: Arsenio Hall’s “Time Out.”

Session 11

Sexually Transmitted Diseases (STD's)

OBJECTIVES:

Youths will be provided with an overview of sexually transmitted diseases and be able to explain at least one example of a STD.



TASKS:

1. Introduce the concept of STD's (5 minutes).
2. Activity: youths present basic facts on STD's (20 minutes).
3. Show video excerpts from "Time Out", or if not available, do alternate activity (15 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Six 24" x 36" sheets of paper (pre-label each sheet).
4. One pack of different colored markers.
5. Information sheet on STD's.
6. Video, Arsenio Hall's, "Time Out", and VCR.

FOR REVIEW: from session 10

1. Changes that you experience during puberty are not limited to physical changes. They may also include changes in friendships, family relationships, and in peer group relationships.
2. Teens receive mixed messages about sex from parents, teachers, other adults, and people in the community.
3. Adolescents can express or show their feelings for one another in ways that do not involve sexual intercourse. These include: a) hugging, kissing and holding hands; b) sharing special thoughts, secrets and feelings; and c) choosing a style of clothing, fads, hairstyles, or the type of cologne the other special person likes.

CONCEPTS: Session 11 provides youths with an overview of six different STD's and how they can be prevented.



I. INTRODUCTIONS (2 minutes)

Greet youths and record attendance.

II. INTRODUCE SEXUALLY TRANSMITTED DISEASE (5 minutes)

“STD’s or sexually transmitted diseases are diseases that are transmitted (given from one person to another) through sexual contact. There are many different types of sexually transmitted diseases caused by germs, viruses, bacteria, parasites, and fungi that are passed from one infected person to another. STD’s aren’t rare. In the U.S., teenagers are the age group most likely to get STD’s. Experts estimate that at least one in four sexually active teenagers will become infected with a STD before they leave high school. Fortunately, the majority of 8th graders in the U.S. won’t have sexual intercourse this year.”

“Although each disease is caused by a different organism, sexually transmitted diseases share many common symptoms; Most STD’s produce sores or lesions that may be painful. Some have other symptoms like burning, itching, unusual discharge of fluid or puss, unusual bleeding or abdominal pain. If these sexually transmitted diseases are not treated medically, they can damage your reproductive organs and cause you to become infertile (not able to become pregnant or father a child). Lastly, there is evidence that some STD’s are linked to certain kinds of cancer (like, cervical cancer in females, and prostate cancer in males.”

“The virus which causes AIDS, HIV (Human Immunodeficiency Virus), is also transmitted during unprotected sexual intercourse. Usually STD’s caused by viruses are not curable, like herpes, human papilloma virus (genital warts), and AIDS. You will all participate in an activity where you will present a description of a few STD’s. Every one will fill in some information in your youth manual for each STD covered. Please ask questions.”

III. ACTIVITY: BASIC FACTS ON STD’S (20 minutes)

A. Instructors:

1. Divide group into 5 groups.
2. Pass out 24’ x 36” sheets of paper and colored pens or crayons. Have each pre-labeled with the following.
 - a. STD name.
 - b. Signs symptoms and problems.
 - c. How you get infected and how it is cured.
 - d. How you prevent it.
 - e. Who do you tell and why?
3. Assign each group one of the following STD’s:

- a. Genital/Venereal Warts
 - b. Herpes
 - c. Gonorrhea
 - d. Syphilis
 - e. Vaginitis
4. Provide copies and instruct youths to use the STD's fact sheets (located at the back of this session) to help them fill in the correct information.
5. Walk through an example of how to complete the fact sheets by using the STD, Chlamydia:
- a. STD name: Chlamydia
 - b. Signs, symptoms and problems: Often no symptoms, painful urination, discharge, pain, itching and burning in groin.
 - c. How you get infected and how it is cured: Usually through sexual intercourse and cured by taking antibiotics.
 - d. How you prevent it: Do not have sex. Use condoms and know your partner.
 - e. Who do you tell and why? You tell the doctor, and then tell your partner. It's only fair to tell the other person.
6. Have groups report information using this format to the group.

Ask youths to fill in the facts in their youth manuals as other youths make their presentations

- B. "Remember that anyone can be infected with an STD if they have sexual contact with an infected person. The problem is that people look well and don't usually tell others they are infected with a sexually transmitted disease. This may be bad news to you. Remember there is another STD out there that is very deadly. HIV, Human Immunodeficiency Virus, which causes AIDS. We'll be spending the next few days talking about it."

"The good news is that you can prevent getting an STD. Can anyone tell me how?"

Allow youths to respond, e.g., don't have sex, use protection like a condom, etc.

"The key is that YOU take an active role in protecting your health. If you are sexually active, stay alert to bodily changes, get early treatment, and use a condom each and every time you have sexual intercourse. Again remember, the one sure way you can prevent getting a STD is to abstain from (or not have) sexual intercourse.

Instructors: If you will be showing the following video, proceed with the following test. If not, refer youths to discussion questions in their manuals and then go to Section V.

“We are now going to watch a video by Arsenio Hall and Magic Johnson about how to avoid getting STD’s. This may seem little embarrassing, but it is important to learn this information and discuss it. We need to know how we can protect ourselves and others we care about.”

IV. SHOW AND DISCUSS THE VIDEO: “TIME OUT” (15 minutes)

After showing video, have youth refer to their manuals for discussion questions. Go over these questions with the group and then ask youth if they have any further questions

Discussion Question:

- 1) People make talking about sex sound so simple. It is that simple for you?
- 2) What are some of the difficulties you face when talking about sex?
- 3) Who can you trust to talk to when you have questions about sex?
- 4) Do you feel the people you talk to have the correct information?
- 5) Where would you go to find out more information about human sexuality, STD’s, etc?
- 6) If a person got infected with a STD, what should he/she do? (Circle appropriate items.)
 - a. Go to a clinic for a check -up and treatment.
 - b. Let his/her partner know.
 - c. Pretend it didn’t happen
 - d. Plan a prevention tactic.
- 7) To prevent getting infected with a STD, I would ... (Circle all items that apply to you.)
 - a. Not have sex until I was a lot older and understood what I was doing.
 - b. Use protection like a latex condom.
 - c. Know that I am just as much at risk to get infected by a STD as anyone else.

V. ALTERNATE ACTIVITY TO VIDEO (15 minutes)

“Let’s make a little diagram to show how STD’s are similar or different, and what we can do to stay safe.”

A. Instructor:

1. Draw 6 oval shaped circles in a column on the board. At the top above the circles write, **STD's**. Then ask youths, "What were the 6 STD's we just heard reports on?" As youths call out each one, write one STD in each circle.
2. To the left of the set of oval circles, draw 6 more circles. Above this set of circles write, **Differences**. Ask youths, "What made this STD different from the rest? I'll give an example. Let's take syphilis. It is different from other STD's because it has three separate stages. Now you come up with one thing that makes each of these STD's unique or different from the others." List responses for each STD as youths come up with them. Draw a single line from the STD to the STD difference so they are identified together.
3. To the right of the 6 STD circles draw one large single circle, above this circle write, **similarity**. Ask youths, "What is the one common thing that all STD's share?" (The answer is that all STD's are sexually transmitted.) Connect all 6 circles to the single circle.
4. To the right of the single circle, draw 4 single oval circles, above these circles write, **Prevention**. Ask youths, "What are four good strategies for prevention." Answers are: a) Use your S.O.D.A.S. skills, b) abstinence, c) know your partner (s) and, d) practice "Safer Sex" using condoms.

"You can see how the map helps us to understand how all of these STD's are similar and different, and how we can use a prevention strategy to keep us from getting an STD. Are there any questions?"

VI. CONCLUSION (3 minutes)

- A. Have youths complete the STD prevention message. "Tomorrow, we will be talking about a deadly STD-AIDS."
- B. **Collect youth manuals.**

Materials and preparation needed for Session 12:

- 1) Flip chart, markers, paper
- 2) Video: "Now a Nice Way to Die" & VCR/Monitor
- 3) Identical slops of paper to pass out so youths can write down anonymous questions about HIV/AIDS.

DISEASE FACT SHEET

CHLAMYDIA

(klu-mid-ee-uh)
(NSU-Nonspecific
Urethritis)

DESCRIPTION:

- Chlamydia trachomatous bacteria
- Incubation period: 2–3 weeks
- Contact with germs during sexual contact; if a person is infected and has no symptoms, the disease may still be passed on sites where infection enter the body: Penis (urethra), vagina, anus throat

The most common bacterial STD in the U.S. today, especially among young people ages 15–25.

SYMPTOMS:

- It may be overlooked because it is often symptomless and is not always tested for.
 - Males: Painful urination and watery discharge from penis; some have no symptoms.
- Females: Itching, burning, discharge, dull pelvic pain, but most have no symptoms.

TREATMENT:

- Get fast medical diagnosis and, if infected, follow instructions.
- Men diagnosed with Chlamydia should tell their partners right away. Often, a woman doesn't have symptoms; she learns she has Chlamydia only when a sex partner tells her she is infected. When diagnosed early, Chlamydia can be cured easily with antibiotics (i.e., tetracycline).

PREVENTION INVOLVES:

- Abstinence (no sex)
- Avoid sexual contact with individuals with genital pain or discharges
- Use condoms (rubbers) during sexual intercourse (start to finish) to reduce risks of infection.

DISEASE FACT SHEET

GENITAL/VENEREAL WARTS

DESCRIPTION:

- Human papilloma virus
- Incubation period: 6 weeks to 8 months.
- Sexual contact with infected person;

Adapted from Stephen R. Sroka, Inc., "Educator's Guide to AIDS and other STD's," 1989.

- Sites where infection enters the body: Human genitals, anus and throat.
- One of the most rapidly increasing STD's.

SYMPTOMS:

Venereal warts can be flat or shaped like cauliflowers. They grow on the penis, vagina, cervix, and in and around the rectum and throat, anywhere up to 2 months after infection. They may cause local irritation and itching. However, often they are so tiny they go unnoticed and may be easily transmitted.

TREATMENT:

- Warts may require freezing, cauterization, chemical or surgical removal and they may reoccur. Venereal warts are more difficult to remove when they're bigger, so don't delay.

PREVENTION INVOLVES:

- Abstinence (no sex)
- Use of condoms.
- Learn how to manage stress. Outbreaks of venereal warts may be related to your stress level.

DISEASE FACT SHEET

GENITAL HERPES

DESCRIPTION:

- Herpes Simplex Virus II
- Incubation period: From a few days to 3 weeks.
- Direct sexual contact with infected person or direct contact with herpes blisters.
- At present, the infection has no cure.
- Sites where infection enters the body: Penis, vagina, anus, mouth; transfer of herpes to the eye after fingers have touched the sore is particularly dangerous. Many people get only one outbreak; others learn to control the infection.

SYMPTOMS:

- Herpes sores come and go, but the virus remains. Symptoms begin with one or more small, painful blister, which appear 2–20 days after sexual contact.
- Blisters occur around the genitals or rectum in men and women, and in the form of cold sores on the mouth.
- Sores may be accompanied by swollen glands in the groin area, fever, aches, and pains, discharges, or tiredness.

TREATMENT:

- Herpes can't be cured, but it can be controlled. A drug called acyclovir may speed healing and prevent recurrences.
- You can help, too: keep herpes sores clean and dry, and don't scratch them.
- Pregnant women who have had herpes should tell their doctors so that precautions, such as cesarean delivery, can spare the baby from being infected.

PREVENTION INVOLVES:

- Abstinence (no sex)
- Avoid sex during flare-ups and learn to recognize the sores. If you touch a sore, wash your hands before touching your eyes, your mouth, or your partner.
- Use a condom—they help reduce the transmission of herpes if they cover the lesions.

DISEASE FACT SHEET

GONORRHEA

(GON_oh_REE-uh)

“Clap”

DESCRIPTION:

- Neisseria gonorrhoea, a double kidney bean shaped bacteria.
- Incubation period: 2–10 days up to 30 days or more.
- Direct mucous membrane contact with the germs during sexual contact; if one is infected and has no symptoms; the disease may still be passed on.
- Sites where the infection enters the body: Penis (urethra), vagina (cervix), anus, and throat.
- Gonorrhoea is so widespread, a new infection occurs every 12 seconds.

SYMPTOMS:

- Males: a “drip” or discharge from the penis and painful urination may appear 3–9 days after sexual contact.
- Females: 4 out of 5 have no symptoms, but it may cause vaginal discharge, painful urination, lower abdominal pain and /or fever.

TREATMENT:

- Gonorrhoea can be quickly cured with antibiotics. However, some gonorrhoea germs are penicillin resistant; so if symptoms don’t ease in a few days, go back for another medical exam.

PREVENTION INVOLVES:

- Abstinence (no sex)
- Avoid sexual contact with persons with genital pain or discharges.
- Use condoms during sexual intercourse to reduce risks of infection.

DISEASE FACT SHEET

SYPHILIS

(SIF-u-lis)

“Sif”. “Pox”

DESCRIPTION:

- A STD caused by a bacterium, known as the *Treponema pallidum*, is a corkscrew shaped bacterium (spirochete).
- Incubation period: 10 days up to 3 months.
- Direct mucous membrane contact with the sores or rash during sexual contact, or (rarely) kissing if the sores are oral, also congenital where infant acquires it before birth. Sexual contact with an infected person during the time sores or rash are present; since the sores do not hurt or itch and may be inside the vagina, anus, mouth or even the urethra of the penis, they are often unnoticed.
- Sites where infections enter the body: Penis, vagina, anus, mouth; break in the skin may allow germ entry.

SYMPTOMS:

- 1st stage: 10–90 days after contact, a “chancre” (painless sore that goes away) forms.
- 2nd stage: rash, sores, swollen joints, flu-like illness, and loss of scalp hair (2–6 months).
- 3rd stage: after 2 years, usually no symptoms, but possible damage to central nervous system, insanity, even death.

TREATMENT:

- Syphilis is treated with antibiotics (i.e., long-acting penicillin). Early treatment is important because symptoms of the infection may disappear, but the disease remains in the body and progresses to the next stage of severity.

PREVENTION INVOLVES:

- Abstinence (no sex)
- Avoid sexual contact with persons with sores.
- Use condoms during sexual intercourse to reduce risks of infection.

DISEASE FACT SHEET

VAGINITIS (vaj-in-ite-us)

DESCRIPTION:

- Common agents include those that cause candidiasis (yeast), Chlamydia, Gardnerella, herpes, trichomonas, and mycoplasma.
- Incubation period: Varies, usually 4 to 20 days.
- Usually sexual contact, but some vaginitis may occur without sexual contact
- Sites where infection enters the body: vagina, penis, anus, throat
- Any female having sexual contact with an infected person
- Common female infections but can be carried and spread by men. Usually but not always caused by sexual contact. Several agents may cause vaginitis.

SYMPTOMS:

- The vaginitis diseases all share a common symptom: discharge.
- Trichomoniasis produces a frothy, yellow discharge and causes persistent itching or burning. The discharge may have an unpleasant odor.
- Yeast infection produces a discharge that looks like cottage cheese and can cause an intense itch.
- Gardnerella causes a grayish-white, watery, strong-smelling discharge.

TREATMENT:

- Trichomoniasis is treated with a medication called metronidazole.
- Yeast infections are treated with nystatin vaginal suppositories or creams.
- Gardnerella is treated with ampicillin or metronidazole. Be sure to take all medication prescribed for you.

PREVENTION INVOLVES:

- Wash the vaginal area daily with soap and water, rinse, and pat dry.
- Don't use douches or strong deodorant soaps; they can upset the vagina's natural chemical balance, permitting growth of yeast.
- Use cotton or cotton-crotch undergarments; they provide better air circulation, which discourages infections.

Description of Common Sexually Transmitted Diseases More Information for Instructors

Chlamydia or NSU (Nonspecific Urethritis) – most common bacterial STD. Has no overt symptoms but can cause abdominal pain, nausea and low fever in women, and discharge from the penis or painful urination in men (being “burnt”). Sterility can result if disease is left unchecked. Treatment: tetracycline. You can have gonorrhea and NSU at the same time. Note: the penicillin will treat the gonorrhea but not the NSU.

Genital/Venereal warts– Some studies indicate that as many as one third of all sexually active teen have genital warts. Very common problem spread by close physical contact. Like Chlamydia, they can sometimes go undetected. Warts usually appear 1 –3 months after infection. Treatment: area where warts occur must be kept dry; warts may require freezing, cauterization, or surgical removal. They may reoccur.

Herpes– Caused by a virus; there is no cure. Many blisters, small and often red and painful, may appear 3–10 days after sexual contact with someone with active sores. The blisters appear around the genital or rectum on both men and women. Also, herpes can be on the mouth (cold sores). Infection rates may be increasing. The virus can cause miscarriage and stillbirth and can damage infants during childbirth. Treatment: acyclovir shortens the healing time. Remember, there is no cure. Do not have sexual intercourse when symptoms appear, wait until blister or sores are healed.

Gonorrhea– Easily spread and very common, this STD is caused by a bacterium. For men, the symptoms include a “drip” or discharge from the penis and painful urination about 3 – 9 days after sexual contact. Women may have a vaginal discharge, painful urination, lower abdominal pain and fever. However, 4 out of 5 women with gonorrhea have no symptoms. Treatment: penicillin. The number of cases among black teenagers is 20 to 40 times greater than those among white teens. Nationally, the overall number of cases has declined in the past 15 years. (Inadequate health care is to blame).

Syphilis– A very serious disease, syphilis has 3 stages, where the symptoms in the first two stages may be mild enough not to be noticed. A painless chancre sore on the genital (men and women) or on the mouth or elsewhere 10 to 30 days after the contact is an indicator of the first stage. This goes away, but the disease is still in the body. Second stage symptoms, which can occur months later, include rash, fever, hair loss, sore throat, and enlarged lymph glands. Treatment: long-acting penicillin shots. In 1989 syphilis–infection rates among the general population were at their highest level since post–World War II. There has been a significant increase of syphilis among 15– to 19 year–old black girls. The rate of syphilis for teens 15–19 has jumped 67% since 1985.

CONDOMS FOR PREVENTTION OF SEXUALLY TRANSMITTED DISEASES

PREFACE:

Condom education is a very controversial subject in many areas. However, due to the fatal nature of AIDS, some communities are now teaching condom education. The 20th Annual Gallop Poll for Phi Delta Kappa found that 78% of adults in the U.S. approve that the local schools should teach “safer sex” (teaching the use of condoms) for AIDS prevention while only 16% oppose it. It is suggested that the educator work with the community to deliver educational messages that are locally determined, consistent with community values and appropriate to community needs.

INTRODUCTION:

Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies. Proper use of condoms with each act of sexual intercourse can reduce, but not eliminate, risk of STD's. Individuals likely to become infected or known to be infected with human immunodeficiency virus (HIV) should be aware that condom use cannot completely eliminate the risk of transmission to themselves or to others.

The following recommendations for proper use of condoms to reduce the transmission of STD's are based on current information:

Note: This summary includes data presented at a conference entitled “Condoms in the Prevention of Sexually Transmitted Diseases” sponsored by the American Social Health Association, Family Health International, and the Center for Disease Control and held in Atlanta, Georgia, February 20–21, 1987 and printed in the CDC MMWR March 11, 1988/vol.37/No.9.

1. Latex condoms should be used because they offer greater protection against viral STD's than natural membrane condoms.
2. Condoms should be stored in a cool, dry place out of direct sunlight.
3. Condoms in damaged packages or those that show obvious signs of age (e.g. those that are brittle, sticky or discolored) should not be used. They cannot be relied upon to prevent infection.
4. Condoms should be handled with care to prevent puncture.
5. The condom should be put on before any genital contact to prevent exposure to fluids that may contain infectious agents. Hold the tip of the condom and unroll it onto the

erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped in the tip of the condom.

6. Adequate lubrication should be used. If exogenous lubrication is needed, only water-based lubricants should be used. Petroleum or oil-based lubricants (such as petroleum jelly, cooking oils, shortening, and lotions) should not be used since they weaken the latex.
7. Use of condoms containing spermicides may provide some additional protection against STD's. However, vaginal use of spermicides along with condoms is likely to provide greater protection.
8. If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage, the immediate use of spermicide has been suggested. However, the protective value of post ejaculation application of spermicide in reducing the risk of STD transmission is unknown.
9. After ejaculation, care should be taken so that the condom does not slip off the penis before withdrawal; the base of the condom should be held while withdrawing. The penis should be withdrawn while still erect.
10. Condoms should never be reused.

Session 12

HIV/AIDS–What is It?

OBJECTIVES:

Youths will learn factual information about AIDS, what AIDS stands for, how HIV attacks the immune system, the symptoms that people with HIV/AIDS experience, and basic information about AIDS testing.



TASKS:

1. Present definitions of terms AIDS (5 minutes).
2. Have youths provide statement on what they know about AIDS, which they will then separate into facts and misconceptions (12 minutes).
3. Create an understanding of how HIV affects the immune system (7 minutes).
4. Discuss symptoms of HIV/AIDS (5 minutes).
5. Show video, “Not a Nice Way to Die” and allow youths to answer questions, or complete alternate activity (5 minutes).
6. Briefly discuss testing for AIDS antibodies (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Flip chart, markers, and paper.
4. Video, “Not a Nice Way to Die” and VCR.
5. Identical slips of paper to pass out so youths can write down anonymous questions about HIV/AIDS.

FOR REVIEW: from session 11

1. STD’s share many common symptoms including: a) sores or lesions; b) burning; c) itching; d) unusual discharge of fluid or puss; e) unusual bleeding; and/or f) abdominal pain.
2. If STD’s are not treated medically, they can damage a person’s reproductive organs and cause one to become infertile (not able to become pregnant or father a child).
3. If you are sexually active, stay alert to bodily changes, get early treatment, and use a condom each and every time you have sexual intercourse.
4. The one sure way that you can prevent getting a STD is to abstain from sexual intercourse.
5. You can take an active role in protecting your health.

CONCEPTS: Session 12 provides youths with a definition of HIV/AIDS, discusses how the HIV virus attacks the human immune system, describes some of the symptoms of HIV/AIDS infected individuals and their experiences, and gives basic information on AIDS testing.



I. INTRODUCTIONS (2 minutes)

Greet youths and record attendance.

II. WHAT DOES AIDS STAND FOR? (5 minutes)

“Today we will begin learning about the most deadly sexually transmitted disease, which is AIDS.”

Write AIDS vertically on chalkboard

“I think it would be helpful to know what the letters in the word AIDS stand for. Does anyone know this?” **{Call on volunteers.}** “Turn to your youth manual. What do the letters in AIDS stand for?”

**Allow youths to name the terms while you write them on board.
Then explain:**

Acquired: something you get -- passed on from person to person. Not gotten genetically like height or eye color. Acquired means the disease was caught after the person was exposed to a virus. A virus is a tiny, pathogen that invades a cell. It uses the host cell body to survive and reproduce.

Immune: to be protected from damage or disease. Immune also refers to your body’s immune system, which normally protects your body from diseases. It’s your body’s defense system from outside invaders.

Deficiency: shortage, inadequate amount. With AIDS, the immune system is lacking in strength to protect the body. The invading virus attacks your immune system, so it becomes helpless and can’t protect you from diseases.

Syndrome: a group of signs or symptoms, when they take place together, show that a person has a particular disease or condition. With AIDS, syndrome means a collection of different symptoms. Many different infections and cancers can invade the body, because your immune system can no longer fight diseases.

“In a few minutes we’ll explore what causes AIDS and what it does to the immune system. First, let’s find out what you already know about it.”

III. YOU TELL ME GAME (12 minutes)

“Often times, young people have questions about kinds of issues that they’re not comfortable asking out loud in front of a group. So during today’s session of you have nay of these kinds of questions, please write them on a piece of paper, fold the paper, and we’ll collect them a little later. Then in the next few days, we’ll try to answer them for you. Of course you don’t need to write your name on your question.”

“Pretty much everyone has heard things about AIDS. Unfortunately, a lot of the information people have in not accurate or true. False information is what we call a myth or misconception about AIDS. Right now, I’d like to know all kinds of information you have about AIDS. We’re going to make a list. Don’t worry about whether it’s true or not. Then in a minute we’ll go through the list and separate the myths from the facts.”

One instructor should call on youths for 3 - 4 minutes, while the other one writes youth responses on the board. Responses should cover information about transmission risk behaviors, symptoms, common myths about AIDS, etc. Myths regarding transmission include getting HIV/AIDS from toilet seats, doorknobs, mosquitoes, kissing, hugging, holding or shaking hands, eating food prepared by a person with AIDS or HIV (PWA), casual physical contact at work or at school, sneezing or coughing, and being in a swimming pool with an infected person.

“Great! Now we can go through and decide which of these are true and which are myths. We need to understand that AIDS myths can cause problems. For example, people who are not infected with HIV may have unreasonable fears about people living with HIV or AIDS.”

At this time go through the list and have youths help you place each statement in a truth or myth category. Ask youths to record the true facts in the youth manual.

“Does everyone understand why it’s so important to know the truth about AIDS?” **{Acknowledge that youths understand}** “Believe in myths is harmful and won’t help anyone.”

IV. AIDS AND THE IMMUNE SYSTEM (7 minutes)

“Did you know that AIDS is cause by a virus? This virus is known as HIV. **{Write on the board}** “Or the Human Immuno Deficiency Virus. It causes people to develop the AIDS syndrome of diseases. Viruses cause many other common illnesses such as colds, flu, mumps, chicken pox, and the measles. The information on HIV is also in your manual. Here is what these terms stand for.”

Use the following information to help explain the terms.

Human – Means it’s a virus that specifically affects humans. It is not found in animals or insects.

Immuno – The body’s defense system against invaders...

Deficiency – Breaks down.

Virus – The particular invader, or infection, which starts the whole immunity breakdown process. HIV refers to “the virus that causes AIDS.”

“What this virus does is attack the immune system. It attacks all the immune system cells and makes the immune system unable to fight off infections. In your manual on page__ is an illustration showing what happens as the virus invades certain cells that are part of the body’s immune system”

Take a few minutes and go through the diagram with youths.

V. SYMPTOMS OF AIDS (5 minutes)

Refer youth to their Manuals “Symptoms of AIDS.”

“How do you know if someone has AIDS? Once infected with HIV, some people don’t appear to be sick at all. Other people might have any of the following signs or symptoms of HIV infection show early stages of the disease AIDS:”

- Swollen lymph nodes, fever, and night sweats are all signs that the immune system is trying to fight infection, which might be HIV.
- Signs that the immune system has failed include, sustained weight loss of more than 10% of body weight in two months, profound fatigue, unexplained diarrhea due to improper food absorption.
- Potential early signs of AIDS: bruising or bleeding that does not heal easily; skin spots that are brownish, reddish, bluish in color, and usually painless; dry cough or shortness of breath; oral thrush – white patches on throat, tongue, inside mouth.
- Signs of certain diseases in women including cervical cancer.

“Don’t start worrying if you have some of these symptoms. Almost all of us have some of them with a cold, flu, mumps, or from contaminated food or water. When a doctor cannot explain the cause of these signs over a period of time (e.g., several months), and when you are involved in activities which could put you at risk for getting HIV/AIDS (i.e., having sex without condom or sharing contaminated drug needles), then you might need to be concerned.”

Note to Instructors: If you will be showing the following video, proceed with the following test. If not, go to Section VIII. In place of the video, you can spend some more time answering youths' anonymous questions.

"You will understand some of the symptoms and the illnesses that people with AIDS get by seeing some people living with HIV/AIDS. We will show a video where you will hear them share what their illnesses are like and some of the symptoms."

VI. SHOW VIDEO: "NOT A NICE WAY TO DIE" (11 minutes).

After showing the video say, "I think we all can say it is sad, scary, and shocking to see and hear from people living with AIDS. They can be made more comfortable with medical care but their diseases can not be cured."

Ask for and try to answer questions afterwards

"Remember, as the man said at the end of the video, it is possible to be infected with the AIDS virus but not have any symptoms. However, the virus can still be transmitted to someone else through blood and/or sexual contact."

VII. TESTING FOR HIV/AIDS (5 minutes)

"There is a blood test which will determine whether or not the AIDS virus has entered the body. If antibodies to the virus are present in the blood, then that person has been infected."

Note: Refer youths to their manuals for a definition of an antibody

"This testing is done free of charge at most county health departments. People who go in for the test are free to ask any questions and counseling is available. In most places, the test is done anonymously which means that your name is kept secret; in other places the test results are kept confidential which means you don't have to worry that your results will be made known. If the results are positive, meaning the AIDS virus is in your blood, a health care professional will explain what that means to you. A person who discovers they are HIV positive may feel healthy at the time."

"It is very important to know that there is a time called the Silent Infection Period during which a person can be infected with the AIDS virus but not have any symptoms. Because the virus can still be transmitted during this time it is very important that anyone who believes they may have been infected get a test for the AIDS antibodies."

VIII. CONCLUSIONS (2 minutes)

- A. "Tomorrow we will talk more about how the AIDS virus is transmitted."
- B. Answers question as time permits.
- C. **Collect Youth Manuals.**

Materials and preparation for session 13:

- 1 Flip chart, markers, paper
- 2 Youth Manuals
- 3 Video: "AIDS...Transmission and Prevention" & VCR/Monitor
- 4 The HIV Transmission game cards must be prepared before group. Use index card packets made up of 3 x 5 index cards of the same color.
- 5 For alternative activity: a) 2 glasses of water, b) plastic wrap, and c) red food coloring.

Session 13

The Transmission of the AIDS Virus

OBJECTIVES:

Youth will be able to name the models of HIV transmission, view a short video with information on the transmission of the AIDS virus, and participate in an exercise, which demonstrates how HIV is transmitted.



TASKS:

1. Discuss the modes of transmission of the AIDS virus (10 minutes).
2. Show video, "AIDS, Transmission and Prevention" or if not available do alternate activity (10 minutes).
3. Play the HIV transmission game (20 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Flip chart, markers, paper or chalk board.
4. Video, "AIDS...Transmission and Prevention" and VCR.
5. For alternate activity; a) two glasses of water, b) plastic "saran" wrap, and c) food coloring.
6. The HIV transmission game cards must be prepared before group. Use index card packets made up of six 3 x 5 index cards of the same color.

FOR REVIEW: from session 12

1. AIDS stands for Acquired Immune Deficiency Syndrome.
2. There are many myths about how HIV is transmitted.
3. AIDS is caused by a virus known as HIV, or the Human Immuno Deficiency Virus.
4. Once infected with HIV, some people don't appear to be sick at all.
5. There is a time called the Silent Infection Period during which a person can be infected with the AIDS virus but not have any symptoms. There is a blood test, which will determine whether or not the AIDS virus has entered the body. If antibodies are present in the blood then that person has been infected.

CONCEPTS: Session 13 gives the youth an overview of the models of HIV transmission. Youth will also participate in an exercise that demonstrates how the AIDS virus can be transmitted.



Preparing for the HIV Transmission Game

The four colors indicate different risks.

Each youth will get a packet containing 6 cards of the same color.

Make up the necessary number of packets for each color for your group size.

Each instructor should have a couple of yellow index cards.

Number of Packets Needed

Youth	Pink	White	Peach	Green
10	5	2	1	2
15	7	4	1	3
20	10	5	2	3
25	12	6	2	5
30	15	7	3	5
35	17	8	4	6
40	20	10	4	6

Note: Each packet will have 6 cards of the same color.

For example, if you have 40 youth, you need to make 20 pink packets, 10 white single cards 4 peach packets, and 6 green packets. Important! On the white cards is written: “No matter what anyone says or does, do not give this card away and do not accept any other cards. Use the SODAS steps to keep from trading cards.” Be sure to give the white cards to youth with strong SODAS skills and tell them to cover up the card (so no one can see what the card says)

I. INTRODUCTION (3 minutes)

Greet youth and record attendance.

II. MODES OF TRANSMISSION (15 minutes)

“Yesterday’s session covered a lot of information on HIV, the AIDS virus. Can anyone tell me what HIV stands for? What about AIDS?”

Praise them for identifying the words for each acronym

“Two major aspects of the AIDS virus will be covered in the next two days. Today we’ll talk about how it is transmitted, that is, how HIV is passed between people. Tomorrow’s session will cover how to go about preventing the spread of the AIDS virus. Many of the questions you may have about the AIDS virus have to do with how it is transmitted. Does everyone understand what we mean by ‘transmission?’”

Write the term on the chalkboard. Make sure its meaning is understood.

“Can anyone tell me how the AIDS virus is transmitted?”

Call on youth. Write down all youth responses, right or wrong. Then eliminate the erroneous one, being sure to compose a list that includes the three main modes of transmission; unprotected sexual intercourse, (i.e., sex without condoms), sharing of infected hypodermic needles, and other blood to blood contact. Acknowledge false responses as good opportunities to clear up misconceptions.

“It is a false belief that the AIDS virus can be transmitted through a sneeze, or many others kinds of contact. The main thing to keep in mind is that the AIDS virus is transmitted through the exchange of bodily fluids. Turn to your manual. Circle the “true” ways in which the AIDS virus can be transmitted.” {Give youth 5 minutes to complete.}

“Now that you’re your finished, let’s have a volunteer name the ways that someone can get the AIDS virus.”

Call on someone. They should mention tattooing, sharing, needles, unprotected sexual intercourse, blood transfusion, and infected mother giving birth. Note to Instructors: If you will be showing the following video, proceed with the following text. If not, go to Section IV.

III. SHOW VIDEO: “AIDS ...TRANSMISSION 7 PREVENTION” (10 minutes)

As time allows, ask the following questions after the video

1. What forms of transmission were mentioned in the video?
2. What did Mary mean when she said she allowed someone else to be responsible for her?
3. The statement at the end was about young people taking risks, and how this is natural for most young people. How do you feel about this when it comes to putting yourself at risk for the AIDS virus?
4. What can you do to take the substance abuse out of your culture and put back the pride?

IV. ALTERNATIVE ACTIVITY TO VIDEO (10 minutes)

Instructors: Clear up any misconceptions that youth may have regarding HIV and how it is transmitted. Then conduct the following activity to demonstrate how HIV can be transmitted.

Have two glasses filled halfway with water resting on your desk. Cover the top of each of the glasses with clear plastic wrap. Explain that: “the colorless water inside the cups represent blood in a person’s body. The glass represents the blood vessel holding the blood. The plastic wrap represents the skin.”

Show the group that you have food coloring. The food coloring represents HIV.

On the plastic cover on the top of the first glass, place several drops of food coloring. The coloring will remain on top of the cover. Ask youth: “describe what happened to the water” (The water did not change color.) Ask youth: “why didn’t the water change color?” (There was no break in the plastic wrap, or skin, so that the food coloring, or HIV, could not enter the bloodstream. The blood did not become infected.)

Punch a hole or make a slit through the plastic wrap that covers the second glass. Then place several drops of food coloring on the plastic wrap so that they go through the opening you made and into the water.

Ask youth: “What happened this time as opposed to the first time?” (The water turned red. This resulted from HIV getting into the bloodstream through a break in skin.)

Swirl the glass with the food coloring so that the food coloring appears as if it is widely spread throughout the water.

“Do you have any ideas about ways to remove the food coloring from the water?”

Youth will find that there is no way they can think of to remove the food coloring from the water

“It is not possible to remove the food coloring (HIV) from the water (bloodstream).”

Use this analogy to indicate that once the HIV gets into the bloodstream, it cannot be removed.

“Once it enters the bloodstream, HIV will remain there for the remainder of a person’s life. Once a person is HIV- infected, that person is infected for a lifetime. Eventually, HIV infection will likely progress to full-blown AIDS, which will lead to death.”

V. HIV TRANSMISSION GAME (20 minutes)

Instructors: see directions at the beginning of the session for preparing the cards for the game.

“For the rest of today’s session we have an interesting game that will involve everyone and take up the rest of the group. Before we start, I want to remind you of the word puzzle that you can do when you have time.”

INSTRUCTIONS FOR HIV TRANSMISSION GAME

A. Procedure:

1. Introduce the activity by explaining that teens often like to explore new things, get to know new people, do things on a dare. This game was made to illustrate this teen lifestyle.
2. Pass out index cards and have youth write initials on each of their cards.
3. Each person will introduce themselves to others, exchange one or more cards and share one aspect or piece of information that the other person doesn’t know about them.
4. Model this process with the instructor exchanging his/her yellow cards (s) with one or two other youth.
5. Youth mingle for 3 minutes to try to pass cards.
6. Reconvene the whole group and announce that you, (for this activity) are HIV positive and those people with whom you exchanged your yellow cards were exposed to the virus. Write the explanation of the color codes on the chalkboard and explain to youths.

People with pink cards had unprotected sex with their contacts.
People with peach cards used condoms.
People with green cards shared needles with their contacts.
People with white cards abstained from risky behavior.
7. Ask the two who had contact with the teacher and got the yellow cards to stand and to share who else they had contact with by reading the initials on their cards. Instruct youth to stand when they hear their initials called if they had unprotected sex (are holding a pink card) or shared needles (green cards) with the person calling their name (announce the initials).

8. Illustrate the pattern of transmission by writing the initials of the two youth who got the yellow cards on the left hand side of the chalk board and listing their contacts on the right.
9. Ask the youth who are still sitting to stand if they had “risky” contact with anyone already standing (if they have cards with the initials of anyone listed on the board)
10. After counting the possible participants in this local HIV epidemic, have everyone sit down.
11. Ask youth how it felt waiting for their initials to be called once they learned that the teacher had “infected” the two youth?
12. Ask youth with the white cards to stand. Announce that they were told, “Whatever anyone does or says, don’t give away your white card.” These persons were abstinent or did not get involved in risky behaviors. Many youth may have approached them, but they used their SODAS refusal skills to protect themselves. These people acted in ways to reduce their risk of getting HIV.
13. Ask the whole group how it felt to approach youth with white cards? What refusal skills were used? What safe options to trading were offered?
14. Ask youth with the white cards to share how it felt to refuse requests and peer pressure for card trading.
15. Ask the youth with the white cards to sit down.
16. Acknowledge that those who originally had peach cards played the part of teens who reduced their risks of infection by using condoms. Those who got a peach card could have protected themselves from the HIV yellow card.
17. Write Key Points on the Board:

HIV is not transmitted through casual contact.

HIV is transmitted through certain behaviors.

HIV is mainly transmitted through sex or needle sharing with an HIV infected person.

We can reduce or eliminate our risk of HIV safe behavior.

HIV is an equal opportunity disease—it is not who we are, but what we do that places us at risk for HIV.

Emphasize that the contacts in this exercise only symbolized transmission of the virus and that the virus is not transmitted through casual contact. It is very important to dispel any anxieties that are expressed here. In addition, the MAIN point to be conveyed from this process is that all of us can be at risk for HIV infection, depending on what we do. Needle-sharing of any kind, especially by injecting drugs and sharing blood through ritual cuttings,

puts a youth at great risk for HIV transmission, as does any unprotected sexual act. The concept must be stressed that a person with HIV can spread the infection to any of his or her sexual partners because he or she may not have symptoms and are unaware they are infectious. Knowing your partner is NOT enough to assure risk reduction. In addition, it is clear that especially for teens, it is necessary to recommend that abstinence from drugs and sex is the best choice. For sexually active teens, always using latex condoms plus both partners avoiding multiple partners is safer but not totally safe.

B. Group room Tips:

Be sure to build in enough time to bring youth out of their assigned game roles. Remind youth of the ground rules and importance of not discussing who represented each role. You may want to gauge the distribution of each role according to the incidence of risk behaviors in your school, or to the area your district policy places emphasis. For example, if you need to stress abstinence, make 50% of the cards white.

VI. CONCLUSION (3 minutes)

A. "Thanks for your participation today. Hopefully, this exercise helped you to learn more about how the AIDS virus is transmitted. Tomorrow, we're going to talk more about why teens are at risk for AIDS and how to prevent getting it."

B. Collect Youth Manuals.

Materials and preparation needed for Session 14:

1. Obtain VCR/Monitor and preview video: "Teen AIDS in Focus."
2. Review information for instructors: "Brainstorm about Risky Behaviors."
3. Review statistics on current number of state national AIDS cases (if you have access to this information).

Session 14

Teens AIDS in Focus

OBJECTIVES:

Youth will learn the basic guidelines for HIV/AIDS prevention and will see how teenagers are at risk for HIV by watching the video “Teens AIDS in Focus”.



TASKS:

1. Youth will be presented with a list of behaviors and place them in categories of high-risks, low-risks, and no-risk for contracting the AIDS virus (8minutes).
2. Discuss the basic guidelines for HIV/AIDS prevention (7 minutes).
3. Show and discuss video, “Teens AIDS in Focus”, if no video, do alternate activity (25 minutes).
4. Instruct youth to complete video rating form (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Video: “Teens AIDS in Focus” and VCR.

FOR REVIEW: from session 13

1. Modes of transmission of HIV include: a) unprotected sexual intercourse; b) sharing of hypodermic needles; c) exchange of bodily fluids; d) tattooing; e) transfusion of contaminated blood; and f) from infected mother to fetus (before, during and after birth).
2. Once a person is infected with HIV, that person is infected for a lifetime. Eventually, HIV infection will likely progress to full-blown AIDS, which will lead to death.
3. Knowing your sexual partner is NOT enough to assure risk reduction. A person with HIV can spread the infection to any of his/her sexual partners because (s)he may not have symptoms and may be unaware that (s)he is infectious.
All of us can be at risk for HIV infection, depending on what we do.

CONCEPTS: Session 14 discusses why teens are at risk for HIV/AIDS and present basic guidelines for prevention.



I. INTRODUCTION (3 minutes)

Greet youth and record attendance.

II. BEHAVIORS AND LEVELS OF RISK (8 minutes)

- A. "Yesterday, we talked about how AIDS virus is transmitted. There are some behaviors that put people at greater risk than others for getting the virus. It is important for all of us to know which behavioral risks are higher or lower for getting HIV/AIDS. Turn to your manual where you'll find a list of behaviors.

Instructors: Refer to the worksheet "Brainstorm about Risky Behaviors: at the back of this session. Draw a continuum on the chalk board that goes from high risk to no risk

Example:

HIGH RISK **LOWER RISK** **NO RISK**

"Think about whether these behaviors are higher risk, lower risk or no risk."

Pause

"Now, which behaviors place people at **HIGHER RISK** for getting **HIV/AIDS?**"

Call on youth and record higher risk behaviors in appropriate column. Proceed likewise with lower and no-risk behaviors

"How about **LOWER RISK?** **NO RISK?** Write down these behaviors in your manual."

III. GUIDELINES FOR PREVENTION (7 minutes)

"Remember, AIDS/HIV infection can be 100% preventable. You can do things to make sure that you and your friends don't get infected. Now that you know which behaviors will put you at high risk for contracting the AIDS virus, let's name some 'prevention behaviors.'"

Call on youth. Below are appropriate responses. Provide those that aren't mentioned by youth. There is no time for discussion at this point due to the "Teen AIDS in Focus" video which follows this activity.

1. Abstain from sexual intercourse for now.
 - a. Remember your personal and family values.
 - b. Protect your body from diseases that can harm your future ability to have healthy babies.
 - c. Most people your age are still virgins; they are waiting until they are older to have sexual intercourse.

2. If you are not abstaining from sexual intercourse, protect yourself from STD's and HIV/AIDS by :
 - a. Having only one sex partner
 - b. Always use a latex condom with nonoxynol-9 spermicide every time you have sexual intercourse.
 - c. Remove the condom carefully to avoid spilling fluids.
 - d. Don't re-use a condom-ever.
 - e. Condoms are the safest method of protection if you are going to have sexual intercourse, but they're still not 100% safe.
 - f. Plastic baggies and plastic wraps are not safe substitutes for condoms.

3. Abstain from using alcohol or other drugs.
 - a. When you are drunk or high, there are increased chances for having unsafe sex.
 - b. When drunk or high, there are more chances you'll have an accidental injury (or fights) that will result in spilled blood.

4. Never use an unsterilized needle to inject any drug or medicine. Shared needles contain traces of blood that can transmit diseases, including HIV/AIDS, hepatitis, and many others."

IV. SHOW AND DISCUSS VIDEO 'TEEN AID IN FOCUS" (25 minutes)

"This video is upsetting because it's about young people who are going to die from a disease that can't be cured. There is a lot to learn from the stories they tell. Here are some questions for us to talk and think about."

1. What was in the video that you could relate to?
2. Was there someone who had thoughts of feelings similar to yours?
3. Do you have to have a high-risk lifestyle to contract the AIDS virus?
4. One young man made a statement at the end of the video about how just having sex with someone doesn't mean you are giving or receiving love. What can people do to give and receive love without learning the hard way like this young man?

V. CONCLUSION (2 minutes)

- A. "We hope that this video helped you to understand what it is like to be living with HIV/AIDS and how important it is for you – as teenagers – to take precautions to prevent getting the virus. We are going to switch gears now for the remaining sessions of this program and start talking more about the SODAS communications skills and how you can use SODAS to help you get out of a touch situation."
- B. **Collect Youth Manuals.**

Materials and preparation needed for Session 15:

1. SODAS poster
2. Obtain VCR/monitor and preview video: "Saying No to Drunk Drivers."

Brainstorming about Risky Behaviors

Information for Instructors

When conducting the brainstorming session on behaviors that place people at risk, be sure the following behaviors make the lists under the following headings.

No risk:

- Abstinence (not having sex) – 100% guaranteed to prevent HIV infection, other sexually transmitted diseases, and unplanned pregnancies.
- Alternatives to sexual intercourse that are fun to do together (e.g., dancing, sports, games, crafts, touching, caressing, talking, kissing, hugging).
- Being in a mutually monogamous relationship with an uninfected person.
- Casual contact with a person who is infected or has AIDS. Donating (giving) blood.

Lower Risk:

- Using a latex condom each and every time during any type of intercourse.
- Intercourse with a spermicide, a water-based lubricant, such as nonoxynol-9.

Higher Risk:

- Unprotected intercourse of any kind.
- Sharing needles that have not been cleaned.
- Having more than one sex partner.
- Pregnancy of HIV infected.

Alcohol or other drugs use that impairs judgments about keeping safe from sex and other activities that could lead to injuries and spilled blood.

Session 15

Stop, Options

OBJECTIVES:

Youth will learn what is entailed in the effective use of the STOP and OPTIONS steps of the SODAS communication skills.



TASKS:

1. Review the first two steps, STOP and OPTIONS of the SODAS method (4 minutes).
2. Youth will view a video, which demonstrates the SODAS steps, and pay particular attention to the stop and options steps, or complete alternate activity (18 minutes).
3. Youth will identify methods of “stopping” and practice creating options (10 minutes).
4. Present one way of dealing with negative self-talk (8 minutes).
5. Instruct youth to complete video rating forms (5 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. SODAS poster
4. Video: “Saying No to Drunk Drivers” (excerpts) and VCR.
5. Supply box.

FOR REVIEW: from session 14

1. There are some behaviors that put people at greater risk than others for getting the virus. It is important for all of us to know which behavioral risks are higher or lower for getting HIV/AIDS. HIV/AIDS infection can be 100% preventable by the following methods: a) abstaining from sexual intercourse; b) if not abstaining from sexual intercourse, protecting yourself from STD’s and HIV/AIDS by correctly using latex condoms each and every time you have sex; c) abstaining from the use of alcohol and other drugs; and d) never using unsterilized needles to inject any drug or medicine.

CONCEPTS: Session 15 reviews the first two steps in the SODAS skills prevention model and shows an effective use of the Stop and Options steps.



I. INTRODUCTION (3 minutes)

Greet youth and record attendance.

II. REVIEW STOP AND OPTIONS (4 minutes)

A: "In the last session, youth holding the white cards tried to use SODAS steps to keep from trading for other cards. Using SODAS gets easier with practice. Today we'll practice the first two stops of SODAS."

Refer youth to SODAS poster. Ask group to name terms represented by S.O.D.A.S. They may look in their manuals.

"In the last few session you heard a lot about some serious consequences of our behavior, like contracting AIDS, that should make us stop and think about safer options to practicing risky behaviors. For today and the next few sessions, we'll be working closely with SODAS to learn how using the SODAS skills can help you get what you want while staying away from those risky behaviors."

"We need to be completely familiar with how each of the SODAS steps work so that we can practice them and become comfortable enough to use them confidently in real life-situations. Today we're going to learn about the "stop" and "options" steps. We know that "stop" means just what it says, to stop at a particular moment when you're faced with a difficult situation. You stop in order to think about your options. The safest and best options are those that fit with your values, your goals, and your personal limits. To make a healthy decision, you must come up good options. Can anyone explain what you actually do when you come up with options?"

Call on youth. Give following example if necessary: find something fun that you both can do that isn't risky or doesn't go against your values or limits

III. SHOW AND DISCUSS VIDEO; 'SAYING NO TO DRUNK DRIVING' (EXCERPTS) (18 minutes)

"We have a short video to watch now that shows how these steps work. The video was made in a part of the country where the settings will look different from what you're used to here in northern Arizona. But the situation, which involves young people, pressures, and risk taking, may be like one you'll find yourself in someday. You will see all the SODAS steps demonstrated, but we're concentrating on today are "Stop" and "Options." Watch how the kids in the video try to handle touch situations that involve peer pressure. See if you notice things they say or do that show they're feeling pressured."

Show video (8 minutes)

Follow-Up Discussion Questions:

1. "What happened to make Julie stop and think?"

Record key phrases of responses on chalkboard or chart paper.

2. "Did her appearance or behavior show that she was under pressure and had a tough decision to make? In what ways?"

List "body clue" behaviors under this heading on the chalkboard. Write down the body clues that tell a person he/she needs to stop (e.g., feelings pressured, anxious, tight stomach, pounding heart, sweaty hands, shortness of breath, etc.

3. "What are the options for Julie in such a situation?"

Allow youth to respond. State that you'll comment on this listing in a few minutes. Refer to first discussion question and responses.

"Does everyone understand why Julie needed to stop and think about the situation when her boyfriend wanted to drive while drinking?" {Acknowledge youth responses.} "Now let's look at the 'body clues' we listed. {Read the list} "Are there other signs you get that tell you that you're in a tough situation? What are some other body clues?"

Allow youth to respond.

"Another way to know you're in a tough spot is from "mind clues." These would be things you think in your mind that relate to your values, goals and personal limits. What are some "mind clues" that tell you that you're in a tough situation?"

This list would include thoughts like 'This isn't right, 'I don't want this,' 'My family wouldn't like this,' 'This is against the law, dangerous, etc.' 'I'm not this kind of person,' etc

"These "mind clues" might be different for different people. You can learn to be aware of the ways your body and mind work to inform you that there's something going on that you need to stop and think about. So you can see there's a lot involved in stopping to think in a tough situation."

IV. MORE ON THE OPTIONS STEP (10 minutes)

“Before we talk more about options, there are some things you can do to help you think more clearly in stressful, pressure situation. What do you think those helpful things are?”

Allow youth to respond.

“Think back to the girl Julie in the video. It was obvious that she was feeling the stress of not knowing what to do. To really figure out the situation, she needed first to stay calm. Think of a tough situation you were in. Did it seem hard to think clearly about what was going on?”

{Allow youth to respond.} “So what you need to learn are ways to stay calm. One way many people have of staying calm is to take slow deep breaths. What are some other things you can do? Write these down in your manual.”

Call on youth. Responses should include counting to 10, asking a clarifying question, closing your eyes, focusing on the words to a favorite song, exercising imagining something or someplace that is very pleasant and relaxing, like the beach or the mountains.

“By doing at least one of these things you can think more clearly and think up options, or ways of dealing with the touch situation.”

Refer back to options listed during discussion of video.

“A few minutes ago you came up with some possible options or ways that Julie could solve the problem situation she was in. Here is another tough situation to think about. As an example, suppose you’re in a place where everyone around you is drinking or using drugs, such as was the case with Julie in the video. Some young people don’t even think about their option to say, ‘No thanks,’ they just go along with the crowd so they’ll be accepted and not teased. But you can take better care of yourself by refusing to get involved in using harmful substances. What would be your options in this situation? Write down some of your ideas.”

As youth write some options down, call on volunteers to read some of their options out loud. Responses may include walking away, saying they have to go, saying ‘I don’t drink,’ saying they’re just waiting for a friend to give them a ride home, inviting the person to do something safe, saying they have to play in a sports event or take a test, etc. Praise all appropriate responses.

“These are some excellent options.”

“Very good. You have all mentioned possible options for dealing with a difficult situation. The more you get to know yourself, your values and limits, the easier it is to come up with positive options under pressure.”

V. DEALING WITH NEGATIVE SELF-TALK (8 minutes)

- A. “Many young people get in the habit of telling themselves negative things in a tough situation. When you get down on yourself like that, you make a tough situation even worse, because there’s no one – not even you, on your side. To help you STOP and do a good problem solving job you need to give yourself some encouragement. One way you think this means?” **{Allow youth to respond.}** “When you tell yourself positives what you do is say things like:” **{Begin a list}** “‘I can do the right thing;’ ‘I can relax and think: ‘I’ll get out of this O.K.;’ ‘I know something else to keep us happy.’ As soon as you hear a negative, something like, ‘Oh no, I’m going to blow it;’ push it away and replace it with a positive. Let’s try it. Repeat after me: ‘I can do it;’ ‘I can get out of this OK;’ ‘I can think of a better option.’ Good!”
- B. “Can someone name the three important points to remember about the STOP’ step?” {Call on volunteers. The three points should be realizing you’re in a tough spot (pay attention to mind and body clues), calming down so you can think **clearly, and giving yourself lots of encouragement to think of options.**

“So, no matter what the situation is, certain things usually happen: Your body and your mind almost always gives you some clues that it’s time to STOP and think. It’s very important that you learn to recognize these clues and to learn to calm yourself. It will be a lot tougher to come up with options and decide on one of them if you don’t remain clam.”

VI. CONCLUSION (2 minutes)

- A. Let the group know that in the next session they’ll learn how to choose an option, to **DECIDE**, and how to **ACT** on it.
- B. **Collect Youth Manuals.**

Materials and preparation needed for Session 16:

1. SODAS poster
2. Review communication skills

Session 16

Decide, Act

OBJECTIVES:

Youth will learn about and practice the DECIDE and ACT steps of problem solving to reduce risks for HIV and substance abuse.



TASKS:

1. Discuss the importance of considering values, goals, and facts during the Decide step (12 minutes).
2. Present and demonstrate verbal communication skills (15 minutes).
3. Present and demonstrate nonverbal skills needed during the Act step of problem solving (13 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.
4. Visual aids: SODAS poster.

FOR REVIEW: from session 15

1. Youths need to be completely familiar with how each of the SODAS steps works so they can practice them and become comfortable enough to use them confidently in real-life situations.
2. Body clues that tell a person that (s)he needs to stop include: feeling anxious, tight stomach, pounding heart, sweaty hands, and shortness of breath, etc.
3. Three important points to remember about STOP are: a) realizing that you are in a tough spot (pay attention to mind and body clues); b) calming down; and c) giving yourself lots of encouragement.
4. To make healthy decisions, you must come up with good options to peer pressure.
5. Young people have a habit of thinking negatively when confronted with a tough situation. There are ways of turning negative thoughts to positive thoughts.

CONCEPTS: Session 16 reviews the Decide and Act steps of the SODAS skills prevention model. Youth also practice using the skills model among one another to show the effectiveness of the DECIDE, ACT portion of the SODAS steps.



I. INTRODUCTION (2 minutes)

Greet youth and record attendance.

II. CONSIDERING VALUES, FACTS, AND GOALS IN DECISION- MAKING (12 minutes)

“What do the letters of S.O.D.A.S. stand for?”

Write them on the board. Display S.O.D.A.S. poster. Praise them for remembering.

“We’ve talked about the DECIDE and ACT steps only briefly before, but today we are going to look at them closely and practice these steps in making decisions about drugs and alcohol. In making a tough decision from among your options, it is helpful to consider three things.”

{Write these on the board} “They are the facts about the problem at hand, your values, and your goals. Someone give me an example of a tough situation involving beer and we’ll go over how this works.”

Call on youth. Outline and explain how the facts must be considered, and how values and goals are relevant to whatever decision is made due to the consequences of the decision. An example follows.

EXAMPLE:

1. **FACTS:** “To make a smart decision about using alcohol or a certain drug, you’ve got to know how it will affect you. For example, if Billy borrowed the family pick-up truck to drive across town to a friend’s party he ought to think about how a few beers would affect his driving ability. Would this be considering some of the facts about the situation? What about his values, or his goals?”

Call on youth. Prompt for correct response: the facts.

2. **VALUES:** “What should Billy think about if he were to consider his values? Let’s say one value of his is to respect the property of others. Would it be respectful to drive his parent’s car to and from a place where he and other young people may be drinking?”

Call on interested youth.

What if he valued health and safety?” **{Encourage answers}** “How about the health and safety of others (passengers, others on the road)?” This is what we

mean by considering values. By knowing what's important and valued, you can make decisions that will be best for you."

3. GOALS: "One of the goals some young people have is to go to college. What are some things that might keep a teenager from reaching this goal?" **{Call on youth. Affirm appropriate responses.}** "If a youth wants to earn scholarship and needs to keep his/her grades up, how might experimenting with drugs, alcohol, or sex get in the way of this?"

Encourage short discussion.

"Does everyone understand what it means to consider the facts, your goals and your values and those of other people when making decision?"

Make sure the group understands

III. COMMUNICATION SKILLS (5 minutes)

- A. "Now, we're going to learn about the next step – ACT. Think of ACT as action– {Write this on board:} doing something. Remember that everyone has the ability to help themselves in difficult situations. This ability has to do with the ability to communicate what option you've chosen and why you chose it."

"Once you have **DECIDED** what option to act on in a tough situation, then you must ACT. Communicating your decision is often a very important part of the ACT step of our S.O.D.A.S. plan. Unfortunately, communicating your decision and your reasons is not always a simple matter – sometimes it's very hard if you haven't had much practice. Have any of you ever wanted to tell someone something, but you just weren't sure how to go about it?"

Group Instructor will role-play a group room situation, i.e., such as asking an instructor to change a group grade because she/he made a mistake when correcting a quiz. Situation = I get a quiz back with a correct answer marked wrong. I stop – I try to calm myself. I value fairness and my goal is to get good grade. My options – 1) say nothing, 2) show my anger, and 3) politely ask teacher after group to check accuracy. Decide = #3. Act = (Instructor role play #3.)

Ask one or two youth to volunteer examples of their own. Discuss why these situations are usually difficult and how to use the communications skills to deal with them.

"Communication skills are the ways we get ideas across to other people in a clear way. Most of us are not born with good communication skills. Like playing sports, driving a car, or weaving a rug, communication skills have to be learned and practiced."

- B. "Now let's learn about some specific communication skills. There are two types of communication skills"

write on board and refer to their manuals

Communication Skills

*Verbal or speaking skills

*Nonverbal or how body talks without words

IV. VERBAL SKILLS (10 minutes)

"What do we mean by 'verbal skills'?" **{Allow youth to respond.}** "Verbal means 'words or language.' Verbal skills mean using words and language effectively. So part of communication involves knowing what words to use, and how to say the words in ways that makes people want to hear them. Using our misgraded quiz example, using angry and blaming words would make it difficult for the teacher to want to listen to and help the youth."

"In some pressure situations, you might need to use verbal skills to say 'no.' It's not always easy to say 'no' but there are ways you can say it that will make your decision come across clearly and with confidence."

"There are three types of statements for you to learn to use today. They are called I-sentences, Refusal sentences, and Alternative suggestions."

Have these terms written on board and refer to them

"An I-sentence starts with the word I. I-sentences tell other people what I like or what I want. Here are some examples 'I like to listen to music,' 'I want to graduate from high school.' 'I don't want to skip group.' Can anyone give me another example?" **{Call on a volunteer. Praise effort.}**

"A Refusal sentence states very firmly what you won't do. Here are some examples of these: 'I'm not going to drink beer with you.' 'No, I've decided not to drink beer,' a refusal statement is often an I-sentence: 'I don't want to smoke,' or 'I won't eat that.'"

"Alternative suggestions are like refusal sentences. They are statements that suggest something else to do. One such suggestion might be, 'let's rent a movie and not go to the party.' Can anyone think of another example of an alternative suggestion when someone is trying to get you to drink alcohol?"

V. NON-VERBAL COMMUNICATION (13 minutes)

“The nonverbal communication skills are body messages that match and strengthen your speaking messages. They are just as important as the things you actually say. Everyone uses the 3 main nonverbal skills most of the time without knowing it. Let’s see if you can tell me what those non-verbal skills are after we demonstrate effective and ineffective ways to use them.”

Write the skills on the blackboard. After the skills are listed, the instructors will demonstrate both effective and ineffective uses

“The nonverbal skills are:”

- a. Eye contact
- b. Facial expressions
- c. Body gestures

- (1) Hand motions
- (2) Head nodding
- (3) Fidgeting

“Let’s begin with eye contact. Eye contact shows where you are directing your attention. How much eye contact you use depends on your culture and the messages you want to deliver. In the Anglo culture, giving someone eye contact when they’re talking to you, or when you’re talking to them, is a sign that you respect them and that you really are paying attention and speaking honestly. Among traditional Native Americans; however, continuing eye contact maybe seen as rude or disrespectful. So you have to think about who9 you’re with when considering eye contact.”

“Among younger people like yourselves, some direct eye contact is usually helpful. In tough situations where you really want someone to believe you when you say ‘No, I don’t want to drink, ‘it helps to give the person full eye contact for a moment or two. You don’t want anyone to think you’re challenging them or that you want the situation to become a negative confrontation, so you don’t need to hold eye contact until you are staring the person.”

“What are some situations where it would be helpful to use eye contact to get your point across?”

Call on youth. Reinforce their efforts and understanding.

“What about facial expressions? How do your facial expressions influence the way your spoken messages are received?”

If no one responds, demonstrate by stating a refusal sentence while smiling or grinning.

“What effect does that have on my message? Are others likely to take me seriously?” {Acknowledge ‘no’ responses.} “Right. So that means you have to practice thinking about the messages you give non-verbally, because sometimes others pay more attention to out non-verbal facial expressions and tone of voice to decide if you really mean the words you are saying.”

Point to list on board of non-verbal behaviors.

“The last type of non-verbal communication is body gestures. The way you stand or move your body when you’re talking with others can influence your spoken message. Here is a demonstration.”

State an I-sentence saying what you don’t want to do while standing in a slouched position, have one arm crossed in front of your body.

“How does that position affect my message?” {Call on youth. Praise responses.}
“Can someone show me how I should stand so people will believe my words?”

Praise all attempts to show more assertive body language

“Other things that are important are hand motions, head nodding, and fidgeting. Your hands should be at rest when you want someone to take what you say seriously; they shouldn’t be twisting your hair or fidgeting with your clothes. Here is an example of how things can affect your verbal communication.”

{While stating an alternative suggestion, fidget your hands as if you were nervous; twist your hair, bite your nails, etc.}

“Is the other person likely to take me seriously if I’m doing while I’m talking?”

Acknowledge responses.

“Many cultures use hand gestures to emphasize the feelings behind the words or to show the size, shape, or speed of something. One kind of hand gesture pointing at the listener (especially with a lot of eye contact) almost always signals aggressiveness and anger. If you think about it, I’m sure you can understand the importance of being aware of the messages you may be sending through non-verbal communication.”

VI. CONCLUSION (5 minutes)

1. "Thank you for your participation today. The last SODAS step, self-praise, will be presented tomorrow. We'll also learn about the importance of building your self-esteem."
2. **Collect Youth Manuals.**

Materials and preparation needed for Session 17:
Read through Session 17.



COMMUNICATION SKILLS

Nonverbal skills:

1. Eye contact
2. Facial expressions
3. Body gestures
 - Hand motions
 - Head nodding
 - Fidgeting
 - Distancing

Verbal or speaking skills

1. I-sentences
2. Refusal sentence
3. Alternative suggestions

Session 17

Self-Praise and Self-Esteem

OBJECTIVES:

Youth will understand the value of having self-esteem and learn ways to build their own and other's self-esteem.



TASKS:

1. Present definition of self-esteem (7 minutes).
2. Discuss how having self-esteem is related to being able to give self-praise, the final SODAS step (10 minutes).
3. Youth will participate in a group activity to build self-esteem and self-confidence; toilet paper game (28 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Markers and 5 newsprint sheets, each with one of the following headings:
 - a. Favorite snacks/foods.
 - b. Favorite and desirable beverages (non-alcoholic).
 - c. Types of music, DJ, bands.
 - d. Options of places to hold the party.
 - e. Creative name for the party.

FOR REVIEW: from session 16

1. In making decisions, one needs to consider values, facts, and goals.
2. Everyone has the ability to help him/herself in difficult situation. This ability has to do with the ability to communicate what option you've chosen and why you chose it.
3. There are two types of communication skills:
 - a. Verbal or speaking skills, which include: refusal sentences, I-sentences, and alternative suggestions.
 - b. Non-verbal skills or "how our body talks without words" which include: eye contact, facial expressions, body gestures (i.e., hand motions, head nodding, and fidgeting), and distancing.

CONCEPTS: Session 17 describes the final step of the SODAS skills, SELF-PRAISE.



I. INTRODUCTION (2 minutes)

Greet youth and record attendance.

II. DEFINITIONS OF SELF-ESTEEM AND SELF-CONFIDENCE (7 minutes)

“We are now ready to learn what the final SODAS step of self-praise is all about. As we talk about self-praise, an important thing to understand is self-esteem. Raise your hand if you’ve heard of the term self-esteem.” **{Acknowledge responses.}** “Would anyone like to share their definition of self-esteem?” **{Call on volunteers. Praise responses and efforts.}** “Very good. You have the right idea. When I use the term self-esteem today, here’s what I mean: **{Write definition on board ;}** “Having a positive attitude about one’s worth and abilities. If you have a positive attitude about yourself and believe that you are a good person, you would be said to have strong self-esteem. One special kind of self-esteem is called “**SELF-CONFIDENCE.**” Self-confidence means believing that you can do something well. How can having strong self-esteem and good self-confidence about your skills help you to make better decisions?”

Acknowledge responses.

“Having strong self-esteem helps you believe that your values and goals are respected by your friends, family and community. Having strong self-confidence about your skills and abilities helps you to be sure that you can do something that needs to be done by you. Finding healthy, positive options in tough situations, then decline what is best for you and acting confidently are the SODAS steps that involve believing in your worth and your abilities.”

“Let’s practice saying together our positive beliefs about our self-esteem and our self-confidence. Repeat after me:

‘I am a good person.’

‘I believe in my values and goals.’

‘I am sure I can make good decisions in tough situations.’

‘I am sure I can learn how to use the SODAS steps to help find health and happiness.’”

III. SELF-ESTEEM AND SELF-PRAISE (10 minutes)

“The SELF-PRAISE step of SODAS is very important. By giving yourself praise after making a difficult decision you build yourself up, you give yourself something special. You’re saying ‘I’m O.K. I did it well. It’s OK if the guys are mad at me for not doing what they want me to.’ In this way you are building your self-esteem and your self-confidence. Turn to your manual. You will find some further explanation of what self-praise is and what it is not. There’s also a message to read at the bottom. The “Circle of Good Decision-Making” goes with it. Will a volunteer please read the statement?”

Have a youth read the statement aloud. Help them figure out the steps to be filled in: Step 1 – good decision, Step 2– self-praise, Step 3– self-esteem.

“Now, think about some positive things you’ve done when you gave yourself praise and you felt better about yourself. Raise your hand if you have any to share.”

Encourage youth to share positive experiences about when they felt good about themselves or confident in their abilities. Facilitate understanding of how their self-esteem was increased.

“Sometimes the best thing we can do for people we care about is to help build up their self-esteem and their confidence in their abilities so they can make better decisions. What are some ways of doing this? How can you help someone feel better or more confident about themselves?”

Appropriate responses would be giving compliments, listening to someone and helping out, not forgetting things like birthdays, doing favors, having a positive attitude towards someone. Praising other youth’ efforts and achievements.

“Now how many of you do some of these things for people in your life?”

Be positive as youth share.

“We’ll do an activity in a moment that will show you one way to increase self-esteem. You’ll find that helping others feel positive towards themselves is fun and makes everyone feel good.”

IV. GROUP ACTIVITY TO BUILD SELF-ESTEEM & SELF-CONFIDENCE (15 minutes)

“At your age, self-esteem is affected by many things. One thing that affects it is how you feel about the things you’re involved in. Young people who feel they must drink alcohol and use other drugs to have fun know this isn’t a good thing and often they don’t feel good about themselves. Today we want to give you an experience in creating a way to have a good time without abusing substances.”

Put youth in groups of four or five. Groups should consist of youth with different levels of motivations and aptitudes.

“Turn to your manual. We’re going to pretend that someone in charge of Arizona’s Drug Free School program gets a wild idea to give some program funds – about \$3000 to the junior high

school in each part of the state that designs the most creative way to have a drug and alcohol free party. Working with other members of your group, you should follow the directions in your youth manual.”

YOUR JOB – To Design the Perfect Free Party

WHEN – Right now! Within the next 15 minutes.

HOW – We’re going to make creative suggestions in 5 categories:

1. Favorite snacks/food
2. Favorite non-alcoholic beverages
3. Types of music, D.J.’s, bands
4. Options of places for the party
5. Creative names for an Alcohol and Drug Free party.

“There is a simple chart to be filled in after you decide with your co-members what food will be served at your party, what non-alcoholic drinks you’ll have, where you might have the party, and what the music and entertainment will be; you will also decide on a name or a theme for the party. Go all out, because you’re going to pretend you have \$3000 to spend.”

“After you’ve filled in your manual page, someone in your group should come up and get a piece of chart paper to list your decisions.

Demonstrate on board; i.e. Food= shrimp, steak, artichokes, and pineapples

“Then each group can take a minute to present their Perfect Party Plan to group.”

Give youth five minutes. See that they record their lists on chart paper

“You’ve all done a great job. From what I’ve seen, everyone has creative and interesting ideas. Before your group shares, why do you suppose being involved in an alcohol and drug free party would increase your self-esteem?”

Help youth understand that being involved in healthy activities will make them feel better about themselves, etc.

Chose a group to begin with and go around the room having youth share their Party Plans. One option at this point is to have them vote on the most creative party. Etc. But be sure to give all youth praise for their work.

“Each of you gave some good options for the party. You all would make a great team to design a super drug free party!”

V. CONCLUSION (3 minutes)

- A. “Everyone did a great job today! Let’s not forget the importance of helping ourselves and others to have good self-esteem and being more confident of our abilities (strong self-confidence beliefs). Tomorrow we will start getting ready for the SODAS role-plays and you’ll get to use all the communication skills we’ve been talking about.”

B. Collect Youth Manuals.

Materials and preparation needed for Session 18:

1. SODAS poster
2. Be prepared to help youth with role-playing and offer constructive criticism.



Session 18

Situations around Pressure

OBJECTIVES:

Youth will provide illustrative situations of pressures they face around drug and alcohol use.



TASKS:

1. Review SODAS and generate a list of tough problems these youth face (7 minutes).
2. Demonstrate SODAS role-play to the group (10 minutes).
3. Youth will work in groups and plan a role-play using the SODAS problem-solving approach (25 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.

FOR REVIEW: from session 17

1. Self-esteem means having a positive attitude about one's worth and abilities.
2. Self-confidence (a special kind of self-esteem) means believing that you can do something well.
3. Students will learn how to build self-esteem and self-confidence by creating ways to have a good time without using alcohol or other drugs.

CONCEPTS: Session 18 will demonstrate to youth situations of pressures they face in today's fast paced world, concerning drugs and alcohol use.



I. INTRODUCTION (2–3 minutes)

Greet youth and record attendance.

II. REVIEW S.O.D.A.S. (2 minutes)

Write S–O–D–A–S vertically on chalkboard; display S.O.D.A.S. poster.

“O.K. Let’s name what S.O.D.A.S. stands for.”

Pause and allow youth to answer.

“The last few days we looked closely at all these steps. Today we’re going to use them in practice pressure situations. For the next several sessions, your job is going to be to work in a small group to create and practice a role–play that your group will present to the group. Who can explain what a role–play is?”

Call on a volunteer. Praise and clarify response.

“Your role–play should be realistic and it will demonstrate SODAS being used to help in a tough situation.”

III. TOUGH SITUATIONS YOUTH FACE (5 minutes)

- A. “Before trying to create role plays, let’s start a list of real life tough situations involving alcohol, sex, and drugs that teens your age face. Think of some tough situations where you could use the S.O.D.A.S. method. What are some real situations?”

Call on youth and record at least four of their responses on chalkboard. Save this list to give youth ideas for their role–plays.

IV. INSTRUCTOR DEMONSTRATION OF ROLE–PLAYS (10 minutes)

“We want to be sure you understand how your role–play should go. So right now we will demonstrate a SODAS role–play.”

One instructor should make up an introduction to a role play on one of the “tough situations” listed by the group and introduce him or her self as the narrator. Try to make it fun; make it real; use some props, if possible. Demonstrate all the steps.

“Do you think the friend did a good job of resisting the pressure?”

Acknowledge responses

“Did you notice any effective non-verbal communication?” **{Ask what.}** Were there any verbal skills like I-statements, direct refusals, and alternative suggestions?”

Call on youth. Allow them to give examples, etc.

“What are some things you observed that made this a good role-play?”

Call on youth.

I. YOUTH CREATED VIGNETTES (25 minutes)

- A. **{Try to stir the youth up; challenge them into creative action!}** “We think there’s a lot of good role players in this group. Are we wrong? Does this group have what it takes to have some fun with **SODAS** role plays?” **{Get some positive—even loud responses.}**

- B. “Now, let’s see how you can use S.O.D.A.S. to solve these problems.” **{Refer to list on chalkboard.}**

Steps in SODAS problem solving model

- 1. **STOP:** Identify the problem and think about what you’re going to do:

- 2. **OPTIONS:** List all the alternatives to the harmful behavior.

a.-----

b.-----

c.-----

d.-----

e.-----

3. **DECIDE:** What are the positive and negative points of each option:

OPTIONS

Positive

Negative

a.

a.

b.

b.

c.

c.

d.

d.

e.

e.

4. **ACT:** Pick the best option and act upon it. Fill in what the role-player using SODAS will say during the skit:

I-Statements: (State what you do or not want to do.)

Refusal Sentences: (Say no, firmly, to what you do not want to do.)

Alternative Suggestions: (What can you do instead, that isn't harmful or risky?)

5. **Self-Praise:** Give yourself a mental pat on the back.

Divide youth into groups of at least six people: a narrator, a "high-pressure" actor, a friend, a "verbal" coach to help prompt with the script, and a "non-verbal" coach to prompt eye contact, voice volume, etc. After they are settled into groups explain Youth Manual role-play activities and have them complete all three pages.

“Turn to your manual. You will find a page describing the different roles that the members of your group will have. To start out, each of you are to choose a role, and each of you will fill in this page with the names of members of your group. Now give your attention to the page. There is something to fill in for each SODAS step. Doing each section will prepare you for your role–play.”

“Begin and we’ll come around and answer your questions. Tomorrow you’ll get in groups again to finish getting ready and to practice. You might want to switch roles as you practice your role–play. Then in session 22, each group will present its role–play to the group.”

C. Reminders:

1. Circulate around the room and check the tough situations chosen by the groups so there won’t be duplicate skits.
2. Check that each group has identified believable options to decide upon.
3. Leaders should be sure that youth use I–statements, refusals, and alternate suggestions in their skits when pressure is applied.
4. Clarify roles of verbal and non–verbal coaches.
5. See that everyone in the group is writing down script as each group develops the skit. Everyone should have a complete copy of the final script.

VI. CONCLUSION (5 minutes)

- A. “Everyone has done a great job coming up with tough situations to role–play. Think about how you want to practice during the next session, and any questions you need answered at the beginning of group tomorrow. You may use props if you wish and the actors may wish to dress for their parts. Tomorrow you will continue working in your groups and do some rehearsing.”

B. Collect Youth Manuals

Materials and preparation needed for Session 19:

No materials needed, but be prepared to assist youth with role–playing.

Session 19

SODAS Practice

OBJECTIVES:

Youth will rehearse their role-plays of a locally valid pressure situation using the SODAS model.



TASKS:

1. Review purpose of role-play and express importance of everyone's participation (5 minutes).
2. Answer youths' questions and clarify roles (5 minutes).
3. Youths work in their groups preparing to present role-plays (30 minutes).
- 4.

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.

FOR REVIEW: from session 18

1. Students' role-plays should be realistic and demonstrate SODAS being used to help them out in a tough situation.
2. Each group should have a narrator, high-pressure actor, a friend, a verbal coach, and a non-verbal coach.
3. Effective verbal and non-verbal skills should be used during the role-plays.

CONCEPTS: Session 19 gives youth the opportunity to practice and demonstrate the use of SODAS in a situation that youth judge to be common in their lives.



I. INTRODUCTIONS (3 minutes)

Greet youths and record attendance.

II. DISCUSS PURPOSE OF ROLE-PLAY AND IMPORTANCE OF PARTICIPATION (5 minutes)

- A. "Today you'll have time to continue working on your role-plays. Before you get in your groups there are a few things we need to go over...First of all I want to remind you of the purpose of these role-plays. We want to be sure you have an understanding of what you will get out of this experience. Why are we doing the SODAS role plays?"

Call on youths.

"Right. The role-plays will give you opportunities to practice the SODAS decision and communications skills. Also, learning new ways of communicating involves believing in yourself and in the support of your group mates. Practicing here in the group room with people you know makes it easier to use SODAS in real life. Remember, no one is perfect; it's fun to try new skills with friends. Are there any questions about doing the role-plays?"

Call on youths.

- B. "Something else we need to discuss for a minute is the importance of everyone's participation. If you are not going to be acting a certain part in the role-play, you can still be very involved in scripting it, practicing it and so on. Everyone should get a lot out of it. You should all encourage the other members of your group to contribute ideas and energy and to take turns with the different roles if you have time. Don't think that your ideas don't count. A group's role-play needs the skills and spirit of all of its members. It will be a lot more fun if everyone's involved."

III. CLARIFY ROLES (5 minutes)

"In your youth manuals are the different roles. It is also important to make sure you understand the roles you have in your group. Youths get confused about the roles of verbal and non-verbal coach. A coach's job is to give direction. So the verbal coach gives direction to the actors about the kinds of words to say if they get stuck. They offer options for what to say and suggest using verbal skills if needed. What are the verbal assertiveness skills we have learned?"

Call on youths. Praise statements.

"So, what is the job of the non-verbal coach?"

Encourage youths to share their understanding of the non-verbal coach's job. Clarify what they are to do: prompt actors' use of eye contact, body language, hand gestures, etc.

IV. ROLE-PLAY PREPARATION AND PRACTICE (30 minutes)

“For the rest of today’s session you can work in your groups. Before the end of today, you should be ready to rehearse your entire role-play. Tomorrow you’ll begin presenting. Some of you might want to get together after group to practice some more. The role-plays should run 2 to 3 minutes. Please get into the groups you’ve been working in and finish getting ready for your skits. Raise your hand if you have questions.”

Assist those groups that are having problems getting their plans written down on paper. Facilitate if any communication or personality conflicts within to be flexible in switching parts.

V. CONCLUSION (2 minutes)

- A. “We’re very please with everyone’s cooperation and effort. Tomorrow you’ll present your skits to the group. Please be ready.”
- B. Remind them that by using S.O.D.A.S. they are becoming successful problem-solvers.
- C. **Collect Youth Manuals.**

Materials and preparation needed for Session 20:

No materials needed but be prepared to provide guidance and constructive criticism to youths during their presentations.

Session 20

SODAS Presentation

OBJECTIVES:

Youth will present their role-plays using the SODAS Model to the group.



TASKS:

1. Do an energizer activity with the group (Decide on an energizer beforehand) (3 minutes).
2. Allow youth to form their groups for last minute preparation (5 minutes).
3. Call on groups who volunteer or draw numbers and have each group present their role-play to the group (See reminders) (30 minutes).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.

FOR REVIEW: from session 19

1. Role-playing gives youth an opportunity to rehearse and practice the SODAS and decision making skills.
2. Learning new ways of communicating involves believing in yourself and in the support of your classmates.
3. A group's role-play needs the skills and support of all of its members.

CONCEPTS: Session 20 allows youth to present their role-plays using the SODAS model to the group.



I. INTRODUCTIONS (2 minutes)

Greet youth and record attendance.

II. ENERGIZER (3 minutes)

“Today is the day you get to present your role–play for the group. But first we’ll do an activity called an energizer. This is to get you feeling energized and positive about getting up in front of the group.”

Do the energizer and refocus group afterwards

III. Youth Form Groups (5 minutes)

“In a moment you may get in your groups. After you’re seated with your group, go over any last details to help you get ready to present your role–play. Let me know if your group wants to be first, second, or so forth. Otherwise we’ll draw numbers.”

Clarify this with youth after they are in their groups.

“O.K. You may now get in your groups. When I give the work, it will be time to quiet down and begin. Any questions?” {Call on youth.}

IV. Youths PRESENT (3 minutes)

Reminders for Instructors

1. Tell non–verbal coaches to remind actors to stand at least partially facing the group.
2. After each group presents, have youth remain standing while you questions to clarify their use of SODAS, etc.
3. Remember to state suggestions for improvement in positive terms. (RULE OF THUMB: For every criticism, also give at least 2 positive statements for feedback.)

V. CONCLUSION (3 minutes)

- A. "Everyone did a great job. In your manuals on page _ are a few things for you to do. This is just to help you think about using SODAS and to think about the experience of the role-play. You must do these before group ends or on your own time. Tomorrow is the last session of the program. We will do an activity to get you thinking about your future and talk about some resources that are available for you in your community should you have any questions or concern."

NOTE: If not all groups had time to present, or if a group desires to present again due to absences or problems, there are a few minutes at the beginning of session 21.

- B. Instructors complete session evaluation forms.

Materials and preparation needed for Session 21:

1. Review resource and referral information.
2. Obtain newsprint and markers for the "Back to the Future" exercise.
3. Optional: prepare diplomas for youth.

Session 21

Resources

OBJECTIVES:

Youths will identify specific places/persons for obtaining more information, support or services on alcohol/drug abuse prevention.



TASKS:

1. Have youths envision their lives in the future.
2. Link youths with drug and alcohol resources in their community.
3. Have party, say goodbyes, and give diplomas.

MATERIALS:

1. Attendance sheets.
2. Youth manuals
3. Supply box, newsprint, and markers.
4. Graduation Diplomas with youths' names written in.

FOR REVIEW: from session 20

Review role-play presentations and SODAS model to the group.

CONCEPTS: Session 21 informs youths about local and national information and resources on AIDS, alcohol and drug abuse.



I. INTRODUCTION (2 minutes)

Greet students and collect attendance.

II. ROLE PLAY PRESENTATIONS (15 minutes)

For those groups who have not done their role-play demonstrations, allow maximum of 15 minutes for these groups to do their presentations. Be sure to provide praise and applause for each group.

III. EXERCISE “BACK TO THE FUTURE” (25 minutes)

A. Introduce the exercise: “We will now think about our future through this exercise. Let us use our imaginations and create some images of the coming years ahead, who we want to be, and what we want to become.”

B. Instructions:

1. Ask participant to make themselves comfortable and have them clear off their desktops. Each participant will be drawing with large pieces of newsprint. Give each participant a sheet of newsprint and some markers.

2. Explain to participant that they are going to do a brief breathing exercise to help them relax and get in touch with their future selves.

3. Begin exercise:

- Have participants close their eyes (if they are comfortable doing so).
- Begin breathing exercise, taking deep breathes, exhaling and then repeating the process three times. Remind participants to be aware of breathing.
- State the following: “Imagine what your life will be like 10 years from now.

Who are you with?
What are you doing?
What will you look like?
Where are you living?”

4. After 5 seconds, ask participants to open their eyes.

5. Instruct participants to draw a big circle on the newsprint and divide the circle into four quarters. Ask them to like in their manuals at the example. Have them fill in answers to the following questions in each designated quarter. (Note: you might want to explain that this circle comes from the holistic view of life that strives for balance and harmony in daily living.)

Top Left quarter

What is your environment like?

Top Right quarter

What are some of your beliefs?
Values?

Bottom Left quarter

Who are your loved ones?

Bottom Right quarter

What are you doing for work?

“Here are other things to consider when you answer some of these questions. Will you still be close with friends in the community? Do you have a family; are you married or single? Did you finish high school, go on to college? Do you have a business? Or do you work for someone else?”

6. Allow participants 15–20 minutes to complete their drawing.
7. Ask participants to share their circle, if they feel comfortable sharing.
8. Remind participants that almost 20 minutes have passed and neither AIDS/HIV infection nor alcohol and drug abuse has been mentioned once.
9. Ask participants: “Why did we do this?” The response sought is: “To show us that there is something to live for.”
10. Thank participants for sharing their hopes and dreams with one another.

IV. REFER STUDENTS TO THEIR MANUALS FOR MORE INFORMATION AND RESOURCES.

Ask students if they are aware of local information and resources on AIDS, alcohol and drug abuse. Refer students to their manual on pages _____. Additional information for instructors is included at the back of this session. Remind students that they many keep the manuals.

V. FAREWELL TREATS AND GOODBYES (10 minutes)

- A. Praise each student for participation in the course as you hand out diplomas. Remind them of the post evaluation tomorrow.
- B. Provide snack (optional).



Role-Playing and SODAS

In this session we are going to use the SODAS model and come up with role-play scripts that you will perform with your classmates.

Student -Created Role-Plays

The narrator _____, is responsible for
Introducing the skit (what it will be about).

A “high pressure” actor _____, is responsible for trying to convince
The friend to do something they don’t want to do.

The friend _____, is responsible for helping to set up the script
and for assisting role-players with their lines during the role-play.

The “non-verbal” coach _____, is responsible for giving hints on eye contact
and other kinds of non-verbal communication (facing audience, body posture, etc.)

The last person “writer” _____, is responsible for making sure everything
is written down so, when it is to be performed, they have the entire script.

RESOURCE LIST

CLEARINGHOUSE

The best place to get information is from the **National Clearinghouse for Alcohol and Drug Information.** The resources from the Clearinghouse include scientific findings; databases on prevention programs and materials; field experts, Federal grants, and market research; materials tailored to parents, teachers, youth and others; and information about organizations and groups concerned with alcohol. You can call them for free materials at 1-800-729-6686. Their website is <http://www.health.org> They have an excellent resource guide called Substance Abuse Resource Guide; American Indians and Native Alaskans. Published by the U.S. Department of Health and Human Services, publication number, MS419. They also publish the Gathering of Native Americans Substance Abuse Prevention Curriculum (GONA), prepared for the U.S. Indian Health Service, Alcohol and Substance Abuse Program Branch and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

HOTLINES

AIDS Action Committee
1-800-235-231 (Massachusetts)
617-437-6200 (elsewhere)

AIDS Atlanta - 404-872-0600

AIDS Committee of Toronto
399 Church Street, 4th floor
Toronto, Ontario, Canada, M5B 2J6
(416) 340-2437: Main Switchboard
(416) 340-8484: Voicemail
(416) 340-8844: Information & Support
(416) 340-8224: Fax
(416) 340-8122: TTY/TDD
<http://www.actoronto.org>

Aids Hotline - 1-800-551-2728

Alaska AIDS Assistance Association
1057 W. Firewood, Suite 102
Anchorage, AK 99503
907-276-4880
1-800-478-AIDS

Albuquerque Area Indian
Health Board
301 Gold Avenue SW, Suite 105
Albuquerque, NM 99508
505-764-0036

American Foundation for AIDS Research
(AmFAR) New York
120 Wall Street, 13th Floor
New York, NY 10005-3902
212-806-1600
(AmFAR) Washington
1828 L Street, NW, #802
Washington, DC 20036-5104
202-331-8600

CDC National AIDS Hotline
1-800-342-2437
Spanish: 1-800-344-7432
Deaf: 1-800-234-7889
Teens: 1-800-342-TEEN

California Rural Indian Health Board
2020 Hurley Way, Suite 155
Sacramento, CA 95825
916-929-9761

Dallas AIDS & HIV Services
1402 Corinth St
Dallas, TX
(214) 421-4835

Denver Colorado AIDS Project
701 E. Colfax, Suite 212 P.O. Box 18529
Denver, CO 80218-0529
Main Phone: 303-837-0166
AIDS Information: 1-800-333-2437
Wellness Resource Center: 303-837-
1501
Fax: 303-861-8281
info@coloradoaidsproject.org

Government of the Northwest Territories
Health and Social Services
Box 1320
Yellowknife, NT X1A-2L9
(867) 873-7276
<http://www.hlthss.gov.nt.ca/>

Indian Health Service (HQ)
The Reyes Building
801 Thompson Avenue, Ste. 400
Rockville, MD 20852-1627
HIV/AIDS 301-443-1040
<http://www.ihs.gov/>

Haskell Indian Nations University
155 Indian Avenue
Lawrence, KS 66046
785-749-8404
www.haskell.edu

Indigenous People's Task Force
1433 E. Franklin, Suite 7E
Minneapolis, MN 55404
612-870-1723 ext.20

Health Education Resource Organization
101 West Read Street, Suite 825,
Baltimore, MD 21201
Office: 410-685-1180
Helpline: 410-545-4774

Intertribal HIV/AIDS Coalition
P.O. Box 908
Lawton, OK 73501
(405) 357-3449
www.health.state.ok.us/program/hivstd/cd/Resource%20Directory/comanche_county_resources.htm

Howard Brown Health Center
1515 E. 52nd Place
Chicago, IL 60615-4111
773-925-6877

Services: halfway house, AA counseling,
job service, HIV prevention program for
community
Criteria: Must have CDIB card

Honolulu - Waikiki Health Center
808-922-1313 (Honolulu and elsewhere)

Montana United Indian Association
515 North Sanders
PO Box 6043
Helena, MT 59601
406-443-5350 or 1-800-654-9085

National Native American AIDS Prevention
Ctr.

3515 Grand Avenue, Suite 100
Oakland CA 94610
510-444-2051

Native American AIDS Project
AIDS & HIV Services

1540 Market Street, Suite 425
San Francisco, CA
(415) 522-2460

Native American Women's Health
Education Resource Center

PO Box 57
Lake Andes, SD 57356-0572
605-487-7072

Nuu-chah-nulth Tribal Council and
Community and Human Services

PO Box 1383
Port Alberni, BC
V9Y 7M2
(250) 724-5757
(250) 723-0463 Fax
<http://www.nuuchahnulth.org/welcome.htm>

Seattle Indian Health Board

PO Box 3364
Seattle, WA 98114
206-324-9360

Tohono O'odham Nation

P.O. Box 837
Sells, Arizona 85634
(520) 383-2028 Phone
(520) 383-3379 FAX
www.itcaonline.com/Tribes/tohono.htm

White Earth Reservation Tribal Council
AIDS Prevention/Risk Reduction Program

PO Box 418
White Earth, MN 56591
218-983-3285

Yakima Indian National Community
Health Representative Program

PO Box 151
Toppenish, WA 98948
509-865-2255

White Mountain Apache Tribe
Health Education Department

Box 1210
Whiteriver, AZ 85941
Health Education/Healthy Nations
(928) 338-4953
Fax (928) 338-1738
Chadeen Palmer, Public Information
Officer
(928) 338-4346 or
1-877-338-9628 Extension 373

PUBLICATIONS

Access – A quarterly newsletter on medical treatment issues, analysis of clinical research and sources for alternative drugs. Published by DATA (Direct Action for Treatment Access). \$20.00 per year includes newsletter and membership in DATA. P.O. Box 60391, Palo Alto, CA 94306-0391, 415-323-6051

AIDS Clinical Care – A monthly newsletter specifically targeted to physicians. Published by the Massachusetts Medical Society in cooperation with AmFAR. \$109 per year. Fax 781.893.0413, in the US, Customer Service at 800-843-6356
Outside of the US, Call Customer Service at 781-893-3800 <http://www.accnewsletter.org/>

AIDS/HIV Treatment Directory – The amfAR Global Link succeeds amfAR's HIV/AIDS Treatment Directory. Its searchable databases summarize current research on treating HIV and HIV-associated conditions and include detailed descriptions of approved and experimental drugs. This unique treatment resource also features an extensive listing of active clinical trials in North America and worldwide, as well as news reports on efforts to halt the AIDS pandemic. The amfAR Global Link is also available in print and CD-ROM format.

AIDSFIL – A quarterly newsletter for physicians treating patients with HIV infection and AIDS. Published by the University of California, San Francisco. AIDSFIL, <http://www.amazon.com>

AIDS Treatment News– Offers treatment alternatives, and drug guidelines and clinical trials. <http://www.aidsnews.org/>

AIDS Weekly – A weekly publication that reports on HIV/AIDS-related news and research. <http://www.aegis.com/pubs/aidswkly/>

American Foundation for AIDS Research (AmFAR), Treatment Information Services
120 Wall Street, 13th Floor, New York, NY 10005-3902, 1-800-39-amfAR (1-800-392-6327).
Email txdir@amfar.org
<http://www.amfar.org/cgi-bin/iowa/programs/researchc/record.html?record=49>

Being Alive – A monthly newsletter of medical updates and information about living with HIV. <http://www.beingalivela.org/>

Body Positive – A monthly magazine with HIV-related information on medical, political and legal issue. \$25 a year suggested donation, free back issues online. 2095 Broadway, Suite 306, New York, NY 10023, 212-721-1346
<http://www.thebody.com/bp/bpix.html>

Directory of HIV Clinical Research in California – A free directory of open HIV/AIDS trials in California. Guide to HIV Clinical Trials in California
contact Greg Szekeres at gszekeres@php.ucsf.edu, 3180 18th Street Suite 201, San Francisco, CA 94110 tel (415) 476-9554 fax (415) 476-6948

Focus: A guide to AIDS Research and Counseling –This monthly publication provides one or two articles a month that discuss the counseling aspects of AIDS, putting the medical, epidemiological, and social aspects of the disease in the context of HIV-related counseling and psychotherapy. Published by the UCSF IDS Health Project. \$36 a year for individuals, \$24 a year for those with limited income. UCSF AIDS Health Project, PO Box 0884, San Francisco, CA 94143-0884. ISSN 1047-0719.

GMHC (Gay Mens' Health Crisis). Links to Treatment Issues (newsletter) and patient education facts sheets, <http://www.gmhc.org/living/treatmnt.html>

Journal of the American Medical Association HIV/AIDS Information Center, <http://www.ama-assn.org/special/hiv/library/library.htm> Abstracts of selected recent medical journal articles.

PI Perspective – A free newsletter on HIV treatments and public policy. Published periodically by Project Inform. <http://www.projinf.org/> Project Inform, 205 13th Street, #2001, San Francisco, CA 94103 Treatment Hotline Phone Number: 800-822-7422 (toll-free) or 415-558-9051 (in the San Francisco Bay Area and internationally)

Scientific and medical journals' Web sites, <http://www.aegis.com/links.asp?TOC=journal> AEGIS link page

Treatment Action Group (TAG), <http://aidsinfonyc.org/tag/taglines/taglines.html> Opportunistic Infections Report, Version 2.0, 1998. A critical review of the treatment and prophylaxis of AIDS-related opportunistic infections.

Treatment Issues – A monthly newsletter on experimental and alternatives AIDS therapies. Your contribution will help GMHC continue to publish *Treatment Issues*. Yearly subscription rates: \$55—Individuals, \$95—Physicians/Institutions, \$95—International, Sliding scale for HIV-positive and/or low income individuals. Published by the Gay Men's Health Crisis in New York (GMHC). GMHC Treatment Issues The Tisch Building, 119 West 24 Street, New York, NY 10011 Fax: 212/367-1528 E-mail: fredg@gmhc.org
<http://www.gmhc.org/living/treatment/ti.html>

Two Spirit Update – An online collection of materials and resources developed for American Indians and Alaska Natives. National Native American AIDS Prevention Center
information@nnaapc.org
436-14th Street, Suite 1020, Oakland, California 94610 Telephone: (510) 444-2051
Facsimile: (510) 444-1593
<http://nnaapc.org/MiscNewsSr.asp?CustComKey=3822&CategoryKey=3169>

World (Women Organized to Respond to Life Threatening Diseases) – WORLD Newsletter: 122 issues in 122 months. This monthly, 8-page newsletter with over 12,000 readers in over 85 countries has published personal stories of over 300 women living with HIV, in addition to treatment updates, resources, and other information about living with HIV. Donations appreciated. WORLD, 414 13th Street, 2nd floor, Oakland CA 94612
Call us on the phone: 510/986-0340 Send us a fax: 510/986-0341
Send us an email: info@womenhiv.org <http://www.womenhiv.org/>

ORGANIZATIONS WITH INFORMATION ON SUBSTANCE ABUSE

Al-Anon Family Group Headquarters, Inc.

P.O. Box 862
Midtown Station
1372 Broadway
New York, NY 10018
800-344-2666

Children of Alcoholics Foundation, Inc.

540 Madison Ave.
23rd Floor
New York, NY 10022
212-980-5394

Institute on Black Chemical Abuse (IBCA)

2614 Nicollet Ave. S.
Minneapolis, MN 55408
612-871-7878

National Association for Perinatal Addiction Research and Education (NAPARE)

11 E. Hubbard St.
Suite 200
Chicago, IL 60611
312-329-2512

National Association of Children of Alcoholics (NACOA)

1146 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985

National Council on Alcoholism, Inc. (NCA)

12 W. 21st St.
New York, NY 10010
800-622-2255

TOLL-FREE INFORMATION

1-800-NCA-CALL - National Council on Alcoholism Information Line

The National Council on Alcoholism, Inc., is the national, nonprofit organization combating alcoholism, other drug addictions, and related problems. Provides information about NCA's State and local affiliates activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.

1-800-622-HELP - NIDA Hotline

NIDA Hotline, operated by the National Institute on Drug Abuse, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed in response to inquiries.

SOURCES OF FREE CATALOGS OF ALCOHOL AND OTHER DRUG USE PUBLICATIONS

Hazelden Educational Materials. A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. 1-800-257-7810. Hazelden Foundation
P. O. Box 11 • CO3 • Center City, Minn. 55012-001. <http://www.hazelden.org/>

National Council on Alcoholism. A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. 20 Exchange Place, Suite 2902, New York, NY 10005 phone: 212/269-7797 fax: 212/269-7510 email: national@ncadd.org <http://www.ncadd.org>
HOPE LINE: 800/NCA-CALL (24-hour Affiliate referral)

Johnson Institute. A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. Executive Office: 1273 National Press Building
Washington, DC 20045 (202) 662-7104 Minnesota Office: 10001 Wayzata Blvd. Minnetonka, MN 55305 (952) 582-2713

National Association for Children of Alcoholics. A source for books, pamphlets, and handbooks for children of alcoholics. 11426 Rockville Pike, Suite 100, Rockville, Maryland 20852
Phone: 888-55-4COAS or 301-468-0985 Fax: 301-468-0987 E-mail: nacoa@nacoa.org
<http://www.nacoa.org/>

Drug-Free Schools and Communities. State and Local Programs, U.S. Department of Education. This program provides each State educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your State, contact the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202 E-mail: customerservice@inet.ed.gov
Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833 Fax: (202) 401-0689

Families in Action. This organization maintains a drug information center, with more than 200,000 documents. Publishes Drug Abuse Update, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. \$25 for four issues. National Families in Action, 2957 Clairmont Road NE, Suite 150, Atlanta, Georgia 30329
Phone 404-248-9676, Fax 404-248-1312, nfia@nationalfamilies.org
<http://www.nationalfamilies.org/>

The Health Connection. This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use, and adult use. The Health Connection, 55 W. Oak Ridge Drive, Hagerstown, Maryland 21740 Telephone 1-800-548-8700 (From U.S.A. and Canada) 301-393-3267 (World-wide) Work Hours, The Health Connection phone lines are open from 8:00 a.m. to 5:00 p.m., Monday through Thursday, except on major holidays. FAX-1-888-294-8405 E-mail, sales@healthconnection.org
<http://www.healthconnection.org/temp/new/>

SCHOOL AND COMMUNITY RESOURCES

ACTION Drug Prevention Program. ACTION, the Federal volunteer agency, works at the local, State, and national levels, to encourage and help fund the growth of youth parents, and senior citizen groups and networks committed to helping youth to remain drug free. ACTION can provide Kids and Drugs: A Youth Leaders' Handbook and a brochure called Idea Exchange, which outlines 32 drug-free activities for children and teens, including ideas for speakers, publicity, community involvement, and projects. 806 Connecticut Ave., N.W., Suite M-606, Washington, DC 20525. 202-634-9292.

American Council for Drug Education (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 204 Monroe Street, Suite 110, Rockville, MD 20852. <http://www.acde.org/>

Drug-Free Schools and Communities. Regional Centers Program, U.S. Department of Education. This program is designed to help local school districts, State education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region or, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202
E-mail: customerservice@inet.ed.gov Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833
Fax: (202) 401-0689

Northeast Regional Center for Drug-Free Schools and Communities. Northeast Regional Center for Drug Free Schools and Communities, 12 Overton Avenue, Sayville, NY 11782, 516/589-7022, FAX 516/589-7894 Includes: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.

Southeast Regional Center for Drug-Free Schools and Communities. Southeast Regional Center for Drug Free Schools and Communities, Spencerian Office Plaza, Suite 350, University of Louisville, Louisville, KY 40292, 502/852-0052, 800/621-SERC, FAX 502/852-1782
Includes: Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, and Puerto Rico.

Midwest Regional Center for Drug-Free Schools and Communities, Midwest Regional Center for Drug Free Schools and Communities, 1990 Spring Road, 3rd Floor, Oak Brook, IL 60521 708/571-4710, FAX 708/571-4718 Includes: Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin.

Southwest Regional Center for Drug-Free Schools and Communities, Southwest Regional Center for Drug-Free Schools and Communities, College of Continuing Education, The University of Oklahoma, Building 4, Room 138, 555 East Constitution Street, Norman, OK 73072
(405) 325-1454 or 1-800-234-7972 Fax: (405) 325-7092 Includes: Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and Utah.

NATIVE AMERICAN WEBSITES

<http://www.nativeshop.org/> – Native Shop is a project of the Native American Women's Health Education Resource Center. We are marketing products as an economic development project to raise funds for the resource center's programs.

<http://www.ihs.gov/> – The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

<http://hsc.unm.edu/library/nhd/> – Provides access to bibliographic information pertaining to health and medical issues of the American Indian, Alaska Native and first Canadian populations.

<http://ih.jhsph.edu/cnah/> – Our mission at the Johns Hopkins Center for American Indian Health is to research, design and implement, in partnership with tribes, strategies to raise the health and well being of American Indians to the highest possible level.

<http://www.nau.edu/ihd/CANAR/> – The mission of CANAR is to serve as an avenue for collaboration and cooperation between Administrators of rehabilitation projects serving Native American persons with disabilities, to increase and enhance the quality of services, resulting in positive outcomes for Native American persons with disabilities.

<http://www.3feathers.org/> – The Indian Disabilities Service Quality Improvement Center helps people by assisting grantees in locating, identifying, and providing quality disabilities services to children with disabilities and their families.

<http://www.nihb.org/> – The National Indian Health Board tells about different organizations that are directed toward Indian's and health issues. In this site there are also reports written about all the different organizations.

<http://www.nnaapc.org/> – The National Native American Prevention Center is designed to stop the spread of HIV and related diseases among American Indians, Alaskan Natives, and Native Hawaiians, and to improve the quality of life.

<http://www.richheape.com/medicine.htm> – This site shows different videos that you can purchase that will show you about American Indian and health, and also about healing powers.

<http://www.aaip.com> – AAIP is dedicated to pursuing excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit. AAIP members are very active in medical education, cross cultural training between western and traditional medicine, and assisting Indian communities.

<http://nativeheritage.net/HealthLinks.html> – This site offers information about Native Americans and diabetes. It gives information on diabetes prevention, diabetes cooking, and the dangers of insulin.

<http://aihc1998.tripod.com/> – The American Indian Health Council is dedicated to providing health information, referral, and outreach services to the American Indian community.

<http://www4.nau.edu/ihd/airrtc/> – The ARRTC has conducted research and training to improve rehabilitation services for American Indians with disabilities.

<http://members.aol.com/natamcan/> – This Native American Cancer Research site gives information about different types of cancer and how they affect Native Americans.

<http://www.whitebison.org> – White Bison offers sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American community nation wide. Many non-Native people also use White Bison's healing resource products, attend its learning circles, and volunteer their services.