

Native American Prevention Project Against AIDS and Substance Abuse

Level II 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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The NAPPASA Advisory Board

The Navajo National Health Department

The Hopi Health Department

The Navajo Nation AIDS Network

The Tuba City, Winslow & Kearns Canyon HIS Units and Community Health Boards

White Bison, Inc.

National Association for Children of Alcoholics

Ruth Warrick Enterprises

National Institute on Alcohol Abuse and Alcoholism

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Introduction

The curriculum materials in this manual are 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) Prevention Project 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 Eighth Grade Instructors Manual, and the NAPPASA Eighth Grade Youth Manual, plus the NAPPASA Ninth Grade Instructors Manual and the Ninth Grade 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, NAPPASA 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 Johns Hopkins School of Public Health and Northern Arizona University. Dr. Jon Rolf (1) NAPPASA's Director has described the ways that the prevention partnership was built and sustained. The CSAP video "NAPPASA - Southwest Partners for Prevention" shows the partners describing NAPPASA, 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 Ninth Grade Prevention Curriculum has been created based 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 have adjusted the original materials and activities to better fit with the interests and abilities of typical classes of ninth graders in group sessions that last about 45-50 min..

Cultural Relevance

The integration of biological, social, cultural, and psychological topics into the NAPPASA 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 created 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 the sessions 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 NAPPASA'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 students 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, and the addresses and phone numbers of their suppliers are listed on page 16.

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.

References

1. Rolf, J. Creating and sustaining prevention research partnerships in minority communities: The Native American NAPPASA example. NIAAA-CSAP Research Monograph, Government Printing Office, Washington, D.C., 1994.
2. Baldwin, J.A., Rolf, J.E., Johnson, J., Bowers, J., Benally, C., and Trotter, R.T. (1996) Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. *Journal of School Health*, 66(9), 322-327.
3. Behavioral Health Department, Division of Health Improvement Services, Navajo Nation. *Beauty Way Curriculum*, 1990.
4. Ewart, C. K. Social Action Theory for a public health psychology. *American Psychologist* 46:931-946, 1991.
5. Manson, S., Shore, J., Bloom, J., Keepers, G., and Neligh, G. Alcohol abuse and major affective disorders: Advances in epidemiologic research among Native Americans, in *Alcohol Use Among U.S. Ethnic Minorities*. NIAAA Research Monograph 18, DHHS (ADM), 1985, pp. 291-300.
6. Dinges, N., Yazzie, M., and Tollefson, G. Developmental intervention for Navajo families in mental health. *Personnel and Guidance Journal*, 52:390-395, 1974.
7. Hanson, W.B. School-based substance abuse prevention. A review of the state of the art in curriculum, 1980-1990. *Health Education Research: Theory and Practice*, 7(3): 403-430, 1992.
8. Schinke, S.P., Gilchrist, L.D., and Schilling, R.F. Strategies for preventing substance abuse with American Indian youth. *White Cloud Journal*, 3:1-7, 1985.

9. Baldwin, J., Rolf, J. and Benally, C. (August 26, 1993) Methods and stages of curriculum development for HIV/AIDS and substance abuse prevention for Native American youth. Indian Health Service National Conference on Promoting Comprehensive School Health Education for Native American Children and Youth, Albuquerque, New Mexico.
10. Rolf, J.E., Nansel, T.R., Baldwin, J., Johnson, J. & Benally, C. (2002) HIV/AIDS and substance abuse prevention in American Indian Communities: Behavioral and Community Effects. Research in American Indian/Alaska Native Alcohol Use: Multiple Perspectives on a Complex Problem. P. Mail, S. H-R, S. Martin, and J. Howard (Eds.). NIAAA Research Monograph No.37, NIH Publication No. 02-4231, DHHS, Bethesda, MD, pp 295-319.
11. Rolf, J. (1995) Creating and sustaining prevention research partnerships in minority communities: The Native American NAPPASA example. In Cross-Cultural Competence in Prevention, NIAAA-Center SAP Research Monograph, Government Printing Office, Washington, D.C.
12. Trotter, R., Rolf, J., and Baldwin, J. (1997) Cultural models of inhalant abuse among Navajo youth. *Drugs and Society*, ((1 / 2), 19-35.
13. Trotter, Robert T. II, Jon Rolf, Julie A. Baldwin (1997) Cultural Models of Inhalant Abuse Among Navajo Youth. In, ed. Joseph Trimble. New York: *Sociocultural Perspectives on Volatile Solvent Use*. Ed. By Fred Beauvais and Joseph E. Trimble. The Haworth Press. Pp. 39-59.

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 an eighth/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. In order to be effective, proper training is recommended and available by calling Jeannette Johnson at 443-621-4859 or contacting 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. 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 consisting of 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 Guide 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 times 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.

VIDEOS USED IN THE CURRICULUM

Circle of Life

Leech Lake Reservation Health Division
RR 3 Box 100
Cass Lake, MN 56633

Culture: Our Source of Values

A Father's Love

Michelle's Story

S.O.D.A.S. Demonstrations

Who Can I Talk To?

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

Kids Talking to Kids

(212) 595-5810, ext. 7860

A Million Teenagers

SVE & Churchill Media
A Division of Churchill Films
6677 N. Northwest Highway
Chicago, IL 60631
1-800-334-7830

List of Level II Curriculum Videos

- Session 2 CULTURE: OUR SOURCE OF VALUES (20 mins).
Dennis Bowen (A local spokesperson from Seneca and Navajo families) speaks about values—their origins in family, society, and cultural traditions.
- Session 3 SODAS DEMONSTRATIONS (15mins).
This video provides a step by step guide to what SODAS is and examples of how to implement it in the context of both the classroom and life situations. It raises questions for the students which instructors and students may wish to consider and review.
- Session 7 WHO CAN I TALK TO? (12 min.).
A father and daughter, mother and daughter and four teenage boys discuss barriers preventing cross-generational communication. The video also addresses difficult pressures that teenagers experience from their point of view.
- Session 8 KIDS TALKING TO KIDS (17 mins).
Young people from alcoholic families talk about how they have learned to cope and process feelings in healthy ways.
- Session 11 CIRCLE OF LIFE (EXCERPTS–PT.1). (6 mins).
Male and female teenage parents discuss their situations and difficulties and the impact that having a child has had on their lives.
- Session 12 CIRCLE OF LIFE (EXCERPTS–PT. 2) (8 mins)
Young parents and health educators discuss the impact that drinking and using drugs during pregnancy can have on their infants.
- Session 13 A MILLION TEENAGERS (25 mins).
Peer instructors inform young people about STD's and describe the most common ones in depth.
- Session 15 A FATHER'S LOVE (20 mins).
A Navajo man who is HIV positive and his 14 year daughter speak candidly about how his illness has affected them and the lives of their family.

Session 16 MICHELLE'S STORY (20 mins).

A pregnant HIV positive teen mother with three children freely speaks about how her alcohol use and her unsafe sexual practices have brought her to change her lifestyle and to begin to speak out to others to prevent them from making the same mistakes.

Summary of Session Objectives Level II – NAPPASA Curriculum

Survey Sessions: Students will complete the Baseline Survey.

Session 1: Students will be introduced to the holistic model of health and curriculum sessions.

Session 2: Students will clarify their personal values and learn to analyze the role values have in the culture they are in.

Session 3: Students will review SODAS steps by watching video and be introduced to the importance of developing strong communication skills to effectively use SODAS.

Session 4: Students will learn that effective communication involves skill development which will be practiced and discussed.

Session 5: Students will understand the concept of self-esteem and how it influences the decisions they make.

Session 6: Students will learn to identify risk behaviors among teens and how it influences the decisions they make.

Session 7: Students will recognize that each of them comes from a family, tribe, community, or racial group that can be honored, and students will gain an understanding of how alcohol and drug use can interfere with honoring family communication.

Session 8: Students will understand how alcohol impacts the family and will recognize that there are situations they can control and some they cannot.

Session 9: Students will gain an understanding of the effects of alcohol on the immune system while learning that alcohol and drug use can put them at risk for contracting the AIDS virus.

Session 10: Students will participate in a group warm-up activity that will prepare them to work together and then they will practice SODAS by doing a role-play of a tough situation.

- Session 11: Students will review the meaning of human sexuality and understand their responsibilities and the consequences of their decisions about sexual intercourse.
- Session 12: Students will learn of the consequences of sexual activity; focusing on pregnancy and effects of substance use on the fetus.
- Session 13: Students will acquire information on sexually transmitted diseases with an emphasis on sites of infection, types of STD's, warning signs, and preventive measures.
- Session 14: Students will practice SODAS scenarios in groups to continue getting comfortable using the SODAS steps.
- Session 15: Students will understand the impact of the AIDS epidemic through learning about HIV infection rates among Students in the United States and the world.
- Session 16: Students will discuss AIDS issues around women and will learn why teens are a primary prevention resource for their families and community.
- Session 17: Students will learn aspects of AIDS treatment including the importance of healthy behaviors, the difficulties in finding a cure for AIDS, and role of alternative healing and medical treatments for HIV/AIDS.
- Session 18: Students will visualize their future with a focus on positive changes made during their high school years and will plan role-plays to be presented to the class.
- Session 19: Students will present their skits before the class.
- Session 20: Students will present their skits before the class.
- Post-evaluation Session: Students will complete the post-evaluation of what they have learned for the program. Students will evaluate the curriculum and discuss improvements.

This page is a reminder that youth will be given a survey before beginning sessions 1–20 in Instructor’s Manual.

Session 1

Introduction

Concepts of Health and Prevention

OBJECTIVES:

Youth will be introduced to the Holistic Model and health and the curriculum sessions.



TASKS:

1. Introduce the program (10 min.).
2. Review the Holistic Health concepts (15 min.).
3. Introduce the curriculum sessions (10 min.).
4. Experience a guided imagery exercise (10 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals
3. Transparencies–Cartoon, “The Whole Person?” Holistic Health Wheel and Course Content.
4. Cassette tape player and soft relaxing music.
5. Script of guided imagery (included in session).

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

CONCEPTS:

Session 1 presents youths with an introduction to the curriculum and relates the traditional Native American concept of Holistic Health to the concept of prevention.



I. INTRODUCTION TO EACH OTHER (3 MIN.)

Greetings and attendance

II. INTRODUCTION TO THE PROGRAM (10 MIN.)

Have youth sit in a circle. Remind the youth that the circle is important and recognized as a sacred symbol.

“Welcome to the first session of our prevention program. For the next several weeks the sessions in this program will focus on important issues that relate to increasing our ability to make good decisions that will help us lead healthy lives. We will talk about some concerns that you might have as a teenager. One goal of the program is to provide you with the knowledge and skills to make good decisions about some of these concerns.”

“To remind everyone of the importance of respecting one another, we need to list important rules we can all observe. What kinds of rules can we observe during these sessions?”

Youth should mention confidentiality and respecting others' opinions. Write these on the board. Discuss why they're important

“It is especially important to remember that personal information that is shared by others is not to leave the classroom. Negative comments about another person are not acceptable. Are there any questions about this?”

“During the program, we will talk about how we can work towards having happiness, health in life, and healthy relationships, as we talk about our holistic selves. The activities in this program will help you to get to know your strengths and positive qualities. By the end of the program you'll know yourself and each other a little bit better than you do now. When you learn about yourself, you grow as a person. This learning and growing will go on through your whole life. Every decision you have to make is an opportunity to learn and grow.”

Pause for youth to consider. A response isn't necessary.

“In this program you'll have the opportunity to learn how to make healthy decisions and choose the best options. We will want you to learn how to create those options that are best for you in tough situations where you feel there's no safe way out.”

“While we learn about ourselves and how to make healthy choices, we may learn to trust and believe in things beyond ourselves. What does it mean to believe in something beyond yourself?”

Allow youth to respond

“For some people this may represent something spiritual in nature such as a belief in the ‘Creator’, ‘God’, etc. Many people feel they gain personal strength in trusting and believing in something beyond themselves. They begin to feel part of a family, part of a community, part of a culture, or even part of a greater whole.”

“By learning about yourself and how you fit into the bigger picture, you learn that everything you do matters!

“Believing that what you do matters allows you to believe in yourself. Many people have survived their struggles because they understand what it takes to balance their whole self: their emotional, mental, physical, and spiritual self. Through this understanding of the whole self, you can become strong and confident in your life. Through this program it is our hope that we will help you start your journey towards learning many important things.”

III. INTRODUCE THE CONCEPT OF HOLISTIC HEALTH USING THE CIRCLE (15 MIN.)

“Have any of you heard the phrase “Holistic Health”? This refers to the concept of the whole person.

Instructor: Show Transparency “The Whole Person

“What is the whole person? What are some main points about Holistic Health or the importance of the health of a whole person? Why are these things important for you?”

Youth need to understand that Holistic Health focuses on the whole person: the mental, emotional, spiritual, social and physical self, and that this concept of health stresses that an interconnectedness exists between the aspects of one’s physical, mental/emotional, spiritual, and social being.

This ‘whole person’ or holistic concept is found in other cultures throughout the world. Recently this concept of health was rediscovered by modern society. The Holistic Model of Health focuses on disease prevention.”

Write prevention on the board.

“What does this word mean?”

Discussion should iterate: taking steps to protect yourself and those you care for from disease. Prevention is also the practice of positive and productive behaviors meant to enhance and prolong life for individuals and their

communities. Youth should realize that many of the problems that come up in the future can be prevented by taking action today.

“Everyone’s responsibility then is to practice and encourage healthy behaviors, and promote and protect wellness of ourselves, our families and communities. This health model can best be seen in the illustration of a circle.”

Instructor: Have youth follow along in their participant manual and fill in each area of the Holistic Health Wheel as you review. Instruct youth to list areas as per the transparency. Show transparency of Holistic Health Wheel.

- A. Mental/Emotional – Self-awareness, Self Esteem
- B. Physical – Health & Exercise (relating to our physical body)
- C. Social – Our relationship to others, family, friends, and community
- D. Spiritual – Tradition and culture
- E. Health Promotion, Wellness and Disease Prevention

“Individuals strive to balance all areas of their lives within the wheel for a long and happy life.”

IV. INTRODUCTION TO CURRICULUM BY WEEKLY SESSION (10 MIN.)

Instructors: Have youth follow along in their manuals. The participant manuals have a circle representative of the four-week program. Show the transparency of Circle of Topics.

“In this first week, the sessions focus on basic skills necessary for healthy decision-making and a healthy outlook on life. These sessions will cover:

A. Foundation Skills

1. Holistic Health – Looking at components of a whole person.
2. Values – Things that are important to you: your identity, family and friends, beliefs, etc.
3. S.O.D.A.S – SODAS stands for Stop, Options, Decide, Act, and Self-Praise. These things have to do with decision-making and refusal skills (how to get out of tough situations).
4. Communication Skills – verbal and non-verbal
5. Self Esteem/Self Praise – giving yourself a pat on the back.

B. Alcohol and Other Drugs

“These sessions deal primarily with how alcohol and other drugs can harm and affect you, members of your family, and other important relationships. Alcohol does more damage to people you care about if you’re the one with the alcohol/drug abuse problem.

Topics will include:

1. Consequences of alcohol and drug use; including legal and social problems and alcohol and drug use – risk behaviors.
2. Family Communication – regarding alcohol and other drugs
3. Coping with alcoholism and drug abuse in the home.
4. Alcohol and risks for HIV/AIDS
5. Practice session/Alternative activity.”

C. Human Sexuality/Reproductive Issues

“We will review the meaning of human sexuality and discuss the responsibilities and consequences of being sexually active, including unwanted pregnancy and the effects of alcohol and other drugs in the developing baby. We will also review what STD’s are and provide an introduction to AIDS, including a discussion about HIV infection rates nationally and among Native Americans. Topics will include:

1. Human Sexuality: responsibilities and consequences
2. Consequences of sexual activity and human reproduction
3. Sexually Transmitted Diseases
4. Practice session/alternative activity
5. HIV/AIDS Epidemic – The epidemic and impact of the disease.”

D. HIV/AIDS

“You will learn what perinatal AIDS is and whom it affects. We will discuss some methods of treatment for HIV/AIDS. The ending session will give you an opportunity to reflect on the program and then you will give your SODAS presentations. This section includes the following topics:

6. HIV/AIDS – How women and teens are at high risk for the disease.
7. HIV/AIDS is there a treatment or cure for the disease?
8. Guided imagery and practice session.
9. Participant presentations & resource list.”

V. GUIDED IMAGERY (10 MIN.)

“For the next several weeks, we will be learning a lot. Right now, let’s take a small mental break and relax. To help you prepare for the upcoming weeks, here is an exercise called a “Guided Imagery,” which will help you visualize some personal goals for yourself.”

Instructors: Have youth sit comfortably; remove books and bags from desk/table tops. Have their feet flat on the floor, with their hands up on the desk/table top, or on their lap. Make sure they feel comfortable and relaxed. Turn off bright lights, use natural lighting coming from the windows, to set the atmosphere. If possible, turn on some soft relaxing music. (Practice the guided imagery before presenting to the class. The guided imagery text follows. It should be spoken in a clear relaxed voice.)

“Close your eyes, clear your mind and relax. Take a deep breath and exhale, take another deep breath and exhale, and another deep breath and exhale. Now feel the lightness in your feet, in your legs, in your arms and in your stomach. Clear your mind of all other distractions and concentrate on my voice. As you clear your mind, think of people who are special and important in your life, like your parents, your brothers and sisters, other relatives and your friends. As you think of these people, think of what is going on in your life with your health, in your relationships, with your friends, in your home and your family. What do you value about your family, about your beliefs, about your education and your friends?”

Instructor: Take a pause for the youth to have minute.

Now think of things that interfere with your happiness and well being. Do some of these include alcohol, tobacco, maybe some drugs, some friends, or problems at home? Think of three major problems in your life at this time. Take a moment to identify each one. Now, concentrate on an image of yourself that is positive, you are healthy, you are happy, and you are in control. As you see a positive self-image, you know that you are loved and you feel wanted, you are able to give and understand those around you. What will you need to do to change where your life is now and where you want to be? Think of three things you need to change so you can have a healthy and happy, full life. Let’s take a moment to think of those three changes we need to make. Now gently open your eyes slowly, slowly shake your arms and your legs and gently stand up. Remember the three changes and write them in your youth manuals. Remember, be gentle with yourself and have a great day.”

As you finish the guided imagery, maintain a few seconds in silence. As the lights come back on, state:

“In your manuals, write down the three things that you want to change. During the coming four weeks, be thinking about how you can use the information from the class to help you make yourself into the kind of person you want to be.”

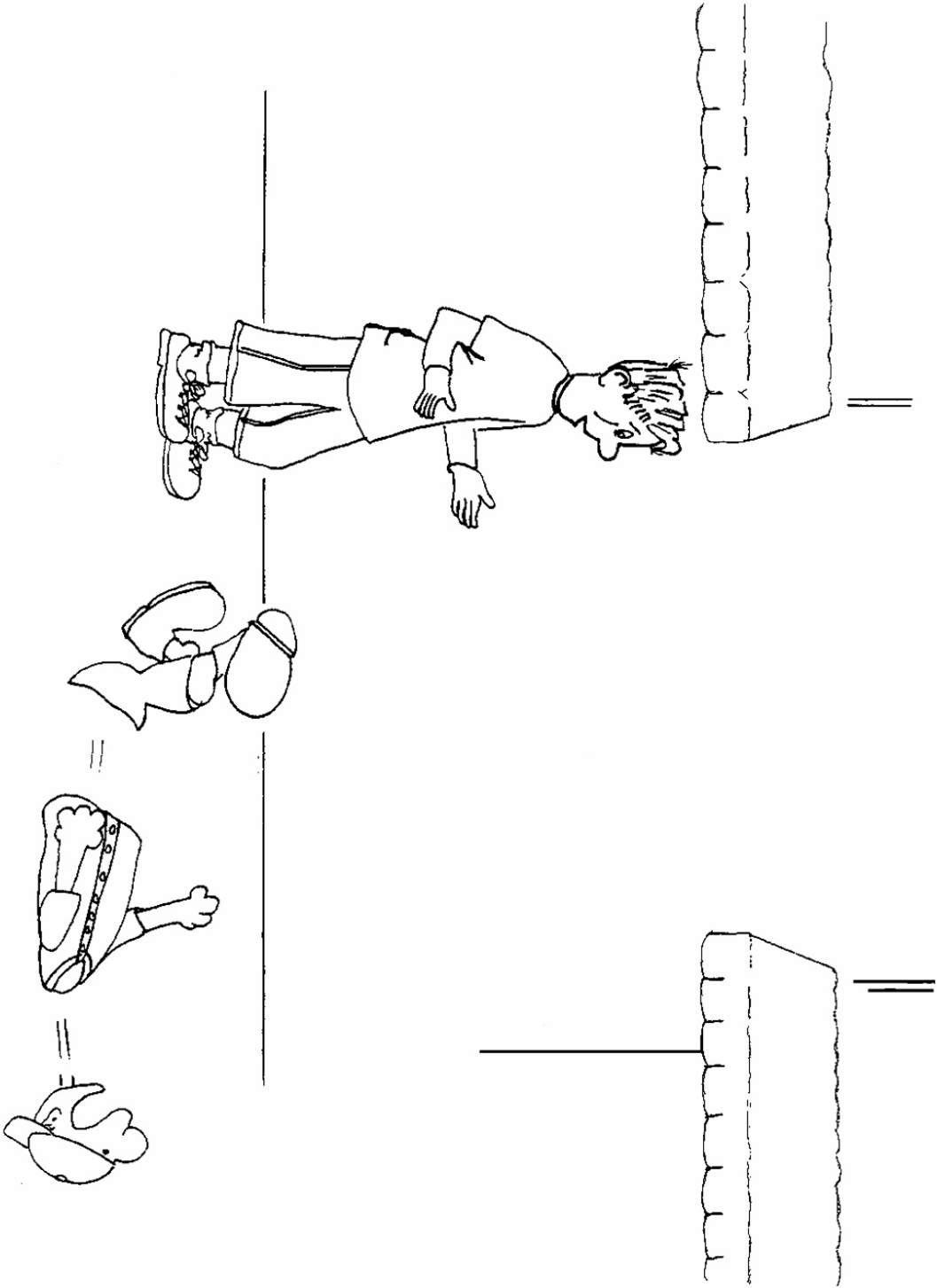
VI. CONCLUSION (2 MIN.)

“Our journey towards self-discovery will continue tomorrow with an exploration of personal values. Be thinking about what is important in your life. What do you really care about?”

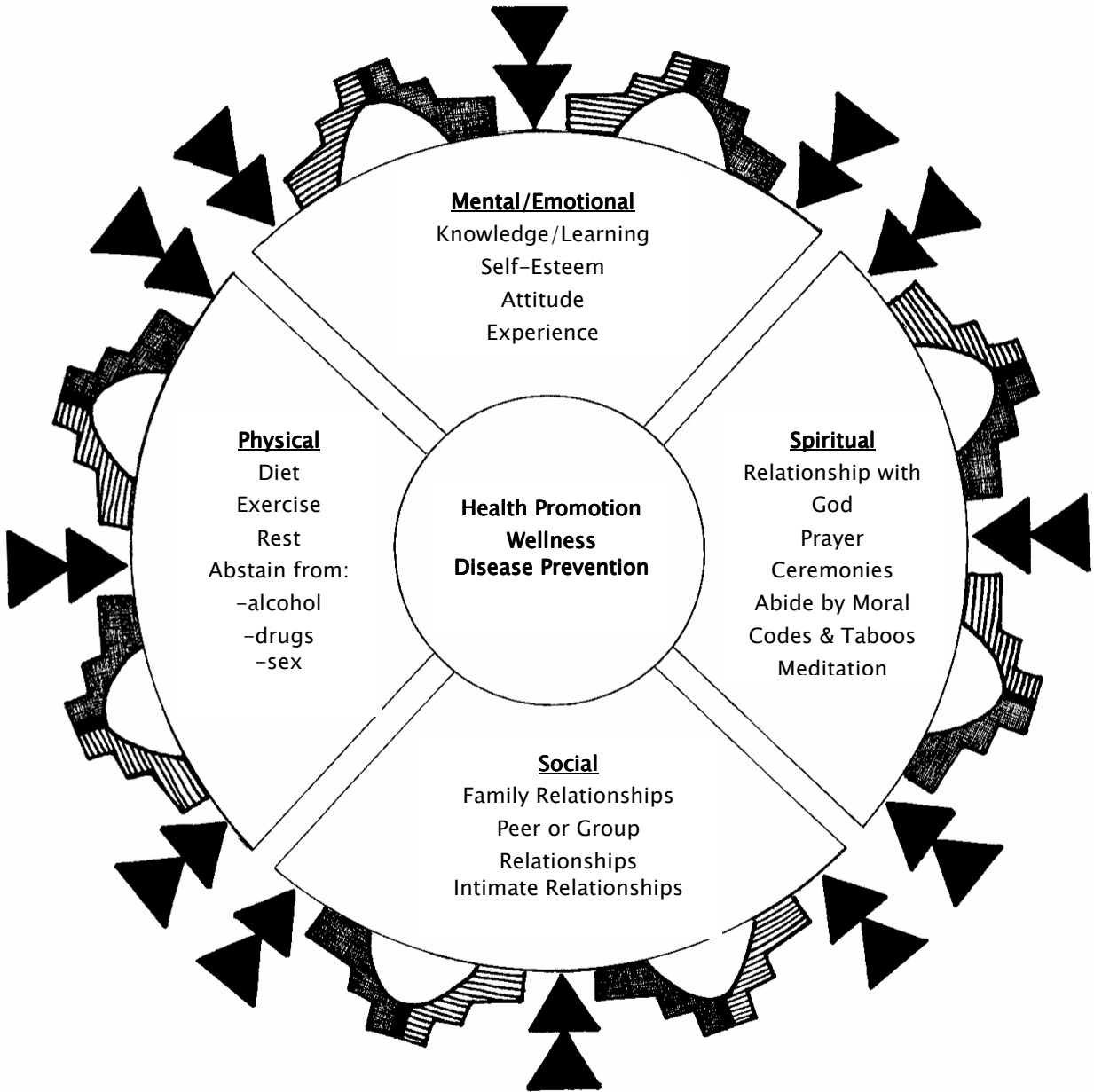
1. Collect Youth manuals

MATERIALS AND PREPARATION FOR SESSION 2

- 1. Read through Session 2 for understanding**
- 2. Sheets of chart or butcher paper**
- 3. Markers**
- 4. VCR equipment and video “Culture: Our Source of Values”**
- 5. Cartoon transparency: “Values?”**

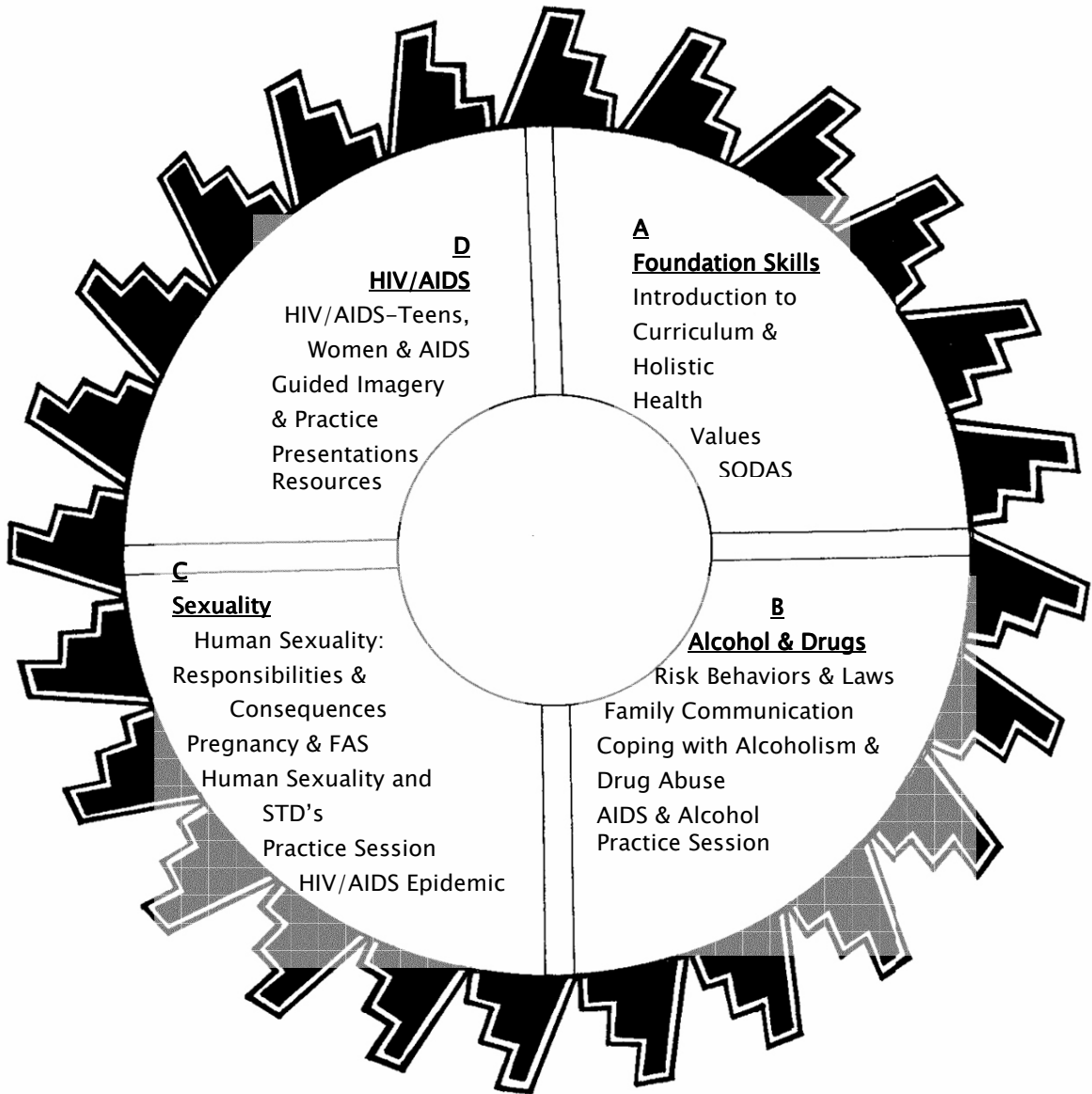


Transparency
"The Whole Person?"



OUTLINE OF THE COURSE

Transparency
Course Content



Session 2

Values–Learning What’s Important

OBJECTIVES:

Youth will clarify their personal values and learn to analyze the role values have in their culture.



TASKS:

1. Instructors will quickly mention the concept of values and introduce video by Dennis Bowen (5 min.).
2. Youth will view video (15 min.).
3. Instructors will clarify relationships between video presentation and values (5 min.).
4. If the video is not shown, you will participate in the alternate activity (20 min.).
5. Youth will participate in a class activity facilitated by instructors which will allow the youth to identify their personal values (15 min.).

MATERIALS

1. Attendance sheets.
2. Youth manuals.
3. Sheets of chart or butcher paper and markers.
4. Cartoon transparency, “Values”.
5. Video–“Culture: Our Source of Values” and VCR.

FOR REVIEW

The concepts to review from Session 1:

1. Having a belief in something beyond the self can empower people to make positive changes.
2. The Holistic Health perspective acknowledges the roles that all parts of the individual, including the emotional and spiritual play in healing and maintaining health.
3. Prevention is something youth can contribute to by practicing safe and healthy behaviors.
4. The Guided Imagery exercise gives youth the opportunity to consider things to change in their lives.

CONCEPTS:

Session 2 helps youth to: 1.) Clarify their personal values in the context of their cultural background; 2.) Realize how values promote health; and 3.) Understand that values must be considered when making decisions.



I. INTRODUCTION (3 MIN.)

Greetings and attendance:

II. DISCUSSION OF VALUES AND INTRODUCTION TO VIDEO (5 MIN.)

“The concept of Holistic Health we learned about yesterday is going to help you better understand what prevention is all about. Today we’re going to learn about the importance of values and how our values can relate to prevention.”

Write the term “values” on the board.

“Who knows or remembers what values are? What are some of the things in life you value, or care about?”

Call on interested youth. Display cartoon transparency.

“Are the things you care about similar to either of the characters in the cartoon?”

Allow youth to respond

“Today our activities will help us understand personal values and how important they are.”

Instructors: If you are not showing the video, please proceed to Section V, Alternative Activity. Proceed on with this section of you are using the video.

“Let’s watch a video in which Mr. Dennis Bowen from Tuba City, Arizona will talk about some important and interesting issues relating to values. It will help you understand your own values. After this video, we will do a group activity.”

III. SHOW VIDEO (15 MIN.)

IV. DISCUSS VIDEO (5 MIN.)

“For just minute now, I’d like you to tell me the things you remember Mr. Bowen talking about. What did you like about his talk?”

Call on youth. Record responses on board or paper. Allow for responses that pertain to what was done in the video as well as what was said.

“Turn to your manual for the information in Session 2 and let’s discuss some of these questions.”

1. How do our values help us? How do we know when to use the powerful words Mr. Bowen talked about?
2. What can we learn by looking at the rules our culture teaches us? How can understanding these values help with prevention?
3. Give an example of a way traditional teaching can control behavior.
4. How does it feel when your tribal ways (or family culture) are pressured from the outside by the drug culture? What values are being threatened?
5. The home and school have influenced youth in the past more than they do now. Think of ways youth are influenced by television, music, and their friends.

“Very good. There are some values here that have a lot to do with what we want to accomplish in this program. And what do we want to accomplish?”

Call on youth. They should understand that by the end of the course they should have improved decision-making and communication skills, knowledge of STD's, AIDS and substance abuse, and realize the importance of values pertaining to wellness.

“Our actions, words, and activities are focused on prevention, which you should remember learning about in yesterday’s session. If you think about it, prevention is something everyone values, because all people want their families and communities to be healthy and to have a positive future to look forward to.”

Write caring and consciousness on the board.

“Another important value is caring. It’s one thing to care about a family member or about a boy or girlfriend. But what does it mean to be caring in general? What does it mean to have the kind of consciousness that makes you sensitive to the world around you?”

Youth should understand the following about the intended meaning of “caring” and “consciousness”: being positive and having the belief that the problems in the world can be solved, having concern and sharing these concerns with our families, peers, teachers and communities; speaking out, demonstrating healthy living, etc.

“Will these problems go away if we pretend they don’t exist?”

Allow youth to respond

“Of course they won’t. And it’s the people who care and have this kind of consciousness that speak out and show others that there are healthy ways of dealing with personal problems and issues. In this way we can help each other and increase our level of caring. We’ll be doing

activities in this session to find out what your values are. What do you think knowing your values can help you do?"

Youth should understand that values help them solve problems, communicate, select friends, make decisions, resist negative pressure, and stand up for themselves.

"At the end of class today, if there is time, you can do the puzzle in the manual."

Instructor: Proceed to Section VI: Value Clarifying Activity

V. ALTERNATIVE ACTIVITY (20 MIN.)

"Right now I'd like to read a story to you and have you react to it. It's a story that will emphasize how different people have different values."

Instructor: Read the following

"Some girls in Wanda's dorm have invited her to a party. Her friend Denise asked Wanda to go to the movie the same night as the party. Wanda is excited about the party, but she knows the girls are going to drink beer. She wants to make new friends, but she doesn't want to drink the beer."

Instructor: Ask the following to encourage discussion.

1. What can Wanda do?
2. What should Wanda do?
3. What do you think will happen if she goes to the movies? Or if she goes to the party?

"Wanda decided to go to the movies, and all night long she kept thinking what a great time the other girls were having at the party. When she got back to the dorm..."

1. She found the girls in the....
2. There was a knock at the door and when she opened it, it was...
3. One of the girls who had gone to the party...
4. Someone had...
5. There was this huge...

Instructor: At this point, encourage discussion about what kinds of values Wanda was showing when she went to the movies instead of the party. Some possible answers are: Safety, care, caution, sensibility, wisdom, etc.

“Turn your manual to Session 2 and let’s discuss some of these questions.”

1. How do our values help us out?
2. What can we learn by looking at the rules and values our culture teaches us? How can we understand these values help us with prevention?
3. Give an example of a way traditional teaching can control behavior.
4. How does it feel when your tribal ways (or family culture) are pressured from the outside by the drug culture? What values are being threatened?
5. The home and school have influenced youth in the past more than they do now. Think of ways youth are influenced now by television, music and their friends.

“Very good. There are some values here that have a lot to do with what we want to accomplish in this program. And what do we want to accomplish?”

Call on youth. They should understand that by the end of the course they should have improved decision-making and communication skills, knowledge of STD’s AIDS, and substance abuse, and realize the importance of values pertaining to wellness.

“Our actions, words, and activities are focused on prevention which you should remember learning about in yesterday’s session. If you think about it, prevention is something everyone values because all people want their families and communities to be healthy and to have a positive future to look forward to.”

Write caring on and consciousness on the board.

“Another important value is caring. It’s one thing to care about a family member or about a boy or girlfriend. But what does it mean to be caring in general? What does it mean to have the kind of consciousness that makes you sensitive to the world around you?”

Youth should understand the following about the intended meaning of “caring” and “consciousness” being positive and having the belief that problems in the world can be solved, having concern and sharing these concerns with our families, peers, teachers, and communities, speaking out, demonstrating healthy living, etc.

“Will these problems go away if we pretend they don’t exist?”

Allow youth to respond.

“Of course they won’t. And it’s the people who care and have this kind of consciousness that speak out and show others that there are healthy ways of dealing with personal problems and issues. In this way we can help each other and increase our level of caring. We’ll be doing

activities in this session to find out what your values are. What do you think knowing your values can help you to do?

Youth should understand that values help them to solve problems, communicate, select friends, make decisions, resist negative pressure, and stand up for themselves.

“At the end of class today if there is time, you can do the puzzle in your manual.”

VI. VALUE CLARIFYING ACTIVITY (15 MIN.)

Write on board: What are your values? How can they promote prevention and wellness? Call on youth to define values.

“Who can answer these questions? Who can tell me what the word ‘values’ means?”

If necessary, quickly explain how understanding values about health can help in the prevention of many of the problems communities are faced with.

“Now we will do some learning activities as a class that can help you understand what your values are and how they promote wellness. Turn to your manual. You are now going to have a chance to express your options regarding some issues that have to do with your values. I will read some statements. After each statement mark on the line on your paper where your opinion would fall.”

Instructor: Draw a line on the board that has the words ‘agree’ and ‘disagree’ underneath the opposite ends of the line, similar to the line in the Youth Manual.

“If you totally disagree, mark the very end where it says ‘disagree’; if you feel “so-so” about it; mark the middle; if you totally agree mark the beginning of the line. After each one, I’ll ask for a show of hands and we’ll do count on how everyone responded.”

Read statements below.

1. What my friends think of me at this point is more important than what my family thinks of me.

“OK, Everyone mark their agree/disagree response.”

Pause

“How many of you marked ‘agree?’”

Ask for a show of hands. Write the number below 'agree'

“How many of you are somewhere in the middle?”

Count hands. Write the number below the middle of the line

“How many disagree?”

Count hands. Write in number below 'disagree'. Take a minute to discuss the issue. Ask youth why they responded in the way they did, etc. Point out their responses are an indicator of their values and how their values can promote wellness. Repeat the above process with the rest of the statements below.

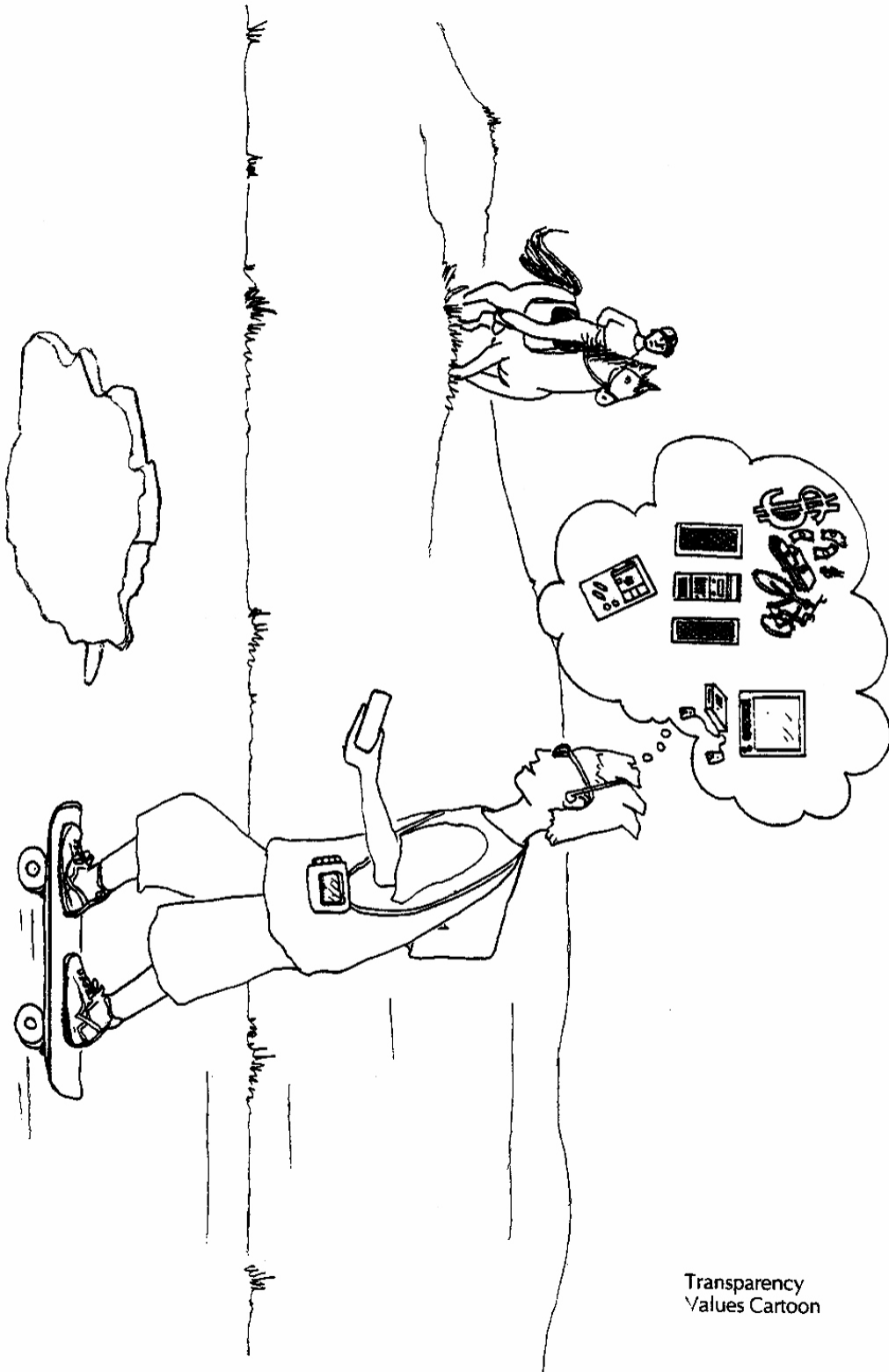
2. Smoking marijuana and drinking alcohol are okay ways to have fun.
3. Going to college is a good idea because there are so many things to learn.
4. My goal in life is to make as much money as I can.
5. It's a bad idea for teenagers to have sex with someone just for fun.
6. Marijuana should be legalized since so many people smoke it.
7. I don't like it when people start hurting each other when they disagree about something.
8. People should always think of their families and others they care about when making important decisions.

VII. CONCLUSION (2 MIN.)

“I'm glad you enjoyed this activity. Tomorrow we'll find out how values play a part in the SODAS steps. Be thinking about how you make decisions and how you deal with peer pressure because SODAS will help you in all these areas. Tomorrow we will learn about SODAS.”

1. Collect Youth manuals

<p>MATERIALS AND PREPARATION NEEDED FOR SESSION 3</p> <ol style="list-style-type: none">1. Read through Session 3. Cut out review scripts for skits. These skits can be found at the end of session 3. Make 2 copies of each skit so that it can be passed out to youth volunteers.2. VCR equipment and the video “SODAS Demonstration.”3. Transparency for communication cluster.4. Transparency of SODAS cartoon.



Transparency
Values Cartoon

Session 3

SODAS–Making Good Decisions

OBJECTIVES:

Youth will review SODAS steps by watching a video and be instructed to the importance of developing strong communication skills to effectively use SODAS.



TASKS:

1. Show video on SODAS role–playing after quick review (25 min.), or if not using the video, do the alternate activity.
2. Break youth into groups to practice SODAS skills with cartoon skits (10 min.).
3. Discuss SODAS role–playing (5 min.).
4. Request for volunteers and prepare them for Session 4 role–playing while others begin youth manual activity (5 min.).

MATERIALS

1. Attendance sheets.
2. Youth manuals.
3. Video, “SODAS Demonstrations” and VCR.
4. Scripts for mini–role–plays.
5. Transparency, “SODAS”.

FOR REVIEW:

The concepts to review from Session 2:

1. What is important to young people (i.e., values) has a strong influence on the decisions they make.
2. To care about one self is to also care about others.
3. Consciousness means being sensitive to events and happenings around you.
4. How language is used reflects values and has an influence on our attitudes.
5. Our values affect our treatment of others.

CONCEPTS:

Session 3 presents the SODAS (Stop, Options, Decide, Act, Self–praise) communication and decision making skills. Having SODAS introduced early in the curriculum enables youth to better conceive of different uses of skills and to begin practicing them.



I. INTRODUCTION (3 MIN.)

Greetings and attendance.

II. SODAS REVIEW (5 MIN.)

“In our last session we talked about values and how your values can influence the kinds of decisions you make. Values are powerful. How do you know that your values are influencing your decision?”

See if your youth will volunteer ways that they know values affect their decisions. Write them on the board. If no one talks about “gut feelings”, mention them using the following text.

“We aren’t always aware of our values but sometimes we experience their effects as a ‘gut feeling’ or a ‘small voice in your head’ that let’s you know when you are in a situation where you need to stop and think about what’s going on.”

“Today we are going to talk about how SODAS can be used in tough decision-making situations. There are times when you have “gut feeling” that you need to stop and consider your options, or different ways of doing things.” In your manual it shows you what SODAS stands for. Let’s read each step together.”

Refer Youths to their manual where the SODAS can be found. Recite with class Stop-Options-Decide-Act-Self-praise.

Instructors: If you are not showing the video please go to Section V, Alternate Activity. If you are showing the video, proceed with the following.

“Now we are going to review how the steps of SODAS are used by watching a video of a discussion of them and a few role plays by youth and teachers.”

III. SHOW VIDEO (15 MIN.)

IV. VIDEO DISCUSSION (5 MIN.)

“What are five things you remember about SODAS from watching this video?”

Call on youth and jot down responses on the chalkboard or chart paper.

“What questions do you have about SODAS?”

Encourage questions. Then choose a couple of questions from this list to discuss with the class.

1. What does listening to your 'gut instinct' have to do with the STOP step?
2. What does it mean to 'leave the door open' when refusing to participate in a risky behavior with a friend.
3. How can body language communicate your decision not to participate in a risky behavior?
4. What kinds of activities should you think of when trying to come up with options or alternatives to risky behaviors?
5. Why is it so hard for one person to go against a group? How can a young person deal with this?
6. How can using SODAS empower you?

V. ALTERNATE ACTIVITY (20 MIN.)

"SODAS can help you get in touch with your gut feelings. But what does it mean when we say 'gut feeling'?"

Instructors: Prompt for things like instinct, intuition, feeling, sensation, sense, perception.

"How many of you have ever had the sense that something was going to happen then it did? How many of you know adults that have had this ability? Would someone be willing to share some of these experiences?"

"Well, the first step of SODAS gives you some time to do just that - to stop and listen to your instinct, intuition, feelings, or your 'gut reaction' to a situation.

"The second step of SODAS, Options, is what you can think about after you've given yourself some time to listen to yourself. What are options?"

Instructor: Prompt for words such as alternatives, choices, possibilities, prospects

"What kinds of options do you have in the following stories:"

Instructor: Read the following little stories and ask after each on: "What are your options".

1. You write for the school newspaper. The editors reject your first story. What are your options?
2. You see your best friend at the shopping mall with someone your age whom you have not met. You are upset at first. What are your options?

3. You want to become friends with someone who is very popular. You call the person at home but they don't call you back. What are your options?

"Now with the third step of SODAS, Decide, you get to make a decision. What does this mean?"

Instructors: Prompt for discussion on phrases, such as determine, resolve, discover, conclude, judge

"Now with the fourth step of SODAS, Act, you get to put into motion what you've decided to do. What are some other words for "act"?"

Instructors: Prompt for words such as operate, execute, work, behave, conduct, perform, and function. Discuss the word "act" as the first part of the word "activity" and how this relates to "active".

"Finally, the last part of SODAS, what are the five things you can say that you know about SODAS?"

Call on youth and jot down responses on the chalkboard or chart paper. Answers: Stop, Options, Decide, Act, Self-Praise.

"What questions do you have about SODAS?"

Encourage questions. Then choose a couple of questions from this list to discuss with the class.

1. What does listening to your 'gut instinct' have to do with the STOP step?
2. What does it mean to 'leave the door open' when refusing to participate in a risky behavior with a friend?
3. How can body language communicate your decision not to participate in a risky behavior?
4. What kinds of activities should you think of when trying to come up with options, or alternative to risky behaviors?
5. Why is it so hard for one person to go against a group? How can a young person deal with this?
6. How can using SODAS empower you?

VI. GROUP ACTIVITY WITH SODAS CARTOONS (10 MIN.)

At this time, you should break youth into groups that will work together throughout the course and who will present together at the end of the course. You may want youth to form their own groups, you may want to assign groups, have them count off, etc. Groups should consist of 4-6 youth. Five is probably ideal. REMEMBER - these groups of youth will work on and present role-plays together. So try to form groups of youth that are multi-skilled and will complement each other.

“Please turn to your manual. The cartoons in your manual in Session 3 show young people in tough situations. Your job is to write out how they should use SODAS. First we’ll do one together on the overhead.”

Place transparency on overhead projectors

“The first one shows a girl being pressured by her date to get more physically involved than she’s ready for. What can we write in to help her use SODAS to deal with this situation?”

Discuss and elicit responses for each step. Encourage and praise responses. Make sure everyone understands the process involved.

“Go on to fill in the other three cartoons. Be prepared to share one of these with the class in 5 min..”

VII. DISCUSS ROLE-PLAYS (5 MIN.)

Go around the room and have each group verbally present their best responses to one of the SODAS cartoons.

“Very good. In this program you will be thinking of the different kinds of situations in life that SODAS can help you deal with. You’ll be getting up in front of the group with friends here to role-play using the SODAS steps in a risky-behavior situation or in other situations, such as how to use SODAS with an important life decision. We’ll also be doing short role-play activities throughout the program.”

“At the end of this program you’ll do a final role-play that should include information on something you learned in this course. You can do skits, role plays, or something like a TV newscast to present how SODAS can be used to deal with tough situations or make difficult decisions.”

VIII. PREPARATION FOR YOU SKITS (5 MIN.)

“At this time I need four volunteers to participate in a role-play activity we’ll be doing tomorrow on communication.”

Ask for volunteers and show them the scripts they will be doing tomorrow. You need two youths for each script. These scripts should have been cut out ahead of today’s session. After you take these volunteers to the side, the rest of the group can be directed to their youth manuals where they can draw their own SODAS can in such a way as to make it their personal commitment to considering their options in tough situations. As the group is decorating the SODAS cans, tell the role-play volunteers that the purpose of the role-play is to show how their verbal and non-verbal behaviors influence those around them. The volunteers are to practice these role-plays after the group meeting and present them at the next session.

IX. CONCLUSION (3 MIN.)

“Thank you for your participation. Tomorrow we’ll be learning how to develop the communication skills we just talked about. Ask yourself about your own ability to communicate with others and how you might improve.”

1. Collect Youth manuals.

MATERIALS AND PREPARATION NEEDED FOR SESSION 4

1. Read over Session 4
2. Transparency for communication cluster

*Note to instructor: These scripts should be cut out prior to today’s session.
Make two copies of each script.*

SKIT A (2 YOUTHS)

Youth #1 Stand against wall or desk, slouch over, hands in pockets. Angry, frowning expression.

Youth #2 Walks up to Youth #1

Youth #1 *says* “Those teachers are all stupid.”

Youth #2 *says* “So let’s just go get high then.”

Youth #1 *says* “Yeah, sure, why not?”

Both youths walk off together.

SKIT B (2 YOUTHS)

Youth #3 Sit at desk reading textbook, magazine or newspaper. You look at your watch or clock, appear interested in things.

Youth #4 Walks up and **says** “Hey, I’m uh thinking about going out back to smoke up.”

Youth #3 Ignores the youth and keeps reading

Youth #4 *says* “You gonna read all day or what?”

Youth #3 *says* “Well right now I’m going to see one of my teachers about a club. Maybe you should join one. See ya.”



Transparency
SODAS Scenario 1

THINKING AND WRITING SODAS Read the example -

T - "Come on Babe. You say no but you're having a good time so loosen up.

STOP

K's stomach feels tight. She's nervous from being pressured.

OPTIONS

K can say she likes T's company and suggests going to the school dance, ball game, dinner, etc.

DECIDE

K decides to tell T she's going home to eat unless he wants to go get something.

ACT

K gets up, tells T what she is going to do, and starts to walk away.

SELF-PRAISE

K tells herself "good going" and knows T will spend time with her if he really likes her.



Transparency
SODAS Scenario 2

2. "You're going to miss out on some good weed if you leave now."

Session 4

Communication Skills

OBJECTIVES:

Youth will learn that effective communication involves skill development, which will be practiced and discussed.



TASKS:

1. Review verbal statements (I-statements, refusal sentences, alternative suggestions) and non-verbal components (eye contact, facial expressions, body language), which can be used to refuse offers to participate in risky behavior (15 min.).
2. Present and discuss ideas regarding non-verbal communication (10 min.).
3. Youths who volunteered for the role-plays (from session 3) will present them to demonstrate how non-verbal communication expresses approval/disapproval of peer behavior, resistance, disinterest, self-esteem, and caring (13 min.).
4. Direct youth to their manuals to begin activities (7 min.).

MATERIALS

1. Attendance sheets.
2. Youth manuals.
3. Transparency, "Cluster on Communication".
4. Scripts for mini-role-plays.

FOR REVIEW:

Concepts to review from Session 3:

1. The "gut feeling" is a clue that we are in a tough situation and need to stop and think about what to do.
2. SODAS can be used for making decisions as well as dealing with situations involving "risky behaviors."

CONCEPTS:

Session 4 defines communication skills as requiring active knowledge and practice. Such practice will enable the youth to become conscious of their ability to communicate in different situations and make efforts to improve.



I. INTRODUCTION (3 MIN.)

Greetings and attendance

II. REVIEW OF VERBAL AND NON-VERBAL SKILLS (15 MIN.)

“Hopefully you all have a good understanding of how SODAS can be useful and are ready to get into some activities having to do with communication. Today we’ll focus on what you should do to refuse offers leading to unhealthy activities.”

“What do you think is one of the most important parts of SODAS?”

Prompt for “communication”

“You must communicate the decision made during the “decide step” so that there will be no question about what you plan to do. What does communication involve?”

Prompt for speaking, gestures, verbal statements, expressions, non-verbal or body language, words, signs etc. Show transparency “Cluster on Communication” and list things that come under these categories. Begin with the main categories of verbal and non-verbal. Under the verbal category, you can list things, such as yelling, whispering, talking calmly, and talking excitedly. Under non-verbal category, you can list things such as staring, looking away, pushing, etc. Discuss for 2-3 min..

“We have just talked about two different kinds of communication: verbal and non-verbal. Let’s talk about verbal communication for a minute. When you verbally communicate to someone, you talk to them in a variety of ways. When you use the SODAS steps, there are three kinds of verbal statements you can use in tough situations. These three different kinds of verbal statements are called: alternative suggestions, refusal sentences, and I-statements. An alternative suggestion is something like “Why don’t we go and watch TV instead.” A refusal sentence is when you say something like “No, that isn’t a good idea.” An I-statement is when you say something like “No, I don’t think so.”

“I’m going to read three sentences. At the end of each one I’ll call on someone to tell me what type of sentence it is.”

1. Let’s go back and watch the rest of the game. (ALTERNATIVE)
2. “I really prefer to stay sober this weekend.” (I-STATEMENT)
3. “No, smoking pot isn’t for me.” (REFUSAL)

“Excellent. Now I’d like you to come up with some examples of each. Raise your hand if you have an alternative statement to share.”

Call on volunteer.

“Very good. Now come up with an I-Statement.”

Call on volunteer.

“Very good. Sometimes you will have to be creative to come up with these statements, but with practice, they become easy. Remember, it can be difficult to make these statements while you’re feeling pressured, that’s why we discuss communication and practice it during role-plays.”

“Let’s also talk about the kinds of non-verbal communication we listed.”

Point to the part of the cluster listing non-verbal communication.

“By using gestures, such as hand motions, fidgeting, or nodding my head, I can either weaken or strengthen my verbal messages. You should also be aware that the way you carry yourself can reveal you level of self-esteem and whether or not you are a caring person. Yesterday we talked about the value of caring and the role that plays in your decision to stay away from risky-behaviors.”

III. PRESENT AND DISCUSS NEW IDEAS (10 MIN.)

“Today’s ideas maybe new for some of you. Let’s look at them and get a clearer understanding. Turn to your manual for Session 4 where you will see some written exercises. You can do the written exercises on page 11 at the end of the session.”

It would be helpful for youth to turn to this page in their Youth Manual at this time. Have written on the chalk board or chart paper:

“Non-verbal communication expresses the truth, sometimes, when words don’t. Someone give me an example of this.”

Call on a Youth. If no appropriate examples are given, use the following or make one up:

“A person whose fists are clenched and who has narrow eyes and a tense jaw but says “I’m not mad” is telling you something different.

Point out to youth that body language tells a lot about attitude and the emotions someone is experiencing. There is discrepancy between the way the person looks and the way they are acting.

“You have to be careful in tough situations when you may feel nervous. Learn to express yourself with certainty and confidence. Why is it a good idea to express yourself with certainty and confidence?”

Make sure youth see the importance. Mainly, it helps let people know you "mean business."

"Our level of caring about ourselves, others and life in general is a factor in whether or not we choose engage in risky behavior. Why do you think this is true?"

The instructor should emphasize the importance of self-care. When you care about yourself and others, it helps you to care about the world. Youths should understand that a caring person doesn't want to do things that hurt himself or others.

"If you look and act like someone who has an "I don't care" attitude, you will probably be more likely to be approached by those involved in risky behaviors. And if you don't care about yourself and others, you'll probably be more likely to experiment with harmful substances. Why do you think that is?"

Discuss no longer than 3 min.. Emphasize that an attitude of caring is part of the way you can protect yourself.

"The little exercise in your manual at the bottom of page 12 is for you to do."

IV. YOUTH-VOLUNTEERS PRESENT SCRIPTED ROLE PLAYS (13 MIN.)

"Yesterday I chose four volunteers. I would like the youth with skit A to come up now and present your skit. The rest of you should listen to their verbal communication and observe their non-verbal expressions."

There are two skits, two parts each to be done in front of the class. One skit is performed at a time, no more than 4 min. per skit. After both skits have been presented, the instructor continues with the follow-up questions for group discussions.

Follow-Up Questions for Skit A:

1. "What did (insert youth name here) do that showed that she/he didn't have a caring attitude?"
2. In what ways did (insert youth name here) look like someone who would avoid risky behaviors?"

"Do you see how the way you carry yourself and your attitude can have an impact on interaction with those around you?"

V. YOUTH MANUAL ACTIVITIES (7 MIN.)

“You may do the exercises in your manual for Session 4. There are no right or wrong answers. There is a word puzzle and some drawings that will add to your understanding of how body language can communicate things to others.”

“Tomorrow’s sessions on self-esteem will help you see even more how the way you feel about and present yourself has an impact on those around you and how it influences the decisions you make. When you get in a bad situation because of a decision you made, how does it make you feel about yourself?”

VI. CONCLUSION (2 MIN.)

“Everyone did a great job. Thank you for participating.”

1. Collect youth manuals; if puzzles are not complete make them available or give in the form of a handout.

MATERIALS AND PREPARATION NEEDED FOR SESSION 4

1. Transparency: Circle of Negatives
2. Review information on storytelling at the end of Session 5 and read the story The Invisible Hunter.

OPTIONAL:

3. Review group self-esteem activity, “Strengths Others See” (if you prefer to do this alternative activity instead of telling the story, then you will need to prepare for it by obtaining white pieces of construction paper and tape.)

NON-VERBAL

COMMUNICATION

Verbal

Session 5 Self-Esteem

OBJECTIVES:

Youth will understand the concept of self-esteem and how it influences the decisions they make.



TASKS:

1. Youth will use diagram presented in their manuals and observe instructor self-talk demonstrations to understand how self-esteem leads to choosing healthy behaviors.
2. Instructors will tell and discuss the story The Invisible Hunter (15 min.) or youth will participate in a group self-esteem activity, "Strengths Others See."
3. Youth will complete an activity in their manual (15 min.).

MATERIALS

1. Attendance sheets.
2. Youth manuals.
3. Transparency, "Circle of Negatives."
4. Optional storytelling activity materials; White paper and scotch tape.

FOR REVIEW:

Concepts to review from session 4:

1. Communication skills can be verbal and non-verbal and allow us to transmit personal information effectively.
2. Messages sent through non-verbal body language can make a strong statement, which may contradict what is communicated verbally.
3. The level of caring for one's self and others is related to involvement with risky behaviors.

CONCEPTS:

Session 5 allows youth to consider their own level of self-esteem and understand how it influences their decision-making. A self-esteem building activity helps them to see how their treatment of others affects their own self-esteem of those they interact with.



I. INTRODUCTION (4 MIN.)

Greetings and attendance.

II. SELF-ESTEEM AND HEALTHY BEHAVIOR (10 MIN.)

“One of the words in the manual for Session 4 was ‘self-esteem.’ Today we’ll see how communication skills and healthy decisions depend on self-esteem. In your manual for today’s session, Session 5, is a diagram showing something important about how we feel about ourselves and the kinds of decisions we make. We begin by looking at ourselves with a positive attitude. What does it mean to have a positive attitude toward yourself?”

Youth should understand that this means to know and accept the good things about oneself; no matter what anyone says to put you down, you know inside you deserve to be cared for.

“When you feel you’re a valuable, lovable person, then we say you have positive self-esteem. You like and feel good about yourself and are able to care about others. In the diagram, the arrow goes from the word “positive” and it leads to “esteem, image, healthy decisions and concept.” Why do you think it works this way?”

Call on volunteers or ask someone

“What kinds of decisions would be made if we changed the positive to negative?”

Allow youth to respond.

“There are terms we can put in the diagram that have to do with how we feel about and see ourselves. One is self-pride. Can you think of others?”

Answers may include: identity, confidence, acceptance, awareness, care. Provide one or two if youths “don’t get it.”

“Today’s session uses the concept of self-esteem to review the last SODAS step, which is what?”

Allow youth to call out “self-praise

“What is self-praise? When is it important to praise your self?”

Call on youth

“Look back at your diagram and think about how self-esteem and self-praise go together. Is self-praise easier when you have self-esteem?”

Call on youth

“Self-esteem also leads to healthy decisions. These ideas are important, so we’re going to do individual role-plays demonstrating how self-esteem relates to our behavior. In this little role-play, both of the actors will be speaking as teenagers. One of us will have a negative or low self-esteem, and the other person will have positive or high self-esteem.”

Instructor: If you are leading the group along without another partner, you will need to pick a youth from the group to act out the role-play with you. Ask for a volunteer, but if there is no one who volunteers, choose a youth who is not too self-conscious to stand up in front of the group with you. Review the scene below before the start of this session.

ROLE PLAY OF SELF-ESTEEM

The two individuals in the role-play will act out the following scene. They both pretend to be Youths who are discussing an upcoming test.

SCENE: Two Youths are discussing their upcoming test in English

One actor will express self-doubt by calling him/herself “stupid.” He will decide to ditch class and blow off studying for finals. The “negative” self-esteem actor can shake his/her head, slump his/her shoulders, and say things like “I can’t do it.”

The other actor will express self-confidence by saying he/she is going to try as hard as he/she can. The “positive” self-esteem actor will try to engage in eye contact and talk about how he/she is going to read the English book.

Potential action: The two actors are walking across the floor. One says to the other:

“So, what do you think is going to be on the English test?”

At this point, the two actors will then improvise their roles showing either “positive” or “negative” self-esteem. This should be brief and last no longer than 5 min.. After the acting, the instructor says to the entire group:

“What happened?”

Allow youth to respond/comment. Point out body language and general words that people use to express themselves.

“In feeling bad about her/himself, the person who played the role of “negative” self esteem decided there was no point in making an effort in his/her schoolwork.”

“The decision just made in the role play will lead that person to get poor grades and perhaps get in trouble. What will his/her self-talk sound like then? Does he/she end up even more down on him/herself?”

Present “Circle of Negatives” transparency

“This diagram shows how having negative self-esteem is reinforced when we make a decision that has negative consequences.”

Call on youth

“It goes in a circle, self-esteem is negative and influences decision making, and it would create what we would call a vicious cycle. Now we’ll see positive self-esteem in action.”

Note to the Instructor: Make sure you have read the handout in the back of this session before you conduct this exercise. Also remember that you may use the alternative activity, “Strengths Others See” with youth instead of reading and discussing the story.

“Now I’m going to tell you a story called The Invisible Hunter. It shares an important teaching. Storytelling has been a powerful way of teaching truths in many cultures. This story comes from the Northwestern part of the country. While you are reading along with this story, please be open to its message. It relates to some ideas we’re trying to share through our sessions.

Instructor, begin reading story:

“At the foot of the mountains, near a river, lived an Invisible hunter. Wild tales were told about him, about his skill as a hunter and about how he looks, but no one ever saw him, no one could prove his greatness. Many went to his lodge, sat by his fire, and ate the food his sister gave them. They saw his moccasins when he pulled them off his feet, and his coat when he hung it on a peg in the lodge; but they never saw him. So many girls begged to see what he looked like, and then he finally said he would marry the first one who could see him.

All the girls in the village went to his lodge to try their luck. They were greeted kindly by his sister and invited to sit by the fire. In the evening she asked them to walk with her along the banks of the river and as they walked she asked, “Do you see my brother on the other side”

Some said they did, others answered truthfully. Of those who said they could see him, she asked, “What is my brother’s shoulder strap made of?”

Some answered, “It is made from the skin of a young deer.” Others said, “It is a branch of the cottonwood.” Or “It is the skin of beaver covered with shining beads.”

As they answered, she invited them back to the lodge. When her brother entered, the girls saw his moccasins when he dropped them on the floor of the lodge, but they never saw him.

In the far end of the village lived three sisters who had cared for their father's lodge. The two elder sisters were rough with the youngest, especially the eldest, who made her do all the work and would not share the best meat with her. But the youngest sister was cheerful and kind. She often went to sit with the old ones in the village who sometimes were alone.

When the elder sisters heard that the Invisible Hunter would marry the first girl who could see him, they hurried across the village to his lodge. In the evening, they walked along the bank of the river, and the sister of the Invisible Hunter asked them, "Do you see my brother?"

The elder sister answered, "I can see him on the other side like a dark shadow among the stones."

The other sister said, "There are only stones and bushes on the farther shore." The sister of the Invisible Hunter turned to the elder sister and asked, "Of what is my brother's shoulder strap made of?"

She answered lightly with a toss of her head "It is a strap of rawhide."

"Come then", said the sister of the Invisible Hunter "let's hurry to the lodge and cook food for my brother."

They hurried to the lodge, and when the Invisible Hunter entered, the sisters saw the moccasins and his hunting pack when he dropped them to the floor, but they could not see him. The sisters went home pouting and were cross because they could not see the Invisible Hunter. When they got home, the younger sister asked for some of the colorful shells their father had brought them to decorate their blankets, the older sister spoke, "Why should anyone as ugly and as covered with scars and sores as you want colorful shells?"

But the younger sister picked up a few shells from the ground and she sewed them on an old blanket that was pretty when wrapped around her. Then she went to see the old ones of the village and got from them pieces of deerskin to make a dress. With paint made from berries and roots, she decorated it with the symbols representing the oldest traditions of her people. She dressed in this and wrapped the blanket around her, then walked across the village with her head held high to the lodge of the Invisible Hunter. The people laughed and jeered, "Look at scars and sores going to the lodge of the Invisible Hunter."

But the sister of the Invisible Hunter greeted her kindly and invited her to the lodge. In the evening, she walked along the shores of the lake, and asked her as she had asked all the girls, "Do you see my brother?"

The girls answered, “Yes, I see your brother.”

The sister asked again as she had asked all the others, “What is his shoulder strap made of?”

The girl answered, “His shoulder strap is a bright rainbow.”

The sister of the Invisible Hunter laughed and took her back to the lodge. She dressed her in soft skins, rubbed her scars with an oil that left her skin without a blemish, and combed her stringy hair until it was long, straight, and glistening with a blue sheen.

“Go now; sit on by brother’s side of the lodge, nearest the door where the wife of the lodge sits.”

She who had been seen as ugly sat in the place of honor and respect; and when the Invisible Hunter came he saw who she really was, and that she was beautiful as the first star to shine in the night sky.

Instructor: Prompt the youth to discuss this story with the following question. There are not right or wrong answers. Facilitate discussion with your own thoughts, interpretations, and comments.

1. The sister with scars and sores was treated badly in her family, yet she did not treat others badly. How did she keep positive self-esteem?
2. Why do you think the youngest sister was the only one able to see the Invisible Hunter?
3. What does a belief in the beauty of your inner spirit have to do with decisions about abusing alcohol and drugs?

III. ALTERNATIVE STORYTELLING ACTIVITY – STRENGTHS OTHERS SEE IN US (15 MIN)

“It isn’t always easy to see the positive qualities in ourselves. You might feel you’re being too proud when you tell yourself, ‘Hey, I’m pretty smart,’ or ‘Gee, I’m good looking.’ But really, there is nothing wrong with this as long as you realize everyone has strengths and positive qualities and that you’re not better than others are. Sometimes teenagers get negative messages about being irresponsible, lazy, or selfish, or you may have been treated in ways that made you think you might be slow to learn or that everything you did was wrong.”

“Today our activity will give you the opportunity to tell your classmates the strengths you see in them. The name of the exercise is:

Put on board:

Strengths Others See, which we can call SOS for short. In this activity, you’ll receive a piece of construction paper that we’re going to tape on your back. Let’s tape this on our back so it stays secure. You don’t need to put your name or anything on it. Then when I say, “go” you’ll

get up and go around the room writing the positive things you see in others on the paper. Be positive but honest. By not knowing who the compliments are from, you won't be embarrassed or self-conscious."

Hand out paper while telling youth to tape it on the back of others in the group. Ask them to do this quickly and quietly, so they can have more time to write their compliments. Remind them not to write names on the paper.

"Very good. You may now get up and move around the room. Allow your classmates to write on your back. Don't take the paper off and read the compliments until we give the word. You'll have 10 min.. Have fun!"

Hand out paper while telling youth to tape it on the back of others in the group. Allow full time.

"Now you may take the paper off your back and have fun finding out the good things you may not have known people see in you."

IV. YOUTH MANUAL ACTIVITY (15 MIN.)

"The main idea of positive self-esteem is that the inner person is beautiful, and that it takes belief and self-acceptance to believe in the inner self. In your manual is a simple activity to help you see the things that make you special on the inside. You will find an illustration of an empty mirror. If this were a real mirror, what would you feel about the person you see when you look at the reflection? Do you have any positive feelings? Or do you find that you don't like yourself at times? Now you have an opportunity to create a positive image of yourself, to show your inner beauty and importance. Don't focus on the things that make you "you" on the outside, instead, think about what makes you special on the inside."

"There are some suggestions for how to fill the mirror at the bottom of the page. Choose one or come up with your own way to create an image of a healthy and happy you. You can write or draw."

Allow the rest of the session so that youth may take their time and have the opportunity to be creative.

V. CONCLUSION (3 MIN.)

1. Collect Youth Manuals

<p style="text-align: center;">PREPARATION AND MATERIALS NEEDED FOR SESSION 6</p> <ol style="list-style-type: none">1. Read over Session 62. Materials needed: Transparencies<ol style="list-style-type: none">1. Cartoon drawing of teen displaying risky behavior2. Most common causes of death for teens3. Reported alcohol use – 9th graders4. Alcohol related problems for Regular Alcohol Users

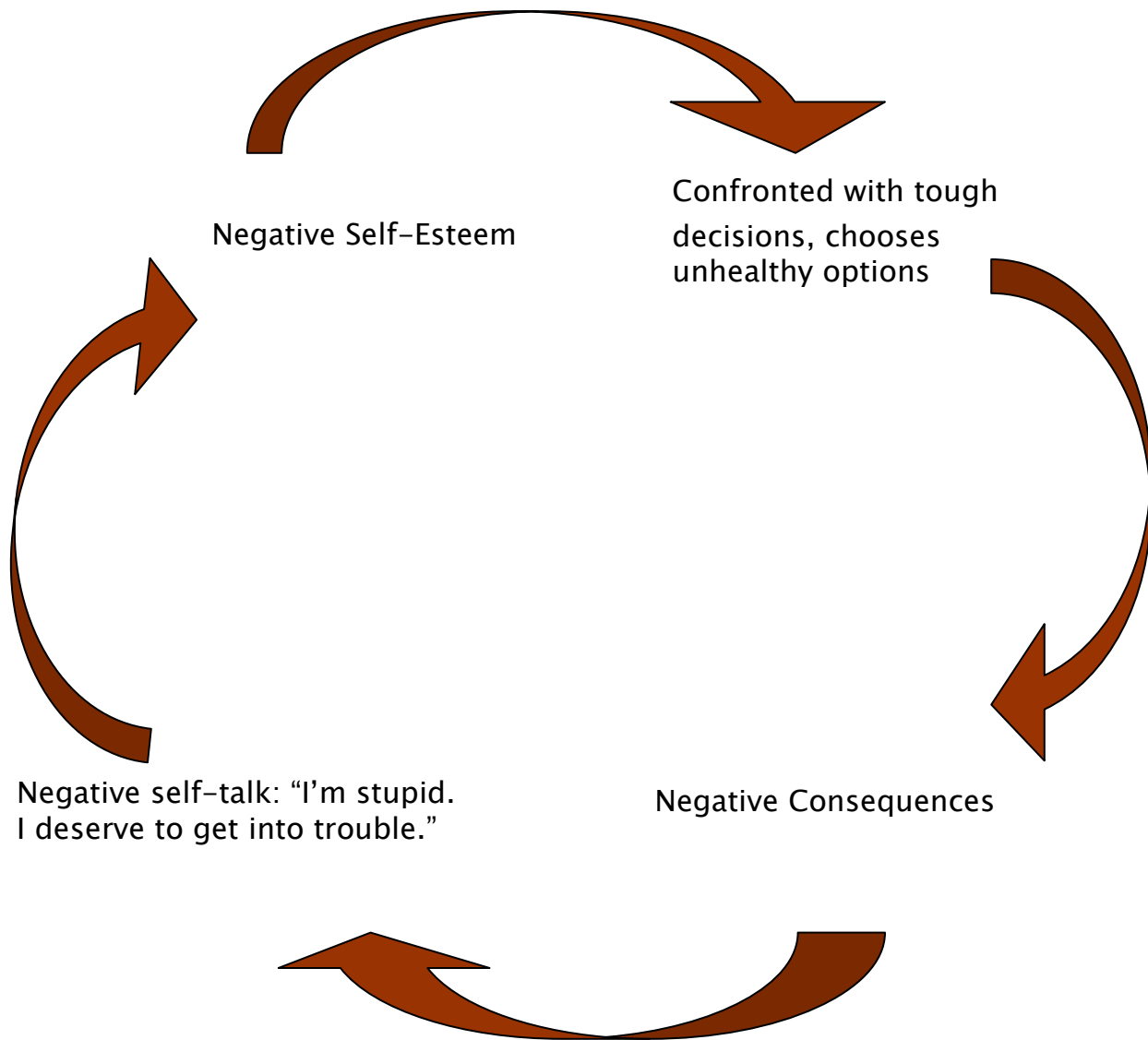
Note to Instructor: The following is excerpted from Come Closer Around the Fire (this is provided for your information only.):

Finding meaning and purpose in one's life is difficult for any young person today. For the Indian youth, the conflict between traditional Indian values and the urban American lifestyle imposes a greater burden. The concepts of harmony with nature, cooperating, sharing, patience, listening, and respect for elders, as well as the importance of the spiritual life, are challenged constantly. The anxiety and frustration this creates are made more acute by poverty, boredom, and lack of hope. Too often, Indian men and women have felt the need to escape these problems through alcohol and other drugs. Prevention of drug abuse in the Indian community requires developing ways to help strengthen the inner resources of each person and those of the family, the community and the culture. This philosophy is morally and ethically relevant to the non-Indian youth, as well. Drug abuse prevention involves several approaches. Particularly important is that of providing alternatives to drugs; these alternatives are activities that provide lasting satisfaction. One activity that is lasting and satisfying is storytelling. When a story is told, talked about, and remembered, the story stays with the person forever. Whoever tells the stories, there are certain techniques used by storytellers around the world. Some of the basic guides for storytelling include the following:

- Honor tradition and taboos: "Winter-telling stories" in the winter, for example.
- Choose a few different stories with great care and repeat them, rather than telling many different stories. The listener will gain more of the meaning from each telling.
- Saturate yourself with the story beforehand. Read it again and again, but without memorizing it. Visualize the story in your mind incident by incident, not word by word.

- Let the story speak for itself without stating the moral or drawing conclusions for the listener. Let the listener draw learn by its example and learn by its example and draw his/her own conclusions.
- If a few words need to be explained, do so before starting to tell the story.
- Stay with the story's natural flow, without side stories.
- Save questions for the end.
- Pause or lower voice at important points to heighten suspense.
- A story well told is very special. However, a story well read is better than a story poorly told.
- Choose a quiet, comfortable place without too many distractions if possible.
- If someone seems restless or is not paying attention, tell the story directly to him/her for a few min.

Circle of Negatives



Transparency
Circle of Negatives

Session 6

Alcohol and Other Drugs

Risk Behaviors and Laws

OBJECTIVES:

Youth will learn how to identify risk behaviors among teens and how values, rules and laws can change behavior to reduce health risks.



TASKS:

1. Discuss current trends of risk behaviors among teens (10 min.).
2. Review 9th grade national survey data showing selected behaviors related to risks for AIDS and substance abuse (10 min.).
3. Discuss what people try to do to reduce or control behaviors (5 min.).
4. Present information on laws about alcohol that protect us today and have youth participate in activity (15 min.).
5. Assign an after school activity in which youth interview a parent/guardian regarding these issues (5 min.).
- 6.

MATERIALS

1. Attendance sheets.
2. Youth manuals.
3. Transparency 1, Cartoon drawing of teens displaying risk behavior.
4. Transparency 2, Most common causes of death for teens.
5. Transparency 3, Reported alcohol use for 9th grade.
6. Transparency 4, Alcohol related problems for regular alcohol users.
7. Copies of parent interview for youths to take home to finish assignment.

FOR REVIEW:

Concepts to review from Session 5:

1. To have high self-esteem is to have a positive attitude towards one's self.
2. Strong communication skills and healthy decisions are the result of high self-esteem.
3. Negative self-esteem is reinforced by consequences of poor decisions.
4. Contributing to the positive self-esteem of others shows that you have positive self-esteem.

CONCEPTS:

Session 6 highlights the role that laws, rules and values have in prevention and presents youth with statistics that indicate an adolescent's high-risk levels for injury and other harm.



I. INTRODUCTION (2 MIN.)

Greetings and attendance.

II. DISCUSSION ABOUT RISK BEHAVIORS AMONG TEENS (10 MIN.)

"Yesterday's session on self-esteem should have helped you understand that decision-making is affected by many things. Today's session will give you additional information to help you make better decisions. To start off, what are some current health problems teenagers' face in the U.S. and how do these problems affect them in this school and other local schools?"

Try to elicit brief discussion and then show cartoon transparency.

"What do you think is the most common cause of death for teenagers?"

Encourage quick guessing until someone says injuries or accidents.

"That's right, vehicular injuries are the most common cause of death for teenagers. Look in your manual for Session 6 to see the most common causes of death for U.S. teenagers."

Show transparency 2.

"Look at the percentages of teens that die from injuries and from suicide."

"Even though AIDS is not yet in the "Top 10" for this list, it is the 6th leading cause of death for 15–24 year olds. Since the AIDS virus can take years to finally kill an infected person, those persons infected as teenagers usually die in young adulthood after months or years of getting very sick. In our future classes, we're going to discuss how teens commonly get infected with the AIDS virus."

"What kinds of things are teens doing when they are in fatal accidents/injuries or commit suicide?"

Encourage guessing.

"Many teenage deaths, suicides and injuries happen when teens have been drinking alcohol and using other drugs! Keep in mind that alcohol changes your behavior. Drinking and partying may make you forget what is right and wrong, increasing the chance that you might do something that is "risky". In your manual are some statistics about alcohol and drug use injuries."

Read some of the statistics

III. INFORMATION FROM PREVIOUS SCHOOL SURVEYS ON YOUTH BEHAVIOR (10 min.)

"Ninth graders from all over the U.S. were asked some questions about alcohol and drug use. We thought that you might be interested in seeing some of the results."

Show transparency 3 from the American Drug and Alcohol Surveys – for Native American youth (only) or for all ninth graders.

“In 1992, ninth graders told researchers that “68% of them had used alcohol during the past year. Over 700 of the ninth graders were putting themselves at some risk for an alcohol related problem or injury. Now look at the second bar in the chart:

- About 400 of those ninth graders (65%) who had used alcohol during the past year had put themselves at greater risk by drinking enough alcohol to get drunk at least once during the past year.
- Look at the third bar. Twenty four percent of ninth graders say they drank alcohol regularly (that is, one or more times per week.) What these numbers tell us is that these ninth graders are very likely to get killed, injured or in trouble from their drinking. Let’s see what these ninth graders say about the kinds of problems caused by their own alcohol use.”

Instructors display transparency 4 and go through the list. Highlight the following:

“Of the ninth graders who used alcohol regularly (1 or more times per week):

64% said they drank so much that they “couldn’t remember what happened.”

64% said they had passed out from alcohol use.

53% said their alcohol use led them to fight with other kids.

47% said their alcohol use led them to break something

32% said their alcohol use led to fights with their parents

31% said their alcohol use hurt their school work

26% said their alcohol use led to them being arrested

24% said their alcohol use damaged a friendship

21% said that their alcohol use led to problems in school

13% said had been in a car accident

“So, nationally ninth graders are having a lot of serious problems due to their drinking. From your experience would you say that you see more of less of these risk behaviors among young people in your community?”

Discuss the meanings and implications for the school or the community. Some possible implications are: school dropout rates are high or car accidents.

IV. WHAT PEOPLE TRY TO DO TO REDUCE OR CONTROL BEHAVIORS THAT RISK ALCOHOL RELATED PROBLEMS, INJURIES AND DEATH (5 MIN.)

“What do families, schools, and states use to control or shape the behavior of teenagers and adults?”

Allow youth to respond first. Answer: They make/use values, rules and laws; they use rewards and punishments to control risky behavior.

“Let’s look at how laws and rules are used to protect public health. We need to look at them even if we sometimes hear people complaining about public health laws that everyone must follow. We need to understand that there are important reasons behind these laws.”

“For example, let’s look at the rules about alcohol that we have here at the school. Say for some reason a youth wanted to bring alcoholic beverages to school. He or she can’t do it without breaking the rules. Why do you suppose we have that rule here?”

Call on interested youth.

“Do you feel protected by this rule? Hopefully you do because it’s there to protect you. The rule against bringing alcohol to school or being drunk in school prevents some youth from getting into fights, disrupting classes, and causing many other problems.”

“What are some other laws and rules about behavior that affect and protect us? Think of school and community rules, as well as those that are in our culture.”

Allow youth to call out answers. Examples of laws and rules are: 1) no smoking in restaurants 2) speed limits 3) some tribes have a clan system.

“There are some laws that affect everyone in the United States; it doesn’t matter where you live or what your ethnic or religious background is. These laws are those that make such things as murder, child abuse, sexual assault, and the selling of certain drugs serious crimes. These laws are meant to protect citizens and society.”

V. LAWS THAT PROTECT US TODAY & ACTIVITY “ALCOHOL & THE LAW CONTINUUM (15 min)

“In general, you can say that most laws in use today, especially those that control alcohol and drug usage, were written out of concern for what is good for all members of society. Next, we are going to do an interesting exercise. Turn to your manual.”

Instructor Should:

1. Draw a line on the board, on one end of the line write “Legal” and on the other end of the line write “illegal”.

Legal

Illegal

2. Read each statement below and ask if these situations are “legal” or “illegal”. Put a mark at the end for each vote of “legal” or “illegal.”

Count and record youth responses.

3. Encourage discussion by asking youth why they voted as they did.

Statements:

1. A 21-year old college youth buys liquor for a 17-year-old friend.
 2. A high school freshman "borrows" his older brother's driver's license to purchase alcohol without his knowledge.
 3. A 15-year-old boy tastes wine at a holiday dinner at home with his family.
 4. A blood alcohol concentration of .08%
 5. Parents allow their 17 year-old teenager to party with a friend at home
-

"Hopefully this activity helped you to understand a little more why laws are important. The reasons for laws are usually obvious. Most of these laws try to reduce the number of alcohol related (caused) accidents, acts of violence, family problems (such as, physical abuse, psychological abuse) loss of jobs, and so on."

VI. ASSIGNMENT TO INTERVIEW A PARENT OR GUARDIAN REGARDING VALUES, RULES AND LAWS THAT PROTECT OUR HEALTH (5 MIN.)

"In your manual, you will see some questions that deal with your parents, guardians, or other important adults in your life who would have some say about the topics we discussed today. Your assignment for tonight is to go home and actually interview one of your parents, guardians, or any other important adult, asking them this list of questions. Tomorrow we will discuss what these adults said about these things and we will talk about how families communicate. Be thinking about communication in your family and what it is like for teenagers to try to talk to their parents about personal issues. I will pass out a sheet for you to take home with you that has the same questions on it as in your manual."

Instructors should be aware that some children's parents/guardians might not be available to do this on the same evening.

V. CONCLUSION (2 MIN.)

"Thank you for your participation."

1. Collect Youth Manuals

<p>PREPARATION AND MATERIALS NEEDED FOR SESSION 7:</p> <ol style="list-style-type: none">1. Read through Session 72. VCR Equipment and video "Who Can I Talk To?"

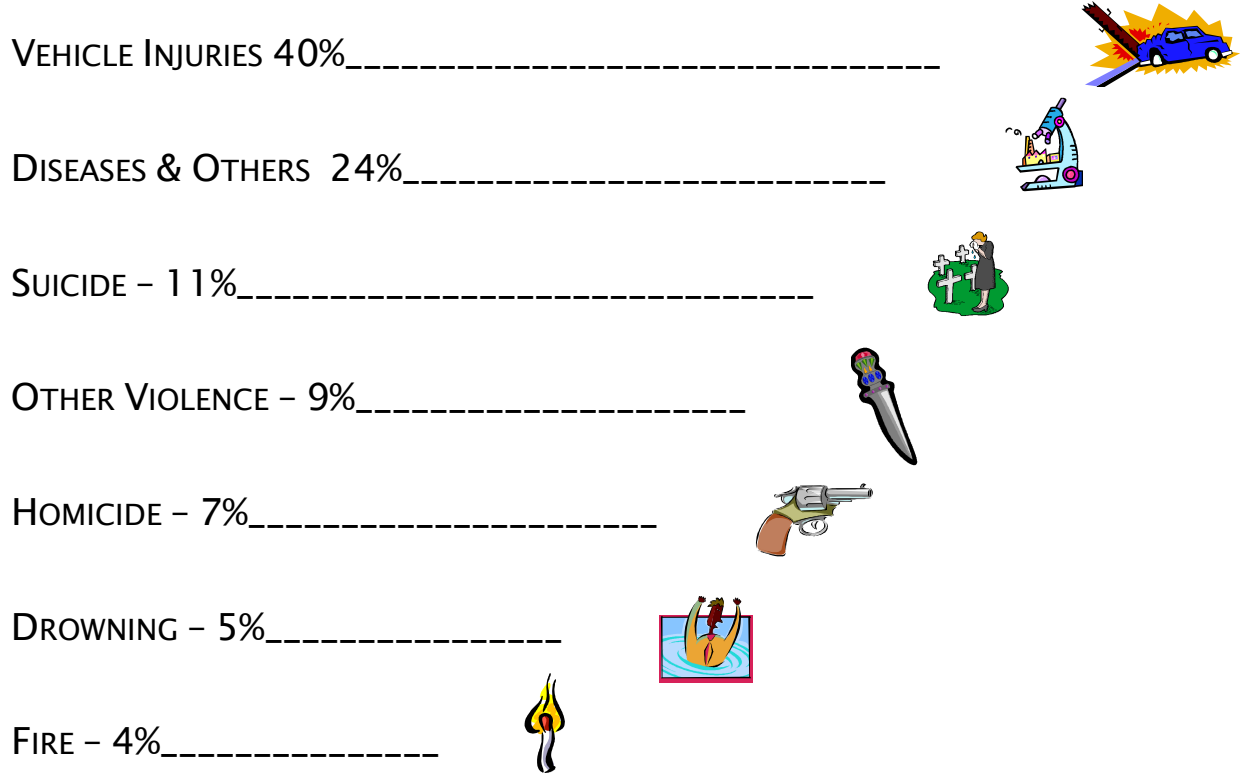
Parent Interview

Ask your parents or guardian or other important adult in your life these questions and be prepared to discuss them in class at the next session:

1. Whom did you live with when you were growing up?
2. What was the first language that you spoke as a child?
3. Who was there for you when you needed support or advice?
4. Have you raised me differently than your parents raised you? If so, how?
5. Did alcohol ever have an influence on your family? What about some of your friends and their families?
6. How did your family/community control alcohol use?
7. When you were growing up, what kinds of laws centered around alcohol use?
8. If alcohol was illegal, how did young people get it? Who got it?

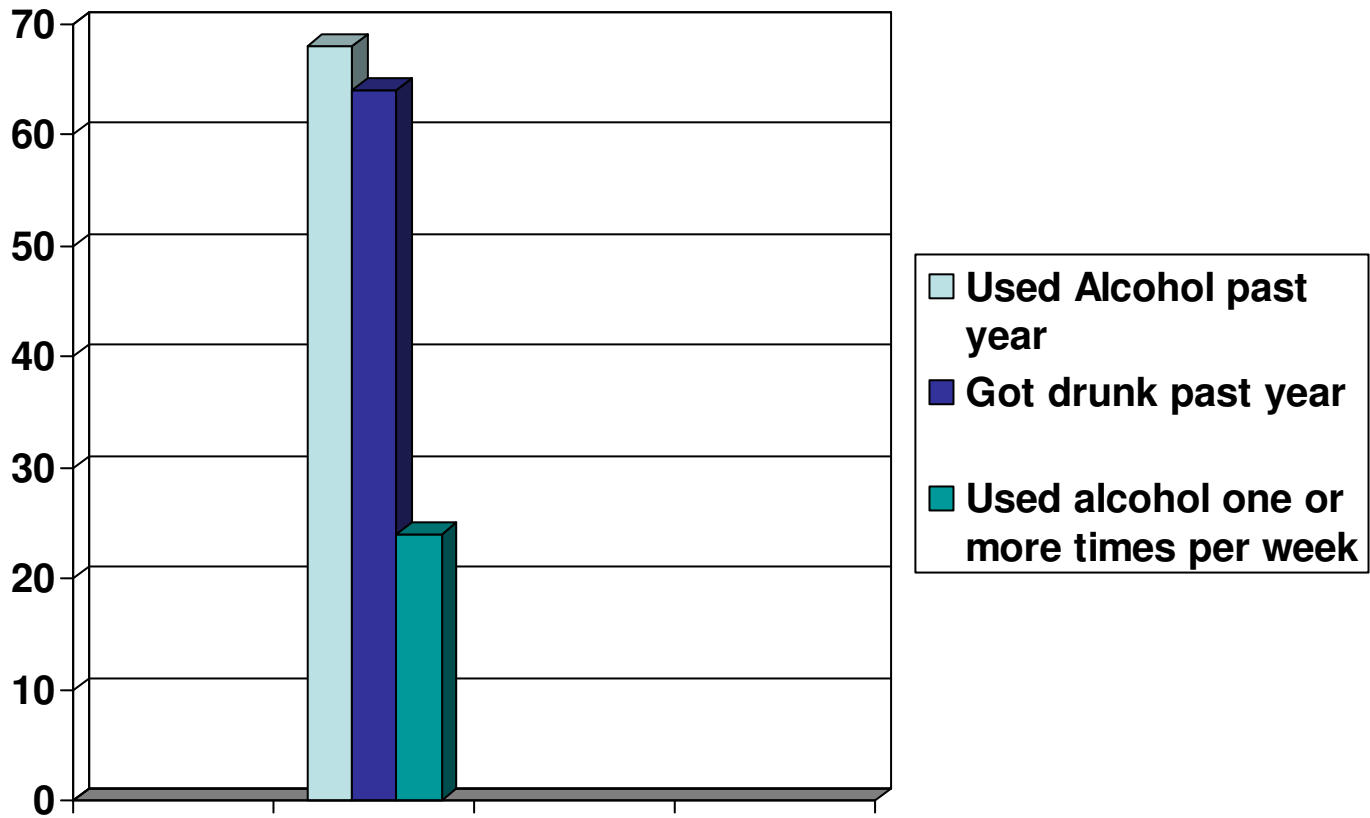
HOW RULES AND LAWS HELP

MOST COMMON CAUSES OF DEATH AMONG 10-19 YEAR OLDS



Transparency
Most common causes of
Death for teens

REPORTED ALCOHOL USE AMONG 9TH GRADE NATIVE AMERICAN YOUTHS

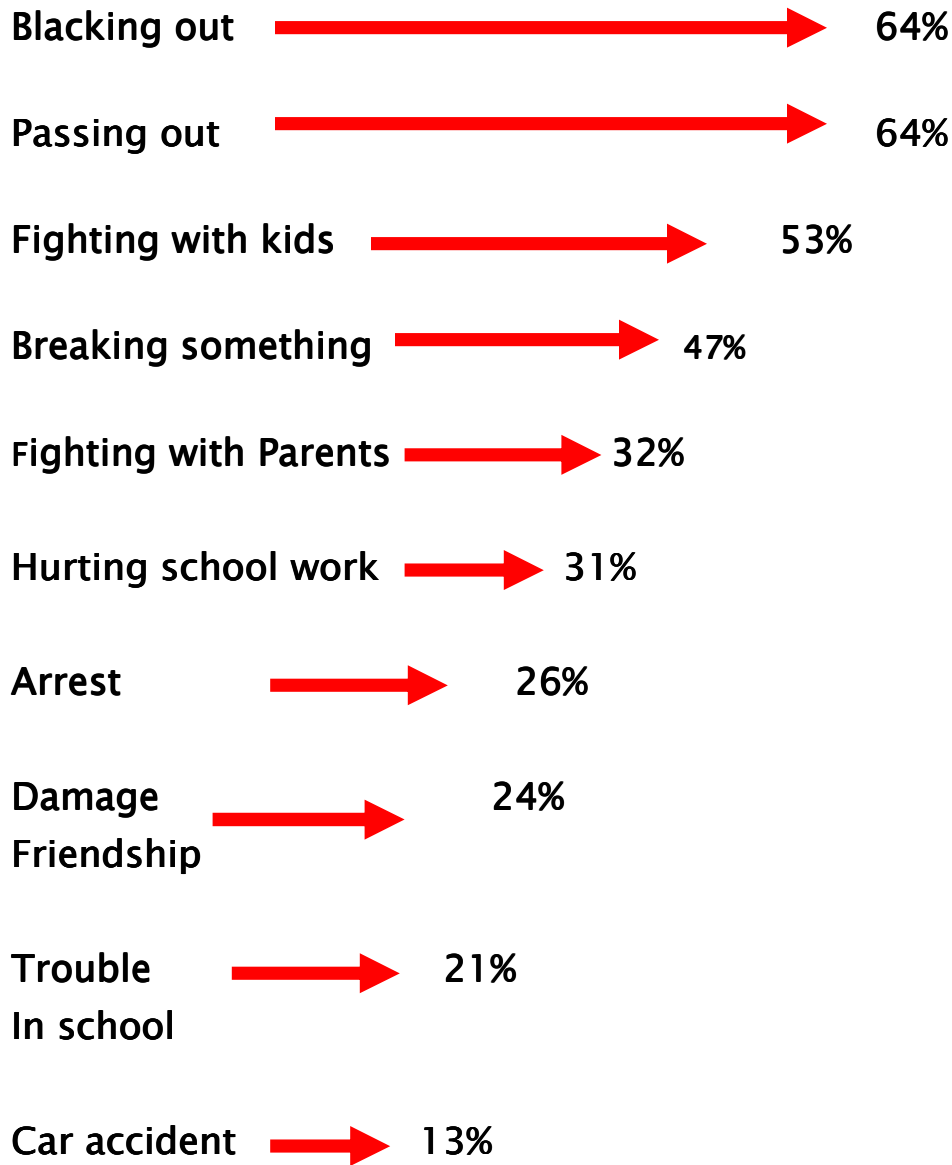


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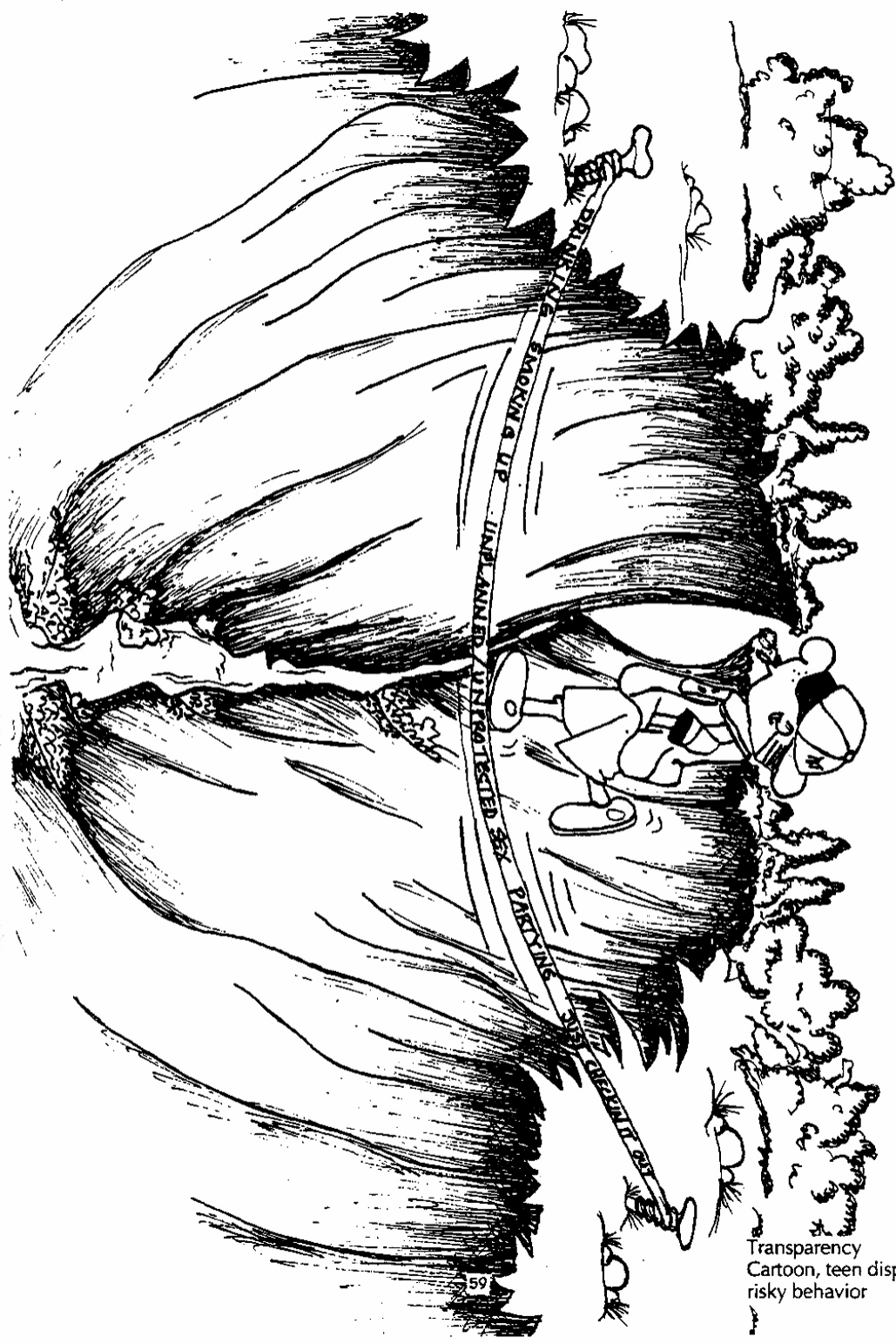


Transparency
Reported alcohol use-9th graders

Alcohol use caused one or more incidents of:



Transparency
Alcohol related problems for regular users



Transparency
Cartoon, teen displaying
risky behavior

Session 7

Alcohol and Other Drugs: Family Communication

OBJECTIVES:

Youth will: 1) Recognize that each of them comes from a family, tribe, community or racial group that can be honored and 2) Gain an understanding of how alcohol and drug use can interfere with honoring family communication.



TASKS:

1. Discuss what the “group” means and introduce the “Circle of Honor” (8 min.).
2. Explain how some families may have problems communicating and introduce the video (5 min.).
3. Show video, “Who Can I Talk To?” (12 min.) and discuss video using questions in the youth manual (20 min.). If no video is used, do the alternate activity (32 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Video, “Who Can I Talk To?” and VCR.

FOR REVIEW:

Concepts to review from Session 6:

1. Health risks of teens are behaviors that threaten their health.
2. Alcohol use is involved in a higher proportion of injuries.
3. National and local statistics give youth an idea of what their peers are involved in.
4. Values, rules, laws and norms reduce and control behaviors.
5. Cultural values and teachings are meant to protect health.

CONCEPTS:

Session 7 acknowledges the positive associations of belonging to a group and respecting these groups (family, community, friends, etc.). By becoming aware of the damaging effects of alcohol and drug use on family communication, youth realize the importance of having someone in their lives with whom they can communicate honestly about difficult personal issues.



I. INTRODUCTIONS (3 MIN.)

Greetings and attendance

II. DISCUSS THE MEANING OF “GROUPS” – INTRODUCE THE CIRCLE OF HONOR (8 MIN.)

“Yesterday we talked about how behavioral risks among teenagers can affect decisions about alcohol and drug use and also how laws and values can protect individuals and the public good. Today we will continue talking about alcohol and drugs and how these substances can interfere with family communication.”

“Before we talk about the family, let’s consider what it means to belong to a group, and why it’s very a very important thing. Turn to your manuals for Session 7. You’ll find that page 19 has the word “FAMILY” written downward. What we’d like you to do is write a poem using the first letters of the word “family” and describe what this important group means to you.”

Instructors: time permitting, you may ask one or two to read their poem

“Our activity just showed that the family is one type of group to belong to. What else would we consider a group? We might include clans, tribes, neighborhoods, communities, troops, clubs, church, sports teams and even gangs. What does it mean to you to belong to a group?”

Let youths share their thoughts.

“Look at your manual where the three circles come together. Take a couple of min. to label the three circles. You can see that you belong to more than one group at a time and that you can honor more than one group of people at a time. Everyone wants to feel that they are part of a group; that they share the same ideas as other people; that their ideas have value and that they are worthy of being regarded as ready for adulthood. Whether the group you belong to is socially, culturally, or otherwise inclined, it can provide an important source of meaning and support. Being a part of a group is especially important for kids who come from families with alcohol-related problems.”

Instructor: If you are not using a video, proceed to Section VI

III. INTRODUCE VIDEO (5 MIN.)

“As we just mentioned, the family is one group that we belong to. Honoring these groups you belong to is a positive thing. How do members of a family honor and respect their relationships with each other?”

Allow interested youths to speak. Write a few responses on the board

“This goes for children and parents alike. But does it always work this way?”

Allow youth to respond

“Communication between parents and their children can sometimes be a problem, especially in families with teenagers, who are faced with so many tough decisions and pressures. Can you relate to this idea of a communication problem between the generations? Do you feel there is such a problem in your family or community?”

Instructors might point out that younger people sometimes have different values than older (maybe) more traditional people.

“Many of us have a unique cultural background. Some young Native Americans have lived off their reservations, away from their tribal customs; some may have grown up more traditionally. Understanding other cultural backgrounds and how they influence us helps us develop an important awareness. This is another way we can grow into conscious, caring, people.

“Later in this session, we’ll have a chance to talk in depth about this. The video we’ll see now presents several young people and parents talking about these issues. During the interviews, the people in the video express several options based on their thoughts and experiences. Think about the statements you hear in the video and afterwards feel free to express your opinion. Listen carefully, and be ready to talk about their responses and your own feelings and ideas.”

IV. SHOW VIDEO “WHO CAN I TALK TO?” (12 MIN.)

V. DISCUSSION OF VIDEO AND ACTIVITY (20 MIN.)

“Now we are going to break into discussion groups to discuss our reactions to the video. The questions in your manual are for discussion. Let’s break into groups of about five people now. When we break into our groups, I’d like one person in each group to read each question out loud and discuss the questions.”

1. What was said in the video that you most identify with or have concerns about?
2. It is helpful to have a caring friend to talk to about problems, but why is being able to talk to your parent or an adult also important?
3. Your parents may not be comfortable talking about drugs, alcohol, and other personal issues with you. Are there other adults in your life you can talk to? Who are they?

Instructors: After about 5 min. of discussion, you should re-focus their discussions on their parent interview conducted yesterday. However, if the discussions of the video are intent and meaningful, please let this discussion continue. Otherwise, say the following:

“Remember yesterday you were asked to interview your parents about values, rules and laws regarding alcohol use. Take some time now to discuss with members of your group some of what you learned. In about 5 min., each group should choose one person to summarize some of the things your group discussed.”

Instructors: Allow youths time to discuss their parent/guardian interviews and share something with the class. Then conclude by saying...

“Some people may feel more comfortable talking with their parents about alcohol, drug use, and AIDS than others. And that’s okay. Just as long as you can think of someone close to you that you can feel comfortable going to if you have questions or concerns about these things. And please remember, not everyone has a person to be close to—but I’m here to help you, too.”

VI. ALTERNATE ACTIVITY (IN PLACE OF VIDEO) (32 MIN.)

“As we just mentioned, the family is one group that we belong to. Honoring the groups you belong to is a positive thing. How do members of a family honor and respect their relationships with each other?”

Allow interested youths to speak. Write a few responses on the board.

“Being considerate of others’ feelings is one important way family members can honor their relationships with each other. What are some other ways that you can show that you honor someone else?”

Possible answers: Communicating, being honest, listening, showing respect, etc.

“This goes for children and parents alike. But does it always work this way”

Allow youth to respond.

“Communication between parents and their children can sometimes be a problem, especially in families with teenagers, who are faced with so many tough decision and pressures. Can you relate to this idea of a communication problem between generations? Do you feel there is such a problem in your family or community?”

Instructors might point out that younger people sometimes have different values than older (maybe) more traditional people.

“Many of us have a unique cultural background. Some Native Americans have lived off their reservation, away from tribal customs; some may have grown up more traditionally.

Understanding other cultural backgrounds and how they influence us helps us to develop an important awareness. This is another way we can grow into conscious, caring people.”

“Later in this session, we’ll have a chance to talk in depth about this. Right now I’d like to try a little communication exercise. First, I’d like each of you to get a partner, the person next to you or in front of you. Now, I’d like one partner to tell the other partner a story. This could be about anything, but it should be a story that takes about five min.. Listen carefully, and then tell your partner what you think he or she said. Begin by saying “I heard you say...” You don’t have to repeat it word for word. Put it in your own words. Some tips for being a good listener:

1. Pay close attention to what the person says
2. In your mind, try to see what the person is describing
3. Don’t judge what the person is saying, just listen
4. Don’t interrupt unless you don’t understand something
5. If you don’t understand something, say “Excuse me, but I don’t understand...”
6. You can sometimes say such things as “I hear what your saying” or “I understand”

Okay, now begin

Instructors: Give youth time to think up and tell their stories. The goal of this exercise is to demonstrate listening skills.

“Now we are going to break out into discussion groups to discuss our reactions to the activity. The questions in your manual are for discussion. Let’s break into groups of about five now. When we break out into our groups, I’d like for one person in each group to read each question out loud and discuss the questions.”

1. What was said during the session that you most identify with or have concerns about?
2. It is helpful to have a caring friend to talk to about problems, but why is being able to talk to a parent or adult also important?
3. Your parents may not be comfortable talking about drugs, alcohol, and other personal issues with you. Are there other adults in your life you can talk to? Who are they?

“Remember yesterday you were asked to interview your parents about values, and laws regarding alcohol use. Take some time to discuss with members of your group some of what you have learned. In about 5 min., each group should choose one person to summarize some of the things your group discussed.

Instructors: Allow youths time to discuss their parent/guardian interviews and share something with the class. Then conclude by saying...

“Some people may feel more comfortable talking with their parents about alcohol, drug use, and AIDS than others. And that’s okay. Just as long as you can think of someone close to you that you feel comfortable going to if you have questions or concerns about these things.”

VII. CONCLUSION

“Thank you for sharing your feelings and ideas about family communication. Think about things you can talk to your parents about to improve communication in your family. Tomorrow we will be learning about the difficult times young people have growing up in a family affected by alcohol or other substance abuse.”

1. Collect Youth manuals

PREPARATION AND MATERIALS NEEDED FOR SESSION 8:

1. Read through Session 8
2. VCR Equipment and video “Kids talking to Kids”
3. Preview video and discussion questions prepare for youths reaction
4. Chalkboard or flipchart

Session 8

Coping with Alcoholism and Drug Abuse

OBJECTIVES:

Youth will understand how alcohol impacts the family and will recognize that there are situations that they can control and some they cannot.



TASKS:

1. Introduce and show video “Kids Talking to Kids” (20 min.).
2. Discuss video “Kids Talking to Kids” (15 min.).
3. In place of video, do alternate activity (35 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Video “Kids Talking to Kids” and VCR.
4. Chalkboard or flip chart.

FOR REVIEW:

Concepts to review from Session 7:

1. To honor the group(s) one belongs to is to show respect towards the members of the group.
2. Belonging to a group provides a feeling of security and involvement.
3. Communication is one way to honor relationships.
4. A generation gap may exist in some families, which makes communication problematic.
5. Our cultural backgrounds influence how we communicate.
6. It is helpful to have open communication about personal issues with parents or an adult relative or friend.

CONCEPTS:

Session 8 teaches youth that their own unhealthy behaviors may be a result of attempting to cope with parental drug or alcohol abuse and that learning successful coping strategies will result in healthier behaviors.



I. INTRODUCTIONS (3 MIN.)

Greetings and attendance

II. INTRODUCE VIDEO: “KIDS TALKING TO KIDS” (3 MIN.)

Allow youth to respond.

“Yesterday we talked about people in your lives that you could talk to and about how to honor these relationships. Today we would like to focus on how kids can cope when growing up with an alcoholic parent. So, we are going to see a video that has kids sharing their ways of coping and how they learned to honor themselves by speaking openly and honestly about their feelings.”

III. SHOW VIDEO (17 MIN.)

IV. DISCUSSION OF VIDEO (15 MIN.)

After video is over, lead the following discussion in class:

1. “We just saw that kids raised in alcoholic families have a different life experience than kids raised in non-alcoholic families. Different messages are taught and learned. For JB and his sister, the messages were: 1) don’t talk 2) don’t trust and 3) don’t feel. These messages describe how family dysfunction affects our feelings and behavior. JB and his sister came up with life skills that helped them to solve problems and to recognize the important relationship they had with each other. They also demonstrated how they overcame some of these negative messages. What were some of the things that they said that showed you that they had learned ways to cope?”

Allow youth to respond.

“With a sister you get to talk”
“We don’t keep it inside of us”
“We have the same problems”
“We share problems too.”
“My sister can help me.”

2. “What did the dancing do for JB’s sister?”

Emphasize that it was a positive life skill as well as an experience that allowed her to move beyond painful feelings. Some of the things she said:

“Got my mind off of it.”

“Felt good”

“Not thinking what my worries are”

3. “We know what dancing did for JB’s sister – it took away some of the pressure she felt about her father’s drinking. There are some activities that each of us can do that make us feel like JB’s sister felt about her dancing. These are healthy activities that remind us that we’re capable of learning new things and experiencing joyful feelings regardless of personal problems. It is also important to get involved in activities that make us feel skillful or competent. What are some of these activities?”

Instructors: prompt youth with examples like sports, arts and crafts, outdoor activities, learning a musical instrument, weaving, jewelry making, etc.

4. “You can see from the statements of JB and his sister that they are able to do something for themselves even though they live with an alcoholic parent. It is very important to do something for yourself that makes you feel **competent and valuable**. This feeling of **competence** helps you deal with some of the feelings that are so typical when you come from a family where a parent abuses alcohol or drugs. Some of the feelings that people share when they come from these kinds of homes include:

Feeling that problems are your fault

Feeling that you can’t do anything about problems

Feeling that you can’t amount to anything

Feeling lonely.”

Instructors refer youths to their manuals where they will find information on Children of Alcoholics. Do not go over this in class, it is for the youths to go over in private, unless they choose to bring it up themselves in the discussion. Tell youths in private that these personal issues can be discussed with a counselor.

5. “Let’s talk some more about some of the other young people in this video. What happened to help Allie talk so clearly to her friend and father?
6. Why did Brett think he could outgrow his problems, always crack jokes, and not be serious?
7. It sounds like Brian and Brett got some information and counseling about the same time. ... Brett says, ‘I wish I had known I wish I had adapted like Brian.’ What did Brett mean by that?
8. JB says, ‘Stop thinking that your parents are so perfect.’ Is that a feeling that Allie, Brian and Brett share? How are they different?

9. You can tell that the kids in this video are still feeling pain and sadness about what has gone on in their families. But you can also see that they are learning how to deal with some of their feelings and in the process they are healing.”

“Now let’s answer the following questions.”

Instructors: Write the following questions on the board:

1. What are five facts that you learned from the video?
 2. What are any thoughts or feelings that you have regarding the video?
- “Use statements such as, “I thought,” “I feel,” “I believe,” and so on.”

V. ALTERNATE ACTIVITY (35 MIN.)

“Yesterday we talked about people in your lives that you could talk to and about how to honor these relationships. Today we would like to focus on how kids can cope when growing up with an alcoholic parent. We are going to talk about the ways that kids can cope by honoring themselves by speaking openly and honestly about their feelings.”

“Some kids raised in alcoholic families have a different life experience than kids raised in non-alcoholic families. Different messages are taught and learned by kids raised by alcoholic parents. What are some of these messages?

1. For some kids raised by alcoholic parents, the messages are: 1) ‘don’t talk’ 2) ‘don’t trust’ and 3) ‘don’t feel’. These messages describe how family dysfunction affects our feelings and behavior. Some kids can come up with life skills that help them to solve problems and to recognize other important relationships in their life that are not based on dysfunction. What are some of the other ways that kids can cope?”

Prompt youth with some of these examples

1. By talking to a brother or sister
 2. By realizing that other kids have the same problems and that you are not alone
 3. By talking to other people, you can find ways to share your problems.
 4. By talking to other people, you can let them help you find your own way to cope if you don’t already know how.
2. “What do life skills, like dancing, do for kids growing up in alcoholic families?”

Emphasize that positive life skills allow kids to move beyond painful feelings. Some of the things that can happen are: You begin to feel good; you get your mind off your parents, problems, and you focus on happy events.

3. “We know what positive life skills, like dancing, can do for a kid who grows up in an alcoholic family – it can take away some of the pressure a kid feels about their parent’s drinking. There are some activities that each of us can do to make us feel good. These are healthy activities that remind us that we’re capable of learning new things and experiencing joyful feelings regardless of personal problems. It is also important to get involved in activities that make us feel skillful or competent. What are some of these activities?”

Allow youth to respond

4. “A person is able to do something for themselves even though they live with an alcoholic parent. It is very important to do something for yourself that makes you feel **competent and valuable**. This feeling of **competence** helps you deal with some of the feelings that are so typical when you come from a family where a parent abuses alcohol or drugs. Some of the feelings that people share when they come from these kinds of homes include:

Feelings that problems are your fault.

Feeling that you can’t do anything without problems; feeling ‘helpless’

Feeling that you can’t amount to anything

Feeling lonely

Instructors: Refer youths to their manual where they will find information on Children of Alcoholics. Do not go over this in class, it is for the youths to go over in private unless they choose to bring it up themselves to discuss. Tell youths that these personal issues can be discussed with a counselor.

5. You can be sure that kids who grow up in alcoholic homes feel some pain and sadness about what has gone on in their families. But you can also see that they can learn how to deal with some of their feelings and, in the process, they are healing.

“Now on a piece of blank paper in your manual, answer the following questions:”

Instructors: Write the following instructions on the board:

1. List 5 things you may know about what it could be like growing up in an alcoholic family.
2. List 5 ways you could tell someone your own age about how to cope with an alcoholic family.
3. What would it be like growing up in an alcoholic family?

VI. RECOGNIZING WHAT CAN AND CANNOT BE CONTROLLED (10 MIN.)

“Some of the things that go on in your life cannot be controlled by anything that you do. It is important for young people who have problems in their family to recognize this. Sometimes a person may be unfairly held responsible for something for which she or he had no control. For example, if Joe is responsible for planning a family picnic and on the day of the picnic it rains, is Joe responsible for his family’s disappointment when the picnic has to be canceled?”

Allow youth to respond

“So if someone accuses you of being responsible for his or her alcohol or drug problem, is that fair? Can you control whether or not someone chooses to abuse drugs or alcohol?”

Allow youth to respond

“It is important to know that you have the power to influence certain things in your life, but no one can control all things. Some important things that have to do with you, such as how much you study or whether you cut school, are under your control. Along with this, it is true that no one can control certain things that you do. It is up to you whether you choose to abuse alcohol and drugs, and no one can make you care about your education or how you treat yourself and others.”

“Can someone be ‘in control’ of his or her actions even when they are feeling angry?”

Youth should respond with “yes” answers.

“On the other hand, is someone walking down the street able to control an accident that occurs between two cars?”

Allow youth to respond

“Turn to the cover page for this session. Different things are going on for each family shown. Can one child control how his/her whole family gets along?”

Acknowledge those youths replying “No”

“Let’s discuss the situation on the worksheet in your manual “What can you control?”

Instructors: refer youths to their manual and go through the list asking, “can you control...?”

VII. CONCLUSION (2 MIN.)

“Thank you for your participation today. For tomorrow think about the ways drinking alcohol might be related to contracting the HIV/AIDS virus.”

1. Collect youth manuals.

MATERIALS AND PREPARATION NEEDED FOR SESSION 9:

1. Read through Session 9
2. Prepare for Jeopardy game.

Session 9

Alcohol and HIV/AIDS

OBJECTIVES:

Youth will gain an understanding of the effects of alcohol on the immune system while learning that alcohol and drug use can put them at risk for contracting the AIDS virus.



TASKS:

1. Discuss alcohol and the immune system (10 min.).
2. Discuss how alcohol and drugs affect sexual risk-taking and how this is related to AIDS (15 min.).
3. Play group Jeopardy Game to review information from sessions 4–7 (20 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Question/Answer key for Jeopardy Game with categories and point values.
4. Chalkboard or large paper to draw Jeopardy board categories and point values and to keep score for youths.

FOR REVIEW:

Concepts to review from session 8:

1. As the child of an alcoholic or drug abusing parent/guardian, honoring oneself and one's feelings is very important.
2. Family dysfunction affects feelings and behavior. There are common messages that COA's learn: "don't talk", "don't trust", and "don't feel".
3. Feeling valuable and competent helps us to cope.
4. Young people need to realize they are not responsible for another person's use of alcohol or drugs, and that there are many things in life that an individual cannot control.

CONCEPTS:

Session 9 provides youth with an understanding of how alcohol use increases one's risk of contracting the AIDS virus.



I. INTRODUCTIONS (3 MIN.)

Greetings and attendance

II. ALCOHOL AND THE IMMUNE SYSTEM (10 MIN.)

“For the past two sessions we’ve talked about how alcohol can have an influence (impact) on the community, the family and the individual. Alcohol also has an impact on the whole person or your Holistic Health, including your mental or emotional, spiritual, social and physical self. Today, we want to talk more about how alcohol physically affects an individual. Turn to Session 9 in your youth manual, see that HIV hides everywhere. Turn to your manual to see what body parts are affected by alcohol.”

Do worksheet quickly with youths, so they have an idea of the effects of alcohol

“One of the most serious effects of alcohol is its damage to the immune system. What is the immune system and why is it important?”

“Now what effect does alcohol have on the immune system?”

Allow youth to respond

“Do you think someone might be more likely to catch colds or flu viruses after drinking alcohol over a period of time? Why do you think this might be possible?”

Allow youth to respond

“This happens because alcohol can affect how the immune system protects the body from disease. Drinking alcohol for a period of time, like several days, reduces the number of infection-fighting white blood cells (called antibodies) in humans. Without these antibodies and other immune responses, infections can enter the body more easily.”

“What does all this have to do with being more at risk for HIV infection?”

Prompt responses. Youths should understand the following:

1. Drinking alcohol may increase a person’s risk for HIV infection if exposed to the virus.
2. Alcohol can prevent or block the white blood cells’ ability to detect and fight HIV.
3. White blood cells of people who drink alcohol are more vulnerable to HIV infection than are cells of people who do not drink; even occasional drinking of alcohol may increase the possibility of infection when exposed to HIV.

III. RELATIONSHIP BETWEEN ALCOHOL AND AIDS (15 MIN.)

“How else can we relate alcohol to AIDS?”

Allow youth to respond.

“Let’s go back to Item #2 on the worksheet. ‘Alcohol affects the body’s command center (your brain) so that you have trouble concentrating, thinking and even moving.’ How can this influence your ability to make decisions, especially about behaviors that might put you at risk for injury? For example, when you have to make a decision about sexual intercourse, how does alcohol affect your judgment?”

Allow youth to respond.

“Alcohol typically lowers your inhibitions (your shyness and reluctance), which means that while under the influence of alcohol you may not consider your values or ‘what is right’ the way you would when you’re sober. We know now that alcohol can directly influence sexual risk-taking behaviors. So should you decide to have sex while under the influence of drugs or alcohol, what does this put you at risk for?”

Answer: HIV/AIDS

“There are several ways that being under the influence of alcohol and other drugs are related to contracting the AIDS virus. Before I give you the list, I want to ask what you know about this relationship.”

Write their comments on the board. Then refer to their manual. The following list sums up this connection.

1. You forget you’re only human
2. Drugs can make you do things you may wish you never did
3. Getting high makes you forget what you feel is right and wrong
4. When drugs make you forget, you may take risks, like having unprotected sexual intercourse.
5. Make your decisions about sexual intercourse with a clear head, without drugs.

IV. ACTIVITY: JEOPARDY GAME TO SUMMARIZE INFORMATION FROM ALCOHOL AND OTHER DRUG SESSIONS (20 MIN.)

Instructors: The following directions are for setting up the game. The questions and answers can be found at the end of this chapter in your manual.

1. First, draw the categories and point values on the board for all to see. The categories and point values should be drawn in a square grid on the board (like a big tic-tac-toe, with 5 rows down and 4 columns across) similar to the Jeopardy Game. The categories and points are: Alcohol and Risk Behaviors and Laws 10, 20, 30, 40, and 50 Alcohol and Family Communications 10, 20, 30, 40 and 50. Alcoholism and Family Communications 10, 20, 30, 40 and 50. Alcoholism and HIV/AIDS 10, 20, 30, 40 and 50. Coping with Alcoholism and Drug Abuse 10, 20, 30, 40 and 50.
2. Divide the class into two groups and allow each group to choose a spokesperson that will confer with the group and give the “answer” in question form. (Usually 15 seconds in the time allotted to answer.)
3. The Instructor is the person who reads the questions at the end of this session and keeps score.
4. The game proceeds as follows: Group A chooses a category and a point value (higher point values are the more difficult questions.) For example, Group A may choose “Alcohol & Family Communication for 20” From the answer key, the instructor would read, “One reason for adult/child communication problems.” The group confers and the spokesperson says, “What is a generation gap?” The instructor informs the group members they are correct and awards Team A 20 points while erasing that category and point value from the grid. It is now Group B’s turn.
5. If Group B is incorrect on its turn, the point total is deducted from B’s score (some scores go into negative numbers) but the category remains open. Play goes to group A and members of Group A may choose that same question or a new one.
6. To keep both groups interested and involved, alternate play from Group A to B regardless of correct or incorrect answers.
7. Continue to play until all categories are used.
8. Remember, answers must be in the form of a question to count.

V. CONCLUSION

1. “Thank you for listening and sharing your thoughts and ideas. In your free time, take a look in your manual. Tomorrow we’ll be doing more activities to prepare you for your SODAS role-plays, so be thinking about the different kinds of tough situations SODAS can be used in.”

Collect youth manuals

PREPARATION AND MATERIALS NEEDED FOR SESSION 10

1. Read through Session 10
 2. Transparency: “Making Those Changes.”

JEOPARDY QUESTIONS AND ANSWERS

Alcohol and Risk Behaviors & Laws

1. Age you must be to legally purchase and use alcohol in this State?
What is 21? (10 points)
2. What many teens are doing when they are in fatal accidents?
What is drinking alcohol or using other drugs? (20 points)
3. The most common cause of death for teenagers.
What is vehicular injuries? (Car accidents) (30 points)
4. Drinking so much that you can't remember what happened.
What is blacking out? (40 points)
5. What the government does to control behavior of teens and adults
What is make laws? (50 points)

Alcohol & Family Communication

1. Families, clans, tribes, neighborhoods, communities, etc.
What are groups? (10 points)
2. One reason for adult/child communication problems.
What is a generation gap? (20 points)
3. Adults in your school whose job it is to talk to youths about alcohol and other drug issues.
Who are school counselors? (30 points)
4. One important part of communication.
What is listening? (40 points)
5. Communication, honesty, caring and respect.
What are traits of a positive relationship? (50 points)

Alcoholism & HIV/AIDS

1. The body's defense system against disease.
What is the immune system? (10 points)
2. Alcohol affects this organ so that you have trouble concentrating and thinking.
What is the brain? (20 points)

3. These cells are more vulnerable to HIV infection if they have been exposed to alcohol.
What are white blood cells? (30 points)
4. Having unprotected sexual intercourse under the influence of alcohol and drugs puts you at risk for this deadly disease.
What is HIV/AIDS? (40 points)
5. Things that hold you back from doing something that you are uncomfortable with—like being shy about laughing or talking loudly.
What are inhibitions? (50 points)

Coping and Alcoholism and Drug Abuse

1. To misuse a substance in a way that is harmful, like drinking to solve problems
What is abuse? (10 points)
2. Children of _____ are more at risk for alcoholism or drug abuse than children of _____.
What is alcoholics? What is non-alcoholics? (20 points)
3. Someone who has a drug problem, fight between two adults, and a flood.
What are things that are out of your control? (30 points)
4. One family strength you can draw on to help you deal with alcoholism in the home.
What is culture/tradition? (40 points)
5. Three negative messages that family members of alcoholics learn.
What is 'don't talk?'
What is 'don't trust?'
What is 'don't feel?' (50 points).

Session 10

Practice Making Those Changes

OBJECTIVES:

Youth will participate in a group warm-up activity that will prepare them to work together and then they will practice SODAS by doing a role-play of a tough situation.



TASKS:

1. Present youth with the steps in the Model of Change (10 min.).
2. Youths will review SODAS and be introduced to role-play scenarios (8 min.).
3. Youth will do a warm-up activity in groups (8 min.).
4. Groups will work together practicing SODAS using situations given in their youth manuals (14 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Transparency, "Making those Changes."
4. Butcher paper/poster board.
5. Markers/crayons.

FOR REVIEW:

Concepts to review from session 9:

1. Prolonged exposure to alcohol reduces white blood cells and therefore suppresses the body's immune system.
2. Alcohol use increases the risk of contracting the AIDS virus by impairing white blood cell responses to HIV.
3. Alcohol and drug use influence decision-making in sexual encounters.

CONCEPTS:

Session 10 allows youth to work with their classmates in preparation for a presentation in which they practice the use of SODAS as part of their prevention strategy.



I. INTRODUCTIONS (3 MIN.)

Greetings and attendance

II. SODAS AND THE MODEL OF CHANGE (10 MIN.)

“Yesterday’s session of the effects of alcohol on the immune system helped you see how you can maintain your health and balance by avoiding substances like alcohol.”

“Today’s session will be your time to continue the process of becoming comfortable enough with SODAS to use it in daily life without having to stop and think about it. You will be working with your groups to come up with role-plays that are about situations given to you in your manual.”

“SODAS is a new way of making decisions for most of you, and making changes is difficult. Why do you think that is?”

Youth should understand change can be scary, it can take work, and it can be uncomfortable to begin doing things differently, etc.

“It’s understandable that you probably won’t walk out of here today and start using SODAS every time you’re in tough situation. On the screen now and in your manual is a way to understand making changes, a way to think about using SODAS in your daily life.”

Show transparency “Making Those CHANGES!!” Go through all the steps and quickly explain each one in terms of using SODAS.

- Step 1: “This means you might not want to change the way you deal with making decisions.”
- Step 2: “This means that using SODAS in classroom role-plays leaves you feeling unsure about using it in real life situations.”
- Step 3: “This means you need to practice the actual SODAS steps and not worry about doing it right at all times.”
- Step 4: “This means that with patience and after a period of time you will master the new skills.”
- Step 5: “This means that the time will come when using SODAS comes naturally and easily.”

“Making changes isn’t easy for most people. But by understanding the process of change, it can be easier.”

III. SODAS REVIEW AND INTRODUCTION TO SCENARIOS (8 MIN.)

- A. "What does it mean to stop?"
Stop and think about the situation, take time out, take deep breaths, stay calm, etc.
- B. "What are options?"
Alternative choices to what to do about the problem, ways to deal with a situation, etc.
- C. "What does it mean to decide?"
Take action on the decision made, do something about what you have decided to do.
- D. "What does it mean to act?"
Take action on the decision made, do something about what you have decided to do.
- E. "What is self-praise?"
Give yourself praise for doing the right thing, be positive towards yourself, and compliment your decision.

"In your manual are lists of scenarios to be role-played that deal with difficult decisions and risky behaviors. I will be placing you in groups and you'll be assigned a category to choose a situation from."

Create groups. Five is ideal for the number of people per group. Youths not actively role-playing may observe and give feedback.

"Please move quietly and quickly into the groups I assigned."

Get youths' attention.

"I'm going to count off and assign each group a number."

Make sure each group knows their number; 1,2,3..etc.

IV. GROUP WARM UP ACTIVITY (8 MIN.)

Instructors: The purpose of this activity is for the group to get to know each other and to begin to build some trust.

“Working with a group to do something creative may be new for some of you so we’ll now do an activity to get everyone warmed up.”

“Close your eyes now and relax for a moment. I’m going to give you about twenty seconds to imagine yourself 10 years in your future. What job do you hope to have? What other positive things do you see yourself doing?”

Let 20 seconds go by.

“OK come back to the present.”

At this time, you will hand out crayons or markers.

“Pick up one of the markers (or crayons) you’ve been given and draw for 2 min. in your manual on what you saw yourself doing. Don’t tell the others in your group what you saw.”

Let them draw for 2 min.. No verbal interaction in required at this time.

“Very nice! Now put down your markers and each person within your group try to guess what the others in the group have drawn.”

After a minute of guessing and sharing have taken place address the whole class.

“Who guessed everyone’s drawing correctly?”

Acknowledge groups who respond.

V. ROLE PLAYING (14 MIN.)

“OK. Hopefully you feel comfortable enough in your group to have fun with the role plays.”

Assign a category to each group. These categories are at the end of this session and in the youth manual. If the number of groups exceed the number of categories attempt to see that those with the same category choose different scenarios.

“Everyone will be role-playing the first scenario under the name of your category. Now silently read the role-play your group has been assigned.”

Pause

“Decide who in your group will do the acting. Talk about how to go about acting this out. What kind of options and alternatives will be stated? Will there be I-statements and refusal sentences? We’ll be coming around to help you get going. In five min. you can get up and role-play among yourselves.”

Facilitate the groups’ discussion about their scenarios. Make sure they understand exactly what the situation is about and how SODAS should be used.

“OK. You may now go to a corner of the room and act these out. Those not in role-play need to observe and give feedback. Think about whether or not people are using SODAS. Are they thinking up good options? What about their body language and other communication skills? These are all important.”

Instructors need to make themselves available to see that the youths are getting something out of the practice and that everyone is involved to the extent possible. Demonstrate giving feedback after observing groups.

VI. CONCLUSION (2 MIN.)

“Thanks for your participation today. Tomorrow and for the next few days, we’ll be learning about human sexuality. Think about what sexuality means to you, and what the consequences of early sexual activity are.”

Collect Youth Manuals

PREPARATION AND MATERIALS NEEDED FOR SESSION 11

1. Read through Session 11
2. VCR Equipment and video “Circle of Life: Excerpts part 1”
3. Three transparencies: Cartoon, “Human Sexuality Holistic Model.” And “Sexuality: Responsible Decision Making Chart
4. Prepare FAS experiment by getting: 1 egg, ½-cup mouthwash (with high alcohol content) 1–8 oz or 10 oz jar with lid.
5. Preview video and resources for handling youths’ questions and concerns.

SODAS SCENARIOS

I. Alcohol

- A. Two young teenage boys try to talk a friend into stealing a six-pack from his older brother. The friend doesn't want to steal or drink alcohol.
- B. A girl at a party wants to tell her cousins who are intoxicated and offering her alcohol, that she's not going to drink.
- C. An older sibling tries to convince a younger brother/sister not to tell their parents that he/she had been intoxicated the night before and dented the family car. (The younger one has to decide what to do.)
- D. A young teen goes to a party that he didn't really want to go to with his new girlfriend and is surprised when she begins drinking and doesn't stop. Not only does he not want to drink, but he has to decide how to deal with his girlfriend's drinking.

II. Other Drugs

- A. During a lunch break, a student's new girlfriend suggests they ditch their next class and go for a ride with some older kids to get stoned. The student does not want to ditch class or use drugs.
- B. A girl sees a classmate buying something she thinks is an illegal drug from another student in the school restroom and thinks she should tell a teacher but is afraid to.
- C. A young teen who does not want to experiment with drugs is offered a marijuana cigarette laced with PCP by an acquaintance who is a regular user.
- D. A young teen catches a sibling taking "pain killers" from their parent's cabinet and is not sure what to do.
- E. At a music concert, a young teen is offered a dose of LSD by a boy she likes.

III. Sexual Encounters

- A. A young teen-aged girl is approached by a friend of her older brother who tells her he thinks she's "hot" and invites her to go for a ride alone on a Friday night. The girl thinks the older boy is cute, but doesn't know him or trust him and would rather say no.
- B. A teenage boy who's visiting a girl he likes, but doesn't know well, is invited by her to spend the night because her parents won't be home (he doesn't feel comfortable with this.)
- C. A girl goes to a movie with a boy she is not sure she likes, and he wants them to sit in the back of the theater. Halfway through the movie he starts trying to kiss her. She doesn't know how to tell him she wants to be friends for a while.
- D. A boy goes to a party with a group of girls in another town. They stay late and decide to sleep in the truck and return home the next morning. One of the girls is very drunk and wants to have sex with him. He feels pressured by the rest of the group to go along with her but he doesn't want to.

IV. Difficult decisions/situations: Use SODAS to solve these problems:

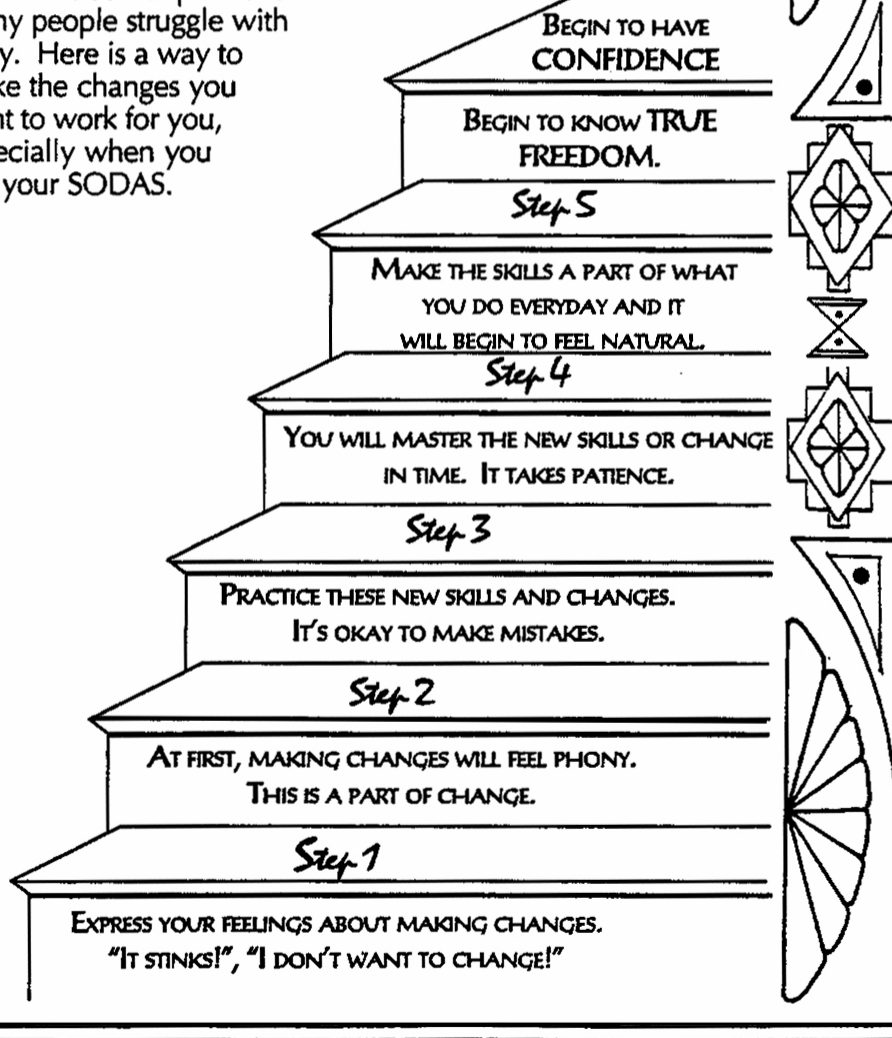
- A. A teenage girl left to baby-sit her younger brothers and sisters for the night is invited to a birthday party where a boy she likes will be. Her youngest sibling is two years old and the oldest is 8.
- B. A teenager has to decide if he will leave his girlfriend to go live with an aunt in a town where he can go to a better school and get an after-school job.
- C. A teen-aged girl knows that a teacher, who is accusing another girl of stealing, is lying. But she is afraid to confront the teacher or tell someone about it.
- D. A teen boy's younger sister has become pregnant by his best friend, and he promises her he won't tell their parents about it and that she is planning on getting an abortion.
- E. A high school girl, who's parents expect her to get all A's and B's at school is worried because she will receive a C in one of her courses.

SESSION 10
TALK, THINK, AND PLAN

MAKING THOSE CHANGES!

How do you make a change in your life?
How can you make these changes permanent?

These are some questions many people struggle with daily. Here is a way to make the changes you want to work for you, especially when you use your SODAS.



LYNN BERSON '93

Transparency
Making those CHANGES!

Session 11

Human Sexuality–Responsibilities and Consequences

OBJECTIVES:

Youth will review the meaning of human sexuality and understand their responsibilities and the consequences of their decisions about sexual intercourse.



TASKS:

1. Review the definition of human sexuality and the Holistic Health Wheel (10 min.).
2. Discuss, in brief, dysfunctional relationships (7 min.).
3. Discuss the decision to have sexual intercourse and its consequences (10 min.).
4. Show and discuss the video, “Circle of Life (excerpts, part 1)” (15 min.) or in place of video, do alternate activity (15 min.).
5. Youths will complete “Dear Fran” letters and instructors will assign an activity to demonstrate FAS (3 min.).

MATERIALS:

1. Attendance sheets
2. Youth manuals.
3. Transparencies; 1.” Cartoon”, 2.” Human Sexuality Holistic Model”, 3.” Sexuality: Responsible Decision Making”.
4. Video, “Circle of life (Excerpts, part 1) and VCR.
5. 1 egg, ½ cup mouthwash (with high alcohol content), 1–8 oz. Or 10 oz. Glass jar with lid.

FOR REVIEW:

Concepts to review from Session 10:

1. Understanding the process of making changes will help make behavior change easier.
2. To improvise is to deal with a situation without thinking or planning beforehand.

CONCEPTS:

Session 11 helps youth to develop a sense of responsibility towards their sexuality by understanding it from a holistic perspective.



I. INTRODUCTION (2 MIN.)

Greetings and attendance

II. REVIEW OF HUMAN SEXUALITY (10 MIN.)

“We hope you enjoyed the last session’s group activities. You will all be SODAS experts in no time.”

“For the next couple of days we are going to be talking about human sexuality, choices about sexual behavior, consequences, and how we keep ourselves healthy and well. What do you think the word “sexuality” means?”

Show cartoon transparency and write youth responses on the chalkboard

“Remember we said that human sexuality can also be explained holistically or through the “whole person” view. And, like the Holistic Health Wheel there are the distinct areas of the whole self that apply to our individual sexuality. Remember the four distinct areas?”

Instructor prompts the youths until they get the four areas: Physical, Mental/Emotional, Spiritual, and Social/Cultural. Write these four areas on the board.

“Let’s review this circle for a few min. and see how we can fill it in.”

Instructors place transparency “Human Sexuality Holistic Model” on overhead. Read off four areas in the wheel.

“See how we fill in this first quadrant? What kinds of mental or emotional things go in here?”

Prompt with the following: feelings, experiences, attitudes, motivation, behaviors, self-esteem, knowledge, and learning.

“What kinds of spiritual things would go here?”

Prompt with: values, beliefs, religion, ethics, morals, ideals.

“What kinds of social or cultural things would go here?”

Prompt with family, clan relations, peers, friends, school, community, and media.

“What kind of physical things would go here?”

Prompt with: genetics, growth and development, reproduction, fertility, puberty, and physical appearance.

“As you can see, we are influenced by various experiences, contact with peers and our family, the media (TV & radio advertisements, music discs, tapes, & videos), and by the natural, physical changes that occur in our bodies as we grow. Now, can you see how each of you has your sexuality shaped? It is not just through what you learn, but it includes everything that touches your life. These different influences also help shape your sexuality identity of being male or female, heterosexual (sexual attraction toward the opposite sex) or bisexual (sexual attraction toward same sex and/or opposite sex).”

III. DYSFUNCTIONAL RELATIONSHIPS (7 MIN.)

“Some of the influences we just talked about could be positive and nurturing; but others could be negative and have damaging affects. When a person is affected by negative activity he/she may get involved in what is called a “dysfunctional” relationship. Who can explain what a dysfunctional relationship is?”

Try to encourage the class to define or describe a dysfunctional relationship. Break up the word: dys=not, functional.

“In this type of relationship the focus is on someone’s need to be in control of another person. In this case, there is usually some type of emotional abuse (the taking away of your self worth), verbal abuse (name-calling, getting cussed out), physical abuse (getting hit, slapped, or beaten) and/or sexual assault (getting raped, etc.). The dysfunctional relationship is very unhealthy and damaging. This could mean that if someone learns to be abusive and unloving, they may hurt people without realizing that they are causing a problem.”

“How do you learn about having a relationship with someone you like? What about DATING, what is it like to date someone? Dating is a social activity, meant to help you learn about yourself. Through dating you find out more about how you like to be treated, what you like to do and not do, etc.”

Instructors: Have youths discuss whether or not you get to know someone just by dating them. Prompt with questions like: How many dates do you need to get to know someone?

“Sometimes when you date you just go along with what the other person wants without thinking about what you want. For example, when someone touches another person’s body in a private place, or starts making out, should that person put limits on what the other person can do, and how much making out they do? What does it mean to set limits?”

Instructors: Have the class define “limit”. Refer the youths to youth manual “How to say no” as extra reading material.

“What would you expect a relationship to be like? Can two people just be “friends” or do they need to have sex (the physical component) in a relationship too? There are a lot of things to consider about forming a relationship. What are some of the things you can think of?”

Instructors encourage brief discussion.

IV. CONSEQUENCES OF SEXUAL BEHAVIOR (10 MIN.)

“Let’s see what happens when a couple finds that they are going beyond kissing and touching. They find they need to talk about having sexual intercourse before “IT HAPPENS.” The following chart outlines some consequences one might face when making decisions about sexual intercourse.”

Instructors place transparency of “Wait To Have Sex/Have Sex” on overhead for discussion.

“Here we have a decision to make: Wait to have sex or have sex. What are the consequences of these decisions? Let’s follow along this chart and see what they are.”

Discuss chart briefly. Be sure to lead the activity but allow youths to determine the outcome of the decisions. Have youths follow along in their manuals and complete the decision making chart.

“Not all relationships between people follow the same pattern.”

Instructors: If you are not presenting the video, please move on to Section VI. Otherwise, if you are presenting the video, continue along here.

“As we watch the next video, think about where the characters fit into this decision-making chart. Also, think about where you would be on this chart.”

V. SHOW AND DISCUSS VIDEO: CIRCLE OF LIFE (EXCERPTS, PART 1) (15 MIN.)

After the video, instructors list/write on the board the following questions. These questions are to be used in an open-ended discussion with the group. Refer youths to youth manual.

1. What were some of the reasons teens gave for becoming sexually active (having sexual intercourse)?
2. What were some of the problems these young people faced when they became parents too soon?
3. What were some of the concerns raised by young men in the video?
4. How old are some young people you know when they decide to become sexually active; why are their ages so important?"

VI. ALTERNATIVE ACTIVITY (15 MIN.)

Read the following story and then guide youth discussion with questions after the story.

"Listen to this story about one guy name J.C. who was about 16 years old and a sophomore in high school. J.C. met and was crazy about Tami who was 15 years old and a freshman. They knew each other since fourth grade; they were from the same town. It wasn't until the summer before school started that they became more than just friends. J.C. really liked Tami, they did everything together, rode their bikes, took long evening walks, went to the movies, and visited relatives and stuff. Well, as the summer went on they became inseparable. Where he was, she was. So, you get the picture. Here is the rest of the story as told by J.C.'s best friend, Jake.

"... Anyway, it was during the beginning of school some of us, his friends, noticed he wasn't spending much time hangin' with the guys. He would hang with us between classes and sometimes when Tami wasn't around. Then a new guy came to our school just after Thanksgiving vacation. He had Tami in one of his classes. They became friends and J.C. started to change. When we teased him about Tami, he would get real mad. He wouldn't show it, but we knew. Some of us would see the new guy walk Tami to class; we figured J.C. was mad because someone else was getting close to his "woman."

At the end of the school year, J.C. was totally a different guy, he wasn't as much fun. He took everything too seriously, he was mean, and he always ended up arguing or getting into a fight with someone. Tami became pregnant toward the end of the school year, and they weren't as happy either. They were always arguing about something. J.C. even blamed the new guy for getting Tami pregnant, saying she had been seeing him behind his back.

It was weird; some of us didn't know how to act around J.C. He was always angry at someone. His parents threatened to throw him out of the house because he was getting out of hand, and they didn't want him to live off of them. Tami didn't look and act the same either. She would only say "hi", and then hurry off. Someone saw her with a black eye one time. She lost some of her friends, because their parents didn't want their daughters to hang around with her. And, some of us guys, when we asked some of her friends out, they would give excuses and turn us down. Everybody was affected.

That wasn't the worse of it. J.C. took off; he just couldn't take it anymore. He's out there somewhere and Tami, she had the baby. She doesn't look like herself; she gained a lot of weight and doesn't take care of herself. She doesn't talk to anybody anymore.

Makes you think... yeah, about your life... heard the baby was a boy. J.C. might have liked that.

Have youth discuss the story and use the following questions to get the discussion underway:

1. Why did J.C. run away?
2. Why did Tami's attitude change?
3. What is the male role in a relationship and what are his responsibilities when pregnancy occurs?
4. How is a family affected if there is no father in the home?
5. Have youths discuss what a family should consist of and who is involved in family membership.

Instructors: Refer youth to page 36 for questions to think about.

VII. YOUTH MANUAL AND AFTER-SCHOOL ACTIVITY (3 MIN.)

Refer youths to the Dear Fran letters in their manual; tie into discussion from the video or alternative activity. Have youths read and respond to the letters if time permits. For the rest of the session, assign and demonstrate the following "experiment." You can set up the experiment and go over the procedures that follow.

The procedures for setting up the experiment are on page 41 in the youth manual and are as follows:

1. **Pour 1/2 cup of mouthwash into a glass jar**
2. **Break one raw egg into mouthwash liquid in jar without breaking the egg yolk**
3. **Cover the mixture/combination with the container lid.**

"I've set up an experiment here to demonstrate the effects of alcohol on the developing fetus—which is something that we are going to talk about tomorrow. The mouthwash in this jar represents an alcoholic beverage like whiskey, wine or beer. The egg represents the growing human fetus. If you can, I want you to do this same experiment at home tonight."

Go over procedures with youths. Pass out the letter page and instructions for the experiment for the youths to take home.

“Tomorrow, when you get up, I want you to make some observations about what you saw in your jar. Write these down in your manual. We will also take some time to look at the jar when you return tomorrow. I will also provide you with a copy of the page from your manual to have the instructions for the demonstration, and to record your observations on.”

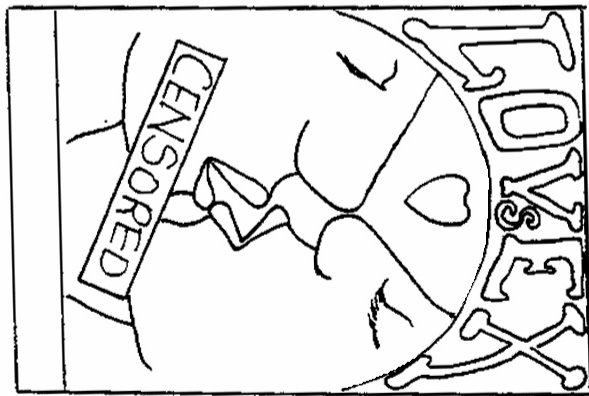
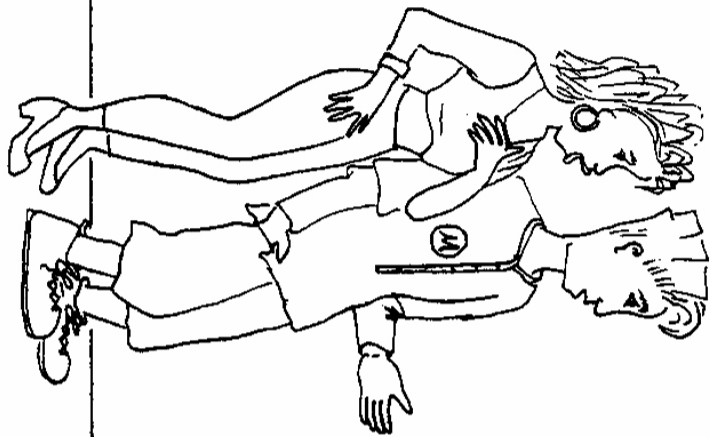
VIII. CONCLUSION (2 MIN.)

“As I mentioned already, tomorrow we will discuss one of the consequences of sexual intercourse and the effects of substance use on the fetus. Think about how getting someone pregnant, or getting pregnant yourself before finishing high school would cause problems in your life.”

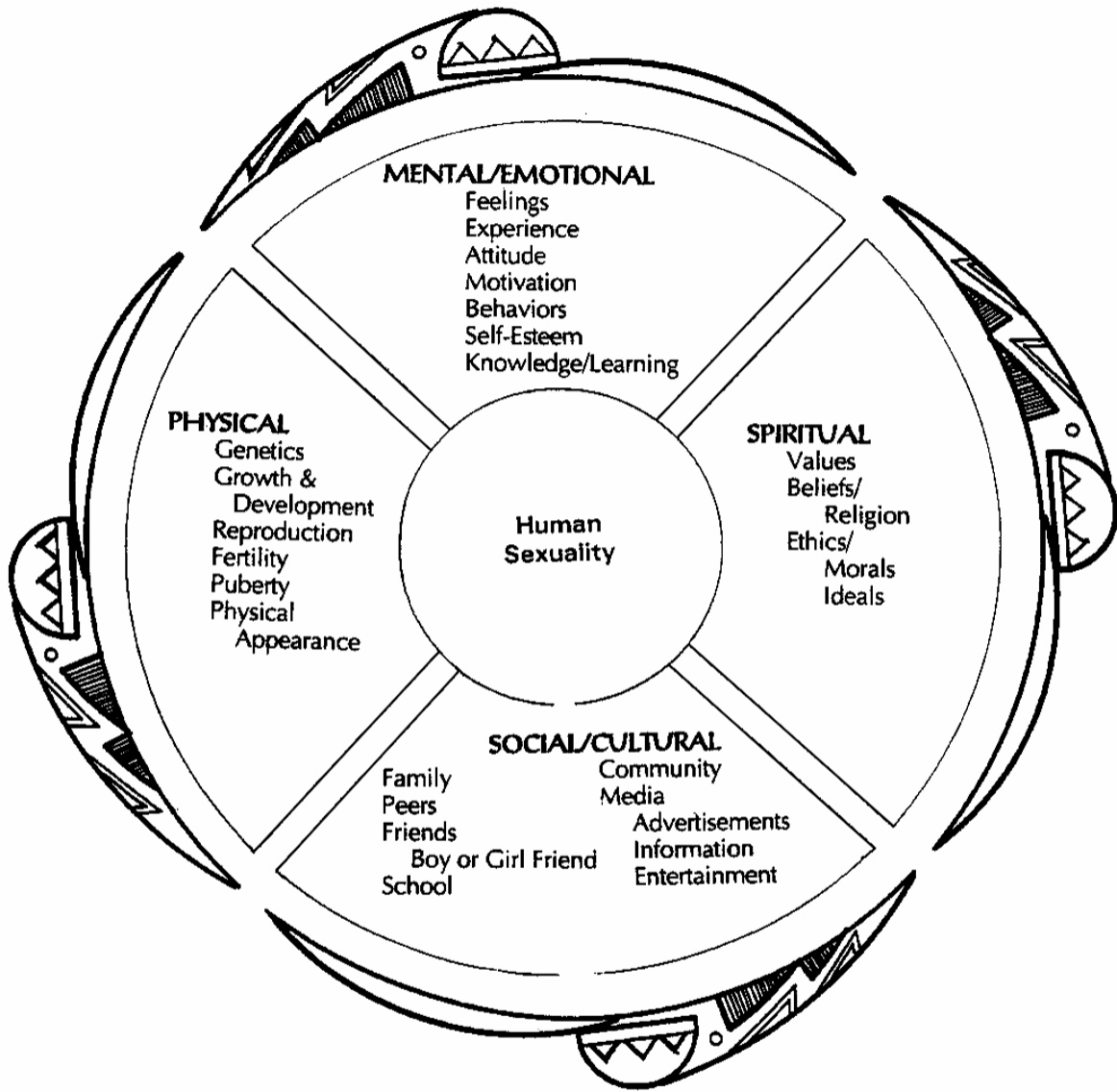
Collect Youth Manuals

PREPARATION AND MATERIALS NEEDED FOR SESSION 12:

- 1. Read through Session 12.**
- 2. VCR equipment and video “Circle of Life” Part 2.**
- 3. Transparencies: “Fetal Development”**
- 4. Preview video and Resource List for handling youths’ questions and concerns.**
- 5. Review additional information on fetal development and the effect of teratogens on the fetus.**
- 6. Review alternative activity for Session 12. This is a guest speaker, so the guest speaker should be confirmed with regard to date and time. Help the guest speaker by including the session theme in their talk.**



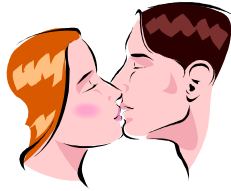
Transparency
Cartoon



Transparency
Human Sexuality
Holistic Model

SESSION 11
SEXUALITY: RESPONSIBLE DECISION MAKING

WHAT WILL HAPPEN IF.....?



A. IF YOU'RE HER OR

IF YOU'RE HIM

You complete this chart. Consider all the possibilities or consequences if YOU decide to become sexually active. Things like, pregnancy, contraception, marriage, abstinence, monogamy, STD's, HIV/AIDS, etc.

Remember, also that alcohol, drugs and peer pressure can affect your decision.

OTHER FACTORS

Wait to have Sex			Have Sex		

WHAT HAPPENS NEXT?

WHAT HAPPENS NEXT?

Session 12

Human Sexuality–Pregnancy and FAS

OBJECTIVES:

Youth will learn of the consequences of sexual activity. They will focus on pregnancy and the effects of substance use on the fetus.



TASKS:

1. Review the consequences of sexual activity (5 min.).
2. Discuss unplanned pregnancy and consequences (10 min.).
3. View and discuss videos, “Circle of Life (Excerpts, part 2)” and “A Local Look at FAS” (15 min.).
4. Alternate Activity; Have a guest speaker, OB/GYN doctor, Practitioner or nurse midwife, etc. (15 min.).
5. Review observations from the “FAS activity” and have youth participate in activity listing threats to the development of the fetus.

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Transparencies of fetal development.
Videos: “Circle of Life (excerpts, part 2)” and “A Local Look at FAS”.

FOR REVIEW:

Concepts to review from Session 11:

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. Dysfunctional (controlling, abusive) relationships are learned in childhood and affect the quality of relationships later in life.
4. Setting limits with boy/girl friends early in a relationship keeps physical intimacy from going too far.
5. The consequences of having sexual intercourse can negatively affect a teenager’s life.

Discussion concerns: 1) the reasons for becoming sexually active and 2) the problems of becoming a parent too early.

CONCEPTS:

Session 12 makes youth aware of the damaging effects of alcohol and drug use on the developing fetus and increases one’s sense of responsibility around substance use.



I. INTRODUCTION (2 MIN.)

Greetings and attendance

II. REVIEW OF THE CONSEQUENCES OF SEXUAL ACTIVITY (5 MIN.)

“Yesterday we talked about some of the consequences of becoming sexually active. What were they?”

Pause– Allow youth to respond while you list on the board.

“Okay, you all know **[Point to the board]** one of these consequences may happen for a teenager. What if the decision is made **not** to have sex, then what consequences are there?”

Pause– Allow youth to respond.

“That’s a pretty wise choice to make for yourself. The choice to have sex is an important decision and is one that will permanently alter the course of your life. Remember these options and choices could be healthy (beneficial) or unhealthy (not beneficial). For some people, it is important to be married before they become sexually active. Some feel that when they are married, they are then committed to a relationship. This commitment includes starting a family. Think about what you see today; is it true of most people? Why do you suppose this is so?”

III. UNPLANNED TEEN PREGNANCY (10 MIN.)

“Almost all of the teen pregnancies reported and experienced are UNPLANNED. Why do you suppose this happens?”

Pause.

“The average age of teen mothers today is between 14–16 years old. When they become pregnant, one thing most say is, “I never thought it would happen to me.” Then if they are asked about using a contraceptive they may say, “It’s too embarrassing.”

Emphasize that some young teens don’t think about the future, never think about this happening to them, never talk about sex with their partner, etc.

“Where there is no birth control used or it is used inconsistently, pregnancy usually occurs. Do all young women know when they become pregnant?”

Pause– Allow for youths to answer.

“When young women find out they’re pregnant they may be 4 to 8 weeks pregnant and already be experiencing the symptoms of pregnancy (such as morning sickness, missed periods, and so on).”

“In the first 3 months of pregnancy, the fetus goes through a very important phase of growth. If at this time a young mother continues to drink and abuse drugs without realizing she is pregnant she can harm her unborn child. What kind of harm or serious problems could this result in?”

Youths may mention birth defects, premature birth, low birth weight, etc. Allow for short discussion.

“Consider the risks, dangers and complications during a pregnancy through all stages of fetal development. **Remember**, harmful chemicals can cause birth defects that will contribute to serious problems all through the life of a child. What kind of chemicals are we talking about and how could a pregnant woman use them?”

Youths may mention alcohol, drugs, inhalants, and tobacco.

“Do you think all young women **knowingly** cause their developing infants to have severe birth defects?”

Allow youths to respond.

“What about non–prescription medicines purchased at the store. Are they also a possible danger?” **Yes!**

“Birth defects are caused by toxic poisonous chemicals, which cross the placenta and affect the developing fetus. However, all of the birth defects caused by using these types of chemicals are usually **100% PREVENTABLE**. In your manual are some possible problems caused by alcohol.”

Instructor: If you are not showing the video, please proceed to Section V. If you are showing the video, follow along here.

“We will now see a short video with some young women who have abused alcohol and other drugs during their pregnancy. Here are some questions to consider as you watch this video.”

List questions on the board.

1. Are there some women in your community who may have unknowingly caused irreversible damage to their children?
2. Do you think this only happens among certain groups of people?
3. How severe are some of these damaging effects on the unborn fetus?
4. What about men, are they responsible too?

NOTE TO INSTRUCTORS: If you are not showing the video, continue to Section V. Alternative Activity. If you are showing the video, please continue through the credits of the first video; the second video on the tape should also be shown during this session.

IV. SHOW "CIRCLE OF LIFE" (EXCERPTS, PART 2) & "A LOCAL LOOK AT FAS" (15 MIN.)

V. ALTERNATIVE ACTIVITY (15 MIN.)

If the video is not available, invite a guest speaker to use the time allotted for a presentation on the effects of teratogens on the developing fetus. The guest speaker might want to use the Fetal Development Transparencies to enhance his/her presentation. The guest speaker could also address the following topic areas:

1. Discuss his/her experiences with teen pregnancy.
2. Discuss his/her experiences with treating children in his/her community with FAS.
3. Discuss teenage pregnancy and why prenatal care is important to prevent birth defects.
Also lead into:
 - a. Do teen women seek prenatal care when they know they are pregnant?
 - b. How many teen women know how different drugs and/or chemicals harm the unborn child?
 - c. Do the boyfriends pressure the girlfriends into getting high when they know their girlfriends are pregnant?

VI. HOMEWORK & YOUTH MANUAL ACTIVITIES (15 MIN.)

"Let's take a few min. now to go over some of your observations from the experiment that you did last night.

1. What did the egg first look like?
2. At the end what did the egg look like and why?
3. Can these changes also occur with human embryos?"

Refer youths to their manual and display fetal development transparencies.

“As we go over the information on these transparencies, list the possible dangers to the unborn child during the three fetal development stages in your youth manual. If you have any questions feel free to raise your hand.”

“When does the most harm occur for the developing fetus?”

Allow youths to respond.

“The first 3 months of fetal development are crucial. Dangerous chemicals (i.e., alcohol, THC, carbon monoxide, etc.) can interfere with cell growth and division. Within this period of pregnancy, the heart, brain, liver, limbs and genitals of the fetus are developing. Exposure to dangerous chemicals can result in the following birth defects: mild to severe mental retardation, stunted growth of body and major organs (i.e., brain, liver, lungs, heart, etc.), cleft palate, club foot, and other body and facial abnormalities.”

“Within the second 3-month period (4th, 5th, and 6th months), movement can be felt. The fetus is 11 to 14 inches long weighing 1 to 1 1/2 pounds. At this time there is greater risk for a miscarriage if dangerous substances enter the mother’s body.”

“If a mother is still using and abusing harmful substances she can still cause great harm to her unborn baby. The third trimester is a time of rapid growth for the fetus. Toxic substances can interfere with fetal growth and cause low birth weight (babies born well below the acceptable normal weight for newborn infants). Infants with low birth weight are more susceptible to infections and diseases because their immune defenses are inadequate. Some of these infants are diagnosed with a “failure to thrive,” which means they do not respond to stimulation, don’t bond with their mothers or family, have limited intelligence, and are malnourished because they do not eat well.”

VII. CONCLUSION

“Tomorrow we will be getting the facts on another consequence of sexual intercourse– STD’s. Think about how a sexually transmitted disease might make the transmission of the HIV/AIDS virus more likely.”

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- | |
|---|
| <p style="text-align: center;">PREPARATION AND MATERIALS FOR SESSION 13:</p> <ol style="list-style-type: none">1. Read over Session 13.2. VCR equipment and video: “One Million Teenagers”.3. Transparency: “Tree of Infection”.4. Review facts on STD’s. |
|---|

First Three Months



2 weeks



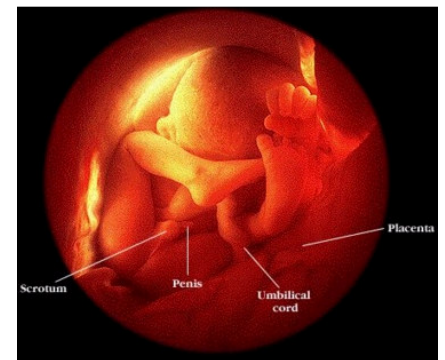
12 weeks



4 weeks

Major body organs (liver, heart, intestines, brain and spinal cord) and body limbs (arms, legs, etc.) form.

FINAL THREE MONTHS



SECOND THREE MONTHS

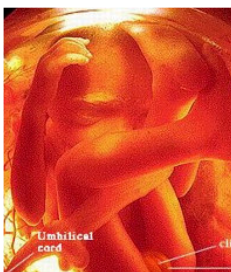


14 weeks - Muscles lengthen and become organized. The mother will soon start feeling the first flutters of the unborn child kicking and moving within.

16 weeks - Five and a half inches tall and only six ounces in weight, eyebrows, eyelashes and fine hair appear. The child can grasp with his hands, kick, or even somersault



20 weeks - The child can hear and recognize her mother's voice. Though still small and fragile, the baby is growing rapidly and could possibly survive if born at this stage. Fingernails and fingerprints appear. Sex organs are visible.



Fetus moves limbs, fingers and toes. Fetus can open and close its eyes. It grows rapidly in preparation for birth. This time is a most uncomfortable period for the expectant mother.

Session 13

STD's and Prevention

OBJECTIVES:

Youth will acquire information on sexually transmitted diseases with an emphasis on sites of infection, types of STD's, warning signs, and preventative measures.



TASKS:

1. Review consequences of sexual activity and information on STD's among teens (10 min.).
2. Show and discuss video "One Million Teenagers" (27 min.), or in place of video, conduct alternate activity (27 min.).
3. Review STD's, sites of infection, symptoms and prevention (15 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Transparency, "Tree of Infection".
4. Video, "One Million Teenagers" and VCR.

FOR REVIEW:

Concepts to review from session 12:

1. Waiting until marriage to have sex is a choice many people make.
2. Many teenagers who become sexually involved do not communicate with each other about birth control.
3. A young woman's behavior during pregnancy can unknowingly damage her unborn child.
4. Fetal Alcohol Syndrome is a group of symptoms an infant is born with caused by the mother's use of alcohol during pregnancy.

CONCEPTS:

Session 13 presents facts on sexually transmitted diseases, including information on the sites of infection, transmission, warning signs, and preventative measures.



I. INTRODUCTION (3 MIN.)

Greetings and attendance

II. SEXUALLY TRANSMITTED DISEASES AMONG TEENS (10 MIN.)

“For the last couple of days, we’ve talked about some consequences of sexual intercourse. We can avoid most negative consequences of sexual intercourse if we rely on our values. If we disregard our values, what are other possible consequences of becoming sexually active, besides pregnancy?”

Pause: Allow for youths’ responses.

“Right, Sexually Transmitted Diseases. Statistics show that about 2.5 million teenagers per year become infected with one or more types of sexually transmitted diseases. Compared to other groups of teens (i.e., Hispanics, blacks, whites), Native American teens are twice or three times as likely to become infected with a STD.”

“Who gets STDs? Anyone who puts themselves at risk by having sex with people who engage in risky behaviors. Let’s see how many people get involved when one person gets infected. Every infection has a source. Let’s look at this “Tree of Infection”, which is also in your manual on page 42.”

Instructors: Display “Tree of Infection” transparency.

“The tree of infection begins with two people who have sexual intercourse. Each of these people may have had sex with several other people in the past. Within this tree one person or several people may spread infection to others.”

Instructor: If you are not showing the video, proceed to Section V. Otherwise, if you are showing the video, continue with the following.

“We will now see a video which simply explains the most common types of sexually transmitted diseases and how they affect the body.”

III. SHOW VIDEO: “ONE MILLION TEENAGERS” (25 MIN.)

IV. DISCUSSION OF VIDEO (2 MIN.)

“Who are the people affected by STD’s? Sexual partners, past and present, are affected. In some cases, partners for the last 10 years might contribute to passing various types of STD’s on to their new unsuspecting partners. What can STD’s lead to?”

ANSWER: Damaged reproductive systems, etc.

“STD’s can lead to infertility (not being able to become pregnant or to father a child) in both young men and women. If the mother has a STD when she is pregnant, she can expose her unborn baby to the STD. For example, babies can become blind from gonorrhea, die or have brain damage from herpes or syphilis, and/or be infected with HIV (perinatal AIDS). So, when we become sexually active we need to realize that we have a responsibility to ourselves and others in keeping healthy and safe.”

V. ALTERNATIVE ACTIVITY (25 MIN.)

Instructor: If you are unable to show the video, you might want to use the following activity. The purpose of this activity is to help youths re-evaluate their decisions and know the importance of STD education.

“Now we will work on an activity to see how much you really know about STD’s. You might be surprised to find out what you and your classmates know or don’t know. This activity will also help some of you re-evaluate your choices and values.”

Draw a chart on the board with three columns. At the top of the first column write, “All I know about STD’s”; at the top of the second column write, “What I think I know about STD’s”; and at the top of the third column write, “What I want to know about STD’s.” Have youths brainstorm on each section and write all they know on the board. As a group have youths list 3 to 4 solid reasons why it is important to know as much as they can about STD’s.

VI. MANUAL ACTIVITIES: REVIEW TYPES OF STD’S, SITES OF INFECTION, WARNING SIGNS OR STD’S, AND PREVENTABLE MEASURES (15 MIN.)

“Based on the last activity, let’s now go over several activities in your manual.”

Instructor: The sheets that are in the youth manual are also at the end of this session and are self-explanatory.

A. Types of STD's

"Turn to your manual on page 43 for activities in Session 13. Identify which STD's are curable or not curable.

Teacher should note that most viral infections (including Herpes, Venereal warts, and AIDS) are NOT curable.

B. Sites of Infection

"There are several sites where unwanted germs, bacteria, and viruses can enter our bodies. A Sexually Transmitted Disease is passed and received through sexual acts, mainly sexual intercourse (vaginal, anal, and oral). In your manual on page 44, identify these sites of infection by marking them with an X."

C. General Warning Signs of STD's

"Check the general warning signs for STD's on page 43."

D. Preventive Measures

Instructors elicit discussion on what prevention is and how teenagers can take preventive measures at their age. As youth go through the matching exercise in their manual, have them discuss each preventive measure with the description of that measure."

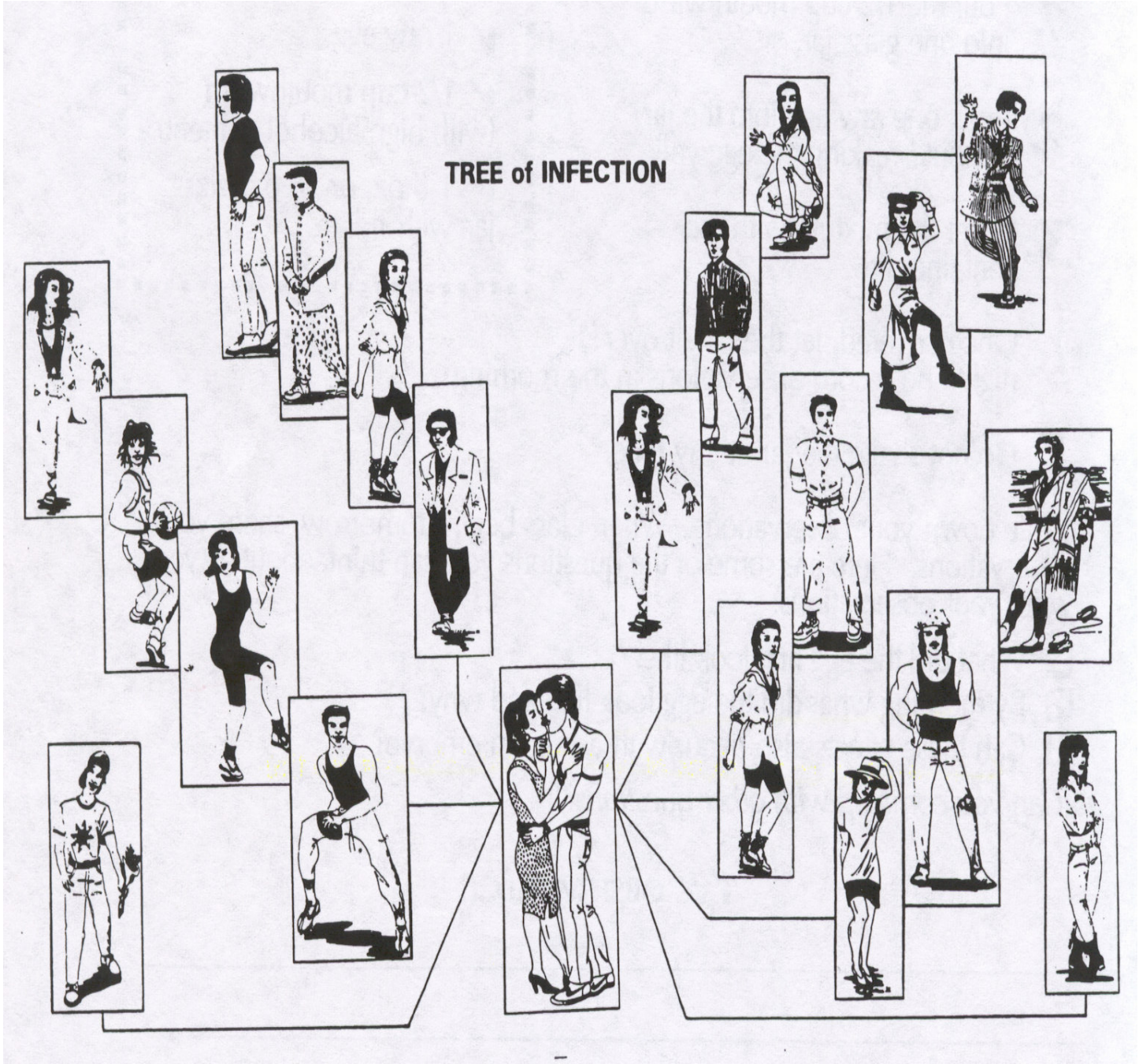
VII. CONCLUSIONS (2 MIN.)

"Prevention is the best weapon against STD's, including a STD called HIV/AIDS. Tomorrow you will do more group activities using SODAS. The more we practice the steps in here, the more comfortable you'll feel using them in real life. Then we'll start the unit on HIV/AIDS."

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PREPARATION AND MATERIALS NEEDED FOR SESSION 14:

1. Read through Session 14.
2. Blank guideline pages for youth role-play parts.



**For your Information
Some types of STD's**

AIDS	Chlamydia	Gardnerella	Gonorrhea
Herpes	Non-Specific	Urethritis	Syphilis
Trichomoniasis	Vaginitis	Venereal Warts	

Do you know which of the above infections are curable? Which ones are not curable?
BETTER FIND OUT!!

**Most of the ones caused by viruses do not have cures!
Put the above infection in the correct column.**

Curable STD's	Not Curable STD's

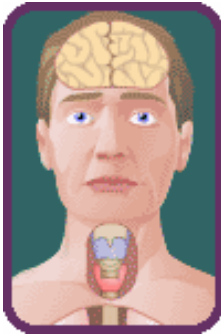
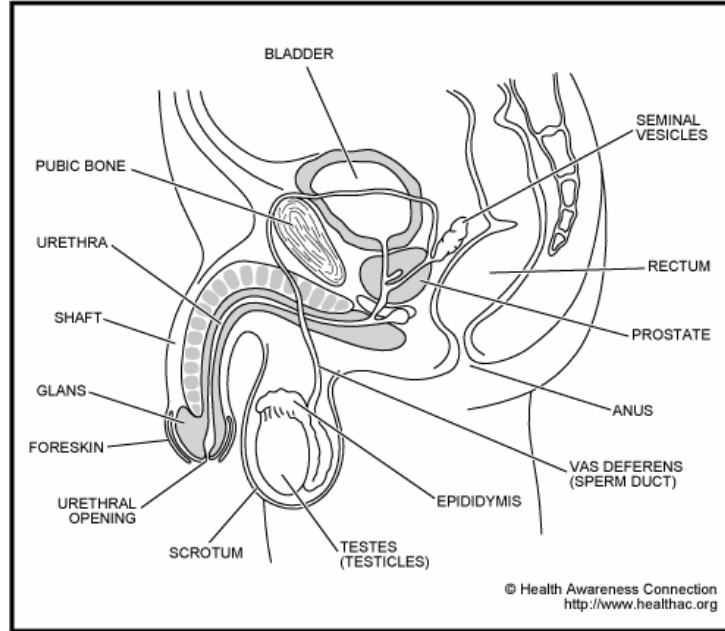
General Warning Signs

Nine of these are signs of a STD. Which ones are they?

- | | |
|---|---|
| <input type="checkbox"/> A. Unusual sores, bumps or blisters | <input type="checkbox"/> G. Lower abdominal pain and/or back pain |
| <input type="checkbox"/> B. Fever and chills or flu-like symptoms | <input type="checkbox"/> H. Burning pain when urinating or pain when having a bowel movement. |
| <input type="checkbox"/> C. Abnormal discharge from the vagina or penis (could be yellow, grey or white). | <input type="checkbox"/> I. Deep vaginal pain during intercourse |
| <input type="checkbox"/> D. Bloating of the hands and feet | <input type="checkbox"/> J. Swelling in the groin area (around genitals) |
| <input type="checkbox"/> E. Burning or itching around the genital area. | <input type="checkbox"/> K. Increased appetite |
| <input type="checkbox"/> F. Unusual bleeding from the vagina or penis | |

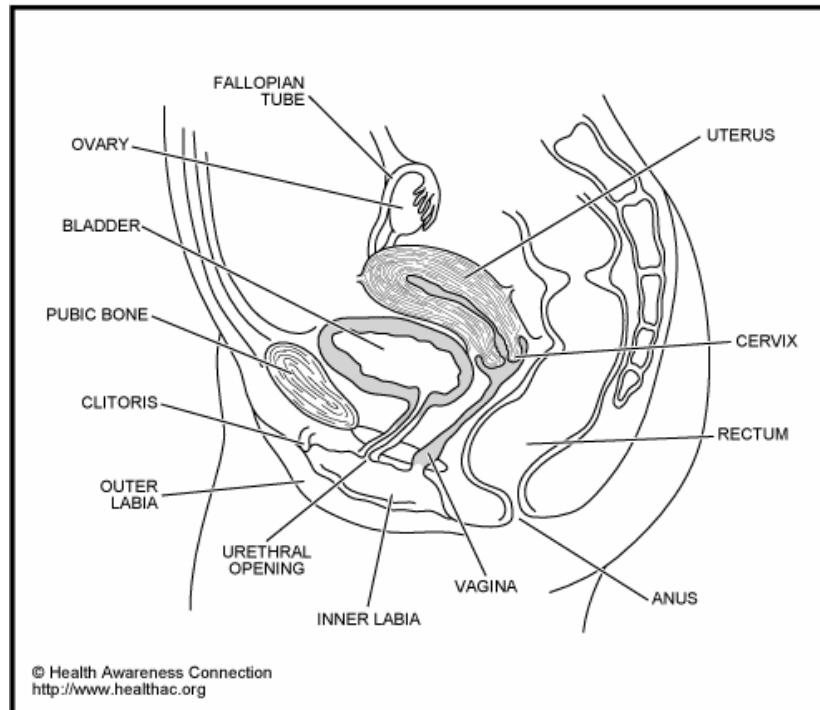
POSSIBLE SITES OF STD INFECTIONS

MALE



Throat
(Both Male
and Female)

FEMALE



Preventing STD's

Draw lines to match these important Prevention Measures



EDUCATION

Not having sex; affection and intimacy don't require sexual practices that can transmit infecting agents



SAFE SEX

Find out if your partner has had symptoms of an STD, ask about their past sexual partners



KNOW YOUR PARTNERS

Stay with one sexual partner – it reduces your chance of getting an STD.



ABSTINENCE

Use latex condoms along with vaginal spermicides (such as foams and jellies).

S.O.D.A.S.

Learn about the types of sexually transmitted diseases and understand how we put ourselves at risk.

MONOGAMY

The skill to stop, think of health options, decide on a healthy option, act on your chosen healthy behavior and say to yourself that you've done the right thing.



NOTES:

Session 14

Practice

OBJECTIVES:

Youth will practice SODAS scenarios in groups to continue getting comfortable using the SODAS steps.



TASKS:

1. Youth will participate in an energizing activity (5 min.).
2. Discuss how youth must deal with tough situations as they occur (10 min.).
3. Youth will participate in a manual activity that will show them how to use SODAS to deal with difficult life decisions and situations (15 min.)
4. Youth will get into groups and continue practicing SODAS by doing role-plays (20 min.).
- 5.

MATERIALS:

1. Attendance sheets
2. Youth manuals.

FOR REVIEW:

Concepts to review from session 13:

1. When one person gets infected with a STD they are likely to infect every other person they have unprotected sex with, thus causing the "Tree of Infection."
2. Left untreated, STD's can have serious health consequences as infections spread and damage reproductive organs.
3. Being aware of warning signs of a possible STD can lead to early treatment and prevention.

CONCEPTS:

This session will allow the youth to experience a group process activity in which they can practice the SODAS steps using an improvisational approach, thus preparing them for using SODAS in the real world.



I. INTRODUCTION (3 MIN.)

Greeting and attendance.

II. ENERGIZING ACTIVITY (5 MIN.)

“Hopefully the information of STD’s in yesterday’s session will help you to make more responsible decisions. Today will be a day for you to get together with your groups and continue practicing SODAS by role-playing. Before you do that we’ll do a short activity called an energizer. It’s to wake you up a bit and get you geared for action.”

“The object of this energizer is to only have four (or two, depending on the size of the group) people standing at any one time. Everyone starts by sitting down. Anyone can stand up whenever he/she wants to but cannot remain standing for more than five seconds at a time before sitting down again. Anyone can get right up again if he/she wants to. Remember: the object for the group is to have exactly four (or two) people standing at all times.”

Instructor: After about 5 min., have the youths stop and then proceed with the next section.

III. DEALING WITH PRESSURE ON THE SPOT (10 MIN.)

“A lot of the time, tough situations come up when you’re not expecting them. They might happen between classes, on your way home from school, or at a friend’s house. This means you have to be ready to deal with what comes up right there on the spot. Is this always easy?”

Allow youth to respond. Encourage some discussion about how hard it is to respond when you’re on the spot. Discuss how easy it is to think of something different to do after the incident has passed.

“Usually it isn’t easy to do because of the pressure you feel in a tough situation. That’s why we’re practicing SODAS so often. We want you to feel comfortable dealing with pressure and making decisions on the spot.”

IV. SODAS AND DEALING WITH PERSONAL PROBLEMS (15 MIN.)

“We’ve talked a lot about using SODAS to deal with saying no to risky behaviors. Remember SODAS is about making decisions and communicating them to others. Do you think SODAS would work as a way to deal with personal problems that come up in our interactions with friends, peers, and family?”

Acknowledge yes responses.

“Anytime you have to decide on something, whether it’s to take a can of beer someone is offering you or to spend all your money on new clothes, you can use SODAS.”

“Please turn to your manual.”

Pause.

“The chart on page 47 will help you to think about how you might use SODAS to deal with personal problems that come up in daily life with peers, friends, and family. The first one is done for you. Let’s look at it together.”

Instructors: Turn to the “Peers” problem which is at the end of this session. This “Peers” problem is what the youth should be looking at in their manual. Explain the SODAS steps.

“Does everyone understand how the steps worked in this situation?”

Clarify the youths’ understanding.

“Please go on to do the rest of these on your own.”

Allow several min. for completion.

“I would like to know how these turned out. Let’s have a few volunteers share what you came up with.”

V. PRACTICE (20 MIN.)

Youths should be put in role-play groups at this time.

“Today you’ll have the choice of role playing difficult decisions or one of the tough situations given to you in Session 12. They’re in your youth manual. You can also take one from the chart we just filled in. Or you can change any one of these, or make up a new one altogether.”

“If you want to role-play a difficult decision, you might have to think creatively to figure out how to role-play it. For instance, how might you act out the first one in the chart in your manual?”

Read the problem out loud and give youths a moment to think about it.

“Any ideas on how to act this out?”

Prompt with ideas of possible scenarios.

“O.K. So you should have an idea of how to act out difficult decisions. Work with your groups now, choose a situation or problem, talk about how to act it out, then go ahead and practice it amongst yourselves.”

VI. CONCLUSION

“Everyone is doing a great job. The next time you work on role-plays in your groups you’ll have a few min. to plan a role-play that you’ll be presenting to the rest of the class.”

“Tomorrow we’ll be moving on to the subject of HIV/AIDS epidemic. How many of you think the AIDS epidemic is happening all over the world?”

Acknowledge those who raise their hands.

“You’re right. That’s what we’ll be talking about tomorrow.”

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MATERIALS AND PREPARATION NEEDED FOR SESSION 15

1. Read and prepare for Session 15.
2. VCR equipment and video “A Father’s Love”
3. Transparency: HIV/AIDS Disease Spectrum
4. Transparency: “World Map showing areas of HIV/AIDS infection”
5. Preview and resource list for handling youths’ questions.

Session 15

HIV/AIDS–The Epidemic and Its Impact

OBJECTIVES:

Youth will understand the impact of the AIDS epidemic through learning about HIV infection rates among youth in the United States and the world.



TASKS:

1. Review what HIV/AIDS is and why young people need to learn about it (5 min.).
2. Present statistics on the HIV/AIDS epidemic, worldwide, nationally, and regionally (5 min.).
3. Discuss the HIV/AIDS disease spectrum (15 min.).
4. Review information on HIV/AIDS epidemic among teens and minority groups (with a special emphasis on Native Americans)(5 min.).
5. View and discuss the video, “A Father’s Love” (20 min.).
6. If not watching video, do alternate activity (20 min.).
- 7.

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Transparencies, “Map of the World” showing HIV/AIDS infection, “HIV/AIDS Disease Spectrum”
4. Video, “A Father’s Love” and VCR

FOR REVIEW:

Concepts to review from session 14:

1. When people are faced with a difficult situation and they must respond “on the spot” they sometimes must respond “improvisationally”.

CONCEPTS:

Session 15 describes the extent and the impact of the HIV/AIDS epidemic around the world, especially with regard to Native people in the United States. This information creates an awareness among the youth and encourages them to be responsible to educate their families and communities.



I. INTRODUCTION (3 MIN.)

Greeting and attendance.

II. WHY DO YOUTH NEED TO LEARN ABOUT HIV/AIDS? (5 MIN.)

“Yesterday’s activity gave us a chance to see how comfortable everyone is becoming with using SODAS. It’s great to see how much fun you can have learning something new. Today’s session on the AIDS epidemic will provide you with more important facts to consider for your final role-plays.”

“Before 1981, “HIV” and “AIDS” were new words unknown to most people in our community. Many doctors, nurses, health teachers/educators, etc., were just beginning to learn about HIV and AIDS.”

“Today, over a decade later, we can’t look at a newspaper or watch TV without seeing an article or story about HIV or AIDS. It isn’t shocking anymore to hear that people in the sports and entertainment world have been infected with HIV, (the AIDS virus), or are living with HIV/ AIDS.”

“How many of you know how the HIV/AIDS virus is transmitted from person to person? What does it mean to be infected?”

Have youth review the different ways the virus is transmitted: through the exchange of bodily fluids, such as blood and saliva.

“What do these words mean?”

Refer the youth to the blackboard where the following phrases are already written:

Weight loss, Fatigue, Diarrhea, Skin rashes, Symptoms, Prevention, AIDS, Transmission, Abstinence, Monogamy, Condoms, Unprotected sex, IV drug use, Mother to child, Treatment, NO CURE, Drugs to sustain life (i.e., AZT, DDI, etc.).

III. REVIEW WORLD, U.S., & REGIONAL STATISTICS ON HIV/AIDS (5 MIN.)

“Let’s look where HIV/AIDS occurs across the world.”

Show transparency of map of the world with areas of HIV/AIDS infection highlighted. Have youths guess where the world stats go on the map and write them in their manuals.

“Guess where some of these stats go on this map of the world. Where would you find the rates of HIV/AIDS the highest and why?”

Instructors: the answers for the chart are indicated on the transparency.

“Every country in the world now has cases of HIV/AIDS infection. The term we use to describe this is pandemic, which means the illness has spread worldwide.”

“How many people in the United States have HIV/AIDS?”

On the flip chart or blackboard write United States and below it 495,592.

“As of December 31, 2001, in the United States, there were 333,881 people with AIDS. There is another 161,711 people that are reported to be HIV-positive. Of these, 60–70% are very sick or have died from AIDS.” These numbers do not include people that are estimated to have HIV and haven’t been tested.

The statistics for each state is at the end of this session.

“We’ll now look closely at the numbers of AIDS cases among different groups or people, The number of people in **(YOUR STATE)** with HIV/AIDS is” (On a new sheet of paper or on another section of the blackboard, write **(YOUR STATE)** and below it: **(YOUR STATE STATS)**.”

“In **(YOUR STATE)** there are about **(YOUR STATS)** people with AIDS. There may be twice as many people who have been diagnosed as being HIV-positive. Do you think that this is the total number of HIV-infected people in your state?”

Answer: No, many persons who are infected haven’t been tested for HIV infection.

IV. HIV/AIDS DISEASE SPECTRUM (15 MIN.)

“Does a person know they have been infected with HIV?”

Pause for answers.

“Is it possible for a person to know how long they have been HIV positive?”

Answer: No, but in some cases, yes.

“Here’s one situation where RISK is HIGH for becoming infected with HIV: Let’s say that you go to a party. At this party there will be people you know and people you don’t know very well. But, everybody is getting high (with booze or drugs). People begin to pair off and disappear. This could be DANGEROUS, why?”

Pause for answers, if the group gets silly; remind them that AIDS is a disease for which there is no cure.

“Sometimes young people can have sexual intercourse with someone they don’t know well. When this happens, they often do not think of taking precautions to protect themselves, like using a condom. Let’s also say that one person at this party is HIV+ (positive) and **does not** know it. This person pairs off with someone he/she doesn’t know very well. What do you think could happen?”

Will the other person become infected, and when will he/she know that he/she has become infected with HIV?”

“Let’s look at the chart in your manual called the “Spectrum of Disease.” This will give you some idea of the time frame involved with HIV/AIDS when someone becomes infected. Unlike other kinds of Sexually Transmitted Diseases, HIV can live in your body for several years before you see symptoms of infection.”

Instructors use transparency “Spectrum of Disease” for explaining HIV/AIDS. Discuss how many people along the way may have been infected.

V. EPIDEMIC AMONG TEEN GROUPS (5 MIN.)

“How many teenagers are infected with AIDS? The number of teenagers with AIDS is”

On board write: 4,428

“As of December 31, 2001, in the United States, there were 4,428 cases of AIDS among teenagers. We know that the number of AIDS cases among teenagers is only a very small fraction of teens that are infected with HIV. What do we know about the spread of HIV among teens?”

Allow for youth responses.

“First, it is one of the age groups showing the fastest rates of new infection. Why is the virus beginning to spread among teens?”

Allow for youth responses and write phrases on board.

“Many teens have sexual intercourse and don’t practice “Safer Sex,” which means using condoms and spermicide every time they have sexual intercourse.”

Be sure youths realize that spermicide can help prevent transmission of the AIDS virus by killing it.

“By having unprotected sexual intercourse, they also put themselves at risk for getting infected with STD’s which then make them more vulnerable to becoming infected with the AIDS virus. Some teens may also share needles while experimenting with IV drugs such as crack, or using needles for ear piercing or tattoos.”

“One frightening thing about this HIV/AIDS epidemic is that it is infecting members of ethnic groups, women, and youth more and more today. This is not just happening in big cities among runaway teens, it’s getting much close to home. Why might ethnic groups, such as Native Americans and Hispanics, be vulnerable to the AIDS virus?”

Point to your State map and indicate where rural areas/communities (reservations and/or other ethnic populations) are located.

“In looking at where these communities are located, what can we say about them?”

Prompt youths to realize that these communities are isolated, and thus the population has limited access to information about AIDS; AIDS has been promoted as a homosexual disease; there are limited recreational activities for youth and high rates of alcohol usage in such areas, which leads to more risky behavior, etc.

“Can you see why members of these communities are at-risk and why we are making a special effort to get this information to you?”

“Also, many people still do not know that they have become infected and are HIV positive. Experts estimate that for every one person who has been diagnosed with AIDS, there may be 10 to 20 more people who are HIV positive. What does this say about the actual number of HIV infected people or the number of teenagers nationally who may be infected?”

There may be more than we realize. Allow youths to voice thoughts and concerns. Be alert for youths who may have trouble with these facts and appear apathetic as a way to block it out. They may need reassurance. For youth’s information, as many as 8,720 to 17,440 or more teenagers nationwide could be HIV positive.

VI. SHOW AND DISCUSS VIDEO: "A FATHER'S LOVE" (20 MIN.)

"Next we are going to see a video called "A Father's Love." This video is a story told by a Native American family (Navajo) from the kind of community we just discussed. The father recently discovered that he is infected with the AIDS virus. This man, John, and his 14-year-old daughter, Janice, want to share their thoughts and feelings about the impact that AIDS has had on their family with special emphasis on the cultural heritage. We want you to tell us what you think about their unique situation."

Show the video. Then choose three of the following questions and discuss with the class:

- a. What are some ways you can think of to cope if one of your parents tested positive for HIV/AIDS virus?
- b. Why would it be very important to educate yourself about HIV/AIDS if someone in your family contracted the virus?
- c. How did the traditional ceremonies help John?
- d. What values will protect you from getting HIV/AIDS?
- e. Why does this man want to tell us about his getting infected with HIV?
- f. If you were John or Janice, how would your life change?

VII. ALTERNATE ACTIVITY (20 MIN.)

"I'd like to tell you a story. Recently, a Native American named John discovered that he was infected with the AIDS virus through a transfusion he received. This man, John, and his 14-year-old daughter, Janice, went through a great deal of pain in coping with the virus and the impact that AIDS has had on their family. We want you to tell us what you think about their unique situation. I'd like to break you into small groups and have each group share with the rest of us what the group's answers were to the question."

Instructor, break youth quickly into small groups. Give each group one of the following questions:

- a. What are some ways you can think of to cope if one of your parents tested positive for the HIV/AIDS virus?
- b. Why would it be very important to educate yourself about HIV/AIDS if someone in your family contracted the virus?
- c. How might the traditional ceremonies help John?
- d. What values will protect you from getting HIV/AIDS?
- e. If you were John or Janice, how would your life change?

At the end, have the group share their answers with the larger group.

VIII. CONCLUSION (2 MIN.)

“Thank you for your participation today. Tomorrow we will continue talking about HIV/AIDS. You can now do the crossword puzzle in your manual.”

Collect Youth Manuals

MATERIALS AND PREPARATION FOR SESSION 16

- 1. Read through Session 16.**
- 2. Transparency: “Community Health Educator’s Model”.**
- 3. VCR equipment and video, “Michelle’s Story”.**
- 4. Preview video and refer to Resource List for handling youths’ questions and concerns.**

AIDS IMPACTS OUR COMMUNITIES



Estimated Number of HIV-infected people in 2002.
Which numbers fit the continents? 43 million total people infected worldwide.
Match the numbers to the continents.

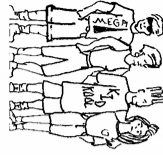
30.0 million (Africa) 7.2 million (Asia) 2.9 million (South America)
1.7 million (Europe) 980,000 (North America) 15,000 (Australia)

(UNAIDS/WHO, 2002)

Transparency-World Map of infection

13 to 19 years old

SPECTRUM of DISEASE

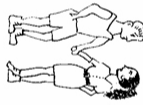


HIV INFECTED

Someone becomes infected through unprotected sex, IV Drug needle sharing, or other behavior related activity.

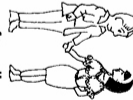
1 to 2 years later still not showing symptoms, but still infecting others.

Diagnosis of HIV + No symptoms seen or felt.



16 to 21 years old

3 + years symptoms may begin to appear.



23 to 30 years old

5 to 11 years after diagnosed HIV +, symptoms with disease related illness or full blown AIDS occurs.

Opportunistic infections are more frequent and at later stages are more severe.

Full Blown AIDS Develops.



DEATH

Testing can be done from 2 weeks to 6 months after infection.

Two kinds of testing done: Anonymous and Confidential

Two types of tests done: ELIZA and Western Blot

SYMPTOMS

Severe

Weight loss

Diarrhea

Weakness/tiredness

Susceptibility to infection

Loss of appetite

Swollen Lymph Glands

Thrush

Flu Like symptoms, headaches &/or body aches.

OPPORTUNISTIC INFECTIONS

Kaposi's Sarcoma

Tuberculosis

Pneumocystis Carinii Pneumonia

Infants: Systemic Pnuemocystis Carinii

Children: Pneumonia

Upper respiratory infections and strep throat.

Woman: Persistent gynecological problems, i.e., yeast infections, chlamydia, etc.

Persons reported to be living with HIV and AIDS by state (all ages)

Alabama	8,738		
Alaska	282		
Arizona	8,314		
Arkansas	3,908	Vermont	216
California	45,428	Virginia	14,486
Colorado	8,704	Washington	4,426
Connecticut	6,223	West Virginia	1,115
Delaware	1,367	Wisconsin	3,875
District of Columbia	7,205	Wyoming	152
Florida	61,787		
Georgia	11,269	Total	495,592
Hawaii	1,070		
Idaho	571		
Illinois	10,717		
Indiana	6,445		
Iowa	1,042		
Kansas	2,032		
Kentucky	1,873		
Louisiana	13,215		
Maine	486		
Maryland	11,288		
Massachusetts	7,368		
Michigan	10,064		
Minnesota	4,514		
Mississippi	6,606		
Missouri	8,980		
Montana	172		
Nebraska	1,067		
Nevada	5,054		
New Hampshire	507		
New Jersey	29,139		
New Mexico	1,712		
New York	77,195		
North Carolina	15,312		
North Dakota	114		
Ohio	10,942		
Oklahoma	4,049		
Oregon	2,235		
Pennsylvania	12,680		
Rhode Island	961		
South Carolina	11,916		
South Dakota	279		
Tennessee	11,116		
Texas	35,582		
Utah	1,794		

HIV/AIDS Surveillance Report Vol.13, No. 2

Session 16

HIV/AIDS–Women, Teens, and AIDS

OBJECTIVES:

Youth will discuss AIDS issues around women and will learn why teens are a primary prevention resource for their families and communities.



TASKS:

1. Introduce and show video, “Michelle’s Story” (20 min.) or if no video, do alternate activity (20 min.).
2. Discussion of the topic of women and AIDS (10 min.).
3. Discussion on AIDS in our communities (15 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Chalkboard or flip chart.
4. Video, “Michelle’s Story” and VCR
5. Transparency, “Community Health Educator’s Model”.

FOR REVIEW:

Concepts to review from session 15:

1. The transmission of the HIV/AIDS virus occurs through several ways that generally involved the exchange of body fluids. The “Spectrum of Disease” explains the time frame involved when someone becomes infected with HIV.
2. Because the AIDS epidemic has spread around the world, it is now called a pandemic.
3. Certain ethnic groups in rural areas are particularly vulnerable to the AIDS virus for reason of being geographically isolated.
4. Statistics on numbers of Native Americans with the AIDS virus may be inaccurate due to those Native Americans who leave their reservations to get tested.

CONCEPTS:

Session 16 discusses women at risk for contracting HIV/AIDS and how their lives are changed by being infected, especially with regard to passing the virus on to their future unborn children. Youth also learn that by becoming educated about prevention they can become educators in their communities.



I. INTRODUCTION (3 MIN.)

Greetings and attendance

II. INTRODUCTION TO TOPIC (2 MIN.)

“As we discussed yesterday, many of you have heard and learned a lot about AIDS. Every time you turn on the TV you see or hear something new about AIDS; things like: there’s new research for a cure, legal problem like discrimination against people with AIDS, maybe a celebrity who has contracted HIV and so on. Lots of ordinary people get AIDS, and they aren’t on TV. You don’t read about them in papers. But being infected by the AIDS virus changes their lives. What are some ways that being HIV positive would change one’s life?”

Write responses on the flip chart or board.

“Thanks for sharing your thoughts with us! This session focuses on females, but also how males can show their support for women. I’d like the males to think about their role and how they can be supportive of all the females in their life.

III. SHOW VIDEO (18 MIN.)

Instructors: Proceed to Section V if you are not showing the video.

“Now we are going to watch a video called **Michelle’s Story**. It is about a 19-year-old Native American woman who faces an uncertain future because she is infected with the AIDS virus. She will share her story of how being HIV positive has changed her life and discuss concerns she has for other teens. We will also look at some other important concerns your generation may have growing up with the AIDS epidemic.”

IV. DISCUSSION OF VIDEO AND THE TOPIC OF WOMEN AND AIDS (10 MIN.)

Break youths up into groups and ask them to discuss the questions in their manual on page 54. Allow 7 min.. Then lead the following discussion:

“Michelle is a woman who is infected with the AIDS virus. AIDS is becoming a serious health problem for women. At the recent International Conference on AIDS, it was estimated that by the year 2000 half of all those who have AIDS virus will be women. Who are the women most at-risk?”

Call on youths for responses.

“Let’s see: female injection drug users (IDU’s), prostitutes (women who sell their bodies for sex and do not use a condom), female sexual partners of male or female IDU’s, women with multiple partners (having more than one sexual partner), women who have boyfriends/husbands who are unfaithful, and women who have been sexually assaulted. What other women are at-risk?”

Continue to list responses on chalk board.

“Michelle was 7 months pregnant at the time she was interviewed. She hopes her baby will not become infected with the AIDS virus. Women in Michelle’s position have a 30–50% chance of having their baby be HIV positive. Women who are HIV positive should protect against pregnancy for two reasons:

1. Because of the likelihood of transmitting HIV to their children, and
2. Because pregnancy may speed up the development of AIDS in women themselves.”

“Who has heard of the term perinatal AIDS?”

Show of hands.

“What do you suppose it means?”

Allow youths to respond.

“The word perinatal can be broken into two parts: **peri** means “around or about”; and the word **natal** means “having to do with the birth” of a child. Because AIDS is transmitted through the exchange of body fluids, babies born to mothers who have the AIDS virus can be infected with the AIDS virus (HIV). This is called **perinatal AIDS**. How do you think the AIDS virus can be transmitted from mother to child?”

Write down answers. Make sure that transmission during birth, through the blood system, and breastfeeding are mentioned.

“Remember the Holistic Health Wheel? Now, with this in mind, all of us have some responsibilities in making sure any child we have is as healthy as possible. How can young men and women protect themselves and their unborn child from getting infected with HIV/AIDS?”

Answers may include: abstinence, monogamy, condom use, education, and no drug use or sex with known IV drug users.

V. ALTERNATE ACTIVITY: WOMEN AND AIDS (20 MIN.)

Instructors: read the following story to youth, then break youth into groups, and ask them to discuss the questions in their manual on page 54. Allow 7 min..

“Michelle was a pretty 17-year-old girl with long black hair who had three children. She lived with various foster parents and sometimes her real parents. One day she went to the doctor because she had been having some trouble, and soon after the doctor called her into his office. Michelle said that after she looked at the doctor’s face she knew without him saying anything that she had AIDS. She started to cry and he said “I have something to tell you.”

She said, “I already know. I have AIDS, don’t I?” And the doctor said, “I’m sorry.”

Michelle said that she had taken the “wide road” in her life and knew, now, that the wide road had caused her some serious problems which would make it so that her kids would have to grow up without her. She had to do all kinds of things for her children and for the people that loved her to prepare them to live without her. She spent a lot of her time in sadness.”

Instructors: After small group discussions lead the entire group with the following questions.

“AIDS is becoming a serious health problem for women. At the recent International Conference on AIDS, it was estimated that by the year 2000 half of all those who have the AIDS virus will be women. Who are the women most at-risk?”

Call on youths for responses.

“Lets see: female injection drug users (IDU’s), prostitutes (women who sell their bodies for sex and do not use a condom), female sexual partners of male or female IDU’s, women with multiple partners (having more than one sexual partner), women who have boyfriends/husbands who are unfaithful, and women who have been sexually assaulted. What other women are at-risk?”

Continue to list responses on chalk board.

“Women with AIDS who are also pregnant hope their baby will not become infected with the AIDS virus. Pregnant women have a 30–50% chance of having their baby be HIV positive. Women who are HIV positive should protect against pregnancy for two reasons:

1. Because of the likelihood of transmitting HIV to their children, and
2. Because pregnancy may speed up the development of AIDS in women themselves.”

“Who has heard of the term perinatal AIDS?”

Show of hands.

“What do you suppose it means?”

Allow youths to respond.

“The word perinatal can be broken into two parts: **peri** means “around or about”; and the word **natal** means “having to do with the birth” of a child. Because AIDS is transmitted through the exchange of body fluids, babies born to mothers who have the AIDS virus can be infected with the AIDS virus (HIV). This is called **perinatal AIDS**. How do you think the AIDS virus can be transmitted from mother to child?”

Write down answers. Make sure that transmission during birth, through the blood system, and breastfeeding are mentioned.

“Remember the Holistic Health Wheel? Now, with this in mind, all of us have some responsibilities in making sure any child we have is as healthy as possible. How can young men and women protect themselves and their unborn child from getting infected with HIV/AIDS?”

Answers may include: abstinence, monogamy, condom use, education, and no drug use or sex with known IV drug users.

VI. PREVENTION ON AIDS IN OUR COMMUNITIES (15 MIN.)

“Many people with AIDS want to talk with others about their experiences so that other people won’t make the same mistakes they did. They are concerned about prevention. Who is familiar with this term?”

Call on youths to respond, then clarify definition.

“One definition of prevention is to take precautions to protect yourself from diseases or infections. How can AIDS be prevented from spreading in our community?”

Write youths’ ideas on the board. Clarify with the following information and erase incorrect or misleading responses.

“You don’t have to be HIV positive or have a close family member infected with HIV, to be a peer educator in your community. You are learning a model of prevention by participating in this program. Turn to the Community Health Educators’ Model in your manual on page 53. What are the steps that people take to become a peer educator?”

Place transparency on the overhead and go through each step, trying to get the youths to name the steps. If they can't, use the following information.

1. You enter a system through a program like this one.
2. You are exposed to HIV/AIDS information and become aware of the problem.
3. You receive education about HIV/AIDS and learn the facts.
4. You see the effects HIV/AIDS has on a community by learning what it does to communities.
5. You learn about the negative behaviors that put you at risk and change them to healthy positive behaviors to reduce your risk of getting HIV/AIDS.
6. You support community education because you understand that through education many people can avoid HIV/AIDS infection.
7. You share information with peers (become a peer educator) or help sponsor an event (i.e., an AIDS Awareness Conference.) How many of you have participated in a conference on AIDS?
8. You continue to support this cycle within your family, peer group, and community.

“What are some other ways youths can become community health educators? Do you think that young men and women see their roles differently when it comes to educating their communities? In your manual, let’s list the differences and see how we can make these differences work toward addressing the needs of our communities.”

Instructor: List differences on board as youths call out.

VII. CONCLUSION

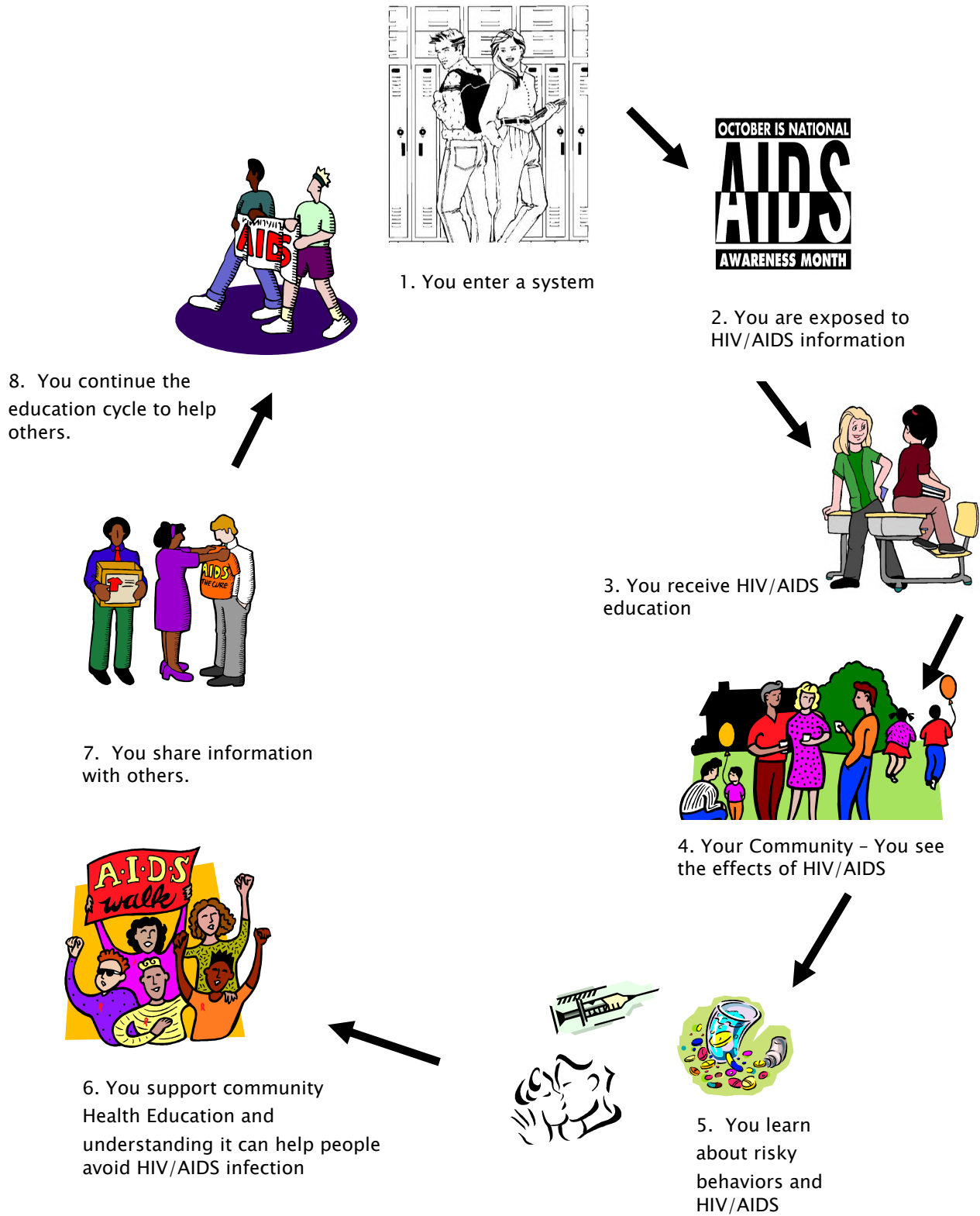
“Thanks for your participation today. Tomorrow we will talk about the medical treatment of HIV/AIDS and the search for a cure.”

Collect Youth Manuals

<p>MATERIALS AND PREPARATION NEEDED FOR SESSION 17:</p>
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- | |
|---|
| <ol style="list-style-type: none">1. Read through Session 17.2. Review additional information on HIV/AIDS treatment and resources. |
|---|

EVERYONES ROLE IN PREVENTION TRANSPARENCY



Transparency
Community Health Educators' Model

Session 17

HIV/AIDS Treatment

OBJECTIVES:

Youth will learn aspects of AIDS treatment, including the importance of healthy behaviors, the difficulties in finding a cure for AIDS, and the role of alternative healing and medical treatments for HIV/AIDS.



TASKS:

1. Youth will participate in an activity to instill more understanding towards people with HIV/AIDS (15 min.).
2. Discuss healthy behaviors that can help an HIV positive person (10 min.).
3. Explain the difficulties in finding a cure for AIDS (10 min.).
4. Go over main points of current drug therapies and alternative healing techniques (10 min.).
5. Go over Biopoem.

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Flip chart, markers, paper, and chalk.

FOR REVIEW:

Concepts to review from session 16:

1. The AIDS virus has a tremendous impact on the lives of those who contract HIV/AIDS, as well as on those people close to them.
2. Women most at risk for contracting the virus need to be especially careful about becoming pregnant.
3. Perinatal AIDS results from a pregnant woman with HIV passing the virus onto her baby before, during or just after birth.
4. Peer/community health education can take place as a result of students completing a course such as this one.

CONCEPTS:

Session 17 describes the kinds of treatments being administered to persons ill with HIV/AIDS, as well as the difficulties in finding a cure for the disease.



I. INTRODUCTION (3 MIN.)

Greetings and attendance.

II. UNDERSTANDING SPECIAL CONSIDERATIONS FOR HIV POSITIVE PEOPLE (15 MIN.)

“Today we will begin the session with a sensitivity activity designed to help you understand what it’s like to live with HIV/AIDS. Turn to your manual on page 56.”

Instructor: Read story from manual (included at the end of this session) and have youths respond to situational questions. Due to time constraints, select two or three of the questions for discussion. Conclude activity by having youths come up with a statement of support and empathy for Jess’s situation. (Example: It isn’t Jess’s fault he has HIV; he’s still a youth in school and he needs support and understanding.) Write the statement on the board.

“By the statement we’ve just made regarding Jess’s condition, we can also understand the feelings family and friends may have for people who are infected with the AIDS virus.”

III. HEALTHY BEHAVIORS FOR HIV POSITIVE PERSONS AND EVERYONE (10 MIN.)

“Although right now there is no cure for AIDS, people like Michelle and Jess who are HIV positive or persons with AIDS can help themselves by practicing healthy behaviors. Why do you think that healthy behaviors are so important for someone who is infected with the AIDS virus?”

Answers could include things about staying physically strong, positive mental attitude, etc. Be sure to emphasize the role of opportunistic disease for HIV positive persons. First ask for a definition of an opportunistic disease. Then give examples as listed in the next paragraph.

“HIV positive persons and persons with AIDS should remain in the best possible health so they can avoid catching colds and developing what are called opportunistic diseases. Opportunistic diseases are those which are more easily contracted by an HIV positive person because their body’s immune system is no longer working efficiently. The opportunistic diseases the HIV positive person gets are difficult to recover from. Some of these diseases are things, such as:

Write out on board: Pneumocystis carinii pneumonia (PCP) or Cryptosporidial diarrhea

“These can be life-threatening.”

“Healthy behaviors consist of doing things that promote good health. What behaviors do you know of that promote health? Let’s make a web of what you know about healthy behaviors. Go to page 57 in your manual.”

Write HEALTHY BEHAVIORS in the middle of the chalk board or chart paper. Draw three or four lines extending outward from the terms. Have youths share what healthy behaviors they know about and record them on the board or paper.

Encourage responses further by asking:

“What else is considered healthy for people?”

“Very good. Write these in your manual to create a web of healthy behaviors.”

Use the following information to explain the different facts of healthy behavior. Try to have they youths provide the information on each of the following topics. If not mentioned, make certain that each topic is covered.

“Healthy Diet: A healthy diet is considered a balanced diet. It means eating fresh vegetables and fruits, as well as grains, meats and dairy products. It means avoiding too much sugar, fat, or processed, junk, and fast foods. Someone give me an example of a meal that is balanced by all the food groups.”

“Exercise: Working your muscles and getting fresh air keeps your heart strong and encourages the functioning of the immune system. Strenuous exercise done when one is ill can be harmful and strain a weak heart and body. It’s best to see a balance and be informed of the risks and benefits of the kinds of exercise you choose.”

“Emotional Health and Attitude: It is important to strive for a positive attitude and positive ways of dealing with emotional stress. Allowing problems to affect your emotional state of mind can “stress-out” the immune system and leave you more likely to catch viruses and other illness.”

“Mental Health: Your mental health and balance suffer when you have a feeling of being out of control, or when more serious kinds of problems leave you feeling suicidal or with the desire to hurt yourself or others. Emotional, physical, and mental health are all related, so stay positive and in balance.”

“Sexuality/Safer Sex: Included under healthy behavior is sexuality. What do we mean when we refer to healthy sexuality?”

Call on youth.

“Yes, it means safer sex using condoms for protection and making other decisions that will protect you from STD’s , AIDS, pregnancy, and relationships you may not be ready for. In other

words, it may mean putting off or cutting down sexual activity. One way to achieve this goal is to also avoid drug and alcohol usage, which influence your decision making abilities.”

“These healthy behaviors will help protect the HIV positive person from illness. However, these are goals that everyone, even young people who do not have HIV, should work toward. Does anyone remember the important concept we talked about at the beginning of the curriculum?

[PAUSE] “That’s right.” Holistic Health. Remember that healthy behaviors help a person to develop all aspects of his/her physical, mental/emotional, spiritual and social self and the harmony and balance are key in keeping healthy.”

IV. FINDING A CURE (10 MIN.)

“As we said before, currently there is no cure for AIDS. Why do you think that AIDS is hard to cure?”

Write down reasons on the board.

“Those are good ideas; here are some others that scientists have discovered.”

Write a key phrase on the board for each fact and/or read biopoem in youth manual.

1. The cell mutates, which means it changes and creates different versions of itself. This results in the reduced effectiveness of drugs that may work for awhile.
2. The virus multiplies in great numbers.
3. It can infect and remain in the Central Nervous System
4. The only other animal the virus infects is the chimpanzee; however it doesn’t develop the same infection and disease. Therefore, animals can not be used to test medications on.
5. It slows down and destroys the body’s defense system.
6. It can hide in cells.
7. The antibodies cannot disable or overcome the AIDS virus.

“There are some substances, like bleach, that kill the virus but cannot be put into the body, because the substance is extremely poisonous to the body, as well as the virus.

V. DRUGS MEDICALLY PRESCRIBED AND ALTERNATIVE HEALING PRACTICES (10 MIN.)

“There are several different ways that opportunistic diseases caused by HIV/AIDS are treated. One is with medicines, or prescription drugs, developed and prescribed by conventional medical researchers and doctors.”

“Another way is with alternative treatments that come from traditions, such as those practiced in China or Africa. And, for Native Americans there are the healing practices involving herbal medicines and ceremonies that treat the whole person; this means the mind, spirit, emotions, and body are considered treatment. Does this sound like something we have been learning about?”

Yes, Holistic Health.

Write the following categories on the chalkboard. Drugs medically prescribed, and Alternative Healing (this category will include Native American and traditional healing.)

“Now I am going to name some treatments. Think about which list each of these things would go in and call out when you know.”

Alternate between the two lists and read definition/example along with the name of the treatment.

Drugs Medically Prescribed:

1. AZT – (Zidovudine) – attacks the virus itself, increases number of helper T–cells, may increase patient’s lifespan and reduce opportunistic infections, available since 1987, has negative side effects, and very expensive.
2. ddC (Dideoxycytidine) – works similarly to AZT, interferes with replication of the virus, and approved and made available since 1992.
3. ddI or ddA (Didanosine) interferes with replication of the AIDS virus, boosts levels of disease fighting T–cells and treatment is expensive.

Alternative Healing

1. Visualization – Thinking of positive images to control pain and symptoms
2. Acupuncture – A treatment using tiny needles inserted into certain points on the body.
3. Taking a mixture of herbs gathered locally that has been prepared by a medicine man or women.
4. Strict diets – Macrobiotics is an example of a healing diet that balances the mind and the body.
5. Having a ceremony or a sweat done by a medicine man or women.

“Good thinking. Now we have two lists naming kinds of treatments for people with AIDS. Do you think any of these could cure AIDS?”

Acknowledge response.

“As far as we know, can anything at this point cure AIDS?”

Affirm that most medical treatments are for the symptoms of HIV/AIDS and don’t cure the virus itself.

“Traditional healers offer more than the relief of symptoms. Some healers even use drama as a type of therapy. What else do you think traditional healers offer their patients?”

Youths should mention spiritual comfort, counseling and support, and therapies like message and visualization.

“In countries like China, Africa and Brazil, healers have great knowledge of the medicinal properties of the local plant life. Is this true of traditional healers from this area?”

“Some Native Americans with AIDS are being treated by such healers. It is possible with attention to keeping the AIDS patient emotionally healthy and spiritually strong, the immune system will be strengthened and able to fend off opportunistic diseases. Other than that, we do not know yet whether Native American healers or other healers can treat the actual AIDS virus.”

VI. CONCLUSION (2 MIN.)

“Thank you for your participation. Some things we talked about today may have made you curious. I don’t have time to answer all of your questions today, so please write down any other questions that you have about AIDS, and we will try to answer them before the end of this program. As time goes on, new discoveries will be made so keep your ears and eyes open for answers to your questions. Tomorrow will be a day to think back over what you all have learned about prevention and staying healthy. We’ll also be doing more group work to get you prepared for the final role–plays.”

Collect Youth Manuals

MATERIALS NEEDED FOR SESSION 18

- 1. Read through session 18**
- 2. Cassette tape player and soft relaxing music**
- 3. Guided Imagery Script**
- 4. Review guided imagery script in preparation for activity.**

SESSION 17 – STORY OF JESS

Jess is a popular student in a local school. Jess became ill last April and was absent for a few weeks. When Jess returned to school, Jess looked thin and tired, but was back in class. Because Jess is well known at school, Jess's absence was noticed by many of the students. Everyone has asked what was wrong, and Jess told them, "I have AIDS."

HOW SHOULD PEOPLE DEAL WITH JESS...

- Should Jess be allowed to return to school? Why?
- How would you feel if Jess were a member of your family?
- Should any special changes be made for Jess? Should Jess be allowed to eat in the cafeteria, use the swimming pool, play basketball, go on field trips, and be involved in other school activities?
- Suppose that some parents find out Jess has AIDS. They call a special meeting with the principal and insist that Jess be asked to withdraw from school. What do you think about this? What do you think you would do if you were the principal?
- Suppose that you are a student in Jess's class. Your parents insist you be transferred to another classroom. How would you handle the situation?
- What if Jess had another disease, such as cancer? Should Jess be advised to continue with school and a normal schedule? What makes AIDS so different?

BIO-POEM

HIV enters the body when we let down our guard
“...but I only did it once!”, “Just thought I’d check it out!”
... “I should have listened!” and “I didn’t know!”



It can infect and remain in the central nervous system, hiding, waiting for its chance.

It slows down and destroys the body’s defense system.

It can hide in other cells, too.

The human body’s own defense system can not disable or overcome the AIDS virus.

The AIDS virus mutates, it changes and creates different versions of itself.

The virus multiplies in great numbers.

Other animals (like chimpanzees, horses, and cats) have an AIDS virus, but it doesn’t develop the same infection and disease.

There is no cure, we still hope and hunt for the answers, we can only continue or search.

Armed only with information and the ability to educate ourselves and others, we must realized the only real hope is to change our behaviors (stop taking chances, the partying, the messing around, and so on).

Deadly in the end, we’re the only ones that can PREVENT our own demise.

Session 18

Guided Imagery and Practice

OBJECTIVES:

Youth will visualize their future with a focus on positive changes and will plan role-plays to be presented to the group.



TASKS:

1. Briefly review program and ask youths to reflect on overall experience (10 min.).
2. Use guided imagery to visualize a positive future (10 min.).
3. Youth will break into assigned groups and plan for group presentations (25 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Guided imagery script, tape player and music.

FOR REVIEW:

Concepts to review from session 17:

1. Healthy behaviors should be practiced by everyone regardless of whether or not they are infected with AIDS and those infected with HIV should especially practice healthy behaviors as well.
2. Opportunistic diseases occur in persons with AIDS due to their damaged immune systems.
3. The difficulty in finding a cure for AIDS is largely due to the nature of the virus itself.
4. Conventional medical treatments are those approved by the majority of medical doctors.
5. Alternative healing generally involves special diets and techniques taken from non-Western traditions.
6. Traditional healing treats the patient holistically since the emotional and spiritual health of the patient is attended to. Strengthening the immune system can be a result of holistic treatments.

CONCEPTS:

Session 18 provides youths with the opportunity to process some of what they learned from the curriculum program while visualizing their future.



I. INTRODUCTION (2 MIN.)

Greetings and attendance

II. REFLECTIONS ABOUT THE PROGRAM (10 MIN.)

“Yesterday’s session on the treatment of HIV/AIDS wrapped up the program’s information on the prevention of AIDS, alcohol and other substance abuse. Let’s list some important issues or other things we’ve learned within the last few sessions of the program? You’ve learned a little about life, about choices and decisions, right? You have been given some valuable information to begin your life journey. The hope is that your life will be how you want it to be, healthy and full.”

“What do you remember as the most meaningful experience you’ve had now that the program has ended? Did you learn something about yourself? Was it something that made learning fun?”

“As you go on with your education and your life’s journey, you will see the changes that have occurred in yourself because you have learned new things, positive things to help you live a full and happy life.”

“You may notice changes in your classmates. You can see they’re trying, just like you are. Look back and understand the importance of Holistic Health, how all the areas of your total self interconnect: your emotions, your ability to learn, your body and health, and your relationships with others like your family. Realize that you may have developed an understanding of that greater whole we mentioned at the beginning of the program. You may feel more connected with your family or community, or with the spiritual and religious traditions of your culture. You may feel a healthy sense of responsibility to all the groups you belong to.”

“Let’s reflect on some of the topics and issues you have just learned about in the program. Can someone name some of these?”

Prompt with the following if no one volunteers

- Communication with values
- Holistic Health and Wellness
- S.O.D.A.S
- Self-Esteem
- Alcohol and Other Drugs
- Addiction
- Human Sexuality/Reproductive Issues
- AIDS Epidemic– (Mention HIV infection rates nationally and among Native Americans)

III. GUIDED IMAGERY (10 MIN.)

“We will now do an exercise to help you visualize what you have learned and how you will apply that to your future.”

Instruct the youths to sit comfortably, remove all books and bags from desk/tabletop. Their feet should be flat on the floor, with the palms of their hands up on the desk/table tops. Make sure they feel comfortable and relaxed. Turn off the bright lights and use natural lighting if possible. Once you have the youth ready, have them close their eyes and clear their minds of everything. Have youths take three long deep breaths before you start the script. Make sure you feel comfortable with this activity. Practice this session before doing it with the class.

“Close your eyes and clear your minds and relax. Take a deep breath and exhale, another deep breath and exhale, and another deep breath and exhale. Now feel the lightness in your feet, your legs, in your arms and your stomach. Clear your mind of all other distractions and concentrate on my voice. As you clear your mind, you can feel the warmth emerging from your stomach out into your arms and legs. As you clear your mind, think back to what you have experienced in this program. Think about the sessions on communication, SODAS, alcohol, drugs, human sexuality, Fetal Alcohol Syndrome and HIV/AIDS. Think of the different activities and the hard work you have done to make this period of time positive. Enjoy the feeling of success as you complete this program.

Now open your mind and focus on the future, see into the future, see yourself as a sophomore, as a junior, then as a senior as you graduate from high school. Let your mind take you beyond high school, what do you see? Will you like who you are and what you have become? Take a moment to think about this. What have you done at this time to work towards your goals? What else can you do to make things work for you so you can be happy and successful? Is there a place or someone special to go to when you need help? Think of three special places and people where you can feel safe and supported. Think for a moment of those three places and those three special people. And as you think of these things, always remember, that things may not always turn out exactly how you want them to, but you can handle it. You can cope, and you can understand and accept challenges without taking it out on yourself. You can take care of yourself. You did a tremendous job. Give yourself a big pat on the back and a nice warm hug. Now, gently open your eyes, slowly shake out your arms, your legs and stand up. Write what you remember in your youth manuals. Remember, think positive of yourself and have a great life.

As you finish the guided imagery, maintain a few seconds of silence. Then state that as the lights come back on they should begin to think of wrapping up the program by doing their best in their SODAS presentations.

IV. YOUTHS BREAK INTO GROUPS (25 MIN.)

“Today you’re going to plan a role–play that you’ll be presenting to the group tomorrow. Go ahead and get into the groups you’ve been working in.”

Encourage youths to move quickly and quietly.

The role–play you’ll plan today will show how to use SODAS in a tough situation. While planning with your group, keep in mind what we’ve been studying in here. Some of the information you have learned about alcohol and other drugs, HIV/AIDS, and human sexuality should be presented in your role–play. We want to know that your participation in this course has been meaningful to you.”

“Today you will create your own situation to act out. You can get some ideas form the list of tough situations in your manual. But first turn to the worksheet on page 60. Filing in this page will help you plan your role–play. You need to make sure everyone know what they’re going to be doing. You may want to bring props, so talk about that today. Groups will present tomorrow.”

“You can go ahead and practice your role–plays with each other now. You need to practice today because I don’t want you to get up when it’s your turn tomorrow and be overwhelmed by not being prepared. Just let me know if you need any help.”

Circulate around and assist youths.

V. CONCLUSION

“I’m looking forward to everyone’s presentation tomorrow. See you then!”

Collect Youth Manuals

MATERIALS AND PREPARATION FOR SESSION 19
1. Read through Session 19
2. Help any youth who seem shy about role–play

Session 19

Group Presentations

OBJECTIVES:

Youth will present their skits before the class.



TASKS:

1. Conduct a quick energizer to prepare youth for their presentations (5 min.).
2. Allow youth time to wrap up planning for role-play and set up for their skits (10 min.).
3. Observe and discuss youth presentations—allow youths to evaluate each other using the form from their manuals (25 min.).

MATERIALS:

1. Attendance sheets.
2. Youth manuals.
3. Supply box.
4. Copies of youth evaluation form from their manuals.

FOR REVIEW:

Concepts to review from session 18:

1. Reflecting back on the curriculum allows us to see how the lessons relate to their own lives and future goals.
2. Visualize the future as a step towards bringing it into being.

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 teenagers' lives.



I. INTRODUCTION (3 MIN.)

1. Greeting and Attendance
2. Reinforce youth for their hard work during the last session.

II. ENGERIZER (5 MIN.)

“Before we have you get in your groups to finish planning your role-plays, let’s do a quick energizer to make sure you’re awake and ready to go.”

“I want everyone to stand up and close their eyes. I’m going to ask some questions.”

Instructor: Walk around and tap the shoulder of the person you are asking the question. Ask the following questions:

1. What is the person on your right wearing?
2. What is the person on your left wearing?
3. What color hair does the person in front of you have?
4. What kind of shoes is the person behind you wearing
5. What color are my eyes?
6. How many females are in this room?
7. How many males are in this room?
8. Where are the trashcans in this room?

“Alright, everybody open their eyes. How many people got the right answers to the questions?”

Instructor: After this energizer activity, get the youths ready to rehearse their skits.

III. REHEARSE SKITS

“Everyone has been doing a great job with the SODAS activities. Today is the day you get to present your role play to the group. We would like you to get into your groups and get ready to go. Make sure the person being pressured knows their SODAS. We will call everyone back together in 10 min..”

Instructor: Have youth break into their groups for 10-minute preparation period. The instructor should circulate around the room provide last minute coaching for each group.

IV. PRESENT & DISCUSS SKITS (25 MIN.)

Pass out copies of the student evaluations that are in the Youth manuals. Remind youths that they are critiquing each other, and their peers will also be required to critique them, also remind youths to be honest about each other's presentations.

Youths should now present skits to the group. Allow 5 to 10 min. for discussion at the end of the session about the use of SODAS in role plays as opposed to real life. Have youth evaluate each other's presentations using the questions in their manual.

V. CONCLUSION

1. Congratulate youths on their cooperation and performances.
2. Remind them that by using S.O.D.A.S. they are becoming successful problem solvers and communicators.

Collect Youth manuals

PREPARATION AND MATERIALS FOR SESSION 20:

Read through Session 20

Prepare Diplomas for Session 20

Plan a party for the end of Session 20

Session 20

Resources

OBJECTIVES:

Youth will become familiar with many resources that are available to them. They will also rehearse how to ask for help should they desire it.



TASKS:

1. Go over the different types of resources that are available to youth.
2. Discuss what the youth thought of this entire program.
3. Have a party and say goodbye (time allowing).
4. Hand out diplomas to all youth.
5. Refer youth to their manuals for more resources. They may now keep their manuals.

MATERIALS:

1. Attendance sheets
2. Youth manuals.
3. Farewell treats.
4. Diplomas.

FOR REVIEW:

Concepts to review from session 19:

1. Role-plays can help everyone to practice what they need to know when they're placed on the spot.
2. SODAS can be used in any difficult situation, whether it's deciding to go out instead of studying for a test, or if it's how to handle a risky situation.
3. Working with other youths to practice different kinds of behaviors can be fun.

CONCEPTS:

Session 20 helps youth to find other resources for information for their future. It also gives them a chance to be positively rewarded for their participation through either a small party or by having the instructor pay attention to their accomplishments.



I. INTRODUCTION (3 MIN.)

Greeting and attendance.

II. SAYING GOODBYE (15 MIN.)

“Sometimes it’s hard to say goodbye to each other, especially when we’ve discovered new things about ourselves and we’ve learned new ways to handle old situations. But I want to say how much fun I’ve had working with you, how much I’ve learned about myself being with you, and I hope that you have learned some new things that will help you as you go through life.”

Instructor: Say this in your own words if you want. Sometimes a person is more comfortable saying things from the heart.

“I want you to look at the resource list in your manual. This is for you to keep and use whenever you need to. Or, maybe you’ll have a friend you can share this information with. You will also find the copy of the card to carry in your wallet in the back of your manual. Remember to fill it out, and use the numbers available should you ever need help.”

“Right now I’d like to pass out some diplomas for participation in the course.”

Instructors: Pass out diplomas to each youth by saying their name and shaking their hand.

III. FAREWELL PARTY

Instructors: If this is possible, a small congratulatory with some snacks, beverages and general discussion party would be nice for all involved.

Remind students to carry the card for any help and assistance that they may need.

This page is left as a reminder that youths will complete post-evaluation after the end of session 20.

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>

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.

AIDSFILE – 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

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.

FREE CATALOGS OF ALCOHOL AND OTHER DRUG USE

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.