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PLANNED PARENTHOOD® OF NEW YORK CITY

ADULT ROLE MODELS PROGRAM MANUAL

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A publication of

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INVITATION TO SHARE OUR PROGRAM

"If parents appropriately supervise and monitor their children, and if the adolescents feel connected to their parents, they are less likely to engage in sexual risk taking." —*Doug Kirby, Ph.D., 2001*

In recent years, there has been a surge of attention to the role that parents can play in helping their children to adopt healthy and responsible behaviors. A number of national studies have looked at the dynamics of parent-child communication related to sexuality and the impact of increased parent-child communication on the sexual behavior of youth. According to these data, parents and their children often experience difficulty talking with one another about sexuality. The data also reveal that parent-child connectedness (the emotional bond) and parental monitoring, coupled with clearly communicated values and expectations from parents, can have a protective effect on adolescent sexual behavior.

Applying these findings, Planned Parenthood of New York City (PPNYC) initiated the Adult Role Models program in 1998 and adapted the program as the research evolved. The Adult Role Models (ARM) program is a parent-peer education program designed to provide parents with the information and skills they need to become the primary sexuality educators for their children. PPNYC trains community parents to become peer educators who help other parents feel comfortable and confident in educating their children about sexuality. The Adult Role Models (ARMs) facilitate free workshops in their communities to promote dialogue between parents and their children and also to help parents communicate clear messages and values to their children.

After twelve years of successfully implementing the Adult Role Models program in two communities with poor sexual and reproductive health outcomes, we are pleased to share our model and lessons learned in this ARM program manual. In this manual, you will find an overview of the Adult Role Models program, our step-by-step model for developing and sustaining the program, our training curriculum, one of our workshop facilitator scripts, and resources for service providers.

We hope the ARM program manual will be a valuable resource for organizations working with parents (and those planning to work with parents) to support them in their role as the primary sexuality educators of their children. Please feel free to contact us for further information about the Adult Role Models program.

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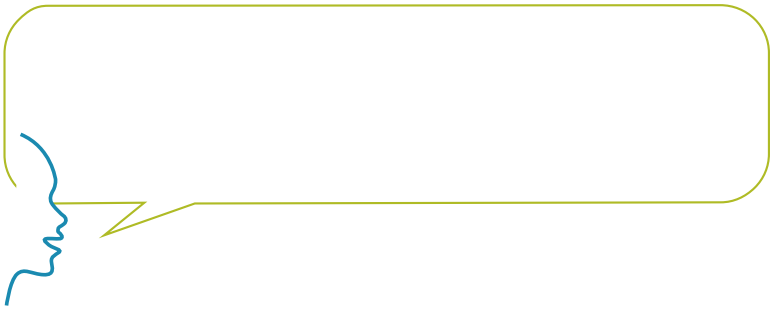

Facilitator Script

I. PROGRAM OVERVIEW

"At the beginning of our training, we had no idea we would have such an effect on the community. As news of our work spread, other communities—from Florida to Africa—have asked us to help them adopt our model. This is evidence that our role is important and the community needs us."

— Victoria Barnes, a founding Adult Role Model

Planned Parenthood of New York City believes that parents should be the primary sexuality educators of their children. However, many parents lack both the confidence and the skills to talk with their children about sexuality. The Adult Role Models program at PPNYC was designed to provide parents and caring adults (such as grandparents, etc.) with the skills and information they need to become the primary sexuality educators of their children.

Through the ARM program, PPNYC trains community parents to facilitate free workshops to their peers on how to communicate with their children about sexuality and how to strengthen the bond between parent and child. The ARM program was first implemented in the Mott Haven section of the South Bronx in 1998 as part of a comprehensive community-based teen-pregnancy prevention program. We selected this community because of our long history in the area and because of its extraordinary need. Mott Haven is a high-risk community in terms of health and safety indicators. The nation's poorest congressional district, it has the highest homicide rate in the state and one of the highest teen-pregnancy rates in the country. In 2000, PPNYC launched the ARM program in the Lower East Side of Manhattan. Like Mott Haven, this community has a high rate of teen pregnancy and other health indicators that reflect the need for an intervention like the ARM program.

The ARM program trains local parents who reflect the demographic makeup of their neighborhood to become Adult Role Models (ARMs). They come to the program with diverse experience. Some of the parents are community leaders, some have extensive work histories, while others have very limited or no work experience. There are parents in the program who have graduated from college and other parents who have not finished high school. A number of the parents in our program have triumphed over circumstances that are endemic in low-income communities, such as chronic health conditions, substance use, and unemployment. The diversity of the ARMs enables the program to reach varied segments of the community and provides these local parents with a unique opportunity to gain professional skills and to earn a stipend for their active participation.

To prepare ARMs for their work, PPNYC provides more than 75 hours of training in sexual and reproductive health, parent-child communication, child development, and group facilitation. Another key component of the training is that PPNYC staff work closely with the prospective ARMs to build their comfort and capacity to promote and lead workshops. The ARMs are taught how to mobilize their neighborhood networks to help PPNYC to schedule workshops at community centers, churches, and other neighborhood organizations that they frequent. Following this

comprehensive training, the parents take a knowledge-assessment exam to determine their readiness to disseminate information about sexuality. Before graduating from the training program, participants must be observed facilitating a workshop to assess their competence in group facilitation. After graduation from the training program, the ARMs are supervised, supported and kept up-to-date through one-on-one supervision meetings, monthly group meetings, professional development trainings, and an annual retreat.

The Adult Role Models program has flourished because it capitalizes on one of the greatest strengths of a community—its residents. By empowering parents within the community to become "local experts," PPNYC has created a cadre of parents who can answer questions from friends and neighbors on an ongoing basis. Moreover, the ARM workshops have enabled PPNYC to reach a large number of parents with whom we might otherwise not have contact. Since 1998, PPNYC has trained more than 60 Adult Role Models who have reached more than 6,000 parents through the program's four-part workshop series.

II. STEPS TO LAUNCH THE ARM PROGRAM

Since the inception of the Adult Role Models program, Planned Parenthood of New York City has learned valuable lessons at each stage along the way. In fact, we continue to review and revise the program based on feedback from the Adult Role Models, the communities we serve, and our evaluation efforts. What follows is the step-by-step model we used to develop our program, anecdotes from our experience implementing the model, and lessons we learned. Our program model can be adapted for various communities, and we encourage organizations interested in partnering with parents to improve adolescent sexual health to adopt the ARM program to your population using the steps below.

STEP 1 Conduct a Needs Assessment

A needs assessment is a method or process used to determine the program or service needs of a community. A needs assessment is critical to building any public health program because it increases the likelihood that the intended audience will embrace the program. A needs assessment may take several forms, such as reviewing related statistics, organizing surveys, and conducting interviews. For more information on needs assessments, visit http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx. Another key component of conducting a needs assessment for the ARM program is identifying other parent programs in the community to avoid duplication of services.

In 1997 (one year prior to launching the ARM program in the Mott Haven neighborhood of the South Bronx and three years prior to replicating the program in the Lower East Side of Manhattan), PPNYC conducted a survey in four neighborhoods to ascertain adolescents' access to services and their sexual and reproductive health experiences. PPNYC partnered with local community-based organizations and neighborhood adults and youth to conduct the surveys. In Mott Haven in the South Bronx and the Lower East Side of Manhattan, the surveys revealed a number of factors that place youth at risk for early pregnancy and sexually transmitted infections (STIs). Among those factors was a gap in communication between parents and teens about sexuality. These findings, coupled with poor outcomes on sexual and reproductive health indicators (HIV/AIDS, STIs, teen pregnancy, etc.) in Mott Haven and the Lower East Side, bolstered the rationale for the ARM program in both communities. While there were parenting skills programs in these communities, they did not specifically address parent-child communication about sexuality.

STEP 2 Determine Scope of the Program and How It Fits into Existing Programs

After conducting a needs assessment, the next step is figuring out how many parents you expect to reach, what level of staff resources will be dedicated to the program, and how the program will further your agency's mission as well as complement existing programs. The answers to these questions have implications for how the program is presented in the community and within your institution and whether it will be sustainable.

As a result, PPNYC has designed its ARM program as a component of a broader set of community-based sexual and reproductive health promotion initiatives conducted by the agency's Education and Training Department. A peer education component trains young people to serve as sexuality educators in their communities. We run 12-session educational workshops and evidence-based interventions to help young women and young men make sexually healthy and responsible choices. Our "Taking Care of You" workshop series, which is delivered to youth in schools and community organizations, focuses on sexuality, disease prevention, and positive communication in relationships. Our Capacity Building Program assists organizations in developing infrastructure, policies, and programs so they can help their clients to obtain sexual and reproductive health services and lead sexually healthy lives. And our Training Institute trains professionals in New York City and nationally to provide high-quality sexuality and reproductive health education and programming.

Because the ARM program is a critical component of our community programs, we dedicate substantial resources to ensuring the program will be sustainable. Our model requires a full-time staff person to coordinate the program and 10–15 parents to serve each of our two target communities (all of whom receive a stipend for their participation). Approximately $60,000 is budgeted for the program in addition to the salary of a full-time coordinator and two part-time program assistant. See Appendix A for sample budget line items.

LESSONS LEARNED

Originally, we had one program coordinator per program site (Lower East Side and South Bronx). The ARMs were initially trained together but then split their meetings and workshop activities into two separate programs, according to their neighborhood of residence. The move to combine the programs into one program with two sites partially grew from the Adult Role Models themselves. They were becoming very interested in working outside of their respective neighborhoods and serving additional New York City residents. At this same time, the resignation of the Lower East Side (LES) program coordinator left the Bronx program coordinator to manage many of the LES-based responsibilities. We soon discovered that one combined program was manageable to sustain, given there was part-time program assistance for approximately 20–30 hours per week.

STEP 3 Recruit Staff to Coordinate the Program

Staff identified for the ARM program should have a solid background in sexuality education, experience working with the target population, cultural competence, appropriate language skills, outreach skills, workshop facilitation experience, and the ability to relate to parents as well as to the community at large. This skill set is critical for providing ongoing support to the ARMs in their role as peer sexuality educators.

The original staffing for our ARM program consisted of a program coordinator and a lead trainer. Both staff members were seasoned sexuality educators, culturally competent, and experienced in working in communities similar to our target neighborhoods. The lead trainer was a parent, which helped her to bond and build credibility with the ARM trainees. Later, the job responsibilities of training the ARMs and coordinating the program were combined. Fortunately, the fact that the coordinator was not a parent did not create a barrier in establishing credibility and a rapport with the ARM trainees. It is interesting to note that we have never had a parent in the position of program coordinator and that this has not had a perceivable negative effect on the impact of the program.

LESSONS LEARNED

In our experience, the staff member who coordinates the program and works most closely with the ARMs will spend a significant amount of time supporting them in their role as ARMs and also in dealing with personal issues or crises. The person recruited for this position will need to have good listening skills and be comfortable providing support and referrals to the ARMs concerning personal as well as supervisory issues.

STEP 4 Tailor the Workshop(s) to the Target Population and Evaluate Workshop Effectiveness

Since target communities will undoubtedly differ, using a "cookie cutter" approach can compromise the effectiveness of the program. In addition, cultural norms play a significant role in reaching parents with information they will find palatable and useful, particularly since sexuality is such a sensitive topic. Therefore, it is advisable to pilot the workshops with a group that is representative of your target population and solicit their feedback on how the workshops could be most effectively adapted.

Although we recommend adapting the workshops to meet the needs of the target population, ARM workshops should adhere to the program's basic formula to meet the goals of the program (i.e., providing parents with the skills and information to talk to their children about sexuality).

The workshop formula is as follows:

A. Raise awareness of the importance of parents' role as the primary sexuality educators of their children.
B. Provide accurate sexuality information.

C. Encourage parents to identify the values they want to teach their children.
D. Provide communication strategies/techniques that are simple to remember and easy to use.
E. Provide a safe environment for parents to share, ask questions, and practice techniques.
F. Provide additional resources based on workshop content and local referrals for additional issues that arise during the workshop.

At PPNYC, our first workshop underwent several revisions based on feedback from parents in the community. Even the title of the first workshop, "Talking to Your Children about the Facts of Life," was based on feedback from parents. They informed us that the original title, "Talking to Your Children about Sexuality," was intimidating for many parents and not broadly understood by the public—many parents interpret the term "sexuality" as sexual activity or sexual orientation. View the "Talking to Your Children about the Facts of Life" workshop script in the back of this manual. (Other ARM workshop scripts will be made available upon request).

The populations we reach through our ARM program are primarily Latino and African-American. In order to effectively reach Latino parents, our workshops were transcreated* into Spanish and modified to increase their relevance for Latino parents. For example, we do not use the acronym ARM for the Spanish workshops because when translated the acronym becomes AM (Adultos Modelos). In the English version of Workshop I, we refer to the influence of popular talk shows on adolescent sexuality. In the Spanish version, we refer to the influence of telenovelas. Also, the names of the characters used for role plays are changed to Spanish names.

The Lower East Side of Manhattan is a very diverse community, consisting of Asian, Latino, White, and African-American residents. In this community, we began our work primarily with Latino and African-American parents because we have the experience and cultural competence to work with these populations. It is our firm belief that experience serving a population, sensitivity to linguistic and literacy differences, and cultural competence are essential to effectively delivering services. To broaden the reach of the program, we are exploring the possibility of partnering with local organizations that serve other populations in the community.

Our program evaluation efforts aim to assess workshop content for its relevance to the participant population, as well as capture whether our key messages are being grasped and understood by workshop participants. Our evaluation efforts are discussed in Step 10. It is important to develop an evaluation plan at the start of any new program. Even small organizations can draw on internal and external resources to ensure that a plan for assessing program effectiveness is included from the inception.

STEP 5 Develop a Marketing Strategy and Obtain Community Support

Developing successful marketing strategies is critical to the success of the ARM program. Anyone who has worked with parents knows that outreach to them can be challenging, because parents typically juggle a number of responsibilities on a daily basis. Some parents may not feel a sense of urgency about talking to their children about sexuality.

*We use the term transcreated because the material is not simply translated. All materials are reviewed for cultural sensitivity and relevance to the population in which they will be used.

Holding focus groups with parents can be instrumental in developing a successful marketing approach. Also, partnering with community leaders and service providers is an essential step in marketing the program and obtaining community buy-in. These community members can lend credibility to the program, help identify marketing strategies, and increase access to parents. In fact, forming a community advisory group of parents, community leaders, and service providers can offer valuable guidance and support to the program.

As previously mentioned, PPNYC partnered with local organizations and community residents to conduct youth surveys in our target communities prior to introducing the ARM program. Working closely with those partners, as well as reaching out to other key constituents of the community, helped to build a base of support for the program. PPNYC also solicited recommendations from our community partners on how to effectively market the program.

In addition to working closely with community partners, PPNYC established a contractual agreement with a local community organization in the Mott Haven neighborhood of the South Bronx to assist us in implementing our sexual and reproductive health programs, including the ARM program. The organization operates several community centers, which provide youth development, early childhood education, recreational, and family-oriented services. This contractual agreement was instrumental in recruiting participants for the ARM program as well as our other program activities. We witnessed a marked difference in terms of recruitment of participants between Mott Haven and the Lower East Side of Manhattan, where we did not have a contractual agreement with a local community organization.

STEP 6 Recruit, Interview, and Hire ARMs

The ARMs are readily accepted and regarded as credible messengers by other parents in their community primarily because they are parents themselves and share similar backgrounds. They have the ability to connect to their audience. In order to maximize the program's ability to successfully reach parents, the parents recruited to be ARMs should reflect the demographics of the target population in race, ethnicity, culture, age, gender, and background.

We strive to diversify our pool of candidates in terms of gender, ethnicity, age (we recruit both parents and grandparents), and life experience. We find that this diversity enriches the program and helps to reach different segments of the community. In addition, the program makes efforts to recruit experienced parents (those who have at least 4 to 6 years of parenting experience) to ensure that they are seen as credible messengers and can draw from their parenting experience when facilitating workshops and engaging parents in one-on-one conversations.

The ARM program does not, however, recruit teen parents. Generally, teen parents lack the parenting experience we look for in facilitators and they often require more resources and support than the program has to offer. Moreover, one of the goals of the program is to help parents guide their children to make sexually healthy and responsible choices; it would likely be challenging for teen parents to work with other parents on this issue when they are still coping with their own experience of teen sexuality.

Once you have an idea of whom you would like to recruit, you should develop a recruitment plan. Ideally, your plan should include a variety of recruitment strategies and contacts that can be instrumental in getting the word out to

parents. Recruitment strategies can include: posting flyers in the community, sending mailings to parents and organizations that serve parents, placing advertisements in community newspapers, conducting presentations at Parent Teachers Association (PTA) meetings and other gatherings, and spreading the news by word of mouth. A recruitment presentation should include sample exercises from the training, so the parents can experience firsthand what they'll be involved in. The presentation should also be encouraging—parents need to believe they can do it!

Additionally, you need to consider what types of incentives will attract candidates. Stipends are a great incentive, particularly in low-income areas. However, if you don't have the funding for stipends, other incentives, such as public recognition, work experience, professional development training, and certificates, can also increase your program's appeal to parents.

Consult community members or your community advisory board (if you've developed one) to solicit recommendations for developing an effective recruitment strategy.

At PPNYC, we send mailings, post flyers, advertise at local health fairs, telephone and e-mail parents who have participated in other program activities, and make presentations at community organizations and PTA meetings. (See Appendix B for our recruitment flyer.) We promote the program as an opportunity to earn a stipend as well as a chance to make a difference in the community. Some of our current ARMs have revealed that the stipend was their primary reason for joining the program, but the value of the work is what kept them involved. (See Step 9, "Maintain Program.")

Our most productive recruitment effort consists of enlisting the assistance of our community partners, because they refer parents to the program and provide us with opportunities to present the program to parents participating in their programs. And the ARMs themselves recruit other parents during their workshops and through their network of friends and family. We have found that participants recruited through the ARM workshops or referred by ARMs have a better understanding of the program. PPNYC offers a recruitment incentive to the ARMs. The ARM who recruits the most parents accepted into the program is awarded a gift certificate to a retail store or tickets to a movie theater.

Although we have had success in recruiting mothers, the program still faces difficulties in recruiting as many fathers. Several questions have emerged: Is there a paucity of men available for this type of program in the target communities? Is the program more appealing to mothers? Are our outreach strategies effectively reaching men? Staff are continually exploring these questions with service providers and community members to determine how the program can increase participation by fathers.

The importance of holding interviews to select parents for the ARM program cannot be overstated. Since the ARMs will be delivering sensitive information to parents and representing your agency, it is crucial that you assess their ability to meet the expectations of the program, including working with other parents. We strongly recommend a standard hiring process that includes an application, an in-person interview, and reference checks. To mirror our agency's general hiring process, we also conduct background checks on all ARM applicants when they get to the final stage in the process.

During the selection process, you want to identify candidates who:

- Are interested in furthering the mission of the ARM program and contributing to their community.
- Have the language abilities and cultural competence to work with parents in their community.
- Have the verbal and written communication skills to facilitate workshops.

- Are supportive of your agency's core values.*
- Are comfortable interacting with other parents from their neighborhood and other New York City communities.
- Can make the commitment to complete the three-month training and participate in the program for at least one year.
- Demonstrate the potential to facilitate workshops.

Parents applying to the ARM program are asked to complete a simple application. Based on their qualifications listed on the application, they are scheduled for an interview. (See Appendix C to view the ARM application.) The application was added to our process to increase the efficiency of our interviews. (In the past, we spent substantial time interviewing candidates who did not fit the program's qualifications or who were not interested in the opportunity after receiving clarification about the program.)

During the initial phase of the interview, we provide a brief description of the agency and how the ARM program furthers the mission of the agency. We also show excerpts from a video on the ARM program and review the ARM roles and responsibilities. (See Appendix D to view the roles and responsibilities.) This process provides a comprehensive overview of the program and the function of an Adult Role Model. The candidates are then asked a series of questions to ascertain their interest in the program, availability, and potential to become ARMs. (See Appendix E to view the interview guide.)

Three references are required from all candidates—two professional and one personal. We have found that regardless of whether or not a person has had work experience, he or she is likely to have interacted with professionals, e.g., a caseworker, teacher, or program coordinator. The personal references provide additional information about the candidate's character, which is important because the candidate will be expected to represent PPNYC and deliver sensitive information to other parents.

LESSONS LEARNED

While it is advantageous to recruit parents who are community leaders or are invested in making a transition in their life to serve their community, parents who are overextended or dealing with a life crisis such as temporary housing or a personal or family illness have often found it hard to meet the commitment of the program. Once again, reviewing the roles and responsibilities with the candidates and asking a series of questions about their availability and ability to meet the expectations of the program can help determine whether they are able to participate fully. We encourage those candidates who are not able to participate at the time of the interview to reapply when they are able to meet the full commitments of the program.

It is very likely that there will be attrition of parents participating in the ARM program for various reasons. At PPNYC, we have had substantial attrition of parents primarily due to health conditions, family issues, and changes in their availability. Based on our experience, we recommend exceeding the target number of recruits to offset attrition. To reduce attrition caused by family or medical events, we create flexibility in our program policies to allow ARMs to take a short leave from program participation until their circumstances change.

*At PPNYC, it is important that parents recruited for the ARM program are pro-choice because the agency supports reproductive rights and provides abortion services. As a part of their work, the ARMs will need to feel comfortable referring clients to our health centers for pregnancy options counseling and for abortion services.

STEP 7 Identify Trainer(s) and Coordinate Training

An important part of the three-month training is developing a rapport with and among the participants and helping them to integrate the information they learn into their roles as peer educators and parents. To that end, it is essential that the trainer has a substantial background in sexuality education and is able to understand and relate to the participants in the context of their culture as well as their role as parents.

At PPNYC, we assign a lead trainer to the ARM program, usually the program coordinator, and invite other trainers from our department to facilitate some of the sexuality training sessions. These trainers have experience facilitating sexuality workshops for parents and possess the cultural competence to work with the parents in our program. We find that enlisting a variety of trainers makes the ARM training sessions more stimulating and increases the participants' exposure to different facilitation styles. In order to ensure continuity of the training, the program coordinator always attends sessions led by other trainers and briefs the trainer(s) on topics covered earlier in the training as well as any other pertinent issues.

Training Curriculum

Coordinating the ARM training involves reviewing the training curriculum and preparing for each session accordingly. (See the Training Curriculum in Section VII of this manual.) The focus of the ARM training is twofold. First, the ARMs are provided with comprehensive sexuality information, and then they are trained to facilitate ARM Workshop 1. Providing the ARMs with comprehensive yet basic information about sexuality enables them to:

- Validate and answer other parents' general questions about sexuality and sexual health issues.
- Disseminate information to community members via health fairs and other events.
- Provide their families and friends with sexuality information.
- Make appropriate referrals to support additional concerns or questions that arise during a workshop, group, or one-on-one educational encounter.

Although basic, the sexuality information covered in the training is extensive, so it is essential to give ARMs clear guidelines that provide a framework for the messages they will deliver. For this reason, each training session concludes with a Key Messages section. Though the ARMs are expected to retain the extensive and specific information covered during the training, these key messages often help to clarify and reduce any anxiety about our expectations as to how they should use the information.

The second component of the training focuses on presentation and group facilitation skills to increase the ARMs' comfort and competence in facilitating the ARM workshops. Since previous experience conducting workshops is not a prerequisite for the program, the ARMs will typically need substantial training to develop, or refine, their presentation skills. The final training sessions cover presentation skills, group facilitation skills, and the role of the educator. Following the presentation and facilitation skills sessions, the remainder of the training should consist of practice sessions for the ARMs to learn how to facilitate Workshop 1, "Talking to Your Children about the Facts of Life." Teaching the ARMs in incremental steps how to facilitate the workshop is instrumental in building their confidence and skills. We recommend dividing the group into teams of two, to first co-facilitate half of the workshop, then the entire workshop. During the practice session, the other training participants and senior ARMs act as a mock audience.

After the practice presentation, the mock audience should be instructed to provide each facilitator with feedback. Feedback is shared by first stating what the observer thinks the facilitator did well, followed by a recommendation for the next facilitation. Depending on the participants' skills and comfort, additional practice sessions may be needed to prepare the ARMs to conduct Workshop 1. In fact, it is prudent to have enough flexibility in the overall training schedule to provide any additional support needed to help the ARM participants learn the required information and skills.

At PPNYC, the first day of the training includes an orientation about the agency's mission and how the ARM program furthers it (see Session 1 of the Training Curriculum). This orientation provides an overview of PPNYC services, particularly the services offered through the Education Department. The orientation also includes a review of the ARMs' role and responsibilities as well as the program's policies and procedures. The importance of good attendance and punctuality is stressed during the orientation. (Often, the program coordinator will have to address attendance and punctuality issues that arise during training through individual supervision. Reviewing the policies on the first day of training creates a framework for addressing these issues.) Toward the end of the training, another session is focused on a review of program policies and a discussion of additional program logistics and expectations. This helps to maintain clear program expectations for new ARMs.

Assessment Tools

To ensure that the ARMs are retaining the content of the training, regular quizzes and a comprehensive assessment exam at the end of the training should be administered. The quizzes will help the trainer assess whether the information is being retained by the group (sometimes indicating that a review or slower pace is necessary) and will help the participants to hone in on the information and key messages they are expected to retain. Each final assessment exam will give the trainer as well as the ARMs a sense of whether they are ready to disseminate sexuality information in the community. The ARMs must also be observed by the trainer while conducting the workshop. The trainer will complete an observation form that will help him/her determine if an ARM has the skills needed to facilitate workshops in the community. (View our workshop observation form in Appendix I.)

At PPNYC, the trainer works closely with the ARMs to ensure that they have retained enough information to pass the exam and ultimately disseminate information in their communities. The trainers will often provide additional support to those ARMs who need it. For example, those ARMs who do not pass the final assessment exam (the passing score is 80%) are encouraged to take the exam again. If necessary, different examination formats can be made available, e.g., oral examination.

Designing a Training Format

The ARM training takes approximately 75 hours. Since the training is extensive, it is important to avoid covering too much information in one session. However, the training should be held frequently enough to ensure continuity. We recommend holding the training 2 or 3 times a week for 2 or preferably 3 hours per session. Three hours are preferable for the sessions, because they allow enough time to review information, administer quizzes, and cover the day's topic at a comfortable pace. A session lasting more than 3 hours can become overwhelming for parents, particularly those who have not been enrolled in formal education for many years. If sessions last 3 hours or more, participants will need more breaks and dynamic activities to stay engaged.

Motivating and Engaging Parents

Keeping parents engaged and motivated in a long-term training such as the ARM training can be quite challenging. It is crucial that the training be convenient, interesting, and enjoyable. We strongly recommend providing child care, meals, stipends, and carfare or transportation to make the training appealing and convenient for parents. Scheduling the training at a convenient time for parents is also important for ensuring their full participation.

Incorporating interactive exercises in the training goes a long way toward keeping it engaging and enjoyable. Icebreakers are also a vital component of the training because they help to facilitate team building among the participants. We recommend *The Complete Games Trainers Play, Volume II** for team-building and icebreaker activities.

After the first few training sessions, we encourage the ARMs to take turns leading icebreakers during the training on a weekly basis so they can gain experience in speaking in public and facilitating exercises. We have received positive feedback from the ARMs about using this strategy to build their confidence and facilitation skills.

At the completion of the training, hold a graduation ceremony and reception to publicly acknowledge the accomplishments of the ARMs. This ceremony will provide a forum for the parents to share their accomplishments with their friends and family as well as an opportunity to formally introduce the ARMs to the agency and community.

During our graduation ceremony, the graduates are presented with certificates, a small gift (past gifts have included business-card holders, engraved pens, or sexuality related books) and special awards, e.g., highest test score, best attendance, and most improvement. Several graduates are asked to deliver a speech at the ceremony on behalf of their graduating class. If the training included bilingual participants, graduates are asked to deliver their speech in both languages to include all guests. Senior ARMs and PPNYC staff also deliver speeches to the graduates and their guests with the goal of thanking them for their dedication and motivating them to continue to serve their community through participation in the program. This ceremony has been more meaningful to the parents than we could ever have imagined. One parent in a past graduating class said that the ceremony was particularly meaningful to her because she had never graduated from school or any other program.

LESSONS LEARNED

While it is advantageous to recruit parents who are community leaders or are invested in making a transition during our first training, the ARMs were paid $20 a session for their participation. We found that a significant number of parents dropped out of the program before conducting their first workshop. We suspected that some of the trainees might have been anxious about facilitating workshops, although we were confident that they were prepared and would be well received by community parents. In order to create a strong incentive for parents to complete the training and conduct their first workshop, we began paying the ARMs half their total stipend during the training and the other half in one lump sum after they conducted their first workshop. Those parents who do not conduct their first workshop forgo the other half of their stipend. This payment schedule has been successful in increasing the number of parents who conduct their first workshop.

In addition to the financial incentive, the ARM program coordinator is available to work with the ARM individually after their training to provide additional support as they prepare for their first workshop.

*Scannell, Edward, Newstom, John, and Nilson, Carolyn. *The Complete Games Trainers Play, Volume II*. New York: McGraw Hill, 1998, (212) 512-2574.

STEP 8 Market and Coordinate ARM Workshops

The critical questions at this stage of implementation are: where can parents be found, who can help the program gain access to parents, and what will draw parents to the workshops. As in the earlier phase of introducing the ARM program to the community, you should at this stage consult your partners and advisory board in the community. These constituents can provide valuable insight and support in drawing parents to the workshops. The initial needs assessment of the community can also be used as a tool to learn where parents congregate and what kinds of services exist for them—all potential leads for reaching parents.

Although as providers we recognize the importance of parents educating their children about sexuality, an ARM workshop may not rise to the top of a parent's priority list. Typically, parents have a number of other responsibilities competing for their time. However, there are a number of incentives that can encourage parents to attend workshops, including child care, a meal (often having to cook one less meal is very appealing to parents), stipends, raffles, and certificates of completion.

Our Adult Role Models informed us that in addition to refreshments, certificates would be a good incentive for parents. According to the ARMs, parents in the community would appreciate the certificates because they signify an accomplishment. For some parents, the certificates could serve a practical purpose. If they were in proceedings to regain guardianship of their children, they could present the certificates to their caseworker or the courts as evidence of their motivation to enhance their parenting skills. For some agencies, we have offered parents a certificate at the end of the workshop series during an intimate celebration to signify their achievement. Offering the certificate at the end of a four-workshop series instead of after each workshop has helped to increase attendance.

Once you have identified where parents can be found and incentives to draw them to your workshops, you should employ a number of marketing strategies appropriate for the target community, such as:

- Disseminating flyers describing the goal of the workshop, the benefits for participants, and contact information to local community organizations and to the community at large.
- Placing advertisements in local newspapers.
- Posting information on e-mail listservs.
- Developing business/contact cards for the ARMs to distribute at community events.
- Creating a buzz about the workshops by word of mouth.

Our original outreach plan for the program in the Mott Haven area of the South Bronx consisted of offering workshops in very informal settings, such as the ARMs' homes and local community centers, using a "Tupperware party" model. We soon discovered that there was a lot more potential to reach parents by coordinating workshops at organizations in the community that served them. Moreover, some of the ARMs were not comfortable facilitating the workshops in their neighbors' homes or inviting parents to their homes. Mott Haven has a number of GED/job preparation services and drug rehabilitation programs for adults, and some of our ARMs had contacts at those sites. As a result, we increased our outreach to programs that had access to parents.

The advent of the Parent Coordinator position in New York City public schools increased our outreach opportunities in schools and therefore our actual number of workshops in schools. The ARM program works in about 50 elementary, middle, and high schools in the course of a year.

We enhanced our marketing ability by developing an ARM workshop flyer. The flyer states that the workshops are free, describes the goal of each workshop and the benefits for participants, and provides contact information. We disseminate the flyers to schools and local service providers via mass mailings and post them at workshop sites. (See Appendix F to view the workshop flyer.)

In our experience, developing a strong rapport with the individuals coordinating parent programs at local agencies has been critical for formulating strategies to recruit parents for the workshops. Nurturing these relationships may require in-person meetings and regular check-ins by the ARM program coordinator to ensure that the program is running smoothly and meeting its objectives. Workshop requests are documented on a form so that we can obtain information about the requesting group and facility. The ARM program staff provides the completed workshop request form to the ARMs at least one week prior to the workshops so they can make the necessary preparations. (See Appendix G to view the workshop request form.)

Due to the increasingly high demand for workshops, our ARM program assistants maintain the workshop calendar and are responsible for scheduling workshops, assigning facilitators to each workshop, and distributing all appropriate paperwork. (See Appendix H for the workshop confirmation letter sent to agency contact persons one week prior to a workshop.) Over the years, we've had one or two program assistants work a combined 20 to 30 hours per week and also assist the ARM program coordinator in a variety of program-related tasks, such as keeping the necessary workshop handouts and materials in stock for the ARMs and assisting with ongoing monitoring and evaluation efforts.

STEP 9 Maintain the Program

Once the program is off the ground, the challenge is sustaining it and enabling it to flourish. A crucial part of this stage is keeping abreast of trends in the community and research related to parent-child communication, parental monitoring, and parent-child connectedness. As in all of the phases of implementing the ARM program, community members and your community board can be a valuable resource. In this case, they can keep your finger on the pulse of what is going on in the community. (For a list of research supporting parent involvement programs, please see page 24.)

In addition to keeping apprised of trends, other efforts necessary to sustain the program include retaining the ARMs, cultivating relationships with community allies, and exploring how to enhance/expand the program.

Retaining Parents

The ARMs are the lifeline of the program. Because a significant amount of time and effort is invested in their training, it is desirable to retain as many ARMs as possible. To that end, the ARMs should be offered ongoing support, supervision, and opportunities for growth.

One form of support and an effective retention tool is to offer a stipend to the ARMs for their work. ARMs receive a stipend for each workshop, meeting, or special event they participate in (one stipend is given for every three-hour event). In addition, as long as ARMs are meeting or exceeding program policies and expectations, they are awarded a stipend increase for the first four years in the program ($25, $30, $32, $34). (See the program policies in Appendix J for more information about our stipend policy.) Stipend increases help to retain ARMs in the program and reward their increased expertise and experience over the years.

Ongoing support consists of observing and providing both written and oral feedback to the ARMs when they conduct workshops in the community (particularly when they first begin conducting workshops) and offering regular group and individual supervision. Regular group meetings present an opportunity to share relevant information and program updates with the ARMs. The meetings are also a forum in which the ARMs can continue to bond as a team and discuss their challenges and successes in a supportive environment. The co-facilitation agreement is an example of a meeting discussion that turned into a group document and resolution. (See the co-facilitation agreement in Appendix K.) Individual supervision helps the ARMs to work with the program coordinator on their performance and development in the program. (View our annual performance appraisal form in Appendix L.) As mentioned earlier in this manual, ongoing support for the ARMs may also often include linking parents to health and social services for themselves and their families.

Parents in our program are required to attend monthly group meetings in addition to individual supervision with the program coordinator. During the monthly meetings, the ARMs talk about their experiences in leading workshops and receive feedback from the program coordinator and their peers. The program coordinator also uses the meetings to keep the ARMs updated on sexuality information and program and agency activities. At each meeting, we discuss any current events or issues that might come up in our community workshops. This helps the ARMs stay current and feel prepared to address issues related to our work that may arise in the community. We are delighted that the monthly meetings have become a safe space for the ARMs to share stories about how they are using the information and skills they learned from PPNYC to enhance their communication with their own children.

Some of the parents in our program need substantial encouragement and practice in conducting workshops, because public speaking is a new experience for them. Others need emotional support and access to resources to deal with personal issues—issues that sometimes interfere with their ability to fully participate. Because our program coordinator is not required to be a social worker or trained counselor, meeting the personal needs of the ARMs has sometimes been daunting. We have addressed this issue by referring the ARMs to social workers in the agency and to family support and counseling services in the community. In addition, the program has instituted policies that allow the ARMs to take a leave of absence when dealing with personal and family issues that impede their ability to function in the program.

In the fourth year of the program, we incorporated an annual performance appraisal into our supervisory efforts. The appraisal proved to be a very useful tool for ARMs to reflect, with the program coordinator, on the previous year's achievements and challenges. It also created an additional level of professionalism and accountability to their work. Our annual retreat has also been an effective way to reflect, as well as a space for professional development, team building, and celebration. In addition to addressing work-related topics, such as communication, the retreat also provides a one-hour session on self-care. Some ideas for this component might include meditation, journal writing, self-massage, or other low-cost, easy stress relievers that busy parents and educators can incorporate into their lives. Dedicating this time at the retreat to self-care affirms to the ARMs that the program is interested in supporting them as individuals as well as educators. The day is an energizing and motivating force for the team.

Growth opportunities for the ARMs can range from training opportunities to assigning them to special projects. Individual supervision with the ARMs can help to identify their interests and potential areas of growth in the program.

In addition to conducting workshops, our ARMs are assigned diverse projects to enhance their skills and to keep their work stimulating. The ARMs represent PPNYC at health fairs, participate in local and state advocacy efforts, and work on special projects. In 2000, the ARMs developed a booklet for parents on how to talk to their children about sexuality titled "Hey, What Do I Say?" In 2008, the ARMs formed a committee to revise and update the content of the brochure. Photos of the ARMs and their families were included to update the look of the booklet. (You can download a copy of the booklet at http://www.plannedparenthood.org/nyc/files/NYC/ParentGuide.pdf or, for the Spanish version, at http://www.plannedparenthood.org/nyc/files/NYC/ParentGuideSp.pdf.) PPNYC has also made efforts to incorporate the ARMs into the larger agency. The ARMs are offered professional training and are invited to participate in agency activities, such as advocacy events. For example, each year a group of ARMs travels to Albany with other PPNYC staff to advocate for sexual and reproductive health issues. These opportunities allow the ARMs to interact with other agency staff, grow professionally, and stay connected to PPNYC. As a result, the ARMs have come to be known as the "parent voice" of PPNYC.

More recently, several senior ARMs were trained to serve as mentors to the new ARM training class. The ARM mentors assisted with training sessions, offered feedback to trainees as they practiced workshop facilitation, gave one-on-one support to new trainees, and helped orient the trainees to the program. The mentors took great pride in taking on this new responsibility, and the trainees gained the benefit of learning from our most experienced ARMs. The ARMs have also linked with other PPNYC programs, including the Teen Advocate (TA) program, a teen peer education program that offers educational skits and workshops to teens in the community. Representatives from the ARM and TA programs meet over the course of eight weeks to develop a skit and workshop about parent-teen communication about sexuality. The skit and workshop are presented to community members during an event called Parent-Teen night. To create a festive atmosphere, dinner is served and a raffle is held. The night is a fun way to educate the community and bring together the teens and ARMs.

LESSONS LEARNED

It has become evident that the majority of the ARMs need ongoing refreshers on the sexuality content presented in the three-month training. Since they are not using all the information on a regular basis, they need periodic review sessions. We have reviewed topics during the monthly meetings and have scheduled refresher trainings to ensure the ARMs are confident and proficient at delivering the ARM workshops and answering questions. New reproductive and sexual health topics are discussed so ARMs remain up-to-date on resources for their community.

Cultivating Relationships with Community Allies

Cultivating relationships with community leaders and local service providers can be time-consuming and tricky due to the nature of many nonprofit organizations (high turnover, overextended staff, etc.). However, these relationships will help to sustain and expand the program. To build these relationships, we recommend that the ARM program coordinator (or program assistant) contact providers before, after, and throughout the workshop series, invite community leaders to observe the ARM workshops, participate in community events, and explore joint ventures with community allies.

Expanding the Program

The program should be a "living model" in terms of its ability to incorporate enhancements and to expand. Community members and the ARMs can provide useful feedback for identifying future directions and possible program enhancements. This feedback can be solicited through focus groups, surveys, and roundtable discussions. Change or updates in the program might also come in response to new research or literature.

At PPNYC, we began the program in another community (the Lower East Side of Manhattan) after successfully implementing the program in the South Bronx for two years. We also added new workshops based on feedback from the ARMs and parents who attended the workshops. Currently, we offer the following four workshops:

"Talking to Your Children about the Facts of Life" A two-hour workshop designed to help parents talk with their children about sexuality. The workshop will introduce parents to this sensitive topic and show them how to answer tough questions and use everyday opportunities to start conversations about sexuality.

"Child Development and Sexuality" A 90-minute workshop that takes parents through the stages of child sexual development and explores how they can help their children to become sexually healthy and responsible adults.

"Opening the Lines of Communication" A 90-minute workshop that helps parents to identify the sexuality messages they want to send to their children and the best way to communicate those messages.

"It Takes More Than Talk" A two-hour workshop focusing on the importance of combining good communication with parental monitoring and other behaviors that support and enhance the bond between parent and child. This workshop will also help parents respond to the growing relationship that children have with technology, including cell phones and social networking sites on the Internet.

All workshops are based on our workshop formula described in Step 4 (see page 5). Copies of our workshops are available upon request.

STEP 10 Monitor and Evaluate the Program

Monitoring and evaluation is the process by which information about a program is gathered in order to reveal where program modifications are needed and to improve the program. Some of the questions that monitoring and evaluation attempt to answer include whether the program is doing what it is intended to do, whether the program is reaching the intended population, and what observable impacts—both intended and unintended—the program has made. In addition to helping to make decisions about program improvements, results from monitoring and evaluation efforts can also be used to gain additional funding or to advocate for needed program resources.

Effective monitoring requires that information related to program goals and activities be gathered regularly throughout the life of the program. Evaluation efforts, however, are typically undertaken as part of a concentrated, time-bound initiative. Even if you don't have the budget to conduct a formal evaluation, there are ways you can measure the effectiveness of your program, such as pre- and post-workshop surveys, workshop observation forms, and participant interviews. Evaluation and monitoring efforts should be included in a program plan from the inception of the program; however, it is never too late to begin monitoring and evaluating a program.

In 2006, the ARM program had the resources, including several graduate school interns, and staff time to begin a preliminary, multi-method pilot ARM program evaluation. To begin the evaluation process, considerable attention was focused on creating clearly articulated program goals and a causal pathway (or logic model), which had not been formally articulated at the inception of the program. (See Appendix M to view our program goals.) These program goals became the guide for all components of the evaluation process. For example, the articulated goals indicated that tools had to be developed to evaluate aspects of the program that had not previously been considered. These goals included the social networking component of a peer education program, creating a space where parents feel supported, and providing mentorship and support to the ARMs. As a result, a multi-tool evaluation plan was created using surveys, workshop observations, participant follow-up calls, ARM interviews, and educational encounter logs for ARM interactions outside of scheduled PPNYC events. (See Appendix M for a list of our evaluation tools, and see below for additional information about each tool.)

Data collection and analysis began in December 2006 and continued through December 2007; the first few months of 2008 were spent interpreting and reporting on these analyses.

The first tools we developed and utilized to collect data were the pre- and post-workshop surveys. These survey tools underwent a thorough review process, and input on the surveys was obtained from workshop participants and ARMs through three focus groups. Each survey tool and each item within the tool was linked to the program goals they were intended to measure. (See Appendix N to view an example of a pre- and post-workshop survey tool.) The meticulous linking of each tool to program goals helped us assess whether the program was meeting the intended goals.

Evaluation Tools

Pre- and Post-Workshop Surveys

In order to provide information on the way that workshops affect knowledge and attitudes, participants completed surveys both before and after the workshops. We then compared pre- and post-surveys for each participant to see if the responses were different before and after the workshop.

Participant Follow-up Phone Calls

In order to assess information on possible longer-term program effects on knowledge, attitudes, and behavior, follow-up phone calls were made 3 to 6 months after workshop participation.

Monthly Encounter Logs

In order to capture information about the ARMs' social networking reach, encounter logs detailing how many educational encounters occurred (excluding encounters in workshop settings) were collected monthly. Information in the logs included whom the encounters were with (youth, adults, workshop participants) and what the encounter consisted of (for example, health center referral, educational materials given, etc.).

In-Depth, One-on-One ARM Interviews

In order to get a sense of the ways in which the ARM program affected the ARMs themselves, in-depth, one-on-one interviews were conducted. Some of the topics covered included sexuality communication with their own children, parent-child connectedness, parental monitoring, and comfort with sexuality topics. The analysis of this extensive qualitative data required the assistance of a contracted transcriber and an intern with access to qualitative data analysis software.

Workshop Observation Forms

In order to gain insight on the quality and facilitation of the workshops, and to provide support to the ARMs, program staff attended ARM workshops and completed observation forms. Items included on the observation forms pertained to a larger range of facilitation skills, professionalism, and presentation of workshop content.

Monitoring Tools

Workshop Summary Forms and Database

After every workshop, ARMs complete a Workshop Summary Form. This form provides information on the participants at each workshop, including total number of participants (duplicated and unduplicated) with a breakdown by gender and race/ethnicity. All of this information, as well as information on the workshop site, is entered into a program database. This information is submitted monthly for internal reporting and ongoing monitoring of the program and its grant-driven deliverables.

Quarterly Reporting

In addition to reporting workshop numbers, the ARM program also reports the number of monthly meetings, professional development trainings, and special community events to funders on a quarterly basis.

LESSONS LEARNED: NOTES ON SELECTED EVALUATION TOOLS

Pre- and Post-Workshop Surveys **While we were able to compare participants' pre-workshop surveys with their post-workshop surveys, we were unable to track if they attended more than one workshop. Thus, we were unable to compare their surveys from one workshop to their surveys from a second, third, or fourth workshop. In future evaluations, we hope to do this so that we can gather more longitudinal data and assess the impact of continued workshop exposure on individual knowledge and attitudes.**

Participant Follow-up Phone Calls **Evaluators learned that persistence and incentives are both very helpful in the collection of follow-up phone data! For reasons pertaining to confidentiality, follow-up surveys were intentionally not linked to pre- and post-workshop surveys. Future evaluations could link these surveys, however, in order to evaluate impact and retention over time.**

Monthly Encounter Logs **Encounter logs were not submitted with great consistency; future evaluation efforts should implement a more specific tool and clearer procedures for submitting encounter logs. The ARM team intends to address these limitations. First, to address the recall bias that may result from completing a log at the end of the month for all previous monthly encounters, the ARM program will create wallet-size encounter logs that ARMs can easily carry with them to log daily encounters. Another concern that will need to be addressed under this new system is social-desirability bias; it will be important for program staff to reassure ARMs that the number of encounters they have does not reflect on their performance. The new proposed tool would also document more specific categories of encounters, from giving out the PPNYC phone number to educating someone on a sex education topic. In addition, the categories can be separated by youth, adult, or other categories the evaluation team wants to capture. We have also discussed the possibility of exploring a geographic mapping tool to understand the broad social networks reached by the ARM program. By refining this tool, we will be able to better assess the true amount of social networking and with whom social networking is taking place.**

Workshop Observation Forms **Observation forms took a considerable amount of time and collaboration to perfect, and multiple "piloting" observations were necessary in order to create the most relevant, appropriate tool possible.**

III. PILOT EVALUATION RESULTS

Our multi-method pilot program evaluation afforded us some insight into the reach and impact of the ARM program. While it is not possible in this manual to provide all of the information gleaned from the evaluation, we will share some key findings in order to give you a snapshot of both the program and the questions asked in the evaluation process.

Who is attending the workshops?
Demographic information from 87 workshops was gathered from 406 contacts across all four workshops over a period of about 6 months.

The majority of ARM workshop participants:

- Identify as Black (43%) or Latino (38%)
- Are female (91%)
- Are 40 years old or younger (57%)
- Were born in the United States (79%)
- Have obtained at least a high school diploma or GED (76%)
- Have at least one child (95%); most have at least one child under 21 (86%)

How do the workshops affect participants' knowledge of how to communicate about sexuality with their children?
Participants' knowledge regarding sexuality, parent-child communication, sexual development, and parent-child connectedness increased significantly after participation in the ARM workshops.

Participants seemed to have a more difficult time with some of the more skill-based concepts, such as listening skills and monitoring. While this may be due at least in part to the complexity of these concepts, there were additional issues with the survey questions themselves that may have limited the utility of data gleaned from these items. Nevertheless, information gathered regarding these concepts has been used by program staff in order to strengthen these parts of the ARM workshops.

Although we know that knowledge increased, we would like to learn more about the extent to which that knowledge is retained over time, as well as the effect of attending multiple workshops over time. These are questions that may be explored in future evaluation efforts.

How do the workshops impact participants' attitudes related to communicating about sexuality with their children?
Participants' attitudes regarding parent-child communication and connectedness shifted significantly toward agreement with ARM program principles after participation in the workshops. In other words, the more workshops participants attended, the more likely they were to agree with the attitudes endorsed by the ARM program. A couple of examples of program attitudes include:

- It's okay for parents to admit that they don't know the answer to a child's question about sexuality.
- Children remember the tone of a conversation, even if they don't remember all the details of what was said.

The evaluation did not tell us the extent to which attitudes are held or maintained over time; this is something we may explore in a future evaluation.

Excluding workshops and health fairs, what are some of the different ways that ARMs reach members of their communities?

The ARMs discuss sexuality information and parent-child communication messages they receive with family, friends, and neighbors. The encounter log tool was developed to assess how many and with whom encounters were taking place. Through the encounter logs submitted over a 10-month period, we saw that ARMs had 856 encounters with youth, 721 encounters with adults, and 300 encounters with workshop participants (outside of workshops). However, after 10 months of collecting encounter logs, the evaluation team identified several limitations to this tool that will require additional research before more conclusions can be drawn (See Lessons Learned, page 19). We know that much networking is taking place and warrants a more exact tool.

How many and what kinds of conversations might participants be having with their children?

Between 42% and 51% of workshop survey participants and more than 70% of the follow-up survey participants reported having at least three conversations about sexuality with their children in the last month.

When follow-up survey participants were asked how hard or easy it was for them to have that last conversation with their children, 68% of respondents thought it was "easy" or "very easy" to have their most recent conversation with their children about sexuality.

When it comes to discussing specific sexuality topics, most follow-up participants reported comfort discussing "sexual body parts," "pregnancy," "sexual orientation," "menstruation," "birth control," "STIs," and "sex in general." Fewer participants (between 50% and 70%) reported comfort discussing "wet dreams," "masturbation," and "oral sex" with their children. However, it should be noted that, in general, the majority of participants reported feeling comfortable with all topics.

While we do not know which topics parents are actually broaching with their children or how those conversations are going, these data help to give us an idea of the areas in which parents may need some extra guidance from the ARM program.

What are participants saying about the ARM program workshops?

The ARM program workshop received very high rankings in terms of satisfaction and participant comfort. 93% to 100% of respondents agreed or strongly agreed that the workshop facilitators (ARMs) helped them feel comfortable participating in the workshops. Ninety to 96% of respondents reported that Workshops 1-4 were "very good" or "excellent," and 93% to 97% of respondents thought the presenters for Workshops 1-4 were "very good" or "excellent." This information provides us with confirmation of anecdotal reports that participants enjoy the workshops greatly. This positive feedback also helps keep the ARMs feel motivated and aware that their work is very well received.

IV. PARENT INVOLVEMENT RESOURCES

Parent Involvement Programs

Adult Role Models (ARM)
Planned Parenthood of New York City
26 Bleecker St.
New York, NY 10012
Phone: 212-274-7362
Fax: 212-274-7300
E-mail: ppnycadultrolemodels@ppnyc.org
Website: http://www.plannedparenthood.org/nyc/index.htm

Adult Role Models
Planned Parenthood of Greater Miami, Palm Beach, and Treasure Coast, Inc.
2300 North Florida Mango Road
West Palm Beach, FL 33407
Phone: 561-848-6402
Fax: 561-848-4461
E-mail: adult_role_models@ppgmbtc.org
Website: www.plannedparenthood.org/gmpbtc/

Be There for Teens
Rhode Island Department of Health
3 Capitol Hill, Room 302
Providence, RI 02908
Phone: 401-222-5927
Fax: 401-222-1442
Website: www.health.ri.gov/family/ofyss/teens/

Campaign for Our Children
1 North Charles Street, 11th Floor
Baltimore, MD 21201
Phone: 410-223-3563
Fax: 410-752-2191
E-mail: info@canwetalk.org
Website: www.cfoc.org

Can We Talk?/¿Conversamos?
National Education Association Health Information Network
1201 16th Street, NW
Washington, DC 20036
Phone: 202-822-7570
Fax: 202-822-7775
Website: www.canwetalk.org

Growing Together
Girls, Inc.
Healthy Girls Initiative
National Resource Center
441 West Michigan Street
Indianapolis, IN 46202
Phone: 317-634-7546
Fax: 317-634-3024
Website: www.girlsinc.org

New Jersey Teen Prevention Education Program
Princeton Center for Leadership Training
12 Vandeventer Avenue
Princeton, NJ 08542
Phone: 609-252-9300, ext. 109
Fax: 609-252-9393
E-mail: Clenoir@princetonleadership.org
Website: www.princetonleadership.org/teenpep.html

Parent Family Life Sex Education Program
The Children's Aid Society
Adolescent Pregnancy Prevention Program
350 East 88th Street
New York, NY 10128
Phone: 212-876-9716
Fax: 212-876-1482
Website: www.stopteenpregnancy.com

Parent-Peer Education Program
Adagio Health (formerly Family Health Council, Inc.)
960 Penn Avenue, Suite 600
Pittsburgh, PA 15222
Phone: 412-288-2130
Fax: 412-288-9036
E-mail: CAPP@adagiohealth.org
Website: www.fhcinc.org

Talking With Kids About HIV/AIDS: A Program for Parents and Other Adults Who Care
Cornell University
HIV/AIDS Education Project
College of Human Ecology
Family Life Development Center
Beebe Hall, First Floor
Ithaca, NY 14853
Phone: 607-255-1942
Fax: 607-255-8562
E-mail: jst5@cornell.edu
Website: www.human.cornell.edu/che/fldc/programs/hiv_education.cfm

Online Resources

Advocates for Youth
www.advocatesforyouth.org/parentchild.htm

Can We Talk
www.canwetalk.org

Families Are Talking
Free newsletter for parents on how to talk to children about sexuality
www.familiesaretalking.org

Kaiser Family Foundation and Children Now
www.talkingwithkids.org

Planned Parenthood of New York City
Website has sections for "Parents" and "Teens" and downloadable resource in English and Spanish, *Hey, What Do I Say? A Parent to Parent Guide on How to Talk with Your Children about Sexuality.*
www.ppnyc.org

Resource Center for Adolescent Pregnancy Prevention
www.etr.org/recapp

Sexuality Information and Education Council of the United States
www.siecus.org

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Parent Workshop Guides

Our Whole Lives. Unitarian Universalist Association: www.uua.org or 617-723-4805

There's No Place Like Home...for Sex Education. Also available in Spanish. Planned Parenthood of Southwestern Oregon. 541-344-1611, ext. 13

Plain Talk for Parents Training Package. Dominic Cappello, 206-940-1984.

SIECUS Report, "Parents and Caregivers as Sexuality Educators." December 2000/January 2001. Vol 29, No.2. www.siecus.org or 212-819-9770. More information about parent educational materials of all kinds can be found in this article.

Parents Educating Parents. Parent peer education program curriculum available at the Mary S. Calderone Library at SIECUS.

Books and Printed Resources

All About Sex: A Family Resource on Sex and Sexuality
Ronald Riliberti Moglia and Jon Knowles
Three Rivers Press, 1997

Beyond the Big Talk: Every Parent's Guide to Raising Sexually Healthy Teens from Middle School to High School and Beyond
Debra Haffner
Newmarket Press, 2001

Body Drama: Real Girls, Real Bodies, Real Issues, Real Answers
Nancy Redd
Gotham, 2007

Everything You Never Wanted Your Kids to Know About Sex (But Were Afraid They'd Ask): The Secrets to Surviving Your Child's Sexual Development from Birth to the Teens
Justin Richardson and Mark Schuster
Three Rivers Press, 2004

The Family Guide to Sex and Relationships
Richard Walker
Macmillan Publishing, 1996

From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children—From Infancy to Middle School
Debra W. Haffner
Newmarket Press, 2004

It's Not the Stork! A Book About Boys, Babies, Bodies, Families, and Friends
Robie Harris
Candlewick Press, 2006

It's Perfectly Normal: Growing Up, Changing Bodies, Sex, and Sexual Health
Robie Harris
Candlewick Press, 1996

It's So Amazing: A Book About Eggs, Sperm, Birth, Babies and Families
Robie Harris
Candlewick Press, 2002

Just Us Girls
Puberty Kit for Mothers and Daughters by Always
1-800-888-3115
Sex and Sensibility: The Thinking Parent's Guide to Talking Sense About Sex
Deborah Roffman
Perseus Publishing, 2001

The Subject Is Sex
Pamela M. Wilson, Marcia Quackenbush, and William M. Kane.
ETR Associates, 2001

The "What's Happening to My Body?" Book for Boys
Lynda Madaras
Newmarket Press, 2007

Videos

Raising Healthy Kids: Families Talk About Sexual Health
Family Health Productions, Inc., 1997
Boston, MA
www.abouthealth.com or 978-282-9970

Talking About Sex: A Guide for Families
Planned Parenthood Federation of America, 1996
New York, NY
www.ppfa.org or 800-669-0156

V. ARM PROGRAM DOCUMENTS: APPENDICES A-O

APPENDIX A: SAMPLE PROGRAM BUDGET LINE ITEMS

Below are six sample budget lines to help you determine a budget for your parent program depending on the size and scope of your program.

Budget Line Items for Adult Role Models Program
1. **Personnel:** We strongly recommend hiring a full-time staff person to coordinate the program. We caution against assigning the project to someone who already has substantial duties, because the position requires a significant amount of supervisory, administrative, and outreach work.
2. **Adult Role Model (ARM) Stipends:** Adult Role Models receive a stipend for participating in training, conducting workshops, attending monthly meetings, and participating in special events. Our stipends are given per event, which may last up to 3 hours. We allocate funds for co-facilitation at all workshops.
3. **Meeting Expenses:** We provide a meal for our trainings, special events, and monthly meetings. Other meeting expenses include our day-long annual retreat. Costs for this event have included breakfast, lunch, a retreat consultant, site rental and appreciation gift (gifts have included framed photos of ARMs and their families and books on sexual and reproductive health). For other special events, additional costs must be taken into account. For example, at our annual Parent-Teen Community event, we provide a light meal, incentives, and raffle prizes, and budget accordingly.
4. **Supplies:** For workshops, monthly meetings and other trainings, we purchase markers, flip-chart paper, pencils (for participants to use during workshops), craft supplies (for educational and team-building activities), and educational brochures on sexual and reproductive health and parent-child relationships. We also purchase program giveaways (such as magnets, key chains and pens) to distribute at workshops and health fairs.
5. **Transportation:** We supply transportation cards to the ARMs for all meetings, workshops, and special events they attend for the ARM program.
6. **Postage:** We budget money to market the program, to correspond with the ARMs and organizations where their workshops will occur, and to send materials to health fairs when we cannot attend.

APPENDIX B: RECRUITMENT FLYER

ADULT ROLE MODELS

ARE YOU A PARENT?

DO YOU BELIEVE COMMUNICATING WITH YOUR CHILDREN ABOUT SEXUALITY IS IMPORTANT?

APPLY TO PARTICIPATE IN THE ADULT ROLE MODELS TRAINING PROGRAM!

Planned Parenthood is recruiting for the Adult Role Models (ARM) training program. We are looking to train parents to conduct educational workshops on how to talk to their children about sexuality and strengthen parent-child relationships.

What you gain from becoming an Adult Role Model:

- Stipends for completing training
- Trainings on sexuality issues such as birth control, sexual and reproductive anatomy, sexually transmitted infections, and child development
- Valuable facilitation and presentation skills

What we look for in applicants:

- Good communication and writing skills
- Interest in working in the sexual and reproductive health field
- Able to successfully complete 3-month training program in the summer of 2009
- Responsible and reliable parents who are excited to educate other parents and caring adults

For an application or for more information, please contact Randa Dean at (212) 274-7362 or Randa.Dean@ppnyc.org

PLANNED PARENTHOOD
1-800-230-PLAN | www.ppnyc.org

Fathers and bilingual applicants are strongly encouraged to apply!

The ARM program is supported by New York State's Community-Based Adolescent Pregnancy Prevention (CBAPP) program.

APPENDIX C: PROGRAM APPLICATION

1. Contact Information

Name: _____
Last First

Address: _____
Number and Street

_____
City State ZIP Code

Telephone: _____ **Social Security #:** _____

How long have you been at this address? _____

Previous Address: _____
Number and Street

_____
City State ZIP Code

How long did you live at this address? _____

2. Education

Please list the names and addresses of schools you have attended or training programs you have participated in and dates of attendance.

Type of School/ Training Program:	Name/Location:	Did You Graduate?	Dates Attended:
High School			
GED Program			
College or Technical School			
Training Program			
Training Program			
Training Program			
Other			

3. Work and Volunteer Experience

Please begin with your most current work or volunteer experience.

Name of Organization	Title:	Duties and Responsibilites:	Dates:

4. Additional Experience

Do you have experience in any of the following? Please check ☑ all that apply.

☐ Community outreach ☐ Leading groups ☐ Public speaking ☐ Community organizing

☐ Other. Please explain: _____

5. Why are you interested in becoming an Adult Role Model (ARM)?

6. Additional Information

a. Are you a parent? ☐ Yes ☐ No

(We ask this question because one of the qualifications for the program is being a parent, an adult with parenting experience, or an adult with significant experience working with children.)

b. Do you speak other languages in addition to English? ☐ Yes ☐ No

(We ask this question because we provide workshops in languages other than English.)

c. If you answered yes above, which language/s? _____

d. Would you feel comfortable leading a workshop in this other language? ☐ Yes ☐ No

7. Applicant Availability

The training for this position will be approximately 9 hours per week for 2 months (for a total of 72 hours). Please list the days and hours you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

8. Professional and Personal References

Please provide the names and phone numbers of 3 references. At least 2 of the references must be professional references (teachers, counselors, caseworkers, or employers). One of the references may be personal (a friend or relative).

1. Name: _____ **Phone:** _____ ☐ **Personal** ☐ **Professional**

2. Name: _____ **Phone:** _____ ☐ **Personal** ☐ **Professional**

3. Name: _____ **Phone:** _____ ☐ **Personal** ☐ **Professional**

9. Signature of Applicant

My signature below certifies that everything written in this application is true and correct to the best of my knowledge.

X

Signature of Applicant

Date

PPNYC is an Equal Opportunity Employer with federal, state, and municipal law. Program participants are chosen on the basis of merit and qualifications, without regard to race, color, religion, age, national origin, gender, veteran status, marital status, disability, or other characteristics protected by law.

If you have any questions regarding the Adult Role Models Program or this application, please contact Randa Dean, Associate Director of Adult Education, at (212) 274-7362.

You can mail your completed application by Wednesday, May 30, 2009 to:

ARM Program
26 Bleecker St., 3rd Floor
New York, NY 10012

APPENDIX D: ROLES AND RESPONSIBILITIES

Planned Parenthood of New York City (PPNYC) is looking for parents to become Adult Role Models (ARMs). As an Adult Role Model, you will receive comprehensive training on sexuality and facilitation skills from PPNYC staff. At the completion of the training, ARMs will facilitate workshops for parents in their community on how to talk to their children about sexuality. ARMs will also participate in additional agency activities that promote parent-child communication about sexuality and strengthen parent-child relationships.

Recruitment Requirements:

- Resident of Manhattan, the Bronx, or Brooklyn, preferably from the Lower East Side of Manhattan or the South Bronx.
- Ability to attend the scheduled ARM training (2 or 3 months long).
- Ability to make a commitment to the program for at least one year.
- Commitment to promoting sexual and reproductive health in the community.
- Supportive of Planned Parenthood's pro-choice mission.
- Good communication skills, including oral and written.

Responsibilities of an Adult Role Model will include:

- Successful completion of training provided by PPNYC on various sexual health issues, facilitation skills, and community organizing.
- Conducting educational workshops for local parents to help them better communicate with their children about sexuality.
- Participation in other PPNYC activities that promote sexual and reproductive health in the New York City community.
- Promoting and providing referrals to PPNYC's clinical, educational, and advocacy programs.

For more information, please contact Randa Dean at 212.274.7362

APPENDIX E: INTERVIEW GUIDE

I. Welcome the applicant and describe the following:

(1) mission of the ARM program,
(2) ARM responsibilities,
(3) ARM stipends,
(4) duration of the ARM training, and
(5) the program's one-year commitment.

Answer any questions.

II. Ask the candidate the following questions:

1. What do you think is most challenging for parents when it comes to talking to their children about sexuality?

2. Have you ever had any sexuality education/training? What was the nature of the education/training?

3. Have you been involved in any community committees, groups, or efforts? (This can include church groups, PTA, Tenants Association, etc.) How did you participate? What were some of the challenges you faced, and how did you handle them?

4. Have you done any public speaking? How would you feel about facilitating workshops for parents in the community?

5. In the ARM program, parents generally work as a team and everyone is provided with support and supervision. Tell me about a time when you worked in a group and you had a conflict with one of the other members. How did you respond in that situation and how was it resolved?

6. Tell me about a time when you received feedback from a supervisor or a group leader that you did not agree with. How did you respond? How was the situation resolved?

7. PPNYC provides a range of services including gyn care, family planning, STI testing and treatment, HIV testing, emergency contraception, and abortion, as well as education in the community and schools, etc. (You may want to explain what all these mean.) How do you feel about these services? Would you feel comfortable referring people for any and all of these services? (Be sure to ask how applicant would feel about referring women for abortions at PPNYC.)

8. Often the ARMs are approached by other parents in the neighborhood for referrals or further information outside of workshops and health fairs. For example, you may be approached at the bus stop or while doing your usual errands. How would you feel about being in that role?

9. We all have our "image" in the community. How do you think your neighbors see you?

10. Do you have contact with other parents in the target community who may offer an opportunity to schedule ARM workshops with them? If so, please describe.

11. Scenarios: Tell the candidate you will present a scenario and he or she should talk about how he or she would respond/handle the situation.

a) You are doing a workshop and the group is very quiet. How would you try to get the parents engaged?

b) You are doing a workshop and one of the participants says, "I don't know why we are wasting our time, kids are going to do what they want to do anyway." The other parents start to nod in agreement. How would you respond?

c) A 16-year-old girl in the community approaches you and tells you that she is pregnant again for the third time. She does not feel that she can talk to her parents and she needs help. How would you respond?

12. Why do you feel you would be a good candidate for the program?

13. What do you think would be the easiest thing about being an ARM for you? What would be the most challenging?

14. This position requires you to attend a 3-month training, 3 days a week for 3 hours. Are you available to attend this training?

15. Do you have any additional questions? (Give candidate your business card.)

III. Close the interview by going over the background check forms and discussing the next steps for the hiring process.

APPENDIX F: WORKSHOP FLYER

PLANNED PARENTHOOD® OF NEW YORK CITY

ADULT ROLE MODELS PROGRAM

The Adult Role Models (ARM) Program is part of a greater effort by Planned Parenthood of New York City to promote sexual and reproductive health throughout New York City.

Adult Role Models are local parents trained by Planned Parenthood of New York City to help parents and other caring adults communicate with their children about sexuality and strengthen parent-child relationships.

The ARM Workshop Series is fun, interactive, and free of charge. To schedule English or Spanish workshops in Manhattan, Brooklyn, or the Bronx, please call: **(212) 274-7362.**

WORKSHOP SERIES

Workshop 1

"Talking to Your Children about the Facts of Life" is a two-hour workshop designed to help parents talk with their children about sexuality. The workshop will introduce parents to this sensitive topic and show them how to answer tough questions and use everyday opportunities to start conversations about sexuality.

Workshop 2

"Child Development and Sexuality" is a one-hour and thirty-minute workshop that takes parents through the stages of child sexual development and explores how they can help their children to become sexually healthy and responsible adults.

Workshop 3

"Opening the Lines of Communication" is a one-hour and thirty-minute workshop that helps parents to identify the sexuality messages they want to send to their children and the best way to communicate those messages.

Workshop 4

"It Takes More Than Talk" is a one-hour and thirty-minute workshop focusing on the importance of combining good communication with parental monitoring and other behaviors that support and enhance the bond between parent and child. This workshop will also help parents respond to the growing relationship that children have with technology, including cell phones and social networking sites on the Internet.

The ARM Program is supported by the New York State Community-Based Adolescent Pregnancy Prevention (CBAPP) initiative.

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APPENDIX G: WORKSHOP REQUEST FORM

Workshop Details

☐ LES ☐ Bronx ☐ Brooklyn

Request taken by: _____

Date request taken: _____ Date of workshop: _____

Time of workshop: _____ Workshop: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Workshop Site Information

Name of agency: _____

Agency address: _____

Agency contact person: _____

Agency telephone: _____

Workshop location: _____

Travel instructions: _____

Agency contact person: _____

Number of participants expected: _____ Language of workshop: ☐ English ☐ Spanish

Materials needed/additional notes: _____

Workshop Confirmation

Workshop confirmation letter sent? ☐ Yes ☐ No By: ☐ Fax ☐ Email Date: _____

Workshop confirmed by phone? ☐ Yes ☐ No Date: _____

ARM(s) assigned: _____ _____

Date assigned: _____

APPENDIX H: WORKSHOP CONFIRMATION LETTER

To: (Contact name and number)

Thank you for your interest in the Adult Role Models program! We look forward to helping your parent group become more comfortable speaking with their children about sexuality.

Below are some important details about your scheduled workshop(s). Please see the attached flyer(s) to help you advertise the workshop.

Your Workshop Details

Workshop Date: _____ **Workshop Time:** _____

Workshop Location: _____

Important Program Agreements:

At the above date and time, two of our trained facilitators will conduct (WS # and title).

For the workshop to be as successful as possible, we request a **minimum of 8 participants**. If there are too few participants, our facilitators may have to cancel the workshop.

We ask that all workshops **start as close to the scheduled time as possible**. If there are too few participants in attendance 20 minutes after the expected start time (noted above), the facilitators may have to cancel the workshop.

If a workshop is canceled because of lack of participants at the expected workshop time, please contact (Program Staff Name) to see if it is possible to reschedule.

Due to our high volume of workshop requests, please be aware that if a workshop is canceled less than 24 hours in advance, we cannot guarantee the workshop will be rescheduled. If a workshop is canceled less than 24 hours in advance, any other workshops you have scheduled will also be canceled.

Please contact Adult Role Models program staff with any questions:
(Program staff name and contact information)

APPENDIX I: WORKSHOP OBSERVATION FORM

ARM being observed: _____

Location of workshop: _____

Name of supervisor/staff member observing: _____

Date: _____ / _____ / _____

Workshop being observed:

- ☐ Workshop 1: Talking to Your Children about the Facts of Life
- ☐ Workshop 2: Opening the Lines of Communication
- ☐ Workshop 3: Child Sexual Development
- ☐ Workshop 4: It Takes More Than Talk

Part I. Facilitation Skills

For each job responsibility please indicate if job duty was completed or not. Please use the comment sections for further notes.

Job Duty	Yes/No or Rating Scale			
Creating and maintaining a comfortable learning environment				
Be on time (15 minutes before workshop start time)		Yes	No	N/A
Discuss group agreements		Yes	No	N/A
Introduce self to participants, including description of ARM program		Yes	No	N/A
Summarize previous workshop(s) for participants		Yes	No	N/A
Be prepared with all the necessary materials (handouts, incentives, newsprint)		Yes	No	N/A
Set up room with necessary materials (newsprint, etc.)		Yes	No	N/A
Stick to the topic	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

Job Duty	Yes/No or Rating Scale			
Including everyone in the group				
Look at more than one person at a time when speaking		Yes	No	N/A
Move around the room and face different people		Yes	No	N/A
Enforce "one mic" group agreement	Excellent	Satisfactory	Needs Improvement	N/A
Use verbal invitations to encourage participation from quiet or unengaged participants	Excellent	Satisfactory	Needs Improvement	N/A
Offer Spanish handouts to Spanish-speaking participants who attend an English workshop		Yes	No	N/A
Notes:				

Job Duty	Rating Scale			
Demonstrating effective listening skills				
Try to understand what each participant is saying (e.g., by asking further questions for clarification)	Excellent	Satisfactory	Needs Improvement	N/A
Deflect questions back to the group	Excellent	Satisfactory	Needs Improvement	N/A
Paraphrase participants' answers	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

Job Duty	Yes/No or Rating Scale			
Encouraging dialogue				
Use invitations to encourage participation	Excellent	Satisfactory	Needs Improvement	N/A
Answer questions with confident tone and presence	Excellent	Satisfactory	Needs Improvement	N/A
Answer questions with accurate information		Yes	No	N/A
Thank or affirm participants for responses/questions		Yes	No	N/A
Notes:				

Job Duty	Yes/No		
Remaining nonjudgmental			
Refrain from discussing own personal values	Yes	No	N/A
React to comments made by participants in a nonjudgmental manner	Yes	No	N/A
Enforce "respect for other's opinion" group agreement	Yes	No	N/A
Notes:			

Job Duty	Yes/No or Rating Scale			
Co-facilitation skills				
Share facilitation tasks appropriately with co-facilitator		Yes	No	N/A
Demonstrate professionalism when working with co-facilitator (e.g., be respectful to each other, do not interrupt each other)	Excellent	Satisfactory	Needs Improvement	N/A
Participate in set-up and cleanup		Yes	No	N/A
Assist each other where needed (e.g., include something a co-facilitator overlooked)		Yes	No	N/A
Notes:				

Job Duty	Yes/No or Rating Scale			
Evaluation survey administration				
Follow appropriate survey administration guidelines (timing, distribution and collection, have properly labeled envelopes, extra pens, Spanish versions)	Excellent	Satisfactory	Needs Improvement	N/A
Tell participants that surveys are voluntary		Yes	No	N/A
Tell participants that surveys are anonymous		Yes	No	N/A
Tell participants that survey is an evaluation, not a test		Yes	No	N/A
Express appreciation for participation		Yes	No	N/A
Notes:				

Job Duty	Yes/No		
Referring participants to needed services in the area			
Make appropriate referrals	Yes	No	N/A
Notes:			

Additional Comments:

Part II. Content Questions

When observing and rating the ARM's facilitation of workshop content, please consider the following:

- Adherence to the workshop script, including preparation, materials, and set-up
- Adherence to workshop group agreements
- Appropriate inclusion of participants in the discussion/activity
- Use of listening skills and encouragement of dialogue
- Nonjudgmental facilitation
- Appropriate sharing of facilitation duties with co-facilitator

WORKSHOP 1 CONTENT				
Job Duty	**Rating Scale**			
Facilitation of…				
Icebreaker ("Find someone who")	Excellent	Satisfactory	Needs Improvement	N/A
Definition of sexuality brainstorm activity	Excellent	Satisfactory	Needs Improvement	N/A
True/false activity	Excellent	Satisfactory	Needs Improvement	N/A
"4 Steps" role play	Excellent	Satisfactory	Needs Improvement	N/A
"Teachable Moments" role play	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

WORKSHOP 2 CONTENT				
Job Duty	**Rating Scale**			
Facilitation of…				
Icebreaker ("Find your match")	Excellent	Satisfactory	Needs Improvement	N/A
Past/present/future activity	Excellent	Satisfactory	Needs Improvement	N/A
Communication style role plays	Excellent	Satisfactory	Needs Improvement	N/A
Listening skills role plays	Excellent	Satisfactory	Needs Improvement	N/A
Summary (make final points and inform participants of further workshops in the series)	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

WORKSHOP 3 CONTENT				
Job Duty	**Rating Scale**			
Facilitation of…				
"What Does a Sexually Healthy Adult Look Like?" worksheet activity	Excellent	Satisfactory	Needs Improvement	N/A
Child sexual development card activity	Excellent	Satisfactory	Needs Improvement	N/A
Processing questions after child sexual development activity	Excellent	Satisfactory	Needs Improvement	N/A
Summary (make final points and inform participants of further workshops in the series)	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

WORKSHOP 4 CONTENT				
Job Duty	**Rating Scale**			
Facilitation of…				
Icebreaker (“Are some risks healthy?”)	Excellent	Satisfactory	Needs Improvement	N/A
Super-protective factors brainstorming activity	Excellent	Satisfactory	Needs Improvement	N/A
“9 behaviors that support parent-child connectedness” activity	Excellent	Satisfactory	Needs Improvement	N/A
Parental monitoring activity	Excellent	Satisfactory	Needs Improvement	N/A
Summary (make final points and inform participants of further workshops in the series)	Excellent	Satisfactory	Needs Improvement	N/A
Notes:				

Additional Comments:

APPENDIX J: PROGRAM POLICIES

Recruitment

All candidates are required to complete an ARM application. After interviewing, the Associate Director of Adult Education will call the candidates' references. Afterward, all top candidates undergo a background check. All recruitment forms used in the recruitment process were co-developed by Human Resources staff. (See attached on pages 4-7.)

Reporting Hours of Participation

ARMs submit their program participant records according to the dates outlined in the ARM Payment Calendar. Events listed on the program participant record should not be more than 30 days old. For example, if the submission date is November 15th, nothing should be listed on the invoice before October 15th. An ARM will not receive payment for events submitted beyond this 30-day period. ARM checks will be made available according to the dates outlined in the ARM Payment Calendar. Sessions are defined as 3-hour activities.

Program Participation Payment Scale

Stipend raises are granted based on the number of years in the program, pending performance appraisals that indicate the ARM is meeting or exceeding program policies and procedures.

First year in program = $20 per session/workshop
Second year in program = $25 per session/workshop
Third year in program = $30 per session/workshop
Fourth year in program = $32 per session/workshop
Fifth + year in the program = $34 per session/workshop

Disciplinary Action

Letters about an ARM's failure to perform duties or termination from the program are handled by the Associate Director of Adult Education with guidance from the Director of Adult Education and Professional Training, Associate Vice President, Vice President of Education and Training, and Human Resources. All other disciplinary actions are executed by the Associate Director of Adult Education with guidance from the AVP and VP of Education and Training.

Active/Inactive Status

If an ARM does not attend any meetings, conduct workshops, participate in ARM program activities, or return phone calls within a 3-month time period, he/she will be considered inactive and will be sent a letter of inactivity. During the period that an ARM is inactive, he/she may not coordinate or conduct workshops and will not receive program correspondence, i.e., meeting reminders, program announcements, etc. In addition, inactive ARMs will not qualify for any increases scheduled for their class. In order to return to active status, inactive ARMs must meet with the Associate Director of Adult Education to discuss a plan to potentially rejoin the program and undergo another background check. After five months of inactivity, an ARM is permanently terminated from the program. The letter of inactivity explains all the information outlined above.

Performance Appraisal

The Associate Director of Adult Education gives each ARM an annual performance appraisal in September. All appraisals are kept on file.

The ARM program uses the Program Participation Scale (see above). Other incentives, such as movie tickets and ARM awards, are used at PPNYC's discretion to recognize ARMs for outstanding participation in the program.

Monthly Meetings

Lateness Policy:

Upon arrival at monthly meetings, all ARMs will sign in. However, an ARM who arrives up to 30 minutes late without prior approval will not be allowed to participate or submit the meeting on his/her program participant record. Any ARM who is running late must call the ARM supervisor in order to include the meeting on his/her program participant record.

Workshops

Doing Workshops Alone:

ARMs are not required to facilitate workshops alone. If one ARM cancels or the ARM supervisor cannot find a co-facilitator, the workshop will be canceled. However, ARMs have the choice to facilitate the workshop on their own. They will receive their regular stipend. No additional payments will be made.

Attire:

All ARMs will be dressed in neat and clean attire for workshops (no ripped clothing, sweatpants or belly shirts).

Workshop Arrival:

All ARMs are expected to arrive at least 15 minutes prior to the workshop start time to set up materials and to meet the contact person.

Workshop Start Times:

Workshops should begin no later than 20 minutes after the scheduled start time. ARMs are expected to communicate with the contact person that the workshop will need to be rescheduled if fewer than 4 participants are present after these 20 minutes.

Workshop Cancellations:

If a workshop is cancelled before the start time and the ARM supervisor has contacted the ARM to let him or her know about the cancellation, the ARM will not receive a stipend for the workshop. If a workshop is cancelled once the ARM arrives at the site (or if fewer than 4 participants are present for the workshop), the ARM will receive a stipend for the workshop.

Gathering Materials:

It is expected that all ARMs will have a complete supply of workshop materials with them when arriving at a workshop. It is the ARM's responsibility to come into the office to pick up supplies.

Annual Reviews

Each ARM will have an annual performance review, conducted by their supervisor and based on the previous year's work. This review will be conducted around September.

Health Fairs/Conferences and Other Events

Signing Up:

It is expected that any ARM who signs up for an event will attend the event and fully participate by staffing the table for the entire scheduled time.

Lateness Policy:

Any ARM who arrives 30 minutes late or more will not be allowed to work at the event. Any ARM who is running late must call the ARM supervisor in order to indicate the meeting on his or her program participant record.

Payment:

Payment for health fairs, conferences, and other events will be determined by the ARM supervisor before the event based on the numbers of hours scheduled. Any ARM who signs up for the event will be advised about the payment in advance.

Metrocard Usage

Metrocards are given to ARMs to get to and from workshops, health fairs, and designated special events. Metrocards may also be used for check and materials pick-up if necessary, but these trips should be combined with other trips to the office (monthly meetings, event, etc.) whenever possible. Metrocards may be used for scheduled meetings with the ARM supervisor or other PPNYC staff.

All trips must be recorded on a Metrocard Log. A Metrocard Log must be complete in order to obtain a new Metrocard.

Training Institute

ARMs are encouraged to attend professional development trainings at the Training Institute. An ARM may attend up to 3 trainings during a training calendar (Fall/Winter and Spring/Summer). All trainings, regardless of time (2 hour, ½ day, or full day) are to be recorded as one stipend. A two-day training is worth 2 stipends and counts as 1 training toward the training limit of 3 trainings. ARMs are expected to get approval from the ARM supervisor before registering for a training session. An ARM is expected to attend all trainings he or she registers for, to be on time, and to actively participate in the session.

An ARM may lose privileges to attend future training sessions if the ARM fails to give advance notice if he or she cannot attend a training for which the ARM was registered or if an ARM arrives more than 20 minutes late for a registered training without advance notice.

Cabs

An ARM may take a cab to and from a health fair if carrying the health fair suitcase with materials. In most instances, petty cash will be made available ahead of time. An ARM is required to obtain receipts for the cab ride and submit the receipts along with any change to the ARM supervisor. Cab fare may not be used for any other form of transportation (gas, subway, etc).

If there is any leftover cab fare, an ARM may not use that change to buy health fair snacks or beverages. Snacks and water will be provided.

An ARM may also get special permission in advance to take a cab to workshops that are difficult to get to or are exceptionally far by bus or train. Instances of inclement weather may also qualify for special permission to take a cab. Please call your supervisor at the office or via cell phone if such a situation arises. If the supervisor is unreachable, an ARM may also call the Program Assistant or the Director of Adult Education and Professional Training.

Bringing Guests to Events

Workshops and Health Fairs: ARMs are working in a professional capacity at workshops and health fairs. Guests are not permitted to accompany ARMs to these events, unless given special permission by the ARM supervisor before the event. If an event is open to the public (such as a community health fair), friends, family, and acquaintances who attend may not ride in cabs paid for by PPNYC and cannot "work" the event with an ARM (e.g., help hand out materials, etc). If child care is a problem, this should be communicated to the supervisor in advance.

Meetings:

Monthly meetings are professional meetings intended to cover important business, team building, and professional development. Guests should not be invited to attend monthly meetings unless prior approval is granted. If an ARM is unable to get child care, he or she should contact the ARM supervisor for permission to bring children to the meeting.

Special Events:

Guests are welcome to attend special events that specifically request community involvement. Names are to be submitted to the event coordinator in order to be placed on the security guest list.

My signature below confirms that I have read and understood the policies above and agree to adhere to these policies.

Date: _____ **Name:** _____

Signature: _____

APPENDIX K: CO-FACILITATION AGREEMENT

Before-Workshop Policies:

- Co-facilitators will call each other to agree on who brings the workshop materials and who will facilitate the different workshop sections. They will also discuss any travel arrangements.
- Workshop facilitators will arrive at least 15 minutes before scheduled workshop time.
- Upon arrival at the workshop site, facilitators will locate the agency contact person.
- Facilitators will prepare all necessary materials for the workshop.
- During the workshop session, facilitators will endeavor to follow the script.

After-Workshop Policies:

- Facilitators will clean up after the workshop and leave the room as it was or even better.
- If possible, the facilitators will find the agency contact person to thank him or her and network about future workshops at that site.
- The facilitators will decide who will bring the paperwork to the PPNYC office by the end of the month.
- Facilitators will report to the ARM supervisor or program assistant any necessary information from the workshop that needs to be followed up on (for example, a late start to the workshop, a challenging space, more or fewer participants than expected, etc.).
- Facilitators will debrief about good and challenging moments during the workshop and provide constructive feedback as per the feedback script below.

Feedback Script for Facilitators:

1. Find the **right time**. If you cannot debrief right after the workshop, do so within 48 hours.
2. **Give a positive and constructive comment about your own performance, and then ask your co-facilitator to do the same for you.** Always start with positive feedback. For example, you may say: "I felt really prepared today with the handouts and materials. I didn't watch my time though, and my section ran quite late so you had to rush. I have to work on being more aware of time in the future. Can you give me some feedback on what you thought went well and anything I can work on?" Then reverse roles.
3. When giving feedback, remember the intent should be to help your fellow ARMs grow and build new strengths. You can do this by complimenting them on or helping them learn about something they cannot see or may not notice. So, constructive **feedback should be direct, specific, and focused on behavior that can be changed** (not on personality, etc.)
4. When receiving any feedback, the goal is to **listen carefully** and consider the feedback given, so you may need to ask questions for clarification. However, the expectation is that you will hold off on explaining or defending your behavior at this time so you can focus on listening and processing the feedback.

5. **Thank your co-facilitator** for his/her honesty and support. You may say "Thank you, I will think about all of that." Even if feedback is hard to hear, it can help us grow.

6. **Take time to think** about the positive and constructive feedback given. **Ask for help** from your co-facilitators or supervisor to help you address issues and build strengths.

Workshop Constructive Feedback Tips:

- Remember that feedback helps us see the "hidden" parts of ourselves. As such, giving and receiving feedback is essential to be able to grow as a facilitator.
- Every facilitator may have their own style for giving feedback, but all ARMs should adhere to the script above.
- In giving constructive feedback, facilitators will ask themselves why they are giving that feedback to their co-facilitator. Make sure it is not because you have had a bad day or other personal reasons.

My signature below confirms that I have read and understood the policies above and agree to adhere to these policies.

Date: _____ **Name:** _____

Signature: _____

APPENDIX L: PERFORMANCE APPRAISAL

Part A: Supervisor's Appraisal of Adult Role Models

ARM Name: _____

Supervisor's Name: _____ **Appraisal Period:** _____

Please place a check mark ✔ to indicate your rating for each category. Ratings are as follows:

EE = Exceeds Expectations – ***Performs above the standard and excels in achievement of assigned duties.***
ME = Meets Expectations – ***Meets requirements and performs responsibilities at the level expected.***
NI = Needs Improvement – ***Needs to enhance performance to meet minimum standards.***

KEY RESPONSIBILITIES	PERFORMANCE EXPECTATIONS	EE	ME	NI	NOTES
Facilitates workshops	ARM is at workshop site 15 minutes early. ARM is prepared with materials. ARM follows workshop script.	◯	◯	◯	
Attends monthly meetings	ARM arrives on time. ARM actively participates in a positive manner.	◯	◯	◯	
Represents PPNYC with courtesy and professionalism	ARM provides accurate information and promotes PPNYC services in his or her community.	◯	◯	◯	
Participates in PPNYC special events	ARM volunteers for special events and follows through with active participation and professionalism.	◯	◯	◯	
Works cooperatively with ARM team	ARM communicates effectively with other ARMS as needed. ARM informs supervisor of team accomplishments and problems, e.g., ARM tardiness and non-professional behavior.	◯	◯	◯	

Please place a check mark ✔ to indicate your rating for each category. Ratings are as follows:

EE = Exceeds Expectations – ***Performs above the standard and excels in achievement of assigned duties.***
ME = Meets Expectations – ***Meets requirements and performs responsibilities at the level expected.***
NI = Needs Improvement – ***Needs to enhance performance to meet minimum standards.***

JOB CHARACTERISTICS	EE	ME	NI	NOTES
Accountability: Follows program/agency policies and procedures and is consistently punctual and reliable.	◯	◯	◯	
Teamwork: Contributes to productivity of the group, provides input on projects, and readily gives and receives help. Understands how his or her activities affect others. Treats other members of the team with respect and dignity.	◯	◯	◯	
Attitude: Cooperates with supervisor and other ARMs. Is motivated and sets a positive example for team members.	◯	◯	◯	
Initiative: Volunteers for projects and actively seeks ways to contribute to the ARM team and agency.	◯	◯	◯	

Adult Role Model Comments:

ARM Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Part B: Adult Role Model Self-Evaluation

The purpose of this form is to give you an opportunity to prepare for your performance appraisal meeting and to reflect on how you view your performance over the past year. Please answer the following questions honestly.

1. What are the major accomplishments of your work over the past year?

2. What aspect of the ARM program do you enjoy the most/find most rewarding?

3. What aspect of the ARM program do you find most challenging?

4. What are the areas in which you feel you need improvement?

5. What would you like to focus on in the future in the ARM program?

APPENDIX M: PROGRAM GOALS AND EVALUATION INSTRUMENTS

GOALS & INSTRUMENTS TABLE

ARM Program Goals	Evaluation Instruments							
	Workshop #1 Survey	Workshop #2 Survey	Workshop #3 Survey	Workshop #4 Survey	ARM Interviews	Workshop Observation Forms	Monthly Encounter Logs	Participant Phone Calls
1. To increase knowledge and awareness about:								
a. The importance of parent-child communication about sexuality	X	X						
b. Stages of child sexual development			X					
c. Protective effects of parental monitoring				X				
d. Protective effects of parent-child connectedness				X				
e. Techniques for parent-child communication about sexuality	X	X						
f. Techniques for (improving) parent-child connectedness				X				
g. Techniques for (improving) parental monitoring				X				
2. To improve the ability of parents and other caring adults to talk with their children about sexuality.					X			X
3. To improve the quality of parent-child communication regarding sexuality.					X			X
4. To increase the quantity of parent-child communication regarding sexuality.					X			X
5. To enhance:								
a. Parental monitoring				X	X			X
b. Parent-child connectedness				X	X			X
6. To create a space in which parents and families feel supported.	X	X	X	X		X		
7. To share information relating to Goals 1-5 with social networks (friends, family, colleagues, etc.)					X		X	X
8. To provide mentorship and support to ensure capable parent peer educators.								
a. Supportive supervisory environment					X			
b. Effective facilitation skills	X	X	X	X				

APPENDIX N: PRE-WORKSHOP SURVEY

Adult Role Models Program: Pre-Workshop 1 Survey for Workshop Participant	
Purpose	**Today you will participate in a workshop on parent-child communication about sexuality. Your responses to this survey will help us make this workshop better!**
Your Rights	*This survey is . . .* **Voluntary** ➢ You decide whether to answer some, all, or none of the questions. and **Anonymous** ➢ No one will know which survey or answers are yours.
	We will ask you to provide some information that can be used as an Identification Code. The Identification Code protects your identity but allows us to link the survey you take before the workshop to the survey you take after the workshop. Linked surveys are used to improve future workshops. **THANK YOU for helping Planned Parenthood to improve our Adult Role Model workshops!**

Adult Role Models Program: Pre-Workshop 1 Survey for Workshop Participant

Today's Date: _____ **Location Name:** _____

Instructions: *Please do not put your name on this survey. The first three questions help us keep track of your surveys without knowing your name or any information that would identify who you are.*

1) In what month were you born? _____

2) What is the name of the school you attended in 1st grade?

_____

3) What is your zip code? _____

Instructions: *Please answer the next questions about yourself. Check ☑ the box that applies to you.*

4) How old are you?

☐ Under 21 ☐ 22-30 ☐ 31-40 ☐ 41-50 ☐ Over 50

5) What is your sex?

☐ Male ☐ Female

6) How much schooling have you completed?

☐ Elementary School (completed 5th grade)
☐ Junior High or Middle School (completed 8th grade)
☐ Some High School (completed 9th, 10th or 11th grade)
☐ High School Diploma/GED
☐ Some College
☐ College Degree

7) Were you born in the United States?

☐ No
☐ Yes

SURVEY CONTINUES ➢

8) What is your race? *(Check ☑ all that apply.)*

- ☐ Black or African-American/Afro-Caribbean
- ☐ White
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ Other (please specify): _____

9) Please list the age(s) and check ☑ the sex of all your children.

Child's Age	Sex		Child's Age	Sex	
1. _____	☐ Male	☐ Female	5. _____	☐ Male	☐ Female
2. _____	☐ Male	☐ Female	6. _____	☐ Male	☐ Female
3. _____	☐ Male	☐ Female	7. _____	☐ Male	☐ Female
4. _____	☐ Male	☐ Female	☐ **I have no children.**		

***Instructions**: Now we would like to ask your opinions about communicating with your children about sexuality.*

10) Sexuality is… *(Check ☑ all that apply.)*

- ☐ Anatomy and reproductive health (for example, the biological aspects of men's and women's bodies, sexually transmitted infections, pregnancy, menstruation)
- ☐ Sexual orientation (attraction to men, women, or both)
- ☐ Gender identity (how we think of ourselves as a man or a woman)
- ☐ Sexual activity (acts of intimacy such as kissing and intercourse)
- ☐ Love (acts and feelings of affection toward romantic partners or romantic interests)
- ☐ Relationships (for example, boyfriends, girlfriends, marriages, other sexual relationships)

11) When does sexuality begin? *(Check ☑ the one best answer.)*

- ☐ At birth or during infancy (0-1 year old)
- ☐ As a toddler (2-4 years old)
- ☐ Around elementary school age (5-9 years old)
- ☐ At puberty (10-12 years old)
- ☐ As a teenager (13-17 years old)
- ☐ As an adult (18 and older)

SURVEY CONTINUES ➢

Adult Role Models Program: Pre-Workshop 1 Survey for Workshop Participant

***Instructions**: Please check ☑ how much you agree or disgaree with the following statements.*

12) Conversations about sexuality should occur between a parent and child of the same sex.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

13) A parent should always know the answer to a question his/her child asks about sexuality.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

14) Children who receive sex education (including education about birth control and HIV and other sexually transmitted infections) are more likely to have sex.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

15) Eleven-year-old Brianna is reading fashion magazines while her father drives her home from school. Coming across an article on teen dating, Brianna asks her father to explain what a condom is. Brianna's father should… *(Check ☑ all that apply.)*

☐ Thank Brianna for asking the question

☐ Ask Brianna what she thinks a condom is before answering

☐ Suggest that Brianna ask her mother, or some other female family member

☐ Tell Brianna it would be better to talk about that topic when she gets a little older

☐ Tell Brianna a condom is used to cover a man's penis during sex to protect against HIV and sexually transmitted diseases, as well as unplanned pregnancy

16) If Brianna's father wanted to use the article about teen dating as a "Teachable Moment," how could he begin a conversation? *(Check ☑ all that apply.)*

☐ Ask Brianna what she thinks about the idea of teenagers dating

☐ Tell Brianna he disapproves of her dating before age 18

☐ Ask Brianna why she thinks an article on teen dating would mention condoms

☐ Explain to Brianna that he doesn't want her reading these types of fashion magazines

***Instructions**: Please return this survey to the envelope marked "survey" before we begin the workshop. Thank you.*

APPENDIX O: POST-WORKSHOP SURVEY

Adult Role Models Program: Post-Workshop 1 Survey for Workshop Participant	
Purpose	**Today you participated in a workshop on parent-child communication about sexuality. Your responses to this survey will help us make this workshop better!**
Your Rights	*This survey is . . .* **Voluntary** ➢ You decide whether to answer some, all, or none of the questions. and **Anonymous** ➢ No one will know which survey or answers are yours.
	We will ask you to provide some information that can be used as an Identification Code. The Identification Code protects your identity but allows us to link the survey you take before the workshop to the survey you take after the workshop. Linked surveys are used to improve future workshops **THANK YOU for helping Planned Parenthood to improve our Adult Role Model workshops!**

Adult Role Models Program: Post-Workshop 1 Survey for Workshop Participant

Today's Date: _____ **Location Name:** _____

Instructions: *Thank you for participating in this workshop. Before you leave, we would like to ask you a few questions similar to those you answered before the workshop. This will help us to improve our workshops. The first three questions help us keep track of your surveys without knowing your name or any information that would identify who you are.*

1) In what month were you born? _____

2) What is the name of the school you attended in 1st grade?

_____

3) What is your zip code? _____

Instructions: *Please answer the following questions about communicating with your children about sexuality.*

4) In the last month, how often have you had conversation(s) about sexuality with your child? Your best guess is fine. *(Check ☑ the one best answer.)*

☐ Not at all (0 times) ☐ Once or twice ☐ Sometimes (3-5 times)
☐ Often (more than 3-5 times) ☐ I have no children

5) What started the conversation? *(For example, you saw something related to sexuality while watching television with your child.)*

_____

_____

_____

_____

SURVEY CONTINUES ➢

6) Sexuality is… *(Check ☑ all that apply.)*

- ☐ Anatomy and reproductive health (for example, the biological aspects of men's and women's bodies, sexually transmitted infections, pregnancy, menstruation)
- ☐ Sexual orientation (attraction to men, women, or both)
- ☐ Gender identity (how we think of ourselves as a man or a woman)
- ☐ Sexual activity (acts of intimacy such as kissing and intercourse)
- ☐ Love (acts and feelings of affection toward romantic partners or romantic interests)
- ☐ Relationships (for example, boyfriends, girlfriends, marriages, other sexual relationships)

7) When does sexuality begin? *(Check ☑ the one best answer.)*

- ☐ At birth or during infancy (0-1 year old)
- ☐ As a toddler (2-4 years old)
- ☐ Around elementary school age (5-9 years old)
- ☐ At puberty (10-12 years old)
- ☐ As a teenager (13-17 years old)
- ☐ As an adult (18 and older)

Instructions: *Please check ☑ how much you agree or disagree with the following statements.*

8) Conversations about sexuality should occur between a parent and child of the same sex.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

9) A parent should always know the answer to a question his/her child asks about sexuality.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

10) Children who receive sex education (including education about birth control and HIV and other sexually transmitted infections) are more likely to have sex.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

SURVEY CONTINUES ➢

11) Eleven-year-old Brianna is reading fashion magazines while her father drives her home from school. Coming across an article on teen dating, Brianna asks her father to explain what a condom is. Brianna's father should… *(Check ☑ all that apply.)*

- ☐ Thank Brianna for asking the question
- ☐ Ask Brianna what she thinks a condom is before answering
- ☐ Suggest that Brianna ask her mother, or some other female family member
- ☐ Tell Brianna it would be better to talk about that topic when she gets a little older
- ☐ Tell Brianna a condom is used to cover a man's penis during sex to protect against HIV and sexually transmitted diseases, as well as unplanned pregnancy

12) If Brianna's father wanted to use the article about teen dating as a "Teachable Moment," how could he begin a conversation? *(Check ☑ all that apply.)*

- ☐ Ask Brianna what she thinks about the idea of teenagers dating
- ☐ Tell Brianna he disapproves of her dating before age 18
- ☐ Ask Brianna why she thinks an article on teen dating would mention condoms
- ☐ Explain to Brianna that he doesn't want her reading these types of fashion magazines

***Instructions**: The last questions ask you to share how you feel about today's workshop.*

13) Taking part in this workshop has increased my understanding of sexuality.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

14) Taking part in this workshop will improve my understanding of ways to talk with my child(ren) about sexuality.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

SURVEY CONTINUES ➢

Adult Role Models Program: Post-Workshop 1 Survey for Workshop Participant

15) After today's workshop, I am more likely to… *(Check ☑ all that apply.)*

- ☐ Talk to my children earlier about sexuality
- ☐ Talk to my children more frequently about sexuality
- ☐ Provide honest answers to all my children's questions
- ☐ Admit when I don't know the answer to something
- ☐ The workshop will have no effect on the way that I interact with my children about sexuality.
  If so, please explain why: _____

16) The presenters helped me to feel comfortable participating in the workshop.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

17) Overall, I thought the workshop was…

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

18) Overall, I thought the presenters were…

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

19) What did you like the most about today's workshop? _____

_____

_____

_____

_____

20) If you could change anything about the workshop, what would it be? _____

_____

_____

_____

_____

Instructions: *Please return this survey to the envelope marked "survey." Thank you.*

VI. TRAINING CURRICULUM

A 20-SESSION TRAINING FOR PARENT EDUCATORS

SESSION 1: WELCOME AND ARM ORIENTATION

GOALS:

1. To introduce ARMs to the agency, department, program, and training.
2. To increase ARMs' familiarity with the content of ARM Workshop 1, "Talking to Your Children about the Facts of Life."

OBJECTIVES:

At the end of the session, participants will be able to:

1. Explain the general structure of PPNYC.
2. Explain the guidelines, expectations, and policies of the ARM training program.
3. Fill out the Metro Card travel log and payment invoices.
4. Explain the content presented in ARM Workshop 1.

TIME: Approximately 3 hours, 25 minutes

MATERIALS:

1. Session agenda
2. "ARM Training Goals, Expectations, and Policies" handout
3. Metro Cards
4. Metro Card travel logs
5. Contact information list
6. Pre-Test
7. Invoice forms
8. All Workshop 1 materials
9. Highlighters
10. Pens
11. Loose-leaf paper
12. Training schedule

PREPARATION:

1. Develop a session agenda.
2. Prepare orientation folders and binders with materials listed above.

SESSION 1 PLAN

I. Welcome to PPNYC (10 minutes)

1. Staff introductions.
2. Agency overview: Discuss department activities, structure, and mission.
3. Review agenda and training schedule.

II. Housekeeping Issues (5 minutes)

1. Bathroom and keys.
2. Food and cleanliness.
3. Security.

III. ARM Training Goals, Expectations, and Policies (10 minutes)

1. Distribute two copies of the "ARM Training Goals, Expectations, and Policies" handout to each participant and review.
2. Have participants sign one copy and give to facilitator.

IV. "What's in a Name?" Icebreaker (15 minutes)

1. Ask all participants to select one part of their full name (first, middle, or last) and explain either the origin of the name, why they were given the name, or a nickname they were given. Explanations should last no longer than two minutes. Facilitator can go first.

V. Administrative Matters (15 minutes)

1. Distribute administrative forms and review briefly.

VI. Pre-Test Survey (20 minutes)

1. Explain to participants that they will be taking a test to assess their current knowledge and comfort around sexuality issues. Reassure participants that the scores are not relevant to their performance during training.
2. Administer pre-test survey.

VII. ARM Workshop 1 Presentation by two existing ARMs (2 hours)

1. Remind participants that a goal of the ARM training is to learn how to facilitate Workshop 1. Emphasize that this will be their main responsibility as an ARM. To that end, explain that two current ARMs will now facilitate Workshop 1 for them.
2. Introduce the two ARM facilitators and allow Workshop 1 to proceed.

ARM TRAINING GOALS, EXPECTATIONS, AND POLICIES

Goal:

To train parents to become peer sexuality educators.

Objectives:

At the end of the training, participants will be able to:

1. Demonstrate an increase in sexuality knowledge.
2. Demonstrate stronger oral presentation and group facilitation skills.
3. Demonstrate an increased ability to talk to the important children in their lives about sexuality.
4. Facilitate Workshop 1, "Talking to Your Children about the Facts of Life."

Expectations:

Timeliness/Attendance:

1. We require complete attendance at all training sessions. Attendance will be taken daily.
2. All training sessions begin at 5:30 p.m. sharp on Monday, Tuesday, and Wednesday. Lateness is disruptive and will not be tolerated.
3. Absences should be strictly avoided. More than two unannounced absences will require a meeting with the training supervisor and can lead to possible dismissal from the program.
4. If lateness and/or absences are anticipated, contact the training facilitator.
5. If you miss a training session, it is your responsibility to get the information missed (handouts, homework, etc.) from another ARM.

Quizzes/Final Exam:

1. There will be a series of quizzes during the ARM training.
2. The quizzes should be taken seriously.
3. All ARMs are expected to pass the quizzes and final exam, and ultimately to participate in the Graduation Ceremony.
4. If you fail the final exam, you will be given a second opportunity to achieve a passing grade.

Participation:

1. Participation from everyone is required.
2. Outside studying and workshop facilitation practice is necessary and expected.
3. Have fun! As you will see, sexuality education is enriching and enjoyable.

Policies:

1. The ARM training sessions will begin promptly on the scheduled dates.
2. Any ARM who arrives 30 minutes late or more without calling the training supervisor will not be paid for that day.

Please note that participation in the program can be terminated, with or without cause and with or without notice, at any time at the option of PPNYC or yourself.

Date: _____ **Signature:** _____

ARM TRAINING PRE-TEST SURVEY

Name: _____ **Date:** _____

Please check ☑ the appropriate box.

1. **Do you have children (either your own or other children you are raising, e.g., stepchildren, foster children, grandchildren)?** ☐ Yes ☐ No

2. **If yes, how many?** _____

3. **What are the ages of these children? (check all that apply)**
   ☐ 0 - 3 yrs. ☐ 4 - 6 yrs. ☐ 7 - 9 yrs. ☐ 10 - 13 yrs.
   ☐ 14 - 17 yrs. ☐ 18 - adult

4. **During the last six months, how often have you talked to your children about sexuality?**
   ☐ 0 times ☐ 1 - 3 times ☐ 4 - 6 times ☐ 7 or more times

5. **During the last four weeks, how often have you talked to your children about sexuality?**
   ☐ 0 times ☐ 1 - 3 times ☐ 4 - 6 times ☐ 7 or more times.

6. **How prepared do you feel to talk to your children about sexuality?**
   ☐ Very Prepared ☐ Prepared ☐ Somewhat Prepared ☐ Not Prepared at all

7. **How comfortable do you feel talking to your children about sexuality?**
   ☐ Very Comfortable ☐ Comfortable ☐ Uncomfortable ☐ Very Uncomfortable

8. **How comfortable do you feel talking to other adults/parents about sexuality?**
   ☐ Very Comfortable ☐ Comfortable ☐ Uncomfortable ☐ Very Uncomfortable

9. **How often do you and your children discuss sexuality issues that are covered in television programs/magazines/music videos/Internet?**
   ☐ Always ☐ Often ☐ Sometimes ☐ Never ☐ Does Not Apply – I have not been in that situation

10. **How do you plan to educate (or how are you currently educating) your children about sexuality? (check one answer)**
    ☐ During a one-to-one discussion at a specific time
    ☐ When they start dating
    ☐ When they ask questions
    ☐ On an ongoing basis
    ☐ I don't plan to talk to my children about sexuality
    ☐ Does not apply

CONTINUES ➢

11. **Parents should teach their children the correct terms for the genitals (vagina or penis) instead of nicknames.**
☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

12. **It is best for parents to wait until their children ask questions about sexuality to begin talking to them about it.**
☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

13. **Boys and girls need the same amount of information about sexuality.**
☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

14. **Most children want to talk to their parents about sexuality.**
☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

15. **What is the best age for a parent to begin teaching a child about sexuality?**
☐ 2 years or under ☐ 5 years old ☐ 11 years old ☐ 13 years old

16. **The biggest and most important part of sexuality is sexual activity.**
☐ True ☐ False

17. **Most abortions (90%) take place during which trimester of pregnancy?**
☐ First ☐ Second ☐ Third

18. **Which birth control method is most effective in reducing a person's risk of sexually transmitted diseases, including HIV?**
☐ Condoms ☐ IUD ☐ Diaphragm ☐ Spermicide

19. **How long can sperm live in a woman's reproductive tract?**
☐ 5 hours ☐ 1 day ☐ 2 days ☐ 3 – 5 days

20. **Name three birth control methods that are available at drugstores without a prescription:**
(1) _____
(2) _____
(3) _____

21. **Which type of condom should be used to prevent the transmission of HIV?**

_____

22. **Name three symptoms of sexually transmitted diseases:**

(1) _____
(2) _____
(3) _____

23. **Please define: Sexual orientation**

_____

PRE-TEST SURVEY ANSWER KEY: QUESTIONS 11-23

11. Parents should teach their children the correct terms for the genitals (vagina or penis) instead of nicknames.

☐ Strongly Agree ☑ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

Agree. Parents should use the correct names for all body parts, including penis and vagina. When we use other nicknames for the genitals, we may send the message that "penis" and "vagina" are dirty words. This may cause children to feel uncomfortable or bad about their genitals.

12. It is best for parents to wait until their children ask questions about sexuality to begin talking to them about it.

☐ Strongly Agree ☐ Agree ☐ Unsure ☑ Disagree ☐ Strongly Disagree

Disagree. Children need correct information but may feel shy or embarrassed to ask. Let your child know that it is okay to ask questions. By starting conversations with our children, we can set the tone and show our children that we are comfortable talking about sexuality.

13. Boys and girls need the same amount of information about sexuality.

☐ Strongly Agree ☑ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

Agree. Male and female children need the same amount of information about sexuality. Boys or girls who don't have the information will be less prepared when it is time for them to make decisions about their relationships, sexual activities, and health.

14. Most children want to talk to their parents about sexuality.

☐ Strongly Agree ☑ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

Agree. Some children ask fewer questions about sexuality than others. However, every parent should expect questions from their children at some point. Talking to parents about sexuality may feel awkward or embarrassing for some children, but ultimately children want to know about their parents' values when it comes to sexuality. It is important that parents be the primary educators for their children.

15. What is the best age for a parent to begin teaching a child about sexuality?

☑ 2 years or under ☐ 5 years old ☐ 11 years old ☐ 13 years old

2 years or under. Between 1 and 2 years old, children start to develop some language and enjoy pointing to and labeling parts of the body. Teaching children the proper names for body parts, including the genitals, can be the beginning of an ongoing conversation about sexuality.

16. The biggest and most important part of sexuality is sexual activity.

☐ True ☑ False

False. Sexuality is more than sex. It is a physical, mental, emotional, and spiritual journey throughout our whole lives. All parts of our sexuality, including our relationships, sexual orientation, and body image, are important.

17. Most abortions (90%) take place during which trimester of pregnancy?

☑ First ☐ Second ☐ Third

First trimester. 88% of all abortions performed in the United States occur in the first 12 weeks of pregnancy.

18. Which birth control method is most effective in reducing a person's risk of sexually transmitted diseases, including HIV?

☑ Condoms ☐ IUD ☐ Diaphragm ☐ Spermicide

Condoms. Of all birth control methods, condoms are the only method that can reduce a person's risk of getting an STI or HIV.

19. How long can sperm live in a woman's reproductive tract?

☐ 5 hours ☐ 1 day ☐ 2 days ☑ 3-5 days

3-5 days. Sperm can live up to 5 days in the female reproductive tract, making it possible for a pregnancy to occur up to 5 days after sexual intercourse.

20. Name three birth control methods that are available at drugstores without a prescription:

Male condoms, **female condoms**, and **emergency contraception** are all available at drugstores without a prescription. Emergency contraception, however, may only be sold in drugstores to people over 17.

21. Which type of condom should be used to prevent the transmission of HIV?

Latex condoms. Most condoms are made of latex, which offers the best protection against pregnancy and infections. For people with latex allergies, polyurethane or nitrile condoms or female condoms (which are made of nitrile) are the best options.

22. Name three symptoms of sexually transmitted diseases:

Any of the following symptoms are correct:

- Itchiness in genital area
- Unusual discharge or odor
- Painful urination
- Painful blisters
- Painless sores
- Bleeding
- Pain during intercourse
- Sores, bumps, or blisters near genitals, anus, or mouth
- No symptoms (the most common symptom)

23. Please define: Sexual orientation

Physical and/or emotional attraction to a person of the same or another gender.

SESSION 2: SEXUALITY AND VALUES

GOAL:

1. To increase ARMs' familiarity with sexuality and to explore their personal value system surrounding sexuality.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Define the term sexuality.
2. Define values.
3. Discuss the importance of values in their work as ARMs and identify some of their own values regarding sexuality.

TIME: Approximately 2 hours, 5 minutes

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. Magazines
5. Tape
6. Glue
7. Scissors
8. "Life Span of Sexuality" handout
9. "Definition of Sexuality" handout
10. "Common Ground" publication[1]
11. "Agree" and "Disagree" signs

PREPARATION:

1. Develop a session agenda.
2. Write "Agree" on a piece of construction paper.
3. Write "Disagree" on a piece of construction paper.
4. Post "Agree" and "Disagree" construction paper signs on opposite sides of room.

SESSION 2 PLAN

I. Welcome Participants and Review Session Agenda

II. Develop and Review Group Agreements (5 minutes)

1. Tell participants that in order to create a comfortable, productive training environment, it is necessary to develop and agree upon a set of rules or agreements that will be observed throughout the entire training program.
2. Ask participants to begin developing the group agreements. Write their ideas on newsprint and keep posted throughout session. After session, develop a handout of the group agreements and distribute at next session.

   Group Agreements to include are:

   - Stick to the topic
   - Speak one at a time
   - Respect each other's ideas and comments
   - Maintain confidentiality
   - Be mindful of what you share
   - Keep cell phones on vibrate or off

III. Sexuality Collage Team Builder (45 minutes)

1. Divide the participants into groups of three or four.
2. Distribute the "Definition of Sexuality" handout.
3. Tell participants that they will be creating a sexuality collage from images and/or words that represent each piece of the pie.
4. Distribute the magazines, newsprint, glue, tape, and scissors that they will use to create the sexuality collage.
5. Allow 25 minutes for collage making.
6. Ask each group to present their collage to the larger group, pointing out which images and/or words represent each piece of the pie.

IV. Review of Sexuality (25 minutes)

1. Review "Definition of Sexuality" handout.
2. Read "Life Span of Sexuality" narrative:

   It was dusk. The apartment was empty save for the two of them. As they lay entwined in a warm embrace, this room, this bed, was the universe. Aside from the faint sounds of their tranquil breathing, they were silent. She stroked the nape of his neck. He nuzzled her erect nipple first gently with his nose, then licked it, tasted, smelled, and absorbed her body odor. It was a hot and humid August day, and they had been perspiring. Slowly he caressed one breast as he softly rolled his face over the contours of the other. He pressed his body close against her, sighed, and, fully spent, closed his eyes and soon fell into a deep satisfying sleep…

3. Stop reading here and ask the following questions:
   - What do you think is happening here?
   - What is the relationship between the two characters?

4. Continue reading:
   …Ever so slowly she slipped herself out from under him, lest she disturb him, cradled him in her arms, and moved him to his crib. Having completed his six o'clock feeding, the four-month-old had also experienced one more contribution to his further sexual development.

5. Ask the following processing questions:

   - How did the ending make you feel?
   - What does the narrative tell us about sexuality? (Make sure to discuss how sexuality begins at birth: breast-feeding, cuddling, and touching, and that sexuality is much more than sex.)
   - Why did most of us think this narrative was about a couple engaging in sexual activity? (Make sure to discuss how most of us have been conditioned to view sexuality primarily as sex.)

6. Distribute "Life Span of Sexuality" handout and ask participants to underline all words that relate to sexuality. Ask participants to share which words they underlined.

7. Explain to participants that sexuality can be everywhere and that everyone sees sexuality in different things.

V. Values Definition (10 minutes)

1. Ask participants to define the word "values." Record their responses on newsprint. (Clarify that values are personal beliefs that affect how we think, feel, and act. Values can change over time with new knowledge and life experiences.)

2. Ask participants where values come from. Record their responses on newsprint. (Be sure to include the following: family, culture, friends, community, religion, media.)

VI. Values Clarification Exercise (30 minutes)

1. Tell participants that as ARMs, they will be confronted with a variety of values around sexuality and parenting. This exercise helps us to think about some of our values in advance so we can remain nonjudgmental in our workshops.

2. Tell participants that in a few minutes you will begin reading a series of statements. For each statement they should decide if they agree or disagree, then move to the area of the room that corresponds with their answer. Assure participants that there are no right or wrong answers.

3. Read the following statements. After participants move to the agree or disagree side, ask a few participants to share their values regarding the statement.

   - Children have the right to know the answer to any question that they have about sexuality.
   - Parents should talk to their children about birth control even if they want their children to abstain.
   - It is okay for boys to cry.
   - Some teens can make good parents.
   - It is okay for boys and girls to start dating at 14 years old.

4. Ask the following process questions:
   - How did it feel to do this exercise?
   - What does this exercise suggest about your role as an ARM? (Be sure to re-emphasize that as ARMs, they will be confronted with a variety of values around sexuality and parenting.)

VII. "Common Ground" Publication (5 minutes)

1. Distribute "Common Ground" publication and direct participants to page 11, where there is further information regarding values and sexuality.

VIII. Key Messages (5 minutes)

Write the following on newsprint and review key messages of the training session:

KEY MESSAGES ON SEXUALITY

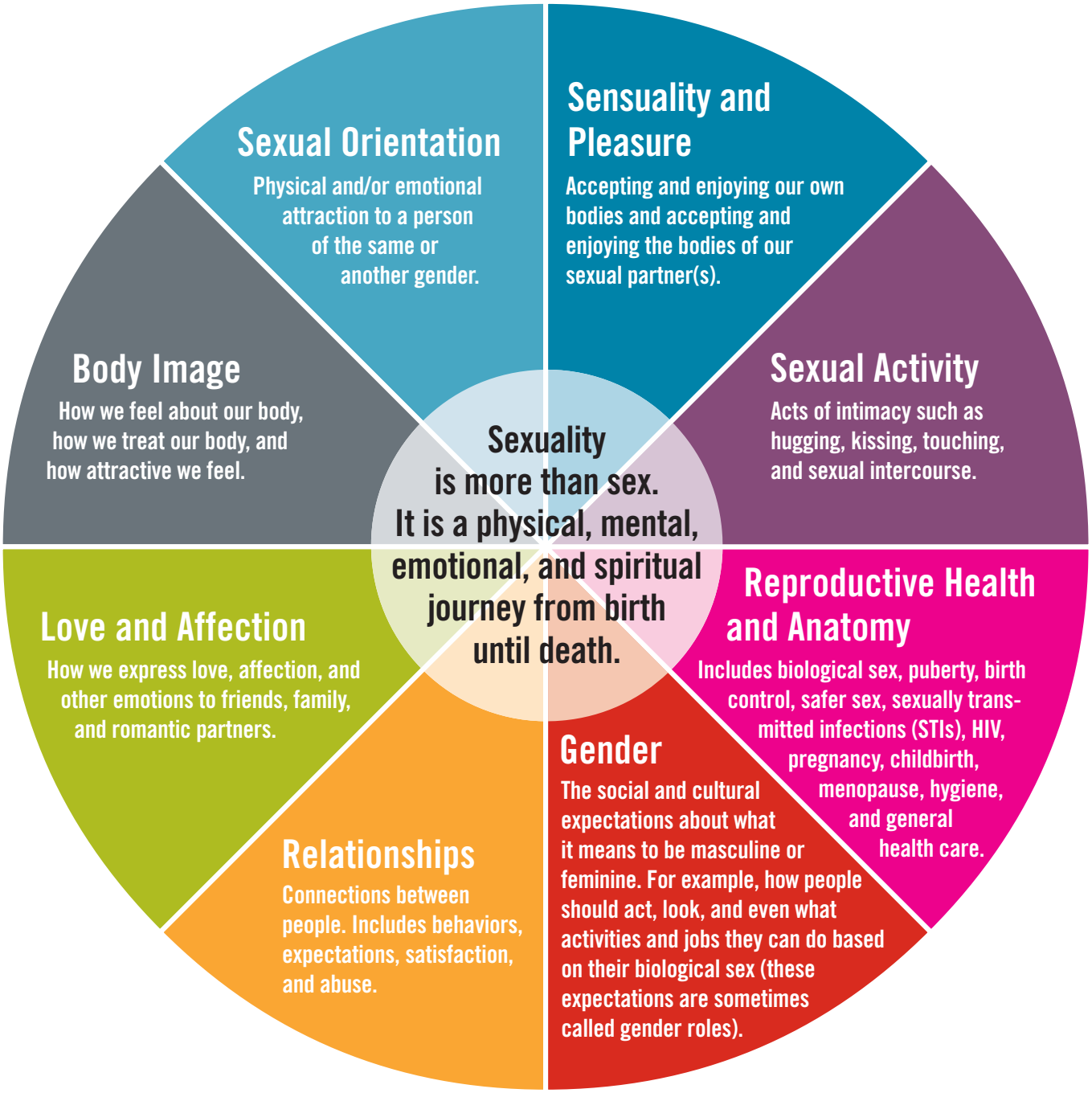
1. **Sexuality is more than sex.**
2. **Sexuality begins at birth and ends at death.**
3. **Sexuality is a significant part of who we are and is reflected in how we express ourselves to the world.**

KEY MESSAGES ON VALUES

1. **Values are personal beliefs that affect how we think, feel, and act. Values can change over time with new knowledge and life experiences.**
2. **We all have different values, and we need to be respectful of others' values.**

DEFINITION OF SEXUALITY

Sexuality is a significant part of who we are and it is reflected in how we express ourselves to the world. Sexuality is more than sex. It is a physical, mental, emotional, and spiritual journey from birth until death.



LIFE SPAN OF SEXUALITY

It was dusk. The apartment was empty save for the two of them. As they lay entwined in a warm embrace, this room, this bed, was the universe. Aside from the faint sounds of their tranquil breathing, they were silent. She stroked the nape of his neck. He nuzzled her erect nipple first gently with his nose, then licked it, tasted, smelled, and absorbed her body odor. It was a hot and humid August day, and they had been perspiring. Slowly he caressed one breast as he softly rolled his face over the contours of the other. He pressed his body close against her, sighed, and fully spent, closed his eyes and soon fell into a deep satisfying sleep. Ever so slowly she slipped herself out from under him lest she disturb him, cradled him in her arms, and moved him to his crib. Having completed his six o'clock feeding, the four-month-old had also experienced one more contribution to his further sexual development.

SESSION 3: MALE REPRODUCTIVE ANATOMY

GOAL:

1. To increase participants' knowledge of the male reproductive system.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Identify the location and function of the primary male reproductive organs and anatomy.

PREPARATION:

1. Develop session agenda.
2. Put the following words on separate pieces of newsprint: "Penis," "Vagina," and "Arm."

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. "A Picture of Health Flip-Chart: Reproductive Anatomy and Physiology"[2]
3. "Male Reproductive System"[3] handout
4. "Female Reproductive System"[4] handout
5. "Female Reproductive System (side view)"[4] handout
6. Newsprint
7. Markers
8. Poster board
9. Glue
10. Tape
11. Construction paper
12. Scissors
13. String
14. Beads
15. Magazines
16. Clay/Silly Putty
17. "Male Reproductive Anatomy True or False Activity" handout
18. "Male Reproductive Anatomy Definitions" handout

SESSION 3 PLAN

I. Welcome Participants and Review Session Agenda

II. "Penis, Vagina, and Arm" Icebreaker (15 minutes)

1. Ask participants to brainstorm different words for "Penis," "Vagina," and "Arm," and record responses on corresponding newsprint.
2. Ask participants the following processing questions:
    1. Why are there so many names for penis and vagina, and not as many for arm?
    2. Is there anything about the names for penis and vagina that give us an idea about our attitudes toward these two body parts? (Be sure to include that many of these words are used in a derogatory way and often are the worst ways to insult someone.)
    3. What do the names imply about what it means to be male and female (gender)? Why? (Be sure to mention that the words for penis often suggest strength and power while the words for vagina often suggest weakness.)
    4. What kinds of messages about these body parts do we send to children and teens when we refer to the penis and vagina by these names? (Be sure to include that other names for penis and vagina imply that penis and vagina are dirty words. This implication may cause children to feel uncomfortable or bad about their genitals and possibly neglect their genital care.)

III. Building a Reproductive System (40 minutes)

1. Divide the participants into four groups and tell them that they will be constructing a three-dimensional model of the male and female reproductive systems. Distribute small male and female reproductive anatomy handouts to each participant.
2. Assign two groups the female system and two groups the male system. Give each group a piece of poster board and various materials (from the Materials list at the beginning of the session) and tell groups to start constructing the reproductive system they have been assigned.
3. When the group has completed their anatomy models to the best of their ability, bring everyone together and ask each group to share their model.

IV. Male Reproductive Anatomy (40 minutes)

1. Distribute "Male Reproductive Anatomy Definitions" handout.
2. Review "Male Reproductive Anatomy Definitions" handout with participants. As each term is discussed, point to its location on the flip-chart. Be sure to discuss the passage of sperm through the male reproductive system as displayed on the flip-chart.

V. Male Reproductive True or False Anatomy Activity (15 minutes)

1. Distribute "Male Reproductive Anatomy True or False Activity" handouts and allow five minutes for participants to complete on their own.

2. As a group, review activity using the following as a guide:

    1. "Blue balls" will cause damage to the male reproductive system.
    False: It will not cause any damage to the reproductive system. However, it may cause temporary discomfort for the male.

    2. An erection is caused by increased blood flow to the penis.
    True: An erection is caused by increased blood flow to the area.

    3. If a man has one testicle, he can still get a woman pregnant.
    True: Sperm are produced in both testicles.

    4. Sperm can live up to 5 days in the female reproductive tract.
    True: Sperm can live up to 5 days in the female reproductive tract, making it possible for a pregnancy to occur up to 5 days after sexual intercourse.[5]

    5. An uncircumcised penis will cause an infection.
    False: As long as a male properly cleans his penis, an infection will not occur.

    6. A man can urinate and ejaculate at the same time.
    False: The prostate gland inhibits urine from leaving the bladder and entering the urethra when ejaculation is occurring.

    7. Sperm is produced in a man's penis.
    False: Sperm is produced in the testicles.

    8. There is semen in sperm.
    False: Sperm is found in semen.

    9. Pre-ejaculatory fluid (also known as pre-cum) never contains sperm.
    False: Pre-cum can contain sperm if urination has not occurred since the last complete ejaculation.

    10. The larger the testicles, the more sperm they produce.
    False: Size doesn't matter.

VI. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

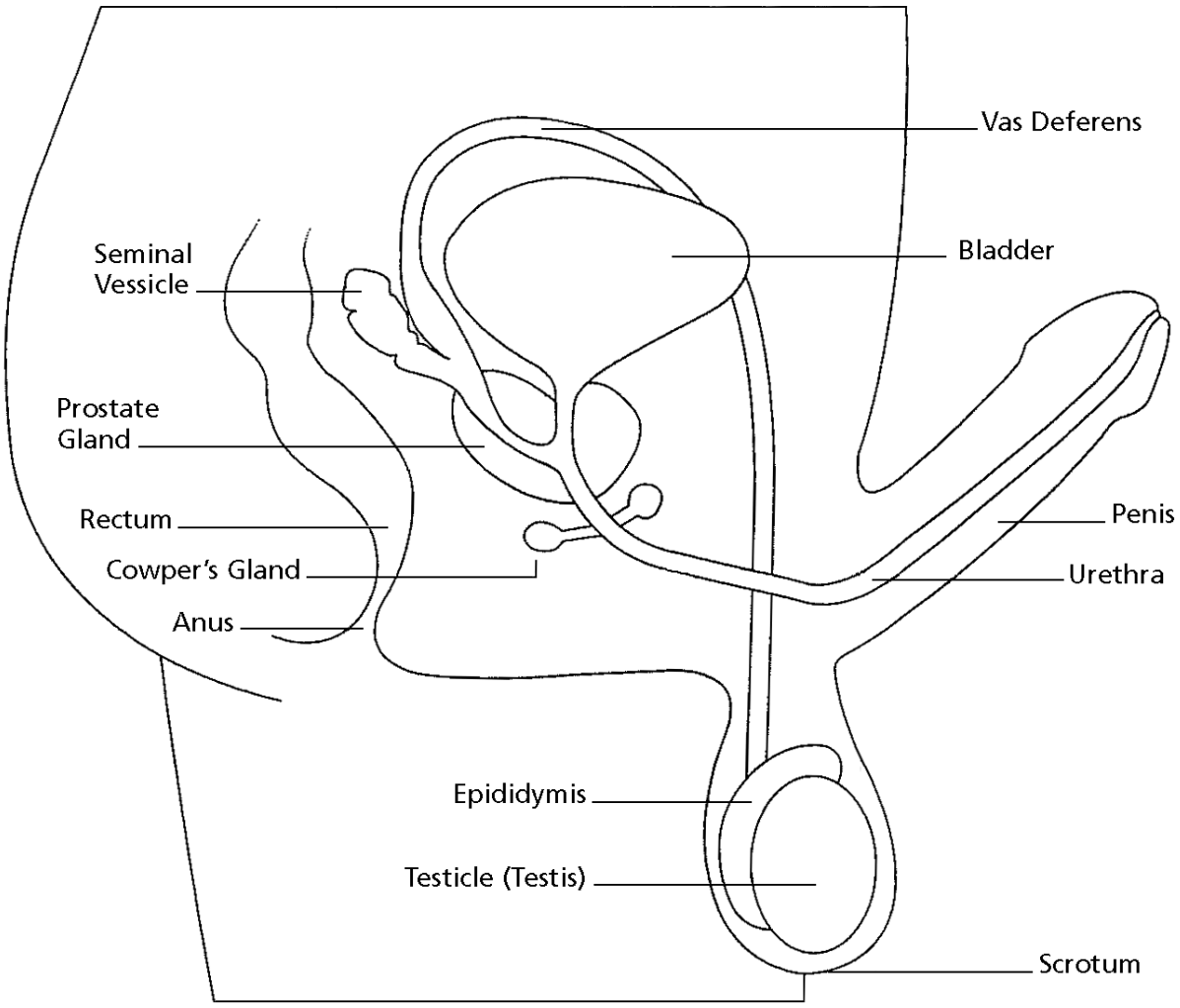
KEY MESSAGES ON THE MALE REPRODUCTIVE SYSTEM

1. Sperm are male reproductive cells.

2. Sperm travel from the testicles through the urethra and out of the penis.

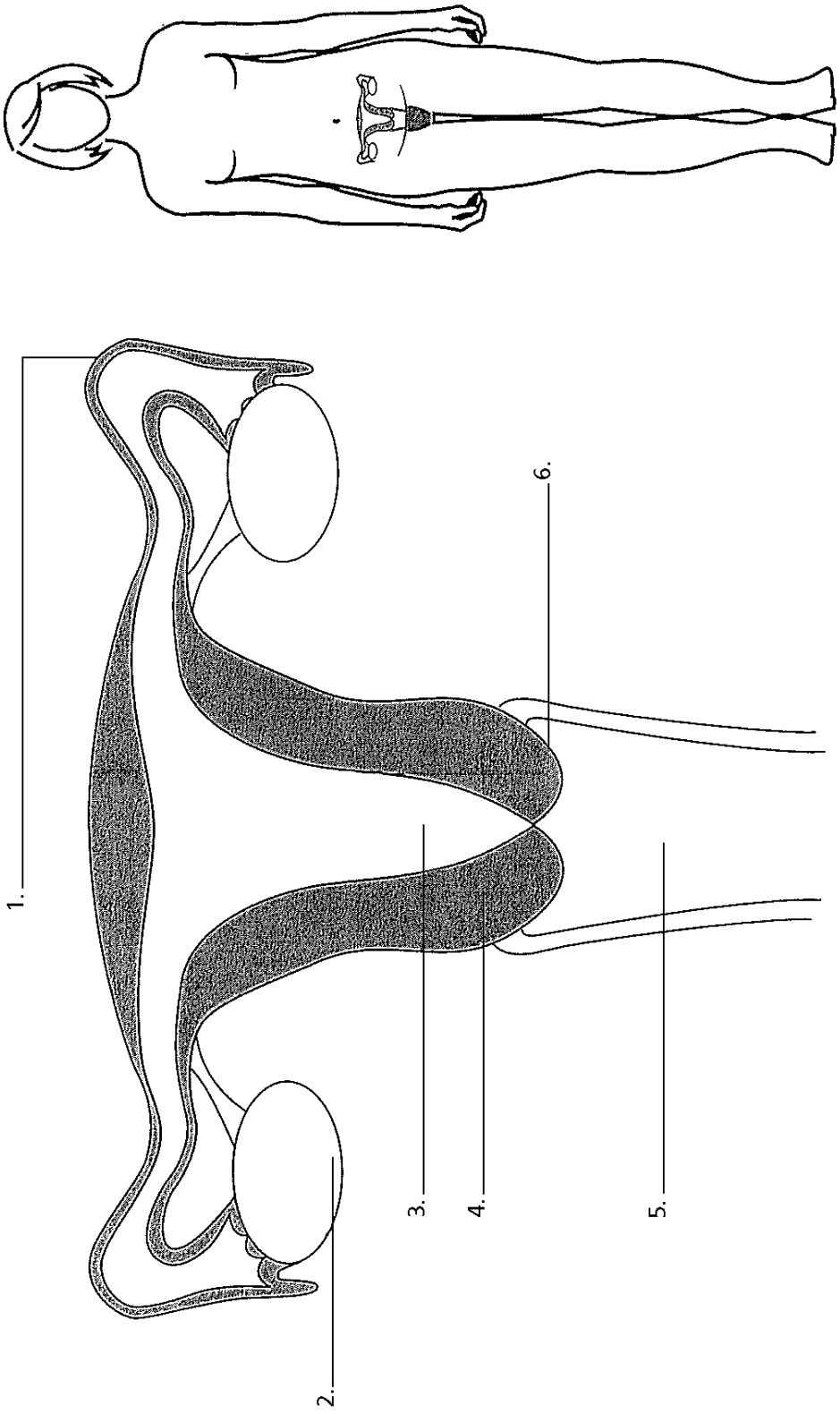
3. Knowledge of the male reproductive system is an important first step in leading a sexually healthy life.

MALE REPRODUCTIVE SYSTEM



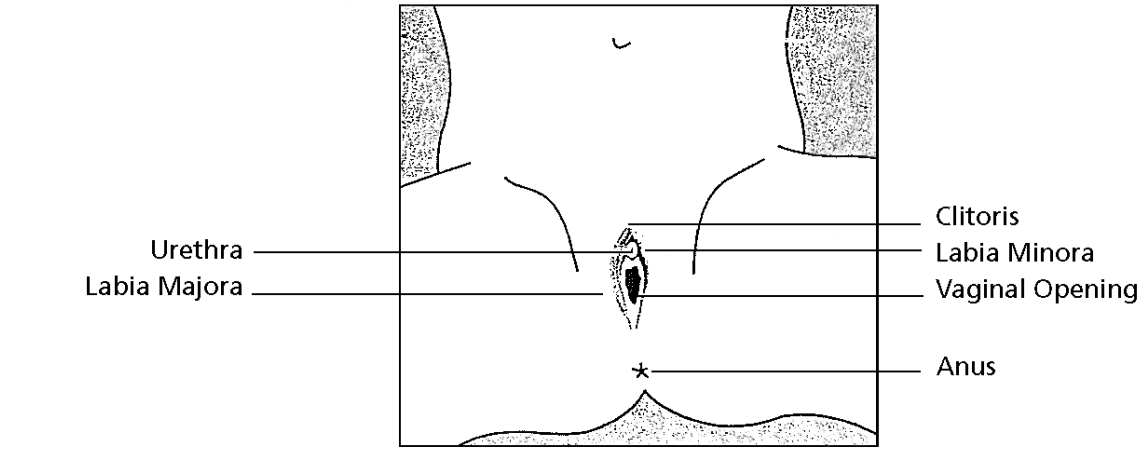
Adapted fom *Sexuality: An Education Resource Book*, Toronto, Canada: Globe/Modern Curriculum Press (1988), page 241.

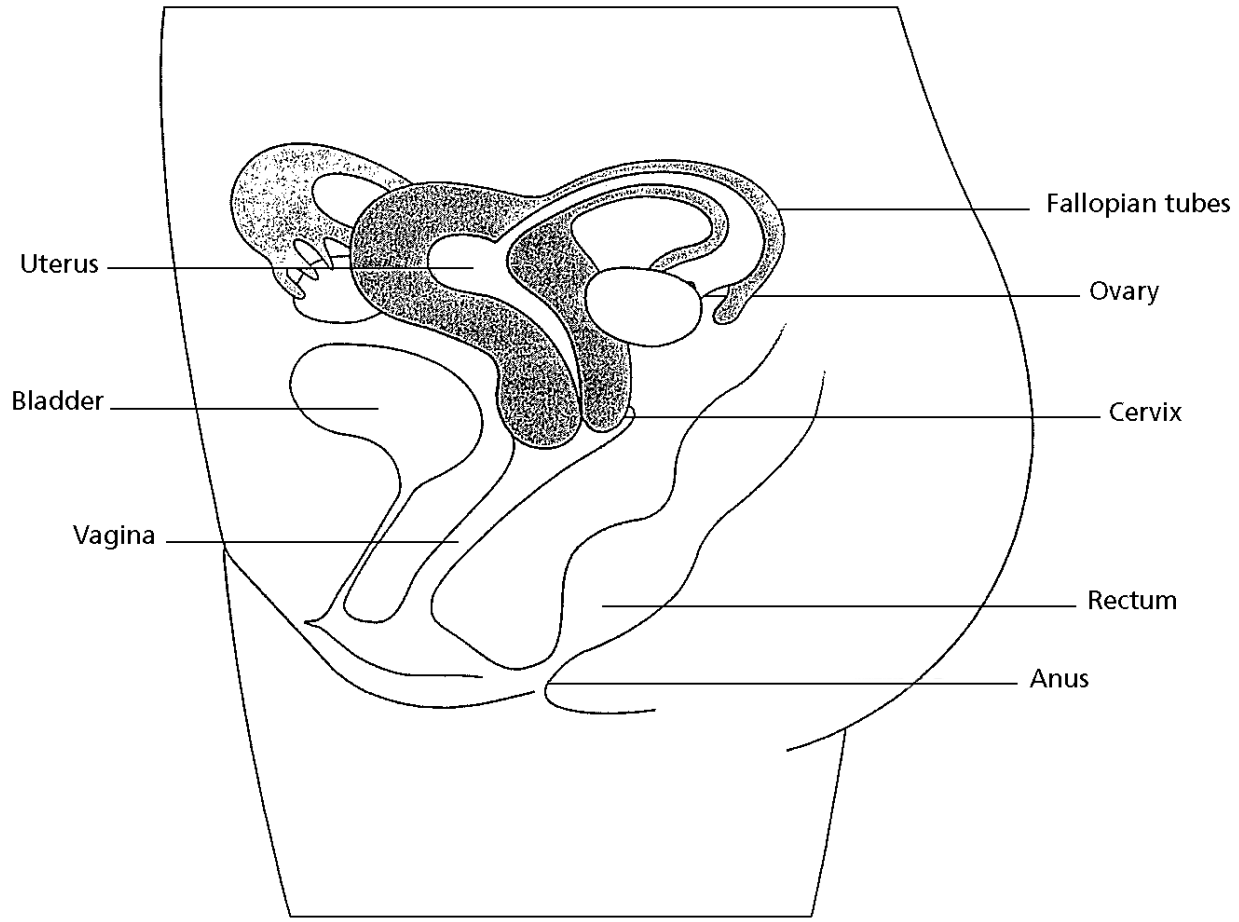
FEMALE REPRODUCTIVE SYSTEM



Adapted fom *Sexuality: An Education Resource Book*, Toronto, Canada: Globe/Modern Curriculum Press (1988), page 234.

FEMALE REPRODUCTIVE SYSTEM (side view)





Adapted fom *Sexuality: An Education Resource Book*, Toronto, Canada: Globe/Modern Curriculum Press (1988), page 234.

MALE REPRODUCTIVE ANATOMY DEFINITIONS

External Reproductive Anatomy:

Penis: The primary sexual organ, which contains the urethra and by which semen and urine exit the body.

Foreskin: A roll of skin that covers the head of the penis in uncircumcised men.

Urinary Opening: The opening at the tip of the penis that allows the passage and release of both urine and semen.

Scrotum: The scrotum holds the testicles. The scrotum's primary function is to protect the testes and keep them at the correct temperature to produce sperm. The optimum temperature for sperm production is slightly below body temperature.

Internal Reproductive Anatomy:

Testicles (also known as testes): The male sexual glands that produce sperm. Each testicle produces nearly 150 million sperm every 24 hours.

Epididymis: The epididymis is attached to each testicle and acts as a storage and maturation chamber for newly formed sperm. The sperm wait here until ejaculation. If they are not ejaculated, sperm are absorbed naturally into the body.

Vas Deferens: The ducts leading from the epididymis to the seminal vesicles. The vas deferens are the ducts that are cut during the procedure known as vasectomy.

Seminal Vesicles: The seminal vesicles produce a fluid that mixes with the prostatic fluid (from the prostate gland) and sperm to create semen.

Prostate Gland: A gland that produces prostatic fluid, which mixes with the sperm to create semen. The prostate gland also prevents urine from mixing with semen by shutting off the bladder duct.

Urethra: The tube running from the bladder to the penis. Both urine and semen pass through the urethra, although it is not possible for both to do so at the same time.

Sperm: The male reproductive cells produced in the testicles from puberty throughout the male life cycle. Sperm have a head, neck, and tail. Sperm contain the male's genetic contribution to offspring. When a man ejaculates, between 200 and 500 million sperm leave his body.

MALE REPRODUCTIVE ANATOMY TRUE OR FALSE ACTIVITY

Please decide if the following statements are True (T) or False (F)

1. "Blue balls" will cause damage to the male reproductive system.	☐ T	☐ F
2. An erection is caused by increased blood flow to a muscle.	☐ T	☐ F
3. If a man has one testicle, he can still get a woman pregnant.	☐ T	☐ F
4. Sperm can live up to five days in the female reproductive tract.	☐ T	☐ F
5. An uncircumcised penis will cause an infection.	☐ T	☐ F
6. A man can urinate and ejaculate at the same time.	☐ T	☐ F
7. Sperm is produced in a man's penis.	☐ T	☐ F
8. There is semen in sperm.	☐ T	☐ F
9. Pre-ejaculatory fluid (also known as pre-cum) never contains sperm.	☐ T	☐ F
10. The larger the testicles, the more sperm they produce.	☐ T	☐ F

SESSION 4: FEMALE REPRODUCTIVE ANATOMY

GOAL:

1. To increase participants' knowledge of the female reproductive system.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Identify the location and function of the primary female reproductive organs and anatomy.
2. Explain how reproduction and pregnancy occur.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. "A Picture of Health Flip-Chart: Reproductive Anatomy and Physiology"[2]
3. "Female Reproductive Anatomy Definitions" handout
4. "The Menstrual Cycle Definition and Stages" handout
5. "Female Reproductive Anatomy True or False Activity" handout

PREPARATION:

1. Develop session agenda.

SESSION 4 PLAN

I. Welcome Participants and Review Session Agenda

II. Female External Reproductive Anatomy (10 minutes)

1. Ask participants to refer to their female reproductive anatomy handouts (2) from Session 3.
2. Distribute "Female Reproductive Anatomy Definitions" handout.
3. Review definitions with participants, and as each term is discussed, point to its location on the flip-chart images.

III. Female Internal Reproductive Anatomy (45 minutes)

1. Review definitions with participants and as each term is discussed, point to its location on the diagram. Be sure to discuss how reproduction and pregnancy occur.

IV. The Menstrual Cycle (35 minutes)

1. Display the large menstrual cycle diagram and distribute "The Menstrual Cycle Definition and Stages" handout.
2. Using large menstrual cycle and fertilization diagrams, explain stages of the menstrual cycle, when fertilization does not occur and when it does.

V. Female Reproductive Anatomy True or False Activity (25 minutes)

1. Distribute "Female Reproductive Anatomy True or False Activity" handout and allow participants five minutes to complete on their own.
2. Review answers using guide below:

    1. A woman has three openings (holes).
       True: The three openings are the urinary opening, vagina, and anus.
    2. Ovulation is when an egg and sperm meet.
       False: Ovulation is when an egg is released from the ovary and enters the fallopian tube.
    3. Fertilization occurs in the uterus.
       False: Fertilization occurs in the fallopian tubes. Implantation occurs in the uterus.
    4. Menstruation is healthy and normal.
       True
    5. Women urinate through their vagina.
       False: Women urinate through the urinary opening.

6. Douching is necessary to keep the vagina clean.
   False: There is no need to douche. The vagina cleans itself, and chemicals from douching remove healthy vaginal bacteria.

7. If a girl has no hymen, it means she has had penile intercourse.
   False: Not all females are born with hymens, and hymens may be broken before first intercourse (with tampons, sports, fingers).

8. The egg can only be fertilized in its first 12-24 hours in the fallopian tube.
   True

9. A woman is born with all the eggs she'll ever have.
   True

10. A woman cannot get pregnant if she has sex during menstruation.
    False: It is possible to ovulate during menstruation. Since sperm can live in the reproductive tract for up to 5 days, a woman with a short menstrual cycle may ovulate while sperm are still present in the reproductive tract.

VI. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON THE FEMALE REPRODUCTIVE SYSTEM

1. **Knowledge of the menstrual cycle is important for a person's sexual and reproductive health and to understand pregnancy.**

2. **For a pregnancy to occur the following steps need to take place:**
   a. **An egg is released from an ovary.**
   b. **The egg is fertilized by a sperm in the fallopian tube.**
   c. **The fertilized egg travels into the uterus and implants itself in the uterine wall.**

3. **Knowledge of the female reproductive system is an important first step in leading a sexually healthy life.**

FEMALE REPRODUCTIVE ANATOMY DEFINITIONS

External Reproductive Anatomy:

Vulva: The external female genital area.

Labia: The inner and outer lips of the vulva that protect the urinary opening, clitoris, and vaginal opening.

Clitoris: The most sexually sensitive organ. The primary function of the clitoris is sexual pleasure. The clitoris is protected by a hood of skin and is located at the top of the vulva, above the urinary opening.

Urethra: The organ that is connected to the bladder and used for the passage of urine.

Urinary Opening: The opening of the urethra, which allows urine to be released from the body.

Internal Reproductive Anatomy:

Eggs: Female reproductive cells that are stored in the ovaries. Eggs contain the female's genetic contribution to offspring. Women are born with all the eggs they will ever have—1-2 million.

Ovaries: Where eggs are stored, and from where mature eggs are released (ovulation).

Fallopian Tubes: The fallopian tubes connect the ovaries to the uterus. This is where fertilization (sperm and egg meet) occurs.

Uterus: This organ holds the developing fetus and is where implantation (fertilized egg attaches to uterine wall) occurs.

Cervix: The cervix is a protective wall located at the end of the vagina and is the entrance to the uterus. It opens during childbirth, abortion, or miscarriage.

Vagina: The vagina is the canal leading from the vulva to the cervix. The vagina has great elasticity and can adjust to the size of any penis and allow a fully developed fetus to pass from the uterus, through the cervix, and out of the body. The vagina is also the passageway for menstrual blood.

Hymen: The hymen is a very thin membrane that partially covers the opening to the vagina. While sometimes considered the "hallmark of virginity" in girls and women, the hymen can be torn by vigorous exercise or the insertion of a tampon, finger, or other object into the vagina. Not all women are born with a hymen.

FEMALE REPRODUCTIVE ANATOMY TRUE OR FALSE

Please decide if the following statements are True (T) or False (F)

1.	A woman has three openings (holes).	☐ T	☐ F
2.	Ovulation is when the egg and sperm meet.	☐ T	☐ F
3.	Fertilization occurs in the uterus.	☐ T	☐ F
4.	Menstruation is healthy and normal.	☐ T	☐ F
5.	Women urinate through their vagina.	☐ T	☐ F
6.	Douching is necessary to keep the vagina clean.	☐ T	☐ F
7.	If a girl has no hymen, it means she has had penile intercourse.	☐ T	☐ F
8.	The egg can only be fertilized in its first 12-24 hours in the fallopian tube.	☐ T	☐ F
9.	A woman is born with all the eggs she will ever have.	☐ T	☐ F
10.	A woman cannot get pregnant if she has sex during menstruation.	☐ T	☐ F

THE MENSTRUAL CYCLE DEFINITIONS AND STAGES

The Menstrual Cycle:

1. The time from the beginning of one menstrual period to the next is called the "cycle."
2. The menstrual cycle is controlled by female hormones.
3. The length can vary between women and between cycles. It can be as short as 22 days or as long as 35-40 days.
4. During each menstrual cycle, the uterus gets ready for pregnancy. The lining of the uterus grows thick to get ready for a fertilized egg.
5. If a woman does not get pregnant, the uterus sheds the blood-rich lining.
6. The lining leaves the body through the vagina. This is menstruation, or having a period.

Stage 1:

Menstruation begins. Blood and tissue flow from vagina.

Stage 2:

Menstruation continues.

Stage 3:

Menstruation ends. An egg begins to mature in the ovary. The lining of the uterus begins to thicken to prepare for possible implantation of a fertilized egg.

Stage 4:

An egg is released from an ovary into a fallopian tube, also called ovulation.

Stage 5:

The unfertilized egg in the fallopian tube dissolves.

Stage 6:

The lining of the uterus begins to break down because an egg was not fertilized and implantation did not occur.

OR:

If an egg is fertilized, the lining remains thick and the egg travels through the fallopian tube and into the uterus. When the egg reaches the uterus, it attaches itself to the uterine wall and pregnancy begins (this is called implantation).

SESSION 5: CHILD SEXUAL DEVELOPMENT

GOALS:

1. To raise participants' awareness of the stages of child sexual development and how parents can support and guide their children through these stages to help them to become sexually healthy.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Describe one sexual development characteristic of children at each stage of development (between birth and age 18).
2. Identify two ways parents can help their children to lead sexually healthy and responsible lives at each stage of development.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. Tape
5. Age Scale cards (see Preparation)
6. Stages of Child Sexual Development cards (see Preparation)
7. "Stages of Child Sexual Development" handout
8. "How Parents Can Encourage Healthy Sexual Development" handout
9. Quiz 1

PREPARATION:

1. Develop a session agenda.
2. Prepare Age Scale cards by creating one card for each age range (ex., Birth-2 Years Old) listed on the age scale answer key.
3. Prepare Stages of Child Sexual Development cards by creating one card for each bullet point (ex., explore body parts) listed on the age scale answer key.
4. Post the Age Scale cards on wall.

SESSION 5 PLAN

I. Welcome Participants and Review Session Agenda

II. Quiz 1 (25 minutes)

1. Administer Quiz 1 to all participants and allow 25 minutes to complete.

III. Stages of Child Sexual Development Exercise (60 minutes)

1. Divide the participants into small groups (2-3 participants each) and give each group at least 3 child sexual development cards.
2. Tell the group you will give them five minutes to look at the cards and decide at which age each specific behavior may begin. (While the groups are working, tape the rest of the cards under the appropriate age groups with the backs of the cards facing the group. Turn these child sexual development cards around just before you review each age group a bit later. This will save time.)
3. Ask each group to select a person to tape their cards under the proper age groups.
4. After all the groups have placed their cards, ask participants to look at the card placements and decide whether they want to make any changes to their cards.
5. Correct the cards that are posted incorrectly using the age scale answer key below.

Age Scale Answer Key:

Birth-2 Years Old (Infants)

- Explore body parts.
- Experience genital pleasure.
- Learn expected behaviors for boys and girls.

3-4 Years Old (Toddlers)

- Become aware of and very curious about gender/body differences.
- Begin masturbating.
- Play house or doctor, or explore other forms of sex play with friends and siblings.
- Establish a firm internal belief that they are male or female.
- Copy adult sexual behaviors.
- Be curious about their origins: “Where Did I Come From?”

5-8 Years Old (School Age)

- Be very curious about pregnancy and birth.
- Have strong same-sex friendships. Children of another gender are often seen as gross or yucky.
- Begin to focus on peer group style of dress and speech.
- Discover his/her sexual orientation (this does not mean that the child is acting on the orientation).

9-12 Years Old (Preteens)

- Begin puberty (including menstruating for girls and wet dreams for boys).
- Become more modest and desire privacy.
- Begin experiencing mood swings.
- Feel awkward and wonder "Am I Normal?"
- Develop romantic crushes on friends, older teens, celebrities, or sometimes teachers or counselors. Some may even have romantic and sexual fantasies.
- Question whether they are gay, lesbian, bisexual, and/or transgender.
- Continue to socialize mainly with same-sex friends.
- Masturbate to orgasm.
- Be strongly influenced by peers, but parents remain the main source of values.

13-18 Years Old (Teens)

- Express his/her desire to be more independent.
- Look for ways to express his/her identity.
- Participate in risk taking and experimentation.
- Face decisions about sex and drugs.
- Initiate sexual intercourse.
- Become involved in a "serious" relationship.
- "Come out" if he or she is gay, lesbian, bisexual or transgender.

6. Tell the participants you will review the child sexual developmental characteristics for each age group and some basic information about each stage to give participants an idea of what to expect. Remind participants that each child is an individual and that some experience these things earlier or later than others.
7. Review the characteristics of development listed above and be sure to include the additional information listed below:

Birth-2 Years Old (Infants)

- Children are very literal at this stage. Infants can understand only what they can see, hear, or touch at a given moment. They learn to pay attention to information that comes in through each of their senses. Between 1 and 2 years old, children start to develop some language and enjoy pointing to and labeling parts of the body.
- It is important to understand that the exploration of body parts, including the genitals, begins as early as infancy. This is developmentally appropriate and normal. When children are old enough to understand boundaries (18-24 months), it is helpful to introduce boundaries surrounding masturbation. For example, you can say, "It is normal to touch your penis/vulva/vagina, but Mommy wants you to do that in private, so please go to your room or the bathroom if you want to touch your penis/vulva/vagina." By your acknowledging that this is normal, the child does not feel ashamed about touching his/her own body.
- Starting in the infant years, children begin to learn expected behaviors for their gender. We encourage parents to allow their children to explore the activities and toys they are interested in, regardless of gender. For example, it's okay for girls to play with trucks and boys to play with dolls.

3-4 Years Old (Toddlers)

- Children at this stage of development are very talkative and curious about everything, including their bodies and the bodies of others. It is not uncommon to see children at this stage peeking under each other's clothes, undressing dolls, and checking out the "bottoms" of pets. Children at this stage begin to develop an attitude about their bodies; it is important that parents encourage their children to feel positive about their bodies.
- In addition, children at this stage often have difficulty understanding ideas that are not part of their experience—they are still very concrete thinkers. They tend to believe in their own ideas for how things happen, for example, a pregnant woman swallowed something to make her stomach swell, such as a seed. Although this is totally normal and to be expected, as parents we should provide their children with accurate information to help them move beyond the myths.
- Children as young as 3 or 4 may engage in forms of sex play with other children due to an intense curiosity about their bodies and the bodies of others. Also at this age, children may copy adult behaviors. They may also be copying something seen on television. By this age, many children have discovered that touching or rubbing the genitals can feel good. At this stage, they do not see these behaviors as adults do; they are simply copying what they see and/or doing what feels good.

5-8 Years Old (School Age)

- Children at this stage are active learners concerned about how things work and how they're made. Their ideas are influenced by what they see, hear, and read. Children at this stage may begin to repeat some basic facts about reproduction, but they may not understand the full story. For example, maybe they know that the mother's egg meets with the father's sperm, but they think the egg is large and has a shell.
- When children discover their sexual orientation at this age, it is often in the form of a "crush" or the discovery of new feelings of intrigue and interest toward someone.

9-12 Years Old (Preteens)

- For many children, especially girls, this is the stage where puberty begins. Girls tend to mature faster than boys, and they often seem to feel more nervous or shy about discussing puberty. At this stage, children are very curious, constantly teasing, and interested in everything. Although children at this stage of development can fully understand reproduction and other sexuality information, they generally don't give a lot of thought to new information or situations that they may experience. Adults can help by asking open-ended questions such as, "What would you do if…" and "What would happen if…"
- Children will begin to develop a modesty and privacy around their bodies as early as 9 years old (if not sooner). This is a good indicator for parents and a cue to respect their child's normal and healthy need for privacy (e.g., closing the door when changing their clothes, spending more time alone in their room or bathroom.)

13-18 Years Old (Teens)

- Teens often have concerns about whether they "fit in." As a result, they are very vulnerable to peer pressure. The teen years are also a time of experimentation and risk taking. Most teens are faced with making decisions about dating and sexual activity, so they need to know about birth control and how to prevent STIs. During this stage in a child's life, the parents need to clearly communicate their expectations about dating and sexual intercourse; monitor their children's activities—know who, what, when, and how—continue to share their values about dating, marriage, and sexual relationships, keep the lines of communication open, and provide them with love and support, no matter what. It's especially important that we spend time talking to both girls and boys about these issues so they are equally prepared. It's also important to correct gender myths, such as the myth that birth control is only a female's responsibility. During this period, teens are pulling away to establish their own identity, but family values still have a great impact.
- It is also important to remember that teens are exposed to more unfiltered information than ever before via the Internet, social networking, text messaging, etc. This underscores the importance of adult monitoring at home and clear communication about expectations and boundaries regarding new technologies. Given all the sharing of personal information via technology it is important to discuss with our teens the meaning of privacy and for them to consider which personal information they would like to be public and which they would like to remain private.

IV. Guiding Children through the Stages of Sexual Development (30 minutes)

1. Ask participants to look for any themes or patterns in the completed child sexual development scale. Be sure to include the following:
   - Sexual development starts from infancy.
   - Many things happen at once.
   - Some children develop earlier or later than others.
   - There are differences between boys and girls.
   - A lot happens before the age of 4.
   - Puberty can be an overwhelming and confusing time for adolescents.

2. Ask participants if the cards always occur in the order indicated on this scale. Be sure to discuss the following:
    - Violence and/or abuse can cause some of these things to occur earlier. For example, research shows that survivors of abuse are more likely to engage in risk-taking behavior at an earlier age. As parents, we can use this understanding and work to prevent risk-taking behaviors, including having unprotected sex and using drugs and alcohol. If a parent knows that his or her child has been abused or been the victim of violence, he or she could speak to this child at an earlier age about sex, drugs, and alcohol.
3. Ask the group to look at the scale once again and think of some things that parents can do to support their children through the stages of sexual development. Be sure to include some of the following:
    - Hold and cuddle their child to teach them about appropriate touch.
    - Use the correct names for all the body parts, including penis and vagina. Also let children know that some families may use other names for penis and vagina, such as privates, pee pee, or down there, and that it's okay to use the words penis and vagina even if others do not. Teach children that these are not dirty or bad words.
    - Teach the child to say "no" to unwanted touch, and to understand why.
    - Teach about privacy, such as where it is okay to masturbate.
    - Provide factual information about sexuality.
    - Teach them to take care of themselves and their bodies.
    - Help them understand how male and female bodies grow and differ.
    - Teach them about reproduction, pregnancy, and STI prevention.
    - Role-model healthy relationships, attitudes, and behaviors.
    - Share your values around sexuality.
4. Distribute the "Stages of Sexual Development" handout and the "How Parents Can Encourage Healthy Sexual Development" handout and tell participants that handouts include what was reviewed today and additional information, such as questions commonly asked by children at different stages of development.

V. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON CHILD SEXUAL DEVELOPMENT

1. **Children begin their sexual development at birth.**
2. **Sexual health is more than physical; it includes behaviors, practices, values, and attitudes.**
3. **If parents understand the child sexual development stages, they are better able to support their children and guide them toward a sexually health adulthood.**

STAGES OF CHILD SEXUAL DEVELOPMENT

(Adapted from *The Subject Is Sex* by Pamela Wilson, 2001)[6]

BIRTH-2 YEARS OLD (INFANTS)

Children are very literal at this stage. Infants can understand only what they can see, hear or touch at a given moment. They learn to pay attention to information that comes in through each of their senses. Between 1 and 2 years old, children start to develop some language and enjoy pointing to and labeling parts of the body.

It is important to understand that the exploration of body parts, including the genitals, begins as early as infancy. This is developmentally appropriate and normal. When children are old enough to understand boundaries (18-24 months), it is helpful to introduce boundaries surrounding masturbation. For example, you can say, "It is normal to touch your penis/vulva/vagina, but Mommy wants you to do that in private, so please go to your room or the bathroom if you want to touch your penis/vulva/vagina." By your acknowledging that this is "normal," the child does not feel ashamed about touching his/her own body.

Starting in the infant years, children begin to learn expected behaviors for their gender. We encourage parents to allow their children to explore the activities and toys they are interested in, regardless of gender. For example, it's ok for girls to play with trucks and boys to play with dolls.

Children at this age may:

- Explore body parts.
- Experience genital pleasure (from birth, boys have erections and girls lubricate vaginally).
- Learn expected behaviors for boys and girls (e.g., begin to express their preferences for boys' and girls' toys).

3-4 YEARS OLD (TODDLERS)

Children at this stage of development are very talkative and curious about everything, including their bodies and the bodies of others. It is not uncommon to see children at this stage peeking under each other's clothes, undressing dolls, and checking out the "bottoms" of pets. Children at this stage begin to develop an attitude about their bodies; it is important that parents encourage their children to feel positive about their bodies. In addition, children at this stage often have difficulty understanding ideas that are not part of their experience—they are still very concrete thinkers. They tend to believe in their own ideas for how things happen, for example, that a pregnant woman swallowed something to make her stomach swell, such as a seed. Although this is totally normal and to be expected, as parents we should provide their children with accurate information to help them move beyond the myths.

Children as young as 3 or 4 may engage in forms of sex play with other children due to an intense curiosity about their bodies and the bodies of others. Also at this age, children may copy adult behaviors. They may also be copying something seen on television. By this age, many children have discovered that touching or rubbing the genitals can feel good. At this stage, they do not see these behaviors as adults do; they are simply copying what they see and/or doing what feels good.

Children at this age may:

- Become aware of and very curious about gender/body differences.
- Begin masturbating.
- Play house or doctor, or explore other forms of sex play with friends and siblings.
- Establish a firm internal belief that they are male or female.
- Copy adult sexual behaviors.
- Be curious about their origins: "Where Did I Come From?"
- Begin to repeat curse words.
- Have fun with "bathroom humor," such as passing gas.

Questions 3-4 year-olds may ask include:

- Where do babies come from?
- Will I have breasts or a penis when I grow up?
- How come you have a penis or breasts and I don't?
- Why do boys stand up to go to the bathroom?
- What is a tampon or sanitary napkin for?
- How does a baby get into or out of its mother?

5-8 YEARS OLD (SCHOOL AGE)

Children at this stage are active learners concerned about how things work and how they're made. Their ideas are influenced by what they see, hear, and read. Children at this stage may begin to repeat some basic facts about reproduction, but they may not understand the full story. For example, maybe they know that the mother's egg meets with the father's sperm, but they think the egg is large and has a shell.

When children discover their sexual orientation at this age, it is often in the form of a "crush" or the discovery of new feelings of intrigue and interest toward someone.

Children at this age may:

- Be very curious about pregnancy and birth.
- Have strong same-sex friendships. Children of another gender are often seen as gross or yucky.
- Begin to focus on peer group style of dress and speech.
- Discover his/her sexual orientation (this does not mean that the child is acting on the orientation).

Questions 5-to-8-year-olds may ask include:

- Why don't girls have penises (or boys have breasts)?
- Can I be a girl/boy when I grow up?
- How does a baby get food when it's inside its mother?
- Does having a baby hurt?
- What is sex?
- What is a condom?
- How can I find a friend?

9-12 YEARS OLD (PRETEENS)

For many children, especially girls, this is the stage where puberty begins. Girls tend to mature faster than boys, and they often seem to feel more nervous or shy about discussing puberty.

At this stage, children are very curious, constantly teasing and interested in everything. Although children at this stage of development can fully understand reproduction and other sexuality information, they generally don't give a lot of thought to new information or situations that they may experience. Adults can help by asking open-ended questions such as "What would you do if…" and "What would happen if…"

Children will begin to develop modesty and privacy around their bodies as early as 9 years old (if not sooner). This is a good indicator for parents and a cue to respect their child's normal and healthy need for privacy (e.g., closing the door when changing their clothes, spending more time alone in their room or bathroom.)

Children at this age may:

- Begin puberty (including menstruating for girls and wet dreams for boys).
- Feel anxiety about the ways in which their bodies are changing.
- Become more modest and desire privacy.
- Experience mood swings and may often direct occasional rudeness towards parents.
- Feel awkward and wonder "Am I Normal?"
- Question whether they are gay, lesbian, bisexual and/or transgender.
- Develop romantic crushes on friends, older teens, celebrities, or sometimes teachers or counselors. Some may even have romantic and sexual fantasies.
- Continue to socialize mainly with same sex friends.
- Masturbate to orgasm.
- Be likely to express feelings through action instead of words
- Be strongly influenced by peers, but parents remain the major source of values.

Questions 9-to-12-year-olds may ask include:

- Will I develop breast or grow tall like my friends?
- How does someone "have sex"?
- Why do girls have a period?
- What is a wet dream?
- What are testicles for?
- How can a baby live inside its mother?

13-18 YEARS OLD (TEENS)

Teens often have concerns about whether they "fit in." As a result, they are very vulnerable to peer pressure. The teen years are also a time of experimentation and risk taking. Most teens are faced with making decisions about dating and sexual activity, so they need to know about birth control and how to prevent STIs. During this stage in a child's life, the parents need to clearly communicate their expectations about dating and sexual intercourse; monitor their children's activities—know who, what, when, and how—continue to share their values about dating, marriage, and

sexual relationships, keep the lines of communication open, and provide them with love and support, no matter what. It's especially important that we spend time talking to both girls and boys about these issues so they are equally prepared. It's also important to correct gender myths, such as the myth that birth control is only a female's responsibility. During this period, teens are pulling away to establish their own identity, but family values still have a great impact.

It is also important to remember that teens are exposed to more unfiltered information than ever before via the Internet, social networking, text messaging, etc. This underscores the importance of adult monitoring at home and clear communication about expectations and boundaries regarding new technologies. Given all the sharing of personal information via technology, it is important to discuss with our teens the meaning of privacy and for them to consider which personal information they would like to be made public and which they would like to remain private.

Children at this age may:

- Express desire to be more independent.
- Look for ways to express identity, including gender identity.
- Pull away from parents.
- Experience concern about sexual attractiveness/appearance.
- Participate in risk taking and experimentation.
- Face decisions about sex and drugs.
- Initiate sexual intercourse.
- Become involved in a "serious" relationship.
- "Come out" if he or she is gay, lesbian, bisexual or transgender.

Questions 13-to-18-year-olds may ask include:

- How old were you when you started having sex?
- Did you have a lot of friends at my age?
- What is oral/anal sex?
- How do gay people have sex?
- Did you fall in love at my age?
- How did you know when you were in love?
- How will I know if I'm gay, lesbian, bisexual and/or transgender?

HOW PARENTS CAN ENCOURAGE HEALTHY SEXUAL DEVELOPMENT

BIRTH-4 YEARS OLD

- Hold, cuddle, and comfort your children.
- Use correct names for all body parts, including penis and vagina.
- Talk about the differences and similarities between boys and girls.
- Allow your child to play with the kinds of toys they prefer; it is perfectly normal for some boys to prefer dolls and other "girls' toys" and for some girls to prefer trucks and other "boys' toys."
- Respect your children's body as their own and teach them that they have the right to say "no" to unwanted touch.
- Respect your children's right to explore their bodies.
- When you see your children masturbating, remind them that it is normal and encourage them to do it in private.
- Let your child know that it is okay to ask questions.

5-8 YEARS OLD (SCHOOL AGE)

- Encourage your children to make and keep friends.
- Continue to encourage your children to use appropriate body language for the body parts and bodily functions.
- Tell your children that their bodies are beautiful.
- Be sensitive to your children's identity and gender expression as either male or female, regardless of their anatomy.
- If you hear your children using the word "gay" in a derogatory way, encourage them to use a different word. Also explain what "gay" means.
- Feed your children healthy foods.
- Encourage regular bathing and washing.

9-12 YEARS OLD

- Help your children understand how male and female bodies grow and differ during puberty.
- Provide your children with a clear understanding of the family values regarding dating, marriage, and sexual relationships.
- Remind your children that sexual feelings are normal.
- Tell your children that sex is pleasurable and that it comes with responsibilities.
- Explain to preteens that people can be attracted to and love those of the same or another gender.
- Talk with your children about their gender, and be supportive if your child is struggling with social and cultural expectations associated with their gender.
- Tell your children about pregnancy and reproduction.
- Tell your children about the importance of safe sex and STI prevention.
- Model healthy conflict-resolution skills.

13-18 YEARS OLD

- Continue to answer your children's questions about sexuality honestly and openly.
- Reassure your children that differences in size, shape, and development among youth of the same age are normal.
- Express clear expectations and boundaries.
- Encourage your children to talk about feelings of love, jealousy, anger, and other intense emotions.
- Teach your children how to care for their bodies, including how to protect against STIs and unintended pregnancy.
- Respect and accept your children's sexual orientation and gender identity.
- Support your children's desire to become independent and express their identities by encouraging them to make decisions, try new things, and mature.
- Show your children that you love them.

ARM TRAINING QUIZ 1

Sexuality, Values, and Reproductive Anatomy

Name: _____ **Date:** _____

1. **What is the relationship between sex and sexuality?**

2. **Name and define three out of the eight topics covered in the Sexuality Pie:**

   (1) _____

   (2) _____

   (3) _____

3. **What are values?**

4. **Name three things that influence our values:**

   (1) _____

   (2) _____

   (3) _____

5. **What's important to remember regarding your personal values during your work as an ARM?**

6. **Looking at the male reproductive system flip-chart diagram, please name the following organs labeled #1, #2, #3, and #4:**

#1 _____

#2 _____

#3 _____

#4 _____

Describe the function of ANY two of the above:

(1) _____

(2) _____

7. **Looking at the female reproductive system flip-chart diagram, please name the following organs labeled #1, #2, #3, and #4:**

#1 _____

#2 _____

#3 _____

#4 _____

Describe the function of ANY two of the above:

(1) _____

(2) _____

8. **What is the difference between sperm and semen?**

9. **What is ovulation?**

BONUS QUESTIONS

1. **Name four services offered at PPNYC:**

   (1) _____

   (2) _____

   (3) _____

   (4) _____

2. **Should parents talk to boys earlier and more often about sexuality than girls? Why or why not?**

QUIZ 1 ANSWER KEY

Sexuality, Values, and Reproductive Anatomy

1. **What is the relationship between sex and sexuality?**

   Sex is a physical act. Sex is only one part of sexuality.

2. **Name and define three out of the eight topics covered in the Sexuality Pie:**

   (1) Reproductive Health and Anatomy—Biological sex, puberty, birth control, safer sex, sexually transmitted infections (STIs), HIV, pregnancy, childbirth, menopause, hygiene, and general health care.
   (2) Gender Role and Identity—The social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).
   (3) Relationships—Connections between people. Includes behaviors, expectations, satisfaction, and abuse.
   (4) Love and Affection—How we express love, affection, and other emotions to friends, family, and romantic partners.
   (5) Body Image—How we feel about our body, how we treat our body, and how attractive we feel.
   (6) Sexual Orientation—Physical and/or emotional attraction to a person of the same or another gender.
   (7) Sensuality and Pleasure—Accepting and enjoying our own bodies and accepting and enjoying the bodies of our sexual partner(s).
   (8) Sexual Activity—Acts of intimacy such as hugging, kissing, touching, and sexual intercourse.

3. **What are values?**

   Values are personal beliefs that affect how we think, feel, and act. Values can change over time with new knowledge and life experiences.

4. **Name three things that influence our values:**

   Culture, religion, family, friends, media, education, community

5. **What's important to remember regarding your personal values during your work as an ARM?**

   Our values may lead us to judge or criticize others for their parenting or family behaviors. However, we should try not to impose our values during our work. Instead, we should rely on PPNYC's mission and values.

6. **Looking at the male reproductive system flip-chart diagram, please name the following organs labeled #1, #2, #3, and #4:**

   Place Post-it notes on the flip-chart labeled #1-#4 on the following organs, respectively:
   testicles (testes), scrotum, prostate gland, vas deferens.

   #1 Testicles (testes) #2 Scrotum #3 Prostate gland #4 Vas deferens

   Describe the function of ANY two of the above:

   (1) Testicles (also known as testes): The male sexual glands that produce sperm. Each testicle produces nearly 150 million sperm every 24 hours.

(2) Scrotum: The scrotum holds the testicles. The scrotum's primary function is to protect the testes and keep them at the correct temperature to produce sperm. The optimum temperature for sperm production is slightly below body temperature.
(3) Prostate Gland: A gland that produces prostatic fluid, which mixes with the sperm to create semen. The prostate gland also prevents urine from mixing with semen by shutting off the bladder duct.
(4) Vas Deferens: The ducts leading from the epididymis to the seminal vesicles. The vas deferens are the ducts that are cut during the procedure known as vasectomy.

7. Looking at the female reproductive system flip-chart diagram, please name the following organs labeled #1, #2, #3, and #4:

Place Post-it notes on the flip-chart labeled #1-#4 on the following organs, respectively: vagina, uterus, ovary, fallopian tube.

#1 Vagina
#2 Uterus
#3 Ovary
#4 Fallopian tube

Describe the function of ANY two of the above:

(1) Vagina: The vagina is the canal leading from the vulva to the cervix. The vagina has great elasticity and can adjust to the size of any penis and allow a fully developed fetus to pass from the uterus, through the cervix, and out of the body. The vagina is also the passageway for menstrual blood.
(2) Uterus: This organ holds the developing fetus and is where implantation (fertilized egg attaches to uterine wall) occurs.
(3) Ovaries: Where eggs are stored, and from where mature eggs are released (ovulation).
(4) Fallopian tubes: The fallopian tubes allow the egg to travel from the ovaries to the uterus. This is where fertilization (sperm and egg meet) occurs.

8. What is the difference between sperm and semen?

Semen contains sperm, which are the main reproductive cells for men.

9. What is ovulation?

Ovulation is the release of an egg from the ovary into the fallopian tube.

Bonus Questions:

1. Name four services offered at PPNYC:

Abortion, gyn exams, birth control, pregnancy testing, sexually transmitted infections (STI) examination and treatment (for men and women), HIV counseling and testing, emergency contraception.

2. Should parents talk to boys earlier and more often about sexuality than girls? Why or why not?

No, both boys and girls need accurate information at the same time. Boys and girls who don't get this information will be at a disadvantage when making sexuality decisions.

SESSION 6: GENDER AND SEXUAL ORIENTATION

GOALS:

1. To increase participants' understanding of how society and individual experiences help shape our ideas about gender and gender roles.
2. To promote correct terminology regarding sexual orientation among participants.
3. To increase participants' understanding of how homophobia and heterosexism affect communities.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Discuss society's role in shaping gender roles.
2. Discuss their own assumptions about gender roles.
3. Discuss how gender roles can negatively affect youth development.
4. Define the following terms:
   - Gender
   - Gender roles
   - Lesbian
   - Gay
   - Bisexual
   - Questioning
   - Transgender
   - Homophobia
   - Heterosexism
5. Explain how homophobia and heterosexism affect communities and may affect their work.

TIME: Approximately 2 hours, 20 minutes

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "Defining Gender Activity" handout
5. Writing paper
6. Pens
7. Tape
8. "Gender and Sexual Orientation Definitions" handout
9. Index cards

PREPARATION:

1. Develop a session agenda.
2. Label nine sheets of newsprint, each with **one** of the following:
   - Gender
   - Lesbian
   - Gay
   - Bisexual
   - Heterosexual
   - Transgender
   - Questioning[7]
   - Homophobia
   - Heterosexism

   Post all nine sheets on the wall.
3. Label four sheets of newsprint, each with **one** of the following:
   - When I was growing up, I was taught that a female should:
   - When I was growing up, I was taught that a male should:
   - Females are rewarded for being:
   - Males are rewarded for being:

SESSION 6 PLAN

I. Welcome Participants and Review Session Agenda

II. Graffiti Wall (15 minutes)

1. Ask participants to take a marker and mark each newsprint with words, definitions, etc. that come to mind when they see, hear, and/or read the words that are written on the newsprint. There will be nine sheets of newsprint up on the walls: gender, lesbian, gay, bisexual, heterosexual, transgender, questioning, homophobia, and heterosexism. Participants should go around and put down at least one response under each term. Tell them they should not think about their responses. Tell them to write whatever comes into their minds. There are no right or wrong responses. You may have them do this as they enter the training. Tell them you will get back to this wall and turn the newsprint around so the responses cannot be seen.

III. Warm up (5 minutes)

1. Ask participants to close their eyes (if they feel comfortable doing so) and try to remember back to when they were little. Ask them to think back to their first memories of being a girl or a boy. Have them to open their eyes, and ask for a few volunteers to share their stories.

IV. Gender Definition (5 minutes)

1. Ask participants to share how they define gender. Record responses on newsprint.
2. Clarify that gender is the social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).

V. Who Defines Gender? (20 minutes)

1. Pass out the "Defining Gender Activity" handout. As you distribute the handouts, tell participants that they should not write their names on the papers. Ask participants to complete the handout. While the participants are completing the activity, facilitator should tape up the six prepared sheets of newsprint with each question.
2. Once the activity has been completed, have participants fold their handouts in half and pass to facilitator. Facilitator will then redistribute the completed handouts. Participants will be asked to record on the prepared sheets of newsprint what is written on the handout they hold in their hands (not what they wrote).
3. Review the following processing questions:
    1. What patterns do you notice?
    2. What conclusions can be drawn about how society (family, school, community, etc.) defines gender and gender roles?
    3. Who defined gender and gender roles for you?
    4. Ask participants if any of them can share a time when they challenged a typical "gender role" and what happened to them. If nobody volunteers, use the women's movement as an example or women wanting to be firemen, or men wanting to be nurses.
    5. Why do you think we did this activity? What was the purpose of it?

4. Clarify that gender is assumed at birth by naming (is it a boy or a girl?), the colors we are dressed in, and the activities our parents and our communities encourage us to participate in. These messages and expectations can be limiting for children and youth, as they may discourage young people from participating in various hobbies and pursuing certain careers.

VI. Sexual Orientation Definition (5 minutes)

1. Ask participants to share how they define sexual orientation. Record responses on newsprint.
2. Clarify that sexual orientation describes physical and/or emotional attraction to a person of the same or another gender.

VII. Sexual Orientation Definitions (30 minutes)

1. Review Graffiti Wall responses from beginning of session. Clarify which responses are part of the true definition and which are stereotypes or myths.
2. After this has been completed for each term, pass out "Gender and Sexual Orientation Definitions" handout and review. Ask participants if they think that anything is missing. Spend additional time on each definition, and make sure participants have the opportunity to ask questions.
3. Tell participants to write the following terms on a piece of paper: sexual orientation, sexual behavior, and sexual identity. Tell participants the last two terms will be defined at the end of this activity.
4. Read the following example to participants: Andrew is happily married to his wife, Jessica. They have two young children together and are thinking about having a third. Andrew sometimes visits a club and has anal sex with other men.
   - If needed, define anal sex for participants: Anal sex is when a man's penis penetrates the anus of a woman or man.
5. Ask participants to write down the words that come to mind about Andrew's sexual orientation, sexual behavior, and sexual identity. Ask for a few volunteers to share their responses.
6. Review the following:
   - **Sexual orientation** refers to a person's feelings of attraction. The only way to know someone's sexual orientation is to ask. It's possible that Andrew is sexually attracted to both his wife and the men he has sex with, making him bisexual.
   - **Sexual behavior** refers to what people do sexually. Andrew has vaginal-penile sex with his female wife as well as anal sex with men.
     - If needed, define vaginal sex for participants: Vaginal sex is when a man's penis penetrates a woman's vagina.
   - **Sexual identity** refers to how people label themselves as homosexual, heterosexual, or bisexual. As with sexual orientation, the only way to know someone's sexual identity is to ask. For example, if you asked Andrew, he might say he is a heterosexual male.

   In summary, a person's sexual orientation does not always match up with his or her sexual behavior or sexual identity. Therefore, it is important to remember that these definitions can sometimes be limiting and incompletely reflect someone's sexuality. Also remember that sexuality is fluid, and people's sexual behavior and sexual identity can change throughout the course of their lives.

VIII. Myth or Fact Quiz (10 minutes)

1. Explain to participants that various statements will be read. Ask them to write down on a piece of paper whether they believe the statement is a myth or fact. They will not show anyone their answers. After each statement is read, the trainer will clarify the answer using the guide below. For each statement, ask for one or two participants to discuss their answers.

    1. People choose their sexual orientation.
    Myth: No. Your sexual orientation is not a choice. It is something that is discovered at a very young age. Your sexual orientation is not based on how you were raised, what activities you're interested in, or who your friends or family members are. It cannot be changed by therapy, willpower, or having sex with someone of the same or opposite sex.[8]

    2. Gay people can become heterosexual if they really want to and work hard at it.
    Myth: Although many attempts have been made, efforts to change the orientation of gay and lesbian people have failed. People who view homosexuality as an illness have tried to find a "cure." But there is no such cure, because being gay is not an illness. Gay people, like all people, have been able to change their sexual behavior but not their orientation. This means that gay men and lesbians who have changed their sexual behavior are acting in deep contradiction to their innermost feelings and desires, something that usually leads to sexual trauma and emotional pain.[9]

    3. Gay, lesbian, and bisexual people can be easily identified by the way they look and act.
    Myth: While some gay, lesbian, and bisexual people fit stereotypes, most do not. There is no way to know for sure if someone is lesbian, gay or bisexual without asking them. For example, heterosexual men who have characteristics that some people regard as effeminate are often labeled gay. The way a person behaves is not what makes a person lesbian, gay, or bisexual.

    4. Gay people generally become aware of their attraction when they are teenagers or even younger.
    Fact: Most lesbian, gay, or bisexual people say that they knew they were "different" at an early age. Their crushes were people of the same gender and they could not relate to the excitement surrounding heterosexual relationships in society.[10]

    5. The majority of people in the United States diagnosed in 2008 with HIV were men who had sex with other men.
    Fact: In 2008, the largest estimated proportion of HIV/AIDS diagnoses were for men who had sex with men (MSM), followed by African-Americans and Hispanics/Latinos.[11] It's important to remember that not all men who have sex with other men identify as gay.

    6. Parents play a major role in determining whether their child is heterosexual, lesbian, gay, or bisexual.
    Myth: Children develop their sexual orientation independently of their parents.[12] Children who are lesbian, gay, or bisexual are raised in all kinds of families and communities. Studies have been unable to show that any particular parenting style leads to a child becoming lesbian, gay, bisexual or heterosexual. More than 90% of the children who live with a gay parent have a heterosexual orientation.[13]

7. Most lesbians want to be men, and most gay men want to be women.
   Myth: Gay and lesbian people are gay and lesbian because of the gender of the person to whom they are attracted. For example, they are men loving men and women loving women. It is important to know that a person's gender identity (how people feel about and expresses their gender) does not determine a person's orientation. People who do feel that they are another gender from the one they were raised as may identify as "transgender." In some cases, transgender people will undergo surgery to become another gender, which is the gender they feel they were meant to be. As with all people, you cannot guess someone's orientation based on their gender (for example, it would be wrong to assume a transgender person is gay/lesbian simply because they are transgender).

IX. "Walk a Mile in My Shoes" Guided Imagery (30 minutes)

1. Hand each participant six index cards. Tell them that their imagination is the key instrument in this exercise of guided imagery. Tell them we will be taking a journey through a possible life of a gay person. You may experience a variety of feelings as you take this tour. Allow yourself to examine your feelings, but try not to let your feelings distract you from participating in this exercise. Please realize that the intent is not to manipulate your feelings or to change who you are. The goal is to help understand some of the feelings and experiences that someone who is lesbian, gay, or bisexual might have. The experiences that I am about to take you through are not universal for lesbian, gay, or bisexual people, but some of the themes presented are somewhat common. On the six cards that have been handed to you, please write a name, word or phrase that fits the following categories. Please use a separate card for each category:

   - A person from your childhood with whom you shared secrets
   - The names of your best friends in grade school
   - A small, valued material possession from your early teenage years which you kept in your locker
   - Your favorite place in high school
   - A person who is close to you post-high school
   - A goal or dream you had in your early 20s

2. Tell participants that as they undertake this imaginary journey, they should keep looking at the cards in their hands and consider the personal meaning of what they have written. Imagine how you would feel if any or all of these things were suddenly no longer there for you.

3. Begin imagery activity. Read the following:

   Let's go back to your early childhood. Choose an age at which you have your earliest consistent memories. Perhaps you'll be 4, or 5, or 6. You are sitting in front of the television set watching a show. One of the characters is Chris, a person of about your age who is the same gender as you. This character is your favorite and one of the main reasons you watch this particular show. You feel drawn to Chris. You want to be Chris's best friend. You turn to someone with whom you have always shared secrets and you say, "I love Chris."

   That person makes a face at you and says, "That's disgusting! People shouldn't feel that way." You are confused, scared, and ashamed. Hold up the card with the name of the person with whom you shared secrets. You no longer feel that you can talk about your innermost feelings with this person. Please rip this card up.

Pause a moment to allow people to tear up their cards.

You are now 11 years old and in grade school. Your teacher takes you and your classmates to the bathrooms. As always, the teacher stays right outside the door and tells everyone to hurry up. You wonder why you and your classmates are always being rushed out of the bathroom. Of course, no one really has to use the bathroom, so you and your friends get together and talk about other people in your class. Someone starts talking about how cute another classmate of the opposite gender is. Everyone else agrees that this classmate is good-looking and seems to be very interested in this person. You, however, are not interested. You feel uncomfortable and out of place. Someone in the group laughs a little too loudly and the teacher rushes in to see what's going on. The discussion ends, and you head back to the classroom feeling alone and isolated. You know that you are different from your friends, and you feel like no one will understand. You don't understand your feelings and want to talk about them, but you know you can't. Hold up the card with names of your best friends. You no longer feel as close to them as you once did. Please rip this card up.

Pause a moment to allow people to tear up their cards.

You're now 14. You've been looking forward to high school. You think that things will be different; that you will make a lot of new friends and that you won't feel isolated anymore. You avoid looking too closely at the classmates to whom you feel attracted. You don't want them to call you the names you've been hearing for so long: fag, dyke, queer, or lesbo. You don't want people to think you are gay. You've heard about how weird gay people are from your parents, your friends, and religious leaders in the community. All the gay people you've ever seen were on television and were always villains or being killed. You remember one movie in which a bunch of criminals take over a subway car. One of the passengers is gay and gets abused for it. Later on in the movie, he gets killed, and no one really seems to care. You don't know what you are, but you know you can't be gay. You tell yourself that it's just a phase and that you'll soon grow out of it.

One day, while you're in line for lunch, you forget yourself and stare at someone who you find very attractive. Someone sees you looking, calls you a "queer," and pushes you into the wall. It's starting all over again: the names, the hatred, and the fear of violence. Later, you go back to your locker and you find that someone has broken into it and thrown ketchup all over your books. You find a note saying, "All gays should die." One of your most prized possessions that you had kept in your locker has been stolen. You feel like the whole world hates you and you wonder why this is happening to you. You think that things would be better if you were just dead. You've been thinking of suicide a lot lately, but you're also very scared of doing it. Hold up the card with your prized possession on it. It is gone forever. Please rip this card up.

Pause a moment to allow people to tear up their cards.

You're now 18, and after years of hoping, praying, wishing, and struggling, you've come to realize that you really are gay. It's not just a phase. It's not something that you chose. It's just who you are. You've just met someone named Terry, who is like you. This person is open and seems to be happy about being gay. You talk with Terry about your feelings and innermost desires. Finally, you've met someone who understands, someone who knows you're not evil, sick, or twisted.

You feel attracted to Terry and you want to get to know Terry better. There's a place you love to go, so you suggest that you and Terry meet there later. You arrive early and wait with anticipation and excitement. This is your first real date. Terry arrives and you want to hug. You start to when you notice a look of panic on Terry's face. You realize that other people are around and that they are looking at you and Terry suspiciously. You and Terry both feel very awkward and uncomfortable, and you quickly decide to leave. Hold up the card with the name of your favorite place. You are no longer comfortable there. Please rip this card up.

Pause a moment to allow people to tear up their cards.

You are 21 years old today. Someone who is very close to you decides to treat you to dinner to celebrate your birthday. Dinner was wonderful, the food was great, the atmosphere was comfortable, and you both did some reminiscing about the past. You both laughed a lot, and you come to realize how important this person is to you and that you no longer want to keep part of your life a secret from him or her. You've decided that the first chance you get tonight, you are going to tell this person you are gay.

Soon the opportunity presents itself. You start out telling this person how important he or she is to you and that there is something you have wanted to tell him or her for a long time. Finally, you say it: "I'm gay." The person looks back at you for a second and says nothing. He or she finally says, "Well, that's okay, you are still my friend." But something seems different now. There's an awkward silence, and this person obviously feels uncomfortable. You try to break the tension with a joke, but it doesn't work. A few weeks later you receive a call from this friend to say that he or she was taken aback by your disclosure and is sorry to have received the news in an awkward way. Your friend reiterates how much you mean to him or her, and you make plans to see each other in a few weeks.

Please tell the group they may keep this card.

You have graduated from college, and you are ready to enter the real world. You've just been hired for a job that you are really excited about. You will start immediately. You feel pretty good about yourself. You've made it through the tough times, and you have a healthy outlook on who you are and what you can accomplish. You understand that homophobia and heterosexism exist in the world, but you are determined to achieve your goals and dreams. Everyone hold up their goal-or-dream card.

4. Review the following process questions:

    1. What are your reactions to this activity?
    2. Why do you think you facilitated this activity?

        Add the following if not mentioned:
        - This activity allows participants to think back to their youths and imagine how it would have felt to have things, people, or places dear to them taken away or no longer available.
        - Raising empathy is a tool to help combat gender discrimination and homophobia.
    3. How realistic is the individual's experience? Do you know of similar experiences?

        - Share local/national data to demonstrate how LGBTQ youth are disproportionately affected by violence and harassment in their schools and neighborhoods.

X. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON GENDER

1. **Gender is taught—it is not innate.**
2. **Gender is the social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).**
3. **Female and male gender roles are learned through messages from families, communities, and the media.**

KEY MESSAGES ON SEXUAL ORIENTATION

1. **Sexual orientation is not a choice. Everyone is born with a sexual orientation.**
2. **Homophobia is the irrational fear of homosexuals, and it is always wrong.**
3. **Heterosexism is the assumption that everyone is, should be, or would rather be heterosexual. We can avoid heterosexism in our ARM workshops by not assuming that all parents and adults are heterosexual.**

GENDER AND SEXUAL ORIENTATION DEFINITIONS

Sex: The state of being male, female, or intersex* based on biological factors, such as anatomy, chromosomes, and/or hormones.

Gender: The social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).

Gender identity: How people feel about and express their gender. Throughout the course of a life span, people may experience or express their gender in different ways.

Transgender: People whose gender identity or gender expression is different from their biological sex. A transgender person may have male anatomy but may identify more with the female gender. Likewise, a transgender person may have female anatomy but may identify more with the male gender.

Sexual orientation: Physical and/or emotional attraction to a person of the same or another gender. Examples of sexual orientation include heterosexual, homosexual, bisexual, etc.

*Sexual orientation does **not** always match up with sexual behavior or sexual identity:*

- Sexual orientation refers to a person's feelings of attraction.
- Sexual behavior refers to a person's sexual activity.
- Sexual identity refers to how people label and define themselves as heterosexual, homosexual, bisexual, etc.

Heterosexual: Someone who is physically and/or emotionally attracted to people of another gender.

Homosexual: Someone who is physically and/or emotionally attracted to people of the same gender.

Gay: A man who is physically and/or emotionally attracted to other men. Lesbian women may also refer to themselves as gay.

Lesbian: A woman who is physically and/or emotionally attracted to other women.

Bisexual: A person who feels physically and/or emotionally attracted to more than one gender.

Questioning: People who are not sure of their sexual orientation may use this term.

Homophobia: An irrational fear of those who are attracted to people of the same gender.

Heterosexism: The assumption that everyone is, should be, or would rather be heterosexual. (As Adult Role Models, we can avoid heterosexism in our workshops by not assuming that all parents and adults are heterosexual.

LGBTQ: Lesbian/Gay/Bisexual/Transgender/Questioning.

* **Intersex:** People whose sex characteristics such as reproductive organs, hormones, and puberty markers do not fit into society's definitions of male or female. Many intersex infants and young children are operated on to make their sex characteristics conform to society's idea of what bodies should look like.

DEFINING GENDER ACTIVITY

This activity is designed to get you thinking about how you define gender. There are no right or wrong answers.

Please complete the sentences below.

1. When I was growing up, I was taught that a female should:

2. When I was growing up, I was taught that a male should:

3. Females are rewarded for being:

4. Males are rewarded for being:

5. Who relayed these messages to you?

SESSION 7: BIRTH CONTROL METHODS

GOALS:

1. To increase participants' knowledge of the probability of pregnancy for individuals engaging in intercourse with and without birth control.
2. To increase participants' knowledge of birth control methods, how they work, and how effective they are.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Define birth control.
2. List three methods of birth control that are effective at least 95% of the time.
3. Discuss the difference between hormonal, barrier, and behavioral methods of birth control.
4. Explain why condoms need to be used with even the most effective female methods of birth control.
5. Explain how Emergency Contraception works.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "Facts about Birth Control"[14] and "Birth Control Facts"[15] pamphlets
5. Birth control method samples
6. Quiz 2

PREPARATION:

1. Develop a session agenda.
2. Prepare newsprint with the following headings:
   - Definition of Birth Control
   - Female Condom
   - Condom
   - Diaphragms/Cervical Cap with Spermicides
   - Intrauterine Devices (IUD)
   - Oral Contraception (the Pill)
   - Ortho Evra (the Patch)
   - NuvaRing (the Ring)
   - Depo-Provera (the Shot)
   - Female Sterilization (tubal ligation)
   - Male Sterilization (vasectomy)

SESSION 7 PLAN

I. Welcome Participants and Review Session Agenda

II. Quiz 2 (20 minutes)

1. Administer Quiz 2 to all participants and allow 20 minutes to complete.

III. Introduction to Birth Control (10 minutes)

1. Ask participants to brainstorm the definition of birth control. Record responses on newsprint.
2. Clarify that birth control is something that prevents pregnancy from occurring. It is also sometimes called contraception.
3. Distribute "Facts about Birth Control" and "Birth Control Facts" pamphlets to all participants.
4. Direct participants to the inside cover of the "Facts About Birth Control" pamphlet and read the two PPFA values aloud: every child wanted and loved; every woman in charge of her destiny. Add the following value: everyone has the right to decide to have, or to not have, a child. Record all three values on newsprint.

IV. Barrier vs. Hormonal Methods (5 minutes)

1. Explain to participants that birth control methods are divided into two categories: hormonal and barrier.
2. Explain that barrier methods work by preventing sperm from passing through the cervix and that hormonal methods work by preventing females from ovulating, thickening cervical mucus that prevents sperm from passing through the cervix, and altering the uterine lining so that implantation cannot occur.

V. Birth Control Methods Marketing Activity (70 minutes)

1. Divide participants into pairs or groups of 3.
2. Tell participants they will each receive a piece of newsprint with a birth control method written on it and give them the actual method (if you have it). Explain that these methods are the ones most commonly used by patients in PPNYC's health centers. Methods to include are:
   - Female Condom
   - Condom
   - Diaphragms/Cervical Cap with spermicides
   - Intrauterine Devices (IUDs)
   - Oral Contraception (the Pill)
   - Ortho Evra (the Patch)
   - NuvaRing (the Ring)
   - Depo-Provera (the Shot)
   - Emergency Contraception
3. Tell participants they will need to research their method (using the pamphlet provided) and develop a marketing presentation that includes the following: how methods work, effectiveness, advantages/disadvantages, side effects, cost, and where to get method.

4. Allow participants 20 minutes to complete activity.
5. Give each group a few minutes to present their method and correct any wrong information.
6. Refer participants to the other methods they can read about in their pamphlets since they will not be covered in the training.

VI. Behavioral Methods (10 minutes)

1. Tell participants there are three other forms of birth control that do not fall under the barrier or hormonal categories. They are: withdrawal, natural family planning or fertility awareness method, and abstinence.
2. Explain that withdrawal is when a man withdraws his penis completely from the vagina before ejaculation. Withdrawal can be used to prevent pregnancy when no other method is available but is not recommended.
3. Explain that natural family planning or fertility awareness method is using knowledge of your menstrual cycle to avoid pregnancy. Many women also use this method to get pregnant. This is not a recommended method for women who have irregular periods, irregular body temperature patterns, or uncooperative partners. This knowledge is intended to predict when ovulation occurs so that the woman will abstain from sex or use a barrier protection method several days before and after ovulation. This method is sometimes referred to as the rhythm method.
4. Explain that abstinence can mean different things to different people. One definition is the absence of vaginal sex. If practiced, this behavioral method is the only 100% effective way to prevent a pregnancy. Some people who refrain from vaginal and anal sex might enjoy other forms of sex play, sometimes called outercourse, that don't lead to pregnancy, such as rubbing the body of their partner over his/her clothes. It's important to remember though that any time there is skin-to-skin contact or contact with body fluids, a person may be at risk for sexually transmitted infection. Abstinence can also be defined as the absence of vaginal, anal, or oral sex **and** other forms of sex play that involve genital skin rubbing and exposure to body fluids. In this case, abstinence would protect against both pregnancy and the transmission of STIs and HIV.

VII. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON CONTRACEPTIVE METHODS

1. **Encourage the use of two methods to prevent against unintended pregnancy and sexually transmitted infections.**
2. **Contraceptive methods work by:**
   a. **Preventing sperm from passing through the cervix (barrier method).**
   b. **Preventing ovulation (hormonal method).**
3. **Emergency Contraception can prevent pregnancy up to 5 days after sex.**

ADULT ROLE MODELS TRAINING QUIZ 2

Child Development, Gender, and Sexual Orientation

Name: _____ **Date:** _____

1. List one sexual development characteristic (or behavior) of children at the following age:

(1) Birth-2 years old (Infancy) _____

(2) 3-4 years old (Toddler) _____

(3) 5-8 years old (School Age) _____

(4) 9-12 years old (Preteen) _____

(5) 13-18 years old (Teens) _____

2. List 3 things parents can do to support and guide their children through the stages of sexual development:

(1) _____

_____

(2) _____

_____

(3) _____

_____

3. Give a brief definition for the following:

(a) Gender

_____

_____

(b) Sexual Orientation

_____

_____

4. When do children develop an internal belief that they are male or female?

5. Do people choose their sexual orientation? Why or why not?

6. Does the type of parenting affect whether a child will be heterosexual or homosexual? Why or why not?

7. What is homophobia, and why does it hurt society?

8. What is heterosexism?

9. As ARMs, how can we avoid heterosexism in our workshops?

BONUS QUESTIONS:

1. Give two examples of how gender is taught from birth:

2. How can gender roles limit (or hurt) our communities?

QUIZ 2 ANSWER KEY

Child Development, Gender, and Sexual Orientation

1. List one sexual development characteristic (or behavior) of children at the following age stages:

(1) Birth-2 years old (Infancy)

- Explore body parts.
- Experience genital pleasure (from birth, boys have erections and girls lubricate vaginally).
- Learn expected behaviors for boys and girls.

(2) 3-4 years old (Toddler)

- Become aware of and very curious about gender/body differences.
- Begin masturbating.
- Play house or doctor, or explore other forms of sex play with friends and siblings.
- Establish a firm internal belief that they are male or female.
- Copy adult sexual behaviors.
- Be curious about their origins: "Where did I come from?"
- Begin to repeat curse words.
- Have fun with "bathroom humor" such as passing gas.

(3) 5-8 years old (School Age)

- Be very curious about pregnancy and birth.
- Have strong same-sex friendships. Children of another gender are often seen as gross or yucky.
- Begin to focus on peer group style of dress and speech.
- Discover his/her sexual orientation (this does not mean that the child is acting on the orientation).

(4) 9-12 years old (Preteen)

- Begin puberty (including menstruating for girls and wet dreams for boys).
- Feel anxiety about the ways in which their bodies are changing.
- Become more modest and desire privacy.
- Experience mood swings and may often direct occasional rudeness toward parents.
- Feel awkward and wonder "Am I normal?"
- Question whether they are gay, lesbian, bisexual, and/or transgender.
- Develop romantic crushes on friends, older teens, celebrities, or sometimes teachers or counselors. Some may even have romantic and sexual fantasies.
- Continue to socialize mainly with same-sex friends.
- Masturbate to orgasm.
- Are likely to express feelings through action instead of words
- Be strongly influenced by peers, but parents remain the major source of values.

(5) 13-18 years old (Teens)

- Express his/her desire to be more independent.
- Look for ways to express his/her identity, including gender identity.
- Pull away from parents.
- Develop concern about sexual attractiveness/appearance.
- Participate in risk taking and experimentation.
- Face decisions about sex and drugs.
- Initiate sexual intercourse.
- Become involved in a "serious" relationship.
- "Come out" if he or she is gay, lesbian, bisexual, or transgender.

2. List three things parents can do to support and guide their children through the stages of sexual development:

Refer to "How Parents Can Encourage Healthy Sexual Development" handout.

Examples:

- Hold, cuddle, and comfort your children.
- Use correct names for all body parts, including penis and vagina.
- Tell your children that their bodies are beautiful.
- Feed your children healthy foods.
- Help your children understand how male and female bodies grow and differ during puberty.
- Provide your children with a clear understanding of the family values regarding dating, marriage, and sexual relationships.
- Continue to answer your children's questions about sexuality honestly and openly.
- Reassure your children that differences in size, shape, and development among young people of the same age are normal.

3. Give a brief definition of the following:

(a) Gender The social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).

(b) Sexual Orientation Sexual orientation describes physical and/or emotional attraction to a person of the same or another gender.

4. When do children develop an internal belief that they are male or female?

At approximately age 3-4.

5. Do people choose their sexual orientation? Why or why not?

No. Sexual orientation is something that is discovered and not chosen.

6. Does the type of parenting affect whether a child will be heterosexual or homosexual? Why or why not?

No. Parenting has no effect on a child's sexual orientation because it is not something that is taught.

7. **What is homophobia and why does it hurt society?**

   Homophobia is an irrational fear of those who are attracted to people of the same gender. All forms of discrimination and prejudice hurt society by limiting the freedoms and opportunities of certain groups of people.

8. **What is heterosexism?**

   The assumption that everyone is, should be, or would rather be heterosexual.

9. **As ARMs, how can we avoid heterosexism in our workshops?**

   By not assuming that all parents and adults are heterosexual.

BONUS QUESTIONS:

1. **Give two examples of how gender is taught from birth:**

   (1) The color we dress our children in (i.e., pink for girls, blue for boys)
   (2) The toys we give our children to play with (e.g., trucks for boys, dolls for girls)

   There are many other correct answers.

2. **How can gender roles limit (or hurt) our communities?**

   Gender roles often force people to do things and pursue careers that they are not passionate about. For example, girls may be encouraged to become teachers or nurses because these are seen as feminine jobs. However, some girls may want to become scientists or firefighters. If they are unable to pursue their dreams and interests, their communities suffer. How? Their communities could have gotten a brilliant scientist. Instead, they get an unhappy and bored teacher. The same goes for boys. Perhaps a boy wants to become a nurse but doesn't because of the messages he received as a child that nurses are women. Instead of a community getting a wonderful nurse, the boy is encouraged to pursue a different career, one that is considered more masculine and perhaps one that he does not excel at.

SESSION 8: SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

GOAL:

1. To increase participants' knowledge of sexually transmitted infections (STIs) and HIV transmission, prevention, and treatment.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Explain the difference between bacterial and viral STIs.
2. List the four fluids that transmit HIV.
3. List four STIs and describe their symptoms.
4. Explain how to prevent transmission of STIs and HIV.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. "HIV Facts"[16] and "AIDS and HIV: Questions and Answers"[17] pamphlets
3. Masking tape
4. "STD Facts"[18] and "Sexually Transmitted Infections: The Facts"[19] pamphlets
5. STI and HIV Transmission Activity heading cards (see Preparation)
6. STI and HIV Transmission Activity behavior cards (see Preparation)
7. Newsprint
8. Markers
9. "Sexually Transmitted Infections" handout
10. "STI and HIV Transmission Activity" handout
11. "HIV Transmission True or False Activity" handout

PREPARATION:

1. Develop a session agenda.
2. Create and post the STI and HIV Transmission Activity heading cards on wall. There should be one card for each category: No Risk, Low Risk, and High Risk.
3. Create STI and HIV Transmission Activity behavior cards by creating one card for each bullet point (ex., holding hands) listed on the "STI and HIV Transmission Activity" handout.

SESSION 8 PLAN

I. Welcome Participants and Review Session Agenda

II. STI Definition and Introduction (10 minutes)

1. Ask participants to define STIs.
2. Clarify that STI stands for sexually transmitted infection and that STIs are illnesses that are contracted primarily through sexual contact. Also mention that they may hear the term STD and that STD stands for sexually transmitted disease. Both terms have the same meaning.
3. Ask participants what they know about STIs. Record responses on newsprint. Review comments and tell participants which of the comments mentioned will be covered.

III. Sexually Transmitted Infections (15 minutes)

1. Ask participants which STIs they have heard of and record responses on newsprint.
2. Distribute "STD Facts"[18] pamphlet and review the names of STIs noted in the pamphlet. Also tell participants that there are several additional STIs not covered in the pamphlet and that we will not be covering those STIs at this time.

IV. Types of STIs (15 minutes)

1. Distribute the "Types of Sexually Transmitted Diseases" handout and review with participants.

V. STI Symptoms (10 minutes)

1. Ask participants to brainstorm STI symptoms and record on newsprint. Be sure to include:
   - Itchiness in genital area
   - Unusual discharge or odor
   - Painful urination
   - Painful blisters
   - Painless sores
   - Bleeding
   - Pain during intercourse
   - Sores, bumps, or blisters near genitals, anus, or mouth
   - No symptoms (this is the most common symptom)

VI. STI and HIV Transmission Activity (30 minutes)

1. Explain to participants that they will be doing an activity to clarify how STIs and HIV are transmitted.
2. Explain to participants that they will each be given a card with a behavior listed on it, and they should decide whether the behavior is considered high risk, low risk, or no risk for transmitting and contracting STIs and HIV. After they have decided, they should place their card under the appropriate category (card) on the wall. (No Risk, Low Risk and High Risk cards will already be on the wall).

3. Allow participants 3 to 5 minutes to complete activity.

4. Make changes as appropriate using the following answer key:

No Risk

- Holding hands
- Body massage
- Dry kissing on the mouth (can also be low risk)
- Masturbation (self)
- Partners using their hands to touch each others genitals
- Nibbling a partner's earlobe
- Watching a romantic film with a partner
- Donating blood in the United States
- Undressing a partner
- Taking a bubble bath with a partner

Low Risk

- Tongue kissing
- Oral sex with a condoms/dental dam
- Vaginal sex with a condom
- Oral stimulation of the testicles

If needed, define oral sex for participants: Oral sex is when a person's mouth or tongue has contact with another person's genitals (penis, vulva).

High Risk

- Vaginal sex without a condom
- Anal sex without a condom
- Sharing a needle to use drugs
- Vaginal intercourse without a condom with someone who tested negative for HIV just two weeks ago

5. Distribute "STI and HIV Transmission Activity" handout and review with participants.

VII. HIV and AIDS Definition (10 minutes)

1. Ask participants to brainstorm the meaning of, and difference between, HIV and AIDS.

2. Clarify that HIV stands for "human immunodeficiency virus" and that it is a virus that attacks the immune system, making it difficult for the body to fight off germs and illnesses. When the immune system breaks down, a person loses this protection and can develop many serious, often deadly infections and cancers. These are called "opportunistic infections" because they take advantage of the body's weakened defenses.

3. Clarify that not everyone who has HIV has AIDS. AIDS, which stands for "acquired immune deficiency syndrome," is the actual disease that develops from HIV. It is defined by: (1) having two or more opportunistic infections or (2) having a T-cell count under 200 (T-cells are known as the "soldiers" of the immune system, which fight off germs and illnesses). AIDS can take 10 years or more to develop.

VIII. HIV Transmission True or False Activity (15 minutes)

1. Distribute "HIV Transmission True or False Activity" handout. Allow a few minutes for participants to complete and then review answers using the following guide:

   (Please note that some answers contain follow-up questions)

   1. Body piercing and tattooing can be a risk for HIV transmission.
      True: Both body piercing and tattooing involve needles and blood (you don't need to go into a vein to reach blood).

      Q: So, if needles are involved in transmission, who else may be at risk for contracting HIV?
      A: IV drug users, nurses and doctors

      Q: How can you keep yourself safe when getting a tattoo or getting pierced?
      A: Make sure the person is using a clean needle

   2. A person can transmit HIV through giving or receiving oral sex.
      True: People may have cuts or sores in their mouths and semen or vaginal fluids may come in through those cuts or sores and enter the bloodstream.

   3. Exchange of saliva in deep kissing is a danger for HIV transmission.
      False: Saliva does not have enough HIV in it to transmit.

      Q: Which fluids transmit HIV?
      A: Blood, semen, pre-cum, vaginal secretions, and breast milk

      Q: How do these fluids transmit HIV?
      A: The high concentration of HIV found in these fluids has to get into the bloodstream of the person to be infected. Openings such as cuts and sores on the skin, mouth, anal cavity, vagina, and penis can lead HIV to the specific blood cells it needs (CD4) to infect the host and start reproducing itself. These fluids can also also carry HIV through the thin and easily irritated mucous membranes found in the vagina and anal cavity.

      Q: When can these fluids get into these places?
      A: Via unprotected oral, vaginal, and anal sex, sharing needles (drugs, tattooing, piercing, and medical blood transfusions before 1985), giving birth, and breast-feeding.

   4. Pulling out before ejaculation will protect you from transmitting HIV.
      False: Pre-ejaculatory fluid (pre-cum) contains HIV. Any ejaculation fluid contains HIV.

   5. HIV-positive women always transmit HIV to their babies.

      False: Not all babies born to HIV-positive women become infected. In addition, antiretroviral therapy administered during pregnancy, labor, and delivery and then to the newborn, as well as elective cesarean section for women with high viral loads, can reduce the rate of perinatal HIV transmission to 2% or less. If medications are started during labor, decreased rate of perinatal transmission can still be achieved (less than 10%).[20]

   6. Two HIV-infected partners do not need to worry about using condoms during sex.
      False: Two partners may be infected with different strains of HIV that require two different treatments. If one partner passes a new and different strain to their partner, that partner may become more resistant to HIV drugs and their current treatment may no longer be effective.[21]

IX. STI and HIV Prevention (5 minutes)

1. Review the following methods of prevention with participants:

   - Abstinence (absence of vaginal, oral, and anal sex)
   - Discuss sexual histories with partners.
   - Get tested for STIs and HIV with sexual partners. Treatment and curative medicines exist and are covered by most public and private insurance.
   - Always use a latex or polyurethane condom during intercourse.
   - Know the signs and symptoms of STIs.
   - Get regular preventive health care.

X. STI and HIV Treatment (5 minutes)

1. Review the following methods of treatment with participants:

   - Seek medical care as soon as symptoms appear or you suspect exposure to an STI or HIV.
   - Take all medications as directed and fully.
   - Keep your immune system strong by eating well, exercising, sleeping, and reducing stress.

XI. Key Messages (5 minutes)

1. Write the following on newsprint and review key messages of the training session:

KEY MESSAGES ON SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

1. **STIs including HIV are transmitted through vaginal, oral, and anal sex.**
2. **Condoms and abstinence are the most effective ways to prevent STIs, including HIV.**
3. **Some STIs can be cured with medication, but others, like HIV, can only be treated.**
4. **HIV is transmitted in blood, semen, vaginal secretions, and breast milk.**
5. **Include HIV and STI testing in routine health care.**

SEXUALLY TRANSMITTED INFECTIONS (STI)

Viral STIs

- Caused by a virus
- Cannot be cured with antibiotics
- Symptoms or outbreaks may reoccur
- Symptoms can be treated and controlled with proper medication

Examples of viral STIs are:

- Genital warts (from the human papilloma virus, or HPV)
- HIV/AIDS
- Herpes
- Hepatitis B

Bacterial STIs

- Caused by a bacteria
- Can be cured with antibiotics

Examples of bacterial STIs are:

- Chlamydia
- Gonorrhea
- Syphilis

Other Commonly Known STIs

- Caused by a one-cell or multicell organism
- Can be cured with medications

Examples of other commonly know STIs are:

- Trichomoniasis
- Pubic lice ("crabs")

The most common symptom of an STI is no symptom at all (asymptomatic). This means that an infected person does not show symptoms but is still able to transmit the STI.

STI Prevention

- Abstinence (absence of vaginal, oral, and anal sex)
- Discuss sexual histories with partners.
- Get tested for STIs and HIV with sexual partners. Treatment and curative medicines exist and are covered by most public and private insurance.
- Always use a latex condom during intercourse.
- Know the signs and symptoms of STIs.
- Get regular preventive health care.

STI AND HIV TRANSMISSION ACTIVITY

Behaviors are divided into the following categories: No Risk, Low Risk, and High Risk.

No Risk

- Holding hands
- Body massage
- Dry kissing on the mouth (can also be low risk)
- Masturbation (self)
- Partners using their hands to touch each other's genitals
- Donating blood in the United States
- Undressing a partner
- Taking a bubble bath with a partner
- Nibbling a partner's earlobe
- Watching a romantic film with a partner

Low Risk

- Tongue kissing
- Oral sex with a condom or dental dam
- Vaginal sex with a condom
- Oral stimulation of the testicles

High Risk

- Vaginal sex without a condom
- Anal sex without a condom
- Sharing a needle to use drugs
- Vaginal sex without a condom with someone who tested negative for HIV just two weeks ago

HIV TRANSMISSION TRUE OR FALSE ACTIVITY

Please decide if the following statements are True (T) or False (F)

1. "Blue balls" will cause damage to the male reproductive system. ☐ T ☐ F

1. Body piercing and tattooing can be a risk for HIV transmission. ☐ T ☐ F

2. A person can transmit HIV through giving or receiving oral sex. ☐ T ☐ F

3. Exchange of saliva in deep kissing is a danger for HIV transmission. ☐ T ☐ F

4. Pulling out before ejaculation will protect you from transmitting HIV. ☐ T ☐ F

5. HIV-positive women always transmit HIV to their babies. ☐ T ☐ F

6. Two HIV-infected partners do not need to worry about using condoms during sex. ☐ T ☐ F

SESSION 9: ABORTION

GOALS:

1. To increase participants' knowledge of abortion.
2. To explore participants' personal attitudes towards abortion.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Explain the difference between medication and surgical abortion and how they are performed.
2. Describe one's attitudes toward abortion.
3. Explain the options after an unintended pregnancy.

TIME: Approximately 1 hour, 30 minutes

MATERIALS:

1. Session agenda
2. "Abortion Fact Sheet—Surgical vs. Medication" handout
3. "Abortion Myth or Fact Activity" handout
4. Quiz 3

PREPARATION:

1. Develop a session agenda.

SESSION 9 PLAN

I. Welcome Participants and Review Session Agenda

II. Quiz 3 (20 minutes)

1. Administer Quiz 3 to all participants and allow 20 minutes to complete.

III. Values Voting (20 minutes)

1. Tell participants that as ARMs they will be confronted with a variety of values around abortion. This exercise helps us to think about some of our values in advance so that we can remain nonjudgmental in our workshops.
2. Tell participants that in a few minutes you will begin reading a series of statements. For each statement they should decide if they agree or disagree with the statement and then move to the area of the room that corresponds with their answer. Assure participants that there are no right or wrong answers.
3. Read the following statements and ask a few participants to share their values regarding the statement:
   - Abortion is always okay.
   - A woman should always seek counseling before an abortion.
   - Young teens should not be allowed to obtain an abortion without their parents' consent.
   - Women have abortions for selfish reasons.

IV. Surgical and Medication Abortion (25 minutes)

1. Distribute "Abortion Fact Sheet—Surgical vs. Medication" handout and review.

V. Abortion Myth or Fact Activity (20 minutes)

1. Distribute "Abortion Myth or Fact Activity" handout and allow participants five minutes to complete on their own.
2. Review answers using guide below:
   1. Most abortions occur in the 1st trimester.
      Fact: 88% of all abortions performed in the United States occur in the first 12 weeks of pregnancy.
   2. Abortions affect a woman's ability to have a child at a later time.
      Myth: Abortions do not interfere with a woman's fertility.
   3. Abortion procedures remove pieces of the uterus.
      Myth: Abortions only remove pregnancy content/tissue.[22]
   4. With abortion, there is a high possibility of death.
      Myth: Less than 1% of all abortion patients experience a major complication.[23] The risk of death associated with the pregnancy is about 11 times as high as the risk associated with abortion.[24] Fewer than 1 in 100,000 women will die as a result of an abortion. However, many of these deaths are due to allergic reaction to anesthesia and/or improper post-abortion care.

5. Abortion is often used as a form of birth control.
   Myth: The majority of women who have had an abortion have not used abortion as their regular method to avoid pregnancy. Abortion is an often emotional and invasive medical procedure that most women would choose to avoid.

6. Many patients report feeling a sense of relief after having an abortion.
   Fact: For most women, an undesired pregnancy is a problem in their life and an abortion solves that problem, leaving them with a sense of relief.[25]

7. Over 80% of women who have abortions are young and poor.
   Myth: 52% of women getting abortions reported annual household incomes greater than $25,000. Only 52% of abortions performed in the United States are on women younger than 25.[26]

8. Emergency contraception is a type of abortion.
   Myth: Emergency contraception prevents a pregnancy from forming by preventing ovulation, fertilization, and possibly implantation. In contrast, an abortion ends an already developing pregnancy.[27]

9. Abortion is a very simple surgical procedure.
   Fact: A surgical abortion takes approximately eight minutes and is one of the safest surgical procedures performed in the United States.[28]

VI. Key Messages (5 minutes)

1. Write the following on newsprint and review key messages of the training session:

KEY MESSAGES ON ABORTION

1. **Abortion is a legal and safe service.**
2. **In New York State, the law states that adolescents do not need parental consent to have an abortion.**

ARM TRAINING QUIZ 3

Birth Control, STIs, and HIV/AIDS

Name: _____ **Date:** _____

1. **How do hormonal birth control methods work?**

_____

_____

_____

_____

2. **How do barrier methods of birth control work?**

_____

_____

_____

3. **List two hormonal methods:**

(1) _____

(2) _____

4. **List two barrier methods:**

(1) _____

(2) _____

5 **Give two characteristics of bacterial STIs:**

(1) _____

(2) _____

6. **Give two characteristics of viral STIs:**

(1) _____

(2) _____

7. **List two bacterial STIs:**

(1) _____

(2) _____

8. **List two viral STIs:**

(1) _____

(2) _____

9. **What four body fluids may transmit HIV?**

(1) _____

(2) _____

(3) _____

(4) _____

10. **List three symptoms of STIs:**

(1) _____

(2) _____

(3) _____

11. **Why is it important to promote dual methods of protection (for example, condoms + the birth control pill)?**

_____

_____

_____

_____

_____

12. **Name two ARM messages regarding birth control:**

(1) _____

(2) _____

13. **Name three out of five ARM messages regarding STIs and HIV:**

(1) _____

(2) _____

(3) _____

BONUS QUESTIONS:

1. **How does emergency contraception (EC) work?**

_____

_____

_____

_____

_____

_____

_____

2. **How does HIV affect the body?**

_____

_____

_____

_____

_____

_____

_____

QUIZ 3 ANSWER KEY

Birth Control, STIs, and HIV/AIDS

1. **How do hormonal birth control methods work?**
   (1) Prevent ovulation
   (2) Thicken cervical mucus to block sperm from entering uterus
   (3) Prevent implantation by altering uterine lining

2. **How do barrier methods of birth control work?**
   Prevent sperm from passing through cervix into uterus.

3. **List two hormonal methods:**
   (1) Oral Contraception (the Pill)
   (2) Depo-Provera (the Shot)
   (3) NuvaRing (the Ring)
   (4) Ortho Evra (the Patch)
   (5) Mirena—type of Intrauterine Device (IUD)

4. **List two barrier methods:**
   (1) Female Condom
   (2) Condom
   (3) Diaphragm
   (4) Cervical Cap
   (5) ParaGard—type of Intrauterine Device (IUD)

5. **Give two characteristics of bacterial STIs:**
   (1) Caused by bacteria
   (2) Can be cured with antibiotics
   (3) Can present as asymptomatic

6. **Give two characteristics of viral STIs:**
   (1) Caused by virus
   (2) Cannot be cured but can be treated with medication
   (3) Can present as asymptomatic

7. **List two bacterial STIs:**
   (1) Chlamydia
   (2) Gonorrhea
   (3) Syphilis
   (4) Trichomoniasis

8. **List two viral STIs:**
   (1) Genital warts (from the human papilloma virus, or HPV)
   (2) HIV/AIDS
   (3) Herpes
   (4) Hepatitis B

9. **What four body fluids may transmit HIV?**
   (1) Semen
   (2) Vaginal fluids
   (3) Breast milk
   (4) Blood

10. **List three symptoms of STIs:**
   (1) Itchiness in genital area
   (2) Unusual discharge or odor
   (3) Painful urination
   (4) Painful blisters
   (5) Painless sores
   (6) Bleeding
   (7) Pain during intercourse
   (8) Sores, bumps, or blisters near genitals, anus, or mouth
   (9) No symptoms (this is the most common symptom)

11. **Why is it important to promote dual methods of protection (for example, condoms + the birth control pill)?**
   To prevent both pregnancy and the transmission of STIs/HIV.

12. **Name two ARM messages regarding birth control:**
   (1) Encourage the use of two methods to prevent against unintended pregnancy and sexually transmitted infections.
   (2) Birth control methods work by:
      a. Preventing sperm from passing through the cervix (barrier method).
      b. Preventing ovulation (hormonal method).

13. **Name three out of five ARM messages regarding STIs:**
   (1) STIs, including HIV, are transmitted through vaginal, oral, and anal sex.
   (2) Condoms and abstinence are the most effective ways to prevent STIs including HIV.
   (3) Some STIs can be cured with medication but others, like HIV, can only be treated.
   (4) HIV is transmitted in blood, semen, vaginal secretions, and breast milk.
   (5) Include HIV and STI testing in routine health care.

BONUS QUESTIONS:

1. **How does emergency contraception (EC) work?**
   Emergency Contraception (EC) is designed to prevent ovulation, fertilization, and possibly implantation after unprotected vaginal sex. EC works to prevent a pregnancy and is not a form of abortion. Currently EC is available over the counter for people 17 and older or through a clinician for people under 17 years old. EC must be taken no later than 5 days after unprotected intercourse. The earlier EC is taken, the more effective it is.

2. **How does HIV affect the body?**
   HIV stands for "human immunodeficiency virus" and is a virus that attacks the immune system, making it difficult for the body to fight off germs and illnesses. When the immune system breaks down, a person loses this protection and can develop many serious, often deadly infections and cancers. These are called "opportunistic infections" because they take advantage of the body's weakened defenses. Not everyone who has HIV has AIDS. AIDS, which stands for "acquired immune deficiency syndrome," is the actual disease that develops from HIV. It is defined either by having an opportunistic infection or by having a T-cell count under 200 (T-cells are known as the "soldiers" of the immune system, which fight off germs and illnesses). AIDS can take 10 years or more to develop.

ABORTION FACT SHEET SURGICAL VS. MEDICATION

Surgical Abortions:

- **Steps involved in surgical abortion procedure (at most clinical facilities):**
  - Laboratory tests
  - Ultrasound to determine week of gestation
  - Counseling
  - Anesthesia—local, IV sedation, or general
  - Dilation of cervix
  - Vacuum aspiration
  - Post-abortion care and follow-up exam

- **Facts about surgical abortion:**
  - Legal since 1973
  - Safe—one of the safest surgeries
  - Most take place during the first trimester (before 13 weeks)
  - First-trimester abortion procedures usually take less than 10 minutes
  - Surgical abortions are available in some states up to 24 weeks (these procedures take longer)

Medication Abortions:

- **Steps involved in medication abortion procedure:**
  - Laboratory tests
  - Ultrasound to establish pregnancy is under 9 weeks of gestation
  - Counseling
  - Distribution of two pills (mifepristone, misoprostol) and directions for use
  - Pills are taken at home and abortion occurs at home (bleeding and cramping are expected)
  - Post-abortion care and follow-up exam

- **Facts about medication abortion:**
  - Has been approved for use in the United States since 2000
  - Must be under 9 weeks pregnant to use this method
  - Medication abortions are 99% successful
  - A small amount of medication abortions will require a surgical abortion procedure (about 1%)
  - Can be done in the privacy of home or other setting

ABORTION MYTH OR FACT ACTIVITY

Please decide if the following statements are myths or facts.

1. Most abortions occur in the 1st trimester.	☐ Myth	☐ Fact
2. Abortions affect a woman's ability to have a child at a later time.	☐ Myth	☐ Fact
3. Abortion procedures remove pieces of the uterus.	☐ Myth	☐ Fact
4. With abortion, there is a high possibility of death.	☐ Myth	☐ Fact
5. Abortion is often used as a form of birth control.	☐ Myth	☐ Fact
6. Many patients report feeling a sense of relief after having an abortion.	☐ Myth	☐ Fact
7. Over 80% of women who have abortions are young and poor.	☐ Myth	☐ Fact
8. Emergency contraception is a type of abortion.	☐ Myth	☐ Fact
9. Abortion is a very simple surgical procedure.	☐ Myth	☐ Fact

SESSION 10: EDUCATION VS. COUNSELING

GOALS:

1. To raise participants' awareness of the difference between the role of an educator and a counselor.
2. To increase participants' awareness of their role as peer educators.

OBJECTIVES:

At the end of the session, participants will be able to:

1. List the skills that educators and counselors share.
2. Explain why they should avoid counseling people.
3. Discuss their role as community peer educators.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "Adult Role Models as Educators" handout
5. "Avoiding the Role of a Counselor" handout

PREPARATION:

1. Develop a session agenda.
2. Prepare newsprint with the following headings:
   - Educator: a person who is trained to provide information and teach
   - Counselor: a person who is trained to provide counseling and guidance
   - Skills both educators and counselors share
   - Why should ARMs avoid counseling?
   - How would an educator respond?
   - How would a counselor respond?

SESSION 10 PLAN

I. Welcome Participants and Review Session Agenda

II. Education vs. Counseling (25 minutes)

1. Brainstorm the definition of an educator and counselor with the group and record responses on newsprint. Review the following definitions on the prepared newsprint:
   - Educator: A person who is trained to provide information and teach skills.
   - Counselor: A person who is trained to help people explore their feelings and provide guidance and emotional support.
2. Ask the group whether they think being an ARM is more like being a counselor or an educator. Take a tally of the responses and post on newsprint.
3. Explain that Adult Role Models are educators and not counselors. However, there are skills that both counselors and educators share. Ask the group to brainstorm some of the skills that both educators and counselors share, and post responses on prepared newsprint. Be sure to include the following:
   - Remain nonjudgmental
   - Avoid disclosure of opinions and personal information
   - Use reflective listening: listen closely, ask for clarification, and paraphrase/summarize client's comments to ensure that you have a thorough understanding
4. Ask the participants why an Adult Role Model should avoid counseling people. Post responses on prepared newsprint. Be sure to include the following:
   - Lack of counseling training: ARMs are not trained as counselors. Without training, you could give incomplete/incorrect responses. This could do more harm than good.
   - Potential harm to personal relationships: If your audience is family, friends, and/or neighbors, your personal values will make it difficult to remain objective. A good counselor is objective and never counsels friends and family.
   - You could create a barrier to professional care: You are not a substitute for a social worker or counselor. If people feel that you have solved their problem, they may not seek professional care.
5. Tell the participants that people in the community may try to pull an ARM into the role of a counselor, particularly during one-on-one conversations. In these situations, it is crucial that the ARM refer the person to their local referral source and/or to the ARM supervisor.

III. Educator vs. Counselor Response Scenario (30 minutes)

1. Explain to participants they will be read scenarios and asked to discuss possible educator and counselor responses.
2. Read the following scenario: A woman approaches you and says she is pregnant and considering an abortion, but she is not completely sure.

3. Ask the participants:
    1. How would a counselor respond?
    2. How would an educator respond?

Post responses on newsprint. Be sure to include the following:

Possible counselor responses:

- How are you feeling about being pregnant?
- Why are you considering an abortion?
- What would having a baby be like for you now?
- How would your family react to this situation?
- How do you feel about abortion?

Be sure to note that these questions pull the ARM into the role of a counselor. Inform participants that when faced with this type of situation, they should focus on sharing information instead of helping the person sort through their feelings. Always refer clients to speak with a trained counselor.

Possible educator responses:

- What do you know about having an abortion?
- Do you know where to get help in making your decision?
- I could give you some information and tell you where to go talk to someone about your decision.

Be sure to note that these responses connect people to information and assistance. This is always a good role for ARMs.

IV. Avoiding the Role of a Counselor (50 minutes)

1. Tell participants that it can be hard to avoid counseling someone who is in need of counseling. Tell them that it can be very tempting to counsel someone because it feels good to have someone want your advice, especially when it's someone you care about.

2. Ask participants what they can say to avoid the role of a counselor. Post responses on newsprint. Be sure to include the following:
    - "**I'm not qualified.** It sounds like you're in a really difficult situation. I'm not qualified to counsel you, but I would like to help. Can I give you the number of…"
    - "**I can refer you.** I know you need help and I know someone who can help you. May I refer you to…"
    - "**It sounds like you're having a rough time.** Let me give you the name of a good resource."
    - "**I would love to help you, but I am not a counselor.** I know a place that has really good counselors…"

3. Divide ARMs into pairs. Assign each pair a scenario from "Avoiding the Role of a Counselor" handout.

4. Ask each group to read their scenario and discuss how to handle the scenario using an educator response. Give the participants 10 minutes to complete this activity.

5. After the participants have had a chance to discuss the scenarios in pairs, ask them to share their responses with the larger group.

6. Use the following as a guide to discuss each scenario:

Scenario 1

While Victoria facilitates a workshop on how to talk to children about sexuality, a participant asks how she should respond to her 4-year-old who masturbates often.

1. **Q:** What information about child sexual development would you share with the parent?
   A: Masturbation is natural and healthy for adults as well as children. Parents can teach their children to masturbate in private.

2. **Q:** What additional information would you provide if the parent's anxiety has not been reduced?
   A: Acknowledge it is not uncommon for parents to feel uncomfortable seeing their child masturbate. Remind the parent that they need to see masturbation through the eyes of a child and that masturbation is a form of healthy body exploration.

3. **Q:** How would you respond if the parent disagrees?
   A: Tell the participant that everyone has the right to his/her own opinion and the information shared during the workshop is based on research in child sexual development.

Scenario 2

After Richard facilitates a workshop, a participant approaches him and says that his family has been having a lot of trouble with his nephew. The participant suspects that his nephew is being sexually abused.

1. **Q:** What information should Richard give to the participant?
   A: Provide a referral to an appropriate social service agency or school counselor that can help the participant identify a plan to help his nephew.

2. **Q:** What are the next steps involved after Richard speaks to the participant?
   A: Emphasize that the ARM supervisor should be informed about any abuse disclosures.

Scenario 3

Maria is a well-known ARM in her community. One day a neighbor approaches her and says that she is pregnant and that she is having difficulty deciding whether to have the child or have an abortion.

1. **Q:** What should Maria tell her neighbor?
   A: It is important to make an appointment with an options counselor as soon as possible. An options counselor is objective and will discuss the three options that every woman has: motherhood, adoption, and abortion.

2. **Q:** How do you respond if the neighbor asks for your personal opinion?
   A: Be sure to not disclose personal opinions or values. Refer clients to an options counselor at a local health center or Planned Parenthood.

Scenario 4

During the workshop, the topic of HIV transmission comes up. Tonya, the facilitator, correctly states that HIV can be transmitted through oral sex. After the workshop, a participant approaches, near tears, and says that she hadn't known the risk of oral sex and that she has had a lot of unsafe oral sex. She is now very concerned about her HIV status.

1. **Q:** How much information about HIV/AIDS should Tonya share?
   A: Recommend that the client get tested for HIV and abstain from any unprotected sexual intercourse, including oral, vaginal, and anal sex as well as blood-to-blood contact. Inform participant that free anonymous and confidential testing is available at certain health centers, including Planned Parenthood.

7. Ask the participants how it felt to do this exercise. Ask participants what might be most challenging about avoiding the role of the counselor.

V. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON EDUCATION VS. COUNSELING

1. **Understand your role as Adult Role Models.**
2. **Refer to your supervisor and other agency staff.**
3. **It is okay to not know the answer. Admit it, and tell the person you will follow up if necessary.**

ADULT ROLE MODELS AS EDUCATORS

Definitions:

- Educator: A person who is trained to provide information and teach skills.
- Counselor: A person who is trained to help people explore their feelings and provide guidance and emotional support.

A Good Educator . . .

- Remains nonjudgmental
- Avoids disclosure of opinions, values, and personal information
- Listens closely
- Asks for clarification
- Paraphrases/summarizes to ensure that they have a thorough understanding

Why should an ARM avoid counseling people in the community?

- **Lack of counseling training:** ARMs are not trained as counselors. Without training, you could give incomplete/ incorrect responses. This could do more harm than good.
- **Potential harm to personal relationships:** If your audience is family, friends, and/or neighbors, your personal values will make it difficult to remain objective. A good counselor is objective and never counsels friends and family.
- **You could create a barrier to professional care:** You are not a substitute for a social worker or counselor. If people feel that you have solved their problem, they may not seek professional care.

What ARMs can say to avoid the role of a counselor:

- "**I'm not qualified.** It sounds like you're in a really difficult situation. I'm not qualified to counsel you, but I would like to help. Can I give you the number of…"
- "**I can refer you.** I know you need help and I know someone who can help you. May I refer you to…"
- "**It sounds like you're having a rough time.** Let me give you the name of a good resource."
- "**I would love to help you, but I am not a counselor.** I know a place that has really good counselors…"

AVOIDING THE ROLE OF A COUNSELOR

Scenario 1

While Victoria facilitates a workshop on how to talk to children about sexuality, a participant asks how she should respond to her four-year-old who masturbates often.

1. What information about child sexual development would you share with the parent?
2. What additional information would you provide if the parent's anxiety has not been reduced?
3. How would you respond if the parent disagrees?

Scenario 2

After Richard facilitates a workshop, a participant approaches him and says that his family has been having a lot of trouble with his nephew. The participant suspects that his nephew is being sexually abused.

1. What information should Richard give to the participant?
2. What are the next steps involved after Richard speaks to the participant?

Scenario 3

Maria is a well-known ARM in her community. One day a neighbor approaches her and says that she is pregnant and that she is having difficulty deciding whether to have the child or have an abortion.

1. What should Maria tell her neighbor?
2. How do you respond if the neighbor asks for your personal opinion?

Scenario 4

During the workshop, the topic of HIV transmission comes up. Tonya, the facilitator, correctly states that HIV can be transmitted through oral sex. After the workshop, a participant approaches, near tears, and says that she hadn't known the risk of oral sex and that she has had a lot of unsafe oral sex. She is now very concerned about her HIV status.

1. How much information about HIV/AIDS should Tonya share?

SESSION 11: GROUP FACILITATION SKILLS

GOAL:

1. To raise participants' awareness of good facilitation skills and how to create a safe and participatory environment for an ARM workshop.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Identify their current feelings about facilitating ARM workshops.
2. Describe at least three "setting the stage" strategies to establish a safe and participatory environment and tone for the workshop.
3. Identify at least three good facilitation skills.

TIME: Approximately 1 hour

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "The Skills of a Good Facilitator" handout
5. "Setting the Stage for an Adult Role Model Workshop" handout

PREPARATION:

1. Develop a session agenda.
2. Prepare newsprint with the following heading:
   - Setting the Stage

SESSION 11 PLAN

I. Welcome Participants and Review Session Agenda

II. Setting the Stage for an ARM Workshop (30 minutes)

1. Ask the group how they feel about public speaking and facilitating workshops. Record responses on newsprint.
2. Tell the group that the first step in effectively facilitating a group is to "set the stage," or create an environment and tone that will help the workshop run smoothly.
3. Ask the group some of the ways that a presenter can set the stage for an effective workshop. Record responses on newsprint.
4. Distribute and review "Setting the Stage for an Adult Role Model Workshop" handout.

III. Facilitation Skills (30 minutes)

1. Tell the group that after setting the stage for the workshop, the facilitator is responsible for leading the workshop in a manner that encourages cooperation and participation.
2. Ask participants to brainstorm the skills of a good facilitator and record responses on newsprint.
3. Distribute and review "The Skills of a Good Facilitator" handout.

SETTING THE STAGE FOR AN ARM WORKSHOP

We're going to give you some pointers on setting the stage. You can tell us how you think you might do each of these things and we'll talk about them.

1. Create an inclusive room set-up

Arrange the room in a way that makes all people feel included. Arrange the room in a semicircle if possible. This type of room set-up allows everyone to see each other and facilitates more effective discussion. Arrange the room before starting the workshop.

2. Set the right tone

Set an open, respectful, and fun tone. This can be done by:

- Welcoming participants as they arrive
- Engaging participants in casual conversation while waiting for everyone to arrive
- Smiling
- Being enthusiastic
- Being organized with your paperwork, newsprint, and room set-up

3. Establish credibility

Introduce yourself, your position, and your organization. Clarify your credentials (i.e., training). Here is an example:

> "Hello, my name is _____, and I am an Adult Role Model from Planned Parenthood of New York City. That means that I have received ongoing training on a wide range of sexuality topics."

4. Describe workshop goals

For various reasons, participants may not know the purpose of the workshop, so clarification is necessary. Here is an example of what to say . . .

> "I'm here to talk to you about a really challenging topic: how to talk to your children about sexuality. This is really hard for most parents. That's why PPNYC set up this program. For a long time, staff at PPNYC have heard young people say that they want to be able to talk with their parents about sexuality, but they are afraid that parents won't welcome their questions or have good answers. I hope that today will be a first step at helping with both.…"

5. Establish Group Agreements

Establishing and enforcing group agreements will help people to feel respected and comfortable while participating.

THE SKILLS OF A GOOD FACILITATOR

Reflective listening

Good facilitators try to understand what each participant is saying by asking questions for further clarification before they answer the participant's question. For example:

- "Say more about that."
- "Can you give me an example?"

Always remain nonjudgmental

Good facilitators do not discuss their personal values. This helps to ensure that everyone feels comfortable participating and expressing his/her own values and feelings. For example:

- "That's an interesting point."
- "Thanks for sharing that."
- "That's an interesting perspective. Does anyone else want to say something?"

Stick to the topic

Remind participants that there is a lot of ground to cover and that you are available to discuss other topics or personal issues after the workshop. For example:

- "Maybe you can tell me a bit more about that after the workshop."
- "That sounds really difficult. Can we talk about that after the workshop?"
- "This is a really great discussion, but we need to move on."

Include everyone in the group

There are good strategies to encourage participation from everyone. For example:

- Make sure you're looking at more than one person.
- Move around the room and face more than one person.
- Use verbal invitations to participate such as, "Julie, we haven't heard from you yet. Do you have any thoughts about this?" or "Some of you have been really quiet. Do you want to add anything here?"

Encourage dialogue

This skill encourages the sharing of opinions and full participation in workshop activities. For example:

- "What do others feel/think about that?"
- "Maria, you look like you have something to say."

Remain calm

Always use a calm, neutral tone to open up the group or diffuse any tension. If a participant is being inappropriate or offensive, here are some ways to address the comment and move on:

- "You're entitled to your opinion, and we can discuss this further at the end of the workshop."
- "We are not going to continue with this discussion at this time. We need to move on."

Follow and enforce group agreements

This skill ensures that the workshop will run smoothly. It ensures that participants feel respected and comfortable. Always let the group know group agreements should be taken seriously and that you will respond if someone disregards them. For example:

- "Okay, there are three people talking and we've made a group agreement about that. Let's have one person talk at a time."
- "I want to remind everybody that we are not here to debate and that everyone has a right to their opinion."

SESSION 12: GROUP FACILITATION SKILLS (continued)

GOAL:

1. To raise participants' awareness of good facilitation and presentation skills and to increase participants' comfort and confidence leading workshops.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Identify at least two types of challenging participants and techniques to effectively handle those participants in a group.
2. Describe and demonstrate at least three good presentation skills.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "Handling Challenging Participants" handout
5. "Presentation Skills" handout

PREPARATION:

1. Develop a session agenda.
2. For each type of challenging participant from the "Handling Challenging Participants" handout, cut and divide A from B, with A being the title and characteristics of the challenging participant and B being the facilitator strategy. Place all As in one pile and all Bs in another.

SESSION 12 PLAN

I. Welcome Participants and Review Session Agenda

II. Review of Facilitation Skills (5 minutes)

1. Ask someone from the group to share what they remember about the first session on facilitation skills. Allow a few responses and be sure to include that becoming a strong facilitator takes time and practice.

III. Handling Challenging Participants Brainstorm (5 minutes)

1. Ask the participants to brainstorm some of the ways that workshop participants can be "challenging" and/or disruptive and record responses on newsprint.
2. Tell participants that you will now review strategies to handle challenging participants.

IV. Find Your Match Activity (45 minutes)

1. Explain to participants they will all receive a slip of paper. Those who receive a slip A have a title and description of a type of challenging participant. Those who receive a slip B have a strategy for handling a challenging participant.
2. Tell participants that they need to find their match, that is, the strategy that corresponds to the participant type and vice versa.
3. Allow 10 minutes for participants to complete activity.
4. Distribute "Handling Challenging Participants" handout. Give participants a few minutes to discover why they did or did not find their correct match. Review handout.

V. Presentation Skills (10 minutes)

1. Ask participants what makes a person a good presenter. Record responses on newsprint.
2. Distribute and review the "Presentation Skills" handout.

VI. Presentation Skills Exercise (50 minutes)

1. Break the group into groups of three or four.
2. Ask each participant to come up with a 2-3 minute presentation on a personal experience regarding talking to children about sexuality.
3. Instruct each participant in the group to take turns facilitating a presentation while being observed by the others in the group. Tell participants that after each presentation, the observers should give the participant feedback on one or two things he or she did well and one or two things that he or she needs to improve.

4. Return to the full group and ask the following processing questions:

   - How did it feel to be the presenter?
   - How did it feel to be the observer?
   - What are some of the things you can do to continue to work on your presentation skills? (Be sure to include: practice in the mirror, review the presentation several times, and practice in front of your friends and/or family.)

VII. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON GROUP FACILITATION SKILLS

1. **Setting a good stage for an ARM workshop includes: an inclusive room set-up, setting the right tone, establishing credibility, describing workshop goals, and establishing group agreements.**

2. **A challenging participant should be addressed accordingly, since he or she has the potential to disrupt a workshop setting.**

3. **Careful and reflective listening is a critical skill when facilitating. A facilitator should both present and listen well.**

A GOOD PRESENTER...

- Is clear and to the point.
- States instructions slowly, clearly, and one at a time.
- Speaks loudly enough, with more than one tone.
- Avoids verbal tics ("um," "uh," etc.).
- Paces the session comfortably.
- Listens well.
- Has a good sense of what the group is feeling.
- Presents in an organized, logical way.
- Looks comfortable with the subject.
- Communicates goals and objectives clearly.
- Provides useful information to the participants.
- Uses movement, but not so much that it is distracting.

HANDLING CHALLENGING PARTICIPANTS

The Dominating Participant

This person attempts to take over the group by answering all questions, defending his/her position, seeking to influence others, and wanting to have the last word.

Facilitator Strategy: Avoid eye contact, or turn body away from the participant. Call on other members of the group by name. If necessary, politely tell the participant that although his/her thoughts are very interesting, you'd like to have the ideas of other group members as well.

The Timid Participant

This person hesitates to speak at all, is generally shy or anxious about the group situation, and does not feel his/her opinions are worthy.

Facilitator Strategy: Use eye contact to pull the participant group member into the discussion and to communicate interest in what he/she has to say. Observe the participant closely to see when he/she is ready to speak. If necessary, find a non-threatening question and encourage a direct response. If the participant becomes too ill at ease, continue the discussion with other participants and come back to him/her later. Use a round-robin or go-around to elicit participation.

The Expert Participant

This is a special variety of the dominating participant. Even if he/she is not attempting to lead the group, others will defer to him/her and their own opinions or questions will be stifled.

Facilitator Strategy: Determine if the participant is a genuine expert or a pseudo-expert. If genuine, remind him/her that all comments are important and that others should be permitted to contribute, or ask the participant to respond only after others have been heard. It may also help to preface issues with, "I know John is probably aware of . . ."
If the participant is a pseudo-expert, ask other group members to comment on his/her responses.

The Verbose Participant

This person goes on and on, seemingly without end or purpose. He or she may be a compulsive talker or may be excessively nervous.

Facilitator Strategy: Be more directive. Use probes to request specificity and concreteness. Direct the participant back to the topic at hand. It may be necessary to politely interrupt him/her. Remind the participant of the many topics you need to cover in a limited time frame. Do all of this carefully without alienating the participant.

The Irrelevant Comments Participant

This person makes comments that don't relate to the topic area and can steer the group off the subject. He/she may be truly unknowledgeable, nervous, or a poor listener.

Facilitator Strategy: Acknowledge/validate the issue, but bring it back to the agenda topic. Try restating the question or paraphrasing. Consider coming back to the question later. Develop a "parking lot" of ideas with a piece of newsprint for important questions that are off-topic so, if time permits, they can be answered at the end of the training or after the training.

The Confused Participant

This person appears confused or overwhelmed during the educational session. He/she communicates this either verbally or nonverbally.

Facilitator Strategy: Acknowledge the situation ("You seem confused"). Try rephrasing the question, or perhaps provide an example. Attempt to ask the question again later in the discussion.

The Negative Participant

This person is negative in all responses. He/she may be using the discussion to vent pent-up frustration and hostility. He/she may be determined not to support your work in any way.

Facilitator Strategy: Be careful. Avoid reacting defensively. Try to defuse the participant by acknowledging his/her hostility or negativism. ("You seem angry about this. That's okay, because I want to find out how you really feel . . .").

The Hostile Participant

This person "attacks" the educator personally.

Facilitator Strategy: Try to defuse the participant by acknowledging the situation and referring back to the Group Agreements ("Remember we decided to be respectful of everyone's opinions, and that we are not here to debate"). Don't react defensively; stay calm. Try a short period of silence. Talk to the person privately during the next break to find out if a problem can be solved.

The Argumentative Participant

This person disrupts the equilibrium of the discussion—he/she may state that another group member's ideas are wrong or that the educator's questions are stupid.

Facilitator Strategy: Attempt to stabilize the discussion quickly. Ask other participants to comment on the disrupting participant's statement. (This may be dangerous if the disruptive statement embarrassed or angered someone.) Or present an alternative point of view: "That's interesting, but I've heard some other people feel . . ." This gives other participants the opportunity to comment about what was said, and to choose one side or the other and continue the discussion.

The Distractor

This person has side conversations while others are talking and/or engages in disruptive nonverbal behavior.

Facilitator Strategy: Stop the group discussion and acknowledge that it is difficult to hear when more than one person is talking. Ask the person if they would like to comment about what was just said.

The Inquisitor

This person may put you on the spot by asking your opinion and may want you to take sides.

Facilitator Strategy: Answer this participant with "I'm more interested in what others have to say. . ." or "Like anyone else, of course I have opinions about this, but it's more important right now to talk about how you feel. . ." If appropriate, give your opinion in a diplomatic way without taking sides.

The Helper

This person means well but winds up getting in the way by offering to do tasks that are unnecessary, beyond the scope of his or her ability, or gratuitous to gain favor.

Facilitator Strategy: Thank the participant for wanting to help but politely let him or her know it is not necessary. Thank the participant but take care of the issue/task on your own. If possible, give the participant a meaningful task instead.

SESSION 13: OUTREACH

GOAL:

1. To understand how outreach can contribute to participants' role as an ARM.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Define outreach.
2. Discuss ways to identify agencies that might be interested in the ARM program and workshops.

TIME: Approximately 2 hours

MATERIALS:

1. Session agenda
2. Newsprint
3. Markers
4. "Outreach Wheel" handout
5. Community maps and resource lists
6. "ARM Key Messages" handout

PREPARATION:

1. Develop a session agenda.

SESSION 13 PLAN

I. Welcome Participants and Review Session Agenda

II. Outreach (60 minutes)

1. Ask participants to share how they define outreach. Add the following if not mentioned:
   - Reaching out to specific groups of people
   - Making agencies aware of services/resources/workshops/other agencies
   - Taking program to the streets

2. Ask participants how they would identify agencies with which to share the ARM program. Add the following if not mentioned:
   - Identify agencies where you have connections or relationships
   - Make phone calls to known agencies, particularly social services agencies that target adults
   - Visit agencies by walking around the community
   - Distribute ARM business cards at community events
   - Collect business cards from interested persons

3. Break participants into three smaller groups and assign each group one of the following outreach situations:
   (1) At an organization that you belong to
   (2) At home with your friends
   (3) At an organization that serves parents in your community

4. Ask each small group to answer the following questions for their outreach situation:
   - Whom would you contact?
   - What would you say to get the person interested?
   - What type of follow-up would be necessary?
   - What could you do to increase the chances of good attendance?
   - What are some of the greatest concerns about coordinating workshops?

5. Have each group share their answers with the larger group.

6. Tell participants that their main outreach responsibilities are to: (1) Introduce the ARM Program and (2) Market the ARM workshops.

7. Review the following list, which contains talking points to market the ARM workshops:
   - They are free.
   - They are unique.
   - They can reduce a parent's fear and anxiety about sexuality conversations.
   - They teach parents accurate sexuality information and good communication skills.
   - They provide a safe environment for parents to share their concerns, frustrations, and successes.

8. Distribute any available community maps or resource lists that participants could use to start their outreach efforts. Ask participants to place a star next to their community networks.

9. Distribute "Outreach Wheel" handout. Ask participants to put their names in the circle.

10. Instruct participants to draw four lines off of the "Outreach Wheel" that represent four different organizations they belong to or are familiar with that serve adults and parents. Now ask participants to think about adults at these four organizations who have contact with other adult-friendly organizations. Write the names of those other organizations all around the wheel as well.

11. Ask for one or two participants to share their completed "Outreach Wheel" with the larger group.

12. Ask participants why they think they were asked to do this exercise. Ask if they can see themselves using the "Outreach Wheel" as a tool to identify agencies. Ask if there are any other tools that participants think they may need to identify agencies.

III. Key Messages (5 minutes)

1. Write on newsprint and review key messages of the training session:

KEY MESSAGES ON OUTREACH

1. **Outreach begins by identifying adult-serving agencies to which you are already connected, as well as others you know to exist.**
2. **After identifying an agency that serves adults and parents, an ARM's main outreach responsibility is to articulate why the ARM program and its workshops are beneficial.**

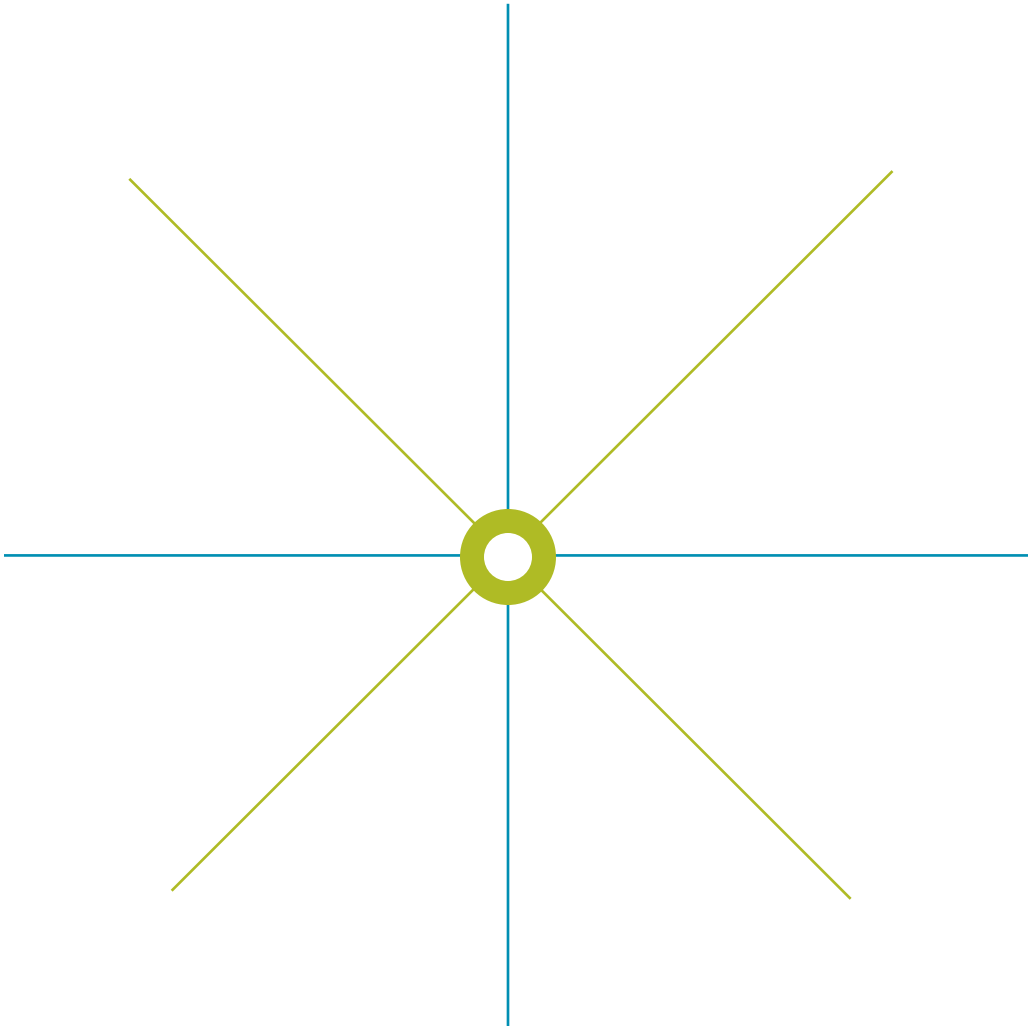
IV. ARM Key Messages Review (15 minutes)

1. Distribute "ARM Key Messages" handout and review with participants.

V. Question and Answer Session (up to 40 minutes)

1. Allow participants to ask any questions regarding Sessions #1-13 in preparation for their final exams.

OUTREACH WHEEL



ADULT ROLE MODEL KEY MESSAGES

Key Messages on Sexuality

1. Sexuality is more than sex.
2. Sexuality begins at birth and ends at death.
3. Sexuality is a significant part of who we are and is reflected in how we express ourselves to the world.

Key Messages on Values

1. Values are personal beliefs that affect how we think, feel, and act. Values can change over time with new knowledge and life experiences.
2. We all have different values and we need to be respectful of others' values.

Key Messages on the Male Reproductive System

1. Sperm are male reproductive cells.
2. Sperm travel from the testicles through the urethra and out of the penis.
3. Knowledge of the male reproductive system is an important first step in leading a sexually healthy life.

Key Messages on the Female Reproductive System

1. Knowledge of the menstrual cycle is important for a person's sexual health and to understand pregnancy.
2. For a pregnancy to occur the following steps need to take place:
   a. An egg is released from an ovary.
   b. The egg is fertilized by a sperm in the fallopian tube.
   c. The fertilized egg travels into the uterus and implants itself in the uterine wall.
3. Knowledge of the female reproductive system is an important first step in leading a sexually healthy life.

Key Messages on Child Sexual Development

1. Children begin their sexual development at birth.
2. Sexual health is more than physical; it includes behaviors, practices, values, and attitudes.
3. If parents understand the child sexual development stages, they are better able to support their children and guide them toward a sexually health adulthood.

Key Messages on Gender

1. Gender is taught—it is not innate.
2. Gender is the social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do.
3. Female and male gender roles are learned through messages from families, communities, and the media.

Key Messages on Sexual Orientation

1. Sexual orientation is not a choice. Everyone is born with a sexual orientation.
2. Homophobia is the irrational fear of homosexuals and it is always wrong.
3. Heterosexism is the assumption that everyone is and should be heterosexual. We can avoid heterosexism in our ARM workshops by not assuming that all parents and adults are heterosexual.

Key Messages on Birth Control Methods

1. Encourage the use of two methods to prevent against unintended pregnancy and sexually transmitted infections.
2. Birth control methods work by:
   a. Preventing sperm from passing through the cervix (barrier method).
   b. Preventing ovulation (hormonal method).
3. Emergency Contraception can prevent pregnancy up to 5 days after sex.

Key Messages on STIs and HIV

1. STIs, including HIV, are transmitted through vaginal, oral, and anal sex.
2. Abstinence and condoms are the most effective ways to prevent STIs including HIV.
3. Some STIs can be cured with medication but others, like HIV, can only be treated.
4. HIV is transmitted in blood, semen, vaginal secretions, and breast milk.
5. Include HIV and STI testing in routine health care.

Key Messages on Abortion

1. Abortion is a legal and safe service.
2. In New York State, the law states that adolescents do not need parental consent to have an abortion.

Key Messages on Education vs. Counseling

1. Understand your role as Adult Role Models.
2. Refer to your supervisor and other agency staff.
3. It is okay to not know the answer. Admit so and tell the person you will follow up if necessary.

Key Messages on Group Facilitation Skills

1. Setting a good stage for an ARM workshop includes: an inclusive room set-up, setting the right tone, establishing credibility, describing workshop goals, and establishing group agreements/group norms.
2. A challenging participant should be addressed accordingly, since he/she has the potential to disrupt a workshop setting.
3. Careful and reflective listening is a critical skill when facilitating. A facilitator should both present and listen well.

Key Messages on Outreach

1. Outreach begins by identifying adult-serving agencies where you already belong as well as others you know exist.
2. After identifying an agency that serves adults and parents, an ARM's main outreach responsibility is to articulate why the ARM program and its workshops are beneficial.

SESSION 14: FINAL EXAM

TIME: 1 hour

MATERIALS:

1. Final Exam
2. Pens or pencils

PREPARATION:

None

SESSION 14 PLAN

I. Final Exam (60 minutes)

1. Administer Final Exam to all participants and allow 60 minutes to complete.

ADULT ROLE MODELS TRAINING FINAL EXAM

Name: _____ **Date:** _____

I. PPNYC Knowledge

1. List 4 services offered at PPNYC.

(1) _____

(2) _____

(3) _____

(4) _____

2. Name the 3 NYC boroughs where PPNYC health centers are located.

(1) _____

(2) _____

(3) _____

II. Sexuality and Values

1. What is the relationship between sex and sexuality?

_____

_____

2. Give 2 examples of how a person's sexuality begins at birth.

(1) _____

_____

(2) _____

_____

3. What are values?

_____

_____

4. **Name 3 places where people get their values.**

(1) _____

(2) _____

(3) _____

5. **Should ARMs share their personal values during workshops? Why or why not?**

_____

_____

III. Anatomy and Reproduction

1. **What is the difference between sperm and semen?**

_____

_____

2. **How long can sperm live in a woman's reproductive tract (including the uterus and fallopian tubes)?**

_____

3. **What is ovulation?**

_____

4. **Where does fertilization occur?**

_____

5. **What occurs after the fertilization of the egg?**

_____

_____

6. **What happens in the menstrual cycle if fertilization does not occur?**

_____

_____

IV. Child Development and Sexuality

1. List one thing that is normal in each of the following sexual development stages:

(1) Birth-2 years (Infancy)

(2) 3-4 years (Toddler)

(3) 5-8 years (School Age)

(4) 9-12 years (Preteen)

(5) 13-18 years (Teen)

2. What does it mean to "take off the adult glasses?"

3. What are 3 things parents can do to support their children through a healthy child sexual development?

(1)

(2)

(3)

V. Gender and Sexual Orientation

1. Give a brief definition for the following:

(1) gender

(2) sexual orientation

2. How can gender roles hurt or limit our communities?

3. As ARMS, how can we avoid heterosexism in our workshops?

4. What is homophobia, and why does it hurt society?

VI. Birth Control

1. How do hormonal birth control methods work in the body?

2. How do barrier methods of birth control work in the body?

3. **Give 2 examples of hormonal methods.**

(1) _____

(2) _____

4. **Give 2 examples of barrier methods.**

(1) _____

(2) _____

VII. Sexually Transmitted Infections (STIs) and HIV

1. **List 2 differences between a bacterial and a viral STI.**

(1) _____

(2) _____

2. **What 4 body fluids may transmit HIV?**

(1) _____

(2) _____

(3) _____

(4) _____

3. **What is the most common symptom of an STI?**

_____

4. **Why is it important to promote dual methods of protection (for example, condoms + the birth control pill)?**

_____

_____

5. **As ARMs, what are 3 of the 5 STI and HIV messages you should communicate to the community?**

(1) _____

(2) _____

(3) _____

VIII. Abortion

1. **Is Emergency Contraception the same thing as abortion? Why or why not?**

2. **List 2 differences between a surgical and medication abortion.**

   (1) _____

   (2) _____

3. **As ARMS, what are the 2 abortion messages you should communicate to the community?**

   (1) _____

   (2) _____

IX. Education vs. Counseling

1. **What is the difference between an educator and counselor?**

2. **Give 2 reasons why ARMs should avoid the counseling role.**

   (1) _____

   (2) _____

X. Group Facilitation

1. **What are 3 things you can do to set a "good stage" for an ARM workshop?**

   (1) _____

   (2) _____

   (3) _____

BONUS QUESTIONS

1. Emergency Contraception must be taken within _____ days to be effective.

2. What is the telephone number of the PPNYC appointment line for all 3 health centers?

3. If a woman in your workshop said that she didn't think it was right to talk with her kids about sexuality until they were teenagers, how would you respond?

FINAL EXAM ANSWER KEY

I. PPNYC Knowledge

1. List 4 services offered at PPNYC.

Abortion, gyn exams, birth control, pregnancy testing, sexually transmitted infection (STI) examination and treatment (for men and women), HIV counseling and testing, Emergency Contraception

2. Name the 3 NYC boroughs where PPNYC health centers are located.

1. Brooklyn
2. Manhattan
3. Bronx

II. Sexuality and Values

1. What is the relationship between sex and sexuality?

Sex is a physical act. Sex is only one part of sexuality.

2. Give 2 examples of how a person's sexuality begins at birth.

1. Gender is taught through the colors we dress our children in (i.e., pink for girls, blue for boys).
2. Gender is also taught through the toys we give our children to play with (i.e., trucks for boys, dolls for girls).
3. Love and affection is experienced through cuddling, kissing, and breast-feeding.
4. Genital pleasure is experienced by infants from birth.

3. What are values?

Values are personal beliefs that affect how we think, feel, and act. Values can change over time with new knowledge and life experiences.

4. Name 3 places where people get their values.

Culture, religion, family, friends, media, education, community

5. Should ARMs share their personal values during workshops? Why or why not?

No. ARMs should neither share nor impose their values. ARMs should rely on agency values.

III. Anatomy and Reproduction

1. **What is the difference between sperm and semen?**

   Semen contains sperm, which are the main reproductive cells.

2. **How long can sperm live in a woman's reproductive tract (including uterus and fallopian tubes)?**

   Sperm can live up to 5 days in the female reproductive tract.

3. **What is ovulation?**

   Ovulation is the release of an egg from the ovary into the fallopian tube.

4. **Where does fertilization occur?**

   Fertilization occurs in the fallopian tubes.

5. **What occurs after the fertilization of the egg?**

   The fertilized egg travels into the uterus and implants itself in the uterine wall.

6. **What happens in the menstrual cycle if fertilization does not occur?**

   The build-up of the uterine lining sheds and menstruation begins.

IV. Child Development and Sexuality

1. **List one thing that is normal in each of the following sexual development stages:**

   (1) Birth-2 years old (Infancy)
   - Explore body parts.
   - Experience genital pleasure (from birth, boys have erections and girls lubricate vaginally).
   - Learn expected behaviors for boys and girls.

   (2) 3-4 years old (Toddler)
   - Become aware of and very curious about gender/body differences.
   - Begin masturbating.
   - Play house or doctor, or explore other forms of sex play with friends and siblings.
   - Establish a firm internal belief that they are male or female.
   - Copy adult sexual behaviors.
   - Be curious about their origins: "Where Did I Come From?"
   - Begin to repeat curse words.
   - Have fun with "bathroom humor" such as passing gas.

(3) 5-8 years old (School Age)

- Be very curious about pregnancy and birth.
- Have strong same-sex friendships. Children of another gender are often seen as gross or yucky.
- Begin to focus on peer group style of dress and speech.
- Discover his/her sexual orientation (this does not mean that the child is acting on the orientation).

(4) 9-12 years old (Preteen)

- Begin puberty (including menstruating for girls and wet dreams for boys).
- Feel anxiety about the ways in which their bodies are changing.
- Become more modest and desire privacy.
- Experience mood swings, and may direct occasional rudeness toward parents.
- Feel awkward and wonder "Am I Normal?"
- Question whether they are gay, lesbian, bisexual, and/or transgender.
- Develop romantic crushes on friends, older teens, celebrities, or sometimes teachers or counselors. Some may even have romantic and sexual fantasies.
- Continue to socialize mainly with same-sex friends.
- Masturbate to orgasm.
- Are likely to express feelings through action instead of words
- Are strongly influenced by peers, but parents remain the major source of values.

(5) 13-18 years old (Teen)

- Express his/her desire to be more independent.
- Look for ways to express his/her identity, including gender identity.
- Pull away from parents.
- Experience concern about sexual attractiveness/appearance.
- Participate in risk taking and experimentation.
- Face decisions about sex and drugs.
- Initiate sexual intercourse.
- Become involved in a "serious" relationship.
- "Come out" if he or she is gay, lesbian, bisexual or transgender.

2. What does it mean to "take off the adult glasses?"

When adults and parents try to see and understand a particular experience through the eyes of the child, as well as consider the sexual developmental stage of the child.

3. What are 3 things parents can do to support their children through a healthy child sexual development?

Refer to "How Parents Can Encourage Healthy Sexual Development" handout.

Examples:

- Hold, cuddle, and comfort your children.
- Use correct names for all body parts, including penis and vagina.
- Tell your children that their bodies are beautiful.

- Feed your children healthy foods.
- Help your children understand how male and female bodies grow and differ during puberty.
- Provide your children with a clear understanding of the family values regarding dating, marriage, and sexual relationships.
- Continue to answer your children's questions about sexuality honestly and openly.
- Reassure your children that differences in size, shape, and development among youth of the same age are normal.

V. Gender and Sexual Orientation

1. Give a brief definition for the following:

(1) **Gender:** The social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).

(2) **Sexual orientation:** Physical and/or emotional attraction to a person of the same or another gender.

2. How can gender roles hurt or limit our communities?

Gender roles often force people to do things and pursue careers that they are not passionate about. For example, girls may be encouraged to become teachers or nurses because these are seen as feminine jobs. However, some girls may want to become scientists or firefighters. If they are unable to pursue their dreams and interests, their communities suffer. How? Their communities could have gotten a brilliant scientist. Instead, they get an unhappy and bored teacher. The same goes for boys. Perhaps a boy wants to become a nurse but doesn't because of the messages he received as a child that nurses are women. Instead of a community getting a wonderful nurse, the boy is encouraged to pursue a different career, one that is considered more masculine and perhaps one that he does not excel at.

3. As ARMs, how can we avoid heterosexism in our workshops?

By not assuming that all parents and adults are heterosexual.

4. What is homophobia and why does it hurt society?

Homophobia is an irrational fear of those who are attracted to people of the same gender. All forms of discrimination and prejudice hurt society by limiting the freedoms and opportunities of certain groups of people.

VI. Birth Control

1. How do hormonal birth control methods work in the body?

1. Prevent ovulation
2. Thicken cervical mucus to block sperm from entering uterus
3. Prevent implantation by altering uterine lining

2. **How do barrier methods of birth control work in the body?**

   Prevent sperm from passing through cervix into uterus.

3. **Give 2 examples of hormonal methods.**

   (1) Oral Contraception (the Pill)
   (2) Depo-Provera (the Shot)
   (3) NuvaRing (the Ring)
   (4) Ortho Evra (the Patch)
   (5) Mirena—type of Intrauterine Device (IUD)

4. **Give 2 examples of barrier methods.**

   (1) Female Condom
   (2) Condom
   (3) Diaphragm
   (4) Cervical Cap
   (5) ParaGard—type of Intrauterine Device (IUD)

VII. Sexually Transmitted Infections (STIs) and HIV

1. **List 2 differences between a bacterial and a viral STI.**

   (1) Bacterial STIs are caused by bacteria and can be cured with antibiotics.
   (2) Viral STIs are caused by a virus and cannot be cured but can be treated with medication.

2. **What 4 body fluids may transmit HIV?**

   (1) Semen
   (2) Vaginal fluids
   (3) Breast milk
   (4) Blood

3. **What is the most common symptom of an STI?**

   No symptoms

4. **Why is it important to promote dual methods of protection (for example, condoms + the birth control pill)?**

   To prevent both pregnancy and the transmission of STIs/HIV.

5. **As ARMs, what are 3 of the 5 STI and HIV messages you should communicate to the community?**

   (1) STIs, including HIV, are transmitted through vaginal, oral, and anal sex.
   (2) Condoms and abstinence are the most effective ways to prevent STIs, including HIV.
   (3) Some STIs can be cured with medication but others, like HIV, can only be treated.
   (4) HIV is transmitted in blood, semen, vaginal secretions, and breast milk.
   (5) Include HIV and STI testing in routine health care.

VIII. Abortion

1. **Is Emergency Contraception the same thing as abortion? Why or why not?**

   No. Emergency Contraception prevents a pregnancy from forming by preventing ovulation, fertilization, and possibly implantation. In contrast, an abortion ends an already developing pregnancy.

2. **List 2 differences between a surgical and medication abortion.**

   Surgical abortion facts:
   - Legal since 1973
   - Safe—one of the safest surgeries
   - Over 90% of surgical abortions take place during the first trimester (before 13 weeks)
   - First-trimester abortion procedures usually take less than 10 minutes
   - Surgical abortions are available in some states up to 24 weeks (these procedures take longer)

   Medication abortion facts:
   - Has been approved for use in the United States since 2000
   - You must be under 9 weeks pregnant to use this method
   - Medication abortions are 99% successful
   - A small number of medication abortions will require a surgical abortion procedure (about 1%)

3. **As ARMs, what are the 2 abortion messages you should communicate to the community?**

   (1) Abortion is a legal and safe service.
   (2) In New York State, the law states that adolescents do not need parental consent to have an abortion.

IX. Education vs. Counseling

1. **What is the difference between an educator and counselor?**

   Educator: A person who is trained to provide information and teach skills.

   Counselor: A person who is trained to help people explore their feelings and provide guidance and emotional support.

2. **Give 2 reasons why ARMs should avoid the counseling role.**

(1) Lack of counseling training
(2) Potential harm to personal relationships
(3) You could create a barrier to professional care

X. Group Facilitation

1. What are 3 things you can do to set a "good stage" for an ARM workshop?

(1) Create an inclusive room set-up
(2) Set the right tone
(3) Establish credibility
(4) Describe workshop goals
(5) Establish group agreements

BONUS QUESTIONS

1. Emergency Contraception must be taken within 5 days to be effective.

2. What is the telephone number of the PPNYC appointment line for all 3 health centers?

1-800-230-PLAN or 212-965-7000

3. If a woman in your workshop said that she didn't think it was right to talk with her kids about sexuality until they were teenagers, how would you respond?

As we now know, sexuality begins at birth and ends at death. Therefore, conversations about sexuality are lifelong. They should not be limited to a one-time, sit-down event. They should be ongoing. The teenage years are not the best time to start a conversation. The child has received messages about sexuality since birth and has also experienced sexuality.

SESSIONS 15-20: WORKSHOP 1 FACILITATION

GOAL:

1. To train participants to become effective peer workshop facilitators.

OBJECTIVES:

At the end of the session, participants will be able to:

1. Facilitate Workshop 1: "Talking to Your Children about the Facts of Life."

TIME: Approximately 3 hours

MATERIALS:

1. Session agenda
2. Workshop 1 Facilitator Script and handouts
3. Workshop Observation Form

PREPARATION:

1. Develop a session agenda.
2. Prepare binders with Workshop 1 Facilitator Script and handouts.

SESSIONS 15-20 PLAN

I. Welcome Participants and Review Session Agenda

1. Explain to participants that the next five sessions (it will take approximately five sessions for a training group of 10) will be "practice sessions" for them to learn how to facilitate Workshop 1, "Talking to Your Children about the Facts of Life."
2. Divide the group into teams of two, to first co-facilitate half of the workshop, then the entire workshop. The participants should also be instructed to provide each other with constructive feedback following each mock presentation. (Depending on the participants' skills and comfort, additional practice sessions may be needed to prepare the ARMs to conduct Workshop 1. In fact, it is prudent to have enough flexibility in the overall training schedule to provide any additional support needed to help the ARM participants learn the required information and skills.)
3. Explain how the ARM Workshop Observation Form can be used as a way to give and receive workshop-facilitation feedback.

VII. LOOKING FORWARD

Implementing the ARM program has been rewarding on a number of levels—from witnessing the "light" in parents' eyes when they learn new techniques for answering their children's questions about sexuality, to hearing anecdotes from the ARMs about how their involvement in the program has given them marketable skills, to generating reports that confirm that our workshops lead to an increase in participant knowledge about sexuality.

In 2009 PPNYC was awarded a National Institutes of Mental Health grant, along with partners at Albert Einstein College of Medicine who work with adolescents, to conduct a rigorous program evaluation. In this three-year study, we will measure the ARM program's impact on 14-to-17-year-old adolescents involved in a sexuality education program. The intervention group's parents will participate in the ARM workshop series, while the control group's parents will not. The study will investigate the impact of the ARM workshop series on the adolescents' sexual risk behaviors. We look forward to sharing those results as the study progresses.

PPNYC encourages other organizations to consider using or adapting the ARM program model for their respective communities. In fact, we have already assisted a Planned Parenthood affiliate in doing so. Planned Parenthood of Palm Beach and Treasure Coast Area began an adaptation of the ARM model in 2002 in four diverse communities and has graduated several groups of ARMs.

In addition to this manual, PPNYC can provide on-site training opportunities to organizations interested in adapting the ARM program model. Trainings will elaborate on the material in this manual and can be tailored to help you address agency-specific needs. Contact us for more details about our on-site training opportunities.

We look forward to working with you to implement or strengthen a parent peer education program!

VIII. WORKSHOP 1 FACILITATOR SCRIPT

TALKING TO YOUR CHILDREN ABOUT THE FACTS OF LIFE

GOAL:

1. To build knowledge about the concept of sexuality and parent-child communication techniques.

OBJECTIVES:

At the end of the session, participants will be able to:

- Define sexuality.
- Identify the importance of talking to their children about sexuality.
- Identify the benefits of beginning sexuality education with their children early.
- Demonstrate techniques to encourage open communication with their children about sexuality.

SECTIONS AND TIME:

1. Introduction and Surveys . . . . . 10 minutes
2. Group Agreements. . . . . 5 minutes
3. Icebreaker. . . . . 15 minutes
4. Defining Sexuality. . . . . 20 minutes
5. True or False . . . . . 25 minutes
6. 4 Steps to Answering a Child's Questions about Sexuality. . . . . 20 minutes
7. Teachable Moments . . . . . 20 minutes
8. Summary and Surveys. . . . . 5 minutes

Total: . . . . . 2 hours

MATERIALS:

- Newsprint
- Masking tape
- Markers
- Pens or pencils
- Standard ARM Forms:
  - Workshop Summary Form
  - Workshop 1 Certificates

NECESSARY HANDOUTS AND PAPERS:

- Handout #1, "Is It True for You?"
- Handout #2, "Definition of Sexuality"
- Handout #3, "4 Steps to Answering a Child's Questions about Sexuality (with Role Plays)"
- Handout #4, "Teachable Moments"
- Handout #5, "Additional Tips for Answering a Child's Questions about Sexuality"
- "Hey, What Do I Say?" marketing postcard or booklet
- PPNYC Health Services cards
- Emergency Contraception information palm card
- 4 Steps magnet incentive

1. INTRODUCTION (10 minutes)

SUPPLIES:

- Newsprint
- Prepared List of PPNYC Services
- Markers
- Tape

Introduce Yourself and Workshop #1

"Hello, my name is _____, and this is my co-facilitator, _____. We are Adult Role Models from Planned Parenthood of New York City. That means we have received ongoing training and education on sexuality topics. Today we will be talking about a challenging topic, how to talk with your children about sexuality. This is really hard for parents. I know because I am a parent too.

Today's Workshop #1 is titled *Talking to Your Children about the Facts of Life*. Because this is such a challenging topic for parents, Planned Parenthood of New York City trained people from the community, such as myself, to come out and address your fears about having conversations about sexuality with your children. Today you will learn skills and techniques to make this important communication easier."

We can set the tone for a good workshop with a friendly and well-spoken introduction. We also gain our credibility as educators during the introduction.

While we add our own flavor and style to the Introduction we need to make sure to always include the following:

- Your name.
- The name of your co-facilitator.
- That you are an A-R-M. (Spell this out and explain what it stands for.)
- That you are from Planned Parenthood of New York City.
- That you have been trained for more than two months on sexuality topics.
- The name and title of Workshop 1: *Talking to Your Children about the Facts of Life.*

When introducing Workshop 1, always be sure to include:

- The title.
- That we will be discussing a difficult, challenging topic.
- That the workshop should reduce fears and/or anxieties about communicating with children.
- Participants will gain skills and techniques to make communication easier and more effective.
- The Workshop Certificates that participants will receive at the end of the workshop.

Introduce PPNYC

Now we want to talk a little about Planned Parenthood of New York City. Raise your hand if you've heard of PPNYC.

Tell me what you know about PPNYC. I'll list your responses on newsprint.

Thank you. PPNYC provides a variety of reproductive health care services, including some you mentioned. PPNYC offers:

- **Gyn exams**
- **Birth Control**
- **Pregnancy Testing**
- **Abortion**
- **Sexually Transmitted Infections (STIs) Examination and Treatment (for men and women)**
- **HIV Counseling and Testing**
- **Emergency Contraception***

Who can tell us what EC is?

*Add if necessary: Emergency Contraception (EC), is a safe emergency birth control method available to individuals at Planned Parenthood of New York City. EC can be used as soon as possible after unprotected sex to prevent a pregnancy from occurring. You can take EC up to 5 days after unprotected sex, but the sooner the better. No appointment is necessary to get EC at a Planned Parenthood health center. EC is available without a prescription to people 17 and over. People 16 and under need a prescription to get EC. Although teens are encouraged to involve their parents, parental consent is not necessary to access confidential health services anywhere in the state of New York.

If you do not have health insurance, you can still come to PPNYC. PPNYC counselors can help you find out if you can get Medicaid or other health insurance. Depending on your income and the services you need, we also may be able to offer you services at no or low cost.

PPNYC also provides sexuality education to adults and youth in the community. I will hand out pamphlets about PPNYC services including contact information at the end of this workshop.

Now we'd like to have everyone introduce themselves. As we go around, please tell us your name and the number and ages of all the children in your life.

Thank you, everyone, for sharing. You all have a good reason to be here—you have important children in your lives who need sexuality information!

2. GROUP AGREEMENTS (5 minutes)

SUPPLIES:

- Newsprint
- Markers
- Tape

Brainstorm Group Agreements

Before we begin the workshop, I would like to develop a list of group agreements or guidelines on newsprint so that everyone will be comfortable participating and the workshop can go smoothly. What rules would you need in order for you to participate and have fun at this workshop?

We also have some we'd like to share:

- **Confidentiality: Please respect the privacy of other members of the group.**
- **Be mindful of what you share: Remember these are our neighbors, and they'll remember what you've shared.**
- **Everyone has the right to their opinion: Respect everyone's opinion, even if it is not the same as yours.**
- **One microphone: One person speaks at a time.**
- **Stick to the topic: There's a lot of important information we need to get through in a short time. We'll let you know when something may need to wait until the end of the workshop.**

Can we all agree to follow these while we are together today? Great! We will post our agreements on the wall so we can refer to them if necessary. Thank you.

3. ICEBREAKER: "IS IT TRUE FOR YOU?" (15 minutes)

SUPPLIES:

- Pens or pencils
- "Is It True for You?" (Handout #1)
- Prizes

Introduce Icebreaker

Since we will be talking about such a challenging topic, I thought it would be fun to start the workshop with an icebreaker called "Is It True for You?" To begin, I am giving everyone a sheet of paper with different statements on it.

Please decide beforehand with your facilitator on Icebreaker A or B.

Icebreaker A (Hands-up Version)

Now we are going to read the statements one by one, and we'd like you to place a ✓ next to the statements on your sheet that are true for you.

Please go down the sheet and only place a ✓ next to the statements that are true, or real, for you. For example, if you watch television with your children, place a ✓ on the line next to statement #1.

Any questions? Let's begin.

Now I'm going to read through the statements again, one by one. After I read a statement, I'd like you to raise your hand if you have a ✓ next to the statement. Please notice for which statements there were more hands up and for which statements there were fewer hands up around the room.

Ask the Following Process Questions

Use DISCUSSION POINTS FOR ICEBREAKER (on page 196) to answer these Process Questions.

Now that we've shared what's true for each of us, let's think about our responses as a group.

1. **For which statements were there few hands up?**
2. **Which statements on your sheet do not have a ✓?**
3. **Why do you think these statements were without a check?**

Icebreaker B (Stand-up Version)

Now that you have heard all the statements, I want everyone to stand, introduce yourself to as many people as possible, and ask them to sign or place a ✓ next to a statement that is true for them. Only one signature is allowed per person.

You will have 5 minutes to exchange sheets and then will have to sit down.

Ask the Following Process Questions

Use DISCUSSION POINTS FOR ICEBREAKER (on page 196) to answer these Process Questions.

Now that we've shared what's true for each of us, let's think about our responses as a group.

1. **For which statements did you have difficulty finding signatures?**
2. **Which statements are still blank on your sheet?**
3. **Why do you think these statements were without a signature?**

DISCUSSION POINTS FOR ICEBREAKER

ICEBREAKER A (HANDS-UP VERSION) "For which statements were there few hands up?" and "Which statements on your sheet do not have a ✓"?

ICEBREAKER B (STAND-UP VERSION) "For which statements did you have difficulty finding signatures?" and "Which statements are still blank on your sheet?"

Response for Statements #1 & #2

We may not be in tune with or aware of the sexual messages our children receive from the music they hear or the television programs they watch if we never watch or listen along with them. That's why it is important to share this experience with our children.

Response for Statements #3 & #4

Some of us may have received sexuality information from our parents, some may not. Regardless, many children today receive sexuality information from other family members or friends. Therefore, we may need to share the information from today's workshop with the other adults in our children's lives.

However, whenever possible, it is important that parents be the primary educators for their children.

Response for Statement #5

Some children ask fewer questions about sexuality than others. However, every parent should expect questions from their children at some point. It is normal and healthy for children to be asking about sex and sexuality. It is great that they are coming to you for their sexuality information—it shows they trust you and want your opinion and values.

Response for Statement #6

Some of the questions children ask are more surprising than others. This workshop will show you how to handle these sexuality questions, including the most shocking and challenging questions.

Responses for Statements #7

Most parents and adults do not feel very comfortable talking to children about sexuality. Maybe that's why a lot of you are here today. We may never feel completely comfortable talking with our children about sexuality. However, we can begin to build our skills and confidence so we can help our children get the information they need to make healthy decisions, whether we're completely comfortable or not.

Responses for Statements #8

Many people still find it difficult or embarrassing to say the words "penis," "vagina," or "vulva" to a child. Even though penis and vagina are the proper and correct words, many did not hear these words as children. Instead, they may have heard nicknames that taught them that penis and vagina are dirty words.

Responses for Statements #9

Having a conversation about puberty with your child is an example that you are comfortable with sexuality conversations—maybe some of us still find a conversation about puberty difficult. We will learn today how this can be easier.

4. DEFINING SEXUALITY (20 minutes)

SUPPLIES:

- Newsprint
- Markers
- "Definition of Sexuality" (Handout #2)
- Tape

Brainstorm Definition of Sexuality

Before we discuss how to talk with our children about sexuality we must first look at what sexuality is and what it means to us. When I say sexuality, what comes to mind? We will list your responses on newsprint.

Review Definition of Sexuality

I have a definition of sexuality that I want to share with you. When everyone receives the handout titled "Definition of Sexuality" we will begin.

Sexuality includes some of the things that we listed and more. Let's read the definition and look at the Sexuality Pie together.

Ask the Following Process Questions

Remember that these are the participants' experiences and feelings. Therefore there shouldn't be a debate.

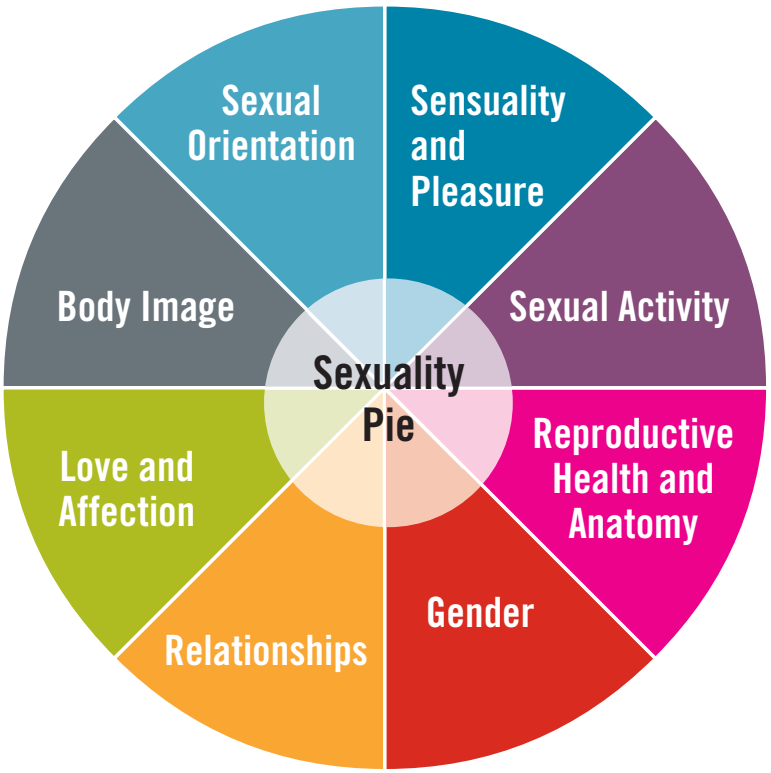
1. **How do you feel about this definition and the sexuality pie?**
2. **Do you find it easy or difficult to talk about these things that make up sexuality? Why?**
3. **Do you find it easy or difficult to talk to your children about sexuality? Why?**
4. **Why is it important for parents to talk to their children about sexuality?**

"DEFINITION OF SEXUALITY" HANDOUT REVIEW

Sexuality is a significant part of who we are and it is reflected in how we express ourselves to the world. Sexuality is more than sex. It is a physical, mental, emotional, and spiritual journey from birth until death.

Sexuality includes:

- **Anatomy and Reproductive Health**—Includes biological sex, puberty, birth control, safer sex, sexually transmitted infections (STIs), HIV, pregnancy, childbirth, menopause, hygiene, and general health care.
- **Gender—**Social and cultural expectations about what it means to be masculine or feminine. For example, how people should act, look, and even what activities and jobs they can do based on their biological sex (these expectations are sometimes called gender roles).
- **Relationships**—Connections between people. Includes behaviors, expectations, satisfaction, and abuse.
- **Love and Affection**—How we express love and affection to friends, family, and romantic partners.
- **Body Image**—How we feel about our bodies, how we treat our bodies, and how attractive we feel.
- **Sexual Orientation—**Physical and/or emotional attraction to a person of the same or another gender. Examples of sexual orientation include heterosexual, homosexual, bisexual, etc.
- **Sensuality and Pleasure**—Accepting and enjoying our own bodies and accepting and enjoying the bodies of our sexual partner(s).
- **Sexual Activity**—Acts of intimacy such as hugging, kissing, touching, and sexual intercourse.



5. TRUE OR FALSE (25 minutes)

The True or False exercise gives you the opportunity to know where your audience is on the topic and allows you to dispel some myths.

To run this exercise, read one statement at a time. After you read the statement, ask by a show of hands who thinks the statement is true. Then ask by a show of hands who thinks the statement is false.

After the participants vote, ask for one or two volunteers to share with the group why they chose their answer. Ask the participants who chose the incorrect response to share first.

Introduce True or False Activity

Everyone has shared some good comments. Today I will be giving you techniques on how to start the communication process with your child and how to keep the communication going. But before I give you the techniques, I would like to do an activity that will give us more information about sexuality. This activity is called True or False. The way we play this activity is that I will read a statement and you will tell me whether you think it is true or false. Are there any questions?

1. **Masturbation can cause harmful effects.**

   - **Raise your hand if you think this is true. Raise your hand if you think this is false.**
   - **Why did you choose your answer?**
   - **It is False. Masturbation has not been shown to cause any physical or emotional damage. Masturbation is a healthy practice. People masturbate from infancy through adulthood.**

   In fact, emotional damage can occur when children are told it is bad or if they are scolded for masturbating. For example, if a parent walks in and sees a child masturbating and yells at him/her or says that he/she is dirty, what is the message they are sending the child? ANSWER: They are sending a negative message about the penis or vagina. They are saying it is not okay to touch yourself.

   We have to remember to "Take Off the Adult Glasses" when thinking about and discussing masturbation with our children. Try to see masturbation through their eyes. Through masturbation, they are experimenting and exploring their own bodies. That is a basic healthy right that we all have, including children and teens. In addition, studies have shown that teens who understand how their own bodies work are more likely to be empowered to delay sex until they feel ready and are more likely to use condoms when they are ready.

2. **The best time to start a conversation with a child about sexuality is at age 12.**

   - Raise your hand if you think this is true. Raise your hand if you think this is false.
   - Why did you choose your answer?
   - It is False. As we now know, sexuality begins at birth and ends at death. Therefore, conversations about sexuality are lifelong. They should not be limited to a one-time, sit-down event. They should be ongoing.

     The age of 12 is not the best time to start a conversation. The child has received messages about sexuality since birth and has also experienced sexuality. For example, by the age of 12 most children will have received messages about how to act like a boy or a girl. Most children have also begun to experience puberty and their first romantic crushes. However, if you haven't started yet, it's not too late.

3. **Conversations about sexuality should be between a parent and child of the same sex.**

   - Raise your hand if you think this is true. Raise your hand if you think this is false.
   - Why did you choose your answer?
   - It is False. Sex is not the key factor. What is more important is which parent is available and feels comfortable talking to the child about sexuality. It may also be helpful for the child to talk to the parent of another sex openly about sexuality—it sets up a good model for talking comfortably about sexuality with those of another sex.

4. **A person who receives sex education is less likely to engage in unprotected* sexual activity.**

*You may have to define "unprotected" as sexual activity that could lead to unplanned pregnancy or sexually transmitted infections. For example, sexual intercourse without a male or female condom.

- **Raise your hand if you think this is true. Raise your hand if you think this is false.**
- **Why did you choose your answer?**
- **It is True. Knowledge is power! More information gives a person more options to remain safe.**

  Research has shown that when parents have open communication with their children about sexuality, their children are more likely to postpone sexual activity and use birth control more regularly.

  Also, recent studies show that the number-one reason for children delaying intercourse is because it is against their family values.

5. **Parents should speak to boys earlier and more often about sexuality.**

- **Raise your hand if you think this is true. Raise your hand if you think this is false.**
- **Why did you choose your answer?**
- **It is False. Male and female children both need the same information. Boys or girls who don't have the information will be less prepared when it is time for them to make decisions about their relationships, sexual activities, and health. It is also important to help our children confront gender stereotypes and we can do this by talking to both boys and girls about the same sexuality issues.**

Ask the Following Process Questions

1. **How did it feel to hear some of the information that we shared during this exercise?**
2. **What impact do you think some of this information will have on your communication with your children?**

6. 4 STEPS TO ANSWERING A CHILD'S QUESTIONS ABOUT SEXUALITY (20 minutes)

SUPPLIES:

- Newsprint
- "4 Steps to Answering a Child's Questions about Sexuality (with Role Plays)" (Handout #3)
- Markers
- Tape

Introduce 4 Steps to Answering a Child's Questions about Sexuality

In the beginning of this workshop I told you that I would be giving you some techniques on how to talk with your children about sexuality…well, here they are.

As parents we can become nervous and shocked by certain questions our children may ask, and we may not know exactly how to respond. The technique I'm about to show you will help you manage your nervousness and answer the child's question calmly and according to YOUR values.

I'm handing out a handout called "4 Steps to Answering a Child's Questions about Sexuality." When everyone gets a copy, we will begin with Step 1.

1. **Normalize and validate the child's question, and then ask the child why he or she is asking you that question: "That's a really good question. How come you are asking me that today?"**

   (Ask Participants) **Why do you think this is an important step?**

   (Answer) **This step is helpful in reassuring the child that his or her question is normal. This step is helpful in finding out where the child is coming from and where he/she is getting the information. This question should be asked with a calm and warm tone.**

Note: Give the participants a chance to answer the question before giving them the answer. If someone gives you the correct response, say, "Yes, you are correct" or "Thank you for sharing."

2. **Ask the child what he or she thinks the answer is.**

(Ask Participants) **Why do you think this is an important step?**

(Answer) **This step is helpful in finding out how much information the child has and how you should respond. It also gives an idea of the child's vocabulary and words.**

3. **Answer the question honestly based on the child's answer and your personal values.**

(Ask Participants) **What is a value?**

(Answer) **Values are personal beliefs that affect how we think, feel and act. Values can change over time with new knowledge and life experiences.**

(Ask Participants) **Why do you think it is important to answer the question honestly and based on your values?**

(Answer) **This step allows you to share your values with your child. Children need correct information and values to guide them in developing sexually healthy attitudes.**

(Ask Participants) **If you tell your child a myth or a lie, what message are you sending?**

(Answer) **You are not comfortable enough to give a truthful answer and you are not a good source of information. Remember, they may already know the answer and may be testing you to see if you are a reliable source of information.**

(Ask Participants) **If you tell your child that you don't want to talk about it, or to go ask someone else, what message are you sending?**

(Answer) **You are not open to questions about sexuality.**

4. **Ask the child if he or she understands your answer: "Does that answer your question?"**

(Ask Participants) **Why do you think this is an important step?**
(Answer) **It allows you to make sure the child understood your answer and that your answer addressed what he or she was really asking.**

(Ask Participants) **What can you do if the child says "no"?**
(Answer)
- **Try to use different or fewer words.**
- **Speak more slowly.**
- **Sometimes you can use another resource, such as a book or Internet site, to better answer the question.**

Introduce Role Plays

(Based on the ages of the children of the parents in the room, use the role plays for younger children or for older children below. Whichever role plays are not discussed in the workshop, encourage them to review at home.)

Role Plays for Younger Children (in Handout #3):

Now that we have reviewed the 4 Steps to Answering a Child's Questions about Sexuality technique, let's practice the technique. The scenarios we will use today focus on younger children, but this technique could be used with older children as well. We are going to read the scenarios on the back of your "4 Steps" handout. Let's turn to them now. We need two volunteers to read Role Play 1 aloud to the group. (After two are selected) **Thank you, let's begin.**

HANDOUT REVIEW: ROLE PLAY 1

Child: Mom, why do you have breasts and I don't?
Parent (Step 1): That's a good question! How come you're asking that question today?

Child: Because you look different than me.
Parent (Step 2): Why do you think I have breasts and you don't?

Child: Because I'm too little.
Parent (Step 3): You're right. Your breasts are not fully grown yet.

Parent (Step 4): Does that answer your question?
Child Yes. Thanks, Mom.

How would you answer the question if the child were a boy?

Thank you for sharing. We also have a possible response for you: "You don't have breasts because boys don't have breasts. They have a chest. That's one difference between boys and girls."

Now let's go on to Role Play 2, which is a little more difficult.

HANDOUT REVIEW: ROLE PLAY 2

Child:	Where do I come from?
Parent (Step 1):	That's a great question for someone your age. How come you're asking that question today?
Child:	Because Mark said that a mailman brought him to his mother.
Parent (Step 2):	Where do you think you come from?
Child:	I don't know.
Parent (Step 3):	Babies came from a uterus, which is in a mother's belly.
Parent (Step 4):	Does that answer your question?
Child	No, I don't understand.
Parent:	(Insert your thoughts here) _____

We left the last step blank because everyone will have a different answer. There IS NO ONE PERFECT ANSWER. I would like a few volunteers to share their answers for Step 4.

Great, and we have another possible response for you: "The uterus is where a baby grows. It's a soft, warm, and safe place below the mother's belly button." (Point to the body's uterus area.)

Let's go on to our Role Play 3, which involves values.

HANDOUT REVIEW: ROLE PLAY 3

Child: Daddy, when can I have a baby?
Parent (Step 1): That's a really interesting question. How come you're asking that question today?

Child: Because I like babies.
Parent (Step 2): When do you think you can have a baby?

Child: When I grow up.
Parent (Step 3): (Insert your thoughts here) _____

Parent (Step 4): Does that answer your question?
Child: Yes, I understand I can't have a baby now.

We left the third step blank because everyone will have a different answer. There IS NO PERFECT ANSWER. Your answer should be based on your values. I would like a few volunteers to share their answers for Step 3 and tell the group the personal value behind it.

Thanks for sharing. We also have examples of other answers that are based on different values. (Skip any already mentioned by the participants.)

1. **"When you're married."**
   Value: People should not have children outside of marriage.

2. **"When you're an adult."**
   Value: Having babies is an adult responsibility.

3. **"When you finish school and can handle the responsibilities of having a child."**
   Value: Education is important. People should finish school before having children.

Role Plays for Older Children (in Handout #3):

Now that we have reviewed the 4 Steps to Answering a Child's Questions about Sexuality technique, let's practice the technique. The scenarios we will use today focus on older children, but this technique could be used with younger children as well. We are going to read the scenarios for older children on the back of your "4 Steps" handout. Let's turn to it now. We need two volunteers to read Role Play 1 aloud to the group. (After two are selected) **Thank you, let's begin.**

HANDOUT REVIEW: ROLE PLAY 1

5th-grade child: What's a wet dream?
Parent (Step 1): That's a very important and normal question for someone your age. What makes you ask me this today?

5th-grade child: Mark said he had a wet dream because he woke up with wet sheets. And Jon said his older brother told him a wet dream is cool.
Parent (Step 2): Well, what do you think a wet dream is?

5th-grade child: I don't know, but how could wet sheets be cool?
Parent (Step 3): Wet dreams may leave a wet spot on sheets, and that's because when you have one, a white liquid called semen comes out of the penis. It's normal for wet dreams to first happen during puberty, and it is a healthy sign of growing up. I have a book where you can read about wet dreams and other things boys your age will experience during puberty.

Parent (Step 4): Does that answer your question?
5th-grade child: Yeah, I get it now.

What did this parent learn by using the 4 Steps technique?

We also have a possible answer to share: The parent learned the child is getting information from friends, Mark and Jon, and Jon's older brother. The 4 Steps can give you information about who your children are talking with about sexuality topics.

Now let's go on to Role Play 2, which is a little more difficult.

HANDOUT REVIEW: ROLE PLAY 2

7th-grade child: Dad, can I get HIV from a toilet seat?

Parent (Step 1): Wow, that's a really good question. How come you're asking this question today?

7th-grade child: Because in gym class Monica said you shouldn't sit on the toilet seat in case someone with HIV sat on it.

Parent (Step 2): Do you think you can get HIV from a toilet seat?

7th-grade child: No. I don't think Monica knows what she's talking about.

Parent (Step 3): You're right, you can't get HIV from a toilet seat. And if you'd like, we can look online for more information about HIV and how it's transmitted, because I don't know that much about it myself.

Parent (Step 4): Does that answer your question? Do you want to go on the Internet to find out all the ways someone can protect themselves from getting HIV?

7th-grade child: Yes. Let's look it up now.

This role play highlights that it's okay not to know the answer to a question about sexuality! Besides going on the Internet, what else could a parent do if he or she doesn't know the answer to a question his or her child asks about sexuality?

We have another possible answer to share: Parents can use books, pictures, and other sources to teach their children about sexuality topics. Going on the Internet with them to look up information is important, because a parent can help find sites that are trustworthy and give accurate information. We will also give you some reliable sites at the end of the training.

Now let's go on to Role Play 3. You do not need to read what's in parentheses.

HANDOUT REVIEW: ROLE PLAY 3

11th-grade child: Mom, do you know what the "morning-after pill" is?

Parent (Step 1): That's a really interesting question. What makes you ask me that today?

11th-grade child: Because Leticia said that her sister Rachel took it so she wouldn't get pregnant.

Parent (Step 2): Well, what do you know about this pill?

11th-grade child: I don't know. I know that Rachel and her boyfriend just starting having sex and they were using condoms. Rachel said the condom broke the last time they had sex. She took the "morning-after pill" so she wouldn't get pregnant. But isn't it too late—I mean, they already had sex?

Parent (Step 3): Well, I just learned about this myself. It's actually called Emergency Contraception. It's a safe and effective method that a woman can use **after** she has had unprotected sex but **before** she gets pregnant. It's not just the "morning-after pill," because a woman can actually take it up to 5 days after she has had unprotected sex, but the sooner she takes it, the better it works to prevent a pregnancy (FACT).

Parent (Step 4): These are complicated issues that I'm glad we can talk about. I hope if you have other questions about birth control, you can come to me, although you know I'm hoping you wait until you're older to have sex (VALUE). Does this answer your question?

11th-grade child: Yeah, it makes more sense now. I know I can talk to you, Mom. Thanks!

First, let's define unprotected sex. Unprotected sex is sex that can lead to an unplanned pregnancy or sexually transmitted infection; for example, intercourse without a male or female condom.

The mom and daughter in this role play were talking about Emergency Contraception, which we will hand out more information about at the end of this workshop.

In this role play we see how we can combine accurate information with our values. For example, the mother says she prefers her daughter to wait to have sex until she's older. Can someone share what he or she would have said to their child about having sex? Also tell us what value is represented in your answer/response.

Thank you for sharing. We also have examples of other answers that are based on different values. (Skip any already mentioned by the participants.)

1. **"When you're married."**
   Value: People should not have children outside of marriage.
2. **"When you're an adult."**
   Value: Having babies is an adult responsibility.
3. **"When you finish school and can handle the responsibilities of having a child."**
   Value: Education is important. People should finish school before having children.

7. INTRODUCE TEACHABLE MOMENTS (20 minutes)

SUPPLIES:

- "Teachable Moments" (Handout #4)
- "Additional Tips for Answering a Child's Questions about Sexuality" (Handout #5)
- Newsprint
- Markers

Now, I realize that some parents may have older children who may not be asking questions. It is normal for teenagers to seek independence and to pull away a bit. So we also have a technique to start a conversation with older children.

We use something called Teachable Moments. Teachable Moments are opportunities we can use to find out what our children think about certain topics, educate our child about a subject, including sexuality, or share our views on that subject without being so obvious. Teachable Moments can be used with younger children as well.

You can have a Teachable Moment when you walk in and hear your teen listening to music that has sexually explicit lyrics. What are some other times when we might create a Teachable Moment?

(List examples on newsprint. Add the following examples if not listed:

- **Watching television**
- **Visiting an Internet site**
- **Personal experiences**
- **Experiences of family members, friends, etc.**
- **Reading the newspaper or magazines**)

Review Techniques for Using Teachable Moments

As a parent you want to use the Teachable Moment to open the door to talking and to keep it open. Here are some ways to help you do just that. We are going to pass out a handout titled "Teachable Moments."

HANDOUT REVIEW: HOW TO OPEN THE DOOR AND KEEP THE DOOR OPEN

Step 1: Initiate a conversation at the appropriate time, about issues that are relevant to the child (meet him or her where he or she is at).

Step 2: ASK the child his or her feelings about the issue. For example, ask "What do you think about that?"

Step 3: Listen! Be willing to hear his or her story. Afterward, you can add accurate information and your values.

Other important tips for a successful Teachable Moment:

- Show interest.
- Avoid distractions.
- Don't interrupt.
- Avoid reactive responses (don't get angry, upset, or make assumptions).
- Answer the question openly and honestly.
- Continue to use and create Teachable Moments to discuss topics that are hard to talk about.
- Keep the conversation private if your child asks you to.
- Don't give up.

Introduce Teachable Moment Example

I will read you a Teachable Moment scenario, and then we will talk about how to use that Teachable Moment.

Example: You walk in the room while your teenage child is watching the Tyra Banks show about teen sex and unplanned pregnancy.

1. **What could you say to your child to start a conversation?**
2. **What could you say to find out your child's views on teen pregnancy?**
   (This question is often unnecessary due to previous question's answer.)
3. **How could you respond to share your values about teen pregnancy?**

Introduce Additional Tips for Answering a Child's Questions about Sexuality

Now we are going to give out one last handout that gives additional tips you can use to answer a child's questions about sexuality or during a Teachable Moment. (Pass out Handout #5, "Additional Tips for Answering a Child's Questions about Sexuality.")

HANDOUT REVIEW

1. ***It's OK to NOT know the answer.***
   If you don't have the answer to a question, tell the child that you will find out, or that you will look it up in a book or on the internet together. Let the child know that you are interested in answering his or her questions.

2. ***It's OK to have boundaries.***
   If the question is too personal, let the child know that the question is too personal for you to answer at this time. There are also ways to answer the question without giving up personal information. For example, if the child asks, "Do you masturbate?," you can say, "That is a personal question, but many people masturbate and it is perfectly normal and safe."

3. ***There is sometimes a question behind the question.***
   Sometimes a child may ask a personal question that is really a disguise for finding out how the family feels about a certain topic. For example, a child who makes a comment about the gay character in the movie or TV show you are watching may really want to know the family values concerning homosexuality.

4. ***Refer other children back to their parents or another trusted adult.***
   If a child who is not your child asks you a question that you do not feel comfortable answering, refer the child to his/her parents or another trusted adult. You could say, "That's a really good question. I think you should ask your mother or father" (or aunt, etc.). Sometimes you may be the trusted adult and may feel comfortable answering the child's questions.

Ask the Following Process Questions

1. **How did it feel to use the 4 Steps and Teachable Moments techniques?**
2. **How easy or difficult was it to use these techniques?**
3. **How do you think these techniques will be useful for you?**

8. SUMMARY (5 minutes)

SUPPLIES:

- Workshop Certificates
- PPNYC Health Services Cards
- "Hey, What Do I Say" booklets

Summarize Workshop

Today we reviewed some basic tips on how to improve communication with our children about sexuality. Are there any questions about what we covered?

Let's review the important workshop messages:

- **Talking to your children about sexuality is an ongoing process. Learning how to feel comfortable talking to your children about sexuality is also an ongoing process.**
- **It's never too late to start conversations about sexuality with your children and teens. Even if you didn't talk to your teens when they were younger, you can still share your values, give accurate information, and ask them to share their thoughts and feelings about sexuality topics with you.**
- **At PPNYC we don't have all the answers for you, because the discussions you have with your children about sexuality are based on your values. However, we do have information and techniques you can use to help with those discussions.**

Thank you for attending and we have several items for you to take home:

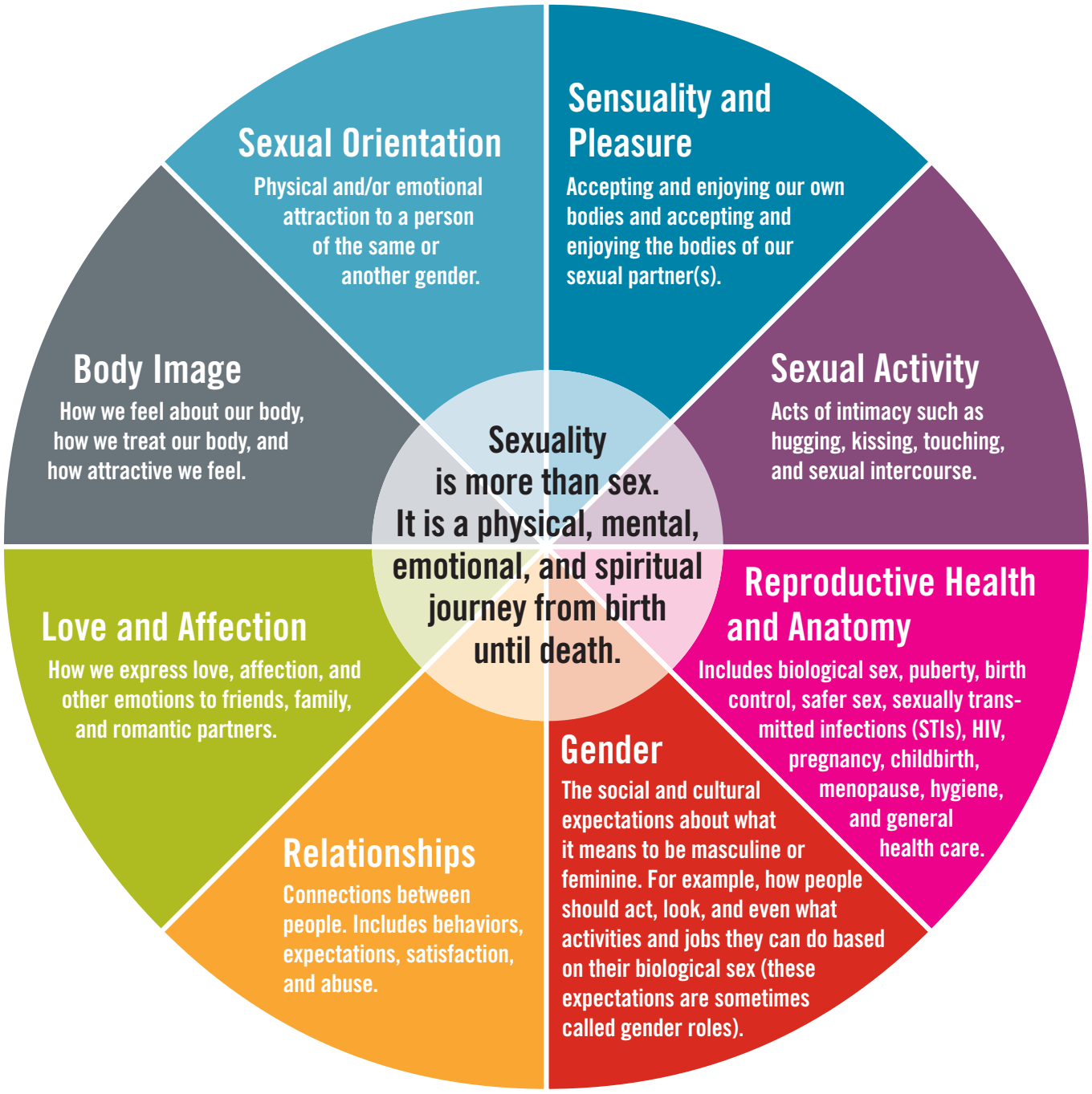
- ***Hey, What Do I Say?* booklet**
- **PPNYC Health Services Cards**
- **Workshop Certificates**

HANDOUT #1: IS IT TRUE FOR YOU?

1. Watches television with his or her children. _____
2. Listens to popular music with his or her children. _____
3. Talked to his or her parents about sex as a child. _____
4. Learned about sexuality from someone other than his or her parents. _____
5. Has a child who asks questions about sex and sexuality. _____
6. Has been surprised by a sexuality question asked by a child. _____
7. Feels very comfortable talking with his or her children about sexuality. _____
8. Feels it is easy to say “penis” or “vagina” to a child. _____
9. Has talked to his or her children about puberty. _____

HANDOUT #2: DEFINITION OF SEXUALITY

Sexuality is a significant part or who we are and it is reflected in how we express ourselves to the world. Sexuality is more than sex. It is a physical, mental, emotional, and spiritual journey from birth until death.



HANDOUT #3: 4 STEPS TO ANSWERING A CHILD'S QUESTIONS ABOUT SEXUALITY

1. **Normalize and validate the child's question and then ask child why he or she is asking you this question: "That's a really good question. How come you're asking me that today?"**

   This step is helpful in reassuring the child that his or her question is normal. This step is also helpful in finding out where the child is coming from and where he or she is getting the information.

2. **Ask the child what he or she thinks the answer is.**

   This step is helpful in finding out how much information the child already has and gives an idea of his or her vocabulary and words.

3. **Answer the question honestly based on the child's answer and your personal values.**

   This step allows you to share your personal values with the child. It is important to base your answers on honest, correct information in addition to your personal values.

4. **Ask the child if he or she understands your answer: "Does that answer your question?"**

   This step allows us to make sure the child understood your answer.

ROLE PLAYS: Using the 4 Steps with Younger Children

ROLE PLAY 1

Child: Mom, why do you have breasts and I don't?
Parent (Step 1): That's a good question! How come you're asking that question today?

Child: Because you look different than me.
Parent (Step 2): Why do you think I have breasts and you don't?

Child: Because I'm too little.
Parent (Step 3): You're right. Your breasts are not fully grown yet.

Parent (Step 4): Does that answer your question?
Child: Yes. Thanks, Mom.

ROLE PLAY 2

Child: Where do I come from?
Parent (Step 1): That's a great question for someone your age. How come you're asking that question today?

Child: Because Mark said that a mailman brought him to his mother.
Parent (Step 2): Where do you think you come from?

Child: I don't know.
Parent (Step 3): Babies came from a uterus, which is in a mother's belly.

Parent (Step 4): Does that answer your question?
Child: No, I don't understand.

Parent: (Insert your thoughts here)

ROLE PLAY 3

Child: Daddy, when can I have a baby?
Parent (Step 1): That's a really interesting question. How come you're asking that question today?

Child: Because I like babies.
Parent (Step 2): When do you think you can have a baby?

Child: When I grow up.

Parent (Step 3): (Insert your thoughts here)

Parent (Step 4): Does that answer your question?
Child: Yes, I understand I can't have a baby now.

ROLE PLAYS: Using the 4 Steps With Older Children

ROLE PLAY 1

5th-grade child: What's a wet dream?

Parent (Step 1): That's a very important and normal question for someone your age. What makes you ask me this today?

5th-grade child: Mark said he had a wet dream because he woke up with wet sheets. And Jon said his older brother told him a wet dream is cool.

Parent (Step 2): Well, what do you think a wet dream is?

5th-grade child: I don't know, but how could wet sheets be cool?

Parent (Step 3): Wet dreams may leave a wet spots on sheets, and that's because when you have one, a white liquid called semen comes out of the penis. It's normal for wet dreams to first happen during puberty and it is a healthy sign of growing up. I have a book where you can read about wet dreams and other things boys your age will experience during puberty.

Parent (Step 4): Does that answer your question?

5th-grade child: Yeah, I get it now.

ROLE PLAY 2

7th-grade child: Dad, can I get HIV from a toilet seat?

Parent (Step 1): Wow, that's a really good question. How come you're asking this question today?

7th-grade child: Because in gym class Monica said you shouldn't sit on the toilet seat in case someone with HIV sat on it.

Parent (Step 2): Do you think you can get HIV from a toilet seat?

7th-grade child: No. I think Monica doesn't know what she's talking about.

Parent (Step 3): You're right, you can't get HIV from a toilet seat. And if you'd like, we can look online for more information about HIV and how it's transmitted, because I don't know that much about it myself.

Parent (Step 4): Does that answer your question? Do you want to go on the Internet to find out all the ways someone can protect themselves from getting HIV?

7th-grade child: Yes. Let's look it up now.

ROLE PLAY 3

11th-grade child: Mom, do you know what the "morning-after pill" is?

Parent (Step 1): That's a really interesting question. What makes you ask me that today?

11th-grade child: Because Leticia said that her sister Rachel took it so she wouldn't get pregnant.

Parent (Step 2): Well, what do you know about this pill?

11th-grade child: I don't know. I know that Rachel and her boyfriend just starting having sex and they were using condoms. Rachel said the condom broke the last time they had sex. She took the "morning-after pill" so she wouldn't get pregnant. But isn't it too late—I mean, they already had sex?

Parent (Step 3): Well, I just learned about this myself. It's actually called Emergency Contraception. It's a safe and effective method that a woman can use **after** she has had unprotected sex but before she gets pregnant. It's not just the "morning-after pill" because a woman can actually take it up to 5 days after she has had unprotected sex, but the sooner she takes it, the better it works to prevent a pregnancy (FACT).

Parent (Step 4): These are complicated issues that I'm glad we can talk about. I hope if you have other questions about birth control, you can come to me, although you know I'm hoping you wait till you're older to have sex (VALUE). Does this answer your question?

11th-grade child: Yeah, it makes more sense now. I know I can talk to you, Mom. Thanks!

HANDOUT #4: TEACHABLE MOMENTS: HOW TO OPEN THE DOOR AND KEEP THE DOOR OPEN

Step 1: Initiate a conversation at the appropriate time, about issues that are relevant to the child (meet him or her where he or she is at!).

Step 2: ASK the child his or her feelings about the issue. For example, ask "What do you think about that?"

Step 3: Listen! Be willing to hear his or her story. Afterward, you can add accurate information and your values.

Other important tips for a successful Teachable Moment:

- Show interest.
- Avoid distractions.
- Don't interrupt.
- Avoid reactive responses (don't get angry, upset, or make assumptions).
- Answer the question openly and honestly.
- Continue to use and create Teachable Moments to discuss topics that are hard to talk about.
- Keep the conversation private if your child asks you to.
- Don't give up.

HANDOUT #5: ADDITIONAL TIPS FOR ANSWERING A CHILD'S QUESTIONS ABOUT SEXUALITY

1. **It's OK to NOT know the answer.**
   If you don't have the answer to a question, tell the child that you will find out or that you will look it up in a book together. Let the child know that you are interested in answering his or her questions.

2. **It's OK to have boundaries.**
   If the question is too personal, let the child know that the question is too personal for you to answer at this time. There are also ways to answer the question without giving up personal information. For example, if the child asks, "Do you masturbate?," you can say, "That is a personal question, but many people masturbate and it is perfectly normal and safe."

3. **There is sometimes a question behind the question.**
   Sometimes a child may ask a personal question that is really a disguise for finding out how the family feels about a certain topic. For example, a child who makes a comment about the gay character in the movie or TV show you are watching may really want to know the family values around homosexuality.

4. **Refer other children back to their parents or another trusted adult.**
   If a child who is not your child asks you a question that you do not feel comfortable answering, refer the child to his/her parents or another trusted adult. You could say, "That's a really good question. I think you should ask your mother or father" (or aunt, etc.). Sometimes you may be the trusted adult and may feel comfortable answering the child's questions.

ARM WORKSHOP SUMMARY FORM

Workshop Details

☐ LES ☐ Bronx ☐ Brooklyn Workshop: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Adult Role Models: _____

Date & Time of Workshop: _____ Site: _____

Address: _____

Telephone # _____ Contact: _____

Language of Workshop: ☐ English ☐ Spanish

Number of Participants: _____ Males: _____ Females: _____

African-American: _____ Latino: _____ White: _____ Other: _____

Please complete questions on back =>

What went well?

_____

_____

_____

_____

What could have been better? How?

_____

_____

_____

Comments:

_____

_____

Planned Parenthood of New York City, Inc.

awards this Certificate to

_____

for attending the
"Talking to Your Children
about the Facts of Life"
Workshop

_____
Date

_____ _____

Randa Dean, MPH
Associate Director of Adult Education
Community Initiatives Program

Facilitator/s

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