

**Teen Pregnancy Prevention Education for
Individuals with Intellectual Disabilities**

**A Supplemental Resource for Facilitators
Using the *Choosing the Best* and *Teen Outreach Program* (TOP®) Curricula**

**Arizona Department of Health Services
Office for Children with Special Health Care Needs
Bureau of Women's and Children's Health**

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In the summer of 2011, the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) set out to identify teen pregnancy prevention curricula that would best meet the needs of all learners, including individuals with intellectual disabilities, and to develop a supplemental resource to support facilitators using these curricula.

To accomplish this task, a Work Group comprised of family members, representatives from community-based advocacy organizations, teen pregnancy prevention contractors and acute care health plans, along with staff from the Arizona Department of Education, Division of Developmental Disabilities and ADHS, selected two curricula, a comprehensive curriculum and an abstinence-based curriculum. These curricula, reflecting models of inclusive education, provided a solid foundation for the workgroup. Specific considerations were identified that facilitators may keep in mind while delivering the curricula for diverse learners.

- Special acknowledgement is extended to those who developed the selected curricula, *Choosing the Best* and *The Teen Outreach Program (TOP®)*. Work Group members found these curricula to incorporate universal teaching methods throughout their content and described instructional characteristics which help support all students.
- Special thanks to Work Group members who committed their time and expertise to a thoughtful review of curricula and development of the considerations contained in this Supplemental Resource.



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INTRODUCTION

The Teen Pregnancy Prevention Work Group members wish to acknowledge and thank the individuals facilitating a teen pregnancy prevention curriculum and, with the assistance of this Supplemental Resource, helping ensure that the benefits of that curriculum are accessible to all students. The *Choosing the Best* and *Teen Outreach Program (TOP®)* curricula are excellent platforms from which to provide comprehensive pregnancy prevention information for any student.

The Work Group reviewed 10 curricula – five abstinence education and five comprehensive education. While two curricula were identified in this Supplemental Resource, the content and recommendations provided are relevant to other curricula an instructor might choose to use, including a comprehensive teen pregnancy prevention curricula. This Supplemental Resource is not intended to convey an endorsement of *Choosing the Best* and/or (*TOP®*) as the only curricula suitable for individuals with intellectual disabilities. The Work Group selected the two curricula to include in this Supplemental Resource because they believed the curricula are well rounded and appropriate for diverse learners.

This Supplemental Resource will provide a very brief overview of each curriculum, then will go on to provide considerations or strategies for enhancing participation and outcomes for all students, with either curriculum. The considerations provided reflect “best practices” and represent a thoughtful review and identification of options, by family members, parents, educators, and public health professionals.

Throughout the Supplemental Resource, terms such as “students,” “learners” or “individuals” are intended to include people with intellectual disabilities. An intellectual disability may affect comprehension of sensory input, inferences of social cues and body language, generalization from one situation to another, or expression of thought through spoken or written language. Intellectual disability may result from challenges associated with conditions present at birth, conditions acquired through illness or injury, as well as conditions which may occur after birth. Both curricula provide activities that allow individuals to participate to the extent possible or to the extent they choose to do so.

THE CHOOSING THE BEST CURRICULA

Choosing the Best is a five-level, school-based program, intended to shape the attitudes of teenagers regarding their sexual activity. This program focuses on the health benefits of delaying or abstaining from sexual activity during the teen years. The goals of the ‘abstinence-focused’ curriculum are to reduce teenaged pregnancy and the health risks that accompany sexual activity.

Founded in 1993, *Choosing the Best* is an evidence-based, medical learning model that motivates individuals through relationship education, refusal-skill coaching, character education, and parent-teen interviews.

Key Messages of the Curricula and Target Population

The key message throughout *Choosing the Best* is that, through practicing abstinence, teens experience an increased quality of life and expanded future options. The five grade-level curriculum is specifically tailored for middle and high school teens, and target separate audiences as follows: *Choosing the Best WAY* targets 6th grade students; *PATH* targets 7th grade students; *LIFE* targets 8th grade students; *JOURNEY* targets 9th and 10 grade students; and *SOUL MATE* targets 11th and 12th grade students.

Curriculum Description

Choosing the Best uses a teaching approach that moves students from a cognitive understanding of the facts to a personal awareness, leading to changed behavior. Each lesson encourages students to think about critical issues that affect them, and guides the application of new learning and insights to their own lives.

Choosing the Best views parents as the most important influence on teen sexual decision-making. It includes a parent education program designed to assist parents in encouraging their teens to choose abstinence.

THE TEEN OUTREACH PROGRAM (TOP®) CURRICULUM

The *TOP®* is a broad developmental intervention that is designed to assist teens in understanding and evaluating their options. The program includes three essential components: classroom/group discussion, community service, and service learning. It is designed to prevent teen pregnancy and school dropout for both males and females by having students volunteer in their communities and participate in classroom discussions and educational sessions for one school year.

Fundamental elements of this program include life skills development, investigation of important social and emotional topics, exploration of feelings and attitudes on a variety of subjects, and participation in volunteer opportunities in the community. The elements are implemented through program facilitators who teach classes, and organization facilitators, who help coordinate the volunteer experiences. The *TOP®* for students in high school may be implemented as a school-based or community-based program. *TOP®* curriculum was developed by the Wyman Center and has been in use since 1984.

Target Population and Key Message of the Curriculum

The target population for the *TOP®* curriculum is teenagers in the 9th through 12th grades. The curriculum is built around the conviction that engaging youth in service learning promotes constructive activities which build on their strengths and interests; and by providing positive alternatives and leadership opportunities, teens will be motivated to delay childbearing and complete their education.

Curriculum Description

TOP® is delivered over the full academic year and combines classroom discussion with a supervised, after-school, community volunteer experience. Lessons address topics such as communication, values, feelings and goal-setting. To make *TOP*® appropriate for a range of grades, the curriculum has four levels. Each level contains material that is developmentally appropriate for the age group involved (Level I: 12–13 years; Level II: 14 years; Level III: 15-16 years; Level IV: 17-19 years.) The curriculum includes a community service-learning guide for facilitators, which provides strategies for engaging students with community service and evaluating their experiences.

In order to deliver the Wyman Teen Outreach Program facilitators need to be complete a three-day training to become a certified *TOP*® Facilitator. Only a trained and certified facilitator may deliver the Teen Outreach Program.

TOP® clubs are required to meet over a 9 month consecutive period (typically a school year) and should be meeting at least 1 time per week for a minimum of 25 weeks. The Changing Scenes© curriculum or Wyman’s *TOP*® community service learning activities must be delivered in at least 80% of the meetings. The other 20% of the meetings can be devoted to guest speakers, community service related activities, or lessons on topics *TOP*® does not cover. Over the course of the 9 month period, teens are also required to complete a minimum of 20 hours of community service learning.

Other program requirements include reporting deliverables, participation in pre/post evaluation, annual program monitoring and classroom observations to ensure fidelity. As the Wyman Replication Partner, ADHS must verify each *TOP*® club is being offered with fidelity. If a program is not able to meet program fidelity requirements either an adaptation can be requested to Wyman for approval or a club will be asked to stop delivering the Teen Outreach Program.

FACILITATOR CHARACTERISTICS

The Supplemental Resource is designed to support the facilitator in customizing lesson plans and encouraging family engagement in the educational process. As facilitators, we know that individuals bring various learning styles to the learning environment. *TOP*® and *Choosing the Best* accommodate an array of learning styles and include various delivery methods which support student success. Therefore, the skills, knowledge, and approach of the facilitator are critical to success with this or any curricula.

Facilitator Characteristics, Skills and Knowledge ¹

Achievement of positive learning outcomes for all students is supported by facilitators who have certain characteristics, skills, and knowledge; and are those that any facilitator of these curricula should possess.

Facilitator characteristics:

- A commitment to the positive development of adolescents and willingness to innovate in providing creative and meaningful programs;
- An appreciation of young people as productive members of society who desire to be heard;
- An understanding, receptiveness, and adeptness in working with a diverse population of individuals (values, gender, abilities, families, culture, sexuality, religion, race, socioeconomic status, etc.);
- An engaging approach which meets individuals where they are and fosters trust and respect;
- A flexible approach that facilitates cooperative learning, active classroom participation, positive peer influence and shared decision-making.

Finally, in order to create a safe, empowering learning environment for all individuals, facilitators must possess a positive attitude about the power of education, healthy sexual development among young people, and the adult role in the lives of young people.

The skills, abilities and knowledge described below are not intended to replace any requirements of the organizations that developed or are delivering the curricula. They are intended to emphasize the importance of these traits when providing instruction to individuals of all abilities.

Facilitators should have the ability to:

- Facilitate effectively;
- Organize learning programs and processes;
- Manage and minimize conflict in the classroom;
- Administer and direct learning programs;
- Be flexible in accommodating the unique needs of each individual;
- Work effectively with parents and community leaders;
- Assess outcomes, both short and long term;
- Be genuine and direct during classroom instruction;
- Nurture and respond to individual and group needs.

¹ The Teen Outreach Project and the Arizona Department of Education Special Education Requirements were resources for this discussion and selection of this set of skills, knowledge and characteristics.

Facilitators should be skilled in:

- Effective communication;
- Active listening;
- Presentation;
- Leadership;
- Problem-solving;
- Teaching one-on-one;
- Education and active learning.

Facilitators should possess knowledge of:

- Principles of youth development, behavioral, social and cognitive theories;
- Basic public health education, such as body structures, systems and functions;
- Strategies for teaching abstract concepts for concrete learners;
- Assistive technology, technology used by individuals in order to perform functions that might otherwise be difficult or impossible, such as an assistive communication device;
- Coordinating service projects.

FACILITATION APPROACH – GENERAL CONCEPTS

The following concepts are relevant for all individuals, including individuals with intellectual disabilities. An inclusive instructional process requires a heightened awareness of and commitment to the importance of these concepts, consistency in the approach, and use of reflective instruction throughout.

This general guidance is offered as a framework for ensuring, regardless of the curricula being taught, that the delivery, approach and tools are reviewed and tailored to incorporate concepts that will be effective with any learner.

1. Include communication methods that are appropriate to individual needs and learning styles and use accurate terminology in simple straightforward and respectful ways.

- Use appropriate terms, including terms that are anatomically correct;
- Use interactive instruction;

Things to consider when teaching sex education to youth with intellectual disabilities:

- Lack of knowledge about sexual issues. Any information may come from misinformed peers rather than reliable sources like books, parents or teachers.
- Mental age may be lower than their physical age.
- May learn at a slower rate.
- May be at greater risk for sexual abuse because of their willingness to place total trust in others & their tendency to be overly compliant. May also be more dependent on parents and caregivers.
- May have difficulty with abstract thinking (ex: what is love?) or understanding the long-term consequences of pregnancy or some sexually transmitted infections.
- Youth with intellectual disabilities may have trouble distinguishing between private and public behaviors, or private and public body parts.

<http://www.sexualityandu.ca/en/teachers/teaching-sex-ed-for-youth-with-intellectual-disabilities>

- Apply reflective learning methods including opportunities for discussion, small group work, role-play, feedback and hands-on activities;
 - Use repetition to ensure that important concepts are woven throughout the curricula;
 - Include clear and reasonable goals (clear directions, feedback and active listening opportunities).
2. Use an inclusive approach that embraces diverse learning styles, by employing a combination of teaching methods (didactic, visual, kinesthetic) to accommodate various learning styles (hear, see and do).
 3. Practice cultural competence and avoid judgment in the delivery of information while respecting diverse abilities, cultural backgrounds, sexual orientation, family structures, gender identity, etc.
 4. Use a variety of methods to assess individual progress, such as pre and post tests and evaluations, and assist in developing successful strategies.
 5. Promote and build positive self-esteem.
 6. Apply strategies that recognize and celebrate each individual's participation while complementing their interests, strengths and their right to decide their preferred level of participation.
 7. Maintain confidentiality.

INVOLVING PARENTS AND GUARDIANS

Engagement of families, parents or guardians is a critical component of the educational process for all students. Both curricula have a strong family involvement focus, often providing specific activities to promote engagement. In addition to curriculum specific instructions, the following strategies may be helpful in attracting and retaining family participation.

1. Parent/Guardian Preparation - Consider these and other strategies in preparing families to support their student throughout this curriculum:
 - Hold a family orientation meeting to provide an overview of the curricula and explore family roles in the course;
 - Welcome family insight regarding successful learning strategies for their student and discuss some strategies you may use, such as:
 - Pairing students and encouraging them to talk about questions before offering joint answers;
 - Defining abstract terms in concrete ways, using pictures and symbols;
 - Using cues or prompts, such as a list of words to choose from, in completing journals or other writing exercises;
 - Placing a question box in the classroom for anyone to communicate with the facilitator anonymously;

- Providing options for the service learning activities that complement the student’s interests and strengths. The service learning activities can include many opportunities including but not limited to social media and marketing messages that do not require participation in public events.
 - Providing options to longer writing assignments, such as visual reports, posters or multiple-choice questions.
2. Family Involvement in Home Learning – Incorporate the role of families into the lesson plan. Provide, as a handout, an overview of each new lesson and plans for in-class activities to assist students in preparing for the next class. Include activities to be taken home and completed with family members. Provide handouts that reinforce current content and/or prepare for new content.
 3. Provide families with a glossary of terms and definitions that will be used throughout the course. A glossary of terms can be found beginning on page 10.
 4. Provide families with a copy of the classroom rules developed by the class.

CONSIDERATIONS FOR LESSON PLANNING

The considerations identified below can serve as reminders that additional reinforcement opportunities may be developed within the lesson plans.

Getting Started

1. Know your students. Understand where your students are in their understanding of the course content and ensure instruction begins at a level that is most appropriate to student needs. A brief conversation with families may be helpful. Facilitate various opportunities and methods for families to provide this type of insight.
 - For example: establish a flexible schedule to meet with families and invite feedback via email, telephone, etc.
2. Become knowledgeable regarding all assistive technology used in the class and be innovative regarding use of technology to improve student outcomes.
3. Plan extra time where needed to ensure that all students are benefitting from the curriculum.
 - When working in groups or pairs, plan some lessons around the completion of the activity;
 - Break longer or more complex lessons into short “bites” provided in various ways.
4. Consider pairing students, particularly for discussion activities. Plan and incorporate strategies that support open discussion.

Lesson Plan Preparation

1. Ensure the lesson plan provides additional opportunities for reflection, repetition, summarizing and role play when appropriate;
2. Plan ahead for adapting exercises, quizzes and homework for students. Adaptations might include fewer questions, multiple choice questions rather than essays, fill-in-blank questions with a word list or flexibility around timelines.
3. Provide additional handouts as needed, for use during class, which may include a list of terms being used in group discussion, concrete definitions of terms being used or picture and symbol definitions of abstract terms. For example, the phrase “exercising your rights” may be defined using visual cues that might help someone say “No,” in an uncomfortable situation.

SUMMARY

Research identifies intellectual disability as one of the most frequently occurring disabilities in the inclusive classroom. In the United States, 13.3% of all students receiving special education services are identified as having intellectual disabilities. Students with intellectual disabilities have the right to receive, and public schools have the responsibility to provide, an education using learning models and materials that benefit individuals with and without disabilities equally. Pregnancy prevention information and education is important for all students in helping delay sexual activity, prevent unintended outcomes of sexual activity and increase responsible choices.

This Supplemental Resource is intended to support the need for age appropriate and comprehensive pregnancy prevention education and may be used in community-based settings as well as classrooms to encourage healthy interactions. The Work Group approached this project from the perspective that young adults with intellectual disabilities would be in an integrated environment. The curricula supported the integrated approach for all students including individuals with intellectual disabilities.

Choice-making provides individuals with the opportunity to participate in major decisions that have a significant and long-lasting impact on their lives, health and well-being. The skills needed to make choices and decisions regarding one’s life are dependent as much on experience as they are on age and ability. As children approach adulthood, decisions become even more complex, such as whether to engage in an intimate relationship and how and when to move out of the family home. At times, it can be challenging for well-meaning parents and caregivers to get the balance right in terms of fulfilling their normal role of providing guidance and protection, while doing as much as possible to encourage their children’s independence skills. Ensuring that parents/caregivers have the skills to assist children rather than make decisions on their behalf is especially important when children reach an age at which they would typically take increasingly independent responsibility for their own lives.

Thank you for using this Supplemental Resource. Should you have any comments or questions please contact the Office for Children with Special Health Care Needs, Bureau of Women’s and

Children's Health within the Arizona Department of Health Services at 602-542-1860 or 1-800-232-1676 (Toll Free) or by email at OCSHCN@azdhs.gov.



GLOSSARY

Terms	Definition
Abstinence	For the purpose of this Resource, abstinence is defined as voluntarily choosing not to do something. When referring to sex, it means voluntarily choosing not to engage in sexual activity. Sexual activity is defined as any type of genital contact or sexual stimulation including, but not limited to, vaginal, oral/anal intercourse or mutual masturbation.
Abstinence pledge	Virginity pledges (or abstinence pledges) are commitments made by teenagers and young adults to refrain from sexual intercourse until marriage.
Abuse	Hurtful treatment, to hurt someone or something intentionally. Using something or someone in a way that may cause hurt to yourself or others.
Accountability partner	A person who coaches and assists another person in keeping a commitment.
Achievement	Something that a person has done to reach a goal.
Addiction	A dependency, such as a physical craving for a drug.
Adolescence	An early stage in teenage development.
Adoption	To make someone a member of your family, legally.
Aggressive	Forceful, attacking physically or verbally.
Assertive	To have a confident and forceful personality.
Asymptomatic	A term used to describe an individual who does not currently show symptoms of a disease or condition.
At risk behaviors	Behavior that can be potentially dangerous to anyone.
Beliefs	Faith, acceptance.
Birth control	A regimen of one or more actions, devices, sexual practices, or medications, followed in order to deliberately prevent or reduce the likelihood of pregnancy or childbirth.
Bonding	A mutual feeling of trust that joins people together.
Boundaries	A real or imaginary limit, especially between two properties or between people.
Casual Sex vs. Marriage (healthy relationship)	Casual – Not planned or prearranged, informal or careless. Marriage – A legal relationship between two people who intend to live together as sexual and domestic partners, the state of being married.
Character	The mental and moral qualities distinctive to an individual.
Choices	Something that is preferred or preferable. The act of making a selection or choosing.
Commitment	A pledge, a promise, a responsibility.
Community	A place where people live or share something in common.
Compassion	Sympathy and concern for the sufferings or misfortunes of others.
Condom	A thin rubber sheath worn on a man's penis, during sexual intercourse, as a contraceptive and/or protection against infection.
Confidential	Secret and private.
Consensus	Agreement in opinion, custom or function, the popular choice.

Terms	Definition
Consequences (emotional consequences of teen sex)	Fear, anxiety or guilt about pregnancy or disease; anger if sex was forced or if relationship ends; sadness about losing virginity or parental reaction.
Consistently	Sticking to the same principles, the same throughout.
Contraceptives	A device, drug, or chemical agent that prevents conception.
Contracting	To get, as by exposure to something contagious – to contract a disease.
Cooperation	The process of working together toward a common goal.
Courage	The strength to face danger when overwhelmed by fear.
Culture	Mental and physical reactions and activities that characterize the behavior of individuals composing a social group. The important ideas that members of a group accept and the activities the members engage in to support those ideas.
Curiosity	The desire to learn or know about anything.
Date Rape	Rape perpetrated (committed) by the victim's social escort.
Dating	Social activities done by two persons to get to know each other better and to determine suitability as a partner in an intimate relationship, or as a spouse.
Decision Making	The thought process of selecting a logical choice from the available options.
Depression	A strong feeling of sadness.
Determination	A firm purpose, resolve or willpower.
Disappointment	Failure, frustration, a feeling of being let down.
Discrimination	Negative treatment based on differences, prejudice.
Drugs	A substance that changes the body or the mind's chemistry including medicine a doctor may legally provide and illegal substances.
Education	Teaching or learning, acquired knowledge.
Effective	Having a positive result, helpful.
Emotional consequences (see consequences)	Fear, anxiety or guilt about pregnancy or disease, anger if sex was forced or if relationship ends, sadness about losing virginity or parental reaction.
Emotions	How someone feels - sad, mad, confused, happy, frustrated, proud, scared, excited.
Entertainment	A performance that tries to interest or amuse an audience.
Epidemic	Affecting many in the community, widespread.
Faith	A belief in something that is not seen, relying on trust.
Fame	Being known and talked about by many people; especially about your achievements.
Five C's (chemistry, compatibility, character, communication and	Chemistry – Sexual attraction. Compatibility – Capable of living or existing together in harmony. Character – The mental and moral qualities distinctive to an individual. Communication – The imparting or interchange of thoughts, opinions, or

Terms	Definition
commitment)	information by speech, writing or signs. Commitment – The desire, in the minds of both people involved in the relationship, to share their lives together.
Freedom	Liberty, independence, being free.
Gender	Personality characteristics that are used to describe a person as masculine or feminine, which can change over time and may be different between cultures. Some of these characteristics may include how someone talks, moves or dresses. Male or female.
Gender roles	How masculine or feminine a person acts. The expression of attitudes that indicate to others a degree of maleness or femaleness.
Goals	A personal level of achievement – something a person wants to work to accomplish. For example, going to college, getting a job, etc.
Ground rules	Procedures and, limits that people agree to, how everyone in a group will behave, speak or do something.
Guilt	Knowing you have done something wrong, accepting responsibility and blame for wrong doing.
Healthy relationships (chemistry, compatibility, character and commitment)	Two people have a relationship when the perceived behaviors of one significantly affect the holistic health, functioning, and growth of the other. A healthy relationship is one that affects both people positively.
HIV/AIDS	Human immunodeficiency virus (HIV) is a virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.
Home learning	When your parents or guardians are teaching you something at home, or help you with your homework.
Hormones	Chemical substances that act like messenger molecules in the body.
Immaturity	Using poor judgment, childish.
Infatuation	The state of having very strong love or admiration for someone, an obsession.
Infatuation vs. Love	Infatuation – The state of having very strong love or admiration for someone, an obsession. To feel passion, or a strong affection for someone or something. Love – A very strong, warm, feeling or deep concern for someone, commitment.
Infection	Any disease caused by germs.
Influences (love, fear, pressure, trust, authority, modeling, etc.)	Power, authority or control. To persuade someone is to influence their belief or behavior.
Knowledge	Something learned and remembered, gained by experience or by being taught.

Terms	Definition
Lateral thinking	Looking at things from many angles instead of tackling it head-on, imaginative.
Limits	To set boundaries, to restrict.
Loss of self-respect	Loss of regard for the dignity of one's character.
Love	A very strong warm feeling or deep concern for someone, commitment.
Marriage	A union between persons that is recognized by law or religious tradition.
Mature	Fully grown or developed, adult.
Money	Currency and coins issued by a government to use in exchange for goods or services.
Myth	A belief or set of beliefs often unproven or false, an invented story.
Non-negotiable	Not able to be bought, sold, exchanged or transferred. Agreed upon ground rules may be non-negotiable; they can't be ignored or changed.
Non-verbal communication	Behavior and elements of speech aside from the words themselves that transmit meaning such as the look on someone's face or how they are standing.
Passive	To be unresponsive, not active, not reacting to something.
Peer pressure	Social pressure, by members of one's peer group, to take a certain action, adopt certain values, or otherwise conform, in order to be accepted.
Pornography	Writings, photographs, movies, etc. intended to arouse sexual excitement.
Power	The ability to do something by strength, force or authority.
Pregnancy	Pregnant – Having a child developing in the body. Pregnancy – the state, condition or quality of being pregnant.
Principles	Rules or beliefs that guide a person's personal behavior.
Reciprocity	The practice of exchanging things with others for mutual benefit.
Relationships	The association between things, the affect one thing has on another, kinship.
Religion	The belief in and worship of a superhuman controlling power, especially a personal god or gods.
Respect	Consideration for someone, to have a good opinion of someone, to look up to.
Responsible	Trustworthy, reliable.
Responsibility	Having a duty to do something.
Safe sex	Sexual activity in which people take precautions to protect themselves against sexually transmitted diseases such as HIV/AIDS.
Self-esteem	A person's overall evaluation or appraisal of his or her own worth.
Self-discipline	The ability to control one's feelings and overcome one's weaknesses; the ability to pursue what one thinks is right despite temptations to abandon it.
Self respect	Pride and confidence in oneself, a feeling that one is behaving with honor and dignity.
Sex	Sexual activity, including specifically sexual intercourse.
Sexual activities	Activities associated with sexual intercourse.

Terms	Definition
Sexual arousal	The arousal of sexual desires in preparation for sexual behavior.
Sexual progression	The progression of social, romantic and sexual events in adolescent relationships.
Sexually transmitted diseases	A communicable infection transmitted by sexual intercourse or genital contact.
Stereotype	A typical example or pattern that may not always be true.
Success	Accomplishment or achievement.
Symptoms of HIV/AIDS	Within a month or two after HIV has entered the body, a person may get a flu-like illness that can last a few weeks. The symptoms of fever, headache, feeling tired, swollen lymph glands, sore throat and skin rash usually go away within a month.
Symptoms of common Sexually Transmitted Diseases, Viral STDs and bacterial STDs, cervix, fallopian tubes, infertility and ovaries	<p>Chlamydia symptoms (bacterial) (cervical or fallopian tubes, infertility) painful urination, lower abdominal pain, vaginal discharge in women, discharge from penis for men, pain during intercourse for women, testicular pain in men.</p> <p>Gonorrhea symptoms (bacterial) (fallopian tubes, infertility) thick, cloudy or bloody discharge from the penis or vagina. Pain or burning sensation when urinating. Frequent urination. Pain during sexual intercourse</p> <p>Syphilis symptoms (bacterial) (infertility) - starts as a painless sore, typically on the genitals, rectum or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.</p> <p>Pelvic Inflammatory Disease - infection of the uterus (womb), fallopian tubes, symptoms include lower abdominal pain</p> <p>Sources: http://www.mayoclinic.com/health/std-symptoms/ID00053; http://www.cdc.gov/std/pid/stdfact-pid.htm</p>
Time capsules	A container storing a selection of objects chosen as being typical of the present time, buried for discovery in the future.
Trust	A belief in someone's goodness and integrity, to believe someone will do as they say.
Unhealthy relationships	Relationships that are dangerous, risky or morally harmful.
Values	To think that something is important and meaningful, shared ideas about what is good or desirable and what is not.
Wealth	Having a lot of valuable possessions or money, an abundance of property or being rich.
Worry	To fret, to show concern or feel anxious.

Sources: Unless otherwise indicated the following sources were used in these definitions, www.businessdictionary.com, The Best Dictionary for Students, Google definitions.com, Webster's College Dictionary 2001, and Choosing the Best curriculum.

COMMUNITY RESOURCES

Area	Name	Phone Number	E-mail Address
School Nursing Coordinator and School Local Wellness Policy Coordinator	Nerissa Emers Arizona Department of Education	602-542-4220	Nerissa.emers@azed.gov http://www.azed.gov/
Teen Pregnancy Prevention/Education	Angie Lorenzo ADHS-BWCH	602-542-0360	Angie.lorenzo@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Program Funding and Technical Assistance	Dorothy Hastings ADHS- BWCH	602-364-1423	Dorothy.hastings@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Teen Pregnancy Prevention/Education	Laura Bellucci ADHS - BWCH	602-364-1428	Laura.bellucci@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Office for Children with Special Health Care Needs	Marta Urbina ADHS - BWCH	602-542-2528 1-800-232-1676	Marta.urbina@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Office for Children with Special Health Care Needs	Rita Aitken ADHS - BWCH	602-364-1480 1-800-232-1676	Rita.Aitken@azdhs.gov http://www.azdhs.gov/phs/owch/index.htm
Behavioral Health Education Coordinator	Stephanie Uetrecht ADHS - Division of Behavioral Services	602-364-4434	Stephanie.Uetrecht@azdhs.gov http://www.azdhs.gov/bhs/index.htm
Parent	Debbie Weidinger AZ ASSIST – Autism Spectrum Support, Information & Strategies for Transition	480-779-0899	debbie.weidinger@azassist.com www.azassist.com
Trainer	Molly McNamara Arizona Department of Economic Security, Division of Developmental Disabilities	602-542-6809	mmcnamara@azdes.gov https://www.azdes.gov/ddd/
Teen Pregnancy Prevention Training	DeeAnn Arroyo Pima Prevention Partnership	520-326-2528 x2107	darroyo@thepartnershp.us http://www.thepartnership.us/
Parent	Leslie Cole Raising Special Kids	602-805-9953	Lesliecole54@cox.net http://www.raisingpecialkids.org/

Area	Name	Phone Number	E-mail Address
Special Olympics Arizona	Tim Martin CEO	602-488-6253	Tim@SpecialOlympicsArizona.org http://specialolympicsarizona.com/
Maternal and Child Health Coordinator	Karen Stewart, RN, UnitedHealthcare Community Plan	602-664-5018	Karen_stewart1@uhc.com http://www.uhc.com/
Arizona's Developmental Disabilities Planning Council	Larry Clausen, Executive Director,	602-542-8970 Toll-free: 877-665-3176	LClausen@azdes.gov www.azdes.gov/ADDPC/

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