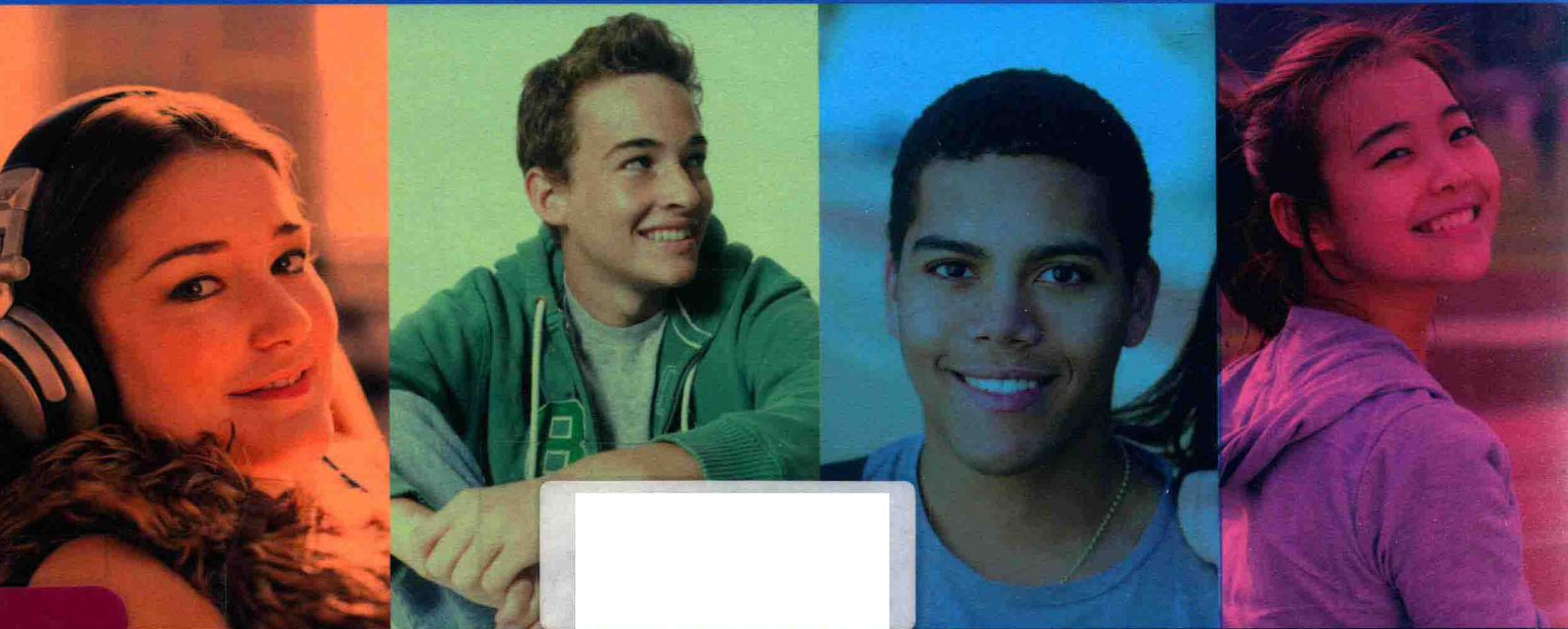


Grades 6–12

Tools for Teaching Comprehensive Human Sexuality Education

Lessons, Activities, and Teaching Strategies
Utilizing the National Sexuality Education Standards



Dominick Splendorio Lori A. Reichel

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TOOLS FOR TEACHING COMPREHENSIVE HUMAN SEXUALITY EDUCATION

Lessons, Activities, and Teaching Strategies
Utilizing the National Sexuality Education
Standards (Grades 6–12)

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and Lori Reichel

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**TOOLS FOR
TEACHING
COMPREHENSIVE
HUMAN SEXUALITY
EDUCATION**

THE AUTHORS

Dominick Splendorio received his bachelor's degree in health education from the State University College of New York at Brockport and his master's degree in humanistic studies from the State University of New York College at New Paltz. He taught middle and high school health education for over thirty years in the Clarkstown Central School District in Rockland County, New York, and also served as Clarkstown's district health education coordinator.

Dominick is past president of the health section of the New York State Association for Health, Physical Education, Recreation, and Dance (NYS AHPERD) and has twice been selected as New York State Health Teacher of the Year by the New York State Federation of Professional Health Educators in 1994 and by NYS AHPERD in 2001. Dominick presently runs his own education consulting company, Prime Time Health. He has presented at the national American Alliance for Health, Physical Education, Recreation and Dance conference, and at the American School Health Association conference.

Dominick is available for teacher in-service training, curriculum writing, student and teacher workshops, and assembly programs and keynote presentations. Dominick's first book, *Tools for Teaching Health* (Jossey-Bass), was published in 2007 and is presently being used in many school districts and by many health educators across the United States.

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Lori Reichel is a New York certified K–12 health educator with twenty-plus years' experience. She received her bachelor's and master's degrees from Stony Brook University of New York, and her doctorate of philosophy in health education from Texas A&M University. Her experience includes teaching health education courses to K–12 students as well as health education undergraduate and graduate courses. In addition, Lori obtained her administrative degree and became a health coordinator for two school districts. Within these positions, Lori participated in the first NYS Healthy Schools Leadership Institute. She is currently an assistant professor in the Department of Health Education and Health Promotion at the University of Wisconsin–La Crosse.

Lori has presented over forty workshops at local, state, regional, and national conferences, demonstrating her passion for effective health education programs. She has attended numerous workshops and curriculum trainings, strengthening her skills as an educator and presenter. She was also recognized as the recipient of the following: the Health Education Professional of the Year Award in 2011 from NYS AHPERD; Health Education Professional of the Year from the American Alliance for Health, Physical Education, Recreation, and Dance (2010); Health Educator of the Year from the Eastern Division Association of AHPERD (2009); Health Educator of the Year from NYS AHPERD (2007); and Health Educator of the Year from Nassau County, NYS AHPERD (2004).

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NOTES TO THE TEACHER: HOW TO USE THIS BOOK

Tools for Teaching Comprehensive Human Sexuality Education is a compilation of classroom-tested lessons designed for use with middle and high school students. It is not presented in a traditional textbook format, and the lessons are, with few exceptions, nonsequential. You can select those activities that are most appropriate for your students.

The book is divided into seven chapters. Each chapter includes learning experiences that are aligned with one of the seven topic areas chosen as the minimum, essential content and skills for sexuality education, as described in the 2012 National Sexuality Education Standards.¹ Although the chapters are divided into different topic areas, a number of content areas may be addressed in one lesson, and the appropriate performance indicators for each of those topic areas are listed in each instance. Performance indicators note what children should be able to know or do by the end of the specified grade.

The purpose of this book is to offer teachers a chance to “pick and choose” activities and learning experiences to supplement an existing human sexuality curriculum. You can use the lessons in the format provided, or adapt the activities to align with guidelines established by your state department of education and local school district.

It is critical for any individual teacher or supervising body using any of the lessons in this book to have a board-level-approved statement supporting age- and developmentally appropriate sexuality education lessons. You should check with your building administrators, district-level administrators, your school’s health advisory committee, your school board, or a combination of these before incorporating any of these lessons into your existing sexuality curriculum.

WHAT IS COMPREHENSIVE HUMAN SEXUALITY EDUCATION?

According to the Sexuality Information and Education Council of the United States (SIECUS), comprehensive human sexuality education programs “include age-appropriate, medically-accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention.”²

Many schools and health professionals look to SIECUS, long recognized as a leader in promoting comprehensive human sexuality education, for guidance in developing comprehensive and developmentally appropriate materials and resources as well as for expertise in creating local curricula focusing on human sexuality. The organization's booklet *Guidelines for Comprehensive Sexuality Education* (3rd edition) was a valuable resource in gathering developmentally appropriate learning experiences and activities for this book.

We recognize that instruction about human sexuality varies greatly from one school district to another, and that no curriculum meets the needs of every community. There may be some schools teaching minimally about human sexuality. Other schools may focus on "abstinence-only" or "abstinence-based" sexuality education. Research suggests a comprehensive approach to human sexuality education to be effective in assisting youth in postponing sexual activity and lowering the number of sexual partners, as well as in helping youth who are sexually active in using contraceptives. Research has also noted that students in comprehensive human sexuality education programs are not at an increased risk of becoming sexually active, not at an increased risk of increasing sexual activity, and not at an increased risk of experiencing negative sexual health outcomes.³

In selecting a local curriculum, it is suggested that schools include evidence-based interventions (EBIs). EBIs have demonstrated their effectiveness in achieving desired behavior changes, such as delaying the onset of intercourse and/or increasing condom use, through research and evaluation.⁴ More information about these programs may be obtained from the Future of Sex Education (FoSE) website at www.futureofsexed.org/evidence-basedsexed.html.

Recognizing that all people are sexual beings, one goal of comprehensive human sexuality education is to assist youth in developing a positive view of sexuality. Advocating for comprehensive human sexuality education promotes the belief that all humans should have the opportunity to enjoy a safe, consensual, and fulfilling sex life, *when they are ready for it*. It is our hope that the lessons in this book will assist you in developing a comprehensive approach to teaching human sexuality that provides students with the information and skills to make respectful, healthy decisions about their sexuality, now and in the future.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)

The NSES are the result of a cooperative effort by the American Association of Health Education, the American School Health Association, the National Education Association Health Information Network, and the Society of State Leaders of Health and Physical Education, in coordination with the FoSE Initiative.⁵ The FoSE Initiative is a partnership between Advocates for Youth, Answer, and SIECUS, three organizations that seek to promote the institutionalization of comprehensive human sexuality education in public schools.

In January 2012 the "National Sexuality Education Standards: Core Content and Skills, K–12" was published in the *Journal of School Health*. This document's purpose is to "provide clear, consistent, and straightforward guidance on the essential minimum, core content and skills for sexuality education that is developmentally and age-appropriate for students in grades Kindergarten through 12."⁶ Performance indicators for what students should know and be able to do are presented in these National Sexuality Education Standards,

and separated into seven topic areas. The chapters in this book correspond to each of the seven topic areas:

1. Anatomy and Physiology
2. Puberty and Adolescent Development
3. Identity
4. Pregnancy and Reproduction
5. Sexually Transmitted Infections and HIV
6. Healthy Relationships
7. Personal Safety

The full text of the NSES may be downloaded from the FoSE website, www.futureofsexed.org. For a detailed explanation of how to read the performance indicators, you may refer to page 11 of the NSES document.

The NSES are based on a theoretical framework that includes the social learning theory and the social cognitive theory, as well as the social ecological model for prevention.⁷ This framework recognizes that before a behavior is “taken on,” a person has both individual and environmental factors to manage. Individual factors include what teenagers perceive as relevant information, their perceptions of possible consequences for partaking in certain behaviors, their ability to act in a particular manner (self-efficacy), personal skill development, and affective and emotional aspects of learning.

Environmental factors pertain to the social and physical world around the individual.⁸ This includes “social norms,” or the behaviors perceived as typical among members of a group or within society at large. For teenagers, the environment can include their family as well as friends, peers, school, and the media. By watching the behaviors of the surrounding world, people “experience” potential consequences of or responses to those behaviors. These consequences or responses can be positive or negative.

These individual and environmental factors interact with one another, leading individuals to readjust their behaviors according to the consequences or responses received. Furthermore, the ecological model recognizes that an individual begins with himself as a center core and has layers of influence surrounding him.⁹

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

First published in 1995, the NHES were developed to establish and promote health-enhancing behaviors for students at all grade levels. The NHES are written expectations for what students should know and be able to do to promote personal, family, and community health. They provide a context for curriculum development and selection, instruction, and student assessment in health education. With support from the American Cancer Society, the Joint Committee on National Health Education Standards was formed to develop the standards. *National Health Education Standards: Achieving Excellence* (2nd edition) was published in 2007 by the American Cancer Society.¹⁰ The NHES have become an accepted reference on health education, providing a framework for the adoption of standards by most states.

Within this book, every lesson references one or more of the NHES, focusing not only on health knowledge but also on important health skills. These standards, included in the 2007 NHES book,¹¹ read as follows:

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

BOOK FORMAT

We developed the lessons in this book by drawing on our over fifty combined years of classroom experience in teaching human sexuality at all levels. The learning experiences are designed to engage students in stimulating discussions to reflect not just their knowledge of human sexuality but also their personal beliefs, opinions, and values.

Each individual lesson is broken down into the following components:

- Title of the lesson
- Appropriate developmental level (middle school, high school, or both)
- Approximate time or duration of the lesson or activity
- Reference to the appropriate National Health Education Standards
- Reference to the appropriate National Sexuality Education Standards and performance indicators
- Rationale for the lesson
- Required teacher preparation and materials
- Procedural steps for facilitating the lesson
- Suggested questions for processing the lesson
- Suggestions for diagnostic, formative, or summative assessments

The majority of lessons involve an opening activity to immediately engage students, followed by discussions and student-centered learning experiences. The lessons include assessments that range from constructed response questions to authentic assessments, as well as journal writing, simulations, demonstrations, role-plays, and other tangible products and performances. Health skills to be practiced are also recommended within specific lessons. Some sample rubrics are included to assist you in assessing students' acquisition of health knowledge and skills.

A teacher's supplement is available at www.josseybass.com/go/splendorio. Additional materials, such as videos, podcasts, and readings, can be found at www.josseybasspublichealth.com. Comments about this book are invited and can be sent to publichealth@wiley.com.

Also, if definitions of terms are needed, you can access the glossary of terms from the National Sexuality Education Standards by going to the FoSE website www.futureofsexed.org.

HOME-SCHOOL CONNECTION

Effective communication between parents or guardians and their child about sexual health has many positive effects for teens, including delaying the initiation of sexual intercourse and reducing risky sexual behaviors. Positive communication helps young people establish individual values and make healthy decisions. Some families are already talking about sexual issues, but for other families open communication may be more difficult.

Each chapter in the book contains a Home-School Connection activity that relates to the unit under study. Such activities are designed to open the lines of communication between parents or guardians and their child by raising potentially challenging topics for discussion. In addition, the activities provide parents or guardians with the opportunity to share their knowledge, opinions, and personal values with their child.

In some cases, students are not comfortable discussing sexuality issues with parents or guardians. In these instances, you should encourage students to complete the activity with one or more trusted adults, such as a relative, coach, counselor, or clergy member.

On the day the Home-School Connection worksheet is due, you can ensure that the activity has been completed and signed by the student and at least one adult by noting the signatures. *This worksheet will not be collected or graded.* Students and parents or guardians have the option of passing on any parts of the activity in which they do not feel comfortable sharing.

Follow-up class discussions should focus on clarifying information, and on sharing and respecting the diversity of opinions and values parents or guardians may have in regard to human sexuality. All information in the Home-School Connection activity will remain private, and students do not have to share any of their personal opinions or values (or those of their parents or guardians) that they wish to keep confidential.

Note: Some sexuality curricula have similar optional "parent or guardian homework." You should use your own judgment in deciding how best to incorporate such assignments.

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GENERAL GUIDELINES FOR ADAPTING HUMAN SEXUALITY EDUCATION LESSONS FOR STUDENTS WITH SPECIAL NEEDS

Darrel Lang, EdD

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For a variety of reasons, parents or guardians and educators find teaching about human sexuality a difficult task. It is even more challenging when teaching students with special needs. All students, including students with special needs, should be provided with comprehensive human sexuality education, but students with intellectual and developmental disabilities are often exempted from class when the topic of human sexuality is discussed. Usually this exemption is granted because most educators have had little or no formal education in the teaching of human sexuality to students with special needs. On a personal level, the discussion of sex and sexuality with any group of students can make most educators uncomfortable, and this is particularly the case when students have special needs. Cultural, ethical, religious, and moral issues influence human sexuality education, and human sexuality education is a “red flag” that causes considerable controversy in communities across the United States. Some parents or guardians believe that education about human sexuality should be done in the home and only by them. Research has shown, however, that 90 percent of parents with children in grades seven through twelve think that schools should do more on the topic of human sexuality.¹

Parents or guardians are the primary sexuality educators of their children. However, it is very difficult for them to be the *sole* sexuality educators of their children, unless they do not allow them to watch TV, listen to music, read a book, or talk to anyone!

One of the main reasons students with special needs should be taught about human sexuality is that these students are two to three times more at risk of sexual abuse compared to the general population. Students with special needs may not have adequate education about human sexuality because of several areas of deficiency that may lead to vulnerability. The areas of deficiency are

- **Knowledge.** Students with special needs often have less knowledge than other students about their body and their sexuality. These students are also often more prone to having received misinformation.
- **Social skills.** Students with special needs may have limited opportunities for social development. This may result in their exhibiting improper behaviors, such as inappropriate hugging or inappropriate demonstration of affection. In addition, students with special needs may not have the ability to resist negative peer pressure. Appropriate social skills can be developed through activities that address communication, refusal skills, and decision making.
- **Judgment.** Many times, students with special needs demonstrate poor judgment and an inability to control their impulses when making decisions.
- **Self-esteem.** The keystone of human sexuality education is self-esteem. Students who have low self-esteem are often more likely to participate in risky behaviors in an effort to be accepted by their peers. Many students with special needs have low self-esteem and are easily coaxed by their peers to perform risky behaviors.

When planning a human sexuality education program for students with special needs, one should consider four questions:

1. How do students' particular disabilities affect their social-sexual development?
2. How does the disability affect their needs?
3. How does the disability affect their ability to learn the information?
4. What other or extra information or materials may be needed or used to address their disability so that they can learn the information?

The student with special needs can usually be successful if given appropriate time to assimilate the information, complete the assignments, build a foundation of knowledge and skills from each proceeding lesson, and practice the appropriate skills. Accommodation and modification should always be kept in mind when planning lessons for children with special needs. These terms are defined as follows:

Accommodation—a change made to the teaching or testing procedures to provide a student with access to information and to create an equal opportunity for the student to demonstrate knowledge and skills.

Modification—a change in what a student is expected to learn, demonstrate, or both. Although a student may be working on modified course content, the subject area remains the same as for the rest of the class.

Modifications and accommodations for general education should be made in regard to (1) instruction, (2) assignments, (3) content and materials, and (4) assessments.

Modifications and accommodations for *instruction* include

- Peer teaching
- One-on-one instruction
- An adjusted pace of the lesson or lessons
- An adjusted amount of material taught
- Hands-on instruction
- Review and practice
- Reteaching of basic concepts
- Cooperative learning
- Pre-assessment of needs
- Use of student-focused learning strategies:
 - Graphic organizers
 - Highlighting
 - Study guides
- Direct instruction

Modifications and accommodations for *assignments* include

- Shortened assignments
- Alternative choices
- Extra time for completion
- Breaking down assignments into smaller steps
- Directions given both in written format and orally
- Framed assignments
- Text alternatives
- Alternative grading
- Use of technology

Modifications and accommodations for *content and materials* include

- Use of audiotapes or CDs
- Use of Braille or larger print
- Use of books that are off grade level
- Use of visual aids

- Fewer problems given, and fewer words on a page
- Highlighting text to teach the most important concepts

Society places many obstacles to healthy sexual development and expression for students with special needs. When working with these students, we need to guard against negative attitudes as well as myths and misconceptions. Sexuality education for students with special needs requires a certain degree of individualization. The student's Individualized Education Plan (IEP) can be used as an instrument for adapting the sexuality curriculum for the student. If human sexuality education is written into the IEP, it is more likely to be designed and delivered according to the specific needs of the individual student. As health and sexuality educators, it is our responsibility to make sure that we provide for the sexual health of students with special needs.

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Sentence stems to be completed have been used by health educators for many years to stimulate critical thinking and affectively based discussions. However, the concept of using these sentence stems in a structured, organized manner was adapted from Robert's book, *Up Close and Personal: Effective Learning for Students and Teachers*. Robert is an award-winning, highly respected health educator with over thirty years of experience as a classroom teacher. He has also presented workshops in New York State as well as at national and international conferences. Further, he has been an active member in several health education organizations and a true advocate for high-quality health and sexuality education. Robert can be contacted at trustinbob@aol.com.

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