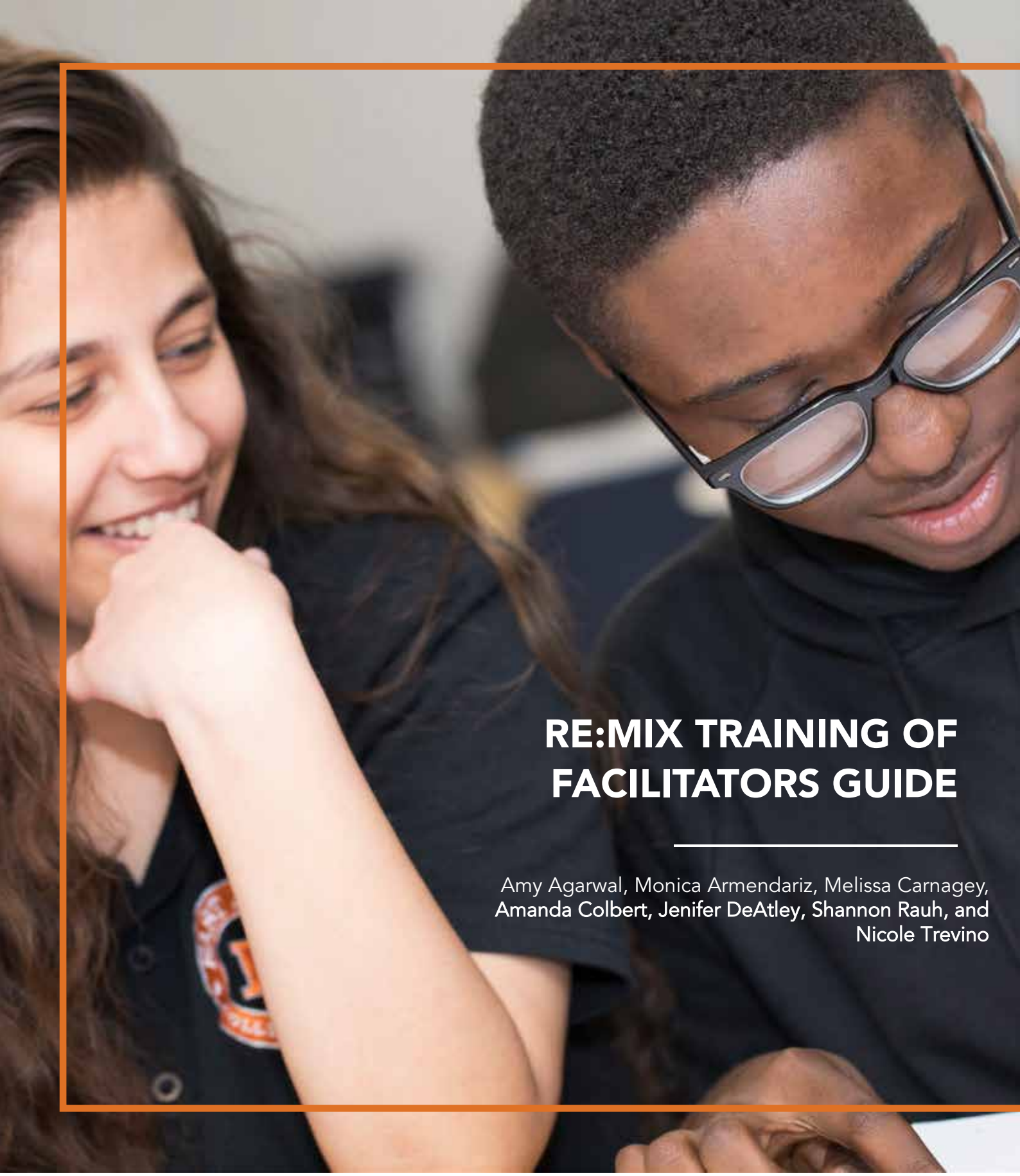

RE:MIX TRAINING OF FACILITATORS GUIDE

Amy Agarwal, Monica Armendariz, Melissa Carnagey, Amanda Colbert, Jenifer DeAtley, Shannon Rauh, and Nicole Trevino

RE:MIX
MAXIMIZE, IMAGINE, EXPLORE

EngenderHealth
for a better life

IMPLEMENTATION NOTE

EngenderHealth implemented this program with youth aged 14 to 18 in Texas, between 2015-2019. The information in this publication reflects concepts and best practices that the authors deemed comprehensive and relevant to their target beneficiaries at the time of production. As the authors recognize that the landscape surrounding sexual health, identity, and safety are continually evolving and expanding, future users should consider incorporating updated language, inclusivity concepts, and other best practices as appropriate.

Additionally this guide is part of a full implementation suite that includes the *Re:MIX Program Implementation and Adaptation Manual*; *Re:MIX—Supporting Youth to Maximize their Strengths, Imagine a Healthy Future, and Explore their Identities (the curriculum);* and optional *Professional Development and Leadership Guide*. Further, this suite of materials in part built upon our earlier work and resultant materials from the Gender Matters program. For copies of these materials, please visit www.engenderhealth.org.

ENGENDERHEALTH

EngenderHealth is a global women's health and sexual and reproductive rights organization. We train healthcare professionals and partner with governments and communities to make quality sexual and reproductive health services available today and for generations to come.

EngenderHealth envisions a gender-equal world where all people achieve their sexual and reproductive health and rights. To achieve this vision, EngenderHealth implements high-quality, gender-equitable programs that advance sexual and reproductive health and rights. All of our work is guided by five core values: diversity, equity, and inclusion; evidence and innovation; engagement and collaboration; leadership and learning; and organizational effectiveness.

To learn more about EngenderHealth, visit www.engenderhealth.org.

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APPENDICES

ACKNOWLEDGMENTS

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Jenifer DeAtley, Nicole Trevino, and ***Mandy Colbert*** led the design of the Re:MIX intervention with the support of ***Nicole Lezin*** and an Advisory Board (detailed below).

Mandy Colbert, Nicole Trevino, and ***Corey Jones*** spearheaded the launch, pilot, and early revisions of the Re:MIX Training of Facilitators (TOF), ***Jenifer DeAtley*** served as Co-Principal Investigator and Project Director during the study period of the program, and supported content development for this guide. ***Shannon Rauh*** and ***Monica Armendariz*** provided significant content and revisions throughout after the pilot year. Monica also provided programmatic leadership during implementation and of the finalization of the Re:MIX product suite. ***Melissa Carnagey*** and ***Amy Agarwal*** were instrumental in enhancing the guide for final production.

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- ***Child Trends*** served as the project's lead evaluation partner. Jennifer Manlove served as the Co-Principal Investigator, with vital support from team members Samantha Ciaravino, Bianca Faccio, Jane Finocharo, Shelby Hickman, Jenita Parekh, Heather Wasik, April Wilson, Kate Welti, and Brooke Whitfield.
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- The project's ***Advisory Board*** included Corey Jones, Genevieve Martinez-Garcia, Judy Herrman, Celia Neavel, and Pam Wilson.
- ***OutYouth*** staff and youth served as reviewers for the curriculum, ensuring inclusive language and culture were present throughout.
- ***Bring Light and Sound*** contributors Luke Lashley, John Monroe, and Shelby Hicks created digital content, including informational videos, digital story-shares, and PhotoVoice videos.
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This manual was designed by Fluyt and edited by Amy Agarwal and Molly Platz, with photo credit to Will Gallagher at Will Gallagher Studios.

INTRODUCTION TO THE GUIDE

TRAINING OVERVIEW

The Re:MIX Training of Facilitators (TOF) is a 40-hour training program designed to prepare peer and health educators to implement the Re:MIX curriculum.

While there will be a diverse set of knowledge and experiences within the educator teams, the training program is designed around the primary assumption that peer and health educators are starting with limited knowledge of the Re:MIX program and that peer educators will have limited facilitation experience. The TOF is meaningfully structured to progress through content at a manageable pace to ensure participants have opportunities to absorb, contextualize, and apply learning over time through mini-lectures, visual aids, demonstrations, and direct interactions with the material.

This is a robust training designed to build confidence among young facilitators and to ensure that the program is implemented with quality and fidelity. We strongly discourage truncating this training and instead recommend building in the training time required to implement this TOF with as much fidelity as possible.

Regardless of the spectrum of experience between your peer and health educators, we ask that both participate in almost the entire training together, in order to facilitate bonds and to enable participants to build on the knowledge, strengths, and expertise in the room.

For sample job descriptions for peer and health educators, please refer to the Re:MIX Program Implementation and Adaptation Manual.

TRAINING GOALS

The TOF training goals are:

- Strengthen the capacity of new Re:MIX facilitators (peer and health educators) with the skills, knowledge, and confidence they need to deliver sexual and reproductive health (SRH) education effectively to youth.
- Strengthen the capacity of new Re:MIX facilitators (peer and health educators) with the skills, knowledge, attitudes, and confidence needed to deliver the Re:MIX curriculum effectively to youth.
- Establish a strong team of facilitators and program staff through bonding, practice, and engagement.

TRAINING STRUCTURE

The training comprises four sections, each covering a specific set of interrelated topics. At the beginning of each section, you will find an overview of the modules, learning objectives, and time and materials needed. There are detailed training plans within this guide as well as presentation slide decks and a series of appendixes containing a comprehensive External Resources Reference List (0-A), participant handouts, and facilitator reference materials. The guide is comprised of four sections.

- Section 1: Welcome and Introduction to Re:MIX
- Section 2: Foundations of Adolescent Sexual and Reproductive Health
- Section 3: Facilitation and Inclusion Strategies
- Section 4: Fidelity, Quality, and Reporting

You can adapt the TOF to effectively reach or engage all learners by:

- Providing ongoing opportunities for participants to share their knowledge and experience with trainers to inform revisions to the length of training modules
- Scheduling refresher trainings for team members who may benefit from revisiting certain content
- Enlisting health educators with specific expertise and experience to lead portions of the training
- Providing the content in virtual or pre-recorded formats (refer to the Training Video section for more information)

PRETRAINING AND POSTTRAINING SURVEYS

Pretraining surveys are useful for establishing a baseline understanding of your facilitators' knowledge and capabilities before you finalize your TOF plans. You may choose to reduce or enhance training materials based on survey results.

After completing the TOF, you can also have facilitators complete a posttraining survey to assess learning comprehension and evaluate increases in their knowledge and confidence levels. You can use this data to plan any necessary follow-up coaching and training activities.

See Appendix 0-B for a Sample Pretraining/Posttraining Survey.

TRAINING ICONS

Within training plans, you will find two helpful visual elements:

Call out boxes, which provide useful tips for delivering and/or adapting content, based on lessons learned and best practices

Flip chart visuals, which represent words or images for facilitators to create on flip chart paper.

Professional Development and Leadership Program Guide references that will be useful for implementing the Professional Development and Leadership Program
Note: *Refer to the Re:MIX Program Implementation and Adaptation Manual and the Professional Development and Leadership Program Guide for more information.*

DEMOS

Throughout the training, it is important to weave in demonstrations ("demos") of Re:MIX sessions. Each demo should last approximately one hour and 10 minutes in order to ensure adequate time for facilitating the full session and debriefing with the group. We recommend having the primary trainers conduct the first two or three demos (you can invite a former or experienced peer educator to help with these initial demos) and then allowing the participants to complete rest of the demos. If possible, you should include adequate time for demos of all 10 sessions. This will ensure all participants have opportunities to practice their facilitation skills, provide feedback to each other, and receive coaching from primary trainers before they begin with facilitating sessions with students.

We suggest incorporating demos into the training plans as follows:

- Section 1: Demo of Session 1, facilitated by two primary trainers
- Section 2: Demo of Session 2, facilitated by two primary trainers
- Section 3: Demos of Sessions 3–5, facilitated by peer and health educators
- Section 4: Demos of Sessions 6–10, facilitated by peer and health educators

Plan to provide a reasonable amount of time for the participants who will facilitate the demos to review and prepare for the session with their assigned co-facilitator.

The section narratives provide detailed information regarding how to structure the demos. While not ideal, we recognize that implementing all 10 demos may not always be possible due to limited schedules or timelines. Therefore, we have also included recommendations for adapting demos in each section.

SCHEDULING TRAINING

We recommend that you schedule this training over the course of several weeks or a month in order to ensure participants have adequate time to properly absorb, contextualize, and process all of the training content and practice the skills they are learning. In the flagship program, EngenderHealth engaged part-time educators who were juggling the responsibilities of being young parents with their participation in the program, so we strategically scheduled training sessions in order to ensure they were manageable and within part-time schedules. We also advise hiring educators a full month in advance of the school year (i.e., when they will begin implementing Re:MIX in the classroom) to allow ample time for completing the TOF.

If you are unable to schedule your training in this manner, you may choose to deliver in back-to-back sessions, to reduce the number of demos, or to revise the trainings. You should base any such adaptations on findings from your pretraining survey.

If you implement the full TOF as prescribed in this guide, you should allot 40 hours of training time (excluding breaks). Reference each section for an overview of each module's training time.

WHO SHOULD FACILITATE THE TRAINING

At least two primary facilitators with SRH knowledge and/or prior experience implementing Re:MIX or similar adolescent health programs should facilitate the TOF.

Given the robust nature of the TOF, we also recommend engaging multiple trainers. Consider engaging former Re:MIX peer or health educators (or peer educators with other youth SRH experience) to serve as training partners.

TRAINING VIDEOS

These professional videos are available on EngenderHealth's YouTube page. They are linked in a few training plans, but you can integrate them as you see fit to support the TOF.

- **Re:MIX Program Overview** available at https://bit.ly/2qV5bsJ
- **Re:MIX Frequently Asked Questions (playlist)** available at https://bit.ly/2Y856Ot
- **Julie's Story** available at https://bit.ly/2RdonfK
- **Re:MIX Digital Stories** available at https://bit.ly/2qeP6h9
- **Peer Educator Classroom Story Shares** available at https://bit.ly/PE-Story-Share

CONSIDERATIONS FOR ADDITIONAL TRAINING CONTENT

You may wish to conduct additional trainings based on the unique needs of your facilitation team. Herein are our recommendations for supplemental trainings.

- **Training session recaps.**
  - » Before beginning a new training session or day, ask participants to share a brief recap of what they learned during the last training session or day.
  - » Add time for a quick quiz or trivia game at the end of each section of the TOF. Kahoot![1] is a free, interactive online quiz form that allows participants to use their phones to text answers.

- **Additional team building sessions for peer and health educators.** The TOF includes icebreakers and energizers throughout the training that can support team building, but you may want to consider additional team building sessions and activities. See Appendix 0-C for Additional Icebreakers and Energizers.

- **Special sessions to discuss quality standards and the program's goals and benchmarks.** If you will be evaluating Re:MIX, it is important to explain your expectations (such as your targets or target ranges for observation scores) and the quality improvement processes that you will use with the team to assess progress. Refer to the Re:MIX Program Implementation and Adaptation Manual for more information about the evaluation tools available.

- **Additional behavior management training.** Your team may require additional training specifically to address behavior management issues associated with youth education programs. In the original Re:MIX program model, students' teachers were present in the classroom during sessions to support behavior management; this is particularly helpful in supporting educators who are not employed by the school. Additionally, Re:MIX educators may benefit from aligning their facilitation approaches to existing school or community approaches; to support such alignment, we recommend having your educators participate in trainings that are already being offered to teachers within the school or community.

- **Tips for working with school and community partners.** This may include information related to key staff, cultural needs, approaches to behavior management, and logistics for the learning space.

- **Data related to adolescent sexual and reproductive health (ASRH), teen pregnancy, and parenting youth from the target geographic area.** Check with the US Office of Population Affairs and the US Centers for Disease Control and Prevention (CDC) to obtain this information, which can provide useful context to educators.

- **Historical information and preliminary data from the Re:MIX pilot program.** Consider using this information to motivate your educators by sharing results that they can similarly achieve. Please contact EngenderHealth staff for this information.

- **Time management coaching and resources.** Consider providing or linking educators with additional resources that can help them make the best use of their time for planning, practicing, facilitating, and debriefing after Re:MIX sessions. Refer to the Re:MIX Program Implementation and Adaptation Manual for tips on scheduling peer and health educator work sessions and team meetings.

- **Additional tips for professional communication and representation of Re:MIX in the community.** This includes any requirements for dress code, expectations for interacting with partners, and guidance for speaking about the program in the community. If your educators are external staff of the school or community program, we recommend providing Re:MIX branded tee-shirts or nametags that they can wear so that they are easily recognizable.

1. Kahoot! n.d. https://kahoot.com/b/.

PREPARING FOR THE TRAINING

BEFORE

- [ ] Fully review the TOF Guide, including all training plans, handouts, and slides.
- [ ] Finalize and conduct a pretraining survey.
- [ ] Identify your TOF trainers and convene planning meetings to delegate content, roles, and tasks.
- [ ] Discuss and add any other trainings that may be needed, based on the pretraining survey or observations.
- [ ] Determine the time and logistics for curriculum demos and incorporate this information into your schedule.
- [ ] Order or gather any Re:MIX swag desired for participants, such as Re:MIX tee-shirts.
- [ ] Plan your training agenda and schedule, including adequate breaks. We recommend including, at a minimum, a five-minute break for every 1.5-2 hours of content.
- [ ] Reserve spaces to conduct trainings.
    - [ ] We recommend reserving spaces that mirror the classrooms or spaces that facilitators will use to deliver the curriculum to youth. If possible, it can be helpful to conduct the TOF (or at least a portion of the training, such as the demos) in the actual spaces where the educators will eventually deliver the curriculum.
    - [ ] Ensure training spaces have adequate space for training technology, visuals, and movement. If you are planning to utilize whiteboards or chalkboards (for example, instead of flip charts), ensure the space is equipped accordingly.
- [ ] Print or gather and organize participant handouts and materials. Refer to each section for a list of materials needed for each module.
    - [ ] Prepare copies of all required handouts, one copy for each participant. We recommend downloading all of the handouts in advance and organizing them in binders for participants to use, as they will receive many materials over the course of the training. Alternatively, you can provide binders at the beginning and distribute handouts during the relevant session for them to add to their binders.
    - [ ] Prepare copies of the Re:MIX Curriculum and Student Handbooks, one copy for each participant.
    - [ ] Prepare Re:MIX facilitator kits.
    - [ ] Prepare a model notecard knowledge box.
    - [ ] Review and print slide handouts.
- [ ] Coordinate any logistics for recording trainings for future viewing, if you opt to record sessions.
- [ ] Coordinate logistics for snacks, lunches, and breaks.
    - [ ] Determine if/when you can provide meals or snacks to participants and/or if/when they will need to bring their own meals.
    - [ ] Have water and small snacks available during each training session if possible. Otherwise, locate nearby options (e.g., beverage and snack machines) or direct participants to bring their own drinks and snacks.
    - [ ] Identify nearby locations and spaces for breaks and meals.
- [ ] Share the training schedule, location details, and logistical information with participants in advance of the training. Give participants adequate time to prepare to attend the training, considering they may need to make arrangements related to transportation, meal planning, and childcare.

DURING

- [ ] Adjust plans and schedules, as needed.
- [ ] Communicate with participants about schedule updates or changes, as necessary.
- [ ] Monitor participants throughout and ensure there are sufficient breaks.
- [ ] Monitor participants' comfort levels with the room and training spaces, and adjust as necessary.
- [ ] Debrief with co-trainers after completing each training module or at the end of each training day to discuss observations and feedback and to make real-time adjustments.

AFTER

- [ ] Conduct a posttraining survey and determine what follow-up (additional training, demos, or content) is necessary for your participants.
- [ ] Share slides, photos, videos, and digital copies of training content with participants for future reference. We suggest you do this at the end of each training day. We also suggest creating an online storage platform or producing flash drives with all of the training materials preloaded that you can share with facilitators at the end of the TOF.
- [ ] Schedule additional refresher trainings and demos, as needed.

THE RE:MIX CO-FACILITATION MODEL

The Re:MIX model is designed to pair one peer educator and one health educator to teach the entire curriculum together. It is important that anyone supervising educators have an evidence-informed understanding of co-facilitation models through previous experiences and reviews of the latest research.

Review the Re:MIX Program Implementation and Adaptation Manual for more information on the Re:MIX co-facilitation model. Consider identifying and reviewing other available resources, such as the Co-Facilitation Styles[2] brief developed by Hall McMaster & Associates Limited (HMA).

Here are a few tips for supporting facilitators as individuals and implementing a meaningful co-facilitation model within Re:MIX:

- **Review and implement a TOF module on co-facilitation.** Use the material in the TOF to familiarize yourself with our recommended strategies and approaches for co-facilitation. You can enhance this information with co-facilitation practices you are already using.

- **Optimize facilitator pairings.** Project staff and supervisors should collaborate to openly discuss and identify optimal pairings. Consider your educators' skill levels, personalities, availabilities, and diversities and observe how educators work together during their onboarding and the TOF to anticipate successes and challenges related to group dynamics. Once you have assigned pairings, provide ample opportunities for co-facilitation teams to plan and practice together and to build shared visions and plans for their classrooms.

- **Create inclusive, equitable relationships.** Consider how any age or cultural differences may create initial barriers to collaboration between health educators and peer educators. Anticipate and mitigate power imbalances as soon as possible. Start by reviewing the roles and responsibilities for educators, explaining all shared and individualized expectations, and promoting a culture of collaboration and shared expertise. Remember—and remind participants—that each educator brings a unique set of knowledge and experience to the team, offering ongoing opportunities for shared learning. We do not recommend implementing a structure where health educators supervise or formally mentor peer educators, as we have found this creates and reinforces power imbalances.

- **Practice, practice, practice!** Co-facilitators should regularly demo parts or complete sessions together before delivering the content to participants. This is a cornerstone of the TOF.

- **Prepare participants to solve problems collaboratively.** Co-facilitation requires practice, collaboration, and openness to feedback. In addition to the potential power imbalances discussed previously, differences in personalities and teaching styles can create challenges for co-facilitation. It is important to proactively create opportunities and processes for co-facilitators to openly discuss challenges and solve problems as they begin to work together. We suggest using meetings and refresher trainings to workshop facilitation strategies, teamwork skills, and communication protocols. Further, while our program model empowers educators to learn communication and collaboration skills, to reinforce the importance and value of accountability, and to create solutions together, you will need to be available to provide support and mediation, as needed.

- **Address transitions.** When educators leave or join the program outside of the planned hiring periods, the team is vulnerable to low morale, may face scheduling issues, and will need to adjust to new pairings. Departing facilitators should be encouraged to close out thoughtfully with their co-facilitators. If that is not

2. Hall McMaster & Associates Limited (HMA). n.d. *Co-Facilitation Styles.* Canterbury, New Zealand: HMA. https://www.hma.co.nz/wp-content/uploads/2016/01/Co-facilitation-styles.pdf.

possible, efforts should be made to give the remaining co-facilitator space to manage emotions and logistics related to the departure. When new hires join established teams, educators will need to quickly learn about each other and how best to work together. This may be a good time to temporarily involve a third educator until everyone is settled.

- **Include a third educator thoughtfully.** There may be times when including a third educator in a classroom is beneficial for the training or programming (for example, to address previously mentioned challenges). If you will be including a third facilitator, ensure their role is clearly defined for all of the educators involved.

PARTICIPANT TRAINING MATERIALS

All participants should receive a set of core training materials and supplies. We suggest preparing participant kits with the following items:

- ☐ Hard copy of the Re:MIX Curriculum
- ☐ Hard copy of the Re:MIX Student Workbook
- ☐ Re:MIX tee-shirt
- ☐ Re:MIX swag (EngenderHealth previously produced branded pens, phone cases, and lip balms)
- ☐ Facilitator binder or folder containing:
  - ☐ Printed copies of all of the TOF presentation slides
  - ☐ Printed copies of all of the TOF handouts
  - ☐ A set of divider tabs and/or page flags
- ☐ Set of pens and markers
- ☐ Blank paper or notebook

Digital copies of the Re:MIX Curriculum, Re:MIX Student Workbook, and Re:MIX logo are available on EngenderHealth's website.

Determine the best way to package trainer supplies for your participants—for example, consider placing all of the items in fabric shopping bags that participants can use during the TOF as well as during their time implementing Re:MIX in the classroom. Regardless of how you decide to package these materials, be sure the kits are ready before you begin the training process, as they are a part of the first module of training.

SECTION 1

WELCOME AND INTRODUCTION TO RE:MIX

Module	Time	Learning Objectives	Materials
1.1: Training of Facilitators Overview	50 minutes	• Identify the TOF trainers and all of the other TOF participants by name. • Explain the overall goals and structure of the Re:MIX program. • Describe the overall goals and structure of the Re:MIX TOF. • Describe and apply group agreements.	☐ Re:MIX TOF Section 1 presentation ☐ Laptop, projector, and speakers ☐ Nametags ☐ Flip chart paper labeled "Group Agreements" or "The Code" ☐ Paper, pencils, pens, and markers ☐ Flip chart paper labeled "Parking Lot" ☐ *(Optional)* Training sign-in sheets ☐ *(Optional)* Detailed training agendas and schedules
1.2: Key Features of Re:MIX	1 hour, 5 minutes	• Explain the key features of the Re:MIX curriculum. • Describe the purpose of each unit within the Re:MIX curriculum. • Describe the structure of session plans. • Identify the major components of the Re:MIX curriculum kit. • Describe the purpose of the notecard knowledge box.	☐ Re:MIX TOF Section 1 presentation ☐ Laptop, projector, and speakers ☐ Re:MIX Curriculum ☐ Re:MIX curriculum kits ☐ Re:MIX Scavenger Hunt handout (Appendix 1-A) ☐ Re:MIX Scavenger Hunt Answer Key handout (Appendix 1-B) ☐ Pens ☐ Sample notecard knowledge box
1.3: Session Overviews	40 minutes	• Analyze curriculum content for future facilitation. • Describe the content and purpose of at least one Re:MIX session in detail.	☐ Re:MIX TOF Section 1 presentation ☐ Laptop, projector, and speakers ☐ Re:MIX Curriculum ☐ Paper, pencils, pens, and markers ☐ *(Optional)* Camera
1.4: The Roles and The Code *There is an adapted version of this training in the Professional Development and Leadership Program Guide.*	50 minutes	• Understand the roles of peer and health educators in school and community environments. • Identify supports and barriers to being effective peer and health educators. • Identify facilitator responsibilities to the program. • Agree on a peer educator and health educator code for the Re:MIX program.	☐ Re:MIX TOF Section 1 presentation ☐ Laptop, projector, and speakers ☐ Three to five small balls ☐ Sticky notes (small, in two colors) ☐ Flip chart paper with categories ☐ Paper, pencils, pens, and markers ☐ The Code and/or Group Agreements flip charts
(Optional) **1.5: Personal Identity and Values** *This is available in the Professional Development and Leadership Program Guide.*	Refer to the Professional Development and Leadership Program Guide.		
(Optional) **1.6: Working in Groups** *This is available in the Professional Development and Leadership Program Guide.*	Refer to the Professional Development and Leadership Program Guide.		
Trainer Demo: Session 1	Refer to the Re:MIX Curriculum.		

MODULE 1.1
TRAINING OF FACILITATORS OVERVIEW

Ideally, you have conducted a pretraining survey to inform the final design of your TOF. However, you can incorporate the pretraining survey into this module, if needed. If you conduct the survey during this session, be sure to include time to thoughtfully review results and adjust training plans afterward.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify the TOF trainers and all of the other TOF participants by name.
2. Explain the overall goals and structure of the Re:MIX program.
3. Describe the overall goals and structure of the Re:MIX TOF.
4. Describe and apply group agreements.

TIME: 50 MINUTES

MATERIALS

- ☐ Re:MIX TOF Section 1 presentation, slides 1–18
- ☐ Laptop, projector, and speakers
- ☐ Nametags
- ☐ Flip chart paper labeled "Group Agreements" or "The Code"
- ☐ Paper, pencils, pens, and markers
- ☐ Flip chart paper labeled "Parking Lot"
- ☐ ***(Optional)*** Training sign-in sheets
- ☐ ***(Optional)*** Detailed training agendas and schedules

ADVANCED PREPARATION

- ☐ Review presentation slides and prepare notes, as needed.
- ☐ Prepare facilitator bags (refer to the Introduction section for additional guidance).
- ☐ Prepare participant binder or folder (refer to the Introduction section for additional guidance).
- ☐ Prepare flip chart paper with a "Group Agreements" or "The Code" label.
- ☐ Prepare flip chart paper with a "Parking Lot" label.
- ☐ ***(Optional)*** Prepare and print sign-in sheets.
- ☐ ***(Optional)*** Prepare and print detailed training agendas and schedules.

PROCEDURE

INTRODUCTIONS AND GROUP ASSETS (5 MINUTES)

1. Welcome participants to the Re:MIX training and ask that everyone make themselves a nametag.

2. Show the Learning Objectives slide and ask participants to read the bullet points.

3. Display the Training Team Introductions slide. Briefly introduce yourselves and explain your experience with Re:MIX (current or past). If there are other trainers who will be involved but are not currently present, you can note that at this time.

4. Show the Group Introductions slide and ask participants to think of one asset (strength) that they bring to Re:MIX today. You can give your own example first, if it helps participants.

5. Divide participants into small groups and ask them to introduce themselves and share their assets with their group members.

6. Bring participants back to the large group to debrief. Acknowledge the talents and diversity of strengths in the room. Remind participants to refer to each others' nametags and encourage them to aim to meet all of their fellow participants by the end of the first day of training.

Depending on your current knowledge of the group, you can replace this icebreaker as you see fit. Keep in mind that participants will see and experience icebreakers from the Re:MIX curriculum in other sessions.

HOUSEKEEPING AND GENERAL LOGISTICS (5 MINUTES)

1. Show the Housekeeping slide and discuss any important housekeeping items, including a brief orientation to the training and training space. This may include the following:

    - Location of bathrooms, water fountains, and breastfeeding or new mother's room
    - Guidance for taking bio breaks or self-care breaks
    - Opportunities for minimizing distractions including expectations related to phone and computer use
    - An overview of the training agenda and schedules
    - Instruction for using the sign-in sheets and the Parking Lot flip chart

GROUP AGREEMENTS (5 MINUTES)

1. Display the Group Agreements slide and lead the group in a brief discussion about what group agreements are and why they are important to creating a productive, safe, and inclusive space for all participants.

2. On the flip chart paper labeled "Group Agreements" take notes of participants' suggestions. Avoid having too many agreements—we recommend focusing on approximately five.

3. Once you have your list, ask the group if everyone can agree to everything listed. If anything needs to be clarified or negotiated, take a moment to do that now so everyone understands the expectations set forth in the group agreements.

You can use The Code from the Professional Development and Leadership Program Guide, in lieu of creating new group agreements. Or, you can adapt the "Keep-Its" from the Re:MIX Curriculum. Make sure you bring in and post these agreements at all future TOF trainings.

RE:MIX OVERVIEW VIDEO AND DISCUSSION (15 MINUTES)

1. Show the first Re:MIX Program Overview slide and play the video.

2. Have participants work in pairs (with someone sitting next to them) to discuss the questions listed on the slide.

3. As a large group, have participants share their responses or other reactions to the video.

4. Show and discuss the Re:MIX Summary and Key Features and the What Does Re:MIX Mean? slides.

Bring in movie treats and set up seats like a theater to give this a fun vibe!

GOALS AND HISTORY OF RE:MIX (5 MINUTES)

1. Show the Goals of Re:MIX slide. Emphasize that the primary goal of the Re:MIX program is to reduce the rate of pregnancies and sexually transmitted infections (STIs) (also known as sexually transmitted diseases, or STDs) among youth aged 14–18 participating in Re:MIX. In addition, the program aims to achieve these behavior change goals:

   - Delay onset of sexual intercourse for youth not having sex
   - Increase the use of contraception among sexually active youth
   - Increase visits to adolescent-friendly SRH clinics

2. Show the Rationale for Re:MIX slide and discuss why comprehensive sex education is important (refer to the slide notes for some ideas). Ask a few participants to share what kind of sex education they received as adolescents.

3. ***(Optional)*** Show the History of Re:MIX and Preliminary Data slides and provide any additional information as you see fit, including sex education data from your area and additional findings from previous Re:MIX evaluations.

4. Explain that upcoming modules will delve deeper into the structure and content of the curriculum.

5. Record any lingering questions about Re:MIX, the TOF, or other topics that have arisen on the Parking Lot flip chart.

TRAINING GOALS (2 MINUTES)

1. Show the TOF Goals slide and read the goals listed.

2. Describe the two different focuses:

   - Sections focused on Re:MIX curriculum, facilitation strategies, and other implementation logistics will enable peer and health educators to explore, experience, and practice facilitating with their peers.

   - The introduction to ASRH part of the training will cover basic ASRH content in order to enable peer educators to deliver the Re:MIX curriculum with confidence. ***Note:*** *If you are not implementing this content, you can skip this slide and move directly to the TOF Structure slide.*

TOF STRUCTURE (3 MINUTES)

1. Display the TOF Structure slide and briefly describe the sections of content that the TOF covers.

   - **Welcome and Introduction to Re:MIX.** Explain this is the current section, which is designed to establish a foundation for the training by providing an overview of the Re:MIX curriculum, a basic understanding of its teaching methodologies, and a summary of the roles of peer and health educators.

   - **Foundations of Adolescent Sexual and Reproductive Health.** Note that this section will provide the basic ASRH knowledge that facilitators will need to understand in order to deliver the curriculum. This may be a refresher for some, especially health educators. ***Note:*** *If you are not implementing this content, provide a brief explanation at this time.*

   - **Facilitation and Inclusion Strategies.** Explain that this section provides tips for effective facilitation that the participants will need to apply to deliver Re:MIX. Note that participants will also have opportunities to practice co-facilitating sessions with their peers during this section.

   - **Fidelity, Quality, and Reporting.** Note that this section will review the importance of delivering the content as instructed and provide guidance on when and how adjustments may be appropriate. Explain that we will also discuss the team's roles in ensuring the curriculum is delivered with quality and strategies for giving and receiving feedback.

2. ***(Optional)*** Review any specific information regarding the TOF structure or your particular agenda and schedule as appropriate. This might include information about how you have structured the TOF in terms of the schedule for various sections (e.g., weekly or daily).

FACILITATOR BAGS (5 MINUTES)

1. Distribute the facilitator bags (either hand them to participants or have participants collect them from prearranged locations, such as a table or row of chairs).

2. Display the Facilitator Bags slide and review the items inside. Note which items they will be using during the TOF and which they can reference now for use during implementation of the Re:MIX curriculum, as per below.

    - **Re:MIX Curriculum.** We will reference this throughout the entire TOF. Ask participants to make sure they bring it to training each day. Provide any necessary guidelines for marking in the curriculum; for example, if you will expect them to return this at the end of the TOF, you may want to request that they use page markers and sticky notes and not write directly in it.

    - **Re:MIX Student Workbook.** Explain that this has handouts that accompany the Re:MIX sessions for students to complete. Again, provide any necessary guidelines for marking in the workbook.

    - **Re:MIX TOF binder or folder.** Explain that this will be their primary resource throughout the TOF and that this is where they can find and keep handouts and notes during the TOF so they will need to bring this to all of the training sessions. Note that they may also wish to bring this to their classroom and work sessions as a helpful reference.

    - ***(Optional)* Re:MIX tee-shirts and other swag.** We encourage participants to wear Re:MIX shirts when facilitating their classroom sessions and attending community events. (In our program, we require shirts.) If you know shirt sizes beforehand, you can drop these into the correct facilitator bags. Otherwise, you may determine to allow participants to grab their appropriate size at the end of this session.

    - ***(Optional)* Additional supplies.** Review any additional supplies you are providing to participants—including resources for taking notes and organizing materials. Some suggestions might include pens, highlighters, sticky notes, and page markers.

3. Give participants a few minutes to check their bags and to notify you if anything from the list appears to be missing. Make a note of any materials you may need to locate or reproduce to bring to the next session.

4. Remind participants that it is important that they bring these supplies with them to all of the TOF sessions. If there is a place where they can safely store these supplies at your training venue, you can share that information now.

CLOSING: EMOJI REFLECTIONS (5 MINUTES)

1. Distribute blank paper and markers.
2. Ask participants to draw an emoji (or series of emojis) that express how they are feeling about the TOF so far. Allow them to use their phones as a reference.
3. After a few minutes, ask everyone to finish their drawings and hold their pictures above their heads for the rest of the group to see. Ask participants to look around the room at their fellow participants' emoji reflections. Make your own notes of any emojis that signify issues that you may need to address separately.
4. Ask participants to share any additional goals they may have for the training. You can write these on the Parking Lot flip chart. Consider how you will address any added goals. You may need to find or develop new materials to support your participants in addition to what we have provided here.

MODULE 1.2
KEY FEATURES OF RE:MIX

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the key features of the Re:MIX curriculum.
2. Describe the purpose of each unit within the Re:MIX curriculum.
3. Describe the structure of session plans.
4. Identify major components of the Re:MIX curriculum kit.
5. Describe the purpose of the notecard knowledge box.

TIME: 1 HOUR, 5 MINUTES

MATERIALS

- Re:MIX TOF Section 1 presentation, slides 19–25
- Laptop, projector, and speakers
- Re:MIX curriculum kits, one per pair or small group of participants
- Re:MIX Curriculum
- Re:MIX Scavenger Hunt handout (Appendix 1-A), one per participant
- Re:MIX Scavenger Hunt Answer Key (Appendix 1-B), one per trainer
- Pens
- Sample notecard knowledge box with sample questions
- ***(Optional)*** Small prizes

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Prepare curriculum kits, one per pair or small group.

PROCEDURE

EXPERIENCES WITH CURRICULUM (5 MINUTES)

1. Inform participants that being a Re:MIX facilitator will require a comprehensive understanding of the key features and content of the Re:MIX curriculum.

2. Show the Learning Objectives slide and allow participants to review the bullets listed.

3. Ask a few participants to share examples of their experiences using curricula.

WARM-UP: RE:MIX CURRICULUM SCAVENGER HUNT (30 MINUTES)

1. Display the Curriculum Scavenger Hunt slide and distribute the Re:MIX Scavenger Hunt handout.

2. Give everyone 15 minutes to complete the handout, either independently or with a partner.

3. After 15 minutes, call time.

4. Review answers using the Re:MIX Scavenger Hunt Answer Key. It is important to discuss these answers as they introduce new facilitators to the curriculum and some of its features for the first time.

5. ***(Optional)*** Provide small prizes to participants for completing the exercise.

6. Inform participants that they will be spending the remainder of the TOF learning about the curriculum through activities and demonstrations.

THE RE:MIX CURRICULUM (10 MINUTES)

1. Review The Re:MIX Curriculum Structure slide and introduce the four units.

2. Display the Re:MIX Guiding Principles and Key Features slide and explain the bullet points listed.

3. Direct participants to flip through the Re:MIX Curriculum to review examples of symbols, session layouts, etc.

INTRODUCING THE NOTECARD KNOWLEDGE BOX (2 MINUTES)

1. Display the Notecard Knowledge Box slide and show participants your sample box with sample notecards. Direct participants to Session One in the Re:MIX Curriculum to illustrate when and how they will use the notecard knowledge box with students.

2. Discuss any logistics that facilitators may need to consider regarding where to keep and how to check the notecard knowledge box. ***Note:*** *You will review the notecard knowledge box again later in the TOF and may opt to postpone detailed discussions related to these logistics until then.*

EXPLORING THE RE:MIX CURRICULUM KITS (15 MINUTES)

1. Divide participants into pairs—each pair should have one peer educator and one health educator. If there is an odd number of participants or an uneven ratio of peer to health educators, then you can use small groups.

2. Distribute curriculum kits to participant pairs/groups and ask each pair/group to locate the Re:MIX Curriculum Kit checklist in the kit.

3. Tell participants that they have 10 minutes to review the checklist, examine the kits' contents, and discuss their first impressions, experience seeing or using the materials, etc. Encourage them to review the Re:MIX Curriculum to see when and how they will be using the materials.

4. After 10 minutes, instruct everyone to repack their kits neatly.

5. As a large group discuss the following:

    - *Which materials in the kit surprised you?*
    - *Which materials in the kit are you looking forward to learning more about?*
    - *Do you have any questions about the materials at this time?*

6. Let participants know that that they will have multiple opportunities to engage with the materials during demonstrations.

CLOSING: THREE WORDS (3 MINUTES)

1. Show the Three Words slide and ask participants to reflect on this module by sharing three words that describe how they are feeling at this point in the training.

2. Accept and acknowledge all responses. Determine if there is anything critical that needs to be addressed with the large group or one-on-one with individual participants.

MODULE 1.3
SESSION OVERVIEWS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Analyze the Re:MIX curriculum content for future facilitation.
2. Describe the content and purpose of at least one session in detail.

TIME: 40 MINUTES

MATERIALS

- Re:MIX TOF Section 1 presentation, slides 26–30
- Laptop, projector, and speakers
- Re:MIX Curriculum
- Paper, pencils, pens, and markers
- ***(Optional)*** Camera

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.

PROCEDURE

THE RE:MIX SESSIONS (5 MINUTES)

1. Display and review the Learning Objectives slide.

2. Show the Re:MIX Sessions slide and ask participants to refer to their copies of the Re:MIX Curriculum.

3. Ask participants to share a few initial reactions. For example, ask: *Which session(s) look most interesting and why?*

CURRICULUM EXPLORERS (30 MINUTES)

1. Tell participants that they will each be assigned one session to carefully review and then describe to the group. Distribute paper and pencils or pens for taking notes. ***Note:*** *If you have more sessions than participants, you can assign multiple sessions to each person.*

2. Show the Curriculum Explorers slide and review what they should plan to share with the group—as listed on the slide.

3. Assign sessions and tell participants they will have 15 minutes to review and take notes on their assigned session.

4. After the 15 minutes, ask participants to take turns standing and summarizing their session(s) for the larger group. Allow participants to ask questions and be prepared to provide clarifications, as needed.

CLOSING: FREEZE FRAME (5 MINUTES)

1. Ask participants to find someone they have not had a chance to work with yet and to stand together.

2. Show the Freeze Frame slide and tell the pairs that they will have a few minutes to think about a pose that captures something they have learned about Re:MIX so far that they can share with the group. Let them know that they will have the opportunity to explain their pose, too.

3. Have the pairs take turns holding their pose for 30 seconds while everyone else pretends that they are taking photos of them. Ask participants "taking photos" to describe what they are seeing and to guess what their partners' poses signify. Then, have the pair explain their poses to the group. Repeat the exercise until all of the pairs have had an opportunity to demonstrate and explain their poses.

4. ***(Optional)*** Take real photos for training memories.

MODULE 1.4
THE ROLES AND THE CODE

This is an adapted version of The Roles and The Code from the Professional Development and Leadership Program Guide. Use this version if you will not be implementing that component of the program with peer educators.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Understand the roles of peer and health educators in school and community environments.
2. Identify supports and barriers to being effective peer and health educators.
3. Identify facilitator responsibilities to the program.
4. Agree on a peer and health educator code for the Re:MIX program.

TIME: 50 MINUTES

MATERIALS

- Re:MIX TOF Section 1 presentation, slides 31–35
- Laptop, projector, and speakers
- A set of three to five small balls
- Sticky notes (small, in two colors)
- Prepared flip chart paper listing peer and health educator roles categories
- Paper, pencils, pens, and markers
- The Code and/or Group Agreements flip charts (from TOF Module 1.1)

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label flip chart paper with the four categories of roles of peer and health educators, as shown herein.

Provide Information	Be a Leader
Connect to the Community	Develop your Skills

- *(Optional)* Prepare any additional data or research on peer education to support the activity.

PROCEDURE

WARM-UP: BALL JUGGLE (5 MINUTES)

1. Show and review the Learning Objectives slide.
2. Have participants form a circle and give one of the participants one of the balls.
3. Instruct the participant to throw the ball to anyone in the group who is not seated or standing directly next to them. Repeat until all participants have had a chance to catch the ball.
4. Once the group completes the exercise have them do it again but this time introduce additional balls—explaining that they must throw to the same person each time—until the group begins dropping them.
5. Stop the exercise and have participants brainstorm how they can handle the added balls.
6. Show the Ball Juggle slide and discuss the importance of responsibility and embracing opportunities to contribute.

    - *How did participants do in demonstrating responsibility in trying to juggle the balls?*
    - *How does this relate to a team setting? (For example, being reliable for tasks, recovering from challenges quickly, staying positive, etc.)*
    - *What do you think responsibility should look like on your team?*

ROLES OF PEER AND HEALTH EDUCATORS (20 MINUTES)

1. Relate the juggling activity to an understanding of the roles and responsibilities of peer educators.
2. Explain that the Re:MIX facilitation model strategically employs and builds on a peer education approach by adding a health educator with technical knowledge and facilitation experience.
3. Ask participants to share examples of ways in which they have been positively influenced by their peers or have influenced their peers in positive ways previously. Then ask: *How and why do you think a peer approach might be useful in sexual health programs?*
4. Introduce major areas of responsibility for peer educators by displaying the Roles of Peer and Health Educators slide and showing the headers written on flip chart paper. Ask participants to name tasks that fit in each category. Write down their ideas, prompting them as needed. Here are some suggested items for discussion.

Provide Information	Be a Leader
• Share information related to SRH, STIs/HIV, and contraception • Provide health education • Listen and respond to questions	• Be a role model in and out of the classroom • Be an ambassador for Re:MIX • Contribute to team activities • Find new ways to lead and contribute
Connect to the Community	**Develop your Skills**
• Network with other people working in this field • Refer students to community resources	• Organize/plan sessions and activities • Develop presentation, facilitation, and storytelling skills • Enhance teamwork skills

5. ***(Optional)*** Share any additional data or research on peer education and/or co-facilitation and add notes as needed.

6. Inform participants that there are things and people that will support them and things that might create challenges as they fulfill these areas of responsibility. Using two different sets of colored sticky notes, ask everyone to identify one or more possible support and potential challenge. Identify which color sticky note is for challenges and which is for supports. Allow participants a few moments to write down their ideas and place their sticky notes in the corresponding area of responsibility. After participants have posted their sticky notes, bring the group back together to discuss.

7. Ask participants to volunteer to read sticky notes from each area for the start of the discussion. Facilitate a discussion around participants' sticky note responses on supports and challenges. Then discuss how the group can help each other overcome these and any other potential challenges. Encourage participants to share resources and tools that contribute to their growth and success.

THE PEER EDUCATOR/HEALTH EDUCATOR CODE (20 MINUTES)

1. In the first session, we created some group agreements specifically for the TOF. Inform participants that now they will create a group code to help them meet the responsibilities of being a peer or health educator. This code may be similar to the group agreements for this training, but should specify group expectations and agreements for the course of the entire program. There are two approaches for developing the code.

- ***If you are using a pre-determined code,*** prepare it in advance. You can show the Sample Code slide (which was produced by previous Re:MIX peer educators) and ask participants to review it and discuss suggested changes or additions. Write any updates on flip chart paper.

- ***If you are creating a new code,*** discuss suggested agreements for the code and ask the group to briefly define what it means to them. Prepare some examples in advance, in case the group struggles. (For example, you can build on the group agreements). Write down answers on a piece of flip chart paper.

2. Either have everyone sign the large code as a way of acknowledging that everyone agrees or print out the code to be signed by individuals for their files.

CLOSING: TEAM PHOTO (5 MINUTES)

1. Ask participants to contribute ideas for visually sharing/displaying the group agreements and The Code for the team.

2. Invite participants to share what they are most excited to start doing in their role.

3. Ask participants to gather as a group and pose for a team photo, which you can add to your group agreements and code visuals.

TRAINER DEMO
SESSION 1: INTRODUCING RE:MIX

LEARNING OBJECTIVES

After completing this demonstration, participants will be able to:

1. Describe the components of Re:MIX Session One.
2. Anticipate facilitation successes, challenges, and needs.
3. Apply the closing MIX to the TOF.

TIME: 1 HOUR, 10 MINUTES

MATERIALS

- Refer to the Re:MIX curriculum for required materials.

ADVANCED PREPARATION

- Refer to the Re:MIX curriculum for advanced preparation guidance.

PROCEDURE

1. Conduct a demo of Re:MIX Session 1 for participants, following the instructions provided in the Re:MIX Curriculum. Before beginning the demo, you will need to either:

    - Ask participants to pretend they are students attending the session. ***Note:*** *This option can be fun for participants while helping them imagine what their students may think or feel when they are facilitating this session in the classroom.*

    - Ask participants to pretend they are attending this session as themselves. ***Note:*** *This option can be useful in helping participants consider how the exercises apply to their lives today.*

2. After you complete the demo, spend 10–15 minutes debriefing with participants on the following questions:

    - *What did you learn from participating in this demo and observing the trainers facilitating this session?*
    - *How do you think students might feel after completing this session?*
    - *What important things might you, as a facilitator, learn about your Re:MIX students during this session?*
    - *What do you think you need to know or practice before facilitating this session in the classroom?*
    - *What is your personal MIX for the TOF?*

SECTION 2

FOUNDATIONS OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

Module	Time	Learning Objectives	Materials
2.1: Introduction to Adolescent Sexual and Reproductive Health	30 minutes	• Describe the overall goals and objectives of the ASRH training unit. • Identify the characteristics of a sexually healthy adolescent.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Flip chart prepared with "Know, Want, Learn" chart • Characteristics of a Sexually Healthy Adolescent handout (Appendix 2-A) • Markers and pens
2.2: What is Sexuality?	45 minutes	• Explain the difference between the terms "sex" and "sexuality." • Describe the five components of human sexuality and discuss their importance throughout the lifespan.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Circles of Sexuality handout, participant version[3] • Circles of Sexuality handout, facilitator version[4] • Definitions and Questions for Small Group Discussions about Sexuality handout (Appendix 2-B) • Flip chart paper labeled "Sexuality" and "Sex" • Extra flip chart paper and markers
2.3: Assumptions about Youth	50 minutes	• Explain why people make assumptions and how assumptions can be harmful. • Identify common assumptions made about youth. • Identify strategies for mitigating assumptions and stereotypes.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Assumptions about Youth handout (Appendix 2-C) • Assumptions About Me handout (Appendix 2-D) • Resisting Assumptions handout (Appendix 2-E) • Tape • Recycling bin
2.4: Personal Experiences with Sexuality	55 minutes	• Identify how personal values may influence comfort with and effectiveness in facilitating Re:MIX. • Examine how personal experiences related to learning about and discussing sex shape our values. • Explain the values of the Re:MIX program.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Sexuality Memory Search handout (Appendix 2-F) • Flip chart papers labeled "Agree" and "Disagree" and tape • Paper, pencils, pens, and markers

3. Advocates for Youth. 1995. *Life Planning Education: A Youth Development Program*. Washington, DC: Advocates for Youth.
129. https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/lpe.pdf.

4. Advocates for Youth. 1995. 123.

Module	Time	Learning Objectives	Materials
2.5: Getting the Gender Message ***Note:*** *This training mirrors Re:MIX Session 2 and can be approached as a demo.*	1 hour, 5 minutes–1 hour, 10 minutes	• Define and redefine gender norms in ways that build equitable relationships and promote health and well-being. • Articulate how they classify gender and gender differences. • Differentiate between gender identity, gender expression, sex assigned at birth, and sexual and emotional orientation. • Recognize, analyze, and question common, socially accepted media images and messages about gender. • Explain how harmful gender messages can negatively affect self-image, decision-making, relationships, and health.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Re:MIX Curriculum, Session 2 • Paper, pencils, pens, and markers • Flip chart paper labeled: "Messages Women Receive about Gender," "Messages Men Receive about Gender," and "Equitable Gender Messages" • ***(Optional)*** The Gender Unicorn[5] handout • ***(Optional)*** Gender Pronouns Guide[6] handout • Inclusive Terminology handout (Appendix 2-G) • Sample Media Images handout (Appendix 2-H) • Sample Media Images Facilitator Notes (Appendix 2-I)
2.6: Human Anatomy and Physiology	1 hour, 45 minutes	• Explain the importance of using anatomically correct vocabulary to refer to the human reproductive anatomy. • Describe the human reproductive system. • Identify the location and function of major anatomical parts. • Explain reproductive processes such as erections, ejaculation, ovulation, fertilization, implantation, and menstruation.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Flip chart papers labeled "Penis," "Vagina," "Knee," "Functions of the Reproductive System," and "Menstrual Cycle" • Reproductive System Puzzles[7] • Reproductive System: Anatomy and Functions handout (Appendix 2-J) • Anatomy Cards (Appendix 2-K) • Sexual Anatomy Questions handout (Appendix 2-L) • Prizes for puzzle activity • Markers and tape • Small ball
2.7: Puberty	50 minutes	• Demonstrate a thorough understanding of puberty and the changes that occur in adolescents' minds and bodies. • Identify several physical and emotional changes that occur (1) only in males, (2) only in females, and (3) in both males and females.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Flip chart paper labeled "Puberty" • Puberty Cards (Appendix 2-M) • Markers and tape • Small ball
2.8: Adolescent Development	35 minutes	• Explain the fundamental development of the adolescent brain. • Discuss the cognitive, emotional, physical, and sexual developmental milestones of youth ages 13–17.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Notecards, box, and pens • Adolescent Development Memory Game (Appendix 2-N) • Stages of Adolescent Development[8] handout

5. Trans Student Educational Resources. n.d. *The Gender Unicorn.* http://www.transstudent.org/gender/.

6. LGBT Campus Center at University of Wisconsin-Madison. n.d. *Gender Pronouns Guide. Madison: University of Wisconsin-Madison. https://lgbt.wiscweb.wisc.edu/wp-content/uploads/sites/175/2016/07/LGBTCC-Gender-pronoun-guide.pdf.*

7. United Nations Population Fund (UNFPA), Advocates for Youth, and United Nations Educational, Scientific and Cultural Organization (UNESCO). n.d. "Reproductive System Puzzle." *Lesson Plan— Sexual and Reproductive Anatomy and Physiology.* Washington, DC: Advocates for Youth. https://www.advocatesforyouth.org/wp-con-tent/uploads/storage//advfy/lesson-plans/lesson-plan-anatomy-and-physiology-part-i-and-ii.pdf.

8. Pawlowski, W. and Hamilton, G. n.d. *Stages of Adolescent Development.* New York: Cicatelli Associates, Inc. https://www.caiglobal.org/tctp/Files/Stages%20of%20Adolescent%20Development.pdf.

Module	Time	Learning Objectives	Materials
2.9: Sexually Transmitted Infections ***Note:*** *This training correlates to Re:MIX Session 8 and can be approached as a demo.*	1 hour	• Identify the most common STIs and discuss associated causes, transmission factors, treatment options, and prevention strategies.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Re:MIX Curriculum, Session 8 • Candy • Flip chart paper labeled with the following words "Transmission," "Symptoms," "Treatment," "Prevention," and "Responsibility" • Sexually Transmitted Infection Scavenger Hunt handout (Appendix 2-O) • STD CDC Fact Sheets[9] • ***(Optional)*** STI plush toys • Sexually Transmitted Infection Summary Chart handout (Appendix 2-P)
2.10: Contraceptive Methods ***Note:*** *This training correlates to Re:MIX Session 7.*	1 hour, 30 minutes	• Describe common methods of contraception, including how the method is used, its efficacy rate, where to obtain it, and its common side effects.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Re:MIX Curriculum, Session 7 • Contraceptive kit • Contraceptive Chart[10] handout • Small ball
2.11: How to Use a Condom ***Note:*** *This training correlates to Re:MIX Session 7.*	35 minutes	• Explain the correct order of steps to put on a condom. • Demonstrate the correct use of a condom on a model. • Identify reasons for incorrect condom use. • Demonstrate familiarity and comfort in using a condom.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Re:MIX Curriculum, Session 7 • Condom Steps Activity Cards (Appendix 2-Q) • Condom Steps Activity Answer Key (Appendix 2-R) • Condoms (internal and external) • Penis models
2.12: Characteristics of Youth-Friendly Services ***Note:*** *This training correlates to Re:MIX Session 10.*	1 hour	• Identify the characteristics of youth-friendly services. • Provide appropriate referrals to students for youth-friendly health services.	• Re:MIX TOF Section 2 presentation • Laptop, projector, and speakers • Re:MIX Curriculum, Session 10 • Blank notecards, sticky notes, and pens • Flip chart paper labeled "Characteristics of Youth-Friendly Services" • Extra flip chart paper and markers • Characteristics of Youth-Friendly Health Services handout (Appendix 2-S) • Local Youth-Friendly Health Facilities handout
Trainer Demo: Session 2	Refer to the Re:MIX Curriculum.		

9. US Centers for Disease Control and Prevention (CDC). n.d. *STD CDC Factsheets.* https://www.cdc.gov/std/healthcomm/fact_sheets.htm.

10. Advocates for Youth. n.d. *Lesson Plan—Contraception Part 1.* Washington, DC: Advocates for Youth. https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/lesson-plans/lesson-plan-contraception-part-i-and-ii.pdf.

MODULE 2.1
INTRODUCTION TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe the overall goals and objectives of the ASRH training unit.
2. Identify the characteristics of a sexually healthy adolescent.

TIME: 30 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 1–8
- Laptop, projector, and speakers
- Characteristics of Sexually Healthy Adolescents handout (Appendix 2-A), one per participant
- Flip chart paper prepared with "Know, Want, Learn" chart
- Markers and pens

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Prepare and post the "Know, Want, Learn" flip chart paper, as depicted below.

What do we **KNOW** about ASRH?	What do we **WANT** to know about ASRH?	What did we **LEARN** about ASRH?

PROCEDURE

INTRODUCTION (5 MINUTES)

1. Show the cover and section divider slides and welcome participants to the first module of Section 2.

2. Display the TOF Structure slide and remind participants that they have completed the first section and are now in the second section of the TOF.

3. Show and read through the Learning Objectives slide for this module.

GOALS AND OBJECTIVES: INTRODUCE THE KNOW, WANT, LEARN CHART (15 MINUTES)

1. Tell participants that you are going to play a brainstorming game. ***Note:*** *Remember to accept all answers without correcting or evaluating responses; encourage a rapid flow of ideas.*

2. Direct participants to the first column on the Know, Want, Learn flip chart and ask: *What do we* ***know*** *about ASRH?* Write their answers in the first column of the chart.

3. Next direct participants to the second column and ask: *What do we* ***want*** *to know about ASRH?* Record participants' questions in the second column.

4. Tell participants that you will return to the chart later to complete the third column.

5. Show the Section 2 Topics slide. If there are topics listed under the "Want to Know" column on the flip chart that are not listed on the slide, tell the group that you will include these additional topics (assuming they are appropriate) in your weekly educator meetings.

6. Show the Section 2 Goal slide. Reintroduce the notecard knowledge box and encourage participants to anonymously submit questions themselves during this section—including questions about relationships, puberty, pregnancy prevention, menstruation, STIs/HIV, and gender roles. ***Note:*** *Make sure the notecard knowledge box is available at all times and plan to answer the questions that participants submit at the beginning or end of each day.*

WHY ARE WE HERE? (10 MINUTES)

1. Display the Why Do We Focus on Adolescents slide and review the three bullets listed. Explain that enabling adolescents to be informed, educated, skilled, and sexually healthy will empower them to make sound SRH decisions.

2. Ask participants to describe what being a sexually healthy adolescent means to them. Once you have a list with a few ideas, show the Characteristics of Healthy Adolescents slide and distribute the Characteristics of Sexually Healthy Adolescents handout.

3. Ask for volunteers to take turns standing and reading the characteristics while you note any similarities and differences to the list that participants provided.

4. Explain that these are the characteristics that we hope all youth will acquire by the end of Re:MIX.

MODULE 2.2
WHAT IS SEXUALITY?

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the differences between the terms "sex" and "sexuality."
2. Describe the five components of human sexuality and discuss their importance throughout the lifespan.

TIME: 45 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 9–18
- Laptop, projector, and speakers
- Circles of Sexuality handout, participant version,[11] one per participant
- Circles of Sexuality handout, facilitator version,[12] one per facilitator
- Definitions and Questions for Small Group Discussions about Sexuality handout (Appendix 2-B), one per participant
- Flip chart paper labeled "Sexuality" and "Sex"
- Extra flip chart paper and markers

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label two pieces of flip chart paper as "Sexuality" and "Sex."

11. Advocates for Youth. 1995. 129.
12. Advocates for Youth. 1995. 123.

PROCEDURE

INTRODUCTION (5 MINUTES)

1. Show and review the Learning Objectives slide for this module.

SEXUALITY OVERVIEW (5 MINUTES)

1. Ask participants what the word "sexuality" means to them. Allow a few participants to share their thoughts as you write responses on the flip chart paper labeled "Sexuality."

2. Ask participants what the word "sex" means to them. Allow a few participants to share their thoughts as you write responses on the flip chart paper labeled "Sex."

3. Show the What Is Sexuality? slide. Explain that *sexuality* exists in every person from before birth until death and is distinctly different from and more complex than sex. *Sexuality* is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviors people have—including those related to feeling attractive and being in love, as well as being in relationships that include intimacy and sexual activity. *Sex* refers to one's anatomical and biological characteristics (breasts, vagina, penis, testes) and indicates if a person is female, male, or intersex. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

4. Explain that there are many other long and complicated definitions of sexuality. We have found that a useful, less complicated way of thinking about sexuality is by dividing it into distinct components and placing each component in its own circle.

CIRCLES OF SEXUALITY (30 MINUTES)

1. Display the Five Components of Sexuality slide and explain that sexuality encompasses multiple components.

2. Display the Circles of Sexuality slide and distribute the Circles of Sexuality handout. Explain that each circle represents one element of sexuality and that when all of the circles are together, they define sexuality.

3. Divide the participants into four groups and tell them that each group will take one circle and explore what they think it means. Distribute the Definitions and Questions for Small Group Discussions about Sexuality handout and tell the groups that they can refer to the guiding questions related to their circle to help them with this activity.

4. Show and explain the Sexual Identity slide as an example.

5. Assign each group a different circle and ask participants to write what they think that circle means on a piece of flip chart paper. Give participants 10 minutes to complete this task.

6. Ask each group to present their circle to the larger group. Once each group has presented their circle, display the slides on Sexual Health and Reproduction, Sensuality, Intimacy, and Sexualization—highlighting similarities between the groups' definitions and explaining any additional points listed on each slide.

CLOSING (5 MINUTES)

1. Conclude the session by asking participants the following discussion questions:

    - *Is it easy to discuss sexuality? Why or why not?*
    - *Are the challenges related to discussing sexuality the same for all genders? Why or why not?*
    - *What makes it difficult to talk about sexuality?*
    - *What would make it easier to talk about sexuality?*
    - *How does sexual intercourse fit within the definition of sexuality? Does it play a large or small role?*
    - *What are some similarities in how all genders experience sexuality?*
    - *What are some differences and why do you think those differences exist?*

2. Ask participants what they have learned from this session and how they are going to apply that knowledge in their own lives and relationships.

3. Close by reminding participants that we as humans all experience sexuality from before birth until death and all of the components of an individual's sexuality interact with one another throughout the lifespan.

MODULE 2.3
ASSUMPTIONS ABOUT YOUTH

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain why people make assumptions and how assumptions can be harmful.
2. Identify common assumptions that people make about youth.
3. Identify strategies for mitigating assumptions and stereotypes.

TIME: 50 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 19–23
- Laptop, projector, and speakers
- Assumptions About Youth handout (Appendix 2-C), one for every two participants
- Assumptions About Me handout (Appendix 2-D), one for every two participants
- Resisting Assumptions handout (Appendix 2-E), one for every two participants
- Easily visible tape (e.g., painters tape or masking tape)
- Recycling bin

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Cut the three Assumptions handouts in half, so that you have one half for each participant.
- Place a long line of visible tape on the floor, ensuring there is adequate space on either side where participants can stand.

PROCEDURE

ASSUMPTIONS DISCUSSION (15 MINUTES)

1. Show the Learning Objectives slide and explain that this session will focus on assumptions and stereotypes. Tell participants that making assumptions is a completely normal part of human nature and that everyone does it. You can provide an example of an assumption that you have made to reiterate this point. Explain that in order to really examine our own assumptions and stereotypes, we must be honest with ourselves about the fact that assumptions are a natural part of life.

2. Display the Assumptions about Youth slide and ask participants to read the three questions listed with the understanding that "youth" refers to individuals aged 13 to 18 years old. Divide the participants into three small groups and assign each group one of the three questions.

3. Ask the group responsible for the first question to share their responses.

   Note: *Responses may include the following—and if they do not, be sure to provide these reasons:*

   - ***Making sense:*** *Placing people and things into categories helps us to make sense of the world.*
   - ***Saving time and energy:*** *Assumptions and stereotypes provide an immediate frame of reference; by using our previous experiences (personal and professional) we determine how we feel (e.g., safe and comfortable or anxious and cautious) about something or someone when we do not have time to gather more information. By quickly deciding how we feel, we can quickly decide how we should act.*

4. Repeat the same process with the second question.

   Note: *Responses may include the following—and if they do not, be sure to provide these reasons:*

   - *People may assume youth are lazy, unmotivated, lack work ethic, are emotional and impulsive, and/or unable to understand adult materials or concepts.*
   - *People may make assumptions about youth that include stereotypes related to ethnicity, race, or other overlapping identities.*
   - *People may assume most youth have experienced some form of abuse or most youth have not experienced abuse.*
   - *People may assume no youth in this group has ever had an STI or that every youth here has experienced an STI.*
   - *People may assume all youth are sexually active or none are sexually active.*
   - *People may assume youth are incapable of making smart decisions.*
   - *People may assume youth are incapable of being in healthy relationships.*
   - *People may assume youth do not want to talk to adults about sex.*

   Note: *Other common assumptions relate to the following:*

   - *I'm the educator and they are the student; therefore, I am better (smarter, healthier, more mature, etc.) than they are.*
   - *Young men should/are….*
   - *Young women should/are….*
   - *Young gays or lesbians should/are…*
   - *Young queer persons should/are…*
   - *Young transgender persons should/are…*

5. Repeat the same process with the third question.

   Note: *Responses may include the following—and if they do not, be sure to provide these reasons:*

- *We may form inaccurate opinions of others and/or end up believing something that is untrue.*
- *Assumptions lead to oversimplifications of who people are and fail to consider the nuances of the human experience.*
- *Assumptions and stereotypes have been used to justify unequal or cruel treatment of others.*
- *This can lead to lazy thinking and prohibit us from thinking and reflecting more deeply about ourselves and the world around us.*
- *Assumptions and stereotypes can prevent us from truly getting to know other people or experiencing different things who/that we could enjoy or benefit from.*
- *Assumptions and stereotypes can cause people to perpetuate hurtful and inaccurate stigmas about groups of people.*

ASSUMPTIONS ACTIVITY (15 MINUTES)

1. Inform participants that the next activity will allow them to think about their own experiences making assumptions or being the target of other people's assumptions.

2. Distribute the Assumptions about Youth handout and explain that this is an anonymous activity so they should not write their name on the piece of paper as you will be reading several of the responses aloud. Ask participants to write down an assumption that they have made about another youth. Remind participants to be honest and then give them a few minutes to write down their assumptions.

3. Distribute the Assumptions about Me handout and repeat the exercise.

4. Collect both handouts from participants and instruct them to form a line on one side of the tape (that you placed on the floor earlier) so that they are facing the tape.

5. Tell participants that you are going to read the responses from the Assumptions about Youth handout and that they should step forward if they have ever made that assumption. Remind participants that this is an anonymous activity so no one will know who wrote each response. Also, remind participants that this is a safe space and encourage them to be honest and step forward if they have made a particular assumption before.

6. Read the first assumption and allow time for participants to step forward. Ask participants who stepped forward to notice how many others have also made that assumption. Ask participants to step behind the line and, depending on time, repeat this exercise with three or four more responses.

7. Tell participants that you are now going to read the responses from the Assumptions about Me handout. Ask participants to step forward if they hear an assumption that they feel has been made about them. Again, remind participants that this is an anonymous activity and that this is a safe space so they should be honest and to step forward when they hear an assumption that they feel has been made about them before.

8. Read the first assumption and allow time for participants to step forward. Again, ask participants who stepped forward to notice how many others have also had that assumption made about them. Ask participants to step behind the line and, depending on time, repeat the exercise with three or four more responses.

9. Fold each of the handouts in half and tell participants that you are going to give each of them two of the assumptions and that they should *not* unfold them. Distribute the folded handouts.

10. Hold up or place the recycling bin in the center of the room and ask participants to tear up the assumptions they received and throw them in the bin.

PROCESSING AND ADDRESSING ASSUMPTIONS (15 MINUTES)

1. Display the Assumptions Activity slide and help participants process the activity by asking the questions listed. Allow a couple of participants to share their answers to each question. After hearing a couple of responses to the last question *(Why did I have you tear up the assumptions and throw them in the trash?)* explain that by tearing up and throwing away our assumptions, we are symbolically attempting to eliminate those stereotypes and become more open to learning about different people.

2. Ask participants how they think they can resist making assumptions about the youth they will meet in their classrooms. Listen to responses and offer the following ideas if they are not shared:

    - *Think about stereotypes that have been made about you that were untrue and how they make you feel.*
    - *Physically take a breath and prepare to mentally leave your assumptions at the door as you exhale.* ***Note:*** *You can demonstrate this by taking a deep breath and then asking participants to do the same, while considering how pausing to take a deep breath can be cleansing and help one to relax and refocus.*
    - *Imagine the students being the exact opposite of what you are stereotyping them to be.*
    - *Remember that just as though the students will not know your whole story when you meet them, you will not know theirs either.*

3. Show the Resisting Assumptions slide and distribute the Resisting Assumptions handout. Ask participants to write two or three ways that they will resist making the same assumptions as they have in the past (including either the assumption that they wrote down or one for which they stepped forward during the last activity).

4. After a few minutes, ask a few volunteers to share what they have written with the larger group.

CLOSING (5 MINUTES)

Thank the group for participating and remind them that recognizing, admitting to, and addressing assumptions and stereotypes can be difficult and requires humility. Challenge them to continue thinking about their assumptions and stereotypes and how they can shift their thinking in the future.

MODULE 2.4
PERSONAL EXPERIENCES WITH SEXUALITY

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify how personal values may influence comfort with and effectiveness in facilitating Re:MIX.
2. Examine how personal experiences related to learning about and discussing sex shape our values.
3. Explain the values of the Re:MIX program.

TIME: 55 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 24–30
- Laptop, projector, and speakers
- Sexuality Memory Search handout (Appendix 2-F), one per participant
- Signs labeled "Agree" and "Disagree" and tape
- Paper, pencils, pens, and markers

ADVANCE PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label two pieces of paper as "Agree" and "Disagree" and post them on opposite sides of the room.

PROCEDURE

VALUES AND DISCUSSING SEX (5 MINUTES)

1. Display and read through the Learning Objectives slide. Explain the following:

    - *This activity will help you to reflect upon your own experiences with and values regarding gender equality and sexuality. This is important because, when working with youth, particularly on such issues, our own values and experience have the potential to influence our comfort levels and our effectiveness.*
    - *We need to acknowledge and be considerate of the fact that some people—including potentially some of our youth and even some of the people in this training—may have had sexual experiences that were not positive, consensual, or comfortable. Remember our group agreements—remember that this is a safe place and we encourage everyone to participate, but only at the level that allows you to take the best care of yourself as possible.*

2. Display the Values about Sex slide. Instruct participants to think about commonly held values related to gender equality, sexuality, and sexual activity and their feelings about those values. Ask a few participants to share their thoughts with the group.

3. Next, divide participants into pairs and instruct them to share some of their own personal experiences with learning about and talking about sex.

4. After a couple of minutes of pairs discussions, ask for ideas for developing language around the values of the Re:MIX curriculum that can serve as Re:MIX values statements.

MEMORY SEARCH (30 MINUTES)

1. Display the Memory Search slide and distribute the Sexuality Memory Search handout.

2. Ask participants to join their partner from the previous activity. Tell them they will have approximately 10 minutes to discuss the questions listed. Remind participants again that not everyone's introduction to sexuality was positive and that they should share only what feels comfortable and safe in this setting. Instruct the partner who is listening to be mindful of the ways they are creating a safe, empathetic space via body language and supportive responses.

3. Ask and answer any questions about the assignment and then invite the participants to begin.

4. Circulate around the room to provide assistance, as needed. Provide regular time checks and then after 10 minutes, call participants back to the large group.

5. Display the Memory Search: Large-Group Debrief slide and ask for volunteers to share their responses to the questions listed. Spend approximately five minutes on each question.

FORCED CHOICE (20 MINUTES)

1. Project the Forced Choice Activity slide and ask everyone to move to the center of the room, or between where you have posted the "Agree" and "Disagree" signs.

2. Explain that you will be reading value statements and after they hear a statement, they should move to the sign that represents how they feel about that statement.

   Note: *If participants try to stand between the signs or somewhere else on the continuum, ask them to commit to a side and say that they can provide an explanation as to why the choice was difficult.*

3. Read the first values statement and allow participants time to move to their preferred sign. After everyone is standing by one of the signs, ask for one or two comments about their choice, allowing for discussion. If all of the participants stand under the same sign, ask them to try imagining someone who might have the opposing point of view and share what they think that person might say.

4. Ask if there are any questions about how this activity works and then repeat the exercise using each of the remaining statements.

5. Once you have completed the exercise with all of the statements, ask participants to return to their seats and thank them for participating.

6. Display the Forced Choice: Large-Group Debrief slide and spend approximately five minutes discussing the questions listed.

7. Close the activity by explaining that Re:MIX values youth making their own decisions and developing their own values around the issues presented in the curriculum. Remind participants that some of key values of the curriculum include:

   - *Youth have a right to access sexual health information and services in order to make informed choices about their own behaviors and health.*
   - *Consent from all partners is required for all sexual activity.*
   - *Youth have the right to say "no" and be respected for their choices.*
   - *Youth should assume responsibility for preventing unplanned pregnancies and STIs if and when they become sexually active.*

MODULE 2.5
GETTING THE GENDER MESSAGE

This module is very similar to Re:MIX Session 2 and can be used as both a training and a demo.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Define and redefine gender norms in ways that build equitable relationships and promote health and well-being.
2. Articulate how they classify gender and gender differences.
3. Differentiate between gender identity, gender expression, sex assigned at birth, and sexual and emotional orientation.
4. Recognize, analyze, and question common, socially accepted media images and messages about gender.
5. Explain how harmful gender messages can negatively affect self-image, decision-making, relationships, and health.

TIME: 1 HOUR, 5 MINUTES–1 HOUR, 10 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 31–59
- Laptop, projector, and speakers
- Re:MIX Curriculum, Session 2
- Paper, pencils, pens, and markers
- Flip chart paper labeled "Messages Women Receive about Gender," "Messages Men Receive about Gender," and "Equitable Gender Messages"
- ***(Optional)*** Gender Pronouns Guide[13] handout, one per participant
- ***(Optional)*** The Gender Unicorn[14] handout, one per participant
- Inclusive Terminology handout (Appendix 2-G), one per participant
- Sample Media Images handout (Appendix 2-H), one per participant
- Sample Media Images Facilitator Notes (Appendix 2-I), one per facilitator

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label three sheets of flip chart paper as follows: "Messages Women Receive about Gender," "Messages Men Receive about Gender," and "Equitable Gender Messages."
- ***(Optional)*** You may create your own Sample Media Images handout by collecting a few examples of messages about people of various genders from recent media (advertisements, song lyrics, etc.); half should convey healthy messages and the other half should convey unhealthy messages.

13. LGBT Campus Center at University of Wisconsin-Madison. n.d.
14. Trans Student Educational Resources. n.d.

PROCEDURE

STATUE MAKER (10 MINUTES)

1. Display and read through the Learning Objectives slide. Then explain that the first exercise will help participants think about what gender means to them, explore how gender messages influence their behaviors and choices, and consider how they can use this understanding to make good decisions—including particularly decisions related to sexual health and parenting.

2. Ask participants to form pairs. ***Note:*** *If you have an odd number of participants, one of the facilitators can form a pair with one of the participants*

3. Explain that within each pair, one person will play "the sculptor" and the other person will play "the clay," and then they will switch. Then explain that you will be giving "sculptors" words that they will need to represent as an image with their "clay" (partner) and that the only rule is that they cannot put their clay into any positions that would make them uncomfortable. Also, explain that sculptors can give instructions, move the clay, mirror the image they want, etc. to achieve their image and, when their partner is depicting their image, they should say "freeze" and their partner should become a statue. ***Note:*** *It may be helpful for you as the facilitator to say "freeze" to help manage time.*

Adaptation: If putting hands on each other is an issue, instead ask the group to discuss the topic that is given to them and form the image as a group.

4. Before starting the exercise, demonstrate the activity. Start by asking your co-trainer if they are comfortable with you touching them to sculpt them into a statue. This will introduce the concept of consent. Say specifically, *"Now that I have your consent, I want to sculpt you into a…"* and use a non-gendered word like "tree" or "baby" to illustrate the exercise.

5. Start the first round for participants by instructing the sculptors to turn their clay into the word *"womanly."* Tell participants they have 30 seconds to sculpt and after 30 seconds, call "freeze." Give participants a minute to look around at all the statues and then ask for a few volunteers to describe their image and their thinking behind the image.

6. Now instruct the partners to switch roles (the "sculptor" becomes the "clay," and the "clay" becomes the "sculptor") and to sculpt the word *"manly."* Tell participants they have 30 seconds to sculpt and after 30 seconds, call "freeze." Give participants a minute to look around at all the statues and then ask for a few volunteers to describe their image and their thinking behind the image.

7. Ask participants to return to their seats and debrief the exercise by asking the following questions:

    - *How did it feel to be the sculptor?*
    - *How was it different being the clay?*
    - *What did you notice about the womanly statues? What did they have in common and what were some differences?*
    - *What did you notice about the manly statues? What did they have in common and what were some differences?*
    - *How were the womanly statues different from the manly statues? Are those differences also true to life?*

Explain that the key message from this activity is that we all send and receive messages about gender. Being aware of these messages can help us decide which ones are influencing us, our decisions, and our health in different ways, and which ones fit the person we want to be.

THE GENDER UNICORN (15 MINUTES)

Each of the activities in this session adds another layer of understanding and reflection about the role of gender in every aspect of life. We will introduce the concept that gender is fluid (not binary or either/or). The Gender Unicorn visual is followed by a discussion of concepts and terms in an effort to provide clarification.

1. Explain that we are going to talk about gender by looking at a visual that examines gender and sexuality across five different areas.

2. Ask participants to write down the word "sex" and define it. Then ask them to write down the word "gender" and define it. Ask for volunteers to share their definitions. Make sure the following is covered:

   - *A person's "sex" is assigned at birth as either male, female, or intersex, and is based on their external genitalia (a penis, a vulva, or both), as well as hormones and chromosomes. Examples of sex differences are: people with uteruses give birth to babies (people with penises do not), and people with penises produce sperm (people with uteruses do not). If participants are not familiar with the term "intersex," explain that this is a person who is born with reproductive anatomy or chromosomal characteristics that do not fit the typical definitions of male or female.*
   - *"Gender," unlike sex, is society's expectations about how you are supposed to act based upon your sex. It is the state of being a man (or masculine) or a woman (feminine). Gender roles are learned, and gender attitudes can change over time. "Gender expression" is how we show the world what we may feel inside by the way we present ourselves to the world.*

3. Begin to explain the gender unicorn using the presentation slides, as instructed below.

   - **Sex assigned at birth:** Display the Sex Assigned at Birth slide and read the explanation provided. Explain that the term "cisgender" refers to someone whose sex assigned at birth aligns with their gender identity; whereas "transgender" refers to individuals who identify with a gender different from the sex they were assigned at birth.

   - **Gender identity:** Display the Gender Identity slide and read the explanation provided. Ask participants to think about how they identify (e.g., as a woman/girl, man/boy, both, or neither). Note that for transgender individuals, their sex assigned at birth and their own internal sense of gender identity do not align.
     Note: *Be prepared for personal disclosures and/or a potential discussion of bullying. If the issue of bullying arises, be clear that it is never okay for anyone—parents, teachers, participants, school administrators, or anyone else—to mistreat someone because of how they express their gender identity.*

   - **Gender expression:** Display the Gender Expression slide and read the explanation provided. Explain that this is the physical representation of a person's gender through appearance. Explain most transgender individuals seek to make their gender expression (how they look) match their gender identity (who they are). Ask participants:
     - » *Who are some celebrities who present or express themselves as ultra-feminine (womanly) or ultra-masculine (manly)? Why do they come to mind?*
     - » *Who are some celebrities that present themselves as androgynous, meaning neither distinctly feminine nor masculine? Why do they come to mind?*

Show and review the Respecting Pronouns slide and introduce gender pronouns and explain how people can use them differently. For example, explain that some individuals prefer "he/him" or "she/her," while others may prefer gender-neutral pronouns, such as "they/theirs" or "ze/zirs." Remind participants that they cannot assume a person's gender by looking at them and that it is important to be respectful of all different people and identities. ***Optional:*** Distribute the Gender Pronouns Guide handout as an additional reference; otherwise, remind students that they can refer back to this slide in the presentation in the future.

- **Physical attraction:** Display the Physical Attraction slide and read the explanation provided. Explain that physical attraction is part of our sexual orientation and individuals often define themselves using the terms "heterosexual," "homosexual," "bisexual," "asexual," or "pansexual." Ask if participants have heard these terms before, or if they are aware of any additional terms.

- **Emotional attraction:** Display the Emotional Attraction slide and read the explanation provided. Explain that emotional attraction involves feeling a strong connection to another person, with or without the physical elements of attraction. For example, you may identify as a female who has mostly close female friends to whom you feel connected but to whom you are not physically or sexually attracted.

4. Display The Gender Unicorn Summary slide and explain that together, the five elements inform an individual's unique personal identity. Ask participants to take a moment to plot themselves against each of the categories to start thinking about where they fall on the continuum of possibilities. ***Optional:*** Distribute the Gender Unicorn handout; otherwise, remind students that they can refer back to this slide in the presentation in the future.

5. Ask participants the following discussion questions:

   - *Is it always clear what someone's sex assigned at birth is based on their gender expression? Why/why not?*
   - *In what ways do we make assumptions about someone's gender?*
   - *Why is it important to understand the meaning of the terms we just discussed?*
   - *How can understanding the experiences of different gender identities, gender expressions, and sexual orientations benefit everyone?*

6. Distribute the Inclusive Terminology handout and review some of the key terminology. Start by displaying the What is LGBTQ+? slide. ***Note:*** *As per the slide, LGBTQ+ refers to lesbian, gay, bisexual, trans, queer/questioning, and other—including nonbinary, intersexual, asexual, and pansexual.* Review the explanation and note provided and explain that definitions for these different terms are provided in this handout.

We recommend that programs stay abreast of and utilize the most current glossaries and resources for inclusive terminology as language continues to evolve. Recommended organizations include Gender Spectrum, GLAAD, GLSEN, Human Rights Campaign, and PFLAG.

7. Next show the Cisgender and Transgender slide. Allow participants to review the explanations provided on the slide and add that not all transgender people have surgery and not all transgender people present as the gender they identify with.

8. Finally show the Gender Nonconforming and Genderqueer slide. Remind participants that not all gender nonconforming people identify as transgender, nor are all transgender people gender nonconforming.

9. Show the Youth Today slide to emphasize the importance of understanding this information before entering the classroom. Ask for and answer any questions from the group. Remind participants that the notecard knowledge box is always available and that you are also willing to answer any questions they may have outside the large group.

10. Show the R-E-S-P-E-C-T slide. Close this activity by emphasizing the fact that gender is a complex construct.

    There is more nuance than most people realize, and everyone is free to express their gender as they choose. No matter what sex we are assigned at birth, we can explore and define our gender identities, gender expressions, and the people to whom we are attracted—and we should respect others who might be different from us. Understanding gender allows us to be understanding of and compassionate with others' experiences. It is never okay to mistreat people for any of these reasons.

GENDER MESSAGES/BRAINSTORM (15 MINUTES)

1. Ask participants if they have heard the term "gender norms" and if anyone can share some examples. Then show the Gender Norms slide and explain that gender norms are a set of rules or ideas about the ways in which individuals should look and behave—based on their gender.

2. Show the Personal Experiences with Gender Messages slide and tell participants that we will now examine the messages that we receive from society about gender norms. Refer to the two prepared flip charts labeled "Messages Women Receive about Gender" and "Messages Men Receive about Gender" and explain that everyone will have an opportunity to visit both of the flip charts to add words, pictures, symbols, or other demonstrations of what gender means to them and then we will review them as a group. Tell them they can use the list of "Questions to Consider" on the slide to think of ideas and let them know we will discuss the "Questions for Discussion" after we complete the lists.

3. Divide the group in half and send one half to one flip chart and the other half to the other flip chart. After a few minutes, have the two groups trade places.

4. When everyone has had a chance to add their contribution to the flip charts, ask each group to pause and assign a reporter to share with the large group. Ask that the reporter summarize the messages developed on their respective flip chart.

5. Ask participants which messages on their lists are the most harmful to our health and well-being. Ask each group to circle the most harmful messages. Show the Harmful Gender Messages for Men and Harmful Gender Messages for Women slides. The items circled should include messages like the examples provided.

6. Ask participants to return to their seats and discuss the following questions:

    - *Looking at the flip chart lists, are there more positive and healthy messages or more harmful and unhealthy messages? Why do you think that is? What is unfair about the gender messages we discussed?*
    - *How do unhealthy and inequitable gender messages and norms affect men and boys, women and girls, and others? Is everyone affected the same?*
    - *How do some of these messages play out in your life (e.g., are you treated differently than a sibling of a different gender)?*
    - *How do these messages and norms influence decisions about sex?*

7. Display and discuss the two Why Gender Matters… slides.

EQUITABLE GENDER MESSAGES (10 MINUTES)

1. Refer to the prepared flip chart labeled Equitable Gender Messages and ask a volunteer to explain what the word "equitable" means.

2. Explain that so far, we have been talking about gender messages and gender norms that are harmful to our health, such as those that society places on people and that force people into boxes based on their gender—and usually only apply to binary (men and women) genders—and often represent unfair, double standards.

However, there are other positive messages that can benefit people of all genders. Equitable gender norms are those that help everyone to feel safe, healthy, and happy—they are characterized by equity and rights for all.

3. Ask the group to call out some messages about gender that they feel are equitable and write those on the flip chart paper. Examples may include "equal," "fair," "helpful," "strong/brave," and "supportive."

4. Ask the group how they think they could incorporate equitable gender messages into their lives. Provide the following examples to help them imagine a gender equitable society:

   - *Everyone has the right to be themselves, no matter what.*
   - *There should be no hatred when someone shares as their true, authentic self.*
   - *Appreciation and representation is possible for all different types of identities and orientations.*

MEDIA ANALYSIS (15 MINUTES)

1. Ask the group where they think people learn the gender messages that we have explored in the preceding exercise. Explain that many of the gender messages that we receive come from the media—including advertising, movies and television, music, and social media. Show the Gender in Media slide and ask participants to think of an example in the media that sends negative gender messages, such as those they depicted on the slide.

2. Show the Media Consumption slide. Review the slide's data, explaining that it shows the average time teens spend per day using various media. Ask the group whether any aspects of the findings are surprising or different than they expected. Then state that it is important to discuss, with young people, the messages they receive from the media about gender. Explain that you are going to share some examples of media messages about gender and that they will need to determine if the gender messages are positive and healthy or negative and unhealthy.

3. Distribute the Sample Media Images handout and ask participants to find a partner and discuss the gender messages presented by each image. Explain that the messages can be about culture, emotions, physical appearances, attitudes related to sex or relationships, or the roles women and men are expected to play. After a couple of minutes, ask the group to share some of what they discussed. Ask the following questions to guide the discussion:

   - *What did these images say about how men and women should act?*
   - *How might these images influence how we behave in our relationships?*
   - *Do these images say anything about ethnicity or culture?*

If you have time, you can highlight other gender awareness and diversity issues in popular culture. For example:

- In 2014, Facebook added custom gender options—including a preference for the singular, gender-neutral "them" pronoun.
- In 2015, transgender athlete Caitlin Jenner won the ESPY Courage Award.
- LaVerne Cox became the first transgender television cast member, appearing in the critically acclaimed show *Orange Is the New Black*.
- Amazon television launched a series entitled *Transparent*, which centers on a family in which the father is a transwoman.
- More than 150 LGBTQ+ officials were elected into office in 2018.[15]

4. Thank participants for sharing. Remind them that a number of variables intersect with the gender messages that youth receive and that thinking through the complex and internalized messages in their own lives can help them prepare for discussing complex issues with their students and improve how they are able to engage and interact with youth.

(OPTIONAL) GENDER TRANSFORMATIVE MODEL (5 MINUTES)

Review the remaining slides regarding gender transformative programs and ask participants for their questions and thoughts.

15. Caron, C. 2018. "In 'Rainbow Wave' L.G.B.T. Candidates Are Elected in Record Numbers." *The New York Times*. November 7, 2008. https://www.nytimes.com/2018/11/07/us/politics/lgbt-election-winners-midterms.html.

MODULE 2.6
HUMAN ANATOMY AND PHYSIOLOGY

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the importance of using anatomically correct vocabulary to refer to the human reproductive anatomy.
2. Describe the human reproductive system.
3. Identify the location and function of major anatomical parts.
4. Explain reproductive processes such as erections, ejaculation, ovulation, fertilization, implantation, and menstruation.

TIME: 1 HOUR, 45 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 60–72
- Laptop, projector, and speakers
- Flip chart papers labeled "Penis," "Vagina," "Knee," "Functions of the Reproductive System," and "Menstrual Cycle"
- Reproductive System Puzzles,[16] two copies, divided by person with a penis and person with a vagina. ***Note:*** *The person with a penis should comprise 2 Testicles, 2 Vasa Deferentia, Prostate Gland and Cowper's Gland, 2 Seminal Vesicles, and Penis; the person with a vagina should comprise Uterus, Vagina, 2 Fallopian Tubes, and 2 Ovaries.*
- Reproductive System: Anatomy and Functions handout (Appendix 2-J), one per participant and per facilitator
- Anatomy Cards (Appendix 2-K), one set per class
- Sexual Anatomy Questions handout (Appendix 2-L), one per participant
- Prizes for the puzzle activity
- Markers and tape
- Small ball

ADVANCE PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label five flip chart papers as follows: "Penis," "Vagina," "Knee," "Functions of the Reproductive System," and "Menstrual Cycle" (refer to the box herein for details to include on the "Functions of the Reproductive System" flip chart).

  Functions of the Reproductive System
  - » To produce sperm and egg cells for reproduction
  - » To transport and sustain these cells
  - » To nurture the developing embryos
  - » To produce hormones

- Print and cut apart the Reproductive System Puzzle pieces and Anatomy Cards.

16. UNFPA, Advocates for Youth, and UNESCO. n.d.

PROCEDURE

SLANG TERMINOLOGY (15 MINUTES)

1. Open the module by asking participants: *What do the penis, vagina, and knee have in common? (Answer: They are all body parts.)*

2. Show the Learning Objectives slide and ask a participant to read the bullets listed. Tell participants that this session will focus on the human reproductive anatomy and remind them that some people may have had experiences with their bodies that may not have been positive, consensual, or comfortable so we will need to acknowledge and be mindful of potential sensitivities. Remind participants of the group agreements and state this is a safe place for all and we encourage everyone to participate at the level that allows them to take the best care of themselves.

3. Show the What Do You Call It? slide and tell participants that we will start with a quick activity. Post the three flip chart papers labeled "Penis," "Vagina," and "Knee" on the wall (or have them posted but covered to reveal now). Tell participants that for this exercise, they will have approximately five minutes to write down slang terms that they have heard used for these three body parts. Ask if participants have any questions and then invite them to begin.

   Note: *Depending on your group size, you may want to divide participants into three groups, assign each group one of the words, and then have them rotate—giving each group one or two minutes at each sign.*

4. After all participants have had the opportunity to write on each of the three flip charts, count how many slang words are listed under the body part and write the number at the top and circle it.

5. Review the three flip charts and the numbers of slang words written on each one—most likely, there will be several terms listed for penis and vagina but very few (if any) listed for knee. Ask participants what they notice first about the lists and, if no one else comments on this point, note that the lists of slang terms for penis and vagina are much longer than the list for knee.

6. Ask the following questions:

   - *How did you initially respond when thinking about, writing, or reading the list of slang words? Why?*
   - *Were slang words for some body parts more difficult to come up with than others? Why?*
   - *Why do you think people create and use slang terms for sexual body parts but do not use a lot of slang terms for non-sexual body parts?*

7. Explain that some people are taught to feel that sex and sexual anatomical parts are dirty or shameful and should not be discussed, and therefore feel uncomfortable using the anatomically correct terms.

8. Ask participants why it is important to know and to be comfortable using anatomically correct terms for sexual and reproductive anatomy instead of using slang words? Example response may include:

   - *It fosters positive attitudes about sexual health and sex.*
   - *It mitigates harmful attitudes, such as "sexual body parts are bad/dirty and should not be discussed."*
   - *It enables clients to accurately describe their symptoms with healthcare professionals.*
   - *It allows children and youth who have experienced sexual abuse to clearly describe their experience to an adult.*

9. Ask participants why they think you had them do this activity. Explain that this exercise was meant to help them become comfortable discussing sexual anatomy during this training and to emphasize the importance of demonstrating their comfort and encouraging their students to feel comfortable using anatomically correct terms when they facilitate Re:MIX.

10. Ask participants if they have any questions.

ANATOMY PUZZLES (60 MINUTES)

1. Display the Anatomy Puzzles slide and tell participants that the human reproductive systems are composed of external and internal organs and that understanding our bodies and how they work is important to staying healthy.

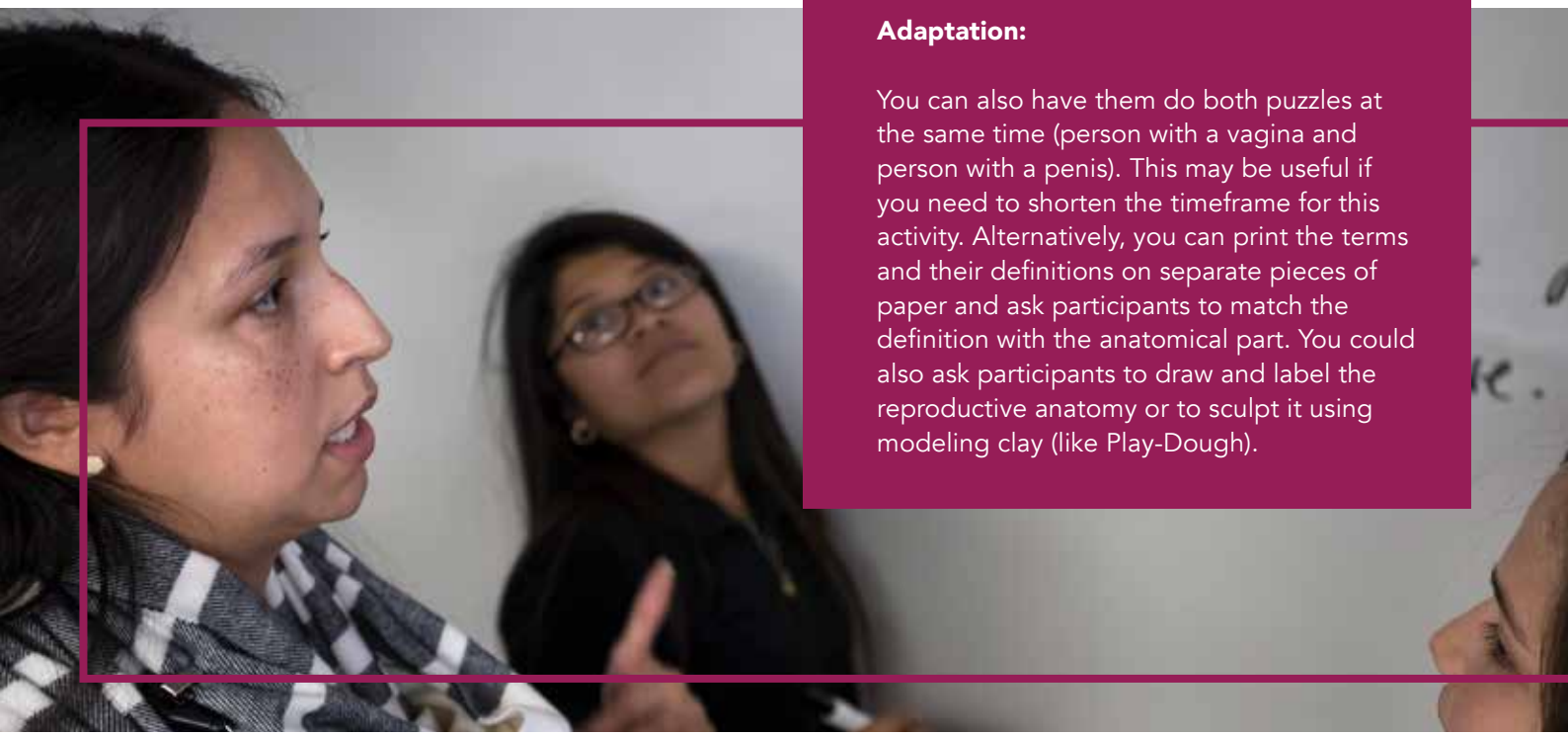
2. Explain that when referring to reproductive anatomy or human genitalia, it is more inclusive and respectful to use the terminology of "person with a penis" or "person with a vagina" rather than "male anatomy" or "female anatomy" respectively, since, as discussed in the previous module, gender identity and sex assigned at birth are different and do not always align.

3. Ask participants to define the term "anatomy;" after a few responses, explain that anatomy is the study of the body. Ask participants to define "physiology;" after a few responses, explain that physiology is the study of how body parts function.

4. Ask participants what functions the reproductive system serves. After you receive a few responses, show the Functions of the Reproductive System flip chart and note that key functions include:

    - *To produce sperm and egg cells for reproduction*
    - *To transport and sustain these cells*
    - *To nurture the developing embryos*
    - *To produce hormones*

5. Divide the participants into two groups. Give each group the puzzle pieces for a person with a penis and ask them to complete the puzzle—noting that the first group to complete their puzzle correctly wins a prize.



Adaptation:

You can also have them do both puzzles at the same time (person with a vagina and person with a penis). This may be useful if you need to shorten the timeframe for this activity. Alternatively, you can print the terms and their definitions on separate pieces of paper and ask participants to match the definition with the anatomical part. You could also ask participants to draw and label the reproductive anatomy or to sculpt it using modeling clay (like Play-Dough).

6. Once you have a winning team, bring the group back together and ask participants to explain what each part does (for example, the testes produce sperm and hormones).

7. Display the Reproductive Anatomy: Person with a Penis slide. Explain that these diagrams are only illustrative of the anatomy of a person with a penis and that everyone's bodies look a little different—and that is okay!

8. Tell participants that much of what you are about to discuss may be a review of information that they already know—and that is okay, too! Explain that it is important to fully understand reproductive anatomy as a component of sexual health—and a review can be helpful. Let participants know that your explanations may also serve as an example for how they may want to teach this information themselves, but that you will be providing more detail than what they will need to cover with their students. However, they will need to have this information in case students ask questions.

9. Using the Reproductive Systems: Anatomy and Functions handout as a guide (do not distribute it yet), describe each part of the reproductive system for a person with a penis. Do not simply read the definitions listed; use the slide to demonstrate how everything works together.
   Note: *The Reproductive System handout lists terms in alphabetical order; however, you may want to explain terms in the order in which sperm are created, stored, and leave the body—i.e., testes/testicles, scrotum, epididymis, vas deferens, seminal vesicles, prostate gland, Cowper's glands, urethra, and penis—and then reference the anus and foreskin.*

10. Ask participants to form a circle. Tell participants it is time for a quiz, but they can ask their neighbor for assistance. Toss the ball to a participant and ask a question related to what they just learned (what is the function of the testes, etc.).

11. After asking a few questions, see if participants have any questions about the anatomy of person with a penis before moving on to the anatomy of a person with a vagina.

12. Repeat the puzzle exercise for a person with a vagina, including asking participants to explain what each part does (for example: the ovaries produce eggs and hormones).

13. Display the Reproductive Anatomy: Person with a Vagina slide. Remind participants that these diagrams are illustrative and that everyone's bodies are unique!

14. Using the Reproductive Systems: Anatomy and Functions handout as a guide again, describe each part of the reproductive system for a person with a vagina.
   Note: *The Reproductive System handout lists terms in alphabetical order; however, you may want to explain terms in the following order: ovaries, fallopian tubes, uterus, cervix, vagina, hymen—to demonstrate that path an egg takes from when it is created to when it leaves the body—and then clitoris, urethra, labia, vulva, and anus.*

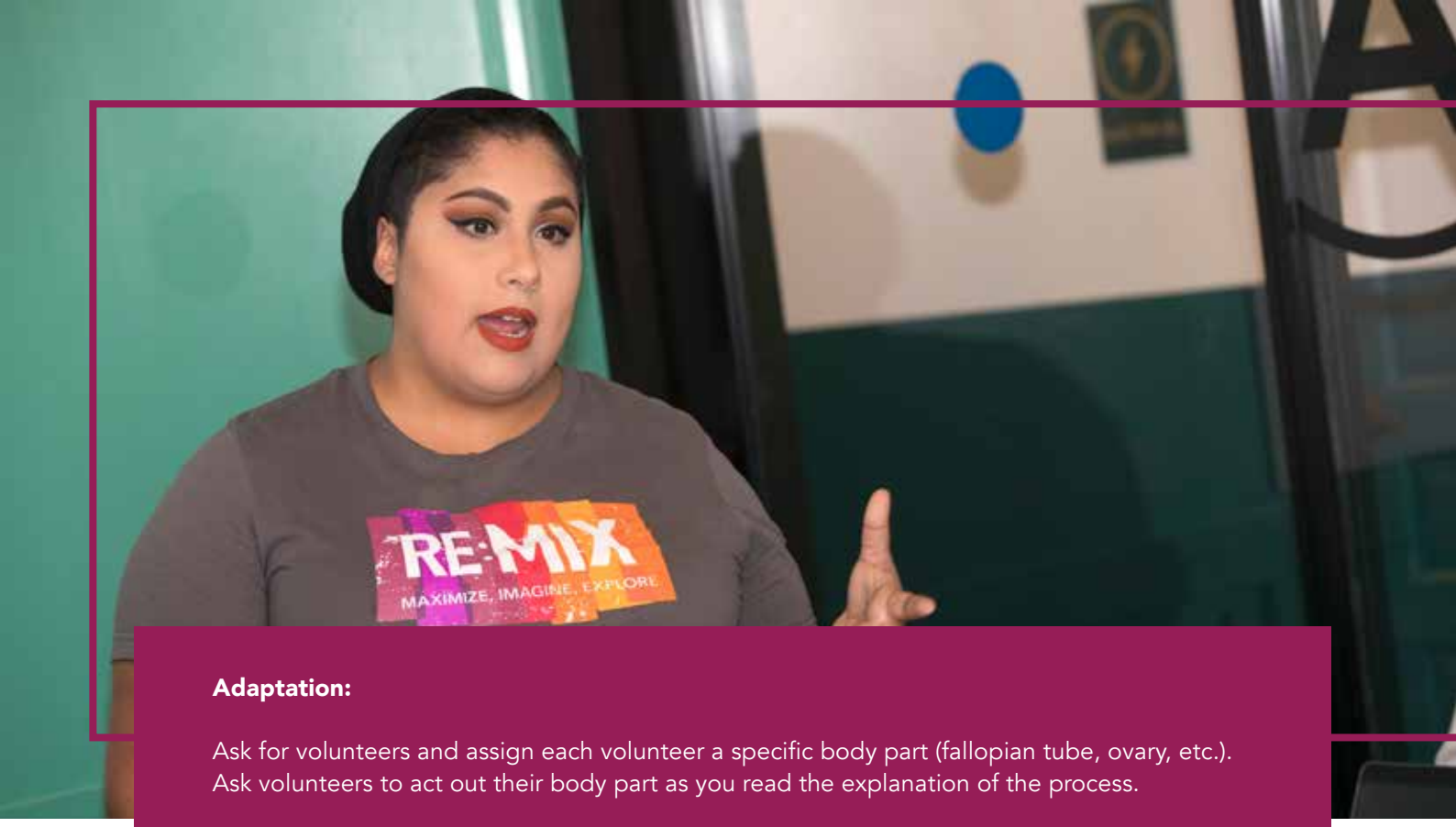
15. Instruct participants to form a circle again for another group quiz. Toss a ball to participants and ask questions related to what they just learned (what is the function of the ovaries, etc.).

16. Instruct participants to return to their seats and ask:

    - *What functions are similar in the person with a penis and person with a vagina reproductive systems?*
    - *What functions are different?*

17. Before you leave the Reproductive Anatomy: Person with a Vagina slide, explain the processes of ovulation, fertilization, and implantation by tracing the path the egg takes from the ovary during ovulation through the fallopian tube for potential fertilization, to the uterus for implantation (if fertilized). Use the Reproductive Systems handout as a guide a final time to explain each of these processes and then distribute copies to the participants.

18. Show the How Do You Get Pregnant? slide and play the video.
    (Video link: www.youtube.com/watch?v=n04NPtZI4QQ)



Adaptation:

Ask for volunteers and assign each volunteer a specific body part (fallopian tube, ovary, etc.). Ask volunteers to act out their body part as you read the explanation of the process.

19. Review the Fertility: Person with a Vagina and Fertility: Person with a Penis slides.

20. Explain that the next few slides will focus on the menstrual cycle in more detail.

THE MENSTRUAL CYCLE (15 MINUTES)

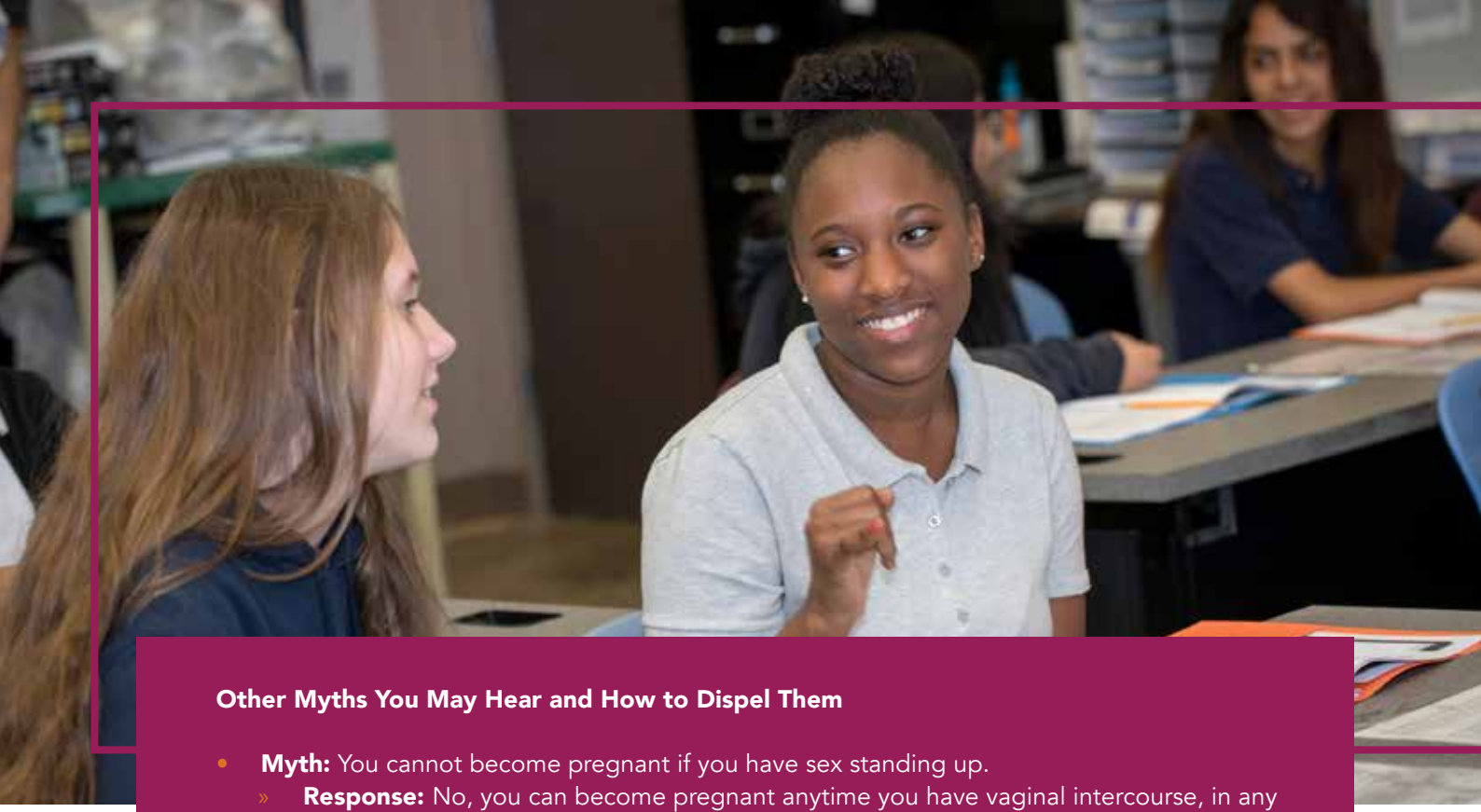
1. Show the Menstruation slide and explain now that we have discussed ovulation, fertilization, and implantation we will explain what happens if an egg is not fertilized or does not implant. Review the bullets on the slide, explaining that menstruation occurs monthly if a person is not pregnant and discussing the typical timing for the menstrual cycle and menstruation.

2. Display the first Menstrual Cycle slide and explain that the menstrual cycle is a cycle that is divided into two parts and that it repeats monthly (usually) from puberty until menopause.

3. Show the second Menstrual Cycle slide and reiterate that the menstrual cycle is divided into two parts and discuss the variance in the timing for each part. Indicate the two parts on the diagram.

4. Display the third Menstrual Cycle slide and explain that sperm can live in the reproductive tract of a person with a vagina for three to six days and, in rare cases, even up to seven days (we call them "super sperm") whereas eggs live for one to three days. Review the fertility window bullet by pointing to where on the diagram the egg and sperm are together. Carefully review the last bullet emphasizing how someone can become pregnant if they have sexual intercourse while they are on their period.

5. Ask participants if they have any questions or if there are any other myths (like the myth that a person cannot become pregnant if they have sex during their period) that they have heard. Provide comprehensive answers and clarify myths to prepare participants to address similar questions and myths in the classroom.



Other Myths You May Hear and How to Dispel Them

- **Myth:** You cannot become pregnant if you have sex standing up.
  - **Response:** No, you can become pregnant anytime you have vaginal intercourse, in any position!
- **Myth:** If you put a lemon in the vagina after having sex, the sperm will die and you cannot get pregnant.
  - **Response:** No, sperm can live in the reproductive tract for up to six days.
- **Myth:** The first time you have sex, you cannot get pregnant.
  - **Response:** You can get pregnant anytime you have sex, including the first time.

CLOSING: ANATOMY REVIEW GAME (15 MINUTES)

1. Tell participants that you are going to test their knowledge of the human anatomy and reproduction functions by playing a review game.

2. Walk around the room and tape an Anatomy Card to each of the participants' backs, so that each participant has a different card facing where others can read it. Tell participants that, in a moment, they will need to stand up and find a partner to help them guess which anatomy card is taped to their back by taking turns asking and answering "yes" or "no" questions. Once both partners have successfully guessed which cards they have, they should return to their seats. Distribute the Sexual Anatomy Questions handout and tell participants that they can use these questions to help them figure out which cards they have.

3. Ask participants to stand and begin this exercise. Walk around the room during the exercise to gauge understanding and help if there is any confusion about the instructions.

4. Once all partners have correctly guessed their cards and are seated, ask the group what they thought about the activity. For example: *Was it easy or hard? Were there any questions that created confusion? Which questions helped you determine which card you had?*

5. Ask participants to each share with the large group one thing they learned during this session.

6. Finally, ask participants if they have any further comments or questions.

MODULE 2.7
PUBERTY

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Demonstrate a thorough understanding of puberty and the changes that occur in adolescents' minds and bodies.
2. Identify several physical and emotional changes that occur (1) only in males, (2) only in females, and (3) in both males and females.

TIME: 50 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 73–77
- Laptop, projector, and speakers
- Flip chart paper labeled "Puberty"
- Puberty Cards (Appendix 2-M), one set for the entire training class
- Markers and tape
- Small ball

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label a piece of flip chart paper "Puberty."
- Print and divide the Anatomy Cards. Tape the Male, Female, and Both Male & Female cards on the wall with space underneath where participants can tape additional cards.

PROCEDURE

FACTS ABOUT PUBERTY (5 MINUTES)

1. Showing only the session cover slide, refer participants to the chart paper labeled "Puberty" and ask them to spend three to five minutes brainstorming what they know about puberty as you record their responses.

2. Show and review the Learning Objectives slide.

3. Display the Puberty slide and discuss the bullet points listed. Ask and answer any questions.

MALE, FEMALE, OR BOTH? (30 MINUTES)

1. Show the Puberty Game slide and direct participants' attention to the "Male," "Female," and "Both Male & Female" cards posted on the wall. Remind participants that while there are people who do not identify as their sex as defined at birth and who are born as intersex, this activity focuses on what typically happens during puberty to individuals based on their sex as defined at birth as either male or female.

2. Distribute the remaining Puberty Cards. Each participant should receive at least one card, but, depending on the size of the group, some may receive more than one card. Tell participants that these cards refer to a particular change that occurs during puberty and explain that their assignment is to guess if the change(s) on their card(s) happens to males, females, or both males and females. Ask participants to tape their card(s) under the appropriate headings already posted. Encourage participants to guess if they are unsure of where to place their cards.

3. After all the cards are posted, review each list and ask whether anyone thinks any of the cards should be moved. If participants suggest moving a card, ask why they think that card might need to be moved. Eventually, the cards should reflect the lists presented herein.

Both Male & Female	Female	Male
• Skin & Hair Become More Oily • Hands & Feet Become Bigger • Pubic Hair Develops • Facial Bones Change • Underarm Hair Grows • Body Grows Taller Quickly • Body Sweats More • Shoulders Become Broader • Voice Becomes Deeper • Breasts Grow • Feels Confused • Feels Moody • Experiences Sexual Feelings & Dreams • Grows Hair on Face & Legs • Gains More Responsibilities • Becomes More Mature • Experiences Physical Responses to Sexual Feelings • Experiences Wet Dreams (Nocturnal Emissions)	• Ovaries Release Eggs • Experiences Periods (Menstruation) • Vaginal Discharge Appears	• Testes Begin Growing • Experiences Erections • Penis Grows

4. As you move cards to their appropriate column, make sure participants understand why the card belongs in its respective category and be prepared to provide explanations if participants are confused. For example, review the following considerations.

    - You may need to explain that "Experiences Wet Dreams (Nocturnal Emissions)" belongs in the "Both Male & Female" category because it refers to the involuntary ejaculation of semen or release of vaginal lubrication during sleep—often referred to as "wet dreams" or "nocturnal emissions." It is important to normalize this experience by explaining that both males and females can have sexual dreams that arouse a physical response. You can similarly explain that "Experiences Erections" belongs in the "Males" category because penile erections commonly occur during puberty; however, females may experience clitoral erections, but these are less visible than penile erections. Likewise, both males and females may experience erect nipples as a result of a variety of stimuli, including sexual arousal and temperature. If participants grasp these concepts, you may opt to list both of these cards in the "Both Males & Females" category.

    - Expect that some participants may be confused by many changes placed under the "Both Males & Females" category—particularly "Shoulders Become Broader," "Voice Becomes Deeper," "Breasts Grow," and "Grows Hair on Face & Legs." If participants seem confused, explain that most changes that occur during puberty are the result of estrogen and testosterone hormones, and that females and males both produce estrogen and testosterone hormones. However, females have significantly more estrogen and males have significantly more testosterone, so changes will vary in severity based on a person's hormone levels. For example, while both males and females may experience their voices becoming deeper, this change is driven by testosterone and is therefore more apparent in males. Hormones cause the larynx (voice box) to grow during puberty causing the voice to deepen. As the voice adjusts to this deeper tone, it often cracks—another sign of puberty commonly experienced by males and considered a "male" characteristic.

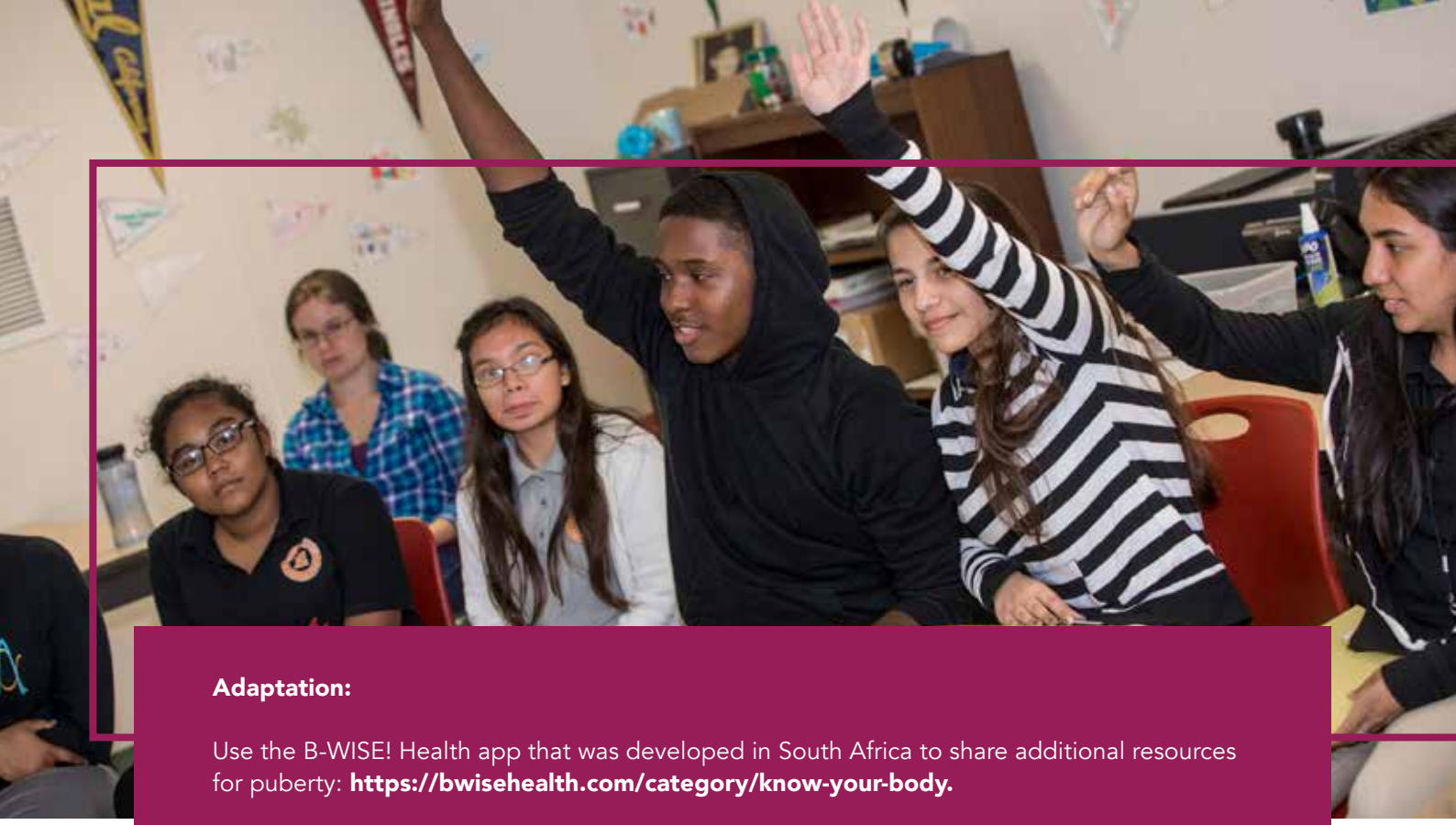
5. After all of the cards are placed in the correct category, ask participants the following process questions and allow for discussion:

    - *What did you notice about the placement of most of the cards? **(Note:** Most of the cards fall under the "Both Male & Female" category, showing that we are more alike than different during puberty.**)***
    - *Were any of card placements surprising to you and, if so, which ones?*
    - *What are some feelings people might experience during puberty?*
    - *How might puberty affect a person who identifies as transgender?*
    - *How might puberty affect a person who is intersex?*

DIFFERENT IS NORMAL VIDEO (10 MINUTES)

1. Explain that you will now show a video called "Different is Normal," which discusses the changes our bodies can experience during puberty. Explain that the term "normal" is used to express how common the experiences are, but it can also be a problematic term as it can be stigmatizing. Encourage participants to use words like "unique" as a more strengths-based descriptor when talking about diverse experiences in puberty.

2. Show the Different is Normal slide and play the video. (Video link: www.youtube.com/watch?v=t9tFk835vjo)



Adaptation:

Use the B-WISE! Health app that was developed in South Africa to share additional resources for puberty: **https://bwisehealth.com/category/know-your-body.**

CLOSING: TAKE THE BALL (5 MINUTES)

1. Ask participants to form a circle and tell them that you are going to throw the ball to someone and when they catch it, they should share one new thing that they learned about puberty from this session before throwing the ball to someone new.

2. Continue the exercise until everyone has had a chance to share something that they learned.

MODULE 2.8
ADOLESCENT DEVELOPMENT

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the fundamental development of the adolescent brain.
2. Discuss the cognitive, emotional, physical, and sexual developmental milestones of adolescents ages 13–17.

TIME: 35 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 78–82
- Laptop, projector, and speakers
- Notecards, box, and pens
- Adolescent Development Memory Game (Appendix 2-N), 4 copies/sets
- Stages of Adolescent Development[17] handout, one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Print four copies of the Adolescent Development Memory Game handout and cut apart the boxes so that you have four sets of 24 cards. Make sure all pieces are the same size.

17. Pawlowski, W. and Hamilton, G. n.d.

PROCEDURE

IMAGERY: WHEN WE WERE YOUNGER (10 MINUTES)

1. Ask participants to sit in a circle on the floor and give each person a notecard.

2. Invite them to close their eyes (if they feel comfortable doing so) and to think about when they were 14 years old. Once participants appear to be settled into 14-year-old memories, ask them open their eyes and write down brief responses to the following questions:

   - *What was going on in your life when you were 14?*
   - *What were you thinking about?*
   - *How did you feel about yourself?*

3. After participants have finished writing their responses, ask them to fold their notecards in half and place them in a box that you will pass around the circle. Once you have collected all of the notecards, ask a volunteer to select and read a notecard from the box. Repeat this for approximately five minutes, or until all cards have been read, time permitting.

4. Ask the group: *Did anyone notice any common themes?* After a few responses, explain that during adolescence, there is a lot going on (emotionally, physically, etc.) and it can be a very challenging time. Many youth do not know why they are acting or feeling certain ways, but explaining to them that their brain is still developing can help them understand that these feelings and thoughts are common.

YOUTH DEVELOPMENTAL MILESTONES (25 MINUTES)

1. Ask participants to return to their seats and show the Learning Objectives slide. Explain that the focus for this session is adolescent development.

2. Display the A Word about Brain Development slide and tell participants this slide provides some fundamental information about the adolescent brain and how it develops. Review the information on the slide, emphasizing the importance of the prefrontal cortex in making positive, healthy decisions and explaining that as it matures during the teenage years and the early to mid-twenties, youth are able to reason better, make better judgments, and better control their impulses.

3. Show the Hand Model of the Brain slide and play the video.
   (Video Link: www.youtube.com/watch?v=gm9CIJ74Oxw)

4. Display the Stages of Adolescent Development slide. Explain that we are going to play a game to review some typical developmental milestones that many adolescents between the ages of 13 and 17 experience cognitively, emotionally, physically, and sexually. Note that many adolescents experience some these milestones before they are 13 or after they 17, and some may not experience certain milestones at all. Additionally, explain that some experts define adolescence as lasting from age 11 to 21. The slide provides two definitions of adolescence as divided into three categories: early, middle, and late adolescence. Finally, note that in addition to physiological growth, cognitive/intellectual, emotional/psychological, and sexual/social development occurs during this time, with the fundamental purpose of shaping a person's identity and preparing a person for adulthood.

5. Divide participants into four groups and introduce the Adolescent Development Memory Game. Give each of the four groups a set of the 24 cards and explain that the set comprises 12 pairs. Explain that half of the cards represent a stage of adolescent development (e.g., physical development) and half are corresponding definitions/examples. Ask participants to shuffle the cards and then spread the cards out on the table or floor, face down.

6. Explain that the object is to match the stage of adolescent development with its definitions/examples, but that they can only turn two cards over at a time to make matches. The game requires each player to try to remember the definition/examples of each stage of adolescent development to form pairs and the position of each card facing down. Provide the following instructions to explain the rules:

    - *The first player will turn over a card and read it aloud.*
    - *Keep the card in its place, facing up and then turn over a second card over and read it aloud. Do not move the cards yet.*
        - » *If the two cards form a matching pair, the player should remove them from the table/floor and keep them. The player may repeat this with two more cards.*
        - » *If the two cards do not form a pair, the player must turn them face down, keeping them where they were. Then another player will have the opportunity to locate a pair.*
    - *The game ends when all of the matches have been identified and there are no more cards on the table/floor. The winner is the person with the most cards.*

7. Once all of the groups have completed their games, ask the group that finished first to stand and read their matching pairs to the larger group.

8. Ask participants why they think it is important for youth to learn about brain development and the different stages of adolescent development.

9. Ask participants if they have any questions about adolescent development and the common milestones experienced by adolescents.

10. Distribute the Stages of Adolescent Development handout to serve as an ongoing reference.

MODULE 2.9
SEXUALLY TRANSMITTED INFECTIONS

This module is very similar to Re:MIX Session 8 and can be used as both a training and a demo.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify the most common STIs and discuss associated causes, transmission factors, treatment options, and prevention strategies.

TIME: 1 HOUR

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 83–95
- Laptop, projector, and speakers
- Re:MIX Curriculum, Session 8
- Candy (see Advanced Preparation for additional details)
- Flip chart paper labeled with "Transmission," "Symptoms," "Treatment," "Prevention," and "Responsibility"
- Sexually Transmitted Infection Scavenger Hunt handout (Appendix 2-O), one copy per participant
- STD CDC Fact Sheets[18] handouts covering chlamydia, gonorrhea, herpes, HIV, human papillomavirus (HPV), and syphilis; one per participant of each
- ***(Optional)*** STI plush toys (chlamydia, gonorrhea, herpes, HIV, HPV, and syphilis)
- Sexually Transmitted Infection Summary Chart (Appendix 2-P)

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Divide the candy so that a quarter of participants will receive one type (type one) and the remaining another type (type two); for example, two green jolly ranchers and six blue jolly ranchers for a group of eight participants.
- Label a piece of flip chart paper with the words "Transmission," "Symptoms," "Treatment," "Prevention," and "Responsibility."
- Arrange the six STD CDC Fact Sheets along with their corresponding STI plush characters (if available) at six separate tables or stations around the room.

18. CDC. n.d.

PROCEDURE

ONE IN FOUR (15 MINUTES)

1. Tell participants that you will be giving them each a piece of candy that they will need to keep safe, but not eat yet. Distribute candy, ensuring each participant receives a piece.

2. Ask participants to stand up, shake hands with two other participants—remembering who they shake hands with—and then return to their seats.

3. After everyone has returned their seats, ask participants to take out their piece of candy. Ask those who received the first type of candy (the smaller portion type) to stand and remain standing. Ask all of the participants to look around the room and notice how many participants are standing.

4. Explain that for the purposes of this activity, having this type of candy represents having a sexually transmitted infection or STI. Let the group know that among sexually active teens, approximately one in four are likely to contract an STI and those that are standing represent this one-fourth.

5. Instruct participants to continue standing for a few moments longer and ask for any participant who shook hands with these participants to stand as well. Explain that for this activity, shaking hands represents having unprotected sex. Therefore, anyone who shook hands with someone in the first group of participants may have contracted an STI. Emphasize that shaking hands with someone who is infected will not transmit an STI in real life, but having unprotected sex can.

6. Now ask the participants who shook hands with the second group of participants to join their peers who are standing because they may have also contracted an infection. Emphasize that this activity shows how easy it is for youth who have sex to contract an STI—even if they have only one or two partners.

7. Invite participants to sit down and enjoy their candy, if they want. Help participants process the activity by facilitating a discussion around the following questions:

    - *If you were in the first group that stood, how did it feel to be told you had an STI?*
    - *For everyone who remained seated during the first round, could you tell that the first group of participants had an STI by the way they looked, talked, or dressed? Note that many people with an STI do not experience any symptoms and we cannot usually tell if a person has an STI by their appearance.*
    - *If you were in the second or third groups that stood, how would it feel to be told that you may have contracted an STI from a partner with whom you had unprotected sex?*

STI OVERVIEW (10 MINUTES)

1. Show and read the Learning Objectives slide.

2. Display the Key STI Questions slide. Tell participants that there are currently more than 30 STIs and trying to know everything about every STI might be overwhelming. Explain that the questions listed on this slide are the most important questions, as they will ensure everyone has a solid understanding of critical information and also ensure participants know where they can find additional information, as needed, to support their students.

3. Show the STI Basics slide and let participants know that these bullets provide a summary of the information that we will discuss in this session.

4. Refer participants to the prepared flip chart paper bearing the words "Transmission," "Symptoms," "Prevention," "Treatment," and "Responsibility" and explain that the next few slides will provide information on these key topics.

    - Show the Transmission slide and explain that this answers the "How do you contract an STI?" question. Explain that STIs are transmitted by physical contact with an infected person.

    - Display the Symptoms slide and explain that this answers the "What are the signs and symptoms of STIs?" question. Explain that this list provides examples of some common symptoms of STIs, but that some STIs do not always exhibit any symptoms so it is important to get tested on a regular (annual or semiannual) basis if you are sexually active.

    - Show the Prevention slide and explain that this answers the "How do I protect myself and my partners from contracting or transmitting an STI?" question. Emphasize that abstinence is the only 100% effective way to prevent STIs but that people can greatly reduce their risk by using a barrier method, such as condoms and dental dams. Emphasize the importance of honestly discussing STI risks with a partner and of each partner getting tested regularly. Also, note that there is a vaccine that all genders can access to protect against select types of HPV. Highlight the importance of avoiding risky behaviors and then show the Prevention: Risk Spectrum slide. Explain that these are the risks associated with various types of sexual contact. Note that alcohol and drug use can lower inhibitions and can affect our ability to make healthy decisions and that using shared needles—for injecting drugs, piercings, tattoos, etc. are also risky behaviors.

    - Show the Treatment Options for Common STIs slide and explain that this answers the "What are the most common STIs?" and "How can I find out if I have an STI and access treatment?" questions. Remind participants of the importance of visiting a health professional for regular testing and for testing anytime a person experiences any of the signs or symptoms discussed in the previous slides. Remind participants that some STIs can be completely cured while others require ongoing management—but that a sign of any STI is an indication to immediately seek medical attention. Emphasize the importance of following the advice and directions of the healthcare provider—such as taking all of the medication prescribed—to treat an STI.

    - Show the Responsibility slide and review the bullets, which incorporate many of the key points from the preceding slides.

SCAVENGER HUNT (30 MINUTES)

1. Explain that in this next activity, participants will learn more about common STIs and meet the plush STI characters (if available).

2. Divide participants into three or four small groups and distribute the STI Scavenger Hunt handout. Explain that each group will visit each STI station to learn about six of the most common STIs in order to complete the scavenger hunt.

3. Assign each group one of the tables to start and instruct them to rotate through the six stations until they have completed their scavenger hunt forms. After all of the groups have visited all of the stations, ask them to return to their seats.

4. Randomly assign each small group an STI to describe for the large group; if available, gather all of the plush characters and distribute them to the groups to use as props for this exercise. Invite the groups, one by one, to share their assigned STI and the top five facts about them, as listed on the Scavenger Hunt handout.

5. After each group has presented, ask and answer any questions.

6. Ask the following discussion questions:

    - *What was the most surprising thing you learned about STIs in this session?*
    - *Which fact would you share with a friend who recently became sexually active?*

7. Close this activity by reminding participants:

    - *Most people do not show any symptoms, which is why it is so important to get tested regularly and to use protection every time.*
    - *STIs can be transmitted from unprotected anal, oral, and vaginal sex, and you must use a new barrier method to protect yourself against STIs each time you engage in these sexual activities.*
    - *Bodily fluids that transmit STIs from one body to another include blood, breastmilk, semen and pre-ejaculatory fluid, and vaginal secretions.*

DISCUSSING STIS WITH YOUTH (5 MINUTES)

1. Show the 5 Key Messages for Youth slide. Explain to participants that there are more than 30 STIs, and trying to learn everything about all of them may be overwhelming; however, there are only five general areas of information that people need to know to protect themselves from STIs, and therefore only five key messages that they will need to discuss with teens:

    - ***Transmission:*** *STIs are transmitted by sexual contact with an infected person—or in some cases other forms of bodily fluid exchanges, such as needle sharing.*
    - ***Symptoms:*** *Common symptoms include blistering, burning, itching, and swelling. However, many people with STIs do not experience any symptoms; therefore, sexually active people should get tested for STIs on an annual or semiannual basis.*
    - ***Prevention:*** *Abstinence is the only method that is 100% effective at preventing STIs. The risk of contracting an STI can be reduced by avoiding risky behaviors—for example, by limiting the number of sexual partners and by using latex condoms or dental dams every time you engage in sexual activity. Also, see a healthcare provider to obtain the HPV vaccine.*
    - ***Treatment:*** *Anyone who thinks they may have an infection should visit a clinic or healthcare provider for immediate medical treatment. Take all medication as prescribed.*
    - ***Responsibility:*** *Everyone is responsible for making healthy decisions to protect themselves and their partners from STIs—this includes practicing safe sex, getting tested regularly, and communicating honestly with your partner.*

2. Display the Common Sexually Transmitted Infection Questions slide and explain that while you cannot predict what specific questions students may ask, these questions are the most common and therefore what participants should be prepared to answer.

3. Distribute the Sexually Transmitted Infection Summary Chart handout and let participants know that they should also be prepared to provide more specific information, should questions arise, and that they can use this handout as a quick reference sheet.

4. Ask participants if they have any questions.

MODULE 2.10
CONTRACEPTIVE METHODS

This module is very similar to Re:MIX Session 7 and can be used as both a training and a demo.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe common methods of contraception, including how the method is used, its efficacy rates, where to obtain it, and common side effects.

TIME: 1 HOUR, 30 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 96–107
- Laptop, projector, and speakers
- Re:MIX Curriculum, Session 7
- Contraceptive kit
- Contraceptive Chart[19] handout, one copy per participant
- Small ball

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Assemble a contraceptive kit, containing samples of the contraceptives discussed in this session: emergency contraception, intrauterine device (IUD), oral contraceptives, patch, ring, and shot.

19. Advocates for Youth. n.d.

PROCEDURE

WHAT ARE THE DIFFERENT CATEGORIES OF CONTRACEPTIVES? (15 MINUTES)

1. Display and review the Learning Objective slide.

2. Show the Contraceptive Methods slide and explain that there are six types of contraceptives, or birth control methods, that can help prevent pregnancies.

3. Display the Method 1: Hormonal Contraceptives slide and explain that hormonal contraception contains either progestin or a combination of estrogen and progestin. Use the diagram of a person with a vagina to demonstrate the three primary ways that hormonal contraceptives work. Note that the pill, the patch, and the ring contain similar hormones (a combination of estrogen and progestin, in most cases) and all work similarly—they simply use different approaches of delivering hormones into the body. If used perfectly (with no user error), they are 99.7% effective but when used typically (accounting for user error), they are 92% effective. Emphasize the fact that hormonal methods provide no protection against STIs.

4. Show the Types of Hormonal Contraceptives slide and explain that there are different types of hormonal contraceptives with different periods of effectiveness. Note that there are hormonal intrauterine devices (IUDs) as well as nonhormonal IUDs. Nonhormonal IUDs cause an inflammatory response inside the uterus making it uninhabitable for a fertilized egg and preventing implantation.

5. Display the Method 2: Barrier Contraceptives slide and explain that condoms—including external condoms that a person with a penis wears and internal condoms that are placed inside the vagina or anus—are the most commonly used barrier method and are the only contraceptive method that provides protection against STIs. Other barrier methods include the cervical cap, diaphragm, and sponge—all of which are inserted inside a person with a vagina.

6. Show the Method 3: Chemical Contraceptives slide and explain that spermicides prevent pregnancies by using chemicals that destroy sperm. Note that spermicides are not effective for preventing pregnancies when used alone, but can be used with other methods, and that they do not provide protection against STIs.

7. Display the Method 4: Surgical Contraception slide. Use the diagram to explain how tubal ligations and vasectomies prevent conception, including by preventing ovulation and preventing sperm from leaving the epididymis.

8. Display the Method 5: Emergency Contraception slide. Explain that emergency contraception is a hormonal contraceptive that can be taken within three days of unprotected sex to prevent fertilization. Emphasize that emergency contraception does not cause an abortion to occur in someone who is already pregnant and should not be used as a regular form of contraception.

9. Show the Method 6: Abstinence slide. Tell participants that everyone has a different definition of abstinence, so discussing different definitions and expectations is critical. Explain that abstaining from sexual activity is the only method that is 100% reliable for preventing pregnancies and STIs.

10. Ask participants if they have any questions about the different categories and explain that in the next activity we will learn more about individual methods.

WHICH CONTRACEPTIVE METHOD IS BEST? (60 MINUTES)

1. Show the Selecting a Contraceptive Method slide.

2. Divide participants into six groups. Assign each group a contraceptive method by providing a sample of their respective method from the contraceptive kit. Give each participant a copy of the Contraceptive Chart handout.

3. Instruct to participants to study their respective contraceptive method using the Contraceptive Chart and sample. Tell them they will have 25 minutes to prepare a five-minute advertisement that they will then present to the entire group. The advertisement should respond to the five questions listed on the slide with accurate information.

Additional information that you may need to explain to participants about specific methods is provided below.

Oral contraceptives are pills that must be taken daily. It is important to take each pill around the same time each day for it to be effective. Most pill packages contain three weeks of hormone-containing pills followed by a week of placebo pills that do not contain hormones but rather serve as a reminder until the next pill pack should be started. During the fourth week (placebo week), a person will experience bleeding similar to a period. This is not a complete period, as the pills prevent a person from ovulating. Rather, during this week the body is withdrawing from the hormones and shedding the uterine lining through the vagina—this is called a "withdrawal bleeding." Some oral contraceptives contain hormones for all four weeks; this is called continuous use and typically prevents any withdrawal bleeding.

The patch delivers hormones through the skin. The patch is worn on the body (for example, abdomen, back, buttock, or upper arm) for seven days and is then replaced with a new patch (in a new site, to prevent skin irritation). After three weeks, a person will take a break from the patch and may experience withdrawal bleeding. The patch can also be worn continuously to prevent this bleeding. Note, each patch should stay on the body for the full seven days (including during bathing, exercise, etc.) to be effective.

The ring is a clear, flexible, plastic ring that is inserted into the vagina. Using a thumb and index finger, a person squeezes the sides of the ring together and inserts it into the vagina, where it expands around the cervix and is held in place by the vaginal muscles. Hormones inside the ring are absorbed through the vagina and into the bloodstream. Each ring is worn for three weeks followed by a week-long break before insertion of a new ring. There is typically withdrawal bleeding during the fourth week, which can be avoided by wearing the ring continuously. If desired, the ring can be removed during vaginal intercourse, but must be reinserted within two hours to remain effective.

Injectable contraceptives, such as Depo-Provera (or Depo), contain a large dose of progestin that stays in the body for three months. Injectables are between 97–99.7% effective for preventing pregnancies but require a visit to a healthcare provider every three months for dosing.

Implants are a small, plastic rods (approximately the size of a matchstick) that contain progestin and are inserted into the upper arm. Implants are 99.5% effective for pregnancy prevention for up to three years—although they can be removed earlier, if desired. A person must visit a healthcare provider for the insertion, which involves numbing the injection site, making a small incision, and inserting the rod under the skin. This minimally invasive procedure does not typically require stitches and usually self-heals. Similarly, to remove an implant, a provider will make another tiny incision and remove the device. Implanon and Nexplanon are brand names for implants.

Intrauterine devices—commonly known as IUDs—are small, T-shaped devices that are inserted into the uterus by a healthcare provider. The IUD has strings that hang from the cervix to allow a person to ensure the device stays in place and to enable a provider to remove the device. There are hormonal (progestin) and nonhormonal IUDs. The hormonal IUD is effective for up to five years, the nonhormonal IUD is effective for up to 12 years. Both IUDs are 99.2–99.9% effective in preventing pregnancies.

Condoms serve as barriers during anal and vaginal sex to prevent pregnancies and STIs. External condoms are made of latex or plastic, are worn on the penis, and are 85–98% effective at pregnancy prevention. Internal condoms are plastic pouches with flexible rings on either end. The internal condom can be inserted into either the anus or vagina and is 75–95% effective at pregnancy prevention. Condoms should only be used once (i.e., not reused). Condoms are the only methods that provide STI protection.

Spermicides come in the forms of cream, film, foam, jelly, and suppository. Spermicides must be inserted in the vagina prior to penile penetration and prevent pregnancy by destroying sperm. Spermicides are 71–82% effective at preventing pregnancy. Some spermicides contain an abrasive ingredient (nonoxynol-9) that creates micro-tears in the skin that leave people vulnerable to infections (including STIs)—these should be avoided to minimize risk.

The **cervical cap** and **diaphragm** are shallow cups made of latex or silicone that are inserted into the vagina before intercourse to prevent sperm from entering the cervix. Both must be fitted by a healthcare provider. Neither provide STI protection. The cervical cap provides 71–86% protection against pregnancy whereas the diaphragm is 84–94% effective. Efficacy increases when used in combination with spermicide.

4. When all of the groups are ready, ask them to take turns sharing their advertisement with the larger group.

5. Once all groups have presented, ask participants which method they would recommend to a friend and why. Direct participants to the Pros and Cons columns on the handout for each method.

6. After receiving a few answers, explain that choosing a contraceptive method is a personal decision and different people may benefit from different methods. Note that some people may experience different or more serious side effects with a method than others and unpleasant side effects can deter proper use. Further, some side effects may be more common for people who are over 35, who have high blood pressure, or who are smokers—which is why it is important to discuss options with a healthcare professional to select the best method. Therefore, it is important that each individual decides what is best for their situation.

7. Ask if participants have any questions.

DISCUSSING CONTRACEPTION WITH YOUTH (10 MINUTES)

1. Show the Discussing Contraception with Youth slide. Explain that while it is important for participants to have detailed information about each of the methods to be able to respond to student questions, it is not necessary to provide this level of detailed information to the students, as this may cause confusion. Tell participants that it is most important that they can answer the three questions listed on the slide for each method.

2. Close this discussion by explaining that long-acting reversible contraceptives—including particularly implants and IUDs—offer high effectiveness rates for pregnancy prevention because the risk of user error is minimized. Therefore, these are good options for youth. However, it is important to remind participants that these methods do not protect against STIs.

CLOSING: ANSWER THE BALL (5 MINUTES)

Ask the group to form a circle and explain that you will throw the ball to someone and that person will answer one of the following questions: ***Note:*** *You can ask the same question a few times to different participants.*

- *What did you learn about a contraceptive method today that you did not know previously and that you found interesting?*
- *Which method(s) would you recommend to a friend who was trying to decide what to use? Why?*
- *Are there any methods you do not think work well for teens?*
- *Most contraceptive methods are used by people who have vaginas. What method(s) can a person with a penis use?*

MODULE 2.11
HOW TO USE A CONDOM

This module is very similar to Re:MIX Session 7 and can be used as both a training and a demo.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the correct order of steps used to put on a condom.
2. Demonstrate the correct use of a condom on a model.
3. Identify reasons for incorrect condom use.
4. Demonstrate familiarity and comfort in using a condom.

TIME: 35 MINUTES

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 108–112
- Laptop, projector, and speakers
- Re:MIX Curriculum, Session 7
- Condom Steps Activity Cards (Appendix 2-Q), at least two sets
- Condom Steps Activity Answer Key (Appendix 2-R), one copy per facilitator
- Condoms (internal and external), two per participant plus one or more for facilitator demonstration(s)
- Penis models, one for each participant and trainer

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Divide condom steps into at least two sets and shuffle them so they are not in the correct order. You will need to determine how many sets you need based on the number of participants.

PROCEDURE

INTRODUCTION TO CONDOMS (5 MINUTES)

1. Show the Learning Objectives slide and note that condoms are a unique contraceptive method.

2. Ask participants what makes condoms unique and then explain that in addition to preventing pregnancy, condoms also provide protection against most of the viruses and bacteria that cause STIs including HIV but excluding herpes and HPV. Explain that because condoms offer this unique dual protection, we will dedicate this entire module to them. Remind participants that there are two types of condoms: external condoms and internal condoms.

3. While showing the external condom, remind participants that:
   - *The external condom—often called the "male condom"—is a thin sheath worn over the penis during intercourse. There are latex condoms as well as polyurethane or polyisoprene condoms, for people who are allergic to latex. These condoms can protect against pregnancy and STIs/HIV if used correctly, but they do not fully protect against herpes or HPV, which can shed from genital areas that are not covered by the condom.*

4. While showing the internal condom, remind participants that:
   - *The internal condom—often called the "female condom"—is a flexible pouch that is inserted in the vagina up to two hours before intercourse or into the anus immediately preceding anal sex. There are flexible rings at each end to keep it in place. The internal condom also protects against pregnancy and STIs, and, because it covers more of the skin of the outside the vulva, it can also reduce the risk of skin-to-skin STI transmission (i.e., herpes and HPV).*

5. Conclude this introduction to condoms by emphasizing the importance of using condoms correctly and consistently every time.

CONDOM STEPS (15 MINUTES)

1. Explain to the participants that there are some critical steps to using a condom correctly.

2. Show the Consent slide and remind participants that prior to using a condom, it is important to obtain consent from your partner.

3. Tell participants that we are going to play a game that will test who knows the correct order of nine steps for using condoms—whichever team completes the exercise first wins!

4. Divide the participants into two (or more) groups and ask them to gather in different areas of the room so that they will not be distracted by one another.

5. Distribute one set of shuffled condom cards to each group. Instruct the groups to place the cards in the correct order. If they cannot agree on the placement of a card, encourage them to debate the order with their teammates until they reach a consensus.

6. After a couple of minutes, ask both groups to present their steps, one at a time.

7. After both groups have presented, compare the correct order (as presented on the Condom Steps Activity Answer Key) with the groups' orders. Have each group rearrange steps as necessary to ensure they are in the correct order.

8. Display the Condom Steps Activity Debrief slide and ask participants the questions listed.

CONDOM DEMONSTRATION (5 MINUTES)

1. Display the Condom Demonstration and Practice slide and tell participants that you are going to demonstrate these steps using a penis model. Explain that while they will not be doing condom demonstrations when they facilitate Re:MIX in the classroom, it is important for them to have a comprehensive understanding of effective condom use in order to accurately and confidently relay this information to students.

2. Remind participants that condoms can break and emphasize that using a condom correctly can eliminate some of the factors that can contribute to condom breakage.

3. Review the nine steps for correct condom use (as listed on the Condom Steps Activity Answer Key) demonstrating each step with the condom and penis model as you read it.

4. Discuss the use of lubricants as you review the steps by noting that only water-based lubricants should be used with latex condoms (as opposed to lubricants that are made with oil, including petroleum jelly, baby oil, or hand/skin creams). Identify any readily available water-based or silicone-based lubricants and explain that some people with penises like to put a little lubricant inside the condom to increase sexual pleasure. Lubrication can also be used on the outside of the condom to increase sexual pleasure for both partners.

Adaptation. Consider using a sample of a locally available, water-based lubricant during the demonstration.

5. Answer any clarification questions that arise.

CONDOM PRACTICE (10 MINUTES)

1. Distribute two condoms to participants. Ask the participants to look at the condom wrappers to check the expiration dates.

2. Instruct participants to remove one of their condoms from the wrappers and then to stretch the condom as much as they can without breaking it. Tell them they can stretch it over their arms or blow it up. Ask the participants:

    - *How much did the condom stretch?*
    - *What happened to the condom when you stretched it? Did the condom break?*

3. Ask participants to share what they learned from playing with the condoms. Emphasize that the condom is extremely strong and yet sensitive to touch, which makes it a good form of protection against pregnancies and STIs without diminishing the sexual pleasure.

4. Explain that participants will now have an opportunity to practice putting a condom on a penis model. Distribute a penis model to each participant. Allow time for participants to practice putting on and removing the condom.

5. Ask participants if they have any questions about the correct use of a condom.

MODULE 2.12:
CHARACTERISTICS OF YOUTH-FRIENDLY HEALTH SERVICES

This module is very similar to Re:MIX Session 10 and can be used as both a training and a demo.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify the characteristics of youth-friendly health services.
2. Provide students with appropriate referrals to local youth-friendly health services.

TIME: 1 HOUR

MATERIALS

- Re:MIX TOF Section 2 presentation, slides 113–118
- Laptop, projector, and speakers
- Re:MIX Curriculum, Session 10
- Blank notecards, sticky notes, and pens
- Flip chart paper labeled "Characteristics of Youth-Friendly Services," with subheadings for "Programmatic," "Service Provider," "Facility," and "Youth Perceptions"
- Extra flip chart paper and markers
- Characteristics of Youth-Friendly Health Services handout (Appendix 2-S), one copy per participant
- Local Youth-Friendly Health Facilities handout (see Advanced Preparation), one copy per participant

ADVANCE PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label a piece of flip chart paper "Characteristics of Youth-Friendly Services" and include subheadings for "Programmatic," "Service Provider," "Facility," and "Youth Perceptions," as indicated below.

Characteristics of Youth-Friendly Services	
Programmatic	Facility
Service Provider	Youth Perceptions

- Create a list of local youth-friendly health facilities. Use the Characteristics of Youth-Friendly Services handout to qualify facilities for this list. You can refer to the Program Implementation and Adaptation Manual for detailed guidance, if necessary, to prepare this list.

PROCEDURE

CHARACTERISTICS OF YOUTH-FRIENDLY HEALTH SERVICES (15 MINUTES)

1. Show and review the Learning Objectives slide.

2. Show the Health Experts, Meet Teen Experts slide and play the video.
(Video Link: www.youtube.com/watch?v=BjpO06F6mug)

3. Provide a notecard to each participant and ask them to write down their responses to the following questions:

   - *What has made you feel comfortable in the past when visiting a health clinic?*
   - *What has made you feel uncomfortable in the past when visiting a health clinic?*

   Note: *These questions aim to help participants consider how they wish to be treated and why youth need to feel safe and comfortable when seeking health services.*

4. Show the Characteristics of Youth-Friendly Services slide and explain that these are four areas in which we review a facility. Review the examples provided for each area.

5. Distribute sticky notes to participants and refer participants to the Characteristics of Youth-Friendly Services flip chart paper. Ask participants to review their notecards and consider how their responses fit within these four categories and then to write down examples of what they think are characteristics of youth-friendly services within these four categories on their sticky notes. Tell participants that they have five minutes to write down their ideas and post their sticky notes on the flip chart paper under the relevant heading.

6. Show the Drawing a Picture: Adolescent-Centered Medical Homes slide and play the video. Ask for questions and comments on the video while you distribute copies of the Characteristics of Youth-Friendly Health Services handout. (Video Link: www.youtube.com/watch?v=vAu5ad827I8)

YOUTH-FRIENDLY HEALTH FACILITIES (30 MINUTES)

1. Remind participants that aside from condoms, all contraceptive methods require meeting with a health professional who can help clients choose the method that will work best for their unique bodies and lifestyles.

2. Ask participants if they know of any healthcare facilities where they can obtain contraceptive methods. Record answers on a blank flip chart paper page.

3. Distribute the Local Youth-Friendly Health Facilities handout and ask participants if they have ever visited any of the clinics listed or if they know someone who has. Ask a couple of volunteers to briefly discuss their experience or share what they know about the clinic and/or its services. If not mentioned, emphasize that contraceptives and pregnancy and STI testing are services available at these clinics.

QUESTIONS FOR THE HEALTH FACILITY (10 MINUTES)

1. Tell participants that this activity will involve time brainstorming a list of questions to ask *before* visiting a facility for a consultation. Let participants know that these should be questions that they can ask over the phone or in-person when they are scheduling an appointment. Ask a volunteer to write all the questions participants provide on flip chart paper.

Note: *Examples might include:*

- *What services do you provide?*
- *What contraceptive methods or STI services do you offer?*
- *How much do these services cost?*
- *What is involved in a visit?*
- *How long will it take?*
- *Do I need an appointment?*
- *Do I need a parent's permission?*
- *Is my visit kept confidential?*
- *Can I bring a friend?*
- *What do I need to bring?*
- *Can I have a female/male provider?*
- *How do I find your location?*
- *What are your hours?*

Adaptation. Ask participants to visit a local youth-friendly clinic. Tell participants that they can work together to create a checklist or guide for their site visits that they can use to determine what information they want to learn about the clinic and to track that information in preparation for providing referrals to Re:MIX students.

Incorporate any of the above questions if they are not mentioned.

2. Lead a group discussion using the following questions:

- *How comfortable would you feel calling a health facility on your own?*
- *How comfortable would you feel visiting a health facility on your own? If not on your own, what about with a friend?*
- *What do you think prevents some youth from visiting a health facility?*
- *What advice can you give someone to help alleviate their concerns about visiting a health facility?*
- *How and why do you think visiting a health facility might be different for a nonconforming youth (or a transgender person)?*
- *How can partners support one another to visit a health facility? (**Note:** If not otherwise mentioned, note that couples can visit a facility together.)*
- *How often do you usually visit a health facility or how often do you plan to now?*
- *What other fears or concerns do you have about visiting a health facility?*

3. Show the Youth-Friendly Service Offerings slide and explain that for a facility or provider to be considered youth-friendly, it/they should offer the services listed for adolescents.

CLOSING (5 MINUTES)

1. Invite participants to share their reflections by asking the following questions:

- *How will you use the information you received today about youth-friendly health services personally?*
- *How will you use this information professionally?*

2. ***(Optional)*** Discuss planning a trip to a clinic and have participants create a field trip guide.

TRAINER DEMO—SESSION 2
GETTING THE GENDER MESSAGE

LEARNING OBJECTIVES

After completing this demonstration, training participants will be able to:

1. Define and redefine gender norms in ways that build equitable relationships and promote health and well-being.
2. Identify common characteristics of Re:MIX sessions.

TIME: 1 HOUR, 10 MINUTES

MATERIALS

Refer to the Re:MIX curriculum for required materials.

ADVANCED PREPARATION

Refer to the Re:MIX curriculum for advanced preparation guidance.

PROCEDURE

Module 2.5 of the TOF resembles much of Re:MIX Session 2. Two trainers can use this as an opportunity to model this session for participants while facilitating helpful conversations with peer and health educators about their own knowledge and attitudes around gender. Ask peer and health educators to follow along in their curriculum and make helpful notes based on their observations.

After you complete the demo, you can debrief with participants using the following discussion questions:

- *What were you feeling while we were discussing this content?*
- *What feelings and questions do you think students might experience or have during this session?*
- *What are your strengths and challenges in understanding this material? What content do you need to revisit before you facilitate this session with students?*

You can also note that many activities from the modules from Section 2 of the TOF are similarly included in the Re:MIX Sessions. This includes Contraceptive Methods, STI Scavenger Hunt, and Steps for Putting on a Condom. Explain to participants that experiencing these activities first as participants can provide valuable insights as they prepare to facilitate the material with youth.

SECTION 3

FACILITATION AND INCLUSION STRATEGIES

Module	Time	Learning Objectives	Materials
3.1: Introduction to Presentation Skills	1 hour, 40 minutes	• Describe and model select qualities of poor and strong presentations. • Explain the importance of presentation skills for Re:MIX educators. • Identify strengths and opportunities for growth as a presenter.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Flip chart papers labeled "Poor Presentation" and "Good Presentation" ☐ Extra flip chart paper, markers, and tape ☐ Bad Presentation Role-play[20] handout ☐ Presentation Skills Checklist[21] handout ☐ 10 Tips for Re:MIX Presentations[22] handout ☐ Personal Coaching and Feedback Sheet for Presenters[23] handout
3.2: Roles and Stages of Facilitation	1 hour, 20 minutes	• Identify the three primary roles of facilitators. • Describe the steps that should be taken before, during, and after each session of the Re:MIX curriculum for effective facilitation. • Identify and describe personal feelings, strengths, and opportunities related to facilitating with groups. • Describe routines and rituals that can be used with youth.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Paper, pens, pencils, and markers ☐ Flip chart papers labeled "Strong Facilitation Skills," "Before," "During," and "After" ☐ Facilitation Role Play[24] handout ☐ Roles and Stages of Facilitation handout (Appendix 3-A)
3.3: Managing Participants	1 hour, 15 minutes	• Identify common types of participant behaviors, including challenging behaviors. • Match behaviors with strategies—and implement those strategies—for increased comprehension, engagement, inclusion, and safety.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Flip chart papers labeled "Remembering Names," "Welcoming Students and Getting Started," "Recognition," and "Wrapping Up Class" ☐ Markers ☐ *(Optional)* stickers or similar materials ☐ Facilitation Scenario Roles[25] handout ☐ Bowl, box, or similar ☐ Facilitation Challenges and Tips for Solutions[26] handout
3.4: Avoiding Power Struggles and Encouraging Discussions	1 hour, 5 minutes	• Identify the qualities of effective teachers. • Identify and utilize basic strategies for avoiding power struggles with students. • Identify and utilize methods for encouraging and supporting student discussion.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Tips for Avoiding Power Struggles handout (Appendix 3-B) ☐ Responding to and Encouraging Student Discussion handout (Appendix 3-C) ☐ Flip chart paper and markers

20. John W. Gardner Center for Youth and Their Communities (JGC). 2007. *Youth Engaged in Leadership and Learning (YELL): A Handbook for Program Staff, Teachers, and Community Leaders*. Stanford, CA: JGC. 80. https://gardnercenter.stanford.edu/sites/default/files/YELL%20Handbook.pdf.
21. JGC. 2007. 81.
22. JGC. 2007. 82.
23. JGC. 2007. 83
24. JGC. 2007. 88.
25. JGC. 2007. 95.
26. JGC. 2007. 91-92.

Module	Time	Learning Objectives	Materials
3.5: Co-Facilitation Strategies	1 hour, 35 minutes	• Describe and demonstrate strategies and best practices for successful co-facilitation. • Build a strong rapport with co-facilitators and begin developing a co-facilitation philosophy.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Back-to-Back Images handout (Appendix 3-D) ☐ Co-Facilitation Statements handout (Appendix 3-E) ☐ Co-Facilitator Checklist[27] handout ☐ Re:MIX Curriculum ☐ Paper, pens, and pencils
3.6: Trauma-Informed Care	1 hour	• Explain why trauma-informed practices are important in sex education programs. • Understand and apply trauma-informed care to facilitation. • Demonstrate improved skills in diffusing behaviors linked to trauma.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ The Three Pillars of Trauma-Informed Care[28] article ☐ Trust-Based Relational Intervention® (TBRI®) Levels of Response[29] handout ☐ Trauma Cards
3.7: Strategies for Reaching LGBTQ+ Youth	45 minutes	• Describe why LGBTQ+ youth are at risk for becoming pregnant and contracting STIs. • Describe at least three techniques for creating a safe and inclusive environment for LGBTQ+ youth. • Address homophobic (and similar) statements in the classroom.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Flip chart paper and markers ☐ Strategies for Including All Youth handout (Appendix 3-F) ☐ Creating a Safe Space for Youth handout (Appendix 3-G) ☐ Creating a Safe Space for Youth Answer Key (Appendix 3-H)
3.8: Storytelling for Peer Educators  There is an adapted version of this training in the Professional Development and Leadership Program Guide.	4 hours, 30 minutes	• Know what constitutes a compelling story. • Craft personal stories from their own life experience that relay health content to peers. • Feel comfortable sharing their story in small group settings. • Create sample stories for upcoming Re:MIX sessions.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Re:MIX Story Shares handout (Appendix 3-I) ☐ Flip chart paper and markers ☐ Pens and note cards ☐ *(**Optional,** but strongly encouraged)* Tissues

27. FacilitatingXYZ: A Free Online Resource for ALL Facilitators. n.d. *Co-Facilitator Checklist*. http://www.facilitating.xyz/co-facilitator-checklist/.
28. Bath, H. 2008. "The Three Pillars of Trauma-Informed Care." *Reclaiming Children and Youth 17*, no. 3 (Fall): 17-21.
29. Texas Christian University, Institute of Child Development. 2013. *TBRI® Responsive Strategies–Levels of Response™*. Fort Worth: Texas Christian University. https://child.tcu.edu/about-us/tbri/#sthash.fvskcdHo.dpbs.

Module	Time	Learning Objectives	Materials
3.9: Answering Youth Questions	1 hour, 40 minutes	• Recognize and utilize effective strategies to address five key types of questions. • Identify the difference between values-based and non-values-based questions. • Demonstrate the proper protocol for answering values-based questions. • Demonstrate the purpose and use of the notecard knowledge box.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers ☐ Values and Their Place in Teen Pregnancy Prevention[30] handout ☐ Flip chart papers labeled "Universal Values" and " Non-Universal Values" ☐ Values Cards handout (Appendix 3-J) ☐ Sample Student Questions handout (Appendix 3-K) ☐ Shoeboxes ☐ Markers, construction paper, glue, and tape
3.10: Self-Disclosure	30 minutes	• Define self-disclosure and explain its purpose in professional settings, including Re:MIX. • Understand and demonstrate approaches for implementing and monitoring self-disclosure during Re:MIX sessions and team gatherings.	☐ Re:MIX TOF Section 3 presentation ☐ Laptop, projector, and speakers
Educator Demos	Refer to the Re:MIX Curriculum.		

30. Center for Health Training. n.d. *Values and Their Place in Teen Pregnancy Prevention.* Oakland, CA: Center for Health Training.

MODULE 3.1
INTRODUCTION TO PRESENTATION SKILLS

This module is intended for educators with minimal experience presenting or facilitating in front of others.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe and model select qualities of poor and strong presentations.
2. Explain the importance of presentation skills for Re:MIX educators.
3. Identify strengths and opportunities for growth as a presenter.

TIME: 1 HOUR, 40 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 1–7
- Laptop, projector, and speakers
- Flip chart papers labeled "Poor Presentation" and "Good Presentation"
- Extra flip chart paper, markers, and tape
- Bad Presentation Role-Play[31] handout, one copy cut into two pieces
- Presentation Skills Checklist[32] handout, one copy per participant
- 10 Tips for Re:MIX Presentations[33] handout, one copy per participant
- Personal Coaching and Feedback Sheet for Presenters[34] handout, one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label two pieces of flip chart paper as "Poor Presentation" and "Good Presentation."
- Cut the Bad Presentations Role-Play handout into two pieces.
- ***(Optional)*** Create additional role-play scenarios.

31. JGC. 2007. 80.
32. JGC. 2007. 81.
33. JGC. 2007. 82.
34. JGC. 2007. 83

PROCEDURE

STATUS OF TOF PROGRESS (5 MINUTES)

1. Briefly show the TOF Structure slide, highlighting that this is the first module in Section 3: Facilitation and Inclusion Strategies.

2. Display and review the Learning Objectives slide. Inform participants that being a Re:MIX educator requires a combination of presentation, facilitation, and classroom management skills and that this module focuses on explaining why presentation skills are important for peer and health educators.

3. Ask a few participants to share examples of their recent experience delivering presentations and their feelings about those presentations and their effectiveness.

WARM-UP: BAD PRESENTATIONS ROLE-PLAY (10 MINUTES)

1. Explain that it is helpful to first think through the things we do not want to do as a presenter or facilitator and then, after we know what we do not want to do, we can determine what we do want to do. Ask a volunteer to help demonstrate the first bad role-play presentation for the group. If no one volunteers, you can demonstrate the first role-play presentation.

2. Select one of the Bad Presentation Role-Play cards and ask your volunteer to read it quietly and then role-play the presentation for the group (or complete this task yourself, if you do not have a volunteer).

3. After the role-play presentation, ask participants to share examples of poor presentation skills they observed. Ask a participant to capture notes on the flip chart paper labeled "Poor Presentation." Then reveal the instructions from the card and compare notes.

4. Repeat this exercise with a new participant volunteer demonstrating the role-play presentation and a new participant volunteer recording the notes on the flip chart paper.

5. Ask the group to discuss which of the poor presentation skills listed they have seen or been guilty of committing themselves and how they think an audience or learning group is affected.

Adaptation: You may opt to incorporate additional role-play scenarios that directly reflect what you know of your participants and their presentation skills. However, it is important not to single out any individual participants during the activity.

WHY DOES PRESENTATION MATTER IN RE:MIX? (5 MINUTES)

1. Ask participants why they think presentation skills will be important for them.

2. Explain that we use terms like "educator" and "facilitator" in Re:MIX because these terms describe the comprehensive nature of the roles of peer and health educators; however, a lot of the Re:MIX content and technical information must be presented in lecture format. Therefore, this module focuses on basic presentation skills and later we will work on more involved facilitation practices.

PRESENTATION SKILLS AND STRATEGIES (30 MINUTES)

1. Distribute and review the Presentation Skills Checklist handout with participants.

2. Invite participants to demonstrate weak and strong examples of each of the skills listed. If the group is large or participants are shy, consider dividing participants into small groups of three or four participants to practice

and then bringing the large group back together for a few brave performers to demonstrate what they have practiced.

3. Review the textbox at the bottom of the checklist (Fun Fact), highlighting how much of people's first impressions are based on nonverbal communication.

4. Show the 10 Tips for Good Presentations slide and distribute the 10 Tips for Good Presentations handout, inviting participants to take turns reading each tip aloud to the group. Emphasize the following points related specifically to Re:MIX as participants read the tips.

- ***Plan & Practice:*** *Due to the detailed nature of the Re:MIX curriculum, peer and health educators should always plan and practice delivering each session before entering the classroom. This program provides ample time and space for this planning and practicing with the expectation that every educator will actively use the time provided for this purpose. Once co-facilitator teams have determined responsibilities for the session, each facilitator is also encouraged to practice their portions independently. Some people like to video record themselves or practice in front of the mirror.* ***Note:*** *If you have determined the logistics for this planning and practice, review those logistics now; otherwise, explain that program leaders will provide these logistics later.*

> Refer to the Re:MIX Program Implementation and Adaptation Manual for additional tips on how and when to make space for peer and health educators to plan and practice for their sessions.

- ***Introduce Yourself & Your Topic:*** *This is especially important in the first few sessions of Re:MIX while the students are getting to know you. It is always helpful wear nametags and to remind students of your names until you feel they know them. Also, begin each session with a quick review of the agenda to help orient students to the topic.*

- ***Stand Up Straight & Look at the Audience:*** *While a room full of teenagers can be intimidating, proper posture and eye contact projects confidence. Use body language to set the tone for the session—remember you want students to feel comfortable discussing serious and sensitive subjects respectfully.*

- ***Speak Slowly, Clearly & Loudly; Use Professional Language:*** *The Re:MIX curriculum provides many useful examples of how to explain the material to students. Be careful not to rush through material and ensure you speak loud enough for the entire room to hear you.*

- ***Do Not Read Directly from Your Paper:*** *You should always bring your copy of the Re:MIX curriculum with you as your guide for the sessions, but you should avoid reading the text directly. Create notecards for yourself and practice presentations (with your co-facilitator or other peers and friends) in advance to help ensure you can deliver the content accurately and connect with your audience effectively.*

- ***Use Visual Aids:*** *Visuals can reinforce training content and serve as a reference for students. The Re:MIX curriculum includes visual aids that are pre-developed (such as presentations and posters) as well as instructions for developing additional visual aids throughout the course.* ***Note:*** *This is a good time to revisit some of the major visuals included in the Re:MIX curriculum.*

- ***Do Not Worry about Making Mistakes:*** *If you make a mistake, take a breath and acknowledge the mistake but do not feel embarrassed—everyone makes mistakes and everyone will understand. You may also use humor to acknowledge your error to help yourself feel comfortable.*

- ***Ask the Audience for Questions:*** *Sometimes we are so focused on presenting information that we forget to check if the audience understands the information. The Re:MIX curriculum includes notations of where you should check for understanding with your students to ensure there is time for any questions.*

- ***Thank the Audience:*** *Express your appreciation for their engagement and active listening, recognizing that the Re:MIX material can sometimes be sensitive and complex. A little positivity can promote participation and encourage knowledge retention.*

- ***Be Yourself:*** *Always remember to be yourself. Find ways to use your personality and to build on your strengths to deliver material. This shows your peers that you are human and authentic, which is important in building trust. You can work on improving your presentation skills, while remaining true to who you are.*

5. Ask participants if they have additional tips from their notes on the poor and strong presentations and demonstrations and instruct them to add their suggestions to their handouts and presentations to serve as reminders.

PRESENTATION PRACTICE AND FEEDBACK (45 MINUTES)

1. Show the Presentation Practice and Feedback slide and distribute the Personal Coaching and Feedback Sheet for Presenters handout. Let participants know that they can use this tool to provide feedback to each other when they begin practicing their presentation skills.

2. Ask participants to form small groups to discuss the tool for about three minutes. Ask them to use the worksheet to think specifically about their own strengths and challenges as presenters.

3. Tell participants they will have five minutes to prepare a brief presentation on a topic of particular interest to them. Explain that each presentation should be brief—one or two minutes—and provide any additional guidance and materials (such as suggested topics, flip chart paper, markers, and private spaces to practice).

It might be helpful to prepare some examples of topics that relate the exercise to the Re:MIX curriculum to help them get started. For example, topics could include children and families, health/sexual health, or work and professionalism. Alternatively, you can omit the presentation practice exercise if you feel participants have an adequate command of presentation skills.

4. After the five minutes, bring the group back together and ask for a volunteer to start the presentations.

5. Remind the participants who are observing to make notes using their Personal Coaching and Feedback Sheet for Presenter handouts.

6. After the first presentation, take a minute to allow participants to provide feedback. This is an important time to be encouraging and appreciate everyone for being vulnerable in this activity. Remind participants that they will normally have much more time to practice.

7. Repeat this process until all participants have presented. If you have a large group, you may want to adapt this activity by prioritizing the peer educators first and only including the health educators if there is time.

8. Inform participants that they can use this tool as they begin delivering the curriculum in the classroom and that they can also use this tool to give feedback on other presentations they may give outside of the classroom.

CLOSING: PRESENTER HASHTAGS (5 MINUTES)

1. Ask participants to imagine themselves several months (or a year) from now, giving a presentation about a topic that they are passionate about. Ask participants to think of hashtags that they hope audience members would use to describe them or their presentations afterwards.

2. Show the Previous Presenter Hashtags slide and explain that these were hashtags that previous peer educators suggested.

MODULE 3.2
ROLES AND STAGES OF FACILITATION

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify three primary roles of facilitators.
2. Describe the steps that should be taken before, during, and after each session of the Re:MIX curriculum for effective facilitation.
3. Identify and describe personal feelings, strengths, and opportunities related to facilitating with groups.
4. Describe routines and rituals that can be used with youth.

TIME: 1 HOUR, 20 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 8–15
- Laptop, projector, and speakers
- Paper, pens, pencils, and markers
- Flip chart papers labeled "Strong Facilitation Skills," "Before," "During," and "After"
- Facilitation Role Play[35] handout, one copy cut into three pieces
- Roles and Stages of Facilitation handout (Appendix 3-A), one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Cut the Facilitation Role Play handout into three pieces.
- Label one piece of flip chart "Strong Facilitator Skills." Label three additional pieces of flip chart as "Before," "During," and "After" and post them in distinct stations around the room with markers or other brainstorming supplies.
- Determine whether you want to use the photos at the end of the presentation for this session (Option A or B)—or identify your own. You can use Pixabay or Unsplash to access free, open source images.

35. JGC. 2007. 88.

PROCEDURE

LINKING PRESENTATION AND FACILITATION (15 MINUTES)

1. Display and review the Learning Objectives slide.

2. Ask participants to recall the previous module on presentation skills and ask what was most memorable from that session.

3. Ask participants how they would define the term "facilitation."

4. Show the Linking Presentation and Facilitation slide and ask participants the questions listed.

YOUR FAVORITE TEACHERS (10 MINUTES)

1. Show the Your Favorite Teachers slide and explain that teachers and trainers (like yourself) are good examples of people who both present and facilitate.

2. Ask participants to think about a favorite teacher or trainer they have had in the past. Tell them to close their eyes and imagine they are in class or training with that person again and to think about what they are seeing, feeling, and doing. Guide participants to focus on the qualities of the teacher or trainer and the environment that the person created by asking the following questions:

    - *What was the person like?*
    - *What did they do to make it an enjoyable experience?*
    - *What made the person or the experience so memorable to you?*

3. After a few minutes, ask participants to open their eyes and draw or write their responses.

4. Ask participants to find a partner and to take turns sharing their experiences for a few minutes.

5. Ask pairs to double into foursomes to continue their discussions, looking for similar qualities and characteristics. Instruct groups to have at least one person take notes to report to the larger group.

6. After a couple more minutes, bring participants back to the larger group and ask volunteers from each small group to share key insights from their discussions, while you record their responses on the piece of flip chart paper labeled "Strong Presentation Skills." ***Note:*** *Expect responses to include adjectives such as adaptive, appreciative, caring, confident, expressive, genuine, hands-on, inclusive, and knowledgeable.*

7. Facilitate a quick discussion reflecting on common qualities shared.

ROLES OF FACILITATORS (15 MINUTES)

1. Show the Primary Roles of Facilitators slide. Explain that there are some key facilitator tasks that go above and beyond presenting, which are listed on this slide.

2. Link these roles to the Strong Presentation Skills flip chart from the previous exercise. For example, if "caring" was listed, explore how caring relates to all three roles; if "knowledgeable" was listed, discuss how being knowledgeable could help in creating a safe environment and providing guidance.

3. Ask a few participants to briefly share examples of their experiences facilitating with a group—for instance, in a meeting or team building activity—and what they felt they did particularly well.

4. Display the Facilitator Role-Play slide and ask a volunteer to lead a role-play activity. Give the participant one of the role-play scenarios (from the Facilitation Role Play handout). Based on the scenario selected, assign a few other participants to play the challenging audience members. Instruct the role-play participants to demonstrate the scenario for three minutes. After three minutes, pause the role-play and ask the participant serving as the facilitator what they felt went well and where they felt challenged. Ask the rest of the participants for any suggestions on how to deal with challenges identified. Thank participants for their brave efforts and assure them that the upcoming modules will provide specific strategies for managing participants to help them in the future.

Adaptation: You may prefer to eliminate the role-play activity (or only demonstrate the role-play with your co-facilitator) if you feel your participants would be uncomfortable without additional facilitation training.

5. Repeat this process twice more with the two remaining scenarios.

6. Explain that being a good facilitator takes time and practice and that strong facilitators are continuously honing their skills based on new experiences. Let participants know that each peer and health educator will be able to build upon their diversity of strengths as presenters and facilitators to support each other to deliver Re:MIX—and the next few modules will help them identify opportunities for how they can build their skills together.

ENERGIZER: ENERGY BALL (5 MINUTES)

1. Ask everyone to stand up and form a circle. Explain that this activity involves tossing a pretend ball—the ball can be the size of a pea or as big as a boulder. Show participants how to play with the pretend ball using body language and facial expressions.

2. Explain that you will start by calling the name of a participant to "catch the ball" and that when they catch it, they must change a quality of the ball (for example, its shape or size) and then ask for consent to "throw it" to another participant—by calling out their name and asking, "May I throw you the ball?" Let them know that they can talk out how they have changed the ball, but they must also act it out; for example, they can say "Oh my—now the ball is on fire!" while acting like it is hot and painful to touch. Also explain that the person named to receive the ball can opt to accept or reject the ball. If they reject it, the person throwing can pick another participant or can modify how the ball has changed and ask again.

3. Start the game and continue until everyone has had an opportunity to "catch the ball;" then instruct the last person to "toss the ball" back to you.

4. Facilitate a brief debrief discussion of the activity by asking:
   - *How did the changing energy impact the group?*
   - *Which energy ball qualities were most memorable and why?*
   - *What did it feel like to have someone accept or reject your energy?*
   - *How do you think this activity relates to presentation and facilitation skills?*

This activity is designed to energize the group and to reinforce presentation and facilitation strategies. You might consider incorporating this as a regular warm-up or energizer during future TOF sessions.

THREE STAGES OF FACILITATION (30 MINUTES)

1. Tell participants that you have posted flip chart papers in three areas in the room with the names of three distinct stages of facilitation—before, during, and after—and each area has flip chart paper and markers where participants can generate ideas of what should happen during these stages. Encourage participants to use words, phrases, full sentences, and images as they see fit.

2. Let participants know they will have 10 minutes to visit the flip charts and write down as many ideas as they can think of. Note participants can be either "butterflies" or "bees" during this exercise—butterflies move freely among the different flip charts, while bees may choose to stay at one longer or for the entire time.

3. After 10 minutes, pause the group and tell participants they have a few minutes (three to five) to complete a quick gallery walk of all three stations to independently read responses and add any final thoughts or images.

4. Ask participants to return to their seats (or to the middle of the room) to process responses for each stage, starting with "before."

5. Distribute the Roles and Stages of Facilitation handout and ask participants to compare the flip chart lists with the handout lists. Discuss any confusion or disagreements on the responses, if necessary. If there are not many responses on the flip chart papers, be prepared to talk through the tips on the handout and to prompt additional insights and ideas.

6. Ask participants to add notes on their handout based on the group activity and discussion.

> Review the Re:MIX Program Implementation and Adaptation Manual for more best practices. You can use this time to address any additional requirements for planning or debriefing processes or wait until the Fidelity, Quality, and Reporting section.

CLOSING: THREE IMAGES (5 MINUTES)

1. Show one of the Three Pictures slides (Option A or B, or use your own) and ask participants to carefully consider each image and select one that describes something they are feeling at this point in the training, that represents something they learned from this session, or that reflects the sum of their experience from the training so far.

2. Ask a few participants to share which image they selected and why. Alternatively, you can ask participants to find partners or form small groups to discuss.

3. Encourage participants to keep their Roles and Stages of Facilitation handouts accessible and to look for examples of good facilitation practices during future demos that they can add for future reference when they begin facilitating Re:MIX themselves.

> We recommend completing the trainer demo for Session 3 after this module.

MODULE 3.3
MANAGING PARTICIPANTS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify common types of participant behaviors, including challenging behaviors.
2. Match participant behaviors with strategies—and implement those strategies—for increased comprehension, engagement, inclusion, and safety.

TIME: 1 HOUR, 15 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 16–20
- Laptop, projector, and speakers
- Flip chart papers labeled "Remembering Names," "Welcoming Students and Getting Started," "Recognition," and "Wrapping Up Class"
- Markers
- *(Optional)* Stickers or similar materials for voting
- Facilitation Scenario Roles[36] handout, one copy per participant
- Bowl, box, or similar
- Facilitation Challenges and Tips for Solutions[37] handout, one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Label four pieces of flip chart paper as "Remembering Names," "Welcoming Students and Getting Started," "Recognition," and "Wrapping Up Class" and place them around the room.
- *(Optional)* Adapt/prepare additional participant scenarios based on relevant previous experiences.
- Cut the Facilitation Scenario Roles into strips and place them in a bowl, box, or similar, from which participants can draw.

36. JGC. 2007. 95.
37. JGC. 2007. 91-92.

PROCEDURE

WARM-UP: EMOTION PARTY (10 MINUTES)

1. Display and review the Learning Objectives slide.

2. Show the Emotion Party slide and explain that we are going to start this session with a party game. Explain that one person will begin the game as the host, with a neutral emotion. The first "guest" will knock or ring the bell (by saying "knock-knock" or "ding-dong"), and enter the party in a highly charged emotional state.

   Note: *Emotions that work well with this exercise include anger, excitement, fear, jealously, joy, and sadness. If necessary, this is a good time to discuss how to express emotions while respecting other people—including respecting physical boundaries.*

3. As soon as the host understands the guest's emotion, they also assume that emotional state, and interact with the guest. The next guest enters with a different emotion, and the host and the first guest then assume the new emotion. This continues and the party becomes more chaotic as more guests enter, each new guest causing a different emotion to permeate the party. After the second guest has entered, participants can interact with different people until they notice the change in emotion, and then they must adapt that emotion. The participants should not watch the new guests for their emotional state; rather, they should let the emotion naturally travel to them as they mingle. Depending on how quickly participants catch the emotions, you may have time to let several participants play hosts.

4. After approximately eight minutes of "partying," ask participants to return to their seats and briefly process the activity by asking:

   - *How can people's emotions affect an environment?*
   - *How does it feel to notice someone's energy?*
   - *How did host(s) feel when they had to accept their guests' emotions?*
   - *How might this exercise relate to working as a facilitator in a learning environment?*

5. Explain that everyone has different participation styles and ask a few participants to describe how they typically act in a learning environment and how they think their behaviors might influence teachers and trainers.

6. Close the activity by noting that this session focuses on strategies for managing various participant behaviors—including verbal and nonverbal behaviors.

ROUTINES AND RITUALS (30 MINUTES)

1. Introduce the concept of rituals and routines by asking:
   - *What might be some of the benefits of rituals and routines?*
   - *Think about your time at home or in school or at summer camp—what are your experiences with routines and rituals?*

2. Explain to participants that when working with youth, it is important to create a positive learning environment and establish positive relationships. This can proactively limit challenges with youth by ensuring they are excited for their Re:MIX sessions and are eager to have positive experiences with you. Explain that rituals and routines can help facilitators to create reliable, safe, and supportive spaces for youth to foster such relationships and feelings.

3. Ask participants to consider how rituals and routines relate to the stages of facilitation discussed in the previous module: before, during, and after. Organize participants in small groups to discuss how they think that rituals and routines might help them manage participants. After a few minutes, ask each group to share a few key discussion points with the large group.

4. Display the Rituals and Routines slide and refer participants to the four pieces of flip chart paper around the room labeled "Remembering Names," "Welcoming Students and Getting Started," "Recognition," and "Wrapping Up Class." Tell participants that they are going to brainstorm specific examples of rituals and routines for each of these four areas that can help create positive and engaging learning environments. Give participants five minutes to visit the flip charts—either as bees or butterflies—and list their ideas and strategies. **Note:** *Remember that bees may stay in one place as long as they wish while butterflies may move across different stations as frequently as they like—the key is that everyone may move freely as they prefer.* Answer questions, as needed.

5. After five minutes, ask participants to do a gallery walk to see all of the responses. You may opt to provide participants with stickers or a similar voting method to indicate the strategies that they would particularly like to use in their classrooms. **Note:** *During this time, you should also review the flip chart lists and be prepared to highlight suggestions that might not be feasible—for example, distributing snacks if implementation sites have food restrictions. Also, if you use stickers (or similar) distribute a small number of stickers so participants have to think carefully about their choices and only select a few priority strategies.*

6. Ask participants to return to their seats in order to review everyone's ideas and choices and to make a final list of the rituals and routines that the group wants to try. Based on this list, determine how to delegate any further planning required to implement the selected rituals and routines. **Note:** *Examples of key strategies under each heading might include:*

- ***Remembering Names***
  - *Create seating charts.*
  - *Create name tents.*
  - *Rehearse names in advance of sessions.*

- ***Welcoming Students and Getting Started***
  - *Have a facilitator welcome everyone personally at the door.*
  - *Create a fun or funny welcome phrase related to Re:MIX content.*
  - *Instruct everyone to take a focused breath or complete a stretch before beginning each session.*

- ***Recognition***
  - *Use a Re:MIX mascot (e.g., a previous group used a stuffed unicorn) that can be passed around for active participation and listening.*
  - *Set goals for thanking a certain number of students each session for positive participation.*
  - *Select a Re:MIX star each week who receives a special privilege at the next session.*
  - *Provide snacks or sexual health swag (many health clinics and partners will donate).*
  - *Align with and implement incentives already being used with students in the implementation site or school.*

- ***Wrapping Up Class***
  - *Create a special formation that everyone gets in.*
  - *Create a wrap-up phrase to end each session with.*
  - *Say goodbye to each student individually as they leave.*

FACILITATION CHALLENGES (30 MINUTES)

1. Display the Facilitation Challenges slide and inform participants that they may encounter challenges in facilitating Re:MIX and need to be prepared. Ask them to take a moment to reflect on how their roles as facilitators (discussed in the previous module) may be affected by students' emotions (remembering the emotion party exercise) and actions (thinking about their own behaviors as students). Ask volunteers to remind the group of the facilitator roles. ***Note:*** *Remember that the roles include: (1) make sure everyone has an opportunity to participate, (2) create a safe and supportive environment, and (3) listen, question, and provide guidance.*

2. Tell participants that in order to prepare them to address challenging facilitation situations, we will now have them play different roles in different scenarios—some will act as facilitators while others will act as participants exhibiting challenging behaviors. For each scenario, select one "facilitator" and two "participants" to exhibit challenging behaviors. Allow the two "participants" to draw a role from the bowl/box of facilitation scenario roles (they should not show it to each other or the "facilitator"). Using the following scenario, instruct the role-play members to take their places and the rest of the group to act as regular participants—Scenario 1: Have the facilitator implement Where Do You Stand? from Re:MIX Session 1. Allow approximately three minutes for the role-play.

Adaptation: You can give more than two challenging behaviors for each scenario, if you think your participant facilitators have the capacity to manage more challenges. Remember—this activity should be challenging but not overwhelming.

3. After the first scenario is complete, encourage a discussion around what the "facilitator" thought they did well and where they struggled. Ask the rest of the group to guess what challenging behaviors the "participants" were exhibiting. Thank the "facilitator" and "participants'" for their brave efforts.

4. Distribute and review the Facilitation Challenges and Tips for Solutions handout; highlight the tips specifically related to the challenging facilitation roles portrayed in the scenario. Ask if there are any questions or comments and allow participants a moment to make notes.

5. Repeat this process using the scenarios listed herein—changing the actors each time so every participant has the opportunity to role-play a scenario—until all nine challenging behaviors have been portrayed and discussed.
   - Scenario 2: Have the facilitator implement Re:MIX Introductions from Re:MIX Session 1.
   - Scenario 3: Have the facilitator implement the Gender Unicorn activity from Re:MIX Session 2.
   - Scenario 4: Have the facilitator implement an activity of your choosing from Re:MIX Session 1 or 2.
   - Scenario 5: Have the facilitator implement a closing MIX from Sessions 1 or 2.

CLOSING (5 MINUTES)

Explain that it is important that facilitators understand the difference between a behavior and a person and take time to evaluate the cause of challenging behaviors. Adolescence is a challenging time and personalities and behaviors can reflect ongoing personal challenges. Further, participating in a program like Re:MIX may be uncomfortable for some youth and they may express their discomfort through challenging behaviors. Remind participants of the Adolescent Development and Puberty modules from Section 2 of this training and ask participants: *What other issues might affect classroom behaviors?* Let participants know that upcoming modules will focus on trauma-informed care and reaching LGBTQ+ youth.

This is an ideal time to incorporate any additional materials about your implementing site organization's existing approaches to managing challenging behaviors. For example, you may want to conduct a site visit to meet teachers and learn about their strategies and approaches or ask site partners to send training materials and/or tips that you can incorporate into this session. Emphasize that their school or site partners are also available to support them.

MODULE 3.4
AVOIDING POWER STRUGGLES AND ENCOURAGING DISCUSSIONS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify the qualities of effective teachers.
2. Identify and utilize basic strategies for avoiding power struggles with students.
3. Identify and utilize methods for encouraging and supporting student discussion.

TIME: 1 HOUR, 5 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 21–22
- Laptop, projector, and speakers
- Tips for Avoiding Power Struggles handout (Appendix 3-B), one copy per participant
- Responding to and Encouraging Student Discussion handout (Appendix 3-C), one copy per participant
- Flip chart paper and markers

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.

PROCEDURE

OPENING BRAINSTORM (20 MINUTES)

1. Show and review the Learning Objectives slide.

2. Tell participants to think about the worst classroom teacher they have ever had. Ask participants:
   - *What do you remember about your experience in the classroom with that teacher?*
   - *How did discussions occur?*
   - *How did conflict occur?*
   - *How did you feel in the classroom?*

3. Write participant responses down on flip chart paper.

4. Repeat this exercise for best teacher.

   Note: *If you conducted the discussion about participants' favorite teachers during the Roles and Stages of Facilitation module, you can choose to remind participants of that activity now, or omit this activity.*

5. Discuss responses, encouraging participants to consider how their experiences with teachers might shape their own teaching philosophy.

UNDERSTANDING AND AVOIDING POWER STRUGGLES (15 MINUTES)

1. Introduce the concept of power struggles with participants by asking participants for reasons why students might engage in power struggles.

2. After a few responses, highlight (or reiterate, if you have already discussed this issue) that sometimes students engage in power struggles as a way to receive attention—even if it is negative attention. Tell participants that many students receive four times more negative attention than positive attention at home or school and that they may not know how to encourage positive attention. Explain the concept of unconditional positive regard by sharing:
   - *The concept of unconditional positive regard, developed by the psychologist Carl Rogers, is the idea of offering a basic level of acceptance and support for a person, regardless of what the person says or does.*
   - *This is a core philosophy for how we should treat Re:MIX students to establish strong relationships.*

3. Distribute and review the Tips for Avoiding Power Struggles handout.

ENCOURAGING STUDENT DISCUSSION (25 MINUTES)

1. Ask participants why they think encouraging student discussions matters—especially within Re:MIX.

2. Distribute the Responding To and Encouraging Discussion handout. Instruct participants to find a partner and ask each pair to think about a scenario where they might utilize one of the techniques listed on the handout.

3. After approximately 10 minutes, ask students to return to the larger group for discussion. Ask each pair to share what they discussed. If time allows, you can ask pairs to quickly demonstrate the scenario and strategy they discussed.

CLOSING (5 MINUTES)

Recap this session by emphasizing that dealing with challenging situations—like avoiding or managing power struggles with students—can be difficult! Remind participants that this is a learning process and every class is a chance to practice their skills.

MODULE 3.5
CO-FACILITATION STRATEGIES

In order to demonstrate co-facilitation strategies and best practices, two trainers are required to lead this session.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe and demonstrate strategies and best practices for successful co-facilitation.
2. Build a strong rapport with co-facilitators and begin developing a co-facilitation philosophy.

TIME: 1 HOUR, 35 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 23–27
- Laptop, projector, and speakers
- Back-to-Back Images handout (Appendix 3-D), one copy for each participant pair
- Co-Facilitation Statements handout (Appendix 3-E), enough so each participant can have one statement
- Co-Facilitator Checklist[38] handout, one copy per participant
- Re:MIX Curriculum
- Paper, pens, and pencils

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Determine if there are any specific co-facilitation models or norms you want your educators to employ. We recommend you consider using HMA's models.[39]
- Two trainers are required for this module. These co-trainers should review this training plan together thoughtfully, making notes and plans for modeling the strategies discussed in this module.
- Determine your co-facilitation pairings for Re:MIX implementation.
- Cut the Back-to-Back Images handout in half.
- ***(Optional)*** Create your own images for the Back-to-Back exercise.

38. FacilitatingXYZ: A Free Online Resource for ALL Facilitators. n.d.
39. HMA. *Co-Facilitation Styles*. https://www.hma.co.nz/wp-content/uploads/2016/01/Co-facilitation-styles.pdf.

PROCEDURE

WARM-UP: BACK-TO-BACK (10 MINUTES)

1. Display and review the Learning Objective slide.

2. Have participants find a partner and sit back-to-back (either on the floor or in chairs). ***Note:*** *If there is an odd number of participants, a facilitator should pair up with a participant.*

3. Distribute a copy of the first image to one member of each pair with an instruction **not** to show it to their partner. Give their partners paper and pens or pencils. Tell the pairs that they will have a couple of minutes for the participants holding the image to describe the image to their partner, who must then try to draw it from only a verbal description. After a couple of minutes, ask the pairs to compare the images they received with their drawings.

4. If there is time, allow pairs to switch roles and complete the exercise again with the second image.

5. Bring participants back to the large group and ask:
   - *Did the drawings accurately reflect the images that we provided?*
   - *How was the communication between you and your partner during this exercise?*
   - *How might this exercise relate to co-facilitating the Re:MIX curriculum?*

   Inform participants that when working in pairs and groups, it is important that everyone understands shared expectations and can effectively communicate with one another to ensure success.

TRADING STATEMENTS (10 MINUTES)

1. Show the Trading Statements slide and distribute the Co-Facilitation Statements, one per participant. Review the instructions provided on the slide.

2. After a few minutes, call time and tell participants to return to their seats with their statements.

3. Ask each participant to share their statement and explain why they chose it or how they ended up with it. If you do not have time for all participants to share, you can ask a few to share and let participants visually indicate (e.g., by raising hands) if they selected the same statement, so everyone can visually see the results.

4. Inform participants that everyone comes with their own set of beliefs about, preferences for, and experiences with working with others. It is important to get to know each other to build a strong foundation for effective co-facilitation.

CO-FACILITATION BEST PRACTICES (15 MINUTES)

1. Display the Co-Facilitation Best Practices slide and explain that we have distilled a few key best practices for Re:MIX co-facilitators, based on lessons learned from previous Re:MIX facilitator teams. Ask participants to take turns reading each bullet.

2. Facilitate a discussion about why each of these best practices might be important, based on everyone's (yours and theirs) experiences. Ask the participants if they have any suggested additions to this list, based on their experiences.

CO-FACILITATOR CHECKLIST (20 MINUTES)

1. Show the Co-Facilitator Checklist slide and divide participants into their assigned Re:MIX co-facilitation pairs. If participants will be working in more than one pairing, they can work in small groups for this exercise.

2. Distribute the Co-Facilitator Checklist handout and instruct groups to discuss as much of the checklist as possible and make notes.

3. After approximately 10 minutes, ask each group to share key takeaways from their discussions.

4. Highlight any similarities in conversations, preferences, or agreements and discuss any group norms or rules that may need to be established based on participants' feedback. Explain to participants that while they should strive to be authentic and work with their co-facilitators to leverage each other's strengths and preferences when possible, establishing group norms can improve efficiency and quality. Note that this is particularly helpful for streamlining planning and for dealing with substitutions that may be necessary throughout the program.

   Note: *Plan to take note of any issues that arise during this discussion that may indicate a need for additional training or support—either by revisiting material from the TOF or by gathering supplemental materials.*

IDEAS FOR CO-FACILITATING RE:MIX (30 MINUTES)

1. Explain that we are now going to spend some time thinking about how to apply the co-facilitation practices, preferences, and norms from the previous exercise to Re:MIX.

2. Divide participants into pairs or small groups and assign a Re:MIX session to each group or pair (or allow each group to select a session for this exercise).

> **Adaptation:** An alternate approach is to assign everyone the same session (such as Session 1, since it is the first they will have to facilitate) and review the similarities and differences that arise from their discussions.

3. Tell each group that they have approximately 15 minutes to review the session materials and discuss how they might co-facilitate the session together, building upon the best practices and norms they learned about and discussed in the previous exercises.

4. Ask each group to spend two or three minutes sharing highlights of their plans with the larger group. After each group has shared, discuss similarities and differences in how everyone approached co-facilitation planning and reiterate any specific norms or rules you established for co-facilitators.

CO-FACILITATION PLANNING LOGISTICS (5 MINUTES)

Let participants know they will have more time with their co-facilitators to prepare for delivering Re:MIX. If you have a schedule prepared for these planning meetings, you can share it now. Otherwise, let participants know when this information will be available. It will help participants feel confident and comfortable if they know when and how much time they will have for this planning.

CLOSING REFLECTIONS (5 MINUTES)

1. Ask participants to provide examples of effective co-facilitation from their roles as participants in this session. Prompts might include:
   - *What did you notice about how we as co-facilitators shared responsibilities during this session?*
   - *Where did you notice us relying on or supporting one another to facilitate this session?*

2. Consider sharing information about the process you used to plan for this module and what you felt went well and how you might improve your co-facilitation strategy for the next module.

   Note: *While trainers are expected to be experienced, this is good opportunity for you to model openness to feedback and to demonstrate that there is always room for improvement in co-facilitation. You may even consider demonstrating an abbreviated, yet thoughtful debrief of the session for the participants to observe.*

> Consider revisiting material from this module after completing the full TOF to help educators determine their co-facilitation approaches and norms together before they begin implementing Re:MIX.

MODULE 3.6
TRAUMA-INFORMED CARE

Two trainers are required to lead this session.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Understand why trauma-informed care practices are important in sex education programs.
2. Understand and apply trauma-informed care to facilitation.
3. Demonstrate improved skills in diffusing behaviors linked to trauma.

TIME: 1 HOUR

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 28–40
- Laptop, projector, and speakers
- The Three Pillars of Trauma-Informed Care[40] article, one copy per participant
- Trust-Based Relational Intervention® (TBRI®) Levels of Response[41] handout, one copy per participant
- Trauma Cards (see Advanced Preparation)

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Create two note cards with each presenting a different trauma that students may be facing; for example: (1) You just discovered you are pregnant, and (2) Your dad was recently deported and you had to leave your home to move in with extended family.
- Determine co-facilitation pairings for implementation.
- Thoughtfully review the training plan as a training team and prepare plans for modeling the strategies taught in this session.

40. Bath, H. 2008.
41. Texas Christian University, Institute of Child Development. 2013.

PROCEDURE

INTRODUCTION INTO TRAUMA (15 MINUTES)

1. Display and review the Learning Objective slide.

2. Ask participants what they may already know about trauma and trauma-informed care. After receiving a few answers, show and review the Understanding Trauma slide.

3. Display and review the Types of Trauma and Toxic Stress slide. Explain that early relational trauma can hinder a person's ability to regulate the intensity and duration of its effects; this can render a person unable to regulate critical emotions—such as anger and fear—or to manage impulse control.[42]

4. Show the Trust-Based Relational Intervention (TBRI)® and TBRI®: Trust-Based Relational Intervention® slides, first introducing the concept of TBRI® and then playing the video. (Video link: https://youtu.be/FWScSJKjn1A)

5. Show the Where Do We Stand? slide and ask a participant to play a student and instruct them to sit in a chair that you have moved to the front or middle of the room (with space around it for other people to stand). Ask other participants—one-by-one—to name difficult behaviors they might expect to face in the classroom and then to stand around the "student," symbolically representing those behaviors. After all participants have completed this task, you should not be able to see the "student" in the chair.

6. Pause the exercise and explain that when students are disruptive, we often stop seeing them as children, and instead only see their problematic behaviors. Ask participants to consider how we can refocus our attention on the student as a person.

7. Ask the "student" to stand on the chair so that everyone can see them. Remind participants that challenging behaviors can be the result of trauma and that by focusing on the student instead of the behavior, we can recognize when a student may be vulnerable and provide trauma-informed care.

CORE COMPONENTS OF HEALING (10 MINUTES)

1. Display the Three Pillars of Trauma-Informed Care slide and distribute the Three Pillars of Trauma-Informed Care handout. Explain that educators can use trauma-informed strategies within these three areas to support vulnerable students.

    - **Safety**
        - » *Availability, consistency, honesty, predictability, reliability, and transparency help create a safe environment for students.*
        - » *Reacting to pain-based behaviors with pain-based reactions (like yelling or physically intimidating a student) creates an unsafe environment.*
        - » *Our goal as facilitators is to deal with the trauma that manifests as a troubling behavior without inflicting additional pain through punitive or controlling reactions.*

    - **Connections**
        - » *Positive relationships are necessary for healthy human development. Trauma undermines a child's ability to build positive relationships, which is why it is critical that we proactively promote and support positive relationships for healing and growth.*
        - » *Children traumatized by situations with adults learn to associate adults with negative emotions. This can result in negative behaviors such as avoidance, suspicion, or outright hostility.*

42. Bath, H. 2008.

- **Managing Emotions**
  - » *Traumatized children need adults that can co-regulate their emotions. Strategies for helping students co-regulate emotions include active listening, consciously labeling troublesome emotions, and encouraging reflection and development of stories about their experiences.*
  - » *The goal is to teach skills that will gradually help students to regulate their emotions independently.*

2. Ask participants to reflect on how they can incorporate this information to create safe and supportive environments for their students. For example how can they:
   - *Plan to provide a safe environment for vulnerable students?*
   - *Nurture positive connections with youth who have experienced trauma and are reluctant to trust adults?*
   - *Help students regulate heightened emotions?*

LEVELS OF RESPONSE CHART (15 MINUTES)

1. Display the TBRI® Levels of Response slide and distribute the TBRI® Levels of Response handout.

2. Review the different levels, emphasizing how to understand what level of response is necessary and the appropriate amount of time for addressing a situation—including noting that there are limits as to how much time and energy is appropriate for different levels. It is also important to explain that Re:MIX facilitators are not expected to manage all levels of responses alone. For Level 3 situations, facilitators should notify site staff (e.g., teachers, counselors, and administrators) and program staff for support. Similarly, Level 4 situations require more formal responses and may necessitate mandatory reporting—which we will discuss in Section 4 of the TOF.

3. Remind participants that it is important to be cognizant of their own triggers when dealing with disruptive classroom behaviors and to remember the separation between a vulnerable student and a challenging behavior.

BRAIN-FIST ACTIVITY (3 MINUTES)

1. Show the Make a Fist! slide and ask participants to hold up a hand in a fist with their thumb tucked in—similar to the picture.

   Note: *This is activity is similar to the demonstration from the Adolescent Development module but focuses on how the brain of a traumatized student processes emotion and manifests trauma.*

2. Instruct participants to look at their fists and picture the wrist as the brain stem, the thumb as the amygdala, and the fingers as the frontal cortex. Then explain:
   - ***The brain stem*** *connects the brain to the rest of the body and controls all of our basic bodily functions—such as breathing, heart beating, and swallowing.*
   - ***The amygdala*** *is responsible for our emotions, emotional behaviors, and motivations.*
   - ***The frontal context*** *manages our thoughts and perceptions, including our ability to produce and understand language.*

3. Now ask participants to maintain their fists while referring to the TBRI® Levels of Response handout from the previous exercise and provide the following instructions and explanations:
   - *Lift your pinky. In a Level 1 situation, the amygdala is revealed slightly and a person retains the majority of their cognitive functioning.*
   - *With your pinky still raised, lift your ring finger. In a Level 2 situation, more of the amygdala is exposed than in Level 1 and cognitive functioning is further impaired but can be restored relatively quickly.*
   - *Now lift your middle finger and then your index finger so your thumb is completely exposed. In a Level 3 or 4 situation, your amygdala is mostly and then entirely unprotected by the frontal cortex and emotions can quickly escalate and emotional controls can rapidly diminish—leaving a person in a fight, flight, or freeze mode. At this point, emotional or behavioral attention is required.*

SECRETS ROLE-PLAY (5 MINUTES)

1. Show the Secrets slide and tell participants that we are going to do a role-play exercise to help demonstrate how a student dealing with trauma may exhibit challenging behavior in the classroom. Acknowledge that some participants may have experienced similar traumas in their lives.

2. Ask for four volunteers and instruct one to play a Re:MIX educator, one a student, and two to represent secrets. Give the two volunteers representing the secrets each a Trauma Card and tell them not to show it to anyone until you say so. Explain to the student that they will receive two cards during the role-play and that they are to act as though they are dealing with the secret listed on the card while participating in class but not to say aloud what is on their cards—keep it a secret!

3. Tell the "educator" to role-play facilitating a Re:MIX lesson with the "student." After a minute, ask one of the participants representing traumas to give their card to the "student" and let the "educator" continue. After another minute, repeat this instruction with the second secret. Allow the role-play to continue for one more minute and then pause and discuss the following questions:
   - ***Educator:*** *Did you notice any change in your student while you were teaching?*
   - ***Student:*** *What secret traumas were you dealing with during this exercise? How did it feel to try to participate in class while thinking about these traumas?*
   - ***Audience:*** *What did you observe during this role-play?*

4. Remind participants:
   - *We do not know what students are experiencing at home or in their personal lives, nor do we know if a student's disruptive behavior is due to an external factor, such as trauma.*
   - *To keep from reacting negatively to negative behaviors in the classroom, it is important to remember that disruptive behavior may be the result of a trauma or a stress that a student may be experiencing or dealing with outside the classroom.*

FACILITATION SKILLS REMINDER (2 MINUTES)

1. Ask participants: *Who is supposed to do most of the talking in a classroom with a facilitation model? (Answer: the students!)*

2. Remind participants:
   - *You provide the content and the students discuss the content. This is where the real learning happens—during the discussions.*
   - *As facilitators, you are successful if the students are talking more than you.*

3. Acknowledge that it can be difficult to let students take time to discuss information in detail, especially when trying to complete a lesson in only 55 minutes. However, remind participants that weaving in content with conversation and recognizing that taking time to answer questions will show students that their curiosity is valued.

CLOSING: REFLECTION AND DISCUSSION (10 MINUTES)

1. Show the Reflection and Discussion slide and facilitate a discussion around each of the questions listed. Ask participants to reflect on some of the scenarios we have discussed or demonstrated in earlier sessions and then to consider if their earlier reactions were trauma-informed and if/how they could change their responses using what they have learned in this session to be more trauma-informed.

2. Show and review the Takeaway Messages and Actions slide. After reviewing the bulleted messages, ask each participant to share an example of how they will use what they have learned in this session when they facilitate Re:MIX.

MODULE 3.7
STRATEGIES FOR REACHING LGBTQ+ YOUTH

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe why LGBTQ+ youth are at risk for becoming pregnant and contracting STIs.
2. Describe at least three techniques for creating a safe and inclusive environment for LGBTQ+ youth.
3. Address homophobic (and similar) statements made in the classroom.

TIME: 45 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 41–47
- Laptop, projector, and speakers
- Flip chart paper and markers
- Strategies for Including All Youth handout (Appendix 3-F), one copy per participant
- Creating a Safe Space for Youth handout (Appendix 3-G), one copy per participant
- Creating a Safe Space for Youth Answer Key (Appendix 3-H), one copy per trainer

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.

PROCEDURE

LGBTQ+ MINI-LECTURE (15 MINUTES)

1. Display and review the Learning Objectives slide. Remind participants of the Getting the Gender Message session and explain that Re:MIX strives to deconstruct gender norms and stereotypes to give *all* youth the agency they need to form healthy relationships, regardless of their sexual identity or orientation. Therefore, this session aims to help prepare them to successfully facilitate groups that include youth who identify as LGBTQ+.

   Note: *You may need to remind participants that LGBTQ+ refers to lesbian, gay, bisexual, trans, queer/questioning, and other—including nonbinary, intersexual, asexual, and pansexual.*

2. Show the Gaps in Traditional Sex Education Programs slide. Explain that many teen sexual health and pregnancy prevention programs focus exclusively on heterosexual youth—to the detriment of LGBTQ+ youth—and reinforce traditional gender roles—which is a disservice to all youth. Review the two examples about abstinence-only programs and mainstream sex education programs. Explain that when sexual education programs fail to appropriately incorporate the needs of LGBTQ+ youth, these youth may conclude that the entire program is irrelevant to them and miss or ignore important information about contraception and safer-sex practices that may benefit them. As a result, they may be unprepared to make healthy decisions when engaging in same sex and opposite sex sexual activities.[43, 44]

3. Show the Brainstorming Sexual Acts slide and tell participants that you are going to demonstrate this issue by asking them to develop a list of sexual acts. Ask participants to call out ideas while you take notes on a piece of flip chart paper.

   Note: *Examples may include anal sex, oral sex, etc. After a few minutes, when you have a few ideas, ask participants if any of these acts are strictly practiced by straight youth. Then ask if any of these acts are strictly practiced by LGBTQ+ youth. Explain that youth who engage in any sexual activities are youth who can benefit from a sexual health and pregnancy prevention program that provides knowledge and skills related to building healthy relationships and preventing pregnancies and STIs.*

4. Explain that LGBTQ+ youth are often at a higher risk of becoming pregnant or contracting STIs than their binary and heterosexual counterparts. Ask participants to share why they think this might be the case.

5. After a few responses, show the LGBTQ+ Risks slide and then ask a volunteer to read the statement aloud. Then, see if participants would like to comment on the statement or if they have ideas about why LGBTQ+ youth might be vulnerable to these risky behaviors.

6. Next, show the LGBTQ+ Risk Factors slide and review the risk factors listed, if they have not already been discussed.

FOSTERING AN INCLUSIVE ENVIRONMENT (10 MINUTES)

1. Distribute the Strategies for Including All Youth handout and explain that there are many ways that educators can frame workshops to be more inclusive. This handout provides some guidance.

2. Read through the handout, strategy-by-strategy, providing any clarifying information necessary.

3. After reviewing the entire list, ask participants if they have any additional suggestions for creating an inclusive environment for youth.

43. Marshal, M.P., Friedman, M.S., Stall, R., King, K.M., Miles, J., Gold, M.A., Bukstein, O.G., and Morse, J.Q. 2008. "Sexual Orientation and Adolescent Substance Use: A Meta-Analysis and Methodological Review." *Addiction* 103, no. 4 (April): 546-556. doi: 10.1111/j.1360-0443.2008.02149.x.

44. Saewyc, E., Poon, C., Homma, Y., and Skay, C. 2008. "Stigma Management? The Links between Enacted Stigma and Teen Pregnancy Trends among Gay, Lesbian, and Bisexual Students in British Columbia." *Canadian Journal of Human Sexuality* 17 no. 3: 123-139.

CREATING A SAFE SPACE FOR LGBTQ+ YOUTH (15 MINUTES)

- Show the Creating a Space for LGBTQ+ Youth slide and tell participants that this activity will focus specifically on how to address abusive or offensive language. Explain that Re:MIX will challenge youth in ways that may shift the way they see themselves and others, and, although it is natural to feel some discomfort with such change, it is not okay to act out by using derogatory language or insulting other people. Emphasize that it is the responsibility of facilitators to ensure that all youth feel safe and welcome, and to continually reiterate that any disrespect for LGBTQ+ youth—or one another—will not be tolerated.

1. Distribute the Creating a Safe Space for Youth handout and provide the following instructions:
   - *Find a partner, read each scenario, and discuss any initial reactions.*
   - *Think about the underlying meanings, assumptions, or stereotypes presented and how you might handle the scenario as the educator facilitating the group in which the scenario occurred.*
   - *Write down your answers in the space provided.*
   - *Afterwards, we will share some of our responses in the large group.*

2. After a few minutes, ask for a pair to volunteer to share their responses to the first scenario. Continue with a new pair and a new scenario until everyone has had an opportunity to respond and each scenario has been discussed. Use the Answer Key to provide additional guidance, as needed.

CLOSING (5 MINUTES)

1. Ask participants if there are any additional scenarios that they would like to discuss or if they have any additional insights that they would like to share and discuss accordingly.

2. Facilitate a group discussion about how participants will apply this learning to the Re:MIX program and their co-facilitation practices. Ask them regroup with their co-facilitation partner(s) (or their partner from the last exercise) to update their agreements for co-facilitation approaches.

MODULE 3.8
STORYTELLING FOR PEER EDUCATORS

This is an adapted version of Storytelling from the Professional Development and Leadership Program Guide. Use this version if you will not be implementing that component of the program with peer educators.

This training module is focused on helping peer educators develop and practice their personal storytelling, as required for the Re:MIX curriculum facilitation. This session can be emotional for participants and may trigger trauma. We strongly suggest delivering this session as a closed activity with peer educators only, led by someone on your team who will work closely with them throughout the program. Previous peer educators are excellent candidates to lead or co-lead this session, as they can share direct examples of the challenges and successes in crafting stories and sharing them with youth.

If you are not implementing with peer educators, please see the Re:MIX Program Implementation and Adaptation Manual for youth storytelling resources for adult facilitators.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Know what constitutes a compelling story.
2. Craft personal stories from their own life experiences that relay health content to peers.
3. Feel comfortable sharing their stories in small group settings.
4. Create sample story shares for upcoming Re:MIX sessions.

TIME: 4 HOURS, 30 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 48–63
- Laptop, projector, and speakers
- Re:MIX Story Shares handout (Appendix 3-I), one copy per participant
- Flip chart paper and markers
- Pens and note cards
- ***(Optional but strongly encouraged)*** Tissues

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- ***(Optional)*** Notify participants in advance (either in prior sessions or via email communication) of the training content for this session. We encourage you to share the Re:MIX Story Shares handout in advance so they are aware of and can emotionally prepare for this session.

PROCEDURE

INTRODUCTION (30 MINUTES)

1. Show and review the Learning Objectives slide.

2. Show the Introduction slide. Ask participants to share responses to the questions listed.

3. Provide a quick disclaimer that this session may involve sensitive conversations and the group should honor confidentiality (you can reference the "keep its" from the Re:MIX curriculum, if you are implementing the curriculum component).

4. Show the Group Juggle slide. Instruct participants to draw four things about themselves on sheets of paper and then to ball up their papers into "snowballs." After a few minutes, ask them to throw their snowballs across the room (being respectful to not hurt each other). After a couple more minutes, say "stop" and ask them to take the snowball that is in their hand (or nearest to them), open it, and read it. Have each participant share the snowball they have with the group and guess what the pictures mean. Ask for the artist to make themselves known to provide clarification of the image and share relevant facts about themselves and the image.

5. Show and review the Agenda slide. Ask participants if they have any questions at this point, and answer as best you can.

STORYTELLING 101: BASICS OF A GOOD STORY (45 MINUTES)

1. As an introduction to storytelling, show the two Storytelling 101: Basics of a Good Story slides and explain to participants that:
   - *Storytelling is an important aspect of the Re:MIX curriculum. It establishes connections with youth by incorporating the real experiences of young parents to illustrate life changes that may occur with parenthood.*
   - *Storytelling also helps convey important messages in a memorable way. For example, storytelling can be used to illustrate lessons, share information, promote behavior change, and encourage action.*
   - *Storytelling is an important learning tool in many cultures. Throughout history, people have told stories as a way to share memories, track important family information, and maintain connections to their culture.*
   - *In this workshop, we will explore some examples of effective stories and learn how to create compelling personal stories. Participants will have an opportunity to craft stories to use to deliver the Re:MIX curriculum and then practice sharing their stories with one another.*

2. Show the Storytelling Methods slide and let participants know that we will practice storytelling during this session and in other sessions and activities. Provide the following storytelling tips:
   - *We all have stories to tell, but we are not always comfortable sharing them with others. Ask yourself, what stories am I most comfortable sharing?*
   - *Take time to develop and practice delivering your story before sharing, so that you can deliver it smoothly and confidently.*
   - *When telling your story, use a strong, confident voice in order to capture and maintain the audience's attention.*
   - *Make eye contact while you share your story. Making eye contact allows you to connect with your audience and allows your audience to connect with your story.*

3. Discuss the elements of storytelling by explaining:
    - *We are now going to discuss the key elements of storytelling, as identified by our project partners at StoryCenter, and watch several digital stories created by former Re:MIX peer educators.*
    - *In the future, you will have the opportunity to create your own digital stories, so keep this in mind!*
    - *Show the slide titled Peer Educator Digital Stories and start the playlist. Play at least two of the five Re:MIX Digital Stories videos. After each video, use the Discussion Questions slide to explore the storytelling elements of each example.*

CRAFTING YOUR STORY (45 MINUTES)

Show the Crafting Your Story slide and tell participants that we will help them start building their stories by using writing prompts. Explain that:

- *These are the same story themes that are woven through the Re:MIX classroom curriculum, so this is an opportunity to practice sharing your personal experiences.*
- *You will have 10 minutes to write your response to each prompt on a note card—we will time you.*
- *Be spontaneous—jot down whatever comes to mind without overthinking it or editing yourself!*

SHARING STORIES (45 MINUTES)

1. Display the Sharing Stories slide. Divide participants into pairs (or pairs and a small group, if you have an uneven number) and review the instructions on the slide.

2. After they complete the exercise, show the Sharing Stories Debrief slide and ask participants to think about the questions posed.

REFINING YOUR STORY (45 MINUTES)

Tell participants to select one of their stories to rework, using the feedback they received from their group members. Explain that they will have approximately 15 minutes to refine their stories and then they can share their revised stories with one of the facilitators to receive additional advice. Show the Refining Your Story slide for them to refer to as they complete this task.

SHARING REFINED STORIES (45 MINUTES)

Display the Sharing Refined Stories slide and review the following instructions:

- *Each person will now share their refined story with the group. After sharing a story, please share what you think you did well and what you think you need to work on to improve the story.*
- *While listening to your peers' stories, write down on note cards the following: (1) something you appreciated about the story; (2) something you would suggest adding or changing; and (3) something you think that others can learn from the story.*
- *Each person will get to keep these comment cards, for future reference.*

CLOSING (15 MINUTES)

1. Ask participants if they have any questions at this time and what additional support they think they need in order to feel comfortable sharing stories in the classroom.

2. Show the Closing Reflections slide and using flip chart paper to record responses, ask participants the questions listed on the slide.

3. Ask participants to continue working on their written stories, which they will continue to practice sharing during other training sessions in order to prepare them for the classroom.

Determine where you can build in additional time for peer educators to prepare and refine story shares using the concepts provided in this training. You may decide to allot additional time in the TOF agenda, in the Professional Development and Leadership Program (if applicable), or in future work sessions for this purpose.

If you implemented this as a training session only for peer educators, you will need to consider a thoughtful way to engage health educators so that they can support peer educators as they prepare to deliver story shares as part of the Re:MIX curriculum. For example, consider sharing the training slides with health educators and then, once you have paired the facilitator teams, asking health educators to coordinate with peer educators to prepare for upcoming story shares.

MODULE 3.9
ANSWERING YOUTH QUESTIONS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Recognize and utilize effective strategies to address five key types of questions.
2. Identify the difference between values-based and non-values-based questions.
3. Demonstrate the proper protocol for answering values-based questions.
4. Demonstrate the purpose and use of the notecard knowledge box.

TIME: 1 HOUR, 40 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 64–73
- Laptop, projector, and speakers
- Values and Their Place in Teen Pregnancy Prevention[45] handout, one copy per participant
- Flip chart papers labeled "Universal Values" and " Non-Universal Values"
- Values Cards handout (Appendix 3-J), one copy divided
- Sample Student Questions handout (Appendix 3-K), one copy per participant
- Shoeboxes, enough for the number of notecard knowledge boxes needed for your program
- Markers, construction paper, glue, and tape

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Print and cut apart the Values Cards.
- Label two pieces of flip chart paper as "Universal Values" and "Non-Universal Values."
- Determine how you want to divide participants for the Sample Student Questions handout exercise—either into pairs or small groups—and plan how you will assign questions so that each pair or small group has at least one values-based question and at least one non-values-based question.

45. Center for Health Training. n.d.

PROCEDURE

FIVE TYPES OF QUESTIONS (10 MINUTES)

1. Show and review the Learning Objectives slide and explain that this session focuses on how to answer youth questions when implementing Re:MIX. Explain that categorizing the questions youth may ask can help facilitators effectively and efficiently respond.

2. Show the Five Types of Questions slide and introduce the five different types of questions that youth may ask. Define each type of question and provide examples, using the information herein.

- **"Am I Normal?" questions** are typically about anatomy and puberty. Validate concerns and emphasize that it is normal to be and feel different. Refer youth to a parent, doctor, or counselor, if appropriate.
  - ***Question:*** *Is it normal for one breast to be larger than the other?*
  - ***Answer:*** *Many people worry about this, but it is completely natural to have breasts that are different sizes. Similarly, did you know that one foot is typically bigger than the other one?*

- **Factual questions** are questions in which youth are seeking additional details or clarifications. If you know the answer, great; if not, it is okay to say "I don't know" and then help the student find the answer.
  - ***Question:*** *What percentage of teens have an STI?*
  - ***Answer:*** *Each year in the US, one in four youth contract an STI.*

- **Permission-seeking questions** focus on the acceptability of participating in or refusing to participate in a particular behavior. These questions may include subjective questions (e.g., "Is it normal to…") or personal questions (e.g., "Did you….when you were growing up?"). Avoid directly answering these questions and try instead to provide factual information. For example, focus on the pros and cons of or risk levels associated with the behavior in question. ***Note:*** *See below for additional guidance for personal questions.*
  - ***Question:*** *Is it okay to have sex if you're in love?*
  - ***Answer:*** *This is a question about values and the answer will depend on what an individual person believes.* ***Note:*** *We will discuss values-based questions in detail in a few moments.*

- **Personal questions**, such as questions about a facilitator's beliefs about and experiences with sexuality, are never appropriate discussion topics for youth, even if you have made healthy choices and experienced positive outcomes. Avoid discussing your personal beliefs and experiences by providing factual information. This is also a good time to remind youth about the importance of boundaries (including referencing group agreements, if necessary).
  - ***Question:*** *How old were you when you first had sex?*
  - ***Answer:*** *That is a personal question, and I don't answer personal questions. What I can say is that there is no "right" age to start having sex, but there are some important laws about the age of sexual consent. It is also important to remember that before deciding to have sex, both partners need to discuss it, give consent, and plan to practice healthy behaviors—such as using a condom.*

- **Provocative questions** may be asked with the intention of shocking educators or their peers. Defuse these types of questions by responding seriously. You can reword the question using appropriate vocabulary and/or, if necessary, state that you will answer the question privately, after class. This is also a good time to remind youth about their group agreements regarding inappropriate questions.
  - ***Question:*** *What are blue balls?*
  - ***Answer:*** *People with penises may experience some discomfort if they do not have an orgasm or ejaculation after an erection, but this feeling will subside on its own and the testicles do not turn blue.*

3. Ask participants to think of a question or two for each type of question. Then, as a group, practice answering the questions.

VALUES-BASED QUESTIONS PROTOCOL (20 MINUTES)

1. Show and review the Values and Teen Pregnancy Prevention Programs slide, explaining that some of the questions that youth may ask will be values-based questions. Explain that values-based questions relate to group or individual values—for example: is a certain behavior socially acceptable—and that youth may ask values-based questions in order to obtain permission for their own thoughts or behaviors.

2. Refer participants to the two flip charts labeled Universal Values and Non-Universal Values and explain that there are two types of values. Distribute the Values Cards among participants and ask them to post their cards on either the flip chart paper, depending on where they think their cards belong.

3. After all the cards are posted, display the Universal Values slide and refer participants to the Universal Values flip chart. Confirm the cards placed on the flip chart match with the example bullets on the slide, providing clarifications and answering questions, as necessary.

4. Display the Non-Universal Values slide and refer participants to the Non-Universal Values flip chart. Confirm the cards placed on the flip chart match with the example bullets on the slide, providing clarifications and answering questions, as necessary. Explain that non-universal values questions can be challenging and controversial, so it is important to remember:
   - *Being careful with these topics does not mean allowing intolerance or discrimination. Acknowledge just as people's bodies are different, people think differently, too. Emphasize the importance of respecting other people—including their beliefs and their bodies.*
   - *Refocus the discussion to address the issue from a health context. For example, rather than address the acceptability of extramarital sex, address the heightened risk of contracting STIs when engaging in sexual activities with multiple partners (as discussed in Section 2).*
   - *Consider approaching these questions in the following manner: "We are not here to judge people's lifestyles or the choices they have made. We're here to discuss what is safe and healthy and identify ways to make healthy choices. We can and should treat everyone with respect, even if we disagree with their beliefs or choices on these issues."*

5. It is also important to remind participants that youth will be learning from what they say as well as how they act during each session. Explain the following:
   - *Every moment that you spend with your youth, you are communicating your beliefs about sexuality.*
   - *How you respond to students' jokes and innuendos communicates your values.*
   - *How you treat your co-facilitator(s) and students communicates your values.*
   - *How you talk about your students' families and your own family communicates your values.*
   - *How you address sexual bullying communicates your values.*

6. Distribute the Values and Their Place in Teen Pregnancy Prevention handout and refer participants to the Values Question Protocol page. Show and review the Responding to Values-Based Questions slide and explain how using this approach can help participants feel comfortable responding to questions about non-universal values. Referencing the steps listed on the slide, practice responding to a couple of questions with the group. See below for two examples.

   - ***Question:*** *I masturbate, is that okay?*
   - ***Answer:*** *That's a great question, a lot of youth wonder about masturbation. People have different beliefs about masturbation. For example, some families believe masturbating is okay, as long as you do it in a private place. Others do not think it is ever ok. You may want to talk to your parents or another trusted adult to see how they feel about it and decide what you believe. Have I answered your question? If I not, you can add a question to the box or we can talk after class.*

- ***Question:*** *Is abortion okay?*
- ***Answer:*** *Thanks for asking that question, it comes up a lot. This is a values-based question so it depends on what a person believes. I can tell you that abortion is legal in the US and that abortion means terminating a pregnancy. Some people believe abortion is ok in any situation, some people believe abortion is okay in certain situations (for example, if the pregnancy is the result of a rape or if it is still early in the pregnancy), and some people believe it is never acceptable. I encourage you to talk with your family or another trusted adult to learn what they believe. Ultimately, you will need to make your own decision. I hope I answered your question, but if I didn't, you can leave a question in the box or talk to me after class.*

7. Ask and answer any questions participants have about answering values-based questions.

ANSWERING ANONYMOUS QUESTIONS (45 MINUTES)

1. Distribute the Sample Student Questions handout. Tell participants that now that they understand the different types of questions that youth may ask and have learned strategies for answering values-based questions, they will have the opportunity to practice answering potential questions.

2. Divide the group into pairs or small groups of three or four, and assign a few questions to each group—ensuring each pair or group receives at least one values question and one non-values question (per Advanced Preparation guidance).

3. Ask participants to practice answering each of their assigned questions and let them know that after they have practiced in their pairs or small groups, they should be prepared to demo their responses for at least two questions—one values-based, one non-values-based—for the larger group.

4. Call time after 15 minutes and ask volunteers from each pair or small group to demo their questions.

5. After each question-and-answer demo, ask the rest of the group the following questions:
   - *How did you feel the question was answered?*
   - *Would you have responded differently or added anything to the response?*

   After you receive a few responses from the rest of the group, provide praise and feedback, acknowledging that it can be challenging to practice answering these types of questions in front of peers. As appropriate, offer suggestions for how to answer questions differently or what additional information would be helpful to provide. Remind participants to use the feedback protocol. Repeat this step until each pair or group has completed the exercise.

6. Display the Negotiating Personal Questions slide and ask volunteers to practice reading the sample responses listed.

7. Show the Other General Tips slide and provide the following general guidance for responding to youth questions:
   - ***Acknowledge and validate questions and the youth asking them.*** *Letting participants know that it is normal and acceptable to ask questions will help build rapport.*
   - ***Never provide guidance on sexual techniques.*** *Participants may ask questions about sexual techniques, but it is not appropriate to provide guidance in this area. Redirect these types of questions by letting youth know that we do not cover sexual techniques in this program, and instead provide relevant factual information, if possible. You can also add a little humor to help ease any underlying anxiety by saying something like, "the fun is in finding out!"*
   - ***Be aware of your nonverbal communication.*** *Body language often says more than the words you use. Remember that you want to create a space that is open and nonjudgmental, so be aware of any body language or facial expressions—such as avoiding eye contact, crinkling your brow, fidgeting, or frowning—that youth may interpret as dismissive or judgmental.*

- ***Use inclusive language.*** *We want everyone to feel included and welcome. Remember what we learned in the Getting the Gender Message session and proactively use language that is inclusive of all sexes, genders, and sexual orientations, as well as ages, ethnicities, etc.*
- ***If you do not understand a question, ask for clarification.*** *If you receive a question during a session that you do not understand, politely ask the participant to clarify. Similarly, if you receive an anonymous question that you do not understand, provide an answer based on your interpretation of the question and let the participants know that if you misunderstood the question or did not answer the question, they can submit another question with additional details for you to answer in the next session.*
- ***If you do not know the answer, that's okay!*** *Acknowledge that you do not know the answer and explain that you will do some research (or ask the participant to do some research), and follow up with an answer in the next session.*
- ***Offer to speak with participants privately, if appropriate****. If you are having difficulty understanding or responding to a question, or if you feel like your student does not understand your answer, and you feel it is appropriate, offer to have a separate conversation to address the question after the session.*
- ***Have fun—remember, if you have fun, your youth will too!***

8. Show the Re:MIX Answers: Teen Sexuality and Pregnancy slide and play the videos (all or some) from the playlist. ***Note:*** *You can decide how many of the videos you want to show—there are eight—based on how much time you have and how comfortable your participants feel at this point.*

CREATING NOTECARD KNOWLEDGE BOXES (20 MINUTES)

1. Remind participants about the notecard knowledge box previously discussed. Reiterate the importance of placing the box where students will be encouraged to submit anonymous questions (before, during, or after Re:MIX sessions). Tell participants that they should plan to check the box regularly for questions and review any questions they receive during their debrief sessions. Provide guidance around the process for taking or leaving the notecard knowledge box between sessions—as appropriate given the implementation sites. Let participants know that they can also bring their questions to team meetings for additional support.

   Note: *We recommend incorporating opportunities for reviewing and practicing responding to questions into weekly sessions in order to reinforce learning and strengthen skills.*

2. Divide participants into their co-facilitation groups and explain they will now have time to create their own notecard knowledge boxes to use when they begin facilitating Re:MIX. Provide supplies—construction paper, markers, glue, and tape—for this exercise.

CLOSING (5 MINUTES)

1. Encourage participants to review the Sample Student Questions handout—reading the questions and answers that were not assigned to them during the exercise. Highlight the additional resources provided on the worksheet and suggest they revisit the videos on the playlist later, if helpful. Encourage participants to practice how they would respond to different sample questions on their own time—individually or with their co-facilitator or other friends or family members.

2. Ask for and answer any participants' questions and discuss if or when to schedule additional practice.

Instruct peer and health educators to write down any challenging questions they have received from students in their Re:MIX sessions and to save challenging questions that they receive in their notecard knowledge boxes. This can include challenging questions that they have already responded to as well as those that they still need to answer in an upcoming session.

Compile the questions into a single worksheet for all educators to review and discuss.
During a group meeting, distribute the worksheet and ask educators to work together to develop answers and practice responding. Refer educators to the Values and Their Place in Teen Pregnancy Prevention handout for this exercise.

Compile the best responses and share a revised version of the worksheet with these responses with the educators for future reference.

This is can be completed during weekly or monthly meetings to ensure educators have regular opportunities to practice and apply response protocols discussed during this training. Consider including a longer session between semesters or when there is significant staff turnover to purposefully refresh these skills.

MODULE 3.10
SELF-DISCLOSURE

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Define self-disclosure and explain its purpose in professional settings, including Re:MIX.
2. Understand and demonstrate approaches for implementing and monitoring self-disclosure during Re:MIX sessions and team gatherings.

TIME: 30 MINUTES

MATERIALS

- Re:MIX TOF Section 3 presentation, slides 74–82
- Laptop, projector, and speakers

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.

PROCEDURE (30 MINUTES)

1. Display and review the Learning Objectives slide.

2. Display the Defining Self-Disclosure slide and review the explanation provided.

3. Display the Understanding Boundaries slide and review the questions presented explaining that:
   - *Boundaries are our limits, what we are comfortable with personally.*
   - *Educators need to understand and respect boundaries for self-disclosures—including by establishing and maintaining their own boundaries as well as by understanding and respecting boundaries of their colleagues and students—for several reasons. Understanding and respecting boundaries is a critical component of building trusted relationships. Further, determining your boundaries will help you prepare to deal with situations that may arise in the classroom—including by recognizing what information you are comfortable discussing and what topics may be triggering for you—which is important for ensuring you are able to effectively deliver Re:MIX content to students and for ensuring you are taking care of yourself while you serve as a Re:MIX educator.*
   - *While there are some standards that we must all maintain as professionals working with youth (as discussed during previous TOF sessions), everyone has different individual boundaries—and your boundaries may change over time—so it is important that you continually reassess your boundaries to remain true to yourself.*

4. Display and review the Re:MIX: Adolescents and Self-Disclosure slide.

5. Show the How Might Self-Disclosure Be Helpful… Harmful? slide. Emphasize that self-disclosures can be helpful as well as harmful and explain that we practice storytelling not so that participants' stories are rehearsed, but so participants can determine what they are comfortable sharing and what might be beneficial for students. Ask participants to provide additional ideas.

6. Display the Mean Girls: I'm a Pusher, Cady slide and play the clip (stop after the teacher-student interaction ends). Pose the following questions for discussion: (Video link: https://youtu.be/J9H12xTl_98)
   - *Was this a strong or a poor example of self-disclosure? Why do you think that?*
   - *Did Tina Fey (the teacher) share too much personal information?*
   - *Can you think of any of your former teachers who demonstrated good boundaries?*
   - *What about teachers who may have demonstrated poor boundaries?*

7. Show the Questions to Consider slide and tell participants that these are questions they should ask themselves before they decide to self-disclose.

8. Show the When in Doubt slide and remind participants that they can always talk to their fellow co-facilitators and Re:MIX colleagues if they are unsure about a self-disclosure and follow up with youth in a later session.

9. Ask participants for any further comments or questions about the information presented in this session.

EDUCATOR TEAM DEMOS—TO BE DETERMINED

After completing all of the Facilitation and Inclusion Strategies modules, participants should be prepared to begin leading demos where they can apply what they have learned. Before facilitating these demos, you will need to determine your approach for organizing teams to complete the demos and your approach for structuring the demos.

If you have determined the teams that educators will work in to deliver the Re:MIX curriculum, this is a good opportunity for them to begin working together and practicing their co-facilitation approaches. If you have not finalized your plans for co-facilitation teams yet, you can randomly pair participants, but try to ensure that each team includes at least one peer educator and one health educator. Participants who are not assigned to demo a session at this time can participate in the following ways:

- By reviewing the sessions in the curriculum before the demos start.
- By supporting teams who may need help creating visuals, gathering materials from the kits, or providing feedback to the teams as they prepare for the larger group demos.

There are two recommended options for structuring the demos, depending on the size of your participant group and the time and space you have for the TOF.

Option 1 (smaller groups and/or more training time and training space)

1. Assign three teams full Re:MIX sessions of your choosing to demo—a different session for each group (three sessions total).
2. Give each team an hour or an hour and a half and provide space where they can meet to review the session, prepare how they will facilitate the session, and practice their delivery before completing the demo for their peers.
3. Allow 1 hour, 10 minutes for the demo and 15 minutes for a debrief with the full group for each educator team.

Option 2 (larger groups and/or less training time and training space available)

1. Assign pairs sections of Re:MIX sessions of your choosing.
2. Give each pair 30 minutes to meet to review, prepare, and practice before delivering the demo for their peers.
3. Allow the allotted time from the curriculum for the demos and then conduct a five-minute debrief with the full group.

Note: *Since you have not yet delivered the Giving and Receiving Feedback module yet, you can encourage participants to refer to their TOF handouts and materials to reference tips and strategies shared to date. Ask them to each select one unique strength or opportunity for growth to share with each pair. Inform participants you will be reviewing more formal information for giving/receiving feedback in the next TOF section.*

SECTION 4

FIDELITY, QUALITY, AND REPORTING

Module	Time	Learning Objectives	Materials
4.1: Fidelity and Adaptations	35–50 minutes	• Explain the meaning of fidelity and adaptations within curriculum. • Describe how fidelity relates to monitoring and evaluation (M&E) practices. • Review and apply adaptation guidelines to the Re:MIX curriculum.	• Re:MIX TOF Section 4 presentation • Laptop, projector, and speakers • Levels of Adaptations handout (Appendix 4-A) • Fidelity and Adaptation Scenarios handout (Appendix 4-B) • ***(Optional)*** Sample Fidelity Observation Form (Appendix 4-C)
4.2: Giving and Receiving Feedback	1 hour, 30 minutes	• Describe how feedback can improve professional relationships and teamwork. • Give examples of positive, constructive feedback. • Use feedback from others to improve performance in order to achieve individual goals and enhance program outcomes.	• Re:MIX TOF Section 4 presentation • Laptop, projector, and speakers • Medium-sized box, bin, or similar • 6 small balls • ***(Optional)*** Flip chart paper and markers • Team Feedback Guidelines handout (Appendix 4-D)
4.3: Reporting Requirements and Expectations	30 minutes (not including external training course)	• Understand the concept of mandatory reporting related to child abuse and/or neglect. • Define abuse and neglect according to federal and/or state laws. • Identify reportable scenarios.	• Re:MIX TOF Section 4 presentation • Laptop, projector, and speakers • Mandatory Reporting Scenarios Quiz handout (Appendix 4-E) • Mandatory Reporting Scenarios Quiz Answer Key handout (Appendix 4-F) • Reporting Requirements handout (Appendix 4-G)
4.4: Program Monitoring and Evaluation	1 hour, 5 minutes	• Define common terms related to M&E. • Differentiate between the two concurrent evaluations of the Re:MIX project. • Understand the M&E roles of Re:MIX facilitators and other program staff.	• Re:MIX TOF Section 4 presentation • Laptop, projector, and speakers • Flip chart paper with Kahoot![46] quiz information • Participant personal smartphones • Prizes (e.g., extra STI plushies or fun notebooks and pens)

46. Kahoot! n.d.

MODULE 4.1
FIDELITY AND ADAPTATIONS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Explain the meaning of fidelity and adaptation within curriculum.
2. Describe how fidelity relates to M&E practices.
3. Review and apply adaptation guidelines to the Re:MIX curriculum.

TIME: 35–50 MINUTES

MATERIALS

- Re:MIX TOF Section 4 presentation, slides 1–8
- Laptop, projector, and speakers
- Levels of Adaptations handout (Appendix 4-A), one copy per participant
- Fidelity and Adaptation Scenarios handout (Appendix 4-B), one copy divided with one scenario per small group
- ***(Optional)*** Sample Fidelity Observation Form (Appendix 4-C), one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Cut the Fidelity and Adaptation Scenarios into strips, one scenario for each small group (2–4 participants per group). ***Note:*** *Depending on the size of your group (i.e., if you have more than 20 participants) you may need to print and cut multiple copies of the scenarios so that each group has a scenario (duplicating scenarios so that some groups may have the same scenario).*
- ***(Optional)*** Determine any specific or additional guidelines for adapting Re:MIX necessary for your target beneficiaries.
- ***(Optional)*** Determine your observation protocol—including who will conduct the observations, how often the observations will occur, and how you will share observation information with participants. Consider if you want to establish and share expectations related to scoring, as well. Prepare any additional forms you wish to use during implementation to share during this module.

PROCEDURE

INTRODUCTION (5 MINUTES)

1. Briefly show the TOF Structure slide, highlighting that this is the first module in Section 4: Fidelity, Quality, and Reporting.

2. Display and review the Learning Objectives slide.

MIME IT DOWN THE ALLEY (5 MINUTES)

Adaptation: You can vary this exercise, by using movie or book titles, or concepts from the Re:MIX TOF.

1. Divide participants into small groups (four or five participants per group). Ask each group to stand in a straight line, with everyone facing backward except for the first person. Provide the following instructions:

   - *In this exercise, you will pantomime an object or concept to the person standing behind you without talking.*
   - *The first person in line will turn around and tap the second person in line on the shoulder indicating that the second person should turn around so that the two are facing each other. The first person will mime the object or concept to the second.*
   - *When the second person thinks they know what the object or concept is, they should nod to the first person and then repeat the exercise with the person behind them (i.e., the third person in line).*
   - *Repeat this exercise until the last person in line has received the message.*
   - *Once your entire team has received the message, everyone should share what they thought the object or concept was and discuss what they saw the others demonstrating.*

2. Give the first person in each line an object or concept to mime (e.g., a computer, a condom, or storytelling) to begin the exercise.

3. After a few minutes, bring the group together and ask participants how this activity relates to communicating messages in real life and how it might relate to Re:MIX. ***Note:*** *The objective is for the pantomime of the object or concept to be clear enough each time that everyone in the team has the same understanding of the object or concept. However, the message usually changes into something entirely different—and it is interesting to see how it changed as it was conveyed from person to person.*

WHY FIDELITY MATTERS (5 MINUTES)

1. Ask participants to define "fidelity;" then show and review the Defining Fidelity slide.

2. Show the Fidelity and Re:MIX slide and explain fidelity as it pertains to SRH programming, including the Re:MIX curriculum, by noting the following:
   - *Recognizing that youth are not a homogenous group, youth-oriented programs—such as Re:MIX—can and should be adapted to best meet the unique needs of their target beneficiaries. In fact, Re:MIX developers strategically designed the program to meet the needs of diverse youth populations while still maintaining fidelity. This includes defining core components linked with core outcomes—particularly in relation to program content, teaching methodologies, and learning environment logistics—as well as providing guidance around when and where adaptations are allowable or even advisable. For example, while providing medically accurate information is critical, providing linkages to local service providers will vary based on locale. In the following exercises, we will explore more options for modification with fidelity.*

ADAPTATION SCENARIOS (15 MINUTES)

1. Distribute the Levels of Adaptations handout and display the Levels of Adaptation slide.

2. Divide participants into five small groups (with two to four participants, per group). Assign each group a scenario by distributing one of the Adaptation Scenario strips.

3. Instruct participants to read their scenario and the Levels of Adaptation handout. Tell participants they will have approximately five minutes to determine if their assigned scenario is a green, yellow, or red adaptation circumstance and to prepare to briefly share with the large group their scenario, its level of adaptation, and the reasoning for selecting their respective level.

4. After five minutes, ask a representative from each group share their responses. ***Note:*** *The correct answers are as follows: Scenario 1 = Green; Scenario 2 = Red; Scenario 3 = Yellow; Scenario 4 = Red; Scenario 5 = Green.*

5. Provide corrections and clarity, as necessary. If you are providing any specific or additional adaptation guidelines for adapting Re:MIX necessary for your target beneficiaries, provide that information at this time.

6. Give participants another few minutes to review the Levels of Adaptation handout and ask any additional questions. Ask participants to keep this handout as an important reference for when they implement—and may want to modify—the program. Emphasize: *When in doubt, seek the guidance of program leadership before modifying the program.*

(OPTIONAL) FIDELITY AND QUALITY OBSERVATIONS (15 MINUTES)

1. Explain that Re:MIX sessions will be regularly observed for fidelity and quality in order to inform any necessary facilitator coaching or corrections, as well as to track implications that fidelity or quality scores may have on program outcomes. Emphasize how their performance is expected improve over time—as they gain confidence and are able to incorporate feedback; however, it is important that everyone has a clear understanding of the expectations for their performance. ***Note:*** *Evaluations can be intimidating for new facilitators. It is important that you carefully explain this information and these expectations in a manner that will help participants begin to feel comfortable with idea of being observed. For example, emphasize that their continued employment will not be dependent upon the observation data.*

2. Distribute the Sample Fidelity Observation Form handout and any other additional forms that you have developed to use for monitoring fidelity and quality, as appropriate. Working in the small groups from the previous exercise, ask participants to review the form(s) and discuss their thoughts with their small groups before debriefing with full group.

3. Explain your protocol for observations to participants (see Advanced Preparation), including who will conduct the observations, how often observations will occur, and how the observation information will be shared with them for quality improvement. If applicable, share expectations related to scoring.

CLOSING (5 MINUTES)

Show the Commitment to Fidelity and Quality slide and ask participants to share some of their key takeaways from this module and one thing that they will do to ensure fidelity and quality as they begin facilitating the Re:MIX curriculum with youth.

MODULE 4.2
GIVING AND RECEIVING FEEDBACK

This is an adapted version of Creating a Culture of Feedback from the Professional Development and Leadership Program Guide. Use this version if you will not be implementing that component of the program with peer educators.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Describe how feedback can improve professional relationships and teamwork.
2. Give examples of positive, constructive feedback.
3. Use feedback from others to improve performance in order to achieve individual goals and enhance program outcomes.

TIME: 1 HOUR, 30 MINUTES

MATERIALS

- Re:MIX TOF Section 4 presentation, slides 9–13
- Laptop, projector, and speakers
- Medium-sized box, bin, or similar
- 6 small balls
- ***(Optional)*** Flip chart paper and markers
- Team Feedback Guidelines handout (Appendix 4-D), one copy per participant

ADVANCE PREPARATION STEPS

- Review presentation slides and prepare notes, as needed.
- Determine any specific feedback protocols and update or create handouts accordingly.

PROCEDURE

EXPERIENCES WITH FEEDBACK (10 MINUTES)

1. Display and review the Learning Objectives slide.

2. Show the Experience with Feedback slide. Ask participants to find a partner (or small group, if you have an odd number of participants). Tell the pairs (or pairs and small group) that they have approximately five minutes to review the slide and discuss their responses to the question: *"What was the feedback and what was the outcome?"* Remind them of the active listening guidance from previous modules and instruct them to be sure that everyone has a chance to share at least one example.

3. Bring the group back together and ask volunteers to briefly share some insights from their discussions.

4. Explain that sometimes feedback is given in a positive, constructive manner, and sometimes not. Ask participants if they discussed this issue and how they were impacted by the way in which they received feedback.

FEEDBACK DEMONSTRATION EXERCISE (30 MINUTES)

1. Place a chair in the front of the room.

2. Ask a volunteer to participate in a demonstration exercise. Give the volunteer the six balls and instruct them to sit in the chair and *not* to turn around.

3. Quietly move the container somewhere behind the volunteer, without allowing them to see or hear where you are placing it.

4. Tell the volunteer that there is a container somewhere behind them and their mission is to throw the balls into the container without turning around to see where the container is.

5. Tell the rest of the group to remain quiet during the exercise and not use any body language to help the volunteer with this mission.

6. Ask the volunteer to begin trying to throw balls into the container. Do not offer any feedback or encouragement.

7. After they have tried this exercise with the six balls, ask the volunteer the following questions.
   - *What was it like to try to accomplish this mission without receiving any direction on your performance?*
   - *How did you feel you were doing throughout the exercise?*
   - *What did you think you did well and what did you think you could have done better?*
   - *What would have helped you accomplish your mission—for example, would feedback have been helpful?*

8. Collect the six balls and explain that you are going to repeat the exercise giving feedback. Give the volunteer the option of turning around before restarting the exercise to see where the container is and to say if they would like you to reposition the container for the next round (within reason). Reposition the container accordingly. Tell the volunteer to turn back around and not to turn around again during the exercise. Tell the volunteer they may begin trying to throw the balls in the container again. Provide feedback and encouragement after each throw.

9. After they have thrown their six balls again, ask the volunteer how they felt this round.

10. Tell the volunteer to return to their seat and discuss the process you used during this exercise with the full group. Highlight the following points:
    - *Confirm that the facilitator wants and is ready for feedback.*
    - *Let the facilitator review and provide comments on or modify the expectations for the exercise.*
    - *Allow the facilitator to state what they think they did well and what they could have done better.*
    - *As the observer(s), state what the facilitator did well and what they could have done better.*
    - *Collaboratively develop an action plan for improvement.*

WHY FEEDBACK IS IMPORTANT FOR RE:MIX FACILITATORS (15 MINUTES)

1. Explain that giving and receiving feedback is a critical part of being successful as facilitators and ensuring program fidelity and quality. Tell participants that they will be giving and receiving feedback during this training and throughout program implementation.

2. Ask participants to share examples of the kinds of feedback they imagine giving or receiving as Re:MIX facilitators. ***(Optional)*** Ask a volunteer to record notes on a blank piece of flip chart paper.

3. After participants have had the opportunity to provide their thoughts, highlight the following times in which feedback is included for Re:MIX fidelity and quality improvement efforts:
    - *During preparation demos*
    - *During Re:MIX implementation with your co-facilitator(s)*
    - *After Re:MIX sessions with your co-facilitator(s)*
    - *During team meetings and work sessions*
    - *Through formal observation sessions and debriefs*

TEAM FEEDBACK GUIDELINES (20 MINUTES)

1. Inform participants that it is important that everyone agrees to positive, constructive feedback guidelines.

2. Display the Team Feedback Guidelines slide and distribute the Team Feedback Guidelines handout. Ask participants to take turns reading each guideline aloud. If time allows, each reader can comment on the guideline and why they think it is important.

3. After reviewing all of the guidelines listed, ask the group if they wish to add to any more guidelines. Ask participants to write down any additional guidelines in the space provided on their handouts.

FEEDBACK PROTOCOLS AND DEBRIEF DETAILS (10 MINUTES)

1. Show the Feedback Protocols and Debrief Guidelines slide. Begin by discussing the following key feedback protocols.
    - *The facilitator and observer confirm they are prepared to (respectively) receive and provide feedback.*
    - *The facilitator identifies a few things that they think went well and a few challenges they experienced.*
    - *The observer(s) shares a specific example of what they feel went well and a specific recommendation for future improvements.*
    - *The observer works with the facilitator to create an action plan for applying the recommendation, including any requests for support needed to improve their skills.*

    Explain that these guidelines are similar to the steps discussed in the Feedback Demonstration Exercise from earlier in this session.

2. Introduce (or revisit) any debriefing guidance and tools participants will use. Explain that in each debrief, facilitators should record, at minimum, the following information:
   - *The names of each co-facilitator*
   - *The name of the Re:MIX school or site*
   - *The title of the Re:MIX session implemented*
   - *A few successes and challenges from session implementation*
   - *Solutions to address challenges in the future, including any supplies or resources needed*
   - *Plans for incident or mandatory reporting, if necessary*

3. Explain that we will use these guidelines to incorporate feedback into demos from here forward and that participants will need to continue using these guidelines when they begin facilitating Re:MIX. Note that completing thoughtful debriefs immediately after each session is a best practice and we incorporated time into the Re:MIX program for these debriefs. In the event that co-facilitators are unable to stay to debrief immediately after implementing a session, co-facilitators should work with program leadership to determine alternate approaches for these debriefs.

4. Ask participants if they have any questions or concerns about giving or receiving feedback.

CLOSING (5 MINUTES)

1. Thank participants for participating in this training and serving as Re:MIX facilitators. Acknowledge that giving and receiving feedback requires openness and vulnerability. Emphasize that communication, including giving and receiving feedback, is an important skill for working with and relating to other people—which will help them in their professional and personal lives. Encourage participants to continue to express any challenges they experience in giving and receiving feedback during program implementation to build their skills and increase their comfort levels.

2. Ask participants to give positive and constructive feedback to you as the trainer of this session, using the techniques discussed herein.

MODULE 4.3
REPORTING REQUIREMENTS AND EXPECTATIONS

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Understand the concept of mandatory reporting related to child abuse and neglect.
2. Define abuse and neglect according to federal and/or state laws.
3. Identify reportable scenarios and expectations for reporting.

TIME: 30 MINUTES (NOT INCLUDING EXTERNAL TRAINING COURSE)

MATERIALS

- Re:MIX TOF Section 4 presentation, slides 14–27
- Laptop, projector, and speakers
- Mandatory Reporting Scenarios Quiz handout (Appendix 4-E), one copy per participant
- Mandatory Reporting Scenarios Quiz Answer Key handout (Appendix 4-F), one copy per facilitator
- Reporting Requirements handout (Appendix 4-G), one copy per participant

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Identify a mandatory reporting course appropriate for your participants. The slides that correspond with this manual include guidelines and definitions from federal law and Texas law. Users are encouraged to make modifications relative to their state laws. Determine how you will integrate the external course into this training. For example, you may wish to ask participants to complete the training in advance of this session or to complete the training with the group together at the beginning of this session. Develop any additional tools you want to incorporate—such as a fact sheet or brochure summarizing key laws and protocols for your population or area.

  Note: *Different states have different mandatory reporting requirements, and most offer free online or in-person trainings. In Texas, the Department of Family and Protective Services offers a one-hour online Reporting Abuse or Neglect of a Child training (https://www.dfps.state.tx.us/Training/Reporting/default.asp).*

- Update scenarios, if desired.
- Determine any additional incident reporting processes and forms you will use.

  Note: *You can refer to the Re:MIX Program Implementation and Adaptation Manual for a sample Incident Report Form. You will also need to clarify who within your program will serve as the primary contact for receiving and managing incident reports.*

PROCEDURE

REPORTING REQUIREMENTS (VARIES, DEPENDING UPON INCLUSION OF EXTERNAL COURSE)

1. Display and review the Learning Objectives slide. Explain that mandatory reporting requirements are predicated upon federal guidelines and vary by state.

2. Review the slides entitled Mandatory Reporting; Defining Abuse; Defining Sexual Contact, Abuse, and Assault; Defining Neglect; and Key Information for Reporters.

3. ***(Optional)*** Facilitate an external course—for example, by using the online tool or inviting an external facilitator to join for this session (see Advanced Preparation for additional guidance).

MANDATORY REPORTING QUIZ (15 MINUTES)

1. Distribute the Mandatory Reporting Scenarios Quiz handout.

2. Ask participants to find a partner and tell them they have 10 minutes to discuss the scenarios and complete the quiz.

3. After the 10 minutes, bring the group together to review the correct answers and discuss any questions.

INCIDENT REPORTING (10 MINUTES)

1. Explain that there may be incidences that do not require state reporting, but are critical enough to warrant further discussion with your team and leadership.

2. Display the Potential Incidents slide and review some examples of incidents that have occurred or could occur during Re:MIX implementation.

3. Explain your organization's process for incident reporting and provide any organizational tools developed for this purpose.

CLOSING (5 MINUTES)

1. Display the Reporting Process slide and review who is responsible for completing each step. Note that the final step will be determined on a case-by-case basis.

2. Show the Unsure about a Situation? Ask! slide. Ask a few participants to summarize the differences between mandatory and incident reporting. Encourage participants to discuss any situation that they are unsure of with their supervisor.

MODULE 4.4
PROGRAM MONITORING AND EVALUATION

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Define common terms related to M&E.
2. Differentiate between the two concurrent evaluations of the Re:MIX project.
3. Understand the M&E roles of Re:MIX facilitators and other program staff.

TIME: 1 HOUR, 5 MINUTES

MATERIALS

- Re:MIX TOF Section 4 presentation, slides 28–43
- Laptop, projector, and speakers
- Flip chart paper with Kahoot![47] quiz information (i.e., URL and game code)
- Participant personal smartphones
- Prizes (e.g., extra STI plushies or fun notebooks and pens)

ADVANCED PREPARATION

- Review presentation slides and prepare notes, as needed.
- Inform participants that they will need to bring their personal smartphones to this session.
- Create a Kahoot! quiz (you can use the sample questions provided in the textbox herein or adapt, as desired) and prepare a piece of flip chart paper with the URL and game code for your Kahoot! quiz.

Sample Kahoot! Quiz Questions

1. Which tools are used for monitoring fidelity and quality in the classroom?
a. Surveys b. Focus groups c. Feedback forms **d. Observation logs**

2. The 360-degree evaluation surveys are part of which Re:MIX program evaluation component?
a. Classroom evaluation **b. Professional Development and Leadership Program** c. Physical evaluation
d. Performance evaluation

3. What kind of data are best viewed using tables, charts, and graphs?
a. Quantitative data b. Qualitative data c. Quirky data d. Qualifying data

4. What is your role as a peer educator in evaluating Re:MIX?
a. Completing evaluation forms and activities b. Meeting with M&E staff to complain about work
c. Recommending changes to the Re:MIX curriculum d. I don't have a role in the Re:MIX evaluation

47. Kahoot! n.d.

PROCEDURE

WARM-UP: ASSOCIATIONS WITH DATA (5 MINUTES)

1. Start by introducing the session facilitators, if they are not the regular TOF facilitators. These facilitators should introduce their titles and provide a short explanation of their roles and experiences.

2. Before starting the presentation, acknowledge that the topic of evaluation may seem daunting and encourage participants to ask questions throughout.

   Note: *If you sense that participants seem bored or intimidated by this material, ask participants if they understand the information and try rephrasing or adjusting the information you provide accordingly to ensure comprehension.*

3. Show and review the Learning Objective slide.

4. Show the Introducing Data slide and ask participants the question listed, *"What do you think of when you hear the word "data"?"*

WHAT IS PROGRAM M&E? (15 MINUTES)

1. Show the Program M&E slide and review the definition provided. Explain to participants that we are going to define some more common M&E terms in order to establish a shared language.

2. Display the Evaluation Types slide and explain that Re:MIX uses two types of evaluations. Read through the definitions of each type.

3. Show the Types of Data slide and review the definitions provided.

4. Show the Other Key Terms slide, reminding participants of the importance of fidelity, quality, and continuous quality improvement for ensuring program effectiveness.

M&E FOR RE:MIX (25 MINUTES)

1. Tell participants that we will now discuss the M&E components of the Re:MIX program—and the Professional Development and Leadership Program, if applicable to your program. Also, if your program employs external evaluation partners, introduce them now and explain their roles in the evaluation.

2. Show the Classroom Evaluation: Randomized Control Trial (RCT) slide and remind participants that Re:MIX is a classroom-based ASRH program aimed at decreasing rates of unplanned pregnancy and STI contraction among teens. Then explain that Re:MIX is evaluated by comparing control and treatment groups; specifically, the program collects data through student surveys and focus groups, and uses that data to determine the effectiveness of Re:MIX in achieving program goals.

3. Display the Classroom Evaluation Tools to Measure Fidelity and Classroom Evaluation Tools to Measure Quality slides and explain that we use other data to ensure fidelity and quality of implementation. Tell participants:
   - *(While showing the Classroom Evaluation Tools to Measure Fidelity slide): Re:MIX facilitators will complete session debrief forms after each session. These forms are designed to track data related to implementation fidelity as well as reflections of session successes, challenges, and ideas for improving future sessions. These forms also include space for mandatory reporting and incident reporting, tracking healthcare referrals, and noting if additional supplies are needed. This slide shows a portion of the educator fidelity log form and fidelity log section of the observer log form.*
   - *M&E staff will use observation logs to assess facilitators' performance (using established performance measures) and program fidelity.*
   - *(While showing the Classroom Evaluation Tools to Measure Quality slide): This slide shows a portion of the quality section of the observation log form. Note, these scores will not be used as indicators of your job performance and will not affect your job security—in fact, we expect to see a range of scores throughout the program. If you would like more information about observation data, M&E staff can provide additional training.*

4. Show the Sharing M&E Findings slide and note that fidelity and quality data are critical for informing continuous quality improvement and for marketing the program.

5. Show the Funders and Evaluations slide and explain that these data are also often required for program funders.

6. ***(Optional)*** If you are implementing the Professional Development and Leadership Program, show the Evaluating the Professional Development and Leadership Program slide and explain that the program will collect data throughout the program to assess peer educators' growth and progress. Explain:
   - *Program M&E staff will assess your performance and progress by observing your facilitation of Re:MIX in the classroom as well as your participation in the TOF and refresher activities and in the Professional Development and Leadership Program activities—the latter two which include regular team meetings.*
   - *Similarly, you may be asked to complete baseline, midterm, and final self-assessments and other surveys and reflection forms; to participate in 360° surveys (wherein you assess and are assessed by peers and program staff); and to participate in individual interviews or focus group discussions to talk about your experiences in the program.*

7. Show the Pilot Re:MIX Findings slide and explain that evaluations from EngenderHealth's pilot Re:MIX program observed the findings listed.

Adaptation: Previous Re:MIX facilitators requested additional information on their quality data. EngenderHealth facilitated continuous quality improvement by grouping 17 quality performance measures into six categories and scoring each educator based on data collected through observation logs. Midway through the semester, M&E staff met with participants individually to show them the full observation logs, discuss their quality scores and progress, and provide feedback based on observation data. Facilitators also established facilitation goals and received recommendations based on their aspirations. Consider incorporating a similar approach into your program.

YOUR ROLE IN M&E (10 MINUTES)

1. Show the Your Role in Evaluation slide and remind participants that they will play a role in M&E—including through completing various forms and participating in various surveys related to Re:MIX implementation in the classroom as well as regarding their participation in the Professional Development and Leadership Program, if applicable. Remind participants of any specific M&E activities your program will employ that will require their participation. For example, this might include at a minimum, completing the session debrief forms previously discussed and participating in interviews and/or focus groups to discuss their experience in the program.

2. Explain that their participation is extremely important and will be used to improve the program during implementation and to inform future programming. Therefore, it is important that they participate as required and inform program staff if they have any issues, for example, logistical constraints that might prevent them from attending specified activities or technological issues that hinder their ability to complete surveys. Emphasize that you appreciate their participation in these activities as much as their participation as peer educators!

CLOSING: KAHOOT QUIZ (10 MINUTES)

1. Show the Kahoot! Quiz slide. Explain that Kahoot! is a fun, free, online quiz platform where users can build interactive quizzes in which multiple players can answer questions using their individual smartphones, while the platform projects the times, scores, and results onto a single screen. Tell participants that you want to test what they learned in this session using this interactive game technology—and that the top scorers will receive prizes.

Adaptation. You can also use a different quiz tool, if you prefer!

2. Ask participants to use their phones to visit the Kahoot! website, using the URL on the flip chart and to type in the game code.

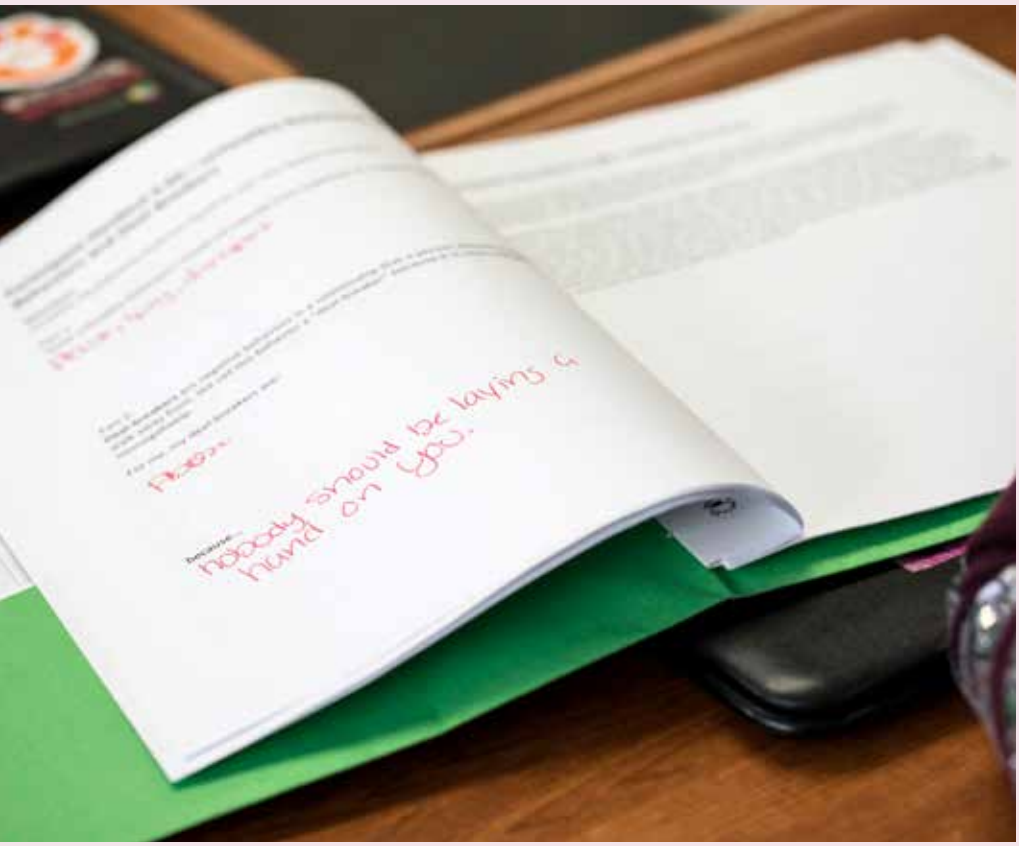
3. Conduct the quiz, maintaining a fun and light tone. Pause for explanations between each quiz question, as necessary.

4. Offer prizes to the top two or three scorers.

5. Ask if participants have any final questions about the material covered in this session.

6. Remind participants that their participation in M&E activities is crucial for tracking fidelity and quality and for improving programing now and in the future.

APPENDICES



EXTERNAL RESOURCES REFERENCE LIST

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SAMPLE PRETRAINING/POSTTRAINING SURVEY

APPENDIX 0-B

RE:MIX PEER EDUCATOR PRETRAINING/POSTTRAINING SURVEY

Unique ID# _____

Please answer the following questions to the best of your ability. If you are unsure or do not know an answer, answer as best you can. You will not be graded on this survey, nor will your answers affect your position in the program. None of the answers will be linked to your name. We will use this survey to better understand your sexual reproductive health (SRH) knowledge as you enter the program so we can provide adequate information and support to you. **Thank you for your time!**

PART 1

The following table contains a list of SRH skills. Please mark an **"X"** in the box that best describes your level of agreement with each skill-based statement (if completing online, click on the fillable circles below).

"Strongly Agree" means that you have strong skills in this area and can practice the skills on your own every day.

"Strongly Disagree" means that you have not learned how to perform the skill or do not feel ready to perform the skill on your own.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I have a thorough understanding of sexually transmitted infections (STIs, also known as sexually transmitted diseases, or STDs).	○	○	○	○
I have a thorough understanding of methods of contraception.	○	○	○	○
I can facilitate a discussion about the anatomy of a person with a penis.	○	○	○	○
I can facilitate a discussion about the anatomy of a person with a vagina.	○	○	○	○
I can initiate a discussion with peers about safer sex options.	○	○	○	○
I can answer questions about sexuality.	○	○	○	○
I can answer questions about gender.	○	○	○	○
I can present information that is inclusive of all sexual orientations.	○	○	○	○
I can respond to students' personal sexual health concerns.	○	○	○	○
I can admit when I do not know an answer to a question a student asks.	○	○	○	○
I can facilitate group discussion with students who are reluctant to participate.	○	○	○	○
I can speak in front of an audience.	○	○	○	○
I can think critically when implementing a program for peers.	○	○	○	○

	Strongly Agree	Agree	Disagree	Strongly Disagree
I can present fact-based information about sexual assault.	○	○	○	○
I can provide referrals to community resources.	○	○	○	○
I believe I can help prevent teen pregnancies by influencing students' knowledge.	○	○	○	○
I believe I can help prevent teen pregnancies by influencing students' behaviors.	○	○	○	○
I believe I can positively influence gender norms by improving students' knowledge.	○	○	○	○
I believe I can help students learn to communicate effectively in their relationships.	○	○	○	○
I believe I can help reduce incidences of sexual assault by helping students learn about consent.	○	○	○	○

PART 2

The following questions require brief answers. Please answer each question to the best of your ability, in your own words. Feel free to write your responses in short phrases or a bulleted format.

1. Name one type of contraception that protects against STIs (also known as STDs).

2. Briefly explain what happens to an egg during ovulation and what happens to the egg during menstruation.

3. Describe the correct steps of putting on a condom.

4. List three facts about oral contraceptives, or birth control pills.

5. What does "IUD" stand for? List the two types of IUDs.

6. A student asks if emergency contraception (e.g., Plan B) is the same as an abortion. How would you answer?

7. Explain the difference between "sex assigned at birth" and "gender."

8. Explain what a "gender message" is. Where and how are these messages communicated the most?

9. Define the term "transgender."

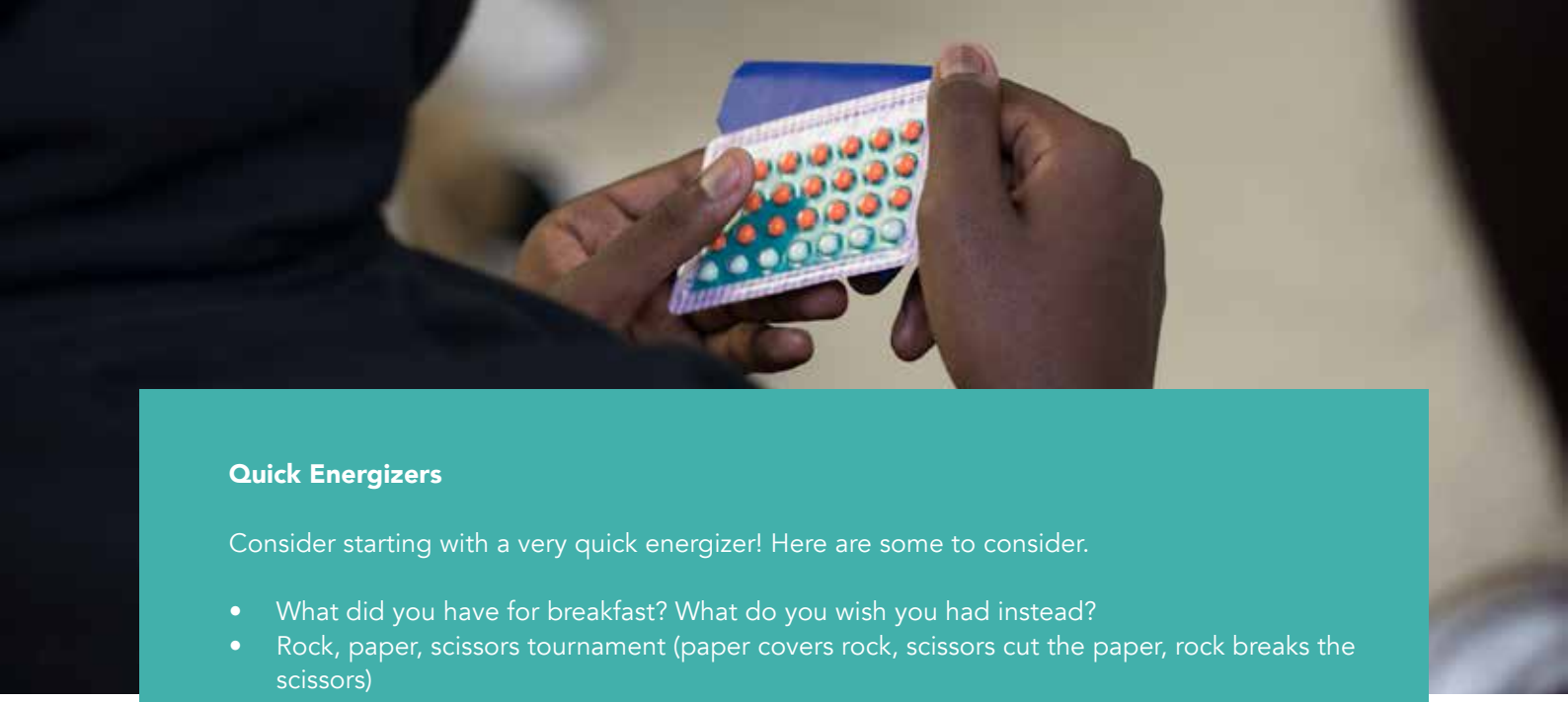
10. A student asks how they can determine if they are in an unhealthy relationship. How would you answer?

11. Define "sexual consent." How is consent given and received?

ADDITIONAL ICEBREAKERS AND ENERGIZERS

APPENDIX 0-C

The following activities can be used to enhance and reinforce facilitation skills such as nonverbal communication, speaking tone and volume, and energy. These may also be used to replace other warm-up activities in the Training of Facilitator training or during subsequent group meetings, as desired.



Quick Energizers

Consider starting with a very quick energizer! Here are some to consider.

- What did you have for breakfast? What do you wish you had instead?
- Rock, paper, scissors tournament (paper covers rock, scissors cut the paper, rock breaks the scissors)
- Making rain (snapping fingers, clapping hands, clapping hands on thighs, hands hitting the floor, stomping feet…then gradually move back to snapping fingers)

ACTIVITY 1. NEWSPAPER TOWER ACTIVITY

MATERIALS

- Newspapers (please recycle after use!)
- Timer or stopwatch
- Multiple rolls of tape
- Measuring tape

ADVANCED PREPARATION

- Collect as many newspapers as possible. Based on the total number of participants and the size of teams you prefer, determine how many participants you will have in each small group and how many small groups you will have.

  Note: *We recommend including between two to four participants per team, unless you wish to use this activity for team building, in which case you may consider slightly larger teams. Create separate piles of newspaper—one pile for each team with an additional pile set aside with extra newspaper in case any groups request more during the activity.*

PROCEDURE

1. Divide participants into teams.

2. Give each group a pile of newspapers and a roll of tape. Tell participants that the goal of this activity is to build the tallest tower possible using only the newspapers and tape provided (no glue, staples, etc.). Any tower design or building method is acceptable—as long as the tower is constructed using only the newspaper and tape provided.

3. Set a timer or prepare your stopwatch for approximately 5–10 minutes (depending on the time you have available). Once your timer or watch is ready, instruct participants to begin working.

4. Once time expires, ask groups to immediately stop working on their towers.

5. Inspect each tower, measuring to determine which one is the tallest and checking to ensure no other supplies (besides the newspapers and tape provided) were used. Any tower that falls over before being judged cannot be repaired or built again.

6. The winner of this game is the team that successfully builds the tallest tower using only newspaper and tape.

   Note: *To make this more of a challenge, provide less (or no) tape. Alternatively, you may decide to judge using a scoring system that gives credit for artistic designs and creativity as well as tower height.*

ACTIVITY 2. FOUR BALLS, FOUR CORNERS

MATERIALS

- Four balls
- Stopwatch

ADVANCED PREPARATION

- None

PROCEDURE

1. Place one ball in each corner of the room (four balls, four corners).

2. Divide participants into groups of four.

3. Ask the first group to stand in the middle of the room and form an outward-facing circle by linking arms with one another. Explain that each person in the group must pick up one ball without breaking this circle. Tell the group that you are going to time this activity and then allow them to begin.

4. Once the first team has picked up all the balls, let the second team try, then the third team, etc.

5. The fastest team is the winner.

6. Close the activity by explaining that the only way to complete this exercise successfully is by communicating and working as a team.

Note: *Usually, the first group pulls in different directions until the circle breaks. If this happens, ask the group to return to the middle of the room, reform the circle, and start again. The goal is to have participants realize that the game is only possible if they work with each other and not against each other.*

ACTIVITY 3. SOUND BALL ACTIVITY

MATERIALS

- None

ADVANCED PREPARATION

- None

PROCEDURE

1. Ask participants to sit or stand in a circle.

2. Tell participants that they are going to throw an imaginary ball to one another while making sounds. Explain that you will "throw" the imaginary ball to a participant who will then "catch" the ball and make a sound—a bark, a buzz, or any other sound. That person will then "throw" the ball to someone else and the person who "catches" it will then need to repeat the sound that the first person made and then make their own different sound. The game continues until each person has a chance to repeat the sound of the person before them and to make their own sound.

3. Once you have completed the activity, explain to participants:

    - *The best thing about this game is that it forces everyone to listen to each other—before someone can "throw" the ball, they must respond to the person who "threw" them the ball. If people do not listen or are too busy thinking about what noise they want to make, they will not be able to complete their task of repeating the sound that their peer makes.*
    - *Remember this exercise when you are working in groups—either as a facilitator or participant. This exercise demonstrates how we need to think and behave during group discussions—by listening to what others say before responding.*

4. Once everyone understands the concept, you can make this game more challenging—and fun!—by speeding up the pace and/or adding a second and possibly third "ball" to the circle.

ACTIVITY 4. BALL JUGGLE

MATERIALS

- 5–6 small/lightweight balls

ADVANCED PREPARATION

- None

PROCEDURE

1. Ask participants to sit or stand in a circle.

2. Give one of the participants one ball and instruct them to throw it to someone else in the circle—anyone *except* for the persons sitting or standing directly next to them.

3. Explain that the person now holding the ball should repeat the task—throwing to someone new and again, someone not sitting or standing directly next to them. Continue until everyone has had a chance to catch the ball.

4. Once they complete the exercise, pause and tell participants that you want to repeat the exercise but this time you will be using more balls. Explain that that they should keep throwing to the same person while you begin introducing additional balls.

5. Restart the exercise, now using multiple balls, and continue until participants begin dropping the balls.

6. Once the group starts dropping balls, pause the activity for a debrief. Ask participants to consider how they could have handled the added balls better.

   Note: *The goal is for the group to think of solutions for managing additional balls. If you have time, you can consider asking participants to repeat the exercise using multiple balls a second time to see if they can complete the task faster or if they can last longer without dropping the balls.*

7. Ask participants to think about the balls as representations of different responsibilities—for example, attending class, going to work, and taking care of their families. Explain that sometimes dealing with these different responsibilities can feel like a juggling act! Ask the following reflection questions to relate the activity to working in teams:

   - *How did the group demonstrate and share responsibility in this exercise?*
   - *How might this exercise relate to working on a team? (Responses may address dividing responsibilities, quickly addressing new challenges, being communicative, and keeping a positive attitude.)*
   - *How can you apply this exercise to being part of a Re:MIX co-facilitation team? (Responses may include understanding and advancing a common goal, communicating needs and being aware of and responsive to co-facilitators' needs, understanding that individual choices can affect the team, and discussing challenges and developing solutions together.)*

ACTIVITY 5. THE ENERGY GAME

MATERIALS

- None

ADVANCED PREPARATION

- None

PROCEDURE

1. Ask participants to sit or stand in a circle and provide the following directions:

    - *We will need a volunteer to start the game by making a sound and a motion. For example, you can raise your hand and say "umm," or wrap your arms around you and shiver, or hide your head and whimper, or shake your finger and sigh. Have fun and be creative!*

    - *The person to the right of our first volunteer will then mimic that sound and action, but with more energy—the sound louder and the gesture more exaggerated! Part of the beauty of the game is that the player who has the difficult job of starting the game only has to do so in a small and inconspicuous way. From here, things will get louder.*

2. Ask the first volunteer to begin the exercise and continue around the circle, with each player adding more energy. When everyone has had a turn, the starting player must repeat the action and sound once more at the highest level of intensity yet, to finish the round.

3. Ask another player to start a new round with a new sound and gesture and repeat a couple of times to give everyone a chance to display quieter and louder variations.

Note: *Each player will naturally introduce some of their own personality to the game. This personality, combined with the increasing exaggeration and volume, can make for a funny game. We expect participants to try to outperform their peers thereby setting aside self-consciousness. When everyone has had a chance to be both loud and quiet, the group will be both more at ease with themselves and each other. This exercise is designed to promote endorphins, encourage smiles and laughter, and reenergize the group!*

ACTIVITY 6. SCREAMER

MATERIALS

- None

ADVANCED PREPARATION

- None

PROCEDURE

1. Ask participants to sit or stand in a circle.

2. Explain that you will be giving two commands: When you say "heads down," everyone should look down; when you say "heads up," everyone should look up and into the eyes of someone else in the circle. Note that if you are looking at someone who is looking at someone else, you can stay where you are. If you are looking at someone who is looking back at you—both of you should point at each other and scream—and then leave the circle to watch their fellow participants continue with the game.

3. Continue until there are only two players left. These players are the winners, but you can have them finish with one final round—and one final scream!

4. Close the activity by explaining that this was intended as a fun way for participants to loosen up, laugh, and bond with their teammates.

ACTIVITY 7. WHOOSH, WHOA, ZAP

MATERIALS

- None

ADVANCED PREPARATION

- None

PROCEDURE

1. Ask participants to sit or stand in a circle.

2. Explain that for this activity we will be passing an imaginary energy ball around the circle. Explain that when they pass the energy ball to the person next to them that they should make a "whoosh" sound, engaging their whole body to demonstrate the energy they are sending with the ball as they throw it.

3. Begin the activity, passing the energy ball around the entire circle. Once the energy ball has completed circling the room and returned to you, introduce "whoa" and explain that "whoa" means that the energy ball is reversing directions.

   Note: *As necessary, encourage participants by reminding them to "Keep the energy moving around the circle as quickly as possible!" and "Use your whole body to send the energy with the ball!"*

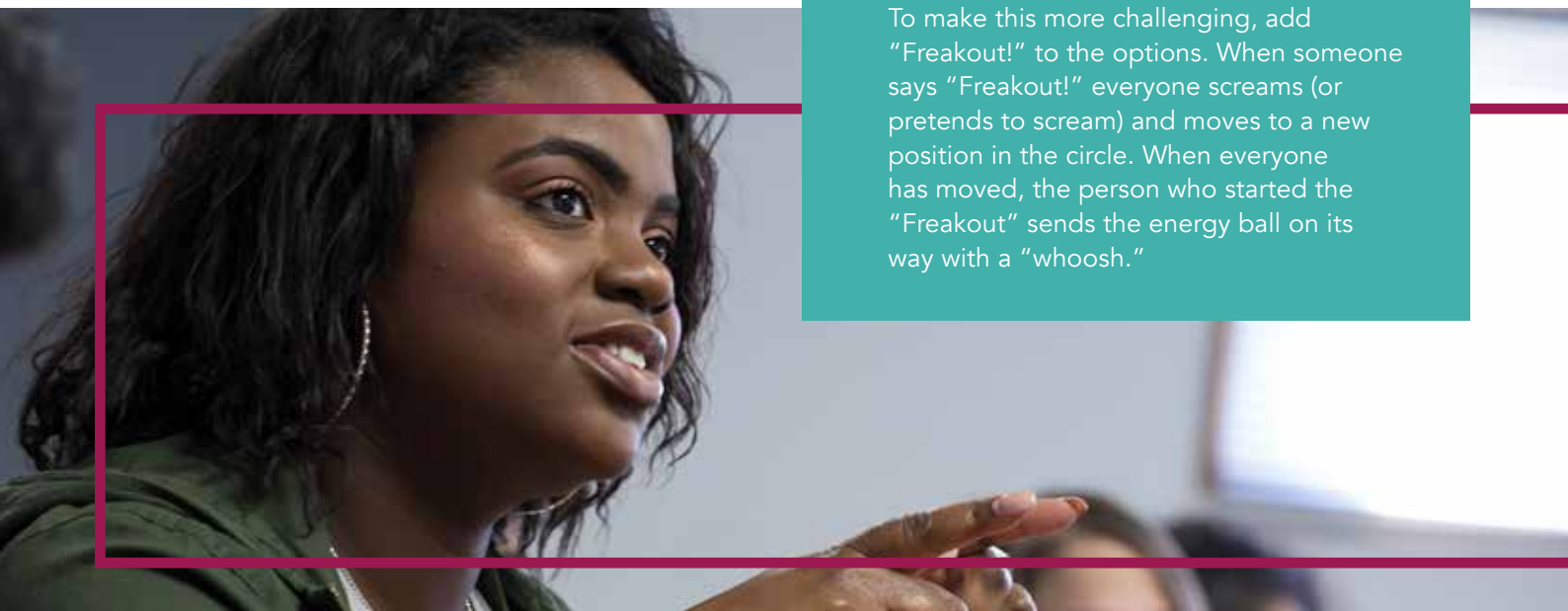
4. After a minute or two of the group practicing passing the energy ball back and forth using "whoosh" and "whoa," introduce "zap"—and explain that "zap" means you can send the energy to anyone in the circle simply by making eye contact and pointing at the other person.

5. Allow participants to spend another minute or two playing the game using "whoosh," "whoa," and "zap."

6. Close the activity by asking the following:
   - *What did you notice during the activity?*
   - *What was challenging about this activity?*
   - *What skills did you use to be successful?*
   - *How else might you apply those skills?*

Adaptation:

To make this more challenging, add "Freakout!" to the options. When someone says "Freakout!" everyone screams (or pretends to scream) and moves to a new position in the circle. When everyone has moved, the person who started the "Freakout" sends the energy ball on its way with a "whoosh."



ACTIVITY 8. GUESS THE EMOTION

MATERIALS

- None

ADVANCED PREPARATION

- Create a list of emotions for participants to demonstrate. We suggest using common emotions, such as anger, anxiety, love, sadness, etc.

PROCEDURE

1. Divide participants into two groups and ask them to stand in two lines facing one another, explaining that the person they are facing will be their partner for this exercise.

   Note: *If you have an uneven number of participants, a facilitator will need to be a partner to one of the participants.*

2. Tell participants that for this activity, they will take turns acting out or guessing words or emotions as you assign them. Explain that they can use body movements and facial expressions to demonstrate their words, but should not speak.

3. Ask the first group to step away so you can quietly give them the first word and then instruct them to return to their partners.

4. Instruct participants from the first group to begin demonstrating the word while their partners try to guess the word.

5. After a couple of minutes, pause the activity and ask the participants that were trying to guess the word what word they guessed.

6. Repeat the activity, switching which team demonstrates and which team guesses—using a new word.

7. Continue to repeat the activity a couple of more times before closing the activity and highlighting the importance of body language and facial expression in conveying different emotions.

RE:MIX CURRICULUM SCAVENGER HUNT

APPENDIX 1-A

1. What does Re:MIX stand for?

2. What are the four units of the curriculum?

3. All of the following are "Keep Its" except for:

- ☐ Keep It Focused.
- ☐ Keep It Fun.
- ☐ Keep It Respectful.
- ☐ Keep It Real.
- ☐ Keep It Here.
- ☐ Keep It On Time.

4. Match the session activity with its corresponding learning objectives:

6.3 I Have My Reasons	Examine attitudes about gender, gender differences, gender roles, double standards, and inequalities
10.4 Imagine Your Future	Recognize specific steps to seek support or give support, if someone feels unsafe in a relationship
1.2 Where Do You Stand?	Apply refusal skills to situations, including sexual situations
4.4 Assertiveness Skills	Identify ways in which a pregnancy could interfere with or delay achievement of goals
3.4 Deal Breakers and Taking Action	Make informed decisions about engaging in sexual activity
9.2 20 Bucks	Identify specific sacrifices expected of teen parents

5. At the close of each session, participants will write down key messages on the _____ .

6. Which pedagogy used for Re:MIX draws on the 1970s teachings of Paulo Friere, a Brazilian educator who worked with migrant farm workers and believed that literacy was the key to liberation?

_____

7. Program facilitators are trained to avoid _____ for youth, and to identify and respond to signs and reports of trauma.

8. Review each session and select one that you feel most excited about. Be prepared to share some specific reasons why you selected that session.

_____

_____

_____

_____

_____

_____

RE:MIX CURRICULUM SCAVENGER HUNT ANSWER KEY

APPENDIX 1-B

1. What does Re:MIX stand for?

   Maximize their Strengths, Imagine Healthy Futures, and Explore their Identities (cover page)

2. What are the four units of the curriculum?

   Unit 1: Exploring Gender and Values
   Unit 2: Relationships, Communication, and Consent
   Unit 3: The ABCDs of Prevention
   Unit 4: Planning for the Future

3. All of the following are "Keep Its" except for:

   [X] Keep It On Time.

4. Match the session activity with its corresponding learning objectives:

1.2 Where Do You Stand?	Examine attitudes about gender, gender differences, gender roles, double standards, and inequalities
3.4 Deal Breakers and Taking Action	Recognize specific steps to seek support or give support, if someone feels unsafe in a relationship
4.4 Assertiveness Skills	Apply refusal skills to situations, including sexual situations
10.4 Imagine Your Future	Identify ways in which a pregnancy could interfere with or delay achievement of goals
6.3 I Have My Reasons	Make informed decisions about engaging in sexual activity
9.2 20 Bucks	Identify specific sacrifices expected of teen parents

5. At the close of each session, participants will write down key messages on the

   Re:MIX Playlist

6. Which pedagogy used for Re:MIX draws on the 1970s teachings of Paulo Friere, a Brazilian educator who worked with migrant farm workers and believed that literacy was the key to liberation?

   Hip-hop pedagogy

7. Program facilitators are trained to avoid triggers for youth, and to identify and respond to signs and reports of trauma.

8. Review each session and select one that you feel most excited about. Be prepared to share some specific reasons why you selected that session.

CHARACTERISTICS OF SEXUALLY HEALTHY ADOLESCENTS

APPENDIX 2-A

- Appreciate their bodies
- Take responsibility for their behaviors
- Are knowledgeable about sexuality
- Make personal decisions that are consistent with their personal values
- Communicate effectively
- Understand and seek information about their family's values
- Interact with all genders respectfully and appropriately
- Can express love and intimacy in developmentally appropriate ways, based on their own comfort levels and readiness
- Can evaluate their readiness for mature sexual relationships

DEFINITIONS AND QUESTIONS FOR SMALL GROUP DISCUSSIONS ABOUT SEXUALITY

APPENDIX 2-B

SEXUAL IDENTITY

Sexual identity is a person's understanding of who they are sexually, including their sense of being female, male, or something different. Sexual identity consists of three interlocking and important pieces that together affect how people see themselves.

- What is gender identity?

- What are gender roles?

- What is sexual orientation?

SEXUAL HEALTH AND REPRODUCTION

Sexual health involves our abilities, attitudes, and behaviors related to conceiving/reproducing, enjoying sexual behaviors, and maintaining our sexual and reproductive anatomy.

- What sexual health issues do people experience?

SENSUALITY

Sensuality is how our bodies give and receive pleasure.

- What senses do our bodies use to give and receive pleasure?

- What types of activities involve pleasure?

INTIMACY

Intimacy refers to the ability and need to have relationships in which we experience emotional connections with other people.

- What is needed for a healthy relationship?

- Where do we learn how to love and care for other people?

SEXUALIZATION

Sexualization involves using sex or sexuality to control, influence, or manipulate other people.

- How do people try to use sex to control other people?

- How does the media try to use sex to control people?

ASSUMPTIONS ABOUT YOUTH

APPENDIX 2-C

One assumption that I have made about another youth is…

One assumption that I have made about another youth is…

ASSUMPTIONS ABOUT ME

APPENDIX 2-D

One assumption that someone has made about me is…

One assumption that someone has made about me is…

RESISTING ASSUMPTIONS

APPENDIX 2-E

I commit to resisting assumptions by:

I commit to resisting assumptions by:

SEXUALITY MEMORY SEARCH

APPENDIX 2-F

DIRECTIONS

Working with a partner, spend the next eight minutes discussing your personal experiences learning and talking about sex. Use the discussion questions below as a guide. Remember, not everyone's introduction to sexuality was positive. You only need to share what feels comfortable and safe in this setting.

1. How did you first learn about sex and sexual health?
2. What and when did you learn about condoms and contraception?
3. Did your family talk openly about sex and sexuality?
4. How has culture and religion affected your sexual learning or views about sex?
5. Did you receive formal sex education in school? If so, did your teacher(s) appear comfortable with the subject and what impact did their attitudes and behaviors have on your learning?
6. How have your professional and/or personal experiences prepared you to be an advocate for adolescent sexual health? What else do you need?
7. What sexual health topics are you most and least comfortable teaching to teens?
8. How can you overcome any feelings of discomfort?

INCLUSIVE TERMINOLOGY

APPENDIX 2-G

AGENDER ***[ey-jen-der] | adjective (agender people)*** Describes a person who does not identify with any gender, or intentionally does not follow expectations of gender.

ALIAGENDER ***[ah-lee-uh-jender] | adjective (aliagender people)*** Describes a person who defines their gender as other than a man or a woman. This term was coined as a way to talk about a third gender without appropriating the term "third gender" from other cultures.

ALLY ***[al-ahy] | noun (allies)*** A straight and/or cisgender person who supports and advocates for LGBTQ+ people.

ANDROGYNE ***[an-druh-jahyn] | noun (androgynes)*** A person who feels their gender is between male and female and/or feels both masculine and feminine simultaneously. An androgyne person may feel more masculine than feminine, more feminine than masculine, or an equal amount of both at any given time. Presenting androgynously is not a requirement for this gender identity.

ANDROGYNOUS ***[an-droj-uh-nuh s] | adjective (androgynous people)*** Describes a person presenting both masculine and feminine qualities.

ANDROSEXUAL/ANDROPHILIC ***[an-druh-sek-shoo-uh l] [an-druh-fil-ik] | adjective (androsexual people)*** Describes people who are primarily sexually and/or romantically attracted to masculinity.

AROMANTIC ***[ey-roh-man-tik] | adjective (aromantic people)*** Describes a person who does not experience romantic attraction.

ASEXUAL ***[ey-sek-shoo-uh l] | adjective (asexual people)*** Describes a person who does not experience sexual attraction.

ASSUMED GENDER ***[uh-soomd jender] | noun (assumed genders)*** The gender that society assumes of a person, based on their sex assigned at birth and/or gender presentation.

BICURIOUS ***[bahy-kyoo r-ee-uh s] | adjective (bicurious people)*** Describes people who are exploring whether or not they are attracted to people of the same gender as well as people of different genders.

BIGENDER ***[bahy-jen-der] | adjective (bigender people)*** Describes a person who identifies with two distinct genders, such as androgyne/woman or man/woman. Bigender people do not necessarily identify with each gender 50% of the time, and unlike gender fluid people, they do not exist on a spectrum, either.

BISEXUAL ***[bahy-sek-shoo-uh l] | adjective (bisexual people)*** Describes a person who has the capacity to form enduring physical, romantic, and/ or emotional attractions to those of the same gender and to those of another gender. People may experience this attraction in differing ways and degrees over time. Bisexual people do not need to have had specific sexual experiences to be bisexual; in fact, they need do not need to have had any sexual experience at all to identify as bisexual. Bisexual is also referred to as "bi."

BUTCH ***[boo ch] | noun (butches)*** Someone who identifies and presents as masculine. While the term most often refers to masculine lesbians, butch can also describe masculine queer men or queer people of other genders.

CISGENDER ***[sis-jen-der] | adjective (cisgender people, not cisgenders)*** Describes people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-." A more widely understood way to describe people who are not transgender is simply to say non-transgender people.

CLOSETED ***[kloz-i-tid] | adjective*** Describes a person who is not open about their sexual orientation. It is better to simply refer to someone as "not out" about being LGBTQ+. Some individuals may be out to some people in their life, but not out to others due to fear of harassment, job loss, rejection, violence, or other concerns.

COMING OUT ***[kuhm-ing out] | verb*** A lifelong process of self-acceptance. People forge an LGBTQ+ identity first to themselves, before revealing it to others. Publicly sharing one's identity may or may not be part of coming out.

CROSS-DRESSER ***[kraws-dres-or] | noun (crossdressers)*** This is a form of gender expression in which a person occasionally wears clothes, accessories, and/or makeup that are associated with a different sex than that which they were assigned at birth, for pleasure rather than entertainment purposes. This term most frequently refers to men who wear clothes, makeup, and accessories culturally associated with women. Those individuals typically identify as heterosexual and do not wish to permanently change their sex or live full-time as the sex they are presenting on occasion. Replaces the term "transvestite."

DEAD NAME ***[ded neym] | noun (dead names)*** The name given to a transgender person at birth, which they often change when they transition. It should not be used to refer to them; use the person's chosen name instead.

DEMIBOY ***[dem-ee-boy] | adjective (demiboys)*** Describes a person who identifies as and experiences their gender as partly boy and partly another gender, similar to bigender.

DEMIGIRL ***[dem-ee-gurl] | adjective (demigirls)*** Describes a person who identifies as and experiences their gender as partly a girl and partly another gender, similar to bigender.

DEMIROMANTIC ***[dem-ee-roh-man-tik] adjective (demiromantic people)*** Describes a person who does not experience romantic attraction until they form a strong emotional or sexual connection with a partner.

DEMISEXUAL ***[dem-ee sek-shoo-uh l] | adjective (demisexual people)*** Describes a person on the asexual spectrum who experiences some sexual attraction, but only in certain situations, like after they have formed a strong emotional connection with a partner.

DRAG KING ***[drag king] | noun (drag kings)*** A (usually cisgender) woman who performs as a man for an audience.

DRAG QUEEN ***[drag kween] | noun (drag queens)*** A (usually cisgender) man who performs as a woman for an audience.

DYKE ***[dahyk] | noun (dykes)*** Formerly and sometimes still considered a derogatory word to describe queer women. Some women have reclaimed the word, however, and use it for themselves. Do not call someone a dyke unless you know that they have reclaimed the word.

FEMALE-TO-MALE ***[fee-meyl-tuh-meyl] | noun (female-to-male people, FTM people)*** A transgender male, whose sex assigned at birth was female but has since transitioned. Also referred to as "FTM".

FEMININE-OF-CENTER ***[fem-uh-nin - uhv - sen-ter] | adjective (feminine-of-center people)*** Describes a person who feels, and often presents, as feminine but may not identify as a woman. Feminine-of-center people may also self-identify as femme, submissive, transfeminine, etc.

FEMININE-PRESENTING ***[fem-uh-nin - pri-zent-ing] | adjective (feminine-presenting people)*** Describes someone who expresses gender in a feminine way. Someone who is feminine-presenting might or might not also be feminine-of-center and vice versa.

GAY ***[gey] | adjective (gay people)*** Describe a person whose enduring physical, romantic, and/or emotional attractions are to people of the same gender (e.g., gay man, gay people). The term "lesbian" (*n.* or *adj.*) is sometimes preferred for women. Avoid using "homosexual," as it is an outdated term considered derogatory and offensive to many lesbian and gay people.

GENDER CREATIVE ***[jender kree-ey-tiv] | adjective (gender-creative people)*** Describes a person, usually a child, who does not conform to gender stereotypes but also does not necessarily identify as transgender; sometimes referred to as "gender nonconforming."

GENDER DYSPHORIA ***[jen-der dis-fawr-ee-uh] | noun*** The medical condition cited in the American Psychiatric Association's fifth edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders, which replaces the outdated entry "gender identity disorder" and changes the criteria for diagnosis. The necessity of a psychiatric diagnosis remains controversial, as psychiatric and medical authorities recommend individualized medical treatment through hormones and/or surgeries to treat gender dysphoria; whereas some transgender advocates believe the inclusion of gender dysphoria in the DSM is necessary in order to advocate for health insurance that covers the medically necessary treatments recommended for transgender people.

GENDER EXPRESSION ***[jen-der ik-spresh-uh n] | noun (gender expressions)*** An external manifestation of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture. Often, transgender people seek to align their gender expression with their gender identity, rather than the sex they were assigned at birth.

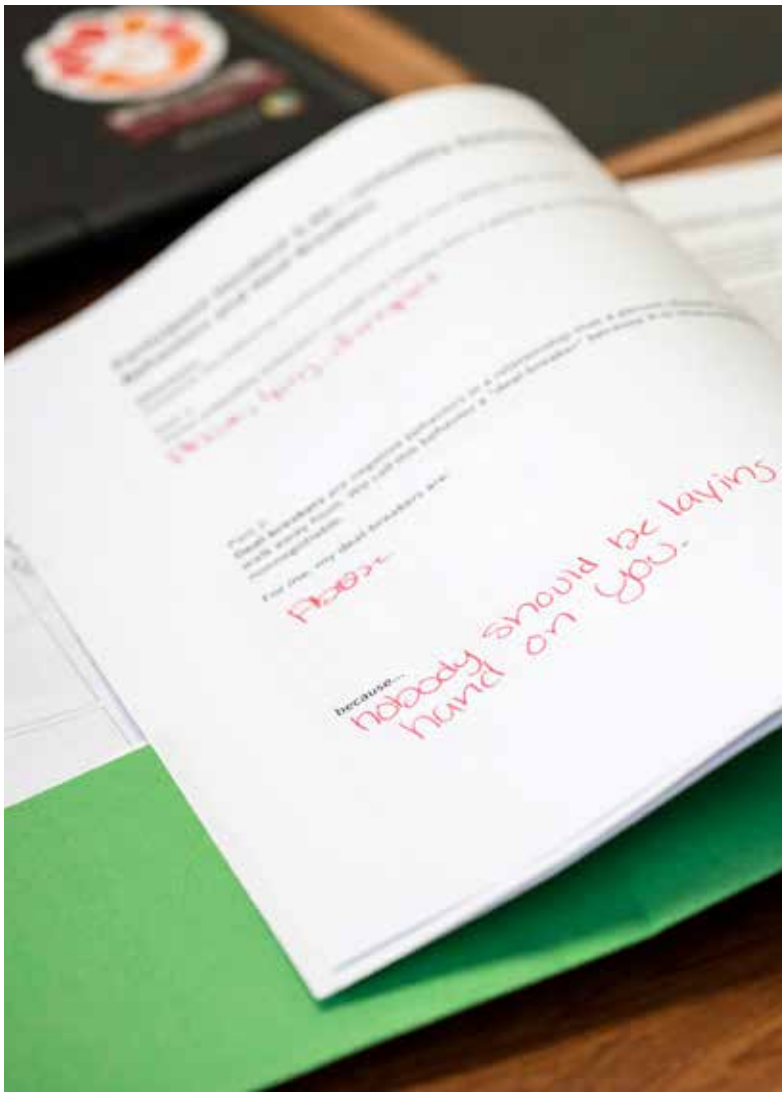
GENDER-FLUID ***[jen-der-floo-id] | adjective (gender-fluid people)*** Describes a person for whom gender identity and presentation is a spectrum. A gender-fluid person is not confined to one gender, or even a few; instead, they may fluctuate between presenting as feminine, masculine, neither, or both.

GENDER IDENTITY ***[jen-der ahy-den-ti-tee] | noun (gender identities)*** A person's internal, deeply held sense of their gender. For transgender people, their internal gender identity does not match the sex they were assigned at birth. Most people identify as man or woman (or boy or girl); however, for some, their gender identity does not fit neatly into one of those two choices (see also Genderqueer and/or Nonbinary). Unlike gender expression, gender identity is not visible to others.

GENDER NONCONFORMING ***[jen-der nohn-kuh n-fawrm-ing] | adjective (gender-nonconforming people)*** A term used to describe people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender nonconforming people identify as transgender; nor are all transgender people gender nonconforming. Many people have gender expressions that are not entirely conventional—that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender does not make someone gender nonconforming. This is not a synonym for transgender or transsexual and should only be used if someone self-identifies as gender nonconforming.

GENDER NORMATIVE/GENDER STRAIGHT ***[jen-der nawr-muh-tiv] [jen-der streyt] | adjective (gender-normative people, gender-straight people)*** A synonym for cisgender, describes a person whose gender identity aligns with expectations of their sex assigned at birth.

GENDERQUEER AND/OR NONBINARY ***[jen-der kweer] [non-bahy-nuh-ree] | adjective (genderqueer people / nonbinary people)*** Describes a person who experiences their gender identity and/or gender expression as falling outside the categories of male and female. They may define their gender as falling somewhere in between male and female, or they may define it as wholly different from these terms. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as genderqueer and/or nonbinary. Genderqueer is sometimes abbreviated as "GQ" and nonbinary is sometimes referred to as "enby" or "NB."



GENDER QUESTIONING ***[jen-der kwes-chuh-ning] | adjective*** Describes a person who is questioning their current gender identity and/or exploring other identities and presentations.

GENDER VARIANT ***[jen-der vair-ee-uh nt] | adjective (gender-variant people)*** An umbrella term used to describe anyone who is not cisgender, similar to "gender-noncoforming." The term is problematic as it implies that nonbinary genders are deviations of two "natural" genders.

HETEROSEXUAL ***[het-er-uh-sek-shoo-uh l] | adjective (heterosexual people)*** Describes a person whose enduring physical, romantic, and/ or emotional attraction is to people of the opposite sex. Also referred to as "straight."

HOMOSEXUAL ***[hoh-muh-sek-shoo-uh l] | adjective (homosexual people)*** An outdated clinical term to describe a person who primarily feels attraction to people of the same gender/sex. The term is now considered derogatory and offensive.

INTERGENDER ***[in-ter-jender] | adjective (intergender people)*** Someone who experiences their gender as in between other genders, such as someone whose gender falls somewhere between being a man or a woman.

INTERSEX ***[in-ter-seks] | noun (intersex people)*** An umbrella term for a person born with a reproductive or sexual anatomy and/or a chromosome pattern that cannot be classified as typically male or female. Those variations are also referred to as "differences of sex development." While some people can have an intersex condition and also identify as transgender, the two are separate and should not be conflated. Avoid the outdated and derogatory term "hermaphrodite."

LATINX ***[la-teen-ex] | adjective*** A gender-neutral term used to replace the gender-specific Latino or Latina, which can be used to refer to a group of people or to a single person of Latin American descent.

LESBIAN ***[lez-bee-uh n] | adjective and noun (lesbian women/lesbians)*** Describes a woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as "gay" (adj.) or as "gay women." Avoid identifying lesbians as "homosexuals," which is a derogatory term.

LIPSTICK LESBIAN ***[lip-stik lez-bee-uh n] | noun (lipstick lesbians)*** A lesbian who presents their gender in a feminine way; also referred to as "femme." This is sometimes considered a derogatory term.

MALE-TO-FEMALE ***[meyl-tuh-fee-meyl] | noun (male-to-female people, MTF people)*** A transgender women, who was assigned male at birth and has since transitioned to female. Also referred to as "MTF."

MASCULINE-OF-CENTER ***[mas-kyuh-lin - uhv - sen-ter] | adjective (masculine-of-center people)*** Describes a person who feels, and often presents, as masculine but may not identify as a man. Masculine-of-center people may also identify as aggressive, boi, butch, stud, transmasculine, etc.

MASCULINE-PRESENTING ***[mas-kyuh-lin - pri-zent-ing] | adjective (masculine-presenting people)*** Describes a person who expresses gender in a masculine way. Someone who is masculine-presenting may or may not also be masculine-of-center and vice versa.

METROSEXUAL ***[me-troh-sek-shoo-uh l] | adjective (metrosexuals)*** Describes a straight man—and occasionally a queer man—who spends more time on his appearance than is considered normal for men.

MISGENDER ***[mis-jen-der] | verb*** The act of using the wrong pronoun or term to refer to a person, such as calling a transgender boy "her."

MX. ***[mix] | pre ix (Mx. Smith)*** Used instead of Mr., Mrs., or Ms. for a person who does not identify as either a man or a woman.

NEUTROIS ***[noo-trwah] | noun*** An umbrella term used for a person who does not identify as either male or female. Agender, gender-fluid, nonbinary, and genderless people may all also identify as neutrois.

OUT ***[out] | adverb*** Refers to a person who self-identifies as LGBTQ+ in their personal, public, and/or professional lives. Preferred to "openly gay."

PANGENDER ***[pan-jen-der] | adjective (pangender people)*** Describes a person with a nonbinary gender identity, including people who experience all gender identities either simultaneously or over time.

PANSEXUAL ***[pan-sek-shoo-uh l] | adjective (pansexual people)*** Describes a person who has the capacity to form enduring physical, romantic, and/ or emotional attractions to any person, regardless of gender identity.

PASS/PASSING ***[pahs][pah-sing] | adjective and verb*** Refers to the act or ability of an LGBTQ+ person to present in society as either straight or cisgender. Feminine queer women, for example, may pass for straight and transgender people may pass for cisgender.

POLYAMOROUS ***[pol-ee-am-er-uh s] | adjective (polyamorous people)*** Describes a person who has consensual sexual and/or emotional relationships that involve multiple partners. Polyamorous people can be in relationships with monogamous people.

POLYGENDER ***[pol-ee-jender] | adjective (polygender people)*** Describes a person who has more than one gender and either experiences all of their genders at once or is moving between genders at any given time.

QUEER ***[kweer] | adjective (queer people)*** Describes a person, particularly a younger person, whose sexual orientation is not exclusively heterosexual. Some individuals who identify as queer perceive the terms lesbian, gay, and bisexual as too limiting and/or fraught with cultural connotations that do not apply to them; however, there are others who identify as both queer and another sexual orientation (e.g., queer and a lesbian). Once considered a pejorative term, queer has been reclaimed by some LGBTQ+ people to describe themselves; however, it is not a universally accepted term, even within the LGBTQ+ community.

SEX ***[seks] | noun (sexes)*** The classification of a person as male or female. At birth, infants are assigned a sex, usually based on the appearance of their external anatomy, which is written on their birth certificate. A person's sex, however, is actually a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex.

SEX ASSIGNED AT BIRTH ***[seks uh-sahyn d at burth] | noun*** Refers to the sex (usually male or female, but sometimes intersex) a doctor designates a person as after examining their genitals. Also referred to as "SAAB."

SEX REASSIGNMENT SURGERY ***[seks ree-uh-sahyn-muh nt sur-juh-ree] | noun (sex reassignment surgeries)*** The surgical interventions, which are only a small part of transition. Avoid using the phrase "sex change operation" or referring to a person as being "pre-op" or "post-op." Not all transgender people choose, or can afford, to undergo medical surgeries. Also referred to as "SRS" and "gender confirmation surgery," or "GCS."

SEXUAL ORIENTATION/SEXUALITY ***[sek-shoo-uh l awr-ee-uh n-tey-shuh n] [sek-shoo-al-i-tee] | noun (sexual orientations, sexualities)*** Describes a person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same; for example transgender people may be straight, lesbian, gay, bisexual, or queer.

SKOLIOSEXUAL ***[scho-lee-o sek-shoo-uh l] | adjective (skoliosexual people)*** Describes a person who is primarily sexually, romantically, and/or aesthetically attracted to genderqueer, transgender, and/or nonbinary people.

SOFT BUTCH ***[sawft boo ch] | adjective (soft butches, soft butch people)*** Describes a queer woman who presents masculine, but also slightly feminine. A soft butch may dress in men's clothing, but have long hair or wear makeup. Also less commonly referred to as "Futch."

STONE BUTCH ***[stohn boo ch] | adjective (stone butches, stone butch people)*** Describes a lesbian who presents and identifies firmly as masculine. Stone butch people sometimes identify as transgender or nonbinary and sometimes dislike having their genitals touched during sex.

THEY/THEIR ***[th ey] [th air] | pronoun*** Describes a person who identifies as neither male nor female, such as a nonbinary person and can also be used when you do not want to assign a gender to someone. For example, "Jacob writes about their nonbinary identity and they have appeared in the media to discuss their experience." Or, "Every individual should be able to express their gender in a way that is comfortable for them."

THIRD GENDER ***[thurd jen-der] | noun*** A term used in some cultures to describe someone who does not identify as a man or a woman. Third sex is sometimes also used to talk about intersex people. Third gender can also mean many different things to people who use the term as a way to break the gender binary.

TOP SURGERY ***[top sur-juh-ree] | noun (top surgeries)*** A gender-affirming surgery for transgender people, often to either remove breasts (for transgender men) or add breast implants (for transgender women).

TRANS ***[trans] | adjective (trans people)*** Describes a transgender or transsexual person—or is sometimes used to be inclusive of a wide variety of identities under the transgender umbrella. Because its meaning is not precise or widely understood, be careful when using it with audiences who may not understand what it means. Avoid unless used in a direct quote or in cases where you can clearly explain the term's meaning in the specific context.

TRANSFEMININE ***[trans-fem-uh-in] | adjective (transfeminine people)*** Describes a person who was assigned male at birth, but identifies and presents as feminine. This person may or may not identify totally as a woman or a transgender woman.

TRANSGENDER ***[trans-jen-der] | adjective (transgender people (do not use transgenders))*** An umbrella term to describe a person whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms—including transgender. Use the descriptive term preferred by the person.

TRANSITION ***[tran-zish-uh n] | noun (transitions)*** The complex process to alter one's sex assigned at birth that occurs over time. Transition can include some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person. Avoid using the phrase "sex change."

TRANSMASCULINE ***[tranz-mas-kyuh-lin] | adjective (transmasculine people)*** Describes a person who was assigned female at birth, but identifies and presents as masculine. This person may or may not identify totally as a man or a transgender man.

TRANSSEXUAL ***[trans-sek-shoo-uh l] | adjective (transsexual people, not transsexuals)*** An older medical and psychological term that is still preferred by some people who have permanently changed—or seek to change—their bodies through medical interventions, including but not limited to hormones and/or surgeries. Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer "transgender." It is best to ask which term a person uses.

TRIGENDER ***[trahy-jender] | adjective (trigender people)*** Someone who experiences three distinct genders, either all at once or at different times.

ZE/HIR/HIRS ***[zee] [here] [heres] | pronoun (hirs)*** Gender-inclusive pronouns that some gender fluid, nonbinary, and transgender people choose to use instead of binary pronouns, such as she/her/hers and he/him/his.

Adapted from: Refinery 29 and GLAAD. n.d. *Gender Nation Glossary*. New York: Refinery 29 and GLADD. https://www.refinery29.com/en-us/lgbtq-definitions-gender-sexuality-terms.

SAMPLE MEDIA IMAGES

APPENDIX 2-H

IMAGE 1.

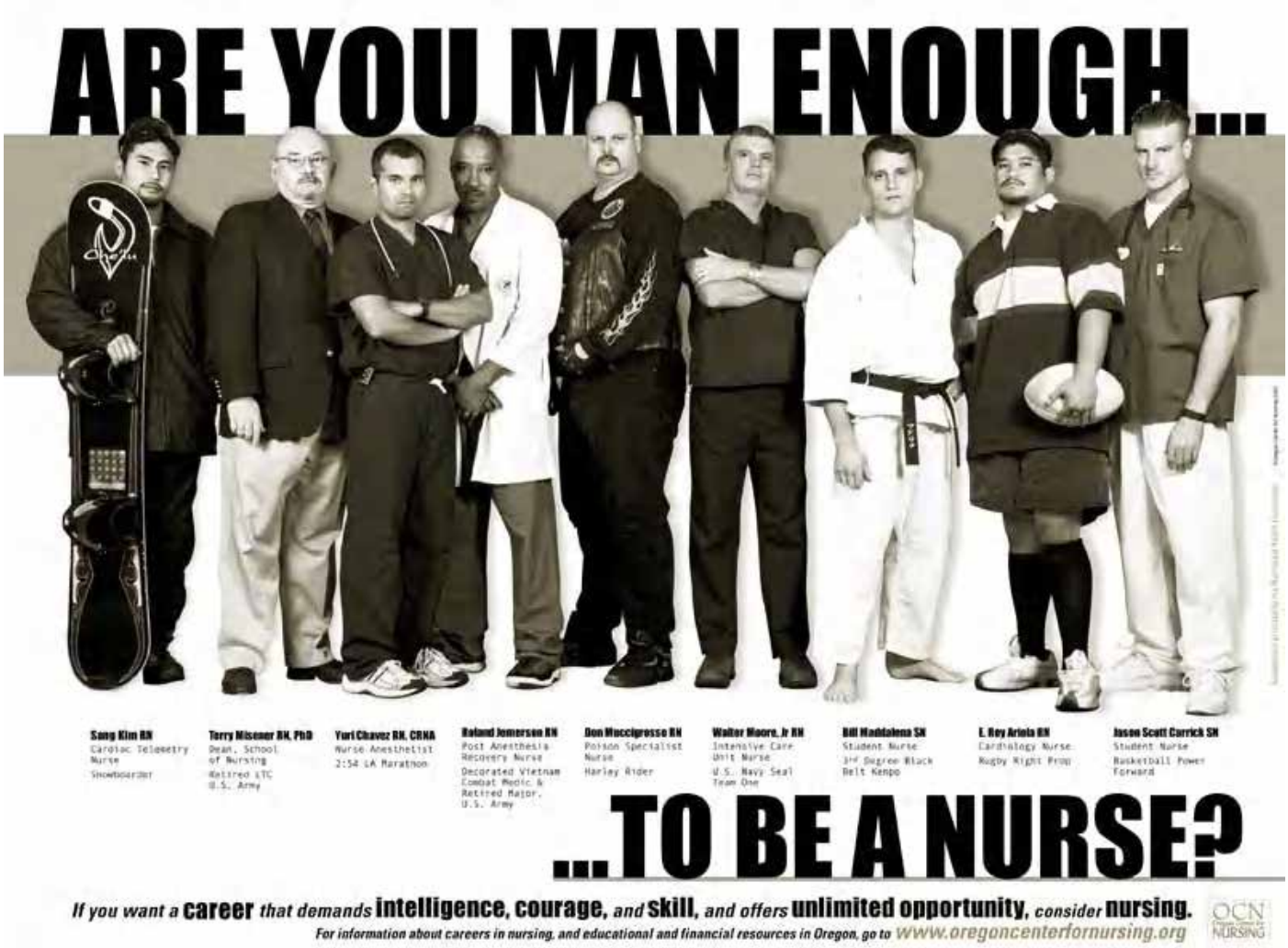


IMAGE 2.

IMAGE 3.

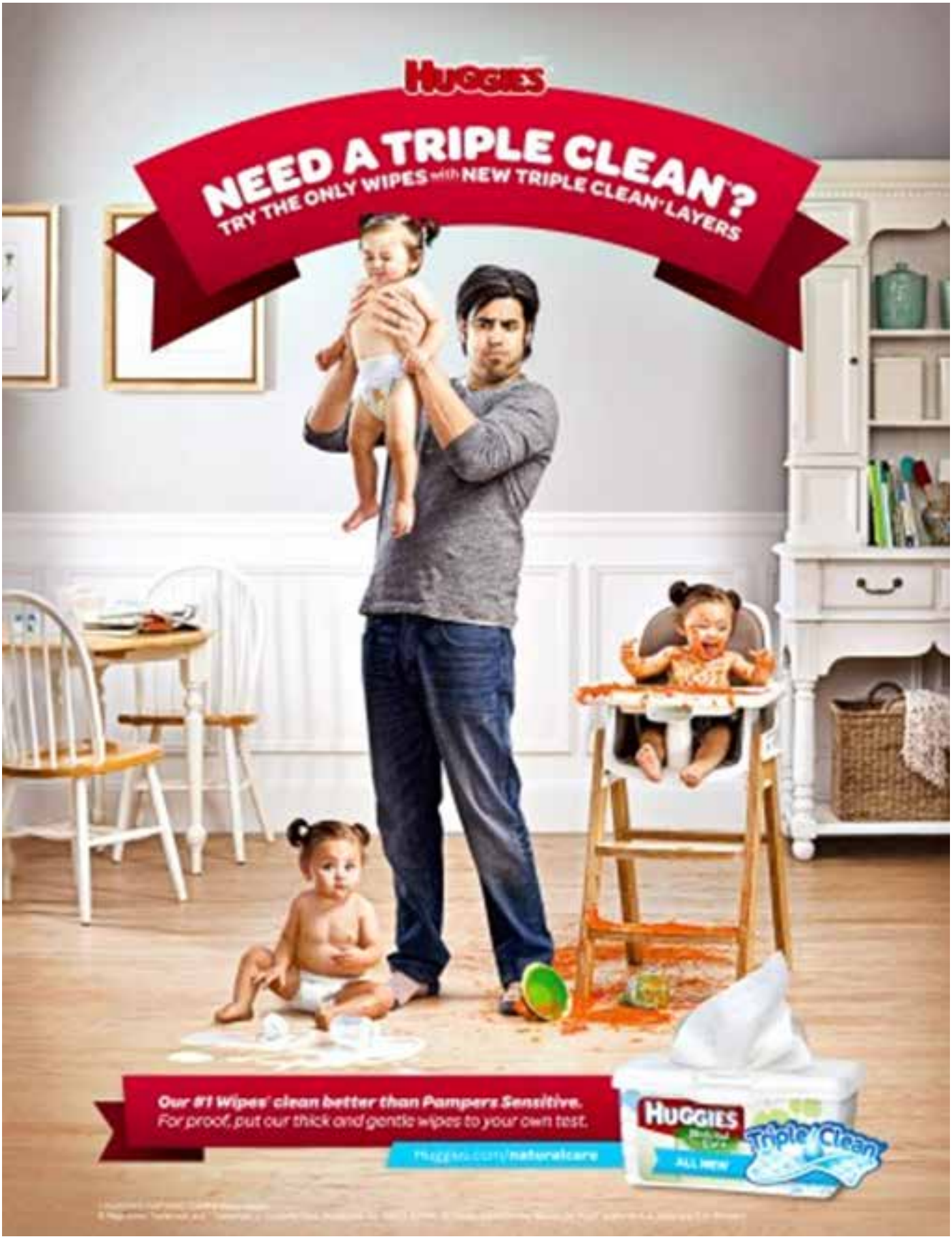

HUGGIES
NEED A TRIPLE CLEAN®?
TRY THE ONLY WIPES with NEW TRIPLE CLEAN® LAYERS
Our #1 Wipes* clean better than Pampers Sensitive.
For proof, put our thick and gentle wipes to your own test.
HUGGIES
ALL NEW
Triple Clean

IMAGE 4.

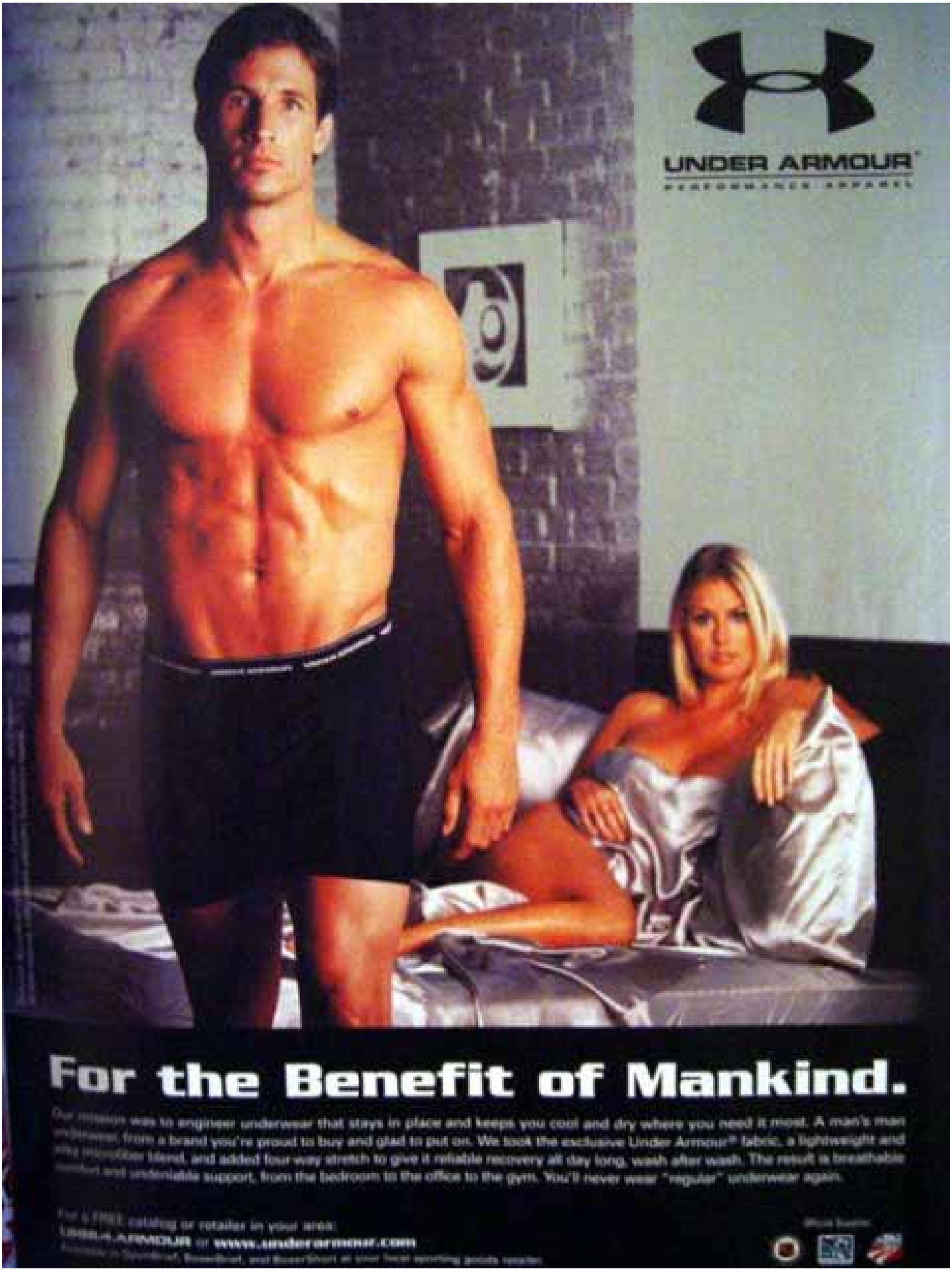

UNDER ARMOUR
PERFORMANCE APPAREL
For the Benefit of Mankind.
Our mission was to engineer underwear that stays in place and keeps you cool and dry where you need it most. A man's man underwear, from a brand you're proud to buy and glad to put on. We took the exclusive Under Armour® fabric, a lightweight and silky microfiber blend, and added four-way stretch to give it reliable recovery all day long, wash after wash. The result is breathable comfort and undeniable support, from the bedroom to the office to the gym. You'll never wear "regular" underwear again.
For a FREE catalog or retailer in your area:
UNDER ARMOUR or www.underarmour.com

IMAGE 5.


SOFT & DRI® HAS JUST BEEN
POWERED UP.
INTRODUCING SOFT & DRI® POWER STRIPE™
Soft & Dri's 2-in-1 formula starts with strong wetness protection.
Then a stripe of extra odor-canceling ingredients goes on clear to help
stop odors before they form. Show odor and wetness no mercy.
SOFT & DRI
Power Stripe
STRONG & BEAUTIFUL.
JUST LIKE YOU.

SAMPLE MEDIA IMAGES—FACILITATORS' NOTES

APPENDIX 2-I

IMAGE 1.

This advertisement dares men with masculine professional roles to choose a profession that might be traditionally recognized as more feminine. Gender stereotypes have changed significantly since the 1950's, when men were expected to be masculine in their personal and professional lives. For example, men were expected to be surgeons, law enforcement officers, or mechanics. They were also expected to be authoritative in their households and the sole source income for their families. Today, men have evolved to serve in nursing roles and similar professions that may have previously been deemed only appropriate for women. This ad shows that you can still be masculine (or manly) by doing things like karate, snowboarding, playing football, or riding motorcycles—and still be a nurse. This ad also stereotypes men, inferring that if you are a man, you like to do these things. The ad does not include men who are beauticians or stay-at-home dads, because it is meant to use to masculine stereotypes to counter traditional norms and promote the idea that being a man and a nurse is socially acceptable.

IMAGE 2.

This advertisement depicts woman as the homemakers. It shows women doing the laundry and appearing very proud of their washing machines. In the 1950's, women stereotypically assumed a feminine role with their attention centered on their husbands, children, and housework. The clothing the models are wearing also stereotypes women, indicating that respectable mothers and wives dress conservatively. Stereotypes of woman have evolved greatly in the past few decades. It is not uncommon for a woman to be the primary income generator in a household. Women now are also more likely to focus on their careers and delay having children, which was not normal in the 1950's. Ironically, the caption of photo reads: "125 years of evolution," despite depicting the women as having the same role in society since 1886—that of the housekeeper.

IMAGE 3.

This advertisement humorously depicts male stereotypes. While the ad defies the stereotype that men are not the primary caregivers, it conveys the message that men are not necessarily talented in this area. The ad shows the man attempting to care for the children, but the kids are undressed and in a messy kitchen. The banner reading "Need a Triple Clean?" suggests that if you are a stay-at-home father, you may need extra help taking care of your children and your home. The idea of men as the primary caregivers is now emerging as more common than ever before. Women have demonstrated more success in the workplace and are focusing more on their careers than generations before—resulting in men becoming the primary caregivers. Since this is a new "normal," men may find it challenging to serve as—or be respected as—the primary caregiver in their households.

IMAGE 4.

Both gender roles are very stereotypical in this advertisement. The man is displaying his masculinity as the dominant personality in the forefront of the image, while the woman is being submissive and feminine in the background. The man is very muscular, inferring that to be masculine you must have an athletic body. The ad also suggests that masculine men are heterosexual and perpetuates the idea of heterosexuality as the norm. Similarly, the woman in the ad is slender, feminine, and is depicted to be sexually available. This ad indicates that a woman needs to be all of these things in order to be with an attractive and purportedly successful man. The "For the Benefit of Mankind" statement could be translated as this product will create better men, and ultimately better humans, because men are the leading gender.

IMAGE 5.

The ad defies many stereotypes about women. Women are often expected to be petite, non-muscular, and glamorous. This woman is into fitness, is in impeccable shape, and is purportedly very strong. The "Powered Up," slogan reflects the woman they chose for the ad; she has a powerful physique and is posed in an aggressive stance. The first half of the tagline at the bottom, which reads "Strong & Beautiful," can be interpreted to mean that being muscular and being a woman is socially acceptable. The second half, "Just like you," recognizes that other woman are also athletic or want to be physically strong, too. The roles and stereotypes of women have evolved to allow this portrayal to become more common—it is more socially acceptable for women to trade the feminine roles of generations before for powerful and independent roles.

REPRODUCTIVE SYSTEMS: ANATOMY AND FUNCTIONS

APPENDIX 2-J

ANATOMY: PERSON WITH A PENIS

ANUS: The anus is the opening through which feces (solid waste) leaves the body.

COWPER'S GLANDS: Located beneath the prostate gland and attached to the urethra, the Cowper's glands produce a fluid that prepares the urethra for ejaculation. This fluid reduces friction in the urethra, making it easier and safer for semen coming from the vasa deferentia to pass through. This fluid (pre-ejaculate or pre-cum) is slowly released through the penis during sexual excitement before ejaculation. Pre-ejaculate does not contain sperm, but may collect sperm remaining in the urethra from previous ejaculations. *It is important to explain to students that pre-ejaculate alone can result in pregnancy and transmission of sexually transmitted infections.*

EPIDIDYMIS (EPIDIDYMIDES, PLURAL): The epididymides are the coiled tubes behind the testicles where sperm mature and are stored before traveling to the vasa deferentia on their way to the urethra. If an individual does not ejaculate after a certain number of days (approximately 20), any mature sperm in the epididymides will be reabsorbed by the body.

FORESKIN: Foreskin is the loose skin that covers the head of the penis. All persons with penises are born with foreskin, although some may have this skin removed during a procedure called a circumcision, which usually takes place during infancy. Parents choose to circumcise their children for a variety of reasons including aesthetic preference, cultural and religious tradition, or health and hygiene concerns. *When discussing circumcision with students, it is important to stress that some males are circumcised and some are uncircumcised—and both are perfectly normal.*

PENIS: The penis is an organ made of soft, spongy tissue and blood vessels. It is used for reproduction and urination as well as pleasure. When the penis fills with blood and becomes hard—this is an erection. While a slang term for this occurrence is "boner," there are no bones in the penis.

PROSTATE GLAND: Located beneath the bladder is the prostate gland, which contains pleasure sensors and produces fluids that mix with sperm to make semen. This fluid is similar to the fluid produced by the seminal vesicles but has slightly different components. It reduces blood and tissue fibers in order to help sperm travel through the cervix. The prostate gland produces approximately 15–30% of the fluid that comprises semen. The prostate also helps control urine flow and expels semen during ejaculation.

SCROTUM: The scrotum is the skin sac that holds the testicles (typically two testicles) outside the body. The scrotum protects the testicles, which are very sensitive and contain sperm, and helps to regulate the temperature of the testicles in order to keep sperm healthy. When body temperature increases (for example, during exercise), the scrotum will draw the testicles away from the body in order to keep the temperature inside the testicles cool; when body temperature decreases (for example, after jumping into an icy pool), the scrotum will draw the testicles in toward the body to keep the temperature warm.

SEMINAL VESICLES: The seminal vesicles are the glands attached to each of the vasa deferentia that produce the fluids that mix with the sperm to create semen. This whitish-yellow fluid—seminal fluid—nourishes sperm and promotes sperm mobility outside the body. The seminal vesicles produce approximately 60% of the fluid that comprises semen. Seminal fluid is alkaline to help neutralize the acidity in the vagina.

TESTICLE (TESTICLES OR TESTES, PLURAL): The testicles are approximately the size of walnuts and are contained in the scrotum, which helps keep the testicles slightly cooler than the rest of the body. The testicles produce sperm and the male sex hormone, testosterone. The testicles begin producing sperm during puberty and continue throughout rest of a person's life. The sperm travel to the epididymides to mature. *A good question to ask students is: "What part of a person with a vagina is similar to the testicles?" The answer is "the ovaries."*

URETHRA: The urethra is the tube that carries urine, pre-ejaculate, and semen out of the body.

VAS DEFERENS (VASA DEFERENTIA, PLURAL): The vasa deferentia are the tubes that carry sperm from the epididymides to the seminal vesicles. While in the vasa deferentia, mature sperm join other fluids to form semen. *A good question to ask students is: "What part of a person with a vagina is similar to the vas deferens?" The answer is "the fallopian tube."*

ANATOMY: PERSON WITH A VAGINA

ANUS: The small opening through which feces (solid waste) leaves the body. It is important to note that females should wipe from front to back after a bowel movement in order to ensure that fecal bacteria is not introduced into the urethra (as this can cause urinary tract infections) or into the vagina (which can cause vaginal infections, such as bacterial vaginosis).

CERVIX: The cervix is the narrow lower part of the uterus that connects to the vagina. It opens to allow menstrual flow to leave the uterus and sperm to enter the uterus, closes (or forms a plug) during pregnancy, and dilates (stretches) during labor to allow a baby to pass through. The cervix also contains nerve pathways that are involved in sexual response. *You can ask students to touch their noses and then their ear lobes—explaining that the cervix shifts throughout the menstrual cycle, from feeling softer like an ear lobe to becoming harder like the tip of a person's nose.*

CLITORIS: The clitoris is composed of a spongy tissue that is sensitive to the touch. It fills with blood and becomes erect during sexual excitement. The external tip of the clitoris is located at the top of the vulva, where the inner labia meet. The clitoris is the only organ in the human body with the sole purpose of providing sexual pleasure.

HYMEN: The hymen is a thin piece of tissue that stretches across the opening to the vagina. While some individuals are born with such little hymenal tissue that it appears they have none, most do have a hymen. The hymenal tissue often begins to thin during adolescence and certain activities—including bicycling, gymnastics, insertive masturbation, using tampons, and vaginal intercourse—can cause the hymen to stretch and even tear. The hymen can stretch open during first-time penis-to-vagina sex and some pain or bleeding can occur.

OVARY: An ovary is an organ that is approximately the size of an almond and most people have two. The ovaries produce hormones (including estrogen, progesterone, and testosterone) and store eggs. During puberty, the ovaries begin releasing eggs into the fallopian tubes; this continues until menopause.

FALLOPIAN TUBE: The fallopian tubes are the two narrow tubes—approximately the size of a strand of hair—that carry eggs from the ovaries to the uterus. Fertilization occurs in the fallopian tubes.

LABIA: The inner and outer labia (often called "lips") are the two folds of fleshy tissue on the outermost parts of the vulva. The inner labia protect the inner vulva. The outer labia are closer to the legs, where pubic hair grows during adolescence and adulthood.

UTERUS: The uterus—sometimes referred to as the womb—is the muscular reproductive organ from which menstruation originates and where a normal pregnancy develops. The uterus is normally pear-shaped and pear-sized most of the time, although it stretches significantly during pregnancy.

URETHRA: The urethra is the tube that carries urine out of the body. *You can ask students if they can tell you the difference between the male urethra and the female urethra. Then remind them that the male's urethra carries urine, pre-ejaculate, and semen out of the body, while the female's urethra only carries urine.*

VAGINA: The vagina connects the uterus to the outside of the body. It serves as the birth canal, a passage for menstrual flow, and is also used for pleasure. The vagina is typically two to four inches long when a person is not sexually aroused and four to eight inches long during arousal. *It is important to note that the inside of the vagina cleans itself by producing a discharge to stay healthy. The amount of discharge differs from person to person and varies depending on where a person is in their menstrual cycle. Normal discharge has a mild natural smell and can be either thick and whitish or slippery and clear (like mucus); it often leaves a yellow film on panties.*

VULVA: The vulva comprises the external sex organs—including the clitoris, urethra, both sets of labia, and the opening to the vagina. There are three separate openings between a female's legs. Two of these are in the vulva: the urethra and the vagina. The third opening is the anus. *It is important to note that while the vulva is often referred to as the vagina, the vagina is only one of the openings of the vulva.*

REPRODUCTIVE FUNCTIONS: PERSON WITH A VAGINA

EGG STORAGE: The ovaries store eggs. Babies with ovaries are born with all of the eggs they will need in a lifetime (about 400,000); however, it is not until they reach puberty that the eggs mature. The egg is the female reproductive cell. It contains half of the genetic material needed to create an embryo. Eggs are also called *ova* (plural) or the *ovum* (singular).

OVULATION: During puberty, the eggs start to mature and begin to be released from the ovaries in a process called ovulation. This process continues until menopause. Once ovulation has begun, it becomes possible to become pregnant through vaginal intercourse. Ovulation occurs approximately once a month and usually, one ovary releases one egg each month and the two ovaries take turns releasing eggs (i.e., one month, the right ovary will release an egg and the next month, the left ovary will release an egg). Some individuals may have cycles that are a little shorter or longer. Age, dieting and malnutrition, medical conditions and medications, stress, and travel can affect ovulation cycles.

FERTILIZATION: After the egg leaves the ovary, it travels through the fallopian tube where it can become fertilized with a sperm cell. Sperm swim through the vagina, into the uterus, and enter the fallopian tube after unprotected vaginal intercourse—when the penis is inserted into the vagina and ejaculation occurs. It takes only one sperm cell to fertilize an egg. When the egg and sperm unite, the egg has been fertilized, in the process called fertilization. *It is important to explain to students that sperm can live inside the reproductive system of a person with a vagina for up to six days; so, even if an egg is not present at the moment of sexual intercourse, if one is released within a couple of days it can become fertilized. Further, be sure to emphasize that this means that a person can become pregnant if they have intercourse while they have their period.*

IMPLANTATION: If an egg has become fertilized, it attaches itself to the wall of the uterus and the thickened lining stays in place to nurture the fertilized egg so it can develop into an embryo and then eventually into a fetus. This process is called implantation. In this case, a person will become pregnant and will not have a period. After approximately 40 weeks (nine months), the fetus may be ready to be born as a baby.

MENSTRUATION: The egg (whether or not it has become fertilized) continues through the fallopian tube until it reaches the uterus. During the month, the lining of the uterus becomes thick with blood in anticipation of a fertilized egg. This thickened lining will help nurture a fertilized egg, which implants itself in the wall of the uterus. If there is no fertilized egg, this lining is not needed and therefore detaches from the uterine wall and leaves the body through the vagina along with the unfertilized egg. This process is called menstruation. People commonly call this a "period." Menstruation occurs approximately once a month and can last anywhere from three to seven days.

REPRODUCTIVE FUNCTIONS: PERSON WITH A PENIS

SPERM PRODUCTION AND STORAGE: Once a person begins producing testosterone, the testicles begin creating sperm cells. Sperm cells are the male reproductive cell and provide half of the genetic material needed to create an embryo.

ERECTION: The penis becomes hard or erect when blood fills the tissue inside it. Erections are normal and may be the result of sexually arousing thoughts or feelings, but may also occur for seemingly no reason at all and without warning—especially during puberty. The penis can become erect during sleep cycles, as a reaction to cold, or from an urge to urinate.

EJACULATION: Ejaculation only occurs when a penis is erect. During an ejaculation, sperm travels through the vas deferens where it joins with other fluids to form semen, a fluid that helps nourish the sperm, before being released through the urethra. One ejaculation may contain between 250 and 400 million sperm cells. Before an ejaculation, pre-ejaculation can occur, releasing a small amount of fluid through the urethra. Semen is ejaculated through the urethra—the same tube that allows for urination. A male cannot ejaculate and urinate at the same time. *It is important to explain to students that pre-ejaculatory fluid also contains sperm cells. Therefore, the withdrawal method always carries some risk for pregnancy.*

ANATOMY CARDS

APPENDIX 2-K

OUTER LABIA	CLITORIS	VAGINA
ANUS	CLITORAL HOOD	URETHRA
CERVIX	INNER LABIA	VULVA

UTERUS

OVARY

FALLOPIAN TUBE

PENIS

FORESKIN

SCROTUM

TESTICLE / TESTE

GLANS

EPIDIDYMIS

VAS DEFERENS

BLADDER

SEMINAL VESICLE

COWPER'S GLAND

PROSTATE GLAND

SEXUAL ANATOMY QUESTIONS

APPENDIX 2-L

1. Am I an internal reproductive organ?
2. Am I an external reproductive organ?
3. Am I used when someone goes to the bathroom?
4. Do I produce something?
5. Do I store something?
6. Do I carry or transport something?

PUBERTY CARDS

APPENDIX 2-M

MALES

FEMALES

BOTH MALES & FEMALES

SKIN & HAIR BECOME MORE OILY

HANDS & FEET BECOME BIGGER

PUBIC HAIR DEVELOPS

FACIAL BONES CHANGE

UNDERARM HAIR GROWS

BODY GROWS TALLER QUICKLY

BODY SWEATS MORE

SHOULDERS BECOME BROADER

VOICE BECOMES DEEPER

BREASTS GROW

FEELS CONFUSED

FEELS MOODY

EXPERIENCES SEXUAL FEELINGS & DREAMS

GROWS HAIR ON FACE & LEGS

GAINS MORE RESPONSIBILITIES

BECOMES MORE MATURE

EXPERIENCES PHYSICAL RESPONSES TO SEXUAL FEELINGS

OVARIES RELEASE EGGS

EXPERIENCES PERIODS (MENSTRUATION)

VAGINAL DISCHARGE APPEARS

TESTES BEGIN GROWING

EXPERIENCES WET DREAMS (NOCTURNAL EMISSIONS)

EXPEIENCES ERECTIONS

PENIS GROWS

ADOLESCENT DEVELOPMENT MEMORY GAME

APPENDIX 2-N

PHYSICAL DEVELOPMENT	**Early:** Puberty (onset of physical and sexual development) begins; experiences confusion; feels sense of loss of control; experiences fear and anxiety; experiments with body
PHYSICAL DEVELOPMENT	**Middle:** Body changes heighten; intense sexual feelings develop; dating begins and becomes primary (first love); half of adolescents (16 or younger) have had first sexual experience; high risk of pregnancy
PHYSICAL DEVELOPMENT	**Late:** Physical changes slow/end; confusion regarding body and changes diminishes; experiences greater sense of self (looks and body image) and self-control; sexual behavior becomes more prominent
COGNITIVE DEVELOPMENT	**Early:** Focuses on concrete thinking; feels the world is here and now and the future is now (not tomorrow or next week); unable to plan for or think about the future

COGNITIVE DEVELOPMENT	**Middle:** Begins abstract thinking; begins making connections between present and future; intellectual curiosity develops; experimentation begins; idealistic thinking begins; feelings of confidence and knowing everything begin; feelings of being able to do anything without consequence; no fear of death
COGNITIVE DEVELOPMENT	**Late:** Adult thinking developed; future goals more clearly and realistically defined; ability to think abstractly developed
EMOTIONAL DEVELOPMENT	**Early:** Experiences feelings of "Am I normal?" and "What am I turning into?" and "I'm not ready for this;" beginning to look outside of family for self-definition; personal values not defined but begins to question values of parents; sees right and wrong as black and white issues (greys do not exist); internal controls underdeveloped; clear limits and boundaries are necessary
EMOTIONAL DEVELOPMENT	**Middle:** Friends rather than parents define attitudes, actions, and what's cool; egocentric attitudes ("I satisfy me!") are prevalent; identity changes daily from new and different friends and groups; developing and testing values including by rejecting parental values; may experience conflict with parents and other adults

EMOTIONAL DEVELOPMENT	**Late:** Arrives at a concept of self as an adult and needs to accept self; reflects on earlier years to better understand present self; importance of peer group decreased; feels more self-identified, less other-identified; refines and clarifies values and reduces value inconsistencies; strengthens internal controls based on morals and conscience
SEXUAL DEVELOPMENT	**Early:** Same sex play begins; defines intimacy through best friends and peer group membership; friendships begin changing because of variations in rate of development; cliques develop
SEXUAL DEVELOPMENT	**Middle:** Pairing begins; sexual activity begins; friends and peer groups are primary; romantic love feels most important
SEXUAL DEVELOPMENT	**Late:** Pairing becomes more realistic and less changeable; mating begins; relationships stabilize and are increasingly based upon authentic connections; peer group memberships remains important but one-on-one relationships are more important; shift from self-centered view to sense of mutuality and community; satisfaction of other(s) can be as important as satisfaction of self

SEXUALLY TRANSMITTED INFECTION (STI) SCAVENGER HUNT

APPENDIX 2-O

1. I am caused by two types of viruses.
2. Fluids found in sores carry my virus and contact with those fluids can cause infection.
3. In the United States, approximately one of every six people aged 14-49 years have me.
4. My symptoms can occur in genital areas that are covered by a condom. However, outbreaks can also occur in areas that are not covered by a condom, so condoms may not fully protect you from me.
5. There is no cure for me because I'm a virus. However, there are medicines that can prevent or shorten outbreaks.

What STI am I?

_____

1. I am a common STI. I can cause serious, permanent damage to a person with a vagina's reproductive system, making it difficult or impossible to become pregnant in the future.
2. Anyone who has sex can contract me through unprotected anal, oral, or vaginal sex. However, sexually active young people are at a higher risk of contracting me because of the behaviors and biological factors common among young people.
3. Most people who have me do not experience symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner.
4. For a person with a vagina, symptoms may include an abnormal vaginal discharge or a burning sensation when urinating.
5. I can be cured with the right treatment.

What STI am I?

_____

1. I can cause infections in the genitals, rectum, and throat.
2. Some people who have me do not experience any symptoms. However, a person with a penis may experience any or all of the following symptoms: a burning sensation when urinating; a white, yellow, or green discharge from the penis; and/or painful or swollen testicles (this last symptom is less common).

3. Most people with vaginas who have me do not experience any symptoms and when they do experience symptoms, those symptoms are often mild and can be mistaken for a bladder or vaginal infection.

4. Most of the time, a doctor can test your urine for me.

5. I can be cured with the right treatment, but it is important that you take all of the medications your doctor prescribes to cure me.

What STI am I?

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1. When people contract me, their symptoms are divided into stages called primary, secondary, latent, and late.

2. You can get me by direct contact with a sore during anal, oral, or vaginal sex.

3. Some people call me "the great imitator" because I have so many possible symptoms, many of which mirror symptoms of other diseases.

4. During the primary stage of me, you may only notice a single sore where I entered your body, but you may have multiple sores.

5. During the secondary stage of me, you may have skin rashes and/or sores in your anus, mouth, or vagina.

What STI am I?

---

1. You can contract me through bodily fluids like blood, pre-ejaculation, semen, vaginal secretions, and breastmilk.

2. Unlike some other viruses, the human body cannot get rid of me. That means that once you have me, you have me for life.

3. A medicine called pre-exposure prophylaxis (PrEP) is available for people who do not have me in their body. This medicine helps reduce their risk of acquiring me.

4. When people contract me and do not receive treatment, they will typically progress through three stages of disease, with one of the stages called AIDS (acquired immunodeficiency syndrome).

5. Medicine to treat me, known as antiretroviral therapy (ART), can help people at all stages of the disease, if taken as prescribed. Treatment can slow or prevent progression from one stage to the next.

What STI am I?

---

1. I am the most common STI. I am so common that nearly all sexually active adults contract me at some point in their lives.

2. You can contract me by having anal, oral, or vaginal sex with someone who has the virus. However, I am most commonly transmitted during either anal or vaginal sex.

3. I can be transmitted even when an infected person has no signs or symptoms.

4. I can cause cervical and other types of genital cancers, including cancer of the anus, penis, vagina, or vulva. I can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).

5. There are safe and effective vaccines that can prevent you from contracting me. These vaccines can protect you against all diseases (including cancers) that I cause when you receive the recommended dosages at the recommended times (ages).

What STI am I?

SEXUALLY TRANSMITTED INFECTION (STI) SUMMARY CHART

APPENDIX 2-P

SEXUALLY TRANSMITTED INFECTION (STI) SUMMARY CHART

Disease	Means of Transmission	Sexual Contact that Risks Transmission	Common Symptoms	Possible Complications	Treatment
Bacterial					
Chlamydia	• Semen & pre-ejaculation • Vaginal fluid	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Burning/pain, discharge, or itching during urination or ejaculation • Discharge from the vagina, excessive bleeding, spotting between periods • Pain/swelling of the testicles • Pain during intercourse • Pain in the lower abdomen or back • Nausea or fever ***Note:*** *There are often no noticeable symptoms*	May lead to testicular infection or pelvic inflammatory disease (PID), if left untreated. May cause infertility. Can be transmitted from mother to newborn during childbirth.	Curable with antibiotics
Gonorrhea	• Semen & pre-ejaculation • Vaginal fluid	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Burning/pain or discharge during urination or ejaculation • Discharge from the vagina, excessive bleeding, spotting between periods • Pain/swelling of the testicles • Pain during intercourse • Pain in the lower abdomen or back • Nausea or fever ***Note:*** *For women, there are often no noticeable symptoms*	May lead to testicular infection or PID, if left untreated. May cause infertility. Can be transmitted from mother to newborn during childbirth.	Curable with antibiotics
Syphilis	• Skin-to-skin contact (between syphilis sore & anus, mouth, penis, or vagina)	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Painless sore(s) on or around anus, mouth, penis, vagina, or vulva • Skin rash (covering the entire body or on the hands & soles of the feet) • Fatigue, fever, headaches, muscle aches, swollen lymph glands • Hair loss • Weight loss	May cause damage to the central nervous system, eyes, heart, or other organs if left untreated. Can be transmitted from mother to fetus prior to birth.	Curable with antibiotics

Viral					
Herpes	• Skin–to–skin contact (genital, oral) ***Note:*** *Transmission is possible without an outbreak*	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Blisters, bumps, pimples, a rash, or sores around anus, mouth, or genitals • Burning, itching, or tingling in the genital area or mouth • Fever, headache, swollen glands, stiff neck ***Note:*** *There are often no noticeable symptoms & one may experience repeated outbreaks that are less severe than the original*	May result in a chronic painful condition, particularly for people with weakened immune systems. Can be transmitted from mother to newborn during childbirth.	No cure but medications can reduce the frequency & duration of outbreaks
Human Papillomavirus (HPV)	• Skin–to–skin contact (genital) ***Note:*** *Transmission is possible without visible warts*	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Flat or raised flesh-colored or whitish growths around the anus or genitals ***Note:*** *There are often no noticeable symptoms*	Some of the 100+ strains of HPV can cause cancer (mostly cervical but also anal, oropharyngeal, penile, vaginal & vulvar). May be transmitted from mother to newborn during childbirth, in rare cases.	No cure but warts can be removed using creams, surgery, cryosurgery (freezing), or laser treatment
Hepatitis A	• Feces	• Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva)	• Abdominal pain • Darker than normal urine • Fatigue, fever, muscle aches, loss of appetite, nausea • Jaundice (yellowing of the skin & eyeballs) ***Note:*** *There are often no noticeable symptoms*	May lead to severe liver infections or death, in rare cases.	Most infections self-heal
Hepatitis B	• Blood • Semen & pre-ejaculation • Vaginal fluid	• Anal sex (anus–penis) • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Abdominal pain • Darker than normal urine • Fatigue, fever, muscle aches, loss of appetite, nausea • Jaundice (yellowing of the skin & eyeballs) ***Note:*** *There are often no noticeable symptoms*	Can lead to chronic infection, cirrhosis (scarring of liver tissue) & liver cancer. Can be transmitted from mother to newborn during childbirth.	Most infections self-heal but medications may be used to treat chronic illness
HIV (Human Immuno-Deficiency Virus)	• Blood • Breastmilk • Semen & pre-ejaculation • Vaginal fluid	• Anal sex (anus–penis) • Oral sex (mouth–penis, mouth–vagina, mouth-vulva) • Vaginal sex (vagina–penis)	• Skin sores • Yeast infections • Fatigue, fever (chills & sweats), appetite / weight loss, diarrhea, muscle / joint pain, sore throat, swollen lymph nodes ***Note:*** *There are often no noticeable symptoms for years*	Over time, can lead to AIDS (acquired immune deficiency syndrome), which can leave a body vulnerable to other infections or cancers normally controlled by a healthy immune system. Can be transmitted from mother to newborn during childbirth.	No cure but medications can help manage symptoms & improve longevity

Parasitic					
Scabies & Pubic Lice	• Skin-to-skin contact (genital) ***Note:*** *In rare cases, can spread via clothes, towels, bedding & other personal items*	• Anal sex (anus–penis) • Hand-genital sex • Oral sex (mouth-anus, mouth–penis, mouth–vagina, mouth-vulva) • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Insect (mites or pubic lice/crabs) or eggs (small, oval-shaped beads) • Intense itching in the genital area • Dark or bluish spots on skin in the infested area, as a result of bites (pubic lice) • Rashes of bumps on or around genitalia as well as on buttocks, hands & wrists, or stomach	Scratching the infected area may lead to secondary bacterial infections.	Medicated shampoos & creams kill lice/mites; thoroughly cleaning all bedding, clothing & towels required to prevent reinfection
Trichomoniasis	• Semen & pre-ejaculation • Vaginal fluid	• Hand-genital sex • Vaginal/vulvar sex (vagina–penis, vulva-penis, vulva-vulva)	• Discomfort during vaginal intercourse & urination • Frothy, yellow-green vaginal discharge • Irritation & itching in the vaginal area & in rare cases, lower abdominal pain • Irritation inside the penis • Mild penile discharge • Slight burning during urination or ejaculation ***Note:*** *Males often experience no noticeable symptoms*	May lead to PID, if left untreated.	Curable with antibiotics

Additional infections that may be transmitted through sexual contact or that may be triggered or exacerbated by sexual contact include bacterial vaginosis, non-gonococcal urethritis, PID, and urinary tract infections.

- **Bacterial vaginosis** is a condition caused by a change in the balance of different kinds of bacteria in the vagina. Common symptoms may include strong, unpleasant vaginal odor and thin, whitish vaginal discharge. However, many people do not experience any symptoms. Many people will experience bacterial vaginosis due to factors other than sexual activity, including douching or unhygienic practices (such as cleaning from back to front after a bowel movement).

- **PID** is an infection that can affect the fallopian tubes, ovaries, uterine lining, and uterus. It is typically the result of an untreated chlamydia or gonorrhea infection (i.e., the infection spreads beyond the vagina and into the other reproductive organs). If untreated, PID can result in chronic pain, ectopic pregnancies, and sterility.

- **Non-gonococcal urethritis** is an infection of the urethra caused by pathogens (germs) other than gonorrhea, including most commonly and most seriously chlamydia. While chlamydia is very common in both males and females, a diagnosis of non-gonococcal urethritis is more common in males than in females, mainly due to anatomical differences.

- **Urinary tract infections** are caused by bacteria spread from the rectum or vagina to the urethra and bladder, including as a result of sexual activity. Common symptoms include blood and pus in urine, burning pain during urination, a frequent urge to urinate even when the bladder is nearly empty, and fever.

CONDOM STEPS ACTIVITY CARDS

APPENDIX 2-Q

Purchase or obtain free condoms.

Keep the condoms nearby and easily accessible.

Make sure the condom package is not damaged and check the expiration date.

Check for air bubbles, push the condom to one side, and open the wrapper carefully; do not rip the condom while opening the wrapper.

Unroll the condom slightly to ensure it is facing the correct direction to fit over the penis.

Pinch the air out of the tip and roll the condom down until it reaches the base of the penis.

Insert the penis,
covered by the condom, for intercourse.

After ejaculation, withdraw the penis while holding the condom at the base.

Facing away from one's partner, remove the condom and throw it away; never use a condom twice.

CONDOM STEPS ACTIVITY ANSWER KEY

APPENDIX 2-R

BELOW IS THE CORRECT ORDER OF STEPS FOR PROPER CONDOM USAGE.

1. Purchase or obtain free condoms.
2. Make sure the condom package is not damaged and check the expiration date.
3. Keep the condoms nearby and easily accessible.
4. Check for air bubbles, push the condom to one side, and open the wrapper carefully; do not rip the condom while opening the wrapper.
5. Unroll the condom slightly to make sure it is facing the correct direction to fit over the penis.
6. Pinch the air out of the tip and roll the condom down until it reaches the base of the penis.
7. Insert the penis, covered by the condom, for intercourse.
8. After ejaculation, withdraw the penis while holding the condom at the base.
9. Facing away from one's partner, remove the condom and throw it away; never use a condom twice.

CHARACTERISTICS OF YOUTH-FRIENDLY SERVICES

APPENDIX 2-S

PROGRAMMATIC CHARACTERISTICS

- Youth are involved in program design.
- All genders are welcomed and served.
- Unmarried clients are welcomed and served.
- Group discussions are available.
- Parental involvement is encouraged but not required.
- Fees are affordable.
- A wide range of services are available or necessary referrals are offered.
- An adequate supply of commodities is available.
- Drop-in clients are welcome and appointments are arranged rapidly.
- Waiting times are short.
- Educational materials are available on-site.
- Services are well promoted in areas where youth gather.
- Linkages are made with schools, youth clubs, and other youth-friendly institutions.
- Alternative ways to access information, counseling, and services are available.

SERVICE PROVIDER CHARACTERISTICS

- Staff are trained in adolescent issues.
- Staff show respect to young people.
- Staff maintain privacy and confidentiality.
- Staff dedicate adequate time for client-provider interactions.
- Peer counselors are available.

HEALTH FACILITY CHARACTERISTICS

- Facility offers convenient hours (after school or on weekends).
- Facility is located conveniently for youth access (via walking or public transport).
- Adequate space is available.
- Private spaces are available to protect client privacy.
- Facility offers a comfortable environment for youth.

YOUTH PERCEPTIONS

- Privacy is maintained.
- Confidentiality is honored.
- Youth are welcome regardless of marital status.
- All genders are welcome.
- Service providers are attentive to youth needs.

ROLES AND STAGES OF FACILITATION

APPENDIX 3-A

BEFORE

- Review and practice the plan for each session, both with your co-facilitator and on your own. We recommend completing at least one full demonstration of the session before delivering it to students.
- Prepare session materials in advance and ensure you have all necessary supplies in your kit.
- Know the time allowances for your sections and the entire session and develop a system for managing time. Determine an approach for tracking time (using a clock, timer, watch, etc.).
- Understand the goals each session.
- Arrive to the classroom early. We recommend arriving at least 30 minutes before a session is scheduled to begin.

DURING

- Keep everyone focused on the task or topic using tips and strategies from the Training of Facilitator training.
- Set a positive tone by welcoming youth to each session and thanking them for their participation.
- Encourage youth to participate as much as possible, but do not force participation. Recognize students may choose to not participate for important personal reasons.
- Stay neutral and remember to separate your personal values from your role as a facilitator.
- Clearly explain directions and, when necessary, repeat them to make sure everyone understands.
- Promote and maintain a safe environment for open discussion.
- Remember to uphold group agreements (The "Keep-Its").
- Manage time carefully and keep the agenda moving on schedule.
- Monitor participants and adjust approaches (including using classroom management techniques), as necessary.

AFTER

- Meet with your co-facilitator to thoughtfully debrief on the session. We recommend setting aside 30 minutes for this debrief and using this time to:
  - » Seek feedback by asking: "What worked?" and "What could be improved?"
  - » Complete any required reporting or documentation.
  - » Identify opportunities to improve, based on feedback and experience.

FACILITATOR TIPS

Do:

- **Allow space for discussion**; a little silence is okay.
- **Encourage participation** by asking questions and follow-up questions.
- **Re-explain instructions**, if participants seem unclear.
- **Include all participants** in activities.
- **Repeat and rephrase** what participants say to make sure you understand.

Don't:

- **Boss people** around—including participants or co-facilitators.
- **Dominate** conversations or activities.
- **Show** off your knowledge.

Adapted from: John W. Gardner Center for Youth and Their Communities (JGC). 2007. *Youth Engaged in Leadership and Learning (YELL): A Handbook for Program Staff, Teachers, and Community Leaders.* Stanford, CA: JGC. https://gardnercenter.stanford.edu/sites/default/files/YELL%20Handbook.pdf.

TIPS FOR AVOIDING POWER STRUGGLES WITH STUDENTS

APPENDIX 3-B

KEEP RESPONSES BRIEF

Teachers frequently make the mistake of inundating students with irrelevant comments (e.g., nagging or reprimanding them, asking unhelpful questions such as "Why do you always interrupt my lessons?"). These educators may then become even more frustrated when the student answers disrespectfully or refuses to respond. By providing brief responses, you give the student less control over the interaction. This can prevent you from inadvertently rewarding students who misbehave with attention—even if it is negative attention.

AVOID REACTING IN A CONFRONTATIONAL MANNER TO STUDENT REMARKS THAT ARE DELIBERATELY INTENDED TO DRAW YOU INTO A POWER STRUGGLE

If a student's comment is merely mildly annoying, ignore it. If the negative comment is serious enough to require a response (e.g., if the comment is insulting or disrespectful, or if it is not in line with the keep-its), briefly state in a neutral manner why the student's remark was inappropriate—then move on. If the situation escalates and a consequence is required, ask the classroom teacher or site staff for assistance.

DIVERT THE STUDENT'S ATTENTION

If the student is merely demonstrating low-level behavior issues, you may be able to redirect that student's attention to a more positive topic. For example, remind the student of the keep-its or ask the student a question that engages them in the activity with the rest of the class.

PARAPHRASE THE STUDENT'S CONCERNS

Many students lack effective negotiation skills in dealing with adults. As a result, these students may become angry or defensive when they try to express a concern to the teacher—even when they have a legitimate complaint. You can show the student that you want to understand their concern by summarizing the crucial points (paraphrasing) in your own words. For example, you begin by saying "Let me be sure that I understand you correctly…," "Are you saying…?' or "It sounds to me like these are your concerns…" When you engage in active listening using paraphrasing, you demonstrate a respect for the student's point of view, which can improve your own understanding of the student's problem while demonstrating interest and respect for the student.

Adapted from: Austin Independent School District. n.d. https://www.austinisd.org/.

RESPONDING TO AND ENCOURAGING STUDENT DISCUSSION

APPENDIX 3-C

DECENTRALIZE

- Suggest students talk directly to each other, not just to you. For example, if appropriate for the activity, instruct students to address their comments or responses to each other.
- Do not respond to every student comment; instead ask the class what they think about some of the comments.

CAREFULLY CRAFT YOUR QUESTIONS

- Try to avoid rhetorical questions or "yes/no" and "agree/disagree" questions.
- Avoid asking multiple questions at the same time.
- If a student asks you to repeat the question, try rephrasing the question using simpler language, rather than restating the exact same question.

ALLOW STUDENTS TIME TO THINK

- Silence can be okay! Count in your head to a number you're comfortable with (note, 15–20 seconds can feel longer if you are not counting) before responding.
- If students appear to need more time to think, ask them to work with a classmate to brainstorm potential responses to your question for a minute or two.

USE ENCOURAGING LANGUAGE TO RESPOND TO STUDENTS

- Even if an answer or comment is completely wrong or seems completely random, thank the student for sharing and—this is a creative challenge for you!—find a way to link their answer or comment back to the correct answer or to the relevant topic.
- Examples of encouraging language you can use include:
  - "Thank you for your thoughts!"
  - "What I hear you saying is…[restate the student's comment in a more relevant way]."
  - "That's one perspective. What do others think?"
  - "Thanks for sharing."

USE STRATEGIC BODY LANGUAGE

- Direct your body to face the group to indicate you are open to their thoughts.
- Nod your head encouragingly.
- Place your hand over your mouth when a student is speaking. Note, this signals that you are not going to interrupt and helps give the impression that you are reserving judgment.
- Try not to cross your arms or frown when students are speaking, as these may be interpreted as discouraging to students.

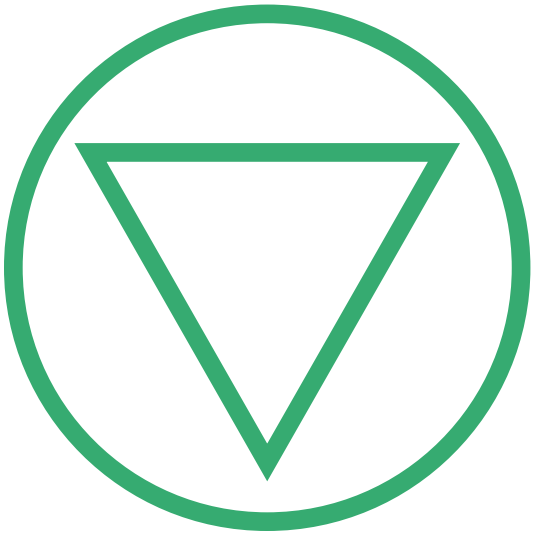
TAKE NOTES WHEN STUDENTS ARE SPEAKING

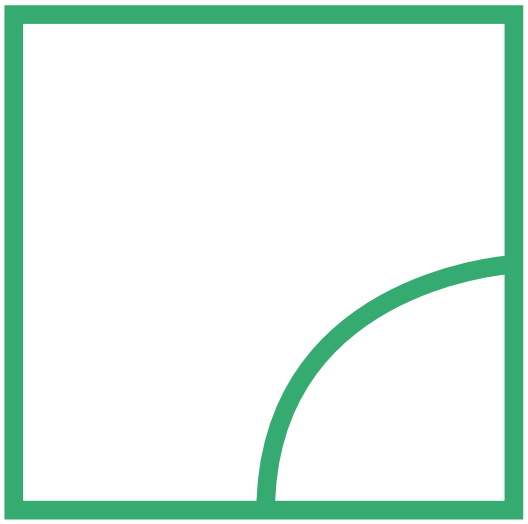
- Taking notes shows students that you value what they say and are learning from them.
- Taking notes allows you to remain engaged in the discussion without dominating it and helps you ask students questions when you want them to clarify their ideas.
- Taking notes helps you remember what the students said for reference later, which also shows them that you value their ideas.
- For all of the above reasons, taking notes encourages students to speak up more in the future.

Adapted from: Stanford University. n.d. *How to Get Students to Talk in Class*. Stanford, CA: Stanford University. https://teachingcommons.stanford.edu/resources/teaching/small-groups-and-discussions/how-get-students-talk-class.

BACK-TO-BACK IMAGES

APPENDIX 3-D





CO-FACILITATION STATEMENTS

APPENDIX 3-E

Make a list of strengths, weaknesses, likes, and dislikes. Take the lists, compare them, and highlight the strengths that are dominant for one facilitator and allow that person to be the lead facilitator in those areas. By using these strengths, you can differentiate instruction to meet the needs of students in the classroom more efficiently.

Two facilitators can manage a group better than one. The second facilitator can focus on gauging participants' reactions and noticing whether participants seem to understand and are engaged in the process. Co-facilitators can also help distribute materials, assist in monitoring discussions, and/or coach participants working in breakout groups. Finally, co-facilitators can better monitor and handle problems with the physical environment and support general classroom management.

Include your co-facilitator, even when you are leading an exercise or discussion, by asking questions like: "Do you have anything to add?" Assert yourself if your co-facilitator is talking too much and take the initiative to politely interject if your co-facilitator misses an opportunity to address something.

Before the session, name one or two facilitation skills you especially want to emphasize, such as waiting, affirming, or weaving. Tell your co-facilitator what skill(s) you are focusing on so that they can provide supportive feedback in response to your goals at the end of the session.

Thoughtfully debrief the session. Listen carefully to one another's self-evaluations before giving feedback. Discuss what worked well and what did not. Brainstorm what you could have done differently. Provide specific examples from your perspective, such as: "When you kept interrupting me, I felt undermined and frustrated" or "I got the impression that some participants were bored," instead of saying "You always interrupt me" or "You were very controlling during the workshop." Realize the importance and potential difficulty of debriefing a challenging workshop.

Discuss whether, when, and how it is okay to interrupt each other. Decide how to keep track of time. Plan ways to signal one another. Strategize about how to adhere to the original outline and how to make necessary adjustments.

Before entering the learning environment, discuss the expected classroom behaviors and consequences for not following rules and procedures. You will have to make decisions constantly throughout the year and formulating a plan of action in the beginning can minimize disruptions.

Highlighting a mistake that was made during facilitation can be an invaluable teaching opportunity, if the mistake relates to the session's subject matter. The willingness to admit to and examine your mistakes can bolster the students' trust in you, while providing a wonderful example of how to model resilience.

Co-facilitating can offer a model for meaningful, effective two-person relationships. Get to know each other and make an effort to build healthy authentic relationships where honest and compassionate feedback is welcome and differences can be addressed in healthy ways. This is important because the relationship you develop as co-facilitators will serve as a model to your students.

STRATEGIES FOR INCLUDING ALL YOUTH

APPENDIX 3-F

Studies estimate that 1 in 10 people identify as gay or lesbian, so assume that 10% of youth in a group are as well—and that even more of them are questioning and/or have LGBTQ+ (lesbian, gay, bi, trans, queer/questioning, and other—including nonbinary, intersex, asexual, and pansexual) loved ones. The following strategies serve as minimum guidelines of support necessary on the part of educators to ensure that all youth feel respected and included.

- Modify any language to reflect inclusivity of LGBTQ+ youth.
  - » Use "partner" instead of "boy/girlfriend."
  - » Use "monogamous relationship" or "permanent relationship" instead of "marriage."
  - » Use "sexual orientation" rather than "sexual preference" (to avoid inferring that homosexuality is a choice).
  - » Avoid alluding to gay or lesbian youth as "other" (for example, by referring to them as "they" versus "us") and use "LGBTQ+" instead of "homosexual," as this excludes youth of other orientations and identities.

- Listen when participants speak and ask questions to ensure you are reflecting a diversity of sexual orientations and identities in your own language. For example, LGBTQ+ youth may refer to crushes, boyfriends, and girlfriends in vague terms such as "them" or "someone." Follow their lead.

- Repeatedly reiterate that each individual has the right to decide if and when to have sex.
  - » For some youth, "waiting" may mean waiting until they are in a permanent relationship, while for others it may mean something different.
  - » Reiterate that everyone is entitled to their own opinions and values, and we should be respectful.

- Emphasize the importance of creating healthy, positive relationships—including with partners, parents, friends, teachers, etc.
  - » LGBTQ+ youth are equally as vulnerable to intimate partner violence as hetero youth.
  - » Avoid explaining LGBTQ+ relationships only in terms of differences in sexual activity. Instead, stress the similarities in relationships with hetero couples and discuss ways to be romantic other than sex.

- Mix traditionally male and female roles, where feasible.
  - Ask for two persons with penises or two persons with vaginas to role-play as couples.
  - Ask for a person with a penis to role-play as a person with a vagina, and vice versa.

- Repeatedly reiterate that anyone can contract a sexually transmitted infection (STI). Remind youth that STIs are the result of unsafe sexual behaviors and are not limited by a person's sexual orientation or identity.

- Be honest and transparent with youth.
  - If you do not know an answer, say so. A good strategy in this situation is to ask the question back to the individual or group for their ideas.
  - Do not provide inaccurate information. If and when necessary, admit you do not have an answer but will seek additional information to respond the next time you meet.

- Do not tolerate any abusive or offensive language about LGBTQ+ persons and address any derogatory remarks immediately. This not only helps youth feel safe, but also creates awareness around commonly accepted but harmful messages.
  - Deal with derogatory statements about LGBTQ+ youth just as you would ethnic or racial slurs.
  - If you are unsure if a comment is (or is intended as) a slur, ask for clarification.
  - Proactively address any underlying negative comments that might threaten others.

Adapted from: Jemmott, L.S., Jemmot, J., McCaffree, K.A., and Wilson, P.M. 2019. *Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STD Prevention*. Scotts Valley, CA: ETR. https://www.etr.org/ebi/programs/making-proud-choices/.

CREATING A SAFE SPACE FOR YOUTH

APPENDIX 3-G

Joe: Men can't be raped! No guy I know would say no to sex. Maybe if he's gay or something.

Gender Messages/Assumptions:

Possible Responses:

Marcus: *(playfully knocking Wally's fedora away during a break)* Why are you wearing that hat?

Wally: I look like Johnny Depp!

Marcus: Well, you look gay.

Gender Messages/Assumptions:

Possible Responses:

Facilitator: What are some ways we can show we care about a person without having sex?

Craig: I like to watch movies and cuddle with my girl.

Chris: *(snickering)* That's cute, MARY!

Gender Messages/Assumptions:

Possible Responses:

Cassie: If he/she doesn't want to be called a pussy/butch, he/she shouldn't act like it.

Gender Messages/Assumptions:

Possible Responses:

Mindy: I think it is okay to say something is gay, as long as a gay person isn't around.

Facilitator: How do you know everyone around you is straight?

Mindy: They should have to tell you if they're gay.

Gender Messages/Assumptions:

Possible Responses:

Daniel: I'm not friends with gay people because I don't want guys hitting on me.

Gender Messages/Assumptions:

Possible Responses:

James: I'm offended by that last remark you made. Just because something doesn't fit your definition of being male doesn't mean someone is gay.

Alex: Relax, dude. I was only joking.

Gender Messages/Assumptions:

Possible Responses:

CREATING A SAFE SPACE FOR YOUTH ANSWER KEY

APPENDIX 3-H

Joe: Men can't be raped! No guy I know would say no to sex. Maybe if he's gay or something.

Gender Messages/Assumptions:

- Real men don't refuse sex.
- Gay men are physically and emotionally weak, so they can't be real men.
- Gay men don't like to have sex.
- Men don't experience sexual assault.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Share facts. For example: "Actually, 1 out of every 10 reported sexual assault victims are men."[1]
- Ask clarifying questions.

Marcus: *(playfully knocking Wally's fedora away during a break)* Why are you wearing that hat?

Wally: I look like Johnny Depp!

Marcus: Well, you look gay.

Gender Messages/Assumptions:

- It's okay to use the word "gay" as an insult.
- Only gay men care about their appearance (note this is similar to harmful messages about girls and women).
- Being gay is the opposite of being masculine.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of using the term "gay" as a slur and making assumptions.

[1] Planty, M., Langston, L., Krebs, C., Berzofsky, M., and Smiley-McDonald, H. 2013. *Female Victims of Sexual Violence, 1994–2010.* Washington, DC: US Department of Justice. https://www.bjs.gov/content/pub/pdf/fvsv9410.pdf.

Facilitator: What are some ways we can show we care about a person without having sex?

Craig: I like to watch movies and cuddle with my girl.

Chris: *(snickering)* That's cute, MARY!

Gender Messages/Assumptions:

- Real men cannot be nurturing.
- Relationships must always be sexual.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of gender-based assumptions in relationships.
- Poll the group to spark meaningful discussion. For example: "Show of hands—how many of you enjoy being close with someone you care about?"

Cassie: If he/she doesn't want to be called a pussy/butch, he/she shouldn't act like it.

Gender Messages/Assumptions:

- We can control what other people think of us.
- Name-calling is okay when someone isn't following strict gender roles.
- It is okay to express our discomfort by insulting others.
- Some people deserve to be bullied.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of insults and bullying.
- Call out the potential assumption and ask clarifying questions.

Mindy: I think it is okay to say something is gay, as long as a gay person isn't around.

Facilitator: How do you know everyone around you is straight?

Mindy: They should have to tell you if they're gay.

Gender Messages/Assumptions:

- It's easy to tell who is or isn't gay.
- Gay people are not real men or women.
- It's okay to use derogatory language in some cases.
- Gay people are outspoken about their sexuality and should tell everyone around them about their sexual orientation.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of assuming another person's sexual orientation or of using derogatory language.
- Use the "Five Whys" technique, which can start with asking, "Why should someone have to tell a person whether they are gay, straight, or any other sexual orientation?" Then after receiving a response, follow with a related question that begins with "Why…?" Repeat this Q&A pattern up to five times to explore the underlying messages.

Daniel: I'm not friends with gay people because I don't want guys hitting on me.

Gender Messages/Assumptions:

- Men do not get hit on, they hit on others (women).
- All men are sexually aggressive.
- All gay men and women are attracted to every single person of their own gender.
- It's okay to express discomfort as anger.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of assuming another person's motivations based on their sexual orientation.
- Use the "Five Whys" technique, which can start with asking, "Why do you think all gay men hit on their friends?"

James: I'm offended by that last remark you made. Just because something doesn't fit your definition of being male doesn't mean someone is gay.

Alex: Relax, dude. I was only joking.

Gender Messages/Assumptions:

- As long as you're joking, it's okay to insult others.
- Insults are okay.
- Being "gay" is negative.
- Men shouldn't get emotional or stand up for others, especially to other men.

Possible Responses:

- Explore the assumptions being made, addressing any derogatory language or stereotypes.
- Discuss the harmful effects of insults and derogatory language.

RE:MIX PEER EDUCATOR STORY SHARES

APPENDIX 3-I

STORY SHARE NO. 1: (FROM RE:MIX UNIT 1, SESSION 1, INTRODUCING RE:MIX)

Tell a story about…

1. The moment you found out you were pregnant or your partner was pregnant and how you reacted.
2. The first time you told someone close to you about the pregnancy and how they reacted.
3. A specific situation when you deeply felt one of the challenges or rewards of being a young parent.

STORY SHARE NO. 2: (FROM RE:MIX UNIT 2, SESSION 3, UNDERSTANDING RELATIONSHIPS)

Tell a story about…

1. A moment when you realized your relationship with your child's other parent was healthy, unhealthy, or a mix.
2. A situation in which you realized your relationship had changed since becoming parents.
3. A time when you realized that pregnancy and parenting was affecting your relationships with other people in your life (e.g., parents or friends).

STORY SHARE NO. 3: (FROM RE:MIX UNIT 3, SESSION 8, THE FINAL STAGE)

Tell a story about…

1. The moment you decided to stay in or return to school.
2. A time when you moved to a different neighborhood or city.
3. A time when you realized that you needed to change an unhealthy behavior (e.g., by eating better or exercising more).
4. A moment when you ended an unhealthy relationship.

STORY SHARE NO. 4: (FROM RE:MIX UNIT 3, SESSION 9, A BABY TODAY)

Tell a story about…

1. A moment when you really understood that becoming a parent would require you to change what you buy and/or how you spend your money.
2. A situation when you regretted not being able to buy something that you used to enjoy.

STORY SHARE NO. 5: (FROM RE:MIX UNIT 3, SESSION 9, A BABY TODAY)

Tell a story about…

1. A great challenge that you have experienced since becoming a parent.
2. A time when you recognized positive developments in your life since becoming a parent.

STORY SHARE NO. 6: (FROM RE:MIX UNIT 3, SESSION 10, COMMITMENT TO THE FUTURE)

Tell a story about…

1. The time when you told your parents that you were pregnant or your partner was pregnant.
2. A moment when you realized that your goals in life had changed or stayed the same since becoming a parent.

VALUES CARDS

APPENDIX 3-J

FORCING SOMEONE TO HAVE SEX WITH YOU IS WRONG

KNOWINGLY SPREADING DISEASE IS WRONG

CARING FOR YOUR REPRODUCTIVE HEALTH IS IMPORTANT

IT IS SAFEST AND HEALTHIEST FOR SCHOOL-AGE KIDS NOT TO HAVE SEX

AGE OR SITUATION WHEN SEXUAL DEBUT IS ACCEPTABLE

SEX BETWEEN CHILDREN AND ADULTS IS WRONG

ADULTERY IS WRONG

ABORTION

CONTRACEPTION

MASTURBATION

SEX OUTSIDE
OF MARRIAGE

SAMPLE STUDENT QUESTIONS

APPENDIX 3-K

These are common questions we have received during prior Re:MIX iterations—either anonymously through the notecard knowledge box or aloud during sessions—or that similar programs have received. We developed the recommended responses with support from Planned Parenthood.

1. I'm 16, and I can't seem to keep an erection. I saw some viagra in my dad's closet. Can I use it?

Viagra is a prescription medication and it is not safe to take prescription medications unless a healthcare provider prescribes it for you. If you are wondering if you might need this or any other medicine, talk to a healthcare provider.

2. Is it normal to have hair down there?

People commonly begin growing pubic hair when they enter puberty.

3. Why don't I have boobs yet?

People experience puberty differently and bodies change on different schedules. There is no set time for growing breasts. However, your body right now is the way it is supposed to be. If you are wondering if something about your body is okay, talk to a healthcare provider.

4. My penis looks smaller compared to other guys I see in the locker room. Am I normal?

Everyone's body is different and no one's penis is too small or too large. There is no normal when it comes to the size of body parts!

5. When a guy cums, how much sperm is there?

When a person with a penis ejaculates, between 300 and 500 million sperm cells are released. The fluid that comes out of the penis during ejaculation is called semen.

6. Can you get pregnant from swallowing semen?

Pregnancy happens when a sperm cell fertilizes an egg and the fertilized egg implants in the lining of the uterus. Since the stomach and the uterus are not connected, it is impossible to become pregnant from swallowing semen. However, someone can still contract a sexually transmitted infection (STI) from swallowing semen, so it is important to always use a condom during this kind of oral sex.

7. I have a crush on a guy, and we fooled around. Am I gay?

Everyone's expression of who they are attracted to is different and only you get to decide how you identify. Also, sexuality and attraction are fluid and can change over time. It is possible that someone who identifies as a male and who finds another male attractive is gay. It is also possible that they are bisexual, or pansexual, or primarily attracted to women but have a crush on a particular male.

8. Does the pill make you gain weight?

The "birth control pills cause weight gain" myth is very common, but the good news is that it is just that—a myth! Research shows that oral contraceptives—and most other hormonal contraceptives, including the patch, the ring, implants, and hormonal intrauterine devices (IUDs)—are not associated with weight gain. The exception is the injectable (commonly Depo-Provera), which has shown to cause some weight gain. This is a good time to remember that everyone is unique, however. This research refers to the average birth control user, but if you are unhappy with your method or feel it may be negatively affecting your health (physically, mentally, or otherwise), talk with your healthcare provider about finding a different method that may work better for you.

9. How do I buy a condom? What kind do I buy?

Condoms are available at grocery and convenience stores and online. Many health clinics also offer condoms for free. All condoms legally sold in the US are certified through a regulated process to ensure quality; so, essentially, all condoms sold in the US are equally effective in preventing unintended pregnancies and transmission of STIs. There is no medically advisable preference for one type of condom—whichever someone likes and is comfortable wearing is fine!

10. What is abstinence?

Abstinence is when someone chooses not to have sex.

11. I heard you can't get pregnant if you pee after you have sex?

It is a myth that if someone urinates after sex, they cannot become pregnant. Urinating after sex has no effect on if someone will become pregnant. However, there is medical evidence that urinating shortly after sex can help prevent urinary tract infections, or UTIs.

12. I want to be close with my girlfriend, but I don't want to have sex. Is this possible?

Yes! Couples can express their feelings and cultivate intimacy in many ways that do not include sex. The decision to have sex is a deeply personal one and it is common for many couples to abstain (or not have sex) but still experience romantic intimacy with one another.

13. My boyfriend is pressuring me to try ecstasy while we're having sex. What should I do? What should I say?

Healthy communication is an important part of all relationships. Considering that ecstasy is an illegal and, medically speaking, a dangerous drug, your reluctance to the drug—while having sex or otherwise—is understandable. It is also important to remember that your partner needs to respect your decisions and desires. If the pressure persists after you explain to your partner that you do not want to take—or be pressured to take—ecstasy while having sex, it is important that you talk about the situation with a trusted adult.

14. Am I too young to fall in love?

There is no set age for when someone can or should fall in love. It is important to consider that there are legal restrictions for marriage and consensual sex. For instance, in the state of Texas, individuals under the age of 14 cannot legally consent to sex. Also, states vary in terms of the age of marriage, but many states have specific marriage restrictions involving anyone under the age of 18.

15. My friend is pregnant. How can I help her decide what to do?

It is important to offer support to your friend during this time, and support can mean many different things. Support can range from listening to your friend talk about their pregnancy, to helping them explore the options that are available to them, to being by their side as they discuss their pregnancy with other important people in their lives. Mostly, it is important to be consistently supportive of your friend and remember that any decision that relates to the pregnancy is your friend's decision to make, not anyone else's.

16. Can you get an abortion without your parents knowing if you are under 18?

Different states in the US have different legal restrictions and regulations related to abortion. In many states, it is possible to terminate a pregnancy without parental notification. However, that is not the case in all states. Texas state law, for example, requires that a parent or legal guardian provide written permission for unmarried teens (under the age of 18) to have an abortion. There are a few exceptions:

- A teen can ask and receive permission from a judge to have an abortion without the parent's permission—this is known as judicial bypass.
- Teens who are legally emancipated do not need permission from a parent or guardian.
- If there is a medical emergency and the pregnant teen needs an abortion, parental permission is not required.

17. I'm pregnant. How do I tell my parents?

There is no singular right way to have this conversation. The decision to discuss a pregnancy with your parents is important. If you are worried about how your parents will react, consider asking a sibling, close friend, or someone else you trust to join the conversation. You may also want to have the conversation in a safe space, to help ease the potential stress of the conversation.

18. I am 13 years old and I really want to have sex. Is it normal to want to have sex at my age?

There is no right or wrong time for someone to want to have sex; everyone matures and has sexual desires at different times in their lives. Generally during puberty, when a person's body is changing and growing, part of the changing and growing can include experiencing sexual desires. That said, in many states it is illegal for someone under the age of 14 to consent to having sex.

19. Does having a baby hurt?

It does hurt to have a baby. Some people—but not everyone—may choose to take medicine to help ease the birthing process. This is a personal choice that a healthcare provider, like a doctor or midwife, can help people make by providing medically accurate information on different options.

20. Is it okay to have anal sex?

People prefer to have different types of sex and anal sex is a behavior that both heterosexual and LGBTQ+ (lesbian, gay, bisexual, trans, queer/questioning, and other—including nonbinary, intersexual, asexual, and pansexual) people engage in. The most important consideration for any sexual act is that both partners consent and agree to participate. If both parties consent, it is important to remember that wearing a condom is medically advisable. Condoms are especially important for anal sex, which poses a higher risk for transmitting STIs than other types of sexual activity.

21. If I have oral sex am I still a virgin? If I have anal sex am I still a virgin?

Virgin is a word that some people use to describe a person who has never had sex. Sex can mean different things to different people, and only you can decide what it means to you. However, in this class, when we say "sex," we include oral, anal, and vaginal sex—because those behaviors require protection to minimize the risk of unintended pregnancies and STIs.

22. How do cherries pop?

"Popping the cherry" is a slang term that refers to stretching the hymen, a thin membrane that partially closes the opening to the vagina. Many people are confused about hymens, so I'm glad you asked this question. The hymen may be stretched the first time a person has vaginal sex, which may cause pain or bleeding, but this does not happen to everyone. Hymens can also stretch from something else penetrating the vagina, like a tampon or finger.

23. Is it okay to date a guy who's 30?

This is a question about values and the answer will depend on what an individual person believes. However, it is important to know that most states have age-based restrictions regarding who can consent to sex. For instance, in Texas, no one under the age of 14 can consent to sex with anyone, and teens aged 14–17 cannot consent to sex with anyone who is more than three years older than they are. Sometimes older people want to date younger partners to have power or control over them, which is unhealthy.

24. I'm afraid that my coochy is too smelly to have oral sex. What should I do?

Healthy vaginas have an odor and discharge that differs from person to person. Scented soaps and sprays are available at the drug store for the vaginal area, but they are not recommended because they can cause infections, which can smell stronger or different from a healthy vagina. Infections can also happen when the vulva (the area around the opening to the vagina) is moist. The best way to keep your vagina clean and smelling the way it is supposed to smell, is to rinse the vulva with mild soap and water when you shower, dry the vulva well, and wear cotton underwear. It is also important to avoid sitting in wet clothes or bathing suits for prolonged periods of time. If you are wondering if your genital odor is healthy, talk to a healthcare provider.

25. Is it okay to have an abortion?

This is a question about ending a pregnancy and the values that surround that decision. An abortion is a legal medical procedure, but different people have different values or beliefs about abortion. The decision to have an abortion is deeply personal and you are the only one who can decide if it is okay for you.

26. Is it against God to have premarital sex?

This is a question about religious values and I cannot speak for another person's values or beliefs. Some people think it is okay to have sex before marriage, but others do not. You may want to talk to an adult in your family or a faith leader and see what they think. That might help you decide what you believe.

27. Is it okay to have sex at 15 if we have been together for a while and really care about each other?

Whether and when a person has sex for the first time or with a new partner is totally up to them. It is important that both partners talk about their desire to have sex before making any decision and that both partners understand the legal age of consent in their state. For example, in Texas, no one under the age of 14 can consent to having sex and if someone is between the ages of 14 and 17, they cannot consent to sex with anyone who is three years older (or more) than them.

28. If a girl has more than one partner, is she a slut?

Slut is an offensive, slang term that usually refers to a female with many sexual partners. We will not use that word in this class.

29. Is abortion legal? *and* When is it legal to have an abortion?

Yes. Abortion is a legal medical procedure in the United States. States vary in the specific regulations that surround abortion, but it is a legal medical procedure in the United States.

30. When girls use birth control and they have their period, do they still release an egg?

It depends on the kinds of birth control. Many kinds of hormonal birth control prevent the egg from being released. Other forms of birth control, including the copper IUD and barrier methods like condoms or sponges, do not prevent the egg from being released.

31. Can a woman get pregnant if the egg is not fertilized?

Fertilization is when a sperm meets the egg. Pregnancy cannot happen without a fertilized egg.

32. How often do condoms break?

Condoms typically break when used incorrectly. When used consistently and correctly, condoms are 98% effective at preventing pregnancy. With typical use, condoms are between 80-85% effective in preventing pregnancy; this decrease in effectiveness is due to many factors, including condom age, breakage, and incorrect usage.

33. How can I prevent blue balls?

There is no medical evidence that the slang term "blue balls," which refers to someone with a penis experiencing pain or discomfort in their testicles when they are sexually aroused but do not ejaculate, actually occurs. If a person experiences these symptoms, it is important to know that it is not harmful.

34. Is queefing normal?

Queefing is a slang term for a sound that can be made when air is released from the vagina. It is very common and happens to everyone with a vagina.

35. When is the right time to use birth control?

Whether or when a person should use birth control is totally up to them. It can depend on their medical history, their decision to become sexually active, and their personal beliefs. It is medically advisable that if a person wants to be sexually active and avoid pregnancy, that they use contraception. A long-acting reversible contraceptive (like an IUD) with a condom is most effective.

36. What's the best age to start having sex?

The decision to have sex is a deeply personal one and one that requires active communication between two partners. There is no age that someone should or should not have sex. It is important to know that there are certain legal restrictions on what age someone can consent to sexual activity. For example, in Texas, no one under the age of 14 can legally consent to having sex and youth between the ages of 14 and 17 cannot to consent to sex with someone three or more years older than them.

37. When do most people start having sex?

There is little reliable information about the exact age that individuals start having sex. It is very common for teens to complete high school without having sex and there are other teens who have sex while they are still school-aged. What is important to remember when considering having sex, is to actively talk about it with a partner, ensure there is consent, and engage in healthy sexual behaviors that limit the chances of an unintended pregnancy or the transmission of any STIs. This includes always consistently and correctly wearing a condom.

38. What if someone has herpes but doesn't tell their partner?

Knowingly withholding information about their STI status and having sex with another person, can be considered "negligence" and, in some states, the unknowing partner can pursue legal action against the person who knowingly withheld this information.

39. What if someone is touching a girl and she doesn't like it?

Touching someone in a sexual manner without their consent is sexual assault. It is important that before any sexual touching occurs, there is open communication between partners and every person has consented to the touching.

40. Why do people hate homosexuals?

It is important to avoid the use of the term "homosexuals" for people who are attracted to the same sex. Prejudice and hate against different groups of people can occur for many reasons, so there is no one reason for prejudice against LGBTQ+ people. Some people hold a negative view of LGBTQ+ people because their religious views do not support same-sex behaviors. Other people may be prejudiced because of social values (like what their family believes) and discriminatory legal policies (like that gay people do not have the same rights as straight people).

41. Can a girl get birth control without her parents knowing?

Contraceptives are available to teens without parental consent in some places. Call local clinics or talk with a school counselor or nurse to find out what places in the area provide contraceptives without parental permission.

42. Is masturbation ok? *and* Is masturbation bad?

Masturbation is when a person touches their genitals because it feels good. Masturbation is common and healthy. Masturbation is only a problem if it gets in the way of going to work or school, hanging out with friends, or other things the person enjoys doing.

43. Should teens keep their babies if they get pregnant?

This is a question about ending a pregnancy and the values that surround it. The decision to parent, have an abortion, or place a child in an adoptive home is deeply personal and often complicated. Good information from a trusted healthcare provider coupled with support from family, friends, and other caring adults can help teens decide which option is right for them.

44. Can a guy make a girl have an abortion?

The decision to terminate a pregnancy is a deeply personal one and it is not a decision that anyone can make for someone else.

45. Do you masturbate? *and* Do you have sex?

That is a personal question. I don't answer questions about my personal experiences.

46. How do women masturbate?

Masturbation is when someone touches their genitals in ways that feel good, which people do in various ways that are comfortable for them; this can be different for different people.

47. Is abortion murder?

This is a question about ending a pregnancy and the values that surround it. The decision to parent, have an abortion, or place a child in an adoptive home is deeply personal and often complicated. Good information from a trusted healthcare provider, and support from family, friends, and other caring adults can help teens decide which option is right for them.

48. Is it okay to have sex without a condom?

It is medically advisable to wear a condom when sexually active to prevent pregnancies and STIs. Wearing a condom greatly reduces the chances becoming pregnant and is one of the most effective ways to decrease the risk of contracting or spreading STIs.

49. What does carpet munching mean?

This is a slang term that people often use in a negative way, so it can be considered offensive to use the term. It refers to someone performing oral sex on someone with a vagina.

50. How can I help my friend realize it is not her fault that she was molested by a family member?

There are many important things you can do to support a friend in this situation. The first thing is to be willing to listen to their story, if they want to share it, and not to judge them. The second is to offer consistent and continuous support including by: sharing local resources with them, reminding them that it is not their fault, and talking with a school counselor or other mental health professional about others ways to support your friend.

Want to review some more common questions and answers from other professionals? Visit:

www.plannedparenthood.org/teens
www.scarleteen.com/cgi-bin/forum/ultimatebb.cgi
www.sexetc.org/page/faq
www.stayteen.org/stay-informed

LEVELS OF ADAPTATIONS

APPENDIX 4-A

During and after the study period, EngenderHealth made adaptations of the curriculum to maintain relevancy and best practices, ensuring fidelity to the model. The second edition curriculum included in the final implementation package is the most relevant and inclusive. It includes important adaptations for the latest SRH information, inclusive language, solo facilitators, and bilingual settings. The first edition of our curriculum was used during study implementation and is available upon request at: info@engenderhealth.org

GREEN LIGHT ADAPTATIONS

Green light adaptations are safe changes—that is, they do not compromise the program's core components. Examples of these types of adaptations are updating or customizing statistics or health information, customizing role-play exercises, and making activities more interactive. Such green light adaptations might include the following:

- Modifying warm-up and introductory activities or icebreakers. These activities may be modified as long as the modification achieves the same learning objective.

- Adding or substituting discussion questions. Each discussion includes a list of specific questions to ask youth. These discussion questions can be rephrased (using language that is more comfortable for the facilitator or in a more relevant language for participants) or reordered to keep the discussion from being choppy or repetitive. You can also add discussion questions, as long as the additions align with the topic of discussion.

- Customizing role-play scenarios. Role-plays are a crucial pedagogical approach to participants' acquisition and retention of new skills and are a required teaching method of Re:MIX. However, as long as the information and intended learning objectives remain the same, the wording, setting, and names used may be changed to make them more relevant to the target youth population. Role plays have also been translated into Spanish and can be found in the Spanish adaptation materials in the Re:MIX curriculum appendices.

- Updating sexual and reproductive health (SRH) information. SRH information (e.g., contraceptive options and treatments for sexually transmitted infections), epidemiological data, available community resources, and laws related to adolescent SRH change frequently. Therefore, you should update this information regularly for Re:MIX.

- Tailoring language to youth culture. Re:MIX was designed primarily for African American and Latinx youth populations aged 13–17 living in urban areas. Programs targeting youth of other ethnicities, cultures, or settings may tailor language and activities, as appropriate. See our Spanish adaptation materials in the Re:MIX curriculum Appendix E.

YELLOW LIGHT ADAPTATIONS

Yellow light adaptations are changes that should be made with caution. We highly recommend consulting an expert in behavior change theory and curriculum development before making such changes. Examples of these types of adaptations include adding activities to address additional determinants or changing the order of the sessions. Such yellow light adaptations might include the following:

- Changing the number and duration of sessions. Re:MIX was originally implemented as a series of one-hour sessions delivered in sequence over 10 weeks. Meeting less frequently or meeting for shorter or longer sessions is possible, but the sequence of activities should remain the same. We also advise that no more than a week elapse between sessions.

- Adding or changing the sequence of activities. The sessions and activities in Re:MIX follow a deliberate order, allowing for activities to build on one another in content, skill, and level of challenge. Changing the order of activities may decrease the participants' mastery of skills and information. If it is necessary to shift activities (e.g., to accommodate school schedules), consult a curriculum or learning theory specialist who can advise about appropriate adjustments.

- **Adding activities to address additional risks and protective factors.** It is possible that your program may want to address additional health determinants besides those covered in Re:MIX. For example, the targeted youth may need basic information about puberty, reproductive anatomy, and physiology beyond the scope of Re:MIX. In addition, the prevalence of alcohol and drug use may have a major impact on the target youth's sexual decision-making behaviors, which might necessitate including additional efforts around these issues into the program. Although it is possible to add new activities to address other determinants, this should be done with caution. Trying to cover too many topics may make the program too long and may cause retention or implementation issues. Additionally, attempting to cover too many objectives may dilute positive outcomes. It is better to cover a limited number of strategically selected topics well than to try to cover too many topics in a superficial way.

- **Working with same-sex versus mixed-sex groups.** Re:MIX gives youth an opportunity to learn and work together around issues that impact personal relations. For example, in Session 2, young people listen to each other discuss their own gendered experiences, develop empathy for each other's experiences, and learn how to better support their peers in resisting harmful gender norms. If your program is working with same-sex participants only, you will need to consider how to engage participants in thinking about how the other sex would think or feel about a particular topic.

- **Changing the peer and health educator co-facilitation team.** Re:MIX is designed to be co-facilitated by a professional health educator and a peer educator who is a young parent. Their different areas of expertise and experiences—particularly the stories of the peer educators—are critical to the program design. Removing this element will severely compromise program effectiveness and is therefore not recommended. If a peer educator cannot physically facilitate, please use our peer educator story share videos which are located into the Re:MIX curriculum and available online at https://bit.ly/PE-StoryShares.

RED LIGHT ADAPTATIONS

Red light adaptations should be avoided, since they compromise or eliminate one or more of the program's core components. Examples of these adaptations include shortening the program, removing condom activities, and replacing interactive activities with lectures. Such red light adaptations might include the following:

- **Shortening the program by omitting activities or sessions.** The determinants addressed in Re:MIX are addressed by multiple activities throughout the curriculum. Some of the more complex determinants receive more time in the curriculum. Therefore, reducing the number of activities designed to affect each determinant may have a negative effect on behavioral outcomes and we do not recommend omitting any activities or sessions.

- **Reducing or eliminating discussions at the end of an activity.** Most Re:MIX activities conclude with a large-group discussion designed to summarize key messages, as well as to encourage youth to reflect upon, comment on, and personalize information. The discussions are an integral part of each activity. Reducing or eliminating these discussions will likely weaken the program's outcomes and the participants' acquisition of skills and knowledge.

- **Failing to repeat and reinforce key messages and The Re:MIX Code.** Re:MIX reinforces key messages about healthy sexual behaviors and attitudes through repetition. The repetition of key messages is based on several of the health behavior change theories that ground the Re:MIX program. Although the repetition of the messages may appear redundant, this repetition is strategic and important to maintain.

CHARTING ADAPTATIONS

The Re:MIX Adaptation Log will help you to think about, record, and assess the effectiveness of any adaptations to Re:MIX. Fidelity monitoring logs are designed to record changes made to each Re:MIX session, as well as potential compromises in the curriculum's core content and pedagogical and implementation components. The Re:MIX Adaptation Log can be found in Appendix L of the **Program Implementation and Adaptation Manual.**

FIDELITY AND ADAPTATION SCENARIOS

APPENDIX 4-B

SCENARIO 1:

Facilitators have recently started working with a group of youth. They notice that their group has a lot of energy when they come to each session. Facilitators therefore want to explore alternate icebreaker activities that can match the energy of the group.

SCENARIO 2:

Facilitators find themselves consistently behind schedule at the end of each session, so they want to eliminate the last five minutes of discussion in future sessions.

SCENARIO 3:

Your community partner (or your organization's leadership) is adamant about dividing students into same-sex groups for Re:MIX.

SCENARIO 4:

Your team thinks that your youth group already has a firm grasp of communication and can eliminate some of the activities related to communication in order to maximize time focused on other content.

SCENARIO 5:

Facilitators think their youth could benefit from more culturally relevant names for upcoming role-play exercises.

SAMPLE FIDELITY OBSERVATION FORM

APPENDIX 4-C

SESSION ONE: INTRODUCING RE:MIX

The purpose of this observation form is to measure the fidelity and quality of program implementation.

Health Educator Name: _____

Peer Educator Name: _____

Peer Educator Observer Name: _____

Date: _____ # of Participants: _____

PRE-SESSION CHECKLIST

If you would like to include more information, please do so in the general comments section at the end of the log.

1. Educators arrived on time (30 minutes before class): ☐ Yes ☐ No
2. All preparations complete (flip charts posted, notecards/box placed, etc.): ☐ Yes ☐ No

1.1 WELCOME AND INTRODUCTIONS

1. Time

Time Started: _____

Time Ended: _____

☐ This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

A. Introductions ☐ Yes ☐ No

B. Re:MIX Overview ☐ Yes ☐ No

C. Keep Its ☐ Yes ☐ No

D. Q&A ☐ Yes ☐ No

3. Please select the option that best describes the pace of instruction for the activity overall.

☐ Slow

☐ Adequate

☐ Rushed

1.2 WHERE DO YOU STAND?

1. Time

Time Started: _____

Time Ended: _____

☐ This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

1. Values Exercise ☐ Yes ☐ No

2. Group Discussion ☐ Yes ☐ No

3. Please select the option that best describes the pace of instruction for the activity overall.

☐ Slow

☐ Adequate

☐ Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

- ☐ Ran out of time
- ☐ Students had a lot of questions
- ☐ Spent time catching up from previous lesson
- ☐ Technology problem
- ☐ Student behavior
- ☐ Outside disruption
- ☐ Other, please describe

- ☐ Ran out of time
- ☐ Students had a lot of questions
- ☐ Spent time catching up from previous lesson
- ☐ Technology problem
- ☐ Student behavior
- ☐ Outside disruption
- ☐ Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- ☐ Only the health educator
- ☐ Mostly the health educator
- ☐ Leadership was evenly split
- ☐ Mostly the peer educator
- ☐ Only the peer educator

- ☐ Only the health educator
- ☐ Mostly the health educator
- ☐ Leadership was evenly split
- ☐ Mostly the peer educator
- ☐ Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

1.3 TELLING OUR STORIES

1. Time

Time Started: _____

Time Ended: _____

☐ This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

A. Peer Educator Story Share ☐ Yes ☐ No

3. Please select the option that best describes the pace of instruction for the activity overall.

☐ Slow

☐ Adequate

☐ Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

☐ Ran out of time

☐ Students had a lot of questions

☐ Spent time catching up from previous lesson

☐ Technology problem

☐ Student behavior

☐ Outside disruption

☐ Other, please describe

1.4 BUILDING A STORYBOARD

1. Time

Time Started: _____

Time Ended: _____

☐ This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

A. Timeline for the Future ☐ Yes ☐ No

3. Please select the option that best describes the pace of instruction for the activity overall.

☐ Slow

☐ Adequate

☐ Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

☐ Ran out of time

☐ Students had a lot of questions

☐ Spent time catching up from previous lesson

☐ Technology problem

☐ Student behavior

☐ Outside disruption

☐ Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- ☐ Only the health educator
- ☐ Mostly the health educator
- ☐ Leadership was evenly split
- ☐ Mostly the peer educator
- ☐ Only the peer educator

- ☐ Only the health educator
- ☐ Mostly the health educator
- ☐ Leadership was evenly split
- ☐ Mostly the peer educator
- ☐ Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

1.5 CLOSING MIX

1. Time

Time Started: _____

Time Ended: _____

☐ This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

A.	Q&A	☐ Yes	☐ No
B.	Closing MIX	☐ Yes	☐ No
C.	Re:MIX Code Chant	☐ Yes	☐ No

3. Please select the option that best describes the pace of instruction for the activity overall.

- ☐ Slow
- ☐ Adequate
- ☐ Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

- ☐ Ran out of time
- ☐ Students had a lot of questions
- ☐ Spent time catching up from previous lesson
- ☐ Technology problem
- ☐ Student behavior
- ☐ Outside disruption
- ☐ Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- ☐ Only the health educator
- ☐ Mostly the health educator
- ☐ Leadership was evenly split
- ☐ Mostly the peer educator
- ☐ Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

POST-SESSION CHECKLIST

How did educators share teaching time and collaborate? Please check the box that applies. Elaborate in space below, if necessary.

- ☐ Health educator answered all student questions
- ☐ Health educator answered most student questions
- ☐ Questions were answered evenly among educator team
- ☐ Peer educator answered most student questions
- ☐ Peer educator answered all student questions
- ☐ Smooth and clear transitions between speakers
- ☐ Somewhat smooth transitions between speakers
- ☐ Adequate transitions between speakers
- ☐ Somewhat unclear transitions between speakers
- ☐ Choppy and confusing transitions between speakers

To what extent did the facilitators use the physical space? Please check one box for each educator. Elaborate in space below, if necessary.

- ☐ Health educator circulated the classroom and made good use of space during the entire session
- ☐ Health educator circulated the classroom during most of the session
- ☐ Health educator was stationary for most of the session
- ☐ Health educator was seated or stationary during the entire session
- ☐ Peer educator circulated the classroom and made good use of space during the entire session
- ☐ Peer educator circulated the classroom during most of the session
- ☐ Peer educator was stationary for most of the session
- ☐ Peer educator was seated or stationary during the entire session

How would you describe student behavior or classroom dynamics from this session?
Check all that apply.

- ☐ The class actively listened and participated
- ☐ The class was quiet and difficult to engage
- ☐ There was little class participation
- ☐ There were a few overly talkative students
- ☐ The class was loud and difficult to manage
- ☐ Other, please describe:

_____

_____

_____

Rate your agreement with the following statement: Overall, in this session, the educators employed a teaching style and facilitation tactics that successfully mitigated challenging student behaviors and classroom dynamics.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

Please explain how the educators engaged students or handled any disruptive behavior, if necessary.

_____

_____

_____

_____

_____

TEAM FEEDBACK GUIDELINES

APPENDIX 4-D

Throughout the program, peer educators give and receive feedback in formal and informal ways to support professional development and maximize program success. To ensure this is a positive and constructive experience for all involved, we ask that you agree to following guidelines.

SAY IT! GUIDELINES FOR PROVIDING FEEDBACK (ORAL OR WRITTEN)

- **Be kind.** Your goal is to contribute to the improvement of your team and each individual member. Delivering feedback with thoughtfulness, care, and kindness is imperative to ensuring the person receiving the feedback can hear, accept, and use it. Deliver feedback the way you hope others will deliver feedback to you when it is your turn to receive feedback.

- **Be thoughtful and honest.** Think carefully about the other person and identify both strengths and areas for improvement. Tell the truth, even if it may be hard for the other person to hear it.

- **Provide details.** Identify particular incidents, moments, and examples that illustrate your critique. People learn best when they can recall a particular situation and consider your perspective. Do not generalize—generalities are hard to believe, remember, and understand.

- **Balance the scales.** People will find it easier to hear you if you provide a balance of positive feedback and constructive criticism. Everyone has strengths as well as weaknesses, so find ways to acknowledge both. This will enable the person receiving the feedback to remain open because they know that you recognize them as a whole person, not just someone with flaws.

- **Pick and choose.** Focus the discussion on the essential issues. Focusing on a limited number of issues can help people remember and act on feedback and recommendations.

- **Pay attention to the listener as you are speaking.** When people are receiving feedback, they are vulnerable. Watch them carefully as you speak and make eye contact to ensure they are still listening to you. Approach the session as a personal conversation with two active participants.

HEAR IT! GUIDELINES FOR RECEIVING FEEDBACK (ORAL OR WRITTEN)

- **Be open.** Use this as an opportunity to learn more about how others perceive you. Be honest with yourself and courageous. Self-awareness is powerful and often other people are the key to learning about yourself. Remaining open while receiving feedback is not always easy. Make an effort not to become defensive or shut down, as that will distract you and stop your learning.

- **Make eye contact.** While the other person is speaking to you, make eye contact. This may feel embarrassing or awkward, but it is important to helping the speaker recognize if you are hearing their message or if they need to modify their approach. Additionally, if you do not make eye contact, the speaker may feel that you are not paying attention and that they are wasting time.

- **Listen carefully.** Listening while receiving feedback takes practice. You have to silence your inner voice so that you can hear the other person's words. Do not allow yourself to become distracted.

- **Store the feedback.** You will receive a lot of important information about yourself. Pay attention and remember what you hear. Afterwards, reflect on the feedback, absorb it, and ask for clarification if you need it.

- **You decide.** People are asked to provide honest feedback, but their feedback is partially formed by their own feelings and perceptions. You may find some of what they say to be accurate and some to seem inaccurate. Remember, only you can decide what feedback you want to act on. Use feedback to strengthen who you already are.

Write any additional guidelines that the group would like to request or agree to in the box below.

MANDATORY REPORTING SCENARIOS

APPENDIX 4-E

1. A peer educator notices that a student has a bruise on their leg. The peer educator asks the student what happened after seeing the bruise. The student says that their mom hit them with a belt. The peer educator immediately shares this information with the health educator and explains that Child Protective Services needs to be informed. What is the role of the health educator?

   - ☐ a. Nothing, since the peer educator was the first to see it.
   - ☐ b. Talk to the student and conduct their own investigation.
   - ☐ c. Call the mother and ask if she hit her child with a belt and inform her that the police will be notified.
   - ☐ d. Inform the teacher and EngenderHealth staff and file a report with Child Protective Services.

2. During the consent session, a student indicates that their partner forced them to perform a sexual act that they did not want to perform, but agreed to because they love the person. What would be the appropriate actions to take next?

   - ☐ a. Nothing, since the student agreed to perform the sexual act.
   - ☐ b. Ask the student to provide you with additional information so that you can determine if it was consensual or nonconsensual.
   - ☐ c. Acknowledge the student and let them know that you will speak to them after class.
   - ☐ d. Immediately alert the teacher without speaking to the student further to obtain more information.

3. A student informs you that they are experiencing emotional abuse from their parents. Is this something that you are required to report?

   - ☐ a. Yes.
   - ☐ b. No.
   - ☐ c. Maybe, if the emotional abuse is severe and the student shows sign of post-traumatic stress disorder.
   - ☐ d. It's none of your business.

4. During the healthy relationship session, a student informs you that their partner hits them and leaves bruises. Is this something that you are required to report?

   - ☐ a. Yes.
   - ☐ b. No.
   - ☐ c. It depends on if you can physically see the bruise.
   - ☐ d. No, because their partner is not an adult.

5. A health educator notices a student with many cuts on their arms. The health educator should do which of the following (choose all that apply):

   - ☐ a. Talk to the student to obtain more information.
   - ☐ b. Inform the student that they have to report the issue to the authorities.
   - ☐ c. Notify the peer educator and tell them to report the incident to the authorities.
   - ☐ d. Report the incident to the school counselor and let them follow up with the student.

MANDATORY REPORTING SCENARIOS ANSWER KEY

APPENDIX 4-F

1. A peer educator notices that a student has a bruise on their leg. The peer educator asks the student what happened after seeing the bruise. The student says that their mom hit them with a belt. The peer educator immediately shares this information with the health educator and explains that Child Protective Services needs to be informed. What is the role of the health educator?

   - ☐ a. Nothing, since the peer educator was the first to see it.
   - ☐ b. Talk to the student and conduct their own investigation.
   - ☐ c. Call the mother and ask if she hit her child with a belt and inform her that the police will be notified.
   - ☒ d. Inform the teacher and EngenderHealth staff and file a report with Child Protective Services.

2. During the consent session, a student indicates that their partner forced them to perform a sexual act that they did not want to perform, but agreed to because they love the person. What would be the appropriate actions to take next?

   - ☐ a. Nothing, since the student agreed to perform the sexual act.
   - ☐ b. Ask the student to provide you with additional information so that you can determine if it was consensual or nonconsensual.
   - ☒ c. Acknowledge the student and let them know that you will speak to them after class.
   - ☐ d. Immediately alert the teacher without speaking to the student further to obtain more information.

3. A student informs you that they are experiencing emotional abuse from their parents. Is this something that you are required to report?

   - ☒ a. Yes.
   - ☐ b. No.
   - ☐ c. Maybe, if the emotional abuse is severe and the student shows sign of post-traumatic stress disorder.
   - ☐ d. It's none of your business.

4. During the healthy relationship session, a student informs you that their partner hits them and leaves bruises. Is this something that you are required to report?

   - ☒ a. Yes.
   - ☐ b. No.
   - ☐ c. It depends on if you can physically see the bruise.
   - ☐ d. No, because their partner is not an adult.

5. A health educator notices a student with many cuts on their arms. The health educator should do which of the following (choose all that apply):

   - ☒ a. Talk to the student to obtain more information.
   - ☐ b. Inform the student that they have to report the issue to the authorities.
   - ☐ c. Notify the peer educator and tell them to report the incident to the authorities.
   - ☐ d. Report the incident to the school counselor and let them follow up with the student.

REPORTING REQUIREMENTS

APPENDIX 4-G

MANDATED REPORTING

- Each state has laws requiring certain people to report concerns of child abuse and neglect.
- Some states require all people to report their concerns, while many states identify specific professionals (including child care providers, educators, medical and mental health professionals, and social workers) as mandated reporters.
- Many states have established specific procedures for mandated reporters to make referrals to child protective services.

DEFINING ABUSE

- **Physical abuse:** Non-accidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include beating, biting, burning, choking, hitting (with a hand, stick, strap, or other object), kicking, punching, shaking, stabbing, throwing, or otherwise causing physical harm
- **Sexual abuse:** The coercion, employment, enticement, inducement, persuasion, or use of any child to engage in, or assist another person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; rape and statutory rape; in cases of caretaker or interfamilial relationships, the incest, molestation, prostitution, or other form of sexual exploitation of children
- **Sex trafficking:** Recruiting, harboring, transporting, providing, or obtaining of someone for a commercial sex act, such as prostitution, pornography, or stripping
- **Emotional abuse:** A pattern of behavior that impairs a child's emotional development or sense of self-worth

DEFINING SEXUAL CONTACT, ABUSE, AND ASSAULT

- **Sexual contact:** Any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person
- **Sexual abuse:** Any sexual contact with a child (any person under the age of 17) by a person who is more than three years older; any sexual contact with a person aged 13 or younger
- **Sex assault:** Any direct or third-party sexual contact or behavior that occurs without explicit consent of the recipient; any direct or third-party sexual contact or behavior that occurs with an individual whose ability to consent is impaired

DEFINING NEGLECT

- **Neglectful supervision:** The failure of a parent or other caregiver to provide for a child's basic needs
- **Medical neglect:** The failure to provide necessary medical or mental health treatment; withholding medically indicated treatment from children with life-threatening conditions
- **Physical neglect:** The failure to provide necessary food or shelter; lack of appropriate supervision

Adapted from: US Department of Health and Human Services, Child Welfare Information Gateway. n.d. https://www.childwelfare.gov/.

SECTION 1 SLIDES

APPENDIX 5-A

The full-size slide deck can be found by visiting https://bit.ly/TOF-Section1

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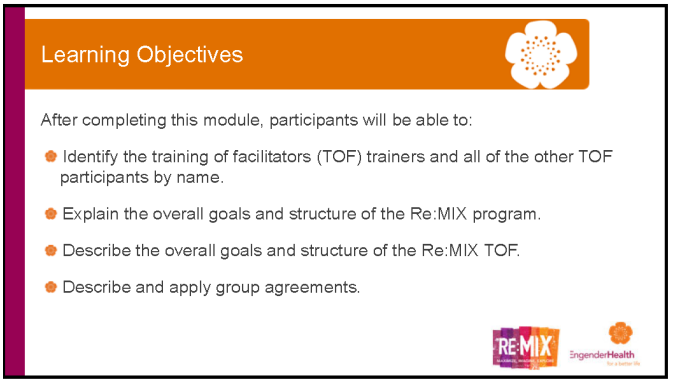

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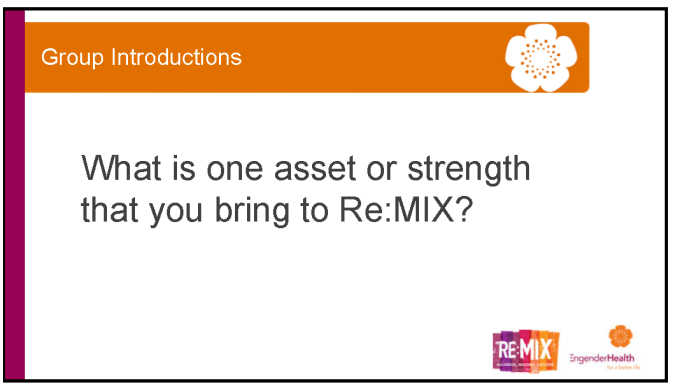

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6

Group Agreements

Photo Credit: EngenderHealth/Re:MIX

7

Re:MIX Program Overview

Source: EngenderHealth/Re:MIX

What in the video was memorable to you?
What did you notice about the facilitators?

8

Re:MIX Summary and Key Features

- Evidence-informed, age-appropriate, medically accurate
- Developed for 14–18 year olds
- Piloted in Austin, TX

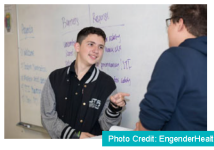


Photo Credit: EngenderHealth/Re:MIX

Key Features

- Fun, game-based, interactive
- Storytelling
- Trauma-conscious
- Peer education co-facilitation
- Tech-driven

9

What Does Re:MIX Mean?

Photo Credit: EngenderHealth/Re:MIX

MAXIMIZE, IMAGINE, EXPLORE

Re:MIX builds on the idea that youth deserve the opportunity to:

- Maximize their strengths and talents
- Imagine healthy futures
- Explore their identities

10

Goals of Re:MIX

Overall goal: To reduce the rate of pregnancies and sexually transmitted infections (STIs) among youth aged 14–18 participating in Re:MIX

Behavior goals:

1. Delay the onset of sexual intercourse
2. Increase the use of contraception
3. Increase visits to teen-friendly sexual and reproductive health (SRH) facilities

11

Rationale for Re:MIX

- Adolescence is a critical transitional and developmental stage in life. Interventions targeting youth benefit their present *and* future lives.
- Programs designed for youth, with youth input—including adolescent sexual and reproductive health (ASRH) programs specifically—have demonstrated success in achieving positive outcomes.
- Re:MIX is a comprehensive health education program that includes age-appropriate, medically accurate information on a broad set of topics. Re:MIX provides youth with opportunities to learn and practice the skills they need to make responsible, healthy, and safe life decisions.

12

History of Re:MIX

- Built on the success of the No Kidding Program
- Designed with funding from the Kabacoff Family Foundation
- Project funds awarded by the US Department of Health and Human Services' Office of Population Affairs (formerly the Office of Adolescent Health)
- Purpose of the award:
  - Develop and rigorously evaluate an innovative teen pregnancy prevention intervention (Re:MIX)
- Our approach:
  - Engage young parents as peer educators, to partner with health educators, to deliver quality, relatable SRH education

13

Preliminary Data: *Findings from the Pilot Intervention*

- Students reported plans to visit a healthcare provider for SRH services.
- Students felt more knowledgeable about condoms.
- Students felt more confident about knowing where to go to obtain contraceptives.
- Students felt that decisions related to having sex and preventing pregnancies and STIs should be made equally between partners.
- Students felt more confident about talking to a partner about using condoms and refusing unprotected sex.

In three pilot schools:

- 86% of Re:MIX students would recommend it to a friend
- 87% of Re:MIX students learned "some" or "a lot"
- 97% of Re:MIX students like their health and peer educators

14

TOF Goals

Build the capacity of participants with the skills, knowledge, attitudes, and confidence needed to effectively deliver the Re:MIX curriculum

Build a strong team of Re:MIX peer educators, health educators, and other program staff through bonding, practice, and engagement

15

TOF Structure

- Welcome and Introduction to Re:MIX
- Foundations of ASRH
- Facilitation and Inclusion Strategies
- Fidelity, Quality, and Reporting

16

Facilitator Bags

- Re:MIX Curriculum
- Re:MIX Student Workbook
- Re:MIX TOF binder or folder
- *(Optional)* Re:MIX tee-shirts and/or other swag
- *(Optional)* Additional supplies

17

Emoji Reflection

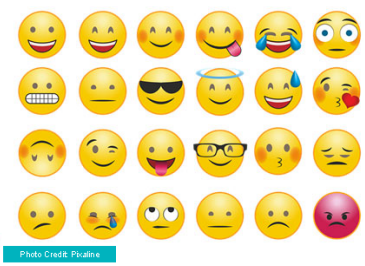


Photo Credit: Pixaline

18

1.2: Key Features of Re:MIX

19

Learning Objectives

After completing this module, participants will be able to:

- Explain the key features of the Re:MIX curriculum.
- Describe the purpose of each unit within the Re:MIX curriculum.
- Describe the structure of session plans.
- Identify the major components of the Re:MIX curriculum kit.
- Describe the purpose of the notecard knowledge box.

20

Curriculum Scavenger Hunt

See how quickly you can find the answers to the questions on the handout using the curriculum!

You will have 15 minutes to complete your handout, then we will review the questions and responses together.

21

The Re:MIX Curriculum Structure

Photo Credit: EngenderHealth/Re:MIX

10 sessions, 55 minutes each, grouped into the following units:

- Unit 1: Exploring Gender and Values
- Unit 2: Relationships, Communication, and Consent
- Unit 3: The ABCDs of Prevention
- Unit 4: Planning for the Future

22

Re:MIX Guiding Principles and Key Features

Guiding Principles

- Rights-Based
- Gender-Transformative
- Culturally Sensitive and Inclusive
- Holistic
- Authentic Youth Engagement
- Positive Youth Development

Key Features

- Fun, Game-Based, Interactive
- Storytelling
- Trauma-Conscious
- Peer Education
- Tech-Driven

23

Notecard Knowledge Box

24

Three Words

How would you describe how you are feeling at this point in the training, in three words?

25

1.3: Session Overviews

26

Learning Objectives

After completing this module, participants will be able to:

- Analyze the Re:MIX curriculum content for future facilitation.
- Describe the purpose and content of at least one session in detail.

27

Re:MIX Sessions

- Introducing Re:MIX
- Getting the Gender Message
- Understanding Relationships
- That's What I'm Talking About
- Consent and Setting Limits
- Becoming an Adult
- Condoms and Birth Control
- The Final Stage
- A Baby Today
- Commitment to the Future

28

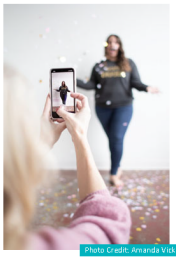
Curriculum Explorers

Review your assigned session(s) and prepare to provide a summary to the group. Be sure that your summary includes the following:

- Learning objectives
- Pedagogical (teaching) methods used (large group discussion, small group work, role-play demonstrations, etc.)
- Content covered
- Overall impressions
- Anything else you find noteworthy

29

Freeze Frame



Working in pairs, create a "freeze frame" pose that captures something you have learned about Re:MIX so far.

30

1.4: The Roles and The Code

31

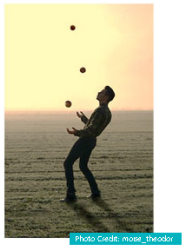
Learning Objectives

After completing this module, participants will be able to:

- Understand the roles of peer and health educators in school and community environments.
- Identify supports and barriers to being effective peer and health educators.
- Identify facilitator responsibilities to the program.
- Agree on a peer and health educator code for the Re:MIX program.

32

Ball Juggle



- How did participants do in demonstrating responsibility in trying to juggle the balls?
- How does this relate to a team setting?
- What do you think responsibility should look like on your team?

33

Roles of Peer and Health Educators

- **Provide Information**
- **Be a Leader**
- **Connect to the Community**
- **Develop Your Skills**

34

Sample Code

- Be Prepared
- Be Proactive
- Be Professional
- Be Present and Focused
- Be On Time
- Be Respectful
- Be Responsive
- Be Open and Flexible
- Be Your Best Self
- Be a Role Model

35

SECTION 2 SLIDES

APPENDIX 5-B

The full-size slide deck can be found by visiting https://bit.ly/TOF-Section2

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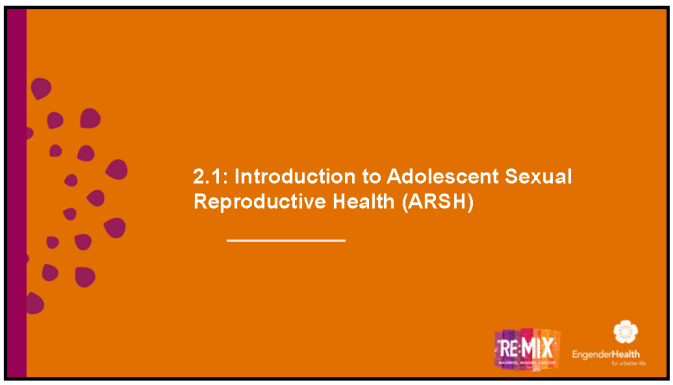

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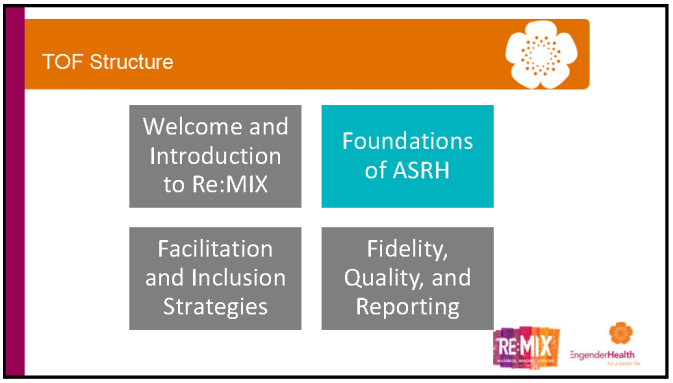

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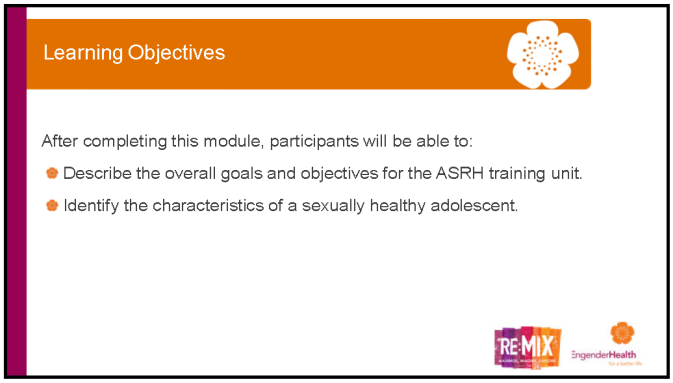

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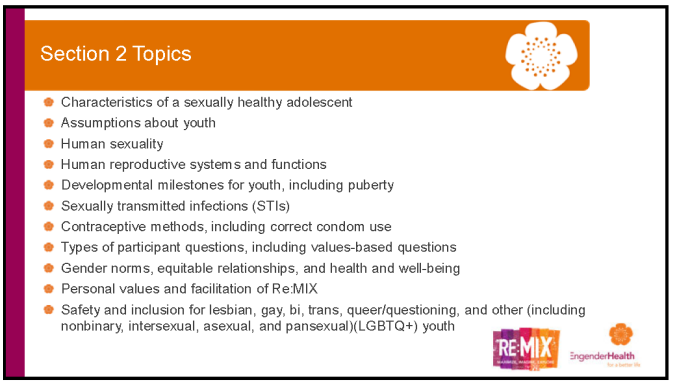

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6

Why Do We Focus on Adolescents?

- Adolescence is a critical phase in a person's life, and interventions at this stage are likely to have far-reaching impacts because lifelong habits are frequently formed during this period.
- Ensuring that SRH education is relevant to youth needs and capacities at their particular stage in life is essential to effectively reaching them with SRH information.
- To be relevant, successful interventions need to focus on building adolescents' capacities to analyze risks, make healthy choices, and become actively engaged in deciding their own futures.

7

Characteristics of Sexually Healthy Adolescents

- Appreciate their bodies
- Take responsibility for their behaviors
- Are knowledgeable about sexuality
- Make personal decisions that are consistent with their personal values
- Communicate effectively
- Understand and seek information about their family's values
- Interact with all genders respectfully and appropriately
- Can express love and intimacy in developmentally appropriate ways, based on their own comfort levels and readiness
- Can evaluate their readiness for mature sexual relationships

8

2.2: What is Sexuality?

9

Learning Objectives

After completing this module, participants will be able to:

- Explain the difference between the terms "sex" and "sexuality."
- Describe the five components of human sexuality and discuss their importance throughout the lifespan.

10

What Is Sexuality?

- Sexuality begins before birth and lasts throughout the life span.
- A person's sexuality is shaped by their attitudes, behaviors, beliefs, emotions, likes and dislikes, personalities, physical appearances, spiritual selves, values, and all of the other ways in which they have been socialized.
- Consequently, the ways in which individuals express their sexuality are influenced by cultural, ethical, moral, and spiritual factors.

11

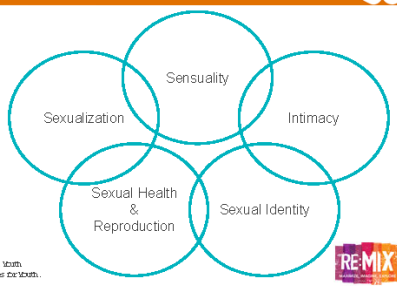
The Five Components of Sexuality

1) Sexual Identity
2) Sexual Health and Reproduction
3) Sensuality
4) Intimacy
5) Sexualization

Source: Life Planning Education: A Youth Development Program by Advocates for Youth.

12

Circles of Sexuality



Source: Life Planning Education: A Youth Development Program by Advocates for Youth.

13

Sexual Identity

Sexual identity refers to a person's understanding of who they are sexually, including the sense of being female, male, or something else. Sexual identity consists of three interlocking and important pieces that together affect how people see themselves.

- Gender Identity (a person's perception of having a particular gender)
- Gender Role (behaviors, and expectations of behaviors, of each gender)
- Sexual Orientation (related to the gender or genders a person is attracted to)

14

Sexual Health and Reproduction

Sexual health and reproduction comprise our abilities, attitudes, and behaviors related to conceiving/reproducing, enjoying sexual behaviors, and maintaining our sexual and reproductive anatomy. This includes:

- Anatomy and Physiology of Reproductive Organs
- Conception and Contraception
- Sexual Development
- Sexual Intercourse
- Sexual Behaviors
- STIs including HIV

15

Sensuality

Sensuality refers to our awareness of, acceptance of, and comfort with our bodies as well as the physiological and psychological enjoyment we experience with our bodies and with the bodies of others. Related issues include:

- Body Image
- Fantasy
- Physical Attraction to and from Others
- Touching and Being Touched
- Pleasure and Release from Sexual Tension

16

Intimacy

Intimacy refers to the ability and need to have relationships in which we experience emotional connections with other people. Emotional aspects of intimacy include:

- Caring
- Sharing
- Liking and Loving
- Risk Taking
- Being Vulnerable
- Setting/Respecting Boundaries

Note: Mature romantic relationships involve both intimacy and sexual intercourse. Intimacy is established over time through caring and communication—unfortunately this is not always part of the adolescent sexual experience.

17

Sexualization

Sexualization involves using sex or sexuality to control, influence, or manipulate other people. This includes:

- Flirting and Seduction
- Incest
- Rape
- Sexual Harassment
- Sexual Withholding

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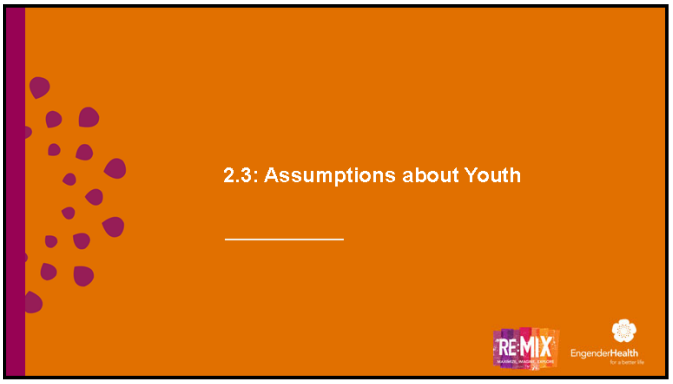

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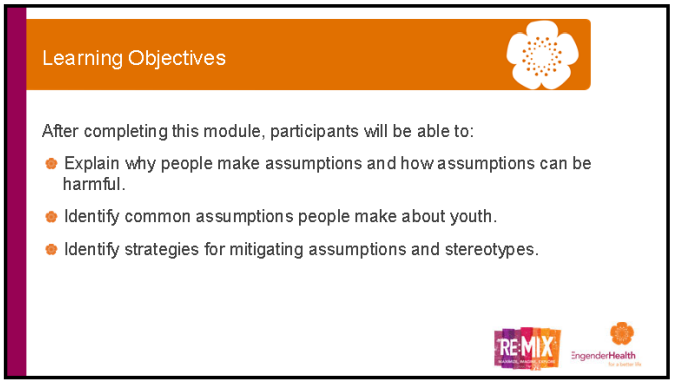

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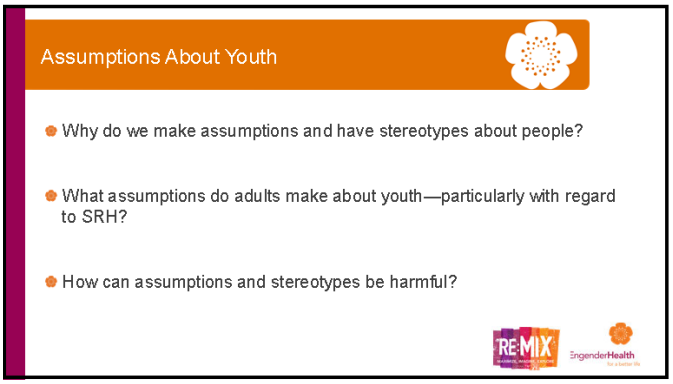

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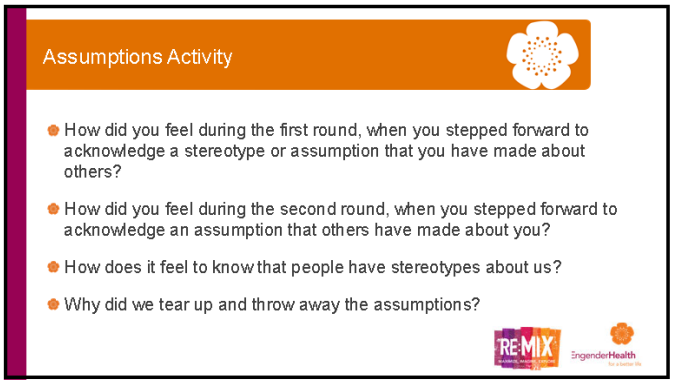

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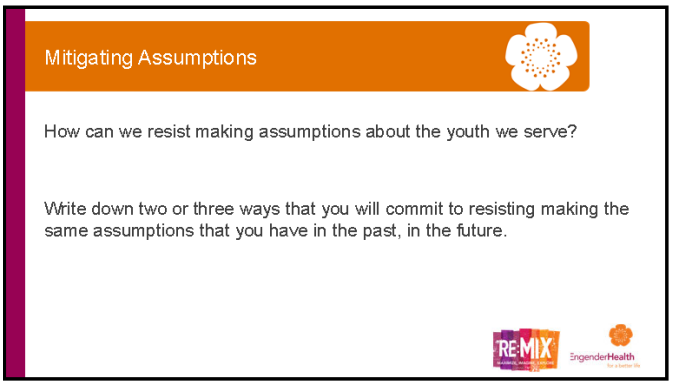

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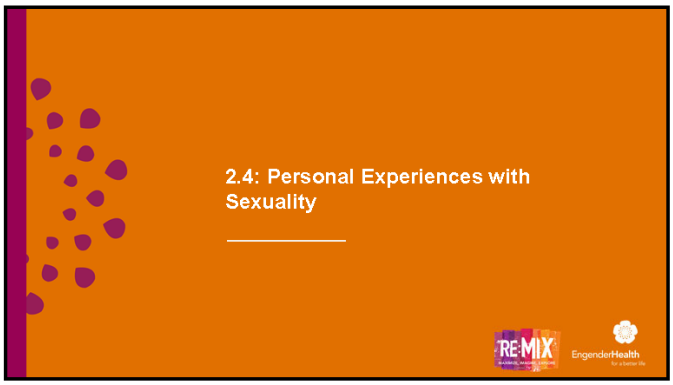

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Learning Objectives

After completing this module, participants will be able to:

- Identify how personal values may influence comfort with and effectiveness in facilitating Re:MIX.
- Examine how personal experiences related to learning about and discussing sex shape our values.
- Explain the values of the Re:MIX program.

25

Values about Sex

- Consider some commonly held values related to gender equality, sexuality, and sexual activity and discuss whether or not you agree with those values.
- Working in pairs, share some of your own personal experiences with learning about and discussing sex.
- Develop language around the values of the Re:MIX curriculum that can serve as Re:MIX value statements.

26

Memory Search: Pairs Discussions

- How did you first learn about sex and sexual health?
- What and when did you learn about condoms and contraception?
- Did your family talk openly about sex and sexuality?
- How has culture and religion affected your sexual learning or views about sex?
- Did you receive formal sex education in school? If so, did your teacher(s) appear comfortable with the subject and what impact did their attitudes and behaviors have on your learning?
- How have your professional and/or personal experiences prepared you to be an advocate for adolescent sexual health? What else do you need?
- What sexual health topics are most and least comfortable teaching teens?
- How can you overcome any feelings of discomfort?

27

Memory Search: Large-Group Debrief

- What did you recall from your experiences and how these experiences may affect the way you work as an educator?
- How do our role models (e.g., educators, parents, teachers, and coaches) influence our values related to gender equality and sexuality?
- How will you influence youth in Re:MIX?

28

Forced Choice Activity

- No 15-year-old person is old enough to have sexual intercourse.
- Sex should always occur within a committed, monogamous relationship.
- Condoms should be free at middle schools and high schools.
- Youth under the age of 14 should be able to obtain emergency contraception without parental consent or a prescription.
- Sometimes boys cannot resist their sexual urges.
- It's easier for girls to say "no" to sex than it is for boys.

29

Forced Choice: Large-Group Debrief

- Did anyone find it difficult to choose sides for any of the statements? If yes, why?
- Why is it important to recognize and understand your own values related to gender and sexuality?
- Why is it important for the Re:MIX curriculum to be clear on the values that it promotes related to gender and sexuality?
- How might your attitudes and values affect how you facilitate Re:MIX?
- How can you reconcile or deal with any of your values that contradict the Re:MIX values?
- How would you approach dealing with youth who have values that contradict the Re:MIX values?

30

2.5: Getting the Gender Message

31

Learning Objectives

After completing this module, participants will be able to:

- Define and redefine gender norms in ways that build equitable relationships and promote health and well-being.
- Articulate how they classify gender and gender differences.
- Differentiate between gender identity, gender expression, biological sex, and sexual and emotional orientation.
- Recognize, analyze, and question common, socially accepted media images and messages about gender.
- Explain how harmful gender messages can negatively affect self-image, decision-making, relationships, and health.

32

Sex Assigned at Birth

Sex assigned at birth is assignment and classification of people as male, female, intersex, or another sex **based on a combination of anatomy, chromosomes, and hormones**. This is typically assigned by a doctor at the time of birth and documented on a birth certificate.

Sex Assigned at Birth

Female Male Other/Intersex

Source: The Gender Unicorn by Trans Student Educational Resources.

33

Gender Identity

Gender identity is the **internal sense** of being male, female, neither, both, or any other gender(s). Everyone has a gender identity, including you.

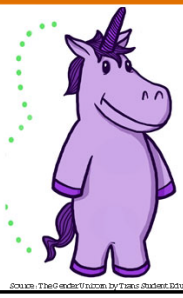
Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Source: The Gender Unicorn by Trans Student Educational Resources.

34

Gender Expression



Gender expression is the **physical manifestation** of one's gender identity through clothing, hairstyle, voice, body shape, etc. It is not necessarily all feminine or all masculine; it can be a mix (i.e., androgynous). It does not have to match a person's gender identity, and it can change over time.

Gender Expression

Feminine
Masculine
Other

Source: The Gender Unicorn by Trans Student Educational Resources.

35

Respecting Pronouns

Remember, different people use different pronouns. Do not assume what pronoun a person uses and instead ask them what they prefer.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She speaks. I listen to her. It was her preference.
He	Him	His	Himself	He speaks. I listen to him. It was his preference.
They	Them	Theirs	Themself/ Themselves	They speak. I listen to them. It was their preference.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself	Ze zpeaks. I listen to Zir. It was zirs preference.

Source: Gender Pronouns Guide by LGBT Campus Center at University of Wisconsin-Madison.

36

Physical Attraction

Physical attraction is a term to describe the gender(s), gender expression, and/or sex assigned at birth of the people to whom one is **attracted physically**.

Source: The Gender Unicorn by Trans Student Educational Resources.

37

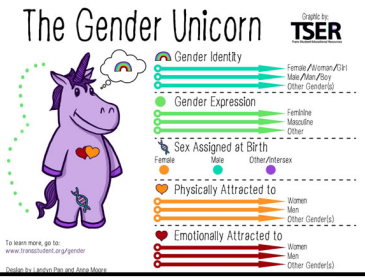
Emotional Attraction

Emotional attraction is a term to describe the gender/s, gender expression and/or sex assigned at birth of the people to whom one is **attracted emotionally**.

Source: The Gender Unicorn by Trans Student Educational Resources.

38

The Gender Unicorn Summary



Remember, gender identity, gender expression, sex, and sexual identity *do not* depend on each other!

39

What Is LGBTQ+?

The term "LGBTQ+" is an abbreviation that represents: lesbian, bi, gay, trans*, queer/questioning, and other (including intersex, asexual, pansexual, and ally).

Language and terminology is constantly evolving, and this is only one of a number of terms currently used to represent this community.

40

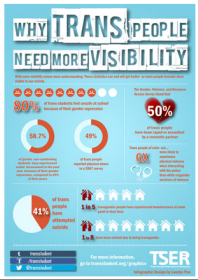
Cisgender and Transgender

Cisgender

- A person whose gender identity and sex assigned at birth align

Transgender

- A person whose gender identity and sex assigned at birth do **not** align



Source: Gender Nation Glossary by Refinery 29 and GLAAD.

41

Gender Nonconforming or Genderqueer

Gender Nonconforming (GNC)

- A gender expression descriptor that indicates a nontraditional gender presentation (masculine woman or feminine man)
- A gender identity label that indicates a person who identifies outside of the gender binary

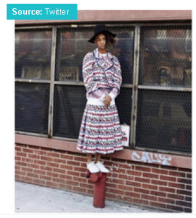
Genderqueer (GQ)

- A gender label often used by people who do not identify with either binary male or female identity
- An umbrella term for many gender nonconforming, nonbinary identities

Source: Gender Nation Glossary by Refinery 29 and GLAAD.

42

Youth Today



Age	identify as exclusively heterosexual
13-20	48%
21-34	65%
	know someone using gender-neutral pronouns
13-20	56%
21-27	43%
	always buy clothes designed for their gender
13-20	44%
21-34	54%

Source: "Teens These Days Are Queer AF, New Study Says" by Ling Tejang.

43

R-E-S-P-E-C-T

- Understand that gender is personal and very complex.
- Ask for preferred pronouns, when possible.
- Listen to stories without judgement.
- Establish your classroom as a safe space for all identities.
- Avoid stereotypes.
- Respect students' privacy.
- Do not make assumptions about gender or sexual identities.

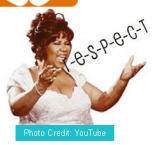


Photo Credit: YouTube

44

Gender Norms

- Gender norms are socially determined constructs describing the characteristics, behaviors, and roles deemed appropriate and expected of men and women (and boys and girls) by a given society.
- Gender norms are learned and reinforced through a socialization process that begins at birth and continues throughout the life cycle.
- Gender norms change over time.
- Remember: "sex" and "gender" are *not* synonymous.

45

Personal Experiences with Gender Messages

Questions to Consider

- What gender messages have you received about the items below:
  - How to dress
  - How to interact with others
  - How to express emotions
  - How to talk and make decisions about sex
  - How to access help and healthcare
  - How to be a parent
  - How to prove your womanhood/manhood
- How did these messages make you feel?

Questions for Discussion

- How do unhealthy and inequitable gender messages and norms impact men and boys? Women and girls? Others?
- How do these messages and norms influence decisions about sex?

46

Harmful Gender Messages for Men

- Be tough and strong
- Do not cry or show emotion
- Do not ask for help
- Be in control
- Be the breadwinner
- Be dominant over women
- Have lots of sex and many sexual partners
- Take risks
- Drink and use drugs
- Use violence to solve problems

"BE A MAN"

47

Harmful Gender Messages for Women

- Look pretty / skinny
- Be seen, not heard
- Let men make the decisions
- Keep your opinions to yourself
- Do not get angry
- Be flirty, but do not have sex until marriage
- Do not talk about sex
- Be a caretaker and homemaker
- Take care of your man to keep him
- Have children

"ACT LIKE A LADY"

48

Why Gender Matters: Adolescent Males with Traditional Attitudes about Masculinity…

- Are more likely to engage in relationships that are less intimate
- Are more likely to believe that relationships between women and men are adversarial
- Are more likely to report higher numbers of sexual partners
- Are less likely to use condoms consistently
- Are more likely to believe that pregnancy validates masculinity
- Are less likely to believe in men's responsibility to prevent pregnancy
- Are more likely to abuse their partner physically or sexually
- Are less likely to access healthcare

Sources: "Masculinity Ideology: Its Impact on Adolescent Males' Heterosexual Relationships" by Joseph H. Pleck, Freya L. Sonenstein, and Leighton C. Ku.

49

Why Gender Matters: Adolescent Females with Traditional Attitudes about Femininity…

- Are more likely to experience unintended pregnancies
- Are less likely to use condoms consistently
- Are more likely to accommodate the interests and desires of their partners
- Are at greater risk for contracting an STI (including HIV)
- Are at greater risk for experiencing relationship and sexual violence and coercion
- Are at greater risk of having more and riskier sexual partners, having unprotected sex, and having sex for money and/or drugs

Source: "Masculinity Ideology: Its Impact on Adolescent Males' Heterosexual Relationships" by Joseph H. Pleck, Freya L. Sonenstein, and Leighton C. Ku.

50

Gender in the Media

Television | Movies | Music | Magazines | Video Games | Toys

51

Media Consumption

Source: *Common Sense Census: Media Use by Tweens and Teens* by Common Sense Media.

Media Activity	Tweens (8–12)	Teens (13–18)
Watching TV/DVDs/videos	2:26	2:28
Playing video, computer, or mobile games	1:19	1:54
Listening to music	0:51	1:21
Reading	0:29	1:11
Using social media	0:16	0:32
Doing other activities on computer/mobile devices	0:13	0:36
Browsing websites	0:12	0:28
Video chatting	0:06	0:13
Going to the movies	0:02	0:03
Total	5:55	8:46

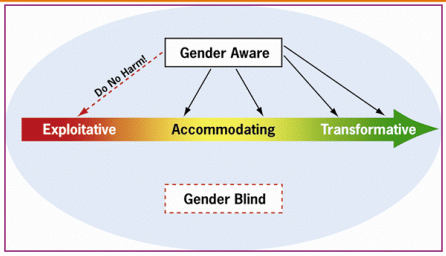
52

Benefits of Gender-Transformative Programs

- Gender-transformative programs increase awareness of unhealthy and inequitable gender norms that exist in our communities.
- Gender-transformative programs seek to critically examine the costs of abiding by traditional norms.
- Gender-transformative programs actively redefine unhealthy and inequitable norms to become healthy and equitable norms for all people.

53

How Can We Transform Gender Norms?



Source: "Gender, Sexuality, and HIV/AIDS: The What, The Why, and The How" by Geeta Rao Gupta. .

54

Gender Accommodating

Gender accommodating approaches **maintain existing gender dynamics and roles** to achieve project outcomes.

Examples include:

- Acknowledging risks and power inequities, but not challenging them
- The ¡Cuídate! curriculum, which aims to reduce HIV risk among Latino youth, and addresses machismo but in the context of framing condom use as culturally acceptable

55

Gender Exploitative

Gender exploitative approaches **create, exacerbate, or exploit gender inequalities** in order to support project outcomes.

Examples include:

- Using violent, predatory images of male sexuality
- Portraying women as powerless victims

Note: While social marketing campaigns for condoms that use aggressive or violent imagery have increased condom usage, these campaigns also reinforced dangerous stereotypes related to male dominance.


Photo Credit: Tumisu

56

Gender Blind

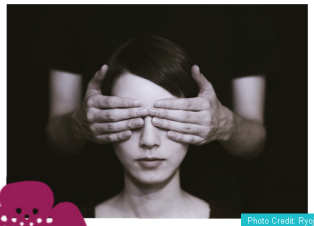


Photo Credit: Ryoji Iwata

Gender blind refers to **an absence of any consideration of gender and the unequal power relations between the sexes**, which may affect programming and program outcomes.

57

Gender Transformative

Gender transformative approaches seek to **actively change gender norms** in order to create positive, healthy relationships between men and women and to promote gender equality in support of project outcomes.

Examples include:

- Developing awareness, questioning, and redefining socially constructed gender roles, behaviors, and attributes
- Intentionally and proactively working to advance gender equality
- Addressing the multitude forces in an individual's environment

58

Do You Think Social Constructs Can Change?

Photo Credit: Samantha Sophia


Photo Credit: Analuisa Gamboa

59

2.6: Human Anatomy and Physiology

60

Learning Objectives

After completing this module, participants will be able to:

- Explain the importance of using anatomically correct vocabulary to refer to the human reproductive anatomy.
- Describe the human reproductive system.
- Identify the location and function of major anatomical parts.
- Explain reproductive processes such as erections, ejaculation, ovulation, fertilization, implantation, and menstruation.

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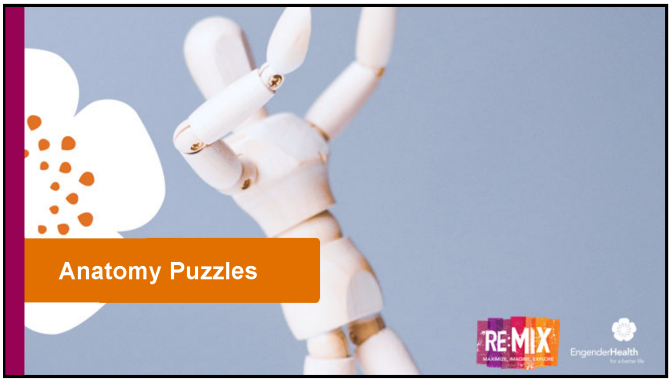
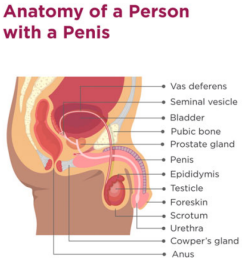
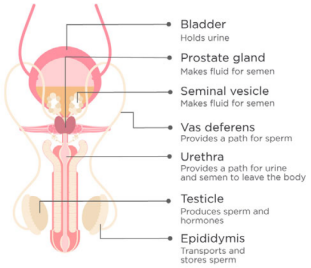


63

Reproductive Anatomy: Person with a Penis

Anatomy of a Person with a Penis

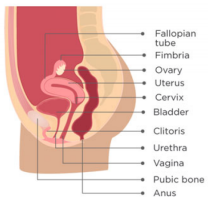


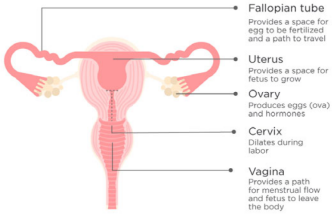


64

Reproductive Anatomy: Person with a Vagina

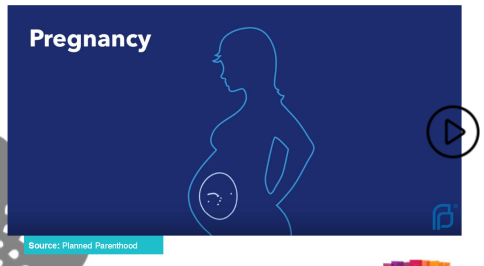
Anatomy of a Person with a Vagina





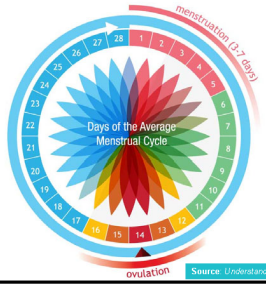
65

How Do You Get Pregnant?



66

Fertility: Person with A Vagina



- Pregnancy is most likely to occur during the three-day window centered around the ovulation period.
- Everyone's ovulation cycle varies, which makes it difficult to determine the exact fertility period—this is particularly true during adolescence when bodies are adapting to new hormones.

Source: *Understanding Ovulation* by American Pregnancy Association

67

Fertility: Person with A Penis

- Unlike the fertility cycle of a person with a vagina, a person with a penis is fertile every day.
- A person with a penis produces billions of sperm daily and every act of unprotected sex can potentially result in a pregnancy.
- Remember: It takes two people to get pregnant and two people are responsible for preventing a pregnancy!

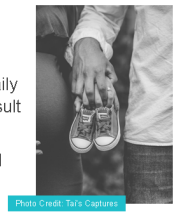


Photo Credit: Tal's Captures

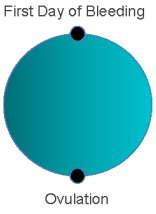
68

Menstruation

- Once ovulation begins, each month the egg is not fertilized or does not implant, it joins with the protective uterine lining to be shed through the process of menstruation. This process—often referred to as "a period"—normally lasts between 5 and 7 days.
- While people may have different menstrual cycles, most menstrual cycles last between 21 and 35 days. An average menstrual cycle is 28 days, but normal cycles vary within 10 days. It is particularly common for adolescents to have irregular menstrual cycles for the first few years.

69

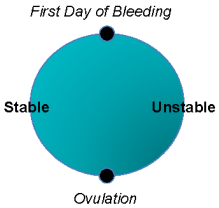
Menstrual Cycle



- The menstrual cycle is a cycle that is divided by two important days: the first day of bleeding and ovulation.
- The menstrual cycle repeats monthly once it begins during puberty until menopause occurs.

70

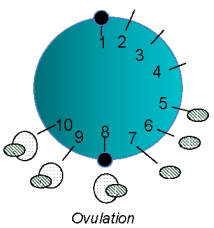
Menstrual Cycle



- The menstrual cycle is divided into two parts: stable and unstable.
- The stable side—after an egg is released—is always 14 days (+/- a day)
- The unstable side—before an egg is released—can vary by up to 10 days each month, making predicting ovulation difficult. Diet, exercise, travel, and other types stress can affect a person's cycle.

71

Menstrual Cycle



- Sperm can live between 3 to 7 days.
- Eggs can live between 1 and 3 days.
- Any day that an egg and sperm are together is considered part of the fertility window.
- A woman with a 22-day cycle will ovulate on day 8. If she has sex on day 5, while she may have her period, she can still become pregnant if the sperm is still alive on day 8.

72

2.7: Puberty

73

Learning Objectives

After completing this module, participants will be able to:

- Demonstrate a thorough understanding of puberty and the changes that occur in adolescents' minds and bodies.
- Identify several physical and emotional changes that occur (1) only in people with penises, (2) only in people with vaginas, and (3) in both.

74

Puberty

- The time between childhood and adulthood where everyone matures emotionally, physically, and sexually
- A process (it does not occur all at once, like over night)
- Typically occurs between the ages of 9–17 years, but varies—no formula for when it begins or how long it lasts
- Follows a universal physical sequence, although timing varies
- Experienced differently by everyone—no two people have the same experience

75

Puberty Game

- Male
- Female
- Both Male & Female

76

Different is Normal

Source: Planned Parenthood

77

2.8: Adolescent Development

78

Learning Objectives

After completing this module, participants will be able to:

- Explain the fundamental development of the adolescent brain.
- Discuss the cognitive, emotional, physical, and sexual developmental milestones of adolescents ages 13–17.

79

A Word About Brain Development

- The brain develops from the back to the front. The prefrontal cortex, located in the front, is one of the last structures in the brain to develop. In fact, it is not fully developed until a person is in their twenties. The prefrontal cortex is a key part of the brain as it is responsible for the following major functions:
  - Memory
  - Mood
  - Organization
  - Planning

- Adolescents can be impulsive and make risky decisions, at least in part, because their prefrontal cortex has not fully matured.

80

Hand Model of the Brain

Source: Dr. Daniel Siegel

81

Stages of Adolescent Development

Ages of Adolescence

- Early Adolescence: 11–14 years
  - 11–13 for a person with a vagina
  - 12–14 for a person with a penis
- Middle Adolescence: 15–17 years
  - 13–16 for a person with a vagina
  - 14–17 for a person with a penis
- Late Adolescence: 18–21 years
  - 16–19 for a person with a vagina
  - 17–19 for a person with a penis

Areas of Development

- Cognitive Development
- Emotional Development
- Physical Development
- Sexual Development

82

2.9: Sexually Transmitted Infections

83

Learning Objectives

After completing this module, participants will be able to:

- Identify the most common STIs and discuss associated causes, transmission factors, treatment options, and prevention strategies.

84

Key STI Questions

- What is an STI?
- How do you contract an STI?
- What are the signs and symptoms of STIs?
- How do I protect myself and my partners from contracting or transmitting an STI?
- What are the most common STIs?
- How can I find out if I have an STI and access treatment?

85

STI Basics

- The abbreviation "STI" stands for "sexually transmitted infection"—because they are infections. STIs can be bacterial, viral, or parasitic. *(Note: STIs may also be known as sexually transmitted diseases, or STDs.)*
- STIs are transmitted through an exchange of bodily fluids, sexual activity, or skin-to-skin contact—depending on the specific STI. Anyone can contract an STI.
- There are some common symptoms associated with STIs, although some STIs show no symptoms.
- STIs are preventable and treatable. Some are completely curable, others require lifelong management.

86

Transmission

- STIs are transmitted through physical contact that involve skin-to-skin contact and contact with bodily fluids, including blood, breastmilk, semen (including pre-ejaculate fluid), and vaginal secretions.
- You can contract an STI by any unprotected sexual contact—including anal, oral, and vaginal sex—with an infected partner.
- STI's do not care who you are, who you have sex with, or what kind of sex you have—if you have any type of unprotected sex with an infected partner, you are at risk of contracting an STI.

87

Symptoms

- Blisters, bumps, or sores on or around the mouth or genitalia
- Burning or pain during ejaculation, urination, and bowel movements
- A need to urinate frequently
- Itching and/or swelling in and around the genitalia
- Swelling and/or redness in the throat
- Flu-like feelings including aches, chills, and fever

*** Many people experience zero symptoms.**
Everyone who is sexually active should get tested!

88

Prevention

- Abstain from physical contact that can lead to the transmission of STIs.
- Honestly talk to your partner about risks and ensure each partner is tested before having sex.
- Use a barrier method each time you have any type of sexual contact.
- Do not engage in risky behaviors.

89

Prevention: Risk Spectrum

No Risk
- Discussing Fantasies
- Masturbation

Low Risk
- Massage / Touching
- Casual Kissing
- Intimate Kissing

Medium Risk
- Oral-Anal Contact
- Oral Sex on a Woman
- Oral Sex on a Man—No Ejaculation
- Oral Sex on a Man—With Ejaculation

High Risk
- Penetrative Vaginal Intercourse
- Penetrative Anal Intercourse
- Receptive Vaginal Intercourse
- Receptive Anal Intercourse

90

Treatment Options for Common STIs

Visit a local clinic to access STI testing and care. If you have contracted an STI, the type of care you receive will vary depending upon the type of STI.

Bacterial	Parasitic	Viral
Curable	Curable	Treatable
› Chlamydia	› Pubic Lice	› Herpes
› Gonorrhea	› Scabies	› HIV
› Syphilis	› Trichomoniasis	› Human Papillomavirus (HPV)

91

Responsibility

Everyone is responsible for taking care of their own bodies. That means:

- Obtaining the information needed to make healthy sexual decisions (from healthcare providers or other trusted resources)
- Respecting our bodies and our partners by being open and honest about our sexual health and STI status and avoiding risky behaviors
- Getting tested regularly (annually or semiannually)
- Seeking medical attention for any symptoms and following treatment guidelines prescribed by healthcare providers

92

STI Scavenger Hunt

Note: These plush microbes are available at https://www.giantmicrobes.com/us/main/stds.

93

5 Key Messages for Youth

- **Transmission:** STIs are transmitted by sexual contact with an infected person.
- **Symptoms:** Common symptoms include blistering, burning, itching, and swelling in the genital area, but many people do not experience any symptoms.
- **Prevention:** Abstinence is the only 100% effective method for preventing STIs. Avoid risky behaviors (multiple partners, unprotected sex, etc.) to reduce your risk.
- **Treatment:** If you suspect you might have an infection, promptly seek medical attention for testing and care.
- **Responsibility:** Everyone is responsible for making healthy decisions to protect themselves and their partners from STIs.

94

Common STI Questions

- What are STIs and how do people contract them?
- What are the most serious STIs?
- How can I protect myself from STIs?
- How do I know if I have an STI?
- What should I do if I think I might have an STI?
- Can STIs be cured?

95

2.10: Contraceptive Methods

96

Learning Objectives

After completing this module, participants will be able to:

- Describe common methods of contraception, including how the method is used, its efficacy rate, where to obtain it, and its common side effects.

97

Contraceptive Methods

Contraceptives, also known as "birth control," can help prevent pregnancies.

There are 6 categories of contraceptives:

- Hormonal
- Barrier
- Chemical
- Surgical
- Emergency
- Abstinence

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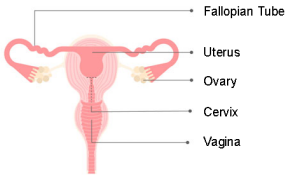
Method 1: Hormonal Contraceptives

- Use hormones (progestin and/or estrogen) to:
  - prevent ovulation (no egg is released)
  - prevent sperm from entering the uterus, by thickening the cervical mucus
  - prevent implantation, by thinning the uterine lining
- Are 99% effective when used correctly.
- Do not protect against STIs.



99

Types of Hormonal Contraceptives

- Oral Contraceptive / Pill (Daily)
- Patch (Weekly)
- Ring (Monthly)
- Injection (Every 3 Months)
- Implant (Every 3 Years)
- Intrauterine Device (IUD) (Every 5–10 years)

100

Method 2: Barrier Contraceptives

- A barrier contraceptive is a material or object that prevent sperm and egg from meeting.
- Condoms (there are two types) are the most common type of barrier methods.
- Condoms are the only methods that prevent against STIs.

- External Condom
- Internal Condom

101

Method 3: Chemical Contraceptives

- Chemical contraceptives are called spermicides and they use chemicals to destroy sperm.
- Spermicides are available in three different forms: film, foam, or gel.
- Spermicides are *not* effective in preventing pregnancies when used alone; however, they can be used with another form of contraception.
- Spermicides do *not* protect against STIs.

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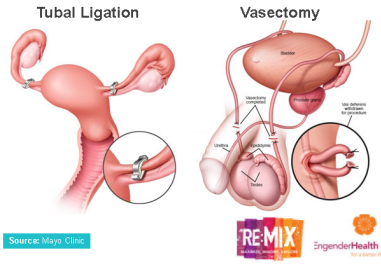
Method 4: Surgical Contraception

Surgical contraception reshapes the sexual anatomy to prevent eggs and sperm from meeting. There are two types of surgical contraception—**tubal ligation** and **vasectomy**.



103

Method 5: Emergency Contraception

- Emergency contraception contains the same hormones as oral contraceptives and can help prevent a pregnancy from occurring, if taken within 72 hours of engaging in unprotected sex.
- Emergency contraception has no effect on an actual pregnancy and should not be used as a regular form of birth control.
- Emergency contraception prevents fertilization from occurring, it does not cause an abortion.

104

Method 6: Abstinence

Abstinence is the only 100% effective method for preventing both pregnancies and STIs.

105

Selecting a Contraceptive Method

- Does the method prevent pregnancy?
- Does the method prevent STIs/HIV?
- How effective is the method?
- What are the benefits of this method?
- What are the possible side effects of this method?
- Where can you obtain this method?

106

Discussing Contraception with Youth

- How is the method used?
- How effective is the method?
- Where can someone access the method?

107

2.11: How to Use a Condom

108

Learning Objectives

After completing this module, participants will be able to:

- Explain the correct order of steps used to put on a condom.
- Demonstrate the correct use of a condom on a model.
- Identify reasons for incorrect condom use.
- Demonstrate familiarity and comfort in using a condom.

109

Consent

- Everyone has the right to say "no" to sex at any time.
- It is illegal to have sex without the other person's consent.
- A person who is intoxicated or under the influence, cannot legally provide consent.
- "No" always means no, only "yes" means yes.
- Pressuring someone into having sex does not equal consent.
- Consent should be given verbally and enthusiastically.

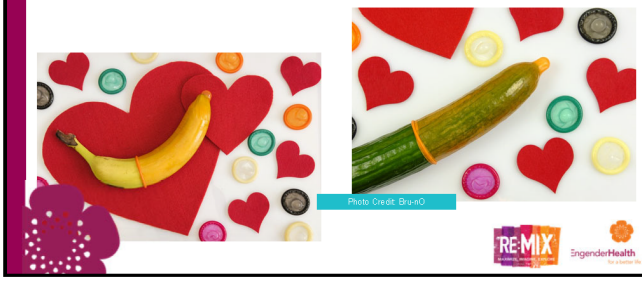
110

Condom Steps Activity Debrief

- What was challenging about this exercise?
- Were you unsure of the order of any steps or were there disagreements on your team about the correct order? Why?
- Could some of the steps fit in more than one place or could some of the steps have been switched?
- Do you think most people who use condoms follow these steps? Why or why not?

111

Condom Demonstration and Practice



112

2.12: Characteristics of Youth-Friendly Services

113

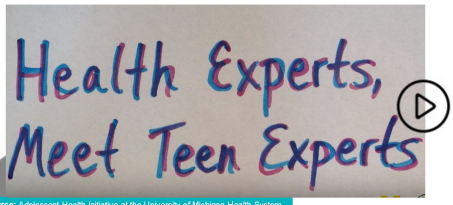
Learning Objectives

After completing this module, participants will be able to:

- Identify the characteristics of youth-friendly services.
- Provide appropriate referrals to students on youth-friendly health services.

114

Health Experts, Meet Teen Experts



Source: Adolescent Health Initiative at the University of Michigan Health System

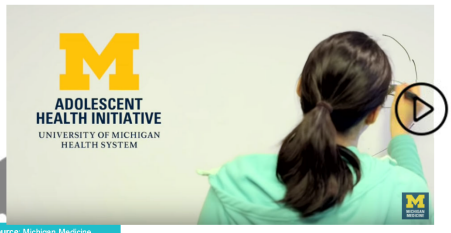
115

Characteristics of Youth-Friendly Services

- Programmatic
  - Youth are involved in program design
- Service Provider
  - Staff are trained in adolescent issues
- Health Facility
  - Facility offers convenient hours (after school/on weekends)
- Youth Perceptions
  - Privacy is maintained

116

Drawing a Picture: Adolescent-Centered Medical Homes



Source: Michigan Medicine

117

Youth-Friendly Health Service Offerings

- Information and counseling on sexuality, contraception, sexual abuse, and condom negotiation and use
- Pregnancy testing and pregnancy options
- Contraceptive method choices, services, and follow-up support
- STI screening, counseling, and treatment
- HIV testing and counseling
- Postabortion care
- Referrals and follow-up support

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SECTION 3 SLIDES

APPENDIX 5-C

The full-size slide deck can be found by visiting https://bit.ly/TOF-Section3

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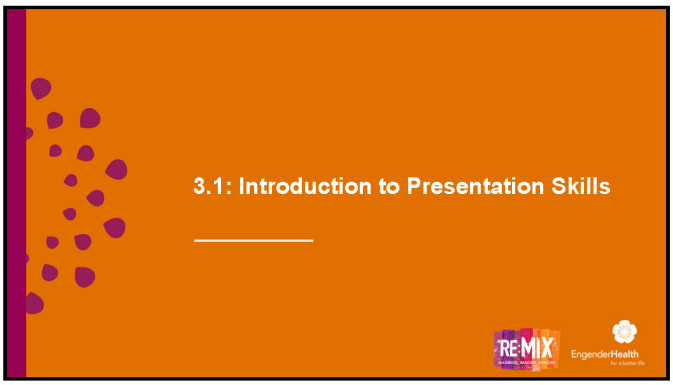

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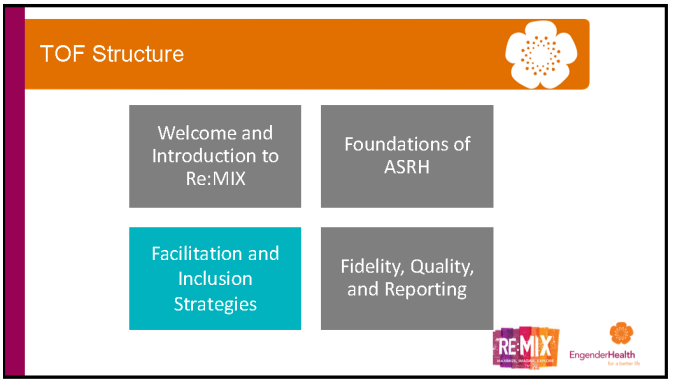

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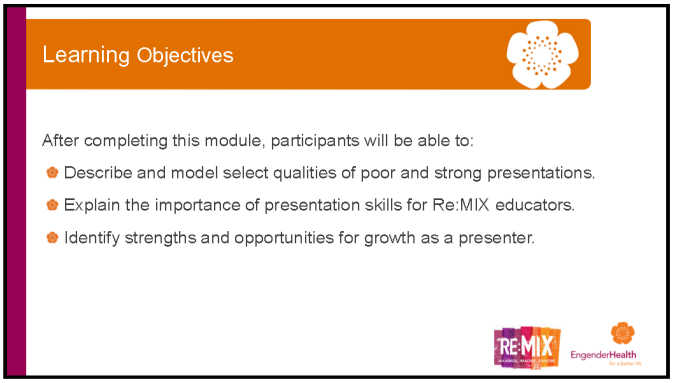

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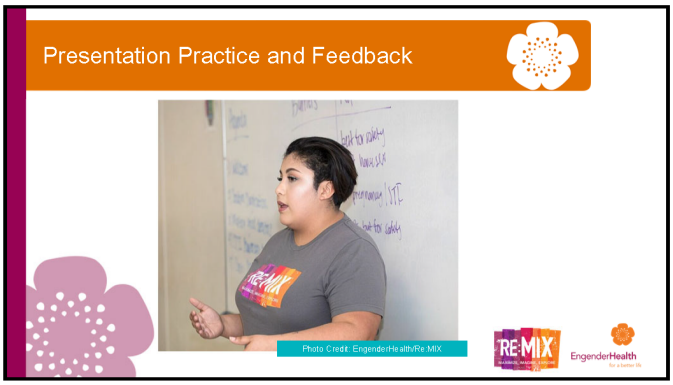

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Previous Presenter Hashtags

7

3.2: Roles and Stages of Facilitation

8

Learning Objectives

After completing this module, participants will be able to:

- Identify the three primary roles of facilitators.
- Describe the steps that should be taken before, during, and after each session of the Re:MIX curriculum for effective facilitation.
- Identify and describe personal feelings, strengths, and opportunities related to facilitating with groups.
- Describe routines and rituals that can be used with youth.

9

Linking Presentation and Facilitation

- How do you think presenting and facilitating are related?
- How do you think presenting and facilitating are different?
- When have you observed us (the trainers) presenting and when have you observed us facilitating?

10

Your Favorite Teachers

Photo Credit: EngenderHealth/Re:MIX

11

Primary Roles of Facilitators

1. Make sure everyone has an opportunity to participate.

2. Create a safe and supportive learning environment.

3. Listen, question, and provide guidance.

Photo Credit: EngenderHealth/Re:MIX

12

Facilitator Role Play

Photo Credit: EngenderHealth/Re:MIX

13

Three Images (Option A)

Photo Credit: ErikaWittlieb

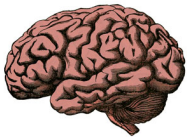

Photo Credit: holdentnls

Photo Credit: Johann Siemens

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Three Images (Option B)

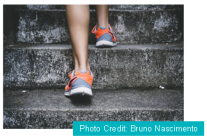


Photo Credit: Bruno Nascimento

Photo Credit: Daniel Hjalmarsson

Photo Credit: rawpixel

15

3.3: Managing Participants

16

Learning Objectives

After completing this module, participants will be able to:

- Identify common types of participant behaviors, including challenging behaviors.
- Match participant behaviors with strategies—and implement those strategies—for increased comprehension, engagement, inclusion, and safety.

17

Emotion Party

Photo Credit: Adam Whitlock

18

Rituals and Routines

- Remembering Names
- Welcoming Students and Getting Started
- Recognition
- Wrapping Up Class

19

Facilitation Challenges

20

3.4: Avoiding Power Struggles and Encouraging Discussions

21

Learning Objectives

After completing this module, participants will be able to:

- Identify the qualities of effective teachers.
- Identify and utilize basic strategies for avoiding power struggles with students.
- Identify and utilize methods for encouraging and supporting student discussion.

22

3.5: Co-Facilitation Strategies

23

Learning Objectives

After completing this module, participants will be able to:

- Describe and demonstrate strategies and best practices for successful co-facilitation.
- Build a strong rapport with co-facilitators and begin developing a co-facilitation philosophy.

24

Trading Statements

- Mingle with one another as you circulate around the room, reading the different statements.
- When you see a statement that appeals to you more than the one you have, ask the person to consent to trade it with yours. Likewise, if someone asks for yours, you have the option to consent to giving it to them or to keep it for yourself.
- You can trade statements as many times as you want—and everyone must keep circulating—until the time is up.

25

Co-Facilitation Best Practices

- Build a positive relationship with your co-facilitator and model it in every session.
- Openly discuss likes/dislikes and make agreements about your teaching dynamic.
- Proactively leverage each other's strengths and talents.
- Build and reinforce a classroom management plan together.
- Support each other in managing logistics during each session.
- Regularly check in with each other during sessions and share the stage.
- Thoughtfully debrief after each session, practicing active listening strategies and acknowledging each other's perceptions and feelings.

26

Co-Facilitation Checklist

Photo Credit: Glenn Carstens-Peters

27

3.6: Trauma-Informed Care

28

Learning Objectives

After completing this module, participants will be able to:

- Explain why trauma-informed practices are important in sex education programs.
- Understand and apply trauma-informed care to facilitation.
- Demonstrate improved skills in diffusing behaviors linked to trauma.

29

Understanding Trauma

Trauma encompasses powerful experiences of danger that overwhelm children's capacity to manage and regulate emotion. Examples include:

- Abandonment or neglect
- Accidents
- Community violence
- Chronic illness
- Death of family members and/or caregivers
- Domestic violence
- Physical or sexual abuse

"At the moment of trauma, the victim is rendered helpless by overwhelming force... Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."

Source: *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* by Judith Lewis Herman

30

Types of Trauma and Toxic Stress

- **Acute trauma:** Trauma resulting from exposure to a single, sudden, extraordinary event (e.g., car accident, rape)
- **Chronic/complex trauma:** Trauma, often of an interpersonal nature, resulting from extended exposure to traumatizing situations (e.g., repeated molestation, war)
- **Developmental trauma:** Persistent trauma that occurs early in life, negatively affecting important brain development (e.g., abuse, neglect, witnessing violence)
- **Toxic stress:** Persistent and continued experiences of stress and physical stress responses, often leading to negative effects on the brain and body (e.g., abuse, caregiver substance abuse, persistent economic hardship)

31

Trust-Based Relational Intervention (TBRI)®

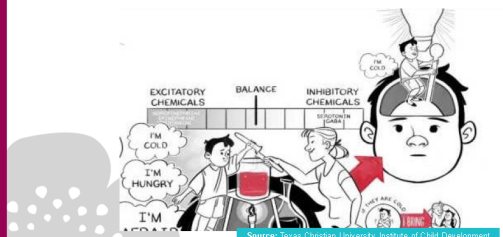
"TBRI® is an **attachment-based, trauma-informed intervention** that is designed to meet the complex needs of vulnerable children.

TBRI® uses **Empowering** Principles to address physical needs, **Connecting** Principles for attachment needs, and **Correcting** Principles to disarm fear-based behaviors."

Source: Texas Christian University, Institute of Child Development

32

TBRI®: Trust-Based Relational Intervention®



Source: Texas Christian University, Institute of Child Development

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Where Do We Stand?

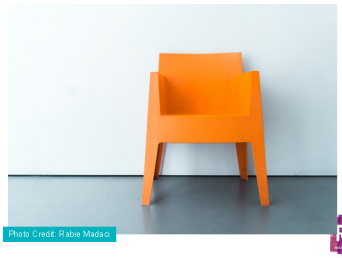


Photo Credit: Rabie Madaci

34

Three Pillars of Trauma-Informed Care

1. Safety
2. Connections
3. Managing Emotions

Photo Credit: Christoph Schmid

35

TBRI® Levels of Response

- Level 1: Playful Engagement
- Level 2: Structured Engagement
- Level 3: Calming Engagement
- Level 4: Protective Engagement

36

Make a Fist!

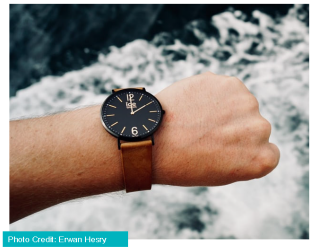


Photo Credit: Erwan Hesry

37

Secrets

Photo Credit: Kristina Flour

38

Reflection and Discussion

- What do you think might trigger you while you are facilitating Re:MIX (e.g., behavior, history, language)?
- What types of behaviors do you think would be most challenging to manage in the classroom?
- For those of you raising children, how do you deal with similar behaviors with your children?

39

Takeaway Messages and Actions

- When dealing with disruptive behaviors, remember that a student may be experiencing or processing trauma or stress outside the classroom.
- Refer to the Levels of Response chart to deal with disruptive behavior in ways that are helpful, not hurtful.
- Practice applying this knowledge inside and outside the classroom.

How will what you learned in this session change how you facilitate sessions in the future?

40

3.7: Strategies for Reaching LGBTQ+ Youth

41

Learning Objectives

After completing this module, participants will be able to:

- Describe why LGBTQ+ youth are at risk for becoming pregnant and contracting STIs.
- Describe at least three techniques for creating a safe and inclusive environment for LGBTQ+ youth.
- Address homophobic (and similar) statements made in the classroom.

42

Gaps in Traditional Sex Education Programs

- Abstinence-only programs often:
  - Encourage traditional gender roles and norms
  - Teach youth to wait until marriage to be sexually active and regard sex as strictly an activity between a married man and woman
  - Fail to discuss healthy relationships as a component of sexuality education
- Mainstream sex education programs, while helpful in demystifying sex for heterosexual youth, often focus solely on heterosexual relationships and fail to respond to the needs of LGBTQ+ youth.

43

Brainstorming Sexual Acts

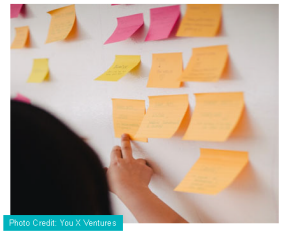


Photo Credit: You X Ventures

44

LGBTQ+ Risks

Risky behaviors—such as binge drinking and illegal drug use—as well as barriers to healthcare make LGBTQ+ youth especially vulnerable to HIV, other STIs, and unintended pregnancies. LGBTQ+ youth are more likely than their heterosexual peers to be sexually active and to have four or more sexual partners during adolescence. They are also less likely to use condoms or other forms of contraception.

Source: US Health and Human Services, Office of Population Affairs

45

LGBTQ+ Risk Factors

- People apply different strategies to avoid or cope with stigma.
  - For LGBTQ+ youth, this may include engaging in heterosexual dating and sexual practices to avoid being identified as LGBTQ+ and facing the related stigma. Increased substance use and abuse, which is another coping mechanism employed for dealing with LGBTQ+ stigma, can lead to unintended and unprotected sexual activities.
- LGBTQ+ youth are disproportionately represented among runaway, homeless, and street-involved populations. These youth report higher rates of sexual exploitation or survival sex as well as heightened challenges with negotiating contraception.

Source: "Stigma Management? The Links between Enacted Stigma and Teen Pregnancy Trends among Gay, Lesbian, and Bisexual Students In British Columbia" by Elizabeth M. Saewyc, Colleen S. Poon, Yuko Homma, and Carol L. Skay

46

Creating a Safe Space for LGBTQ+ Youth

Photo Credit: Sharon McCutcheon

47

3.8: Storytelling for Peer Educators

48

Learning Objectives

After completing this module, participants will be able to:

- Know what constitutes a compelling story.
- Craft personal stories from their own life experiences that relay health content to peers.
- Feel comfortable sharing their stories in small group settings.
- Create sample story shares for upcoming Re:MIX sessions.

49

Introduction

Photo Credit: Tumisu

- What experience do you have with storytelling?
- What do you hope to gain from this session?

50

51

Agenda

- Introduction
- Storytelling 101: Basics of a Good Story
- Crafting Your Story
- Sharing Stories
- Refining Your Story
- Sharing Refined Stories
- Closing

52

Storytelling 101: *Basics of a Good Story*

> Stories have power. They delight, enchant, touch, teach, recall, inspire, motivate, and challenge. They help us understand. They imprint a picture on our minds. Want to make a point or raise an issue? Tell a story.

Source: Janet Litherland

53

Storytelling 101: *Basics of a Good Story*

- Stories serve as connections to real-life experiences.
- Stories can convey important messages in memorable ways.
- Storytelling is a key part of many cultures and can be a great learning and teaching tool.

54

Storytelling Methods

- Spend time thinking about and developing your story.
- Practice sharing your story.
- Share your story with confidence.
- Make and maintain eye contact with your audience.

55

Peer Educator Digital Stories

Source: EngenderHealth/Re:MIX

56

Discussion Questions

- What is storytelling, according to the video?
- What made this story memorable to you?
- What are some techniques you can use to engage your audience?
- What is the message that you would like your audience to take away from your story?

57

Crafting Your Story

Consider the following questions as you craft your story:

- How old were you when you became a parent? What was happening in your life at that time?
- How did you tell your parent(s)? How did they react? How did their reaction make you feel?
- What was your healthcare experience like? How did providers and/or other staff treat you? What do you remember the most?
- How did becoming a parent affect your school, sports, and social lives? What changed (for better or worse) and what stayed the same?

58

Sharing Stories

- Find another peer educator to be your partner. Share a story you have written and listen to their story.
- After both of you have shared your stories, provide constructive feedback to each other.
- Repeat the steps above until you have shared your story with, and heard a story from, all of the other peer educators.

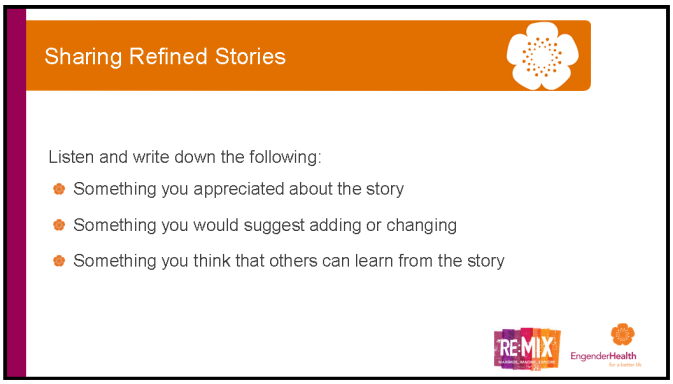
59

Sharing Stories Debrief

- What did you find challenging about writing and sharing your story?
- Did you change your story as you repeated it to different peers throughout the exercise?
- How did it feel to give and receive feedback?

60

61



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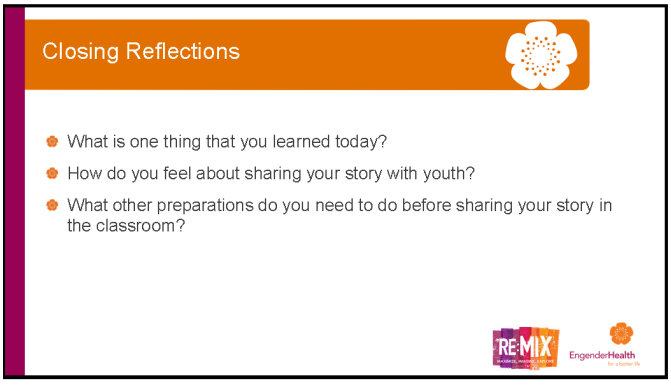

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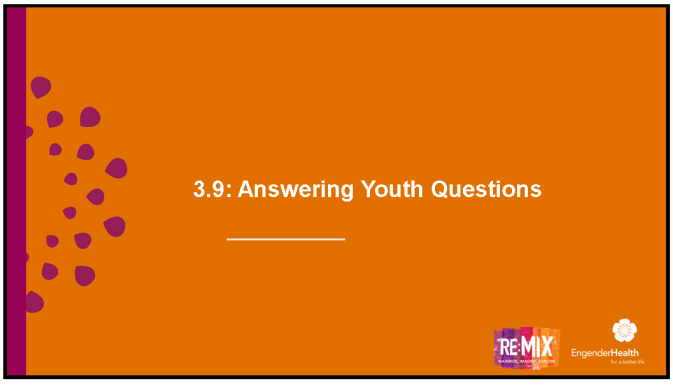

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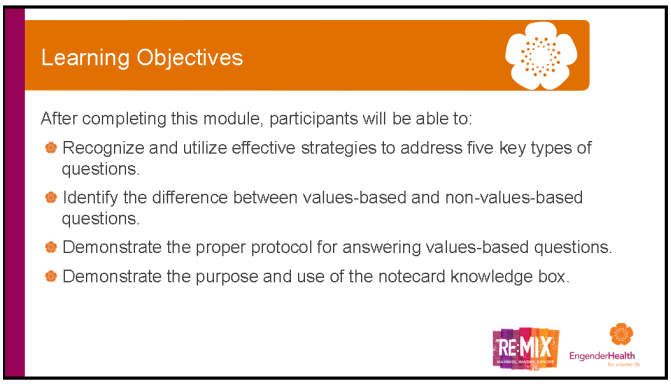

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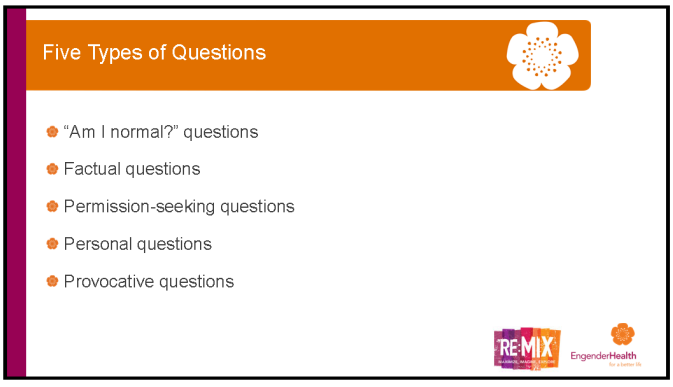


66

Values and Teen Pregnancy Prevention Programs

- Just as values are ever present in our society, values are ever present in our sharing of knowledge and education.
- Values-based questions must be answered carefully.
- There are some values that are appropriate for educators to express. However, expressing your own values may unintentionally hurt or offend a youth participant and/or their family.

67

Universal Values

Universal values are those shared by 95% of the population. Educators should feel comfortable with and responsible for teaching and reinforcing these values. Examples of universal values include:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Caring for your reproductive health is important.
- Sex between children and adults is wrong.
- It is safest and healthiest for school-age kids not to have sex.
- Adultery is wrong.

68

Non-Universal Values

Non-universal values are those without consensus in the community. Educators should never teach or express specific beliefs about non-universal values; doing so may hurt or offend others. Instead, a best practice is to acknowledge that there may be a variety of beliefs or opinions on an issue and emphasizing the importance of making healthy decisions and respecting one another. Examples of non-universal values include:

- Abortion
- Contraception
- Masturbation
- Sex outside of marriage
- Situation or age when sexual debut is acceptable

69

Responding to Values-Based Questions

- Acknowledge and affirm the question. > "That's a great question!"
- Explain this is a value-based question. > "The answer depends on your beliefs."
- Provide facts. > "Only abstinence is 100% effective in preventing pregnancies and STIs."
- Explain that beliefs may vary. > "Some people think… Others think… "
- Encourage further exploration with trusted adults. > "You may want to ask your parents what they think."
- Confirm you have answered the question and be open to additional discussion. > "Did that answer your question? Let me know if you would like to discuss further."

70

Negotiating Personal Questions

- "I'm not comfortable answering that question. Is there another question you can ask about ____ that I might be able to answer?"
- "That's a personal question and I don't answer questions about my own behavior/preferences/family."
- "Whether or not something is okay is a question of values and depends on what an individual person believes. However…"
- "I understand that you're curious about me. But we're here to provide information that helps you in your life. So let's talk about…"

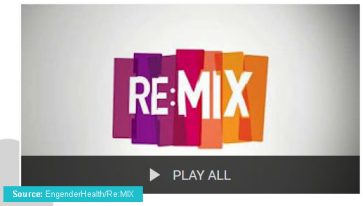
71

Other General Tips

- Acknowledge and validate questions and the youth asking them.
- Never provide guidance on sexual techniques.
- Be aware of your nonverbal communication.
- Use inclusive language.
- If you do not understand a question, ask for clarification.
- If you do not know an answer, that's okay.
- Offer to speak with students privately, if appropriate.
- Have fun—remember, if you have fun, your youth will too!

72

Re:MIX Answers: Teen Sexuality and Pregnancy



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3.10: Self-Disclosure

74

Learning Objectives

After completing this module, participants will be able to:

- Define self-disclosure and explain its purpose in professional settings, including Re:MIX.
- Understand and demonstrate approaches for implementing and monitoring self-disclosure during Re:MIX sessions and team gatherings.

75

Defining Self-Disclosure

- Self-disclosure is a process in which one person purposefully communicates information about themselves to someone else.
- The information shared can be descriptive or evaluative and can include:
  - Aspirations and goals
  - Failures and successes
  - Hopes and fears
  - Likes, dislikes, and favorites
  - Thoughts and feelings

76

Understanding Boundaries

- How would you define the term "boundaries"?
- Why are boundaries important for educators?
- What are your boundaries?

77

Re:MIX: Adolescents and Self-Disclosure

Self-disclosure is key to Re:MIX because:

- The content includes sensitive topics.
- Storytelling is part of Re:MIX; one way youth learn is by hearing and sharing stories.
- We all have experiences to share (as well as experiences we should or might not want to share).

Remember, adolescents are:

- Curious
- Deciding which adults are trustworthy
- Exploring their own identities
- Looking for peer and role models
- Searching for their place in the world
- Testing boundaries

Which means:

- They may ask personal questions that adults would not ask.
- They can benefit from hearing your story.

78

How Might Self-Disclosure Be Helpful? How Might Self-Disclosure Be Harmful?

Helpful	Harmful
Helping students identify with educators	Causing role confusion or reversal
Building rapport between educators and students	Leading to over-identification
Students learning from peer experiences	Reminding youth of negative experiences (triggering)

79

Mean Girls: I'm A Pusher, Cady

Source: *Mean Girls*

80

Questions to Consider

- How might my student interpret my self-disclosure? How will students benefit from this information?
- What are the reasons behind my wanting to share—to make me feel better or to help the student?
- Are there other ways that I can empathize with students without self-disclosing?
- Am I afraid that if I don't share this information to answer my student's question that the student will be upset with me?
- Is this question triggering me? Will sharing this story make me uncomfortable?
- What would my supervisor think or say if they knew I shared this information with my students?

81

When in Doubt…

Wait—and then talk to your team before deciding!

82

SECTION 4 SLIDES

APPENDIX 5-D

The full-size slide deck can be found by visiting https://bit.ly/TOF-Section4

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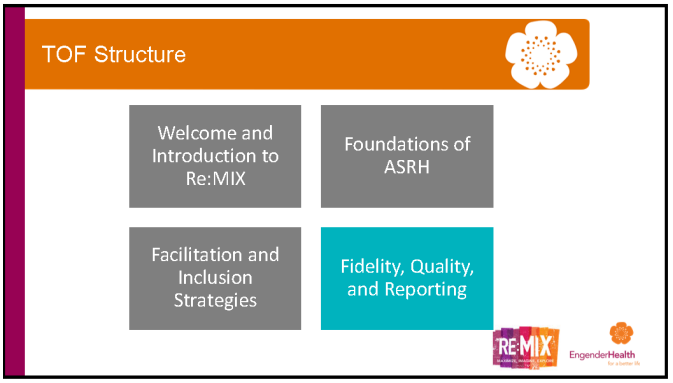

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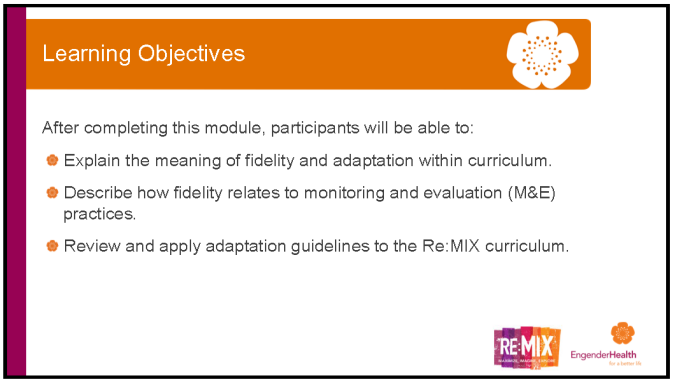

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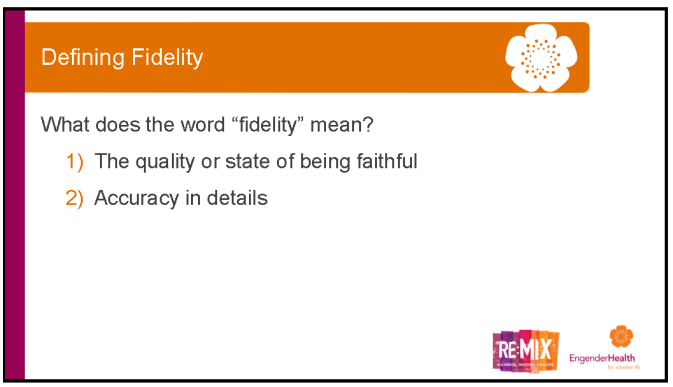

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6

Levels of Adaptations

Green Light

- Modifying warm-up, introductory, or icebreaker activities
- Adding or substituting discussion questions
- Customizing role-plays
- Updating SRH information
- Tailoring language to youth culture

Yellow Light

- Changing the # and duration of sessions
- Adding or changing the sequence of activities
- Adding activities to address additional risk and protective factors
- Working with same-sex versus mixed-sex groups

Red Light

- Changing the peer and health educator facilitation model
- Omitting activities or sessions
- Reducing or eliminating closing discussions
- Failing to repeat/reinforce key messages and The Code

7

Commitment to Fidelity and Quality

How will you commit to supporting fidelity and quality as a new facilitator?

8

4.2: Giving and Receiving Feedback

9

Learning Objectives

After completing this module, participants will be able to:

- Describe how feedback can improve professional relationships and teamwork.
- Give examples of positive, constructive feedback.
- Use feedback from others to improve performance in order to achieve individual goals and enhance program outcomes.

10

Photo Credit: Jon Tyson

Experience with Feedback

Think of a specific instance in which you received feedback and how it impacted you.

What was the feedback and what was the outcome?

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Team Feedback Guidelines

Giving Feedback

- Be kind
- Be thoughtful and honest
- Provide details
- Balance the scales
- Pick and choose
- Pay attention to the listener

Receiving Feedback

- Be open
- Make eye contact
- Listen carefully
- Store the feedback
- You decide

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Feedback Protocols and Debrief Details

Feedback Protocols

- Facilitator and observer prepared for feedback session
- Facilitator identifies successes and challenges
- Observer identifies successes and suggests improvements
- Facilitator and observer create an action plan for improvements

Debrief Details

- Co-facilitators' names
- School or site name
- Session title
- Session successes and challenges
- Solutions for future challenges
- Incident/mandatory reporting

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4.3: Reporting Requirements

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Learning Objectives

After completing this module, participants will be able to:

- Understand the concept of mandatory reporting related to child abuse and neglect.
- Define abuse and neglect according to federal and/or state laws.
- Identify reportable scenarios and expectations for reporting.

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Mandatory Reporting (Federal Law)

- Each state has laws requiring certain people to report concerns related to child abuse and neglect.
- Some states require all people to report their concerns, many states identify specific professionals (including child care providers, educators, medical and mental health professionals, and social workers) as mandated reporters.
- Many states have established specific procedures for mandated reporters to make referrals to child protective services.

Source: US Department of Health and Human Services, Child Welfare Gateway

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Defining Abuse (Federal Law)

- **Physical abuse:** Non-accidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include beating, biting, burning, choking, hitting, kicking, punching, shaking, stabbing, or throwing
- **Sexual abuse:** The coercion, employment, enticement, inducement, persuasion, or use of any child to engage in, or assist another person to engage in, sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction; rape and statutory rape; in caretaker or familial cases, the incest, molestation, prostitution, or other form of sexual exploitation of children
- **Sex trafficking:** Recruiting, harboring, transporting, providing, or obtaining of someone for a commercial sex act, such as prostitution, pornography, or stripping
- **Emotional abuse:** A pattern of behavior that impairs a child's emotional development or sense of self-worth

Source: US Department of Health and Human Services, Child Welfare Gateway

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Defining Sexual Contact, Abuse, and Assault (Federal Law)

- **Sexual contact:** Any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person
- **Sexual abuse:** Any sexual contact with a child (any person under the age of 17) by a person who is more than three years older; any sexual contact with a person aged 13 or younger
- **Sexual assault:** Any direct or third-party sexual contact or behavior that occurs without explicit consent of the recipient; any direct or third-party sexual contact or behavior that occurs with an individual whose ability to consent is impaired

Source: US Department of Health and Human Services, Child Welfare Gateway

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Defining Neglect (Federal Law)

- **Neglectful supervision:** The failure of a parent or other caregiver to provide for a child's basic needs
- **Medical neglect:** The failure to provide necessary medical or mental health treatment; withholding medically indicated treatment from children with life-threatening conditions
- **Physical neglect:** The failure to provide necessary food or shelter, lack of appropriate supervision

Source: US Department of Health and Human Services, Child Welfare Gateway

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Mandatory Reporting (Texas Law)

Under Texas law (Title 5, Ch. 261, Texas Family Code), every adult is required to **report suspected child abuse** or **neglect *within 48 hours*** to:

- **The Department of Family and Protective Services (DFPS).** DFPS has a toll-free, 24-hour Family Violence Hotline: +1 800 252 5400. You can also report abuse online at www.txabusehotline.org.
- **Law enforcement.** For life-threatening or emergency situations, call your local law enforcement agency or 911 immediately and then make a report to DFPS.

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Defining Abuse (Texas Law)

- **Physical abuse:** Deliberate actions resulting in injuries to a child or genuine threats of such actions or concerns about injuries of an unexplained or suspicious nature
- **Sexual abuse:**
  - Sexual indecency, sexual assault, or aggravated sexual assault* *(see next slide)*
  - Failing to make a reasonable effort to prevent sexual misconduct against a child
  - Using a child for the creation of obscene or pornographic material
- **Emotional abuse:** An emotional or mental injury caused by the parent or caregiver that results in an observable effect on the child
- **Trafficking**: A parent or caregiver forcing a child into labor or unhealthy services, prostitution, or sex acts

Source: Texas Department of Family and Protective Services

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Defining Sexual Contact, Abuse, and Assault (Texas Law)

- **Sexual contact:** Any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person
- **Sexual abuse:** Any sexual contact with a child (any person under the age of 17) by a person who is more than three years older; any sexual contact with a person aged 13 or younger
- **Sexual assault:** Any direct or third-party sexual contact or behavior that occurs without explicit consent of the recipient; any direct or third-party sexual contact or behavior that occurs with an individual whose ability to consent is impaired

> N.B., This content mirrors the federal laws.

Source: Texas Department of Family and Protective Services

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Defining Neglect (Texas Law)

- **Neglectful supervision:** Improper supervision of a child left alone, which could have resulted in substantial harm
- **Medical neglect:** Failure to seek, obtain, or administer medical treatment that could result in substantial harm
- **Physical neglect:** Failure to provide a child with the necessary food, clothing, and shelter to maintain a healthy life
- **Abandonment and refusal to accept parental responsibility:** Leaving a child in a potentially harmful situation and not planning to return for the child *or* if a child has been out of the home for any reason, refusing to allow the child to return home

Source: Texas Department of Family and Protective Services

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Key Information for Reporters (Texas Law)

- Professionals are mandated to report **within 48 hours** from discovery or suspicion. A report is **not an accusation or a proven fact**. It does not require a reporter to be certain of abuse or neglect, rather to have cause to believe that abuse or neglect has or will occur.
- Child protection **authorities will investigate** and determine the nature and extent of the problem, evaluate the child's condition and safety, and if appropriate, initiate action to protect the child—including filing a report with law enforcement.

Source: Texas Council of Child Welfare Boards

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Potential Incidents

- You are dealing with a major behavior management challenge with a particular student or group of youth and it has affected your ability to facilitate Re:MIX sessions or you fear it may impact future sessions.
- You observe a concerning situation between students and their primary school/site staff or between school/site staff and your co-facilitator.
- An emergency occurred while at the school/site that majorly affected or will affect Re:MIX facilitation (for example, flooding or vandalism that requires closing the site or room during a scheduled session).

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Reporting Process

1. A student discloses information that merits a report. (Peer or Health Educator)
2. Notify the student that you are required to make a report. (Peer or Health Educator)
3. Notify your co-facilitator of the disclosure. (Peer or Health Educator)
4. Report the incident to the program supervisor. (Health Educator)
5. Complete the organization's required incident form. (Health Educator)
6. Report the incident to the site liaison. (Program Representative)
7. Coordinate with site liaison or designee to submit a formal report to the appropriate agency, as appropriate. (Program Representative)

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Unsure about a Situation? Ask!

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4.4: Program Monitoring and Evaluation

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Learning Objectives

After completing this module, participants will be able to:

- Define common terms related to monitoring and evaluation (M&E).
- Differentiate between the two concurrent evaluations of the Re:MIX project.
- Understand the M&E roles of Re:MIX facilitators and other program staff.

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Introducing Data

What do you think of when you hear the word "data"?

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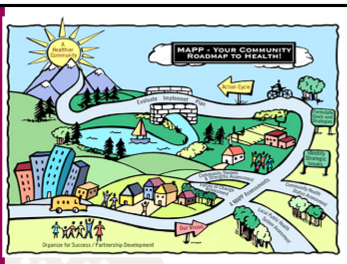

Program M&E

The systematic collection of data about the activities, characteristics, and outcomes of programs used to guide program decisions, improve program effectiveness, and/or inform future programming.

Source: US Centers for Disease Control and Prevention (CDC)

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Evaluation Types

- **Process evaluation:** A type of evaluation conducted during the life of a program documenting and assessing program implementation and operations
- **Outcome evaluation:** A type of evaluation conducted at the end of a program to determine the effectiveness of the program and the extent to which anticipated outcomes were achieved

Source: CDC

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Types of Data

- **Quantitative data** are collected through surveys or similar methods and are measured numerically. Quantitative data can be analyzed using statistical methods and can be displayed in charts, graphs, and tables.
- **Qualitative data** is categorical data that is collected through interviews, focus groups, observations, or similar methods—and are often related to attitudes, intentions, knowledge, motivations, perceptions, and values. Qualitative data can provide an understanding of social situations and interactions and are generally expressed in narrative form or through pictures or objects.

Source: CDC

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Other Key Terms

- **Fidelity,** also referred to as adherence, is the extent to which the delivery of an intervention adheres to the protocol or program model as originally intended by the program developers.
- **Quality** reflects the manner in which a program is delivered. Aspects of delivery quality can include facilitator preparedness, use of relevant examples, enthusiasm, interaction style, respectfulness, confidence, and ability to respond to questions and communicate clearly.
- **Continuous quality improvement** refers to a deliberate and iterative process focused on activities that are responsive to participant needs and improving the program. It refers to efforts to achieve measurable improvements in the accountability, effectiveness, efficiency, outcomes, and performance of a program.

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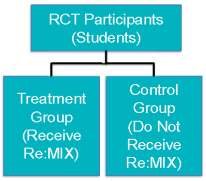
Classroom Evaluation: *Randomized Control Trial (RCT)*

A **randomized control trial (RCT)** is a study design that randomly assigns participants into either an experimental group *or* a control group. RCTs are used to assess the difference in program outcomes between the control and experimental groups.

- Students in control and treatment groups complete surveys at three different intervals: pre-survey, post-survey, one-year post-survey
- Program evaluators compare and contrast data to analyze program impact

Re:MIX RCT Model



Source: George Washington University, Himmelfarb Health Sciences Library

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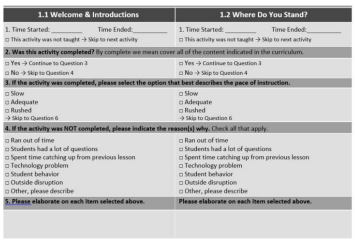
Classroom Evaluation Tools to Measure Fidelity

Sample Quality Log Excerpt



- **Session Debrief Form**
  - Completed after each session by Re:MIX educators
- **Observer Logs**
  - Classroom observations completed by staff members
  - Two sections:
    - Fidelity log
    - Quality log

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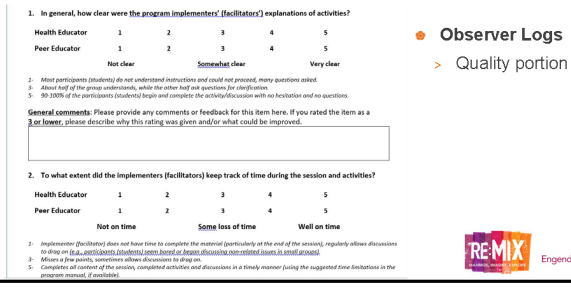
Classroom Evaluation Tools to Measure Quality



1. In general, how clear were the program implementers' (facilitators') explanations of activities?

Health Educator	1	2	3	4	5
Peer Educator	1	2	3	4	5
	Not clear		Somewhat clear		Very clear

1- Most participants (students) do not understand instructions and could not proceed, many questions asked.
3- About half of the group understands, while the other half ask questions for clarification.
5- 90-100% of the participants (students) begin and complete the activity/discussion with no hesitation and no questions.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a 3 or lower, please describe why this rating was given and/or what could be improved.

2. To what extent did the implementers (facilitators) keep track of time during the session and activities?

Health Educator	1	2	3	4	5
Peer Educator	1	2	3	4	5
	Not on time		Some loss of time		Well on time

1- Implementer (facilitator) does not have time to complete the material (particularly at the end of the session), regularly allows discussions to drag on (e.g., participants (students) seem bored or began discussing non-related issues in small groups).
3- Misses a few points, sometimes allows discussions to drag on.
5- Completes all content of the session, completed activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

- **Observer Logs**
  - Quality portion

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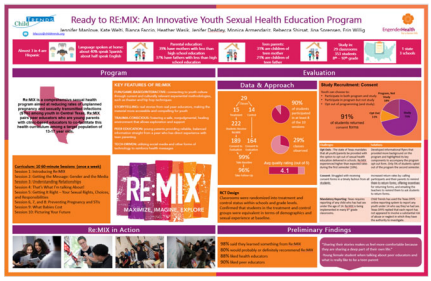
Sharing M&E Findings



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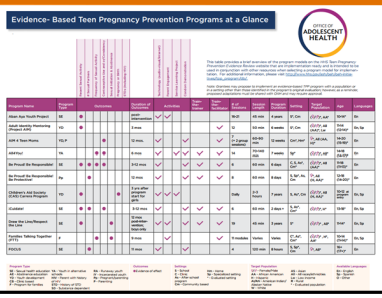
Funders and Evaluations



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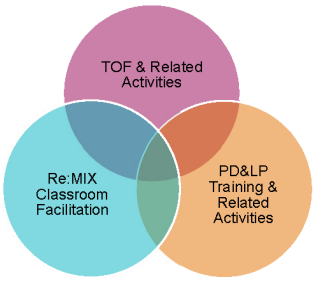
Optional: Evaluating the Professional Development and Leadership Program (PD&LP)



- **Objective:** To assess peer educator growth in SRH content and professional development and leadership competencies
- **Means of evaluation:** M&E staff observations and peer educator reflection forms, self-assessments, surveys, etc.

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Pilot Re:MIX Findings

Classroom Findings

- 98% of students reported they learned something from Re:MIX
- Students who feel pressured to have sex varied by school (10%, 20%, 25%)
- Most students (93%, 92%, 88%) recognized the importance of goals
- After Re:MIX, students reported:
  - Plans to visit a healthcare provider
  - Positive attitudes regarding shared responsibility for decisions about sex and pregnancy prevention

PD&LP Findings

- Peer educators demonstrated improved proficiencies in communication, leadership, and personal motivation
- Peer educators demonstrated increased self-efficacy and self-confidence
- Co-facilitation and story sharing in the classroom improved peer educators' communication skills
- Peer educators developed supportive relationships that were foundational for their growth

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Photo Credit: EngenderHealth/Re:MIX

Your Role in Evaluation

- Completing evaluation activities, as required by the program
- Informing program staff if a form or survey link does not work, if you need to edit a response that you have submitted, or if you cannot complete an activity

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