Sexual Risk Cessation: Factors that Influence Outcomes

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Creating Diamonds During Times of Great Pressure:
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Disclaimer

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Workshop objectives

/ By the end of the session, attendees will:

- Learn about several available products on sexual risk cessation
- Identify factors that influence outcomes related to sexual risk cessation, as depicted in a conceptual model
- Understand how these factors informed development of a program model
- Become familiar with a new curriculum module that can be used in a classroom to introduce youth to sexual risk cessation
Working definitions

**Sexual risk cessation**: Discontinuing consensual sexual activity after having engaged in it.

**Sexual risk avoidance**: Not engaging in consensual sexual activity.

**Conceptual model**: Represents the factors, supported by evidence, that influence key outcomes of interest.

**Program model**: Depicts the components, or core elements, for a program or intervention.

**Curriculum module**: Content or lessons to teach youth about a specific topic.
Conceptual Model for Sexual Risk Cessation
What is the purpose of the conceptual model for sexual risk cessation?

Identify factors, including factors that an intervention could modify, that research suggests influence outcomes related to sexual risk cessation for youth

- **Program practitioners and curriculum developers**: Develop and refine programming to target the modifiable factors
- **Policymakers**: Inform future funding priorities so that future programs target the modifiable factors identified by the models
Data sources and methods

/ Data sources
- Literature review
- Expert consultation

/ Multi-step factor identification process
- Identified potential factors from the literature after assessing the rigor of each article; sought expert input on potential factors
- For each factor, examined the evidence of an effect or association with sexual risk cessation outcomes and whether it was a risk or protective factor
- Considered whether each factor was modifiable through intervention

/ Refinement process had an additional literature review and assessment of factors
Guiding theoretical framework

Social ecological model

Environment (Policy, media, and systems)

Interpersonal (Family, peers, and romantic partners)

Individual (Youth characteristics)

Note: Adapted from Bronfenbrenner 1977.
Sexual risk cessation is defined as discontinuing consensual sexual activity after having engaged in it. This figure displays factors identified through a literature review as influential for sexually active youth on at least one of the potential outcomes. Only those factors identified as having sufficient evidence are included. Factors fall into three interrelated categories: environmental, interpersonal, and individual. They are grouped in order from distal to proximal in relation to the outcomes. Factors are marked as a protective factor or a risk factor based on whether the evidence showed that the factor was a positive (protective) influence (+) or a negative (risky) influence (-) on potential outcomes related to sexual risk cessation. In one case (racial or ethnic minority), evidence was mixed on the directionality of the influence. Given this, we labeled this factor with both a (+) and a (−). Factors may interact with each other to influence outcomes. Factors that are considered potentially modifiable by program intervention are marked with an “M”.

**ENVIRONMENTAL FACTORS**
- Media
  - Media exposure (−, M)
  - Use of exposure to internet porn (−, M)
- State and federal policy and systems
  - Sexual health education programs (+, M)

**INTERPERSONAL FACTORS**
- Parents and families
  - Living with two biological parents at age 14 (+)
  - Higher parental education (+)
  - History of abuse or neglect (−)
  - Insecure attachment with parent or caregiver (−, M)
- Peers
  - Risky peer behavior (−)
  - Permissive peer sexual norms and behavior (−)
- Romantic or sexual partners
  - Being in a serious or steady relationship (−, M)
  - Partner expectations and intentions to have sex (−, M)
  - Prior negative sexual experience (+)
- Community connection
  - Community engagement (+, M)
  - Religiosity (+)

**INDIVIDUAL FACTORS**
- Biological
  - Older youth (−)
  - Female gender (+)
  - Racial or ethnic minority (+, −)
  - Early puberty or physical development (−)
  - Feelings of sexual desire (−)
- Psychological well-being and skills
  - Negative self-perception or body-objectification (−, M)
  - Avoidance self-efficacy (+, M)
  - Sexual self-efficacy (+, M)
  - Sexual refusal skills (+, M)
  - Self-determination (+, M)
- Health behaviors
  - Prior contraction of sexually transmitted infection (+)
  - Alcohol and drug use (−, M)
- Intentions and beliefs
  - Intention to avoid sex (+, M)

**POTENTIAL OUTCOMES**
- Belief in sexual risk cessation
- Intention to practice sexual risk cessation
- Reduced frequency of sexual intercourse (for example, avoidance of intercourse in the last 3, 6, or 12 months)
- Reduced number of romantic or sexual partners
- Sexual risk cessation
- Reduction in sexually transmitted infections
- Reduction in teen pregnancy
- Improved non-sexual outcomes related to:
  - Academic achievement
  - Mental health
  - Alcohol/drug use
  - Delinquency
  - Relationship quality
  - Economic self-sufficiency
# Modifiable factors from sexual risk cessation conceptual model

<table>
<thead>
<tr>
<th>Environmental factors</th>
<th>Interpersonal factors</th>
<th>Individual factors</th>
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</thead>
<tbody>
<tr>
<td>• Media</td>
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Limitations of the model

 Sexual risk cessation conceptual model does not
- Identify causal effects on key outcomes
- Assess magnitude of factors’ relationship with outcomes
- Examine potential complex interactions between the factors and outcomes
- Include factors that have yet to be studied rigorously
- Include comprehensive assessment of subgroup differences
  - Such as gender, race, age, etc.
Project publications

**Brief on the initial models released in February 2020**

**Conceptual Models to Depict the Factors that Influence the Avoidance and Cessation of Sexual Risk Behaviors Among Youth**

This brief was developed as part of a portfolio of youth-focused projects on sexual risk avoidance and cessation sponsored by the U.S. Department of Health and Human Services. The brief presents two initial, complementary conceptual models—one for sexual risk avoidance and a second for sexual risk cessation—that aim to guide efforts to prevent youth risk behaviors and promote optimal health. The models identify a range of factors that research shows may influence youth decision making, sexual behavior, and related outcomes. These influencing factors occur at the environmental, interpersonal, or individual level, and many can be modified through intervention. To this end, the models may be used to guide and support efforts to develop and refine programs, tailor educational messages to youth, and empower parents and other adults to help youth avoid or cease sexual and non-sexual risk behaviors. In particular, the sexual risk cessation conceptual model is supporting the development of a sexual risk cessation program model and related supplemental curriculum module, intended to help sexually-experienced youth avoid sexual activity in the future.

**Brief on the refined models released in January 2021**

**Factors Influencing Youth Sexual Activity: Conceptual Models for Sexual Risk Avoidance and Cessation**

This brief was developed as part of a portfolio of projects focused on youth sexual risk avoidance and cessation sponsored by the U.S. Department of Health and Human Services. The brief presents two complementary conceptual models—one for sexual risk avoidance and a second for sexual risk cessation—that aim to guide efforts to prevent youth risk behaviors and promote optimal health. It builds on an earlier brief that presented initial versions of the conceptual models. This brief describes refined versions of the conceptual models enhanced through additional information and analysis. The models identify a range of factors that research shows may influence youth decision making, sexual behavior, and related outcomes. These influencing factors occur at the environmental, interpersonal, or individual level, and many can be modified through educational intervention. To this end, the models may be used to guide and support efforts to develop and refine programs, tailor educational messages to youth, and empower parents and other adults to help youth avoid or cease sexual and non-sexual risk behaviors.
Let’s chat …

/ Considering the modifiable factors in the conceptual model (listed below):
- Which do you incorporate into your program? How do you incorporate these factors?
- Which do you not incorporate but might in the future? How might you include these?

**Environmental factors**
- Media
- Media exposure
- Use of/exposure to internet porn
- State and federal policy and system
- Sexual health education programs

**Interpersonal factors**
- Parents and families
- Insecure attachment with parent or caregiver
- Romantic or sexual partners
- Being in a serious or steady relationship
- Partner expectations and intentions to have sex
- Community connection
- Community engagement

**Individual factors**
- Psychological well-being and skills
- Negative self-perception or body objectification
- Avoidance self-efficacy
- Sexual self-efficacy
- Sexual refusal skills
- Self-determination
- Health behaviors
- Alcohol and drug use
- Intentions and beliefs
- Intention to avoid sex
Program Model for Sexual Risk Cessation
What is the purpose of a program model?

/ Provide a framework for content and implementation of existing and future programs

- Policymakers: Guide development of future grant programs
- Curriculum developers: Develop new or modify existing programs
- Program implementers: Assess whether programming meets needs of population, and if not, identify possible modifications
Why develop a program model for sexual risk cessation?

/ Sexually active youth may experience unintended health outcomes like sexually transmitted infections and unintended pregnancies

/ Needs of youth who have sexual experience are not well addressed by many programs
Data sources for program model

/ Conceptual model
/ Review of selected curricula
/ Literature review
/ Input from experts
Sections of the program model

/ **Implementation inputs**: Key components of the intervention such as the program design, features, and infrastructure

/ **Implementation outputs**: Process-level information about implementation related to staff, service delivery, and participant engagement

/ **Outcomes**: Youth behavior, knowledge, attitudes, intentions, and skills that the program model intends to affect

/ **Context**: Individual and community factors that may influence implementation
**Program design**

**Program objectives**: Encourage all adolescents to choose or return to sexual risk avoidance. For youth with sexual experience, encourage cessation of sexual activity through goal setting and skill-building that increases self-efficacy to support this behavior change.

**Content**: Programs targeting sexual risk cessation should address:
- Sexual cessation
- Benefits of and barriers to ceasing sexual activity
- Sexual health
- Sexual consent
- Communication, negotiation, and refusal skills
- Building healthy relationships
- Self-perception
- Setting goals to encourage the cessation of sexual activity
- Identifying and engaging supportive peers and trusted adults
- Role of media and online interactions

**Program approaches**: Programs can start with group sessions for broad or targeted groups to help identify youth who are considering cessation of sexual activity. Offer individualized services to these youth to support their return to a lifestyle without sex.

**Program features**

**Target population**: Youth with sexual experience; however, some content and messages are applicable to general youth populations.

**Curricula**: Identify curricula consistent with content and objectives.

**Teaching strategies**: For individualized support, use strategies like motivational interviewing, mentoring, and case management. For group sessions, incorporate a range of teaching strategies such as lecture, discussion, role-play, games, and worksherefs, and include hands-on or interactive activities.

**Setting**: The model may work in multiple settings including schools, community organizations, and clinics. Identify an appropriate setting based on the curriculum selected, population served, and type of individualized support.

**Service delivery plan**: When individualized support follows group sessions, begin with curriculum delivery by a trained facilitator. Individual follow-up then should reinforce curriculum messages. If individualized support is the main approach, trained facilitators provide all services. The number and length of group and individual sessions may vary.

**Supplemental services**: As appropriate, refer youth to supportive services or offer youth opportunities for community engagement.

**Program materials**: Give facilitators all materials needed to deliver both group and individual content, such as a manual, PowerPoint slides, handouts, flip charts, and DVD players.

**Implementation system/infrastructure**

**Staff selection/requirements**: Identify facilitators with adequate skills and experience, which may include past experience working with youth, comfort discussing sexual health, and commitment to encouraging youth to cease sexual activity to avoid sexual risk.

**Staff training and certification**: Train facilitators on the skills necessary to implement the program, including the selected curriculum and facilitation quality, as necessary. Build capacity of implementation sites by training staff (like teachers in schools or providers in clinics) to promote program sustainability.

**Staff supervision and support**: Provide facilitators with supervision, feedback, and coaching to support high-quality program delivery and interactions with youth. May include group and/or individual feedback.

**Recruitment strategies for youth**: Form strong partnerships with implementation sites or other community organizations with adequate staff resources and access to youth in the target population. Develop processes for obtaining consent.

**Engagement and retention strategies for youth**: Collaborate with implementation sites to deliver programming at convenient times and places for youth. Consider offering incentives to youth.

**Partnerships**: Establish partnerships with medical providers or health clinics, mental health organizations, and other relevant service providers.

**Referrals**: Define process for referring youth to other community service providers as needed and appropriate.

**Data systems**: Develop system to facilitate tracking of program implementation, including youth enrollment and participation and referrals. Use data to address challenges and guide program improvement.

**Measurement of fidelity**: Define a process and develop tools for monitoring adherence to program expectations. If available, use existing fidelity tools.

**Outcomes**

**Changes in knowledge, attitudes and intentions**
- Relevant knowledge, including about sexual health, communication and refusal skills, healthy relationships, identifying and engaging supportive peers and trusted adults, benefits of cessation, and the role of media and online interactions
- Attitudes supportive of sexual risk cessation
- Sexual risk cessation intention

**Changes in skills and behaviors**
- Skill development related to sexual health, communication and refusal skills, healthy relationships, identifying and engaging supportive peers and trusted adults, goal-setting, and role of media and online interactions
- Decreased number of romantic or sexual partners
- Decreased frequency of sexual activity
- Discontinuation of sexual activity (for example, in last 3, 6, 12 months)
- Improvement in non-sexual outcomes, such as:
  - Academic achievement
  - Mental health
  - Relationship quality
  - Self-sufficiency
- Decrease in non-sexual outcomes, such as:
  - Alcohol/drug use
  - Delinquency
  - Decrease in sexually transmitted infections
  - Decrease in teen pregnancy

**Context**

Availability and accessibility of other services, community norms and values related to adolescent sexual behavior, community context (pregnancy rates, economic conditions), and relevant national, state, or local policies.

**Staff**

Staff with knowledge and skills to deliver the program and coordinate services with schools, community organizations, or clinics

**Credibility and comfort of staff with youth**

Staff satisfaction and commitment to the program model

**Receipt of sufficient training, support, and supervision, for staff to successfully carry out their jobs**

**Service delivery**

Program provided at intended dosage

Program delivers core content and activities with fidelity

Facilitators address individual needs of youth

Facilitators coordinate with partner staff to address youth needs

**Participant responsiveness**

Youth enroll at expected pace

Youth attend program regularly and complete intended components

Youth satisfied with program services

**Implementation outputs**
### Program design

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**Staff selection/requirements:** Identify facilitators with adequate skills and experience, which may include past experience working with youth, comfort discussing sexual health, and commitment to encouraging youth to cease sexual activity to avoid sexual risk.

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### Implementation outputs

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- Staff with knowledge and skills to deliver the program and coordinate services with schools, community organizations, or clinics
- Credibility and comfort of staff with youth
- Staff satisfaction and commitment to the program model
- Receipt of sufficient training, support, and supervision, for staff to successfully carry out their jobs

**Service delivery**
- Program provided at intended dosage
- Program delivers core content and activities with fidelity
- Facilitators address individual needs of youth
- Facilitators coordinate with partner staff to address youth needs

**Participant responsiveness**
- Youth enroll at expected pace
- Youth attend program regularly and complete intended components
- Youth satisfied with program services

### Outcomes

**Changes in knowledge, attitudes and intentions**
- Relevant knowledge, including about sexual health, communication and refusal skills, healthy relationships, identifying and engaging supportive peers and trusted adults, benefits of cessation, and the role of media and online interactions
- Attitudes supportive of sexual risk cessation
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- Decreased number of romantic or sexual partners
- Decreased frequency of sexual activity
- Discontinuation of sexual activity (for example, in last 3, 6, 12 months)
- Improvement in non-sexual outcomes, such as:
  - Academic achievement
  - Mental health
  - Relationship quality
  - Self-sufficiency
- Decrease in non-sexual outcomes, such as:
  - Alcohol/drug use
  - Delinquency
  - Decrease in sexually transmitted infections
  - Decrease in teen pregnancy

### Context

Availability and accessibility of other services, community norms and values related to adolescent sexual behavior, community context (pregnancy rates, economic conditions), and relevant national, state, or local policies.
Program design: Objectives

- Encourage all youth to cease or continue to avoid sexual activity
- For youth with sexual experience, support cessation of sexual activity through goal setting and skill building
Program design: Content

- Sexual cessation
- Benefits and barriers to ceasing sexual activity
- Sexual health information
- Sexual consent
- Communication, negotiation, and refusal skills
- Building healthy relationships
- Self-perception
- Setting goals to encourage the cessation of sexual activity
- Identifying and engaging supportive peers and trusted adults
- Role of media and online interactions
Program design: Approaches

/ Start with group sessions to identify youth who are considering cessation of sexual activity
/ Offer individualized services to support a return to lifestyle without sex
Program features: Teaching strategies

/ For individualized support, use strategies like:
  - Motivational interviewing
  - Mentoring
  - Case management

/ For group sessions, use range of teaching strategies:
  - Lecture
  - Discussion
  - Role-play
  - Games
  - Worksheets
  - Hands-on and interactive activities
Intended outcomes

/ Changes in knowledge, attitudes, and intentions
- Relevant knowledge, such as benefits of cessation and communication and refusal skills
- Attitudes and intentions consistent with sexual risk cessation

/ Changes in skills and behavior
- Skill development
- Sexual behaviors, such as number of sexual partners, frequency of sexual activity, or discontinuation of sexual activity
- Non-sexual outcomes, such as academic achievement or relationship quality
Project publication

**Brief on the program model released in January 2021**

**A Program Model for Encouraging Sexually Experienced Youth to Cease Sexual Activity**

This brief was developed as part of a portfolio of youth-focused projects on sexual risk avoidance and cessation sponsored by the U.S. Department of Health and Human Services. The brief presents a program model that describes an intervention approach to promote sexual risk cessation among youth. The program model identifies important program inputs—the overall design, program features, and the infrastructure needed to support implementation—as well as implementation outputs, such as staff characteristics, service delivery, and youth responsiveness. Moreover, the program model specifies the youth outcomes that it is intended to affect and presents considerations regarding the context of implementation. This model is intended to guide policymakers, program and curriculum developers, and program implementers in creating and implementing programming to influence sexual risk cessation.

This brief builds on earlier work to develop a sexual risk cessation conceptual model (summarized in Inanc et al. 2020). The conceptual model identified factors that influence sexual risk cessation, including those modifiable by intervention. In turn, this program model specifies the program components designed to influence the identified modifiable factors.
Let’s chat …

/ How do you address cessation in your program?
/ How might you use the program model to address cessation moving forward?
Respect Yourself
A supplemental curriculum module
Overview of the Respect Yourself module

/ Two-lesson supplemental curriculum module
  - Less than 2 hours of content

/ Grounded in the optimal health model

/ Intends to build on concepts often taught in curricula addressing sexual health, sexual risk avoidance, adolescent development, or healthy relationships
  - Understanding risk
  - Setting boundaries
  - Setting goals
  - Making decisions
Using the Respect Yourself module

/ Intended for youth in high school (grades 9-12) who have and have not engaged in sexual activity
  - May require minor adaptation to be appropriate for younger youth

/ Includes guidance for providing the module in-person or virtually
Objectives for the Respect Yourself module

1. **Articulate** physical, intellectual, emotional, social, and spiritual health benefits to sexual risk cessation contextualized within the optimal health framework that measures success by movement away from unhealthy risks.

2. **Understand** and appreciate sexual cessation as a reasonable and realistic choice for youth, regardless of the choices they already have made.

3. **Evaluate** decisions, including setting or resetting personal boundaries (such as ending unhealthy relationships), that will move them toward and help them achieve and maintain cessation.

4. **Understand** the importance of identifying peers and trusted adults who can help them work toward, achieve, and maintain optimal health outcomes related to cessation.

5. **Build** and practice skills to make, communicate, and maintain decisions related to cessation of sexual activity.
Lesson 1: Highway to (Optimal) Health

/ Introduction and ground rules

/ Optimal health – rate your risk
- Understand that optimal health is the balance between physical, intellectual, emotional, social, and spiritual health with a goal of moving away from unhealthy risks
- Evaluate whether specific behaviors move one away from or toward risk

/ Benefits of cessation
- Identify boundaries as guardrails that support and promote success in achieving optimal health
- Build a strong support system to help obtain optimal health goals
- Understand how avoidance and cessation of sexual activity can eliminate an area of potential risk
Activity 3: Benefits of cessation

Time: 25 minutes

Key concept for this activity:
Youth identify that boundaries are personal guardrails or safeguards that support and promote success in achieving optimal health and goal attainment by helping to avoid unhealthy risk, which has the potential to compromise health and goal attainment or has associated negative consequences.

A strong support system can help youth obtain optimal health goals. This system can include parents, teachers, and other trusted adults who provide guidance and encouragement in promoting optimal health. A trusted adult helps youth achieve optimal outcomes and promotes personal growth and development.

While other factors besides sexual health can affect goal attainment, cessation and avoiding sexual activity eliminate one area of risk. Achieving optimal health does not guarantee success in all areas, but it does remove the risk and consequences related to sexual activity.

Begin by saying:
“Now we’re going to talk about the benefits of avoiding or moving away from risk by stopping sexual activity. We’ve already talked about how risk can impact our goals. Now we’re going to talk about how cessation can impact our goals, focusing on benefits of ceasing sexual activity.”

Facilitator note
This activity includes eight steps. The focus should be on the final three steps. This will allow for more time to discuss cessation and its benefits. Time can be adjusted by decreasing time discussing risk to allow more time to discuss benefits.

**STEP 1**
Begin the exercise by drawing two roads on a white board (three lines each, to demonstrate a two-lane road).

The first road should be curvy and narrow. Say,
“This road has hills, flooding risks, sharp drop-offs, speed bumps, and a speed limit of 35 miles. It’s called Risk Road.”

Write “Risk Road” above or next to the road. The second road is straight and wide. Say,
“This road has no obstacles and a speed limit of 70 miles an hour. It’s called Success Freeway.”

Write “Success Freeway” above or next to the road. Then say,
“Success Freeway illustrates how cessation and avoidance can eliminate sexual risk. You still may face obstacles throughout life unrelated to sexual activity, but cessation and avoidance can remove risks related to sexual activity.”

**STEP 2**
Begin this step by saying,
“These roads represent the path to your goals. What do you want to achieve after high school and as an adult?”

Allow youth to answer.
Examples include (facilitator can prompt these examples):

- Graduation
- College
- Good career
- Happy family
- Good physical and mental health
- Strong relationships with friends and family
Lesson 2: My Boundaries

Rules of the game
- Guide youth to see that boundaries are best set from the beginning of a relationship, but may be set (or reset) at any time

Boundary identification and support system
- Introduce how trusted adults and personal boundaries support optimal health and choices about discontinuing sex

Self-reflection, intention, and wrap-up
- Offer youth an opportunity to reflect on the module and guide youth to identify future steps to move towards optimal health through sexual risk cessation
Excerpts from Lesson 2

Procedures:

Facilitator note:
Begin by briefly reviewing the ground rules established in lesson 1.

Activity 1: Rules of the game
Time: 15 minutes

Key concept for this activity:
Boundaries are best set at the beginning. But, at any point, you may set boundaries and restart with clear rules—or boundaries—in place. If boundaries are not set early, emotions may heighten. It is important to know what your boundaries are and to practice communicating them.

Boundaries should be set with the goal of optimal health and sexual risk cessation. Remind youth that the goal is to eliminate risk and focus on addressing all elements of optimal health. Boundaries are not just for physical risk elimination but also for protecting other dimensions of health.

Begin the lesson by saying
"In Lesson 1, we talked about how choosing to stop or avoid sexual activity is an essential step in reaching optimal health and how cessation can lead to both short-term and long-term benefits, including having good relationships or helping you to attain goals. Today, we will expand on that topic."

"But first, we’re going to play a game."

Ask for a volunteer to join you at the white board to play a game with you. Draw a 5x5 grid on the white board and say:
"The goal of this game is to get five in a row. Play until time runs out."

Begin the game by drawing an X in one of the spaces. The volunteer likely will play the game like Tic-Tac-Toe or Connect 4, but do not provide additional rules or explanation or answer any questions at this time. Follow Tic-Tac-Toe rules for the first two turns. Then begin

Facilitator note: Adapting for Virtual Facilitation
Use the same approach of asking for a volunteer to play the game with you. Use the screen share feature to show a document with a 5x5 grid, and label each space 1-25. Ask the volunteer to call out which space to mark on their turn. You could create the document using Word, Excel, or other software.

Follow the same approach when playing the game the second time. Ask for two volunteers, and take turns letting them call out a space number for their marks.
Development, review, and pilot testing the module was a collaborative, team effort!

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- Gregg Johnson
- Dra White
- Olivia Ashley
- Lisa Rue

/ Pilot sites
- Choosing to Excel
- More than Conquerors
Questions?
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