

# Foreword

**Douglas Kirby, PhD**  
**Senior Research Scientist, ETR Associates**  
**November, 2010**

Since the mid-1970s when this country's concern about teenage pregnancy became heightened, there has been a search for sexuality education programs to reduce behaviors that place youth at risk of pregnancy. Since the mid-1980s when concern about AIDS and HIV and other STDs became heightened, there has also been a search for STD/HIV education programs to help reduce behaviors that may transmit HIV and other STDs.

The *Reducing the Risk (RTR)* curriculum is one of the first rigorously evaluated sex education curricula to have a measurable impact upon behavior (Kirby et al., 1991). It was the first to be evaluated in a high school setting and to have employed such methodological advances as large sample sizes, good comparison/control groups and long-term follow-up. In 13 high schools throughout California, 46 classrooms were assigned to program and comparison groups. Questionnaires measuring knowledge, peer norms, behavioral intentions, sexual and contraceptive behaviors and parent/child communication were administered to these students before the curriculum was implemented, immediately after the curriculum was implemented, about 6 months later and about 18 months later. A total of 758 students were tracked for 18 months. Results indicated that, among all youth, the curriculum significantly increased knowledge and that students retained this greater knowledge for at least 18 months.

One of the goals of this norm- and skills-based curriculum was to change norms about unprotected sex and to change students' perceptions that "everyone is doing it." The *RTR* curriculum apparently did not diminish the perceived proportions of students their age who had ever had sex, but did apparently prevent those perceptions from becoming worse over time.

The curriculum increased parent/child communication about abstinence and contraception. According to both students and parents, the curriculum also made this communication easier. About one-fourth of the sampled parents indicated that this was the first time they had discussed these topics with their children.

Among students who had not initiated intercourse prior to the pretest, the curriculum significantly reduced the onset of intercourse at 18 months—the proportional reduction was 24%. Among those relatively few students who did initiate intercourse after the curriculum was implemented, larger percentages of the program group than of the comparison group used contraceptives. Thus, an analysis of measures of unprotected intercourse (derived from both abstinence

and use of contraceptives) revealed that the curriculum significantly reduced unprotected intercourse among all students who had not initiated intercourse at pretest. These effects extended across a variety of sub-groups, including at least 2 different ethnic groups, both sexes, and lower- and higher-risk youth, but the curriculum was particularly effective for lower-risk youth and female students.

About one-third (37%) of the sample had initiated intercourse prior to the program. In part because of the smaller sample size, it was more difficult to determine the impact of *RTR* upon contraceptive use in this sample. For this entire sample of youth who had initiated intercourse prior to the program, there were no statistically significant differences in the increase in contraceptive use between the *RTR* group and the control group. On some measures, the *RTR* group did report greater increases in contraceptive use than did the comparison group, but these increases were not statistically significant. However, among females and among lower-risk youth who had initiated intercourse prior to the program, the *RTR* group had statistically significantly greater increases in contraceptive use than did the comparison group.

Overall, these results are particularly impressive given that most of the students in the comparison groups received a more traditional sexuality education course of the same length. Thus, these data suggest that *Reducing the Risk* is more effective at producing these desired behavioral changes than are more traditional curricula.

After this first study was published, two other studies also evaluated the impact of *Reducing the Risk*. The first of these evaluated the impact of *Reducing the Risk* in rural and urban areas in Arkansas (Hubbard, Giese and Raney, 1998). It found that *Reducing the Risk* both delayed the initiation of sex among those youth who had not had sex at pretest and increased condom use among those youth who did initiate sex.

The second study evaluated the impact of *Reducing the Risk* in Kentucky (Zimmerman et al, 2008). It found that *Reducing the Risk* significantly delayed the initiation of sex. However, that study did not find a significant increase in condom or contraceptive use.

This is the first time that the same curriculum has been independently implemented and evaluated in three different states and been found to significantly improve one or more sexual behaviors in each state. This indicates that the positive effects found in the first study can be replicated by others in other settings and in other communities.

A review of curricula that effectively change sexual risk-taking behavior, as well as curricula that did not change behavior, indicates that the effective curricula share the following characteristics, which may be linked to their success, while the ineffective curricula lack one or more of these characteristics (Kirby, 2007):

1. Effective programs focused on at least one of three health goals: the prevention of HIV, the prevention of other STDs, the prevention of unintended pregnancy. *Reducing the Risk* focuses on all three health goals.
2. Effective programs focused narrowly on the specific types of behavior that cause or prevent HIV, other STDs, or pregnancy and gave clear messages about them. The *Reducing the Risk* curriculum does this by focusing on delaying the onset of intercourse and using protection (both condoms and other forms of contraception) if intercourse occurs. *Reducing the Risk* gives a clear message that youth should avoid unprotected sex, that abstinence is the best and safest approach, and that youth should always use protection if they have sex.
3. Effective programs were theory based and focused on specific sexual psychosocial factors that affect the specified types of behavior and changed some of those factors. In general, they were based upon theoretical approaches that have been demonstrated to be effective in influencing other health risk behaviors, e.g., social cognitive theory, social influence theory, social inoculation theory, cognitive behavioral theory and the theory of reasoned action. *Reducing the Risk* is based upon social cognitive theory, social influence theory and social inoculation theory. These theories identified the specific sexual psychosocial factors that affect the sexual behaviors and that were targeted by the programs. For example, *Reducing the Risk* strives to improve knowledge, norms about sex, and self-efficacy to refrain from sex or to use protection.
4. Effective programs created a safe environment. *Reducing the Risk* does this by establishing ground rules such as giving students the right to pass on an activity or question, not allowing put-downs, keeping classrooms discussions confidential and not allowing personal questions. It also recommends an anonymous question box.
5. Effective programs included multiple instructionally sound activities to change each of the targeted risk and protective factors. *Reducing the Risk* includes 16 or 17 lessons with multiple activities addressing each of the following important risk and protective factors: knowledge and perceptions of risk; values and attitudes toward abstinence and condoms and other forms of contraception; perceptions of peer norms regarding sex and use of protection; skills and self-efficacy to avoid sex, to insist on use of protection, to use condoms and to obtain contraception; and implementing intentions.

6. Effective programs employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change specific risk and protective factors. Instructors reached students through active learning methods rather than didactic instruction. In *Reducing the Risk* students are involved in numerous experiential classroom and homework activities: small-group discussions; games or simulations; brainstorming; role playing with written rehearsal, practice, verbal feedback and coaching; locating contraception in local drugstores; visiting or telephoning family planning clinics; and interviewing parents. These address particular factors. For example, games and simulations demonstrate risk and role playing improves skills and self-efficacy.
7. Effective programs employed activities, instructional methods, and behavioral messages that were appropriate to the adolescents' culture, developmental age, and sexual experience. Because *Reducing the Risk* emphasizes abstinence as the safest choice and encourages protection for those who do have sex, it is appropriate for high-school age youth and in some communities it is appropriate for middle-school age youth, some of whom are not having sex but may initiate sex, and some of whom are already having sex.
8. Effective curricula covered topics in a logical sequence. *Reducing the Risk* starts with activities that emphasize the chances of pregnancy or HIV and other STDs if having unprotected sex and the personal consequences of unintended pregnancy or STDs. It then begins teaching skills to avoid unprotected sex, first by emphasizing abstinence and then by encouraging condom or other contraceptive use. It includes homework assignments to talk with parents. Near the end it provides strategies to help students stick with their plan to avoid sex and unprotected sex.

In addition, most effective school-based programs lasted 11 or more hours. Longer programs provided the opportunity to complete many of the activities discussed below. *Reducing the Risk* lasts 16 hours.

In addition to these characteristics of effective curricula, effective programs also provided training for the educators implementing the program. In general, the training was designed to give teachers and peers information on the program as well as practice in using the teaching strategies included in the curriculum (e.g., conducting role plays and leading group discussions). ETR Associates encourages but does not require that teachers be properly trained to implement *Reducing the Risk*.

*Reducing the Risk* has been demonstrated to be effective in three or more states, and sex and STD/HIV education programs like *Reducing the Risk* have been found to reduce teen pregnancy and STD rates.

# Publisher's Note

## Program Intent

The major focus of *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV* is the development of attitudes and skills that will help teens prevent pregnancy and the transmission of STD, including HIV. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

*Reducing the Risk* was developed specifically to influence adolescent sexual and drug behaviors. This curriculum is designed to be embedded in the context of a comprehensive family life or health education program, and is particularly appropriate in communities where there are high rates of teen pregnancy, drug use and STD.

These are sensitive topics. Laws relating to classroom teaching of these topics vary throughout the country. We recommend teachers understand and apply district policies and state mandates, and obtain parent, school board and administrative support before using the material. We also encourage teachers to adapt the dialogue of the role plays when necessary to make them more relevant to their students' region or cultures.

## New to the Fifth Edition

*Reducing the Risk* was originally published in 1989, and focused on pregnancy prevention. The second edition, published in 1993, expanded the focus on STD and HIV prevention. The third and fourth editions updated information about birth control techniques, STD prevention and behavioral trends among teens, and added resources such as appendixes, workbooks and an activity kit.

With the fifth edition, two activities on perceived risk (Class 1A and 1B) have been revised to current medical accuracy standards and to promote awareness about the risk of concurrent or overlapping partners in STD and HIV transmission.

In Class 8, the condom demonstration activity now includes specific steps for teaching about condom use and advises on adaptation if necessary. A new appendix on reproductive anatomy and physiology supports teaching of birth control methods. The Activity Kit comes with purchase of the fifth edition. The kit includes posters, role play cards and pamphlets that make the program easier to implement.

Nevertheless, *Reducing the Risk* is not a total solution to the problems of unprotected intercourse, unintended pregnancy and STD. Unfortunately, there are no “magic bullets” that completely eliminate unprotected intercourse among adolescents. However, this curriculum, when implemented by well-trained teachers, can reduce teen sexual risk behavior and can be an effective component of a larger, more comprehensive initiative to reduce teen pregnancy and STD.

## References

- Hubbard, B. M., M. L. Giese and J. Rainey. 1998. A replication of *Reducing the Risk*, a theory-based sexuality curriculum for adolescents. *Journal of School Health* 68 (6): 243-247.
- Kirby, D., R. Barth, N. Leland and J. V. Fetro. 1991. *Reducing the Risk: Impact of a new curriculum on sexual risk-taking*. *Family Planning Perspectives* 23 (6): 253-263.
- Kirby, D. 2007. *Emerging Answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Zimmerman, R. S., P. Cupp, L. Donohew, C. Sionéan, S. Feist-Price and D. Helme. 2008. *Effects of a school-based, theory-driven HIV and pregnancy prevention curriculum*. *Perspectives on Sexual and Reproductive Health* 40 (1): 41-51.

# Introduction

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV* goes beyond the facts about abstinence and protection. It presents a powerful, active approach to prevention of teenage pregnancy and protection against HIV and other STDs. The activities motivate students to take steps to avoid high-risk behaviors.

Specific guidelines for 16 lessons are provided. These include all the information and materials teachers will need to carry out each lesson.

## Program Objectives

**As a result of participating in classes that use this curriculum, students will be able to:**

1. Evaluate the risks and lasting consequences of becoming an adolescent parent or becoming infected with HIV or another STD.
2. Recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy, HIV and other STDs.
3. Conclude that factual information about conception and protection is essential for avoiding teenage pregnancy, HIV and other STDs.
4. Demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

## Information

Although information alone does not keep young people from having sex, becoming infected with STD/HIV or getting pregnant, accurate information about the consequences of unprotected sex may strengthen a youth's resolve not to have sex or not to have it without protection. Knowing that many of their peers, and most young people their age, do not have sex also helps youth understand they have the option to abstain.

In order for information to influence decisions, students must personalize the information—this is about them. In *Reducing the Risk*, students complete several activities that show how becoming a teenage parent or becoming infected with STD/HIV would affect their daily lives. Students also describe their own reasons for abstaining from sex or using protection. They discuss these reasons with parents or guardians and they practice stating their opinion during role plays, class activities and discussions, and homework assignments.

## Social Skills

The greatest emphasis of *Reducing the Risk* is teaching students the interpersonal or social skills they can use to abstain or protect themselves. Abstinence is presented as the best, safest and most common choice for high school students, but *Reducing the Risk* also recognizes that some students are sexually active. For this reason, students are given clear guidelines and rationales for using protection during sex. Young people do not find these messages contradictory, and lessons reviewing protection do not increase the likelihood that students will become sexually active.

Students learn they must consult with their parents and think through their own values to decide what to do. The curriculum provides ideas, skills and practice to do these things effectively.

### The key skills:

- **Refusals**—Responses that clearly say no in a manner that doesn't jeopardize a good relationship, but which leave no ambiguity about the decision not to have sex or to refuse unprotected sex.
- **Delay tactics and alternative actions**—Ways students can avoid a situation or delay taking action until they have time to decide what to do or say, or until they are more prepared to make a decision. These strategies are incompatible with impulsive and unprotected sex.

All skills are first explained and demonstrated by the teacher and then practiced by the students in role plays.

## How to Use This Curriculum

Each class includes a synopsis of activities, the approximate time needed for each activity and all the materials needed. The curriculum provides detailed steps for leading each activity, copies of student worksheets and handouts, role-play scripts and teacher background information.

The section "Prior to Class 1" reviews the steps required for teachers to get ready to teach *Reducing the Risk*.

Class 1 offers two options: "Class 1A" focuses on pregnancy prevention; "Class 1B" focuses on prevention of HIV. A class can do either or both of these lessons, depending on the goals of the program and the policies of the school.

The classes are designed for 45-minute periods. Most can be expanded to fill more time, or two full periods, by increasing time to practice the skills and discuss the activities.

The role plays are an essential and powerful part of *Reducing the Risk*. At first, students may be hesitant about their performances, but they soon begin to



enjoy these opportunities and use them to great advantage. Teachers will help students by continuing to encourage them to practice their interpersonal skills in the role plays. The more students practice effectively saying no to sex (or to unprotected sex), the more likely they will be to use these skills in real life.

## About the Activity Kit

An Activity Kit accompanies *Reducing the Risk*. It includes posters and activity cards that support several of the activities. The kit makes it easier and faster for teachers to prepare their classes.

The kit materials, and their related lessons, are described below.

<b>Kit Materials</b>	<b>Related Lessons</b>
<b>Posters</b>	
• Refusals	3, 4, 10, 14, 16
• Delay Tactics	5, 10, 14, 16
• Ground Rules	Prior to 1
• Signs of Sex, Signs of Caution	6
<b>Traffic Light Cards</b>	13
<b>Risk Behavior Cards</b>	13
<b>Role Play Cards</b>	1, 3, 4, 5, 9, 10, 11, 14, 16
<b>Birth Control Choices pamphlet</b>	7, 8
<b>STD Facts pamphlet</b>	12
<b>HIV Facts pamphlet</b>	12

## Follow District Guidelines

Before teaching this unit, the teacher must be certain the program concepts, objectives and approach are within district guidelines and have the full support of the administration, the school board and parents whose children are enrolled in the class.

## Parent Notification

It is essential to inform parents and guardians regarding the nature and scheduling of the *Reducing the Risk* program.

Prior to implementation of the curriculum, parents should receive written notice describing the goals of *Reducing the Risk* and the nature of the content to

## Introduction

be covered. Parents also should be given an opportunity to view the curriculum and related materials if they wish. Parents must be allowed the option of excluding their children from participating in the curriculum. Details regarding parent notification and a sample parent notification letter are included in the “Prior to Class 1” section.



# Initiating *Reducing the Risk*

## Synopsis

*Reducing the Risk* is designed to be incorporated into a broader family life education program. Before initiating the unit, ground rules for classroom discussion must be established and parent notification and permission for student participation accomplished. Procedures for both are outlined.

## Preparation and Materials

- ▶ Decide how ground rules are going to be presented to students. Display the Ground Rules Poster from the Activity Kit, list them on chart paper for posting, and/or make a copy for each student.
- ▶ According to district guidelines, write and copy parent permission letters for distribution at least 2 weeks prior to teaching any topic of sexuality or this curriculum specifically.
- ▶ Begin to prepare for the **Visit or Call a Clinic** assignment in Class 8.

## Timeline

Activity	Time	Schedule
Ground Rules	15 min. class time	At least 1 day prior to Lesson 1
Parent Permission	10–20 min. class time	At least 2 weeks prior to any lessons about sexuality

## Ground Rules for Classroom Discussion

To accomplish the goals of this program, students need to feel free to talk about sexuality, birth control and protection from STD. It is not always easy for students to do so. To create the atmosphere of trust and comfort in which sufficiently detailed discussions can take place, ground rules for classroom discussion should be established.

One option for establishing ground rules is to use the Guiding Principles or Ground Rules suggested in this section. These can be posted on the board and/or copied for each student.

**Another method is to elicit the ground rules from students using the Socratic method:**

- Ask students to suggest reasons why people might be afraid to speak up in a class that deals with sexuality. Elicit such reasons as embarrassment, fear of what others would think, not knowing correct words or terms, appearing to know too much, looking dumb, etc. (*Note: keep the discussion in terms of other people's fears to allow freer discussion.*) List these fears on the board.
- When a reasonable list has been made, ask students for ground rules that would make it more comfortable for everyone to speak freely.
- Generate a list. Below are some ground rules you may want to be sure are included.

### Guiding Principles or Ground Rules

- 1. Everyone has the right to pass.** Each person, including the teacher or any outside speaker, has the right to pass on an activity, or choose *not* to answer a question.
- 2. Every question is a good question.** Questions show a desire to learn new things, clarify information, or confirm what you already know.
- 3. No teasing, put-downs or talking about others.** All thoughts, feelings, ideas and opinions are respected. Class members do not tease, put down or talk about others inside or outside of the classroom.
- 4. Classroom discussions are confidential.** Personal information will not be shared outside of the classroom by the teacher or other students. This helps everyone feel safe and supported here. However, students should understand that the teacher is required, by law and school policy, to report certain kinds of information, such as abuse, suicidal feelings, or other dangerous behaviors.
- 5. Treat role plays seriously.** Use them to learn the skills. Remember that the role plays are fictional. People may say things in a role play they would not otherwise say. Nothing in a role play should be considered to indicate an interest in having a relationship or sex.

6. **No personal questions.** People can voluntarily share information about themselves, but no one should be put “on the spot” with specific questions about personal beliefs or practices, including the teacher or any outside speakers.
7. **Use standard terms.** Slang terms or street language are not acceptable in the class, unless someone doesn’t know the standard terminology. When slang terms are used, the standard term will be given and used in subsequent discussions.
8. **Be accurate with parents.** When you discuss the class with parents, be accurate about what the class is about. Give specific examples, and don’t sensationalize.
9. **Each person speaks for himself or herself.** The class is not a forum for discussing other people’s beliefs or behaviors. Comments should be limited to what is thought or felt by individuals in this class.

## **Anonymous Question Box (Optional)**

An anonymous question box provides the opportunity for all students to get answers to questions they might be hesitant to ask in class. It also gives teachers time to think about answers to difficult questions or to look for more information.

To build the box, cut a slit in the lid of a shoebox or other similar box, then tape the lid to the box. Introduce the box to students by displaying it and explaining its purpose. Provide paper for students to write their questions on.

### **Tips for Using Anonymous Questions**

- Assure students that all questions will be taken seriously.
- If you don’t know the answer to a question, research it and report back to students.
- Some questions may be better answered privately. Offer students the option of signing their names if they want a private, written answer.

## **Steps for Parent Notification and Permission**

Informed consent is a critical ethical issue in the implementation of *Reducing the Risk*. It is essential that parents know the content and process and grant permission for their child to participate.

*(continued)*

## Sample Notification Letter (on District or School Letterhead)

Dear Family:

Your son or daughter will be involved in a program called *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV*. The lessons teach ways to prevent HIV, other sexually transmitted diseases (STDs), and pregnancy. Students will learn how HIV and other STDs are transmitted and how teens can best protect themselves. Abstinence—choosing not to have sex—will be given as the best choice for students. But accurate information about other protection methods will also be provided. *Reducing the Risk* is an evidence-based program.

Students will learn and practice ways to resist pressure to have sex. Communication and decision-making skills will be taught throughout the lessons.

The *Reducing the Risk* program includes a homework activity for parents and teens to help them talk about preventing HIV, other STDs and pregnancy. We hope you will do this assignment with your child, and share your knowledge and values. This homework is voluntary, and students will not share their parents' responses in class.

You are welcome to preview the *Reducing the Risk* program materials. Please contact \_\_\_\_\_ at the school, and we will arrange a preview time and answer any questions you may have about the program.

If you DO NOT want your son or daughter to participate in the *Reducing the Risk* program, you must complete the permission slip at the end of this letter and return it to school by

\_\_\_\_\_ so that we can arrange a different learning activity  
(date) for your child. If we do not hear from you, we will assume you allow your child to participate in the *Reducing the Risk* program.

Sincerely,

\_\_\_\_\_

I, \_\_\_\_\_,  
(parent/guardian)

DO NOT want my son/daughter \_\_\_\_\_,  
(name)

to participate in the *Reducing the Risk* program. I understand that he/she will be given another appropriate learning activity during this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: You DO NOT need to return this form unless you DO NOT want your child to participate in the lessons.

# How to Use Role Plays

The *Reducing the Risk* curriculum focuses on skill development, providing students practice in important skills they will need to make healthful decisions related to sex. The role plays play an essential part in this skill development process. The following provides specific and in-depth steps for practicing the refusals and delay tactics used in the curriculum.

## Model the Skill with Scripted Role Plays

1. Select students who are comfortable reading in front of the class and who are mature enough to handle dialog about sexuality without experiencing a lot of embarrassment.
2. Ask remaining students to act as observers of the role play. Assign each of the skills being practiced (e.g., “Body Language Said No”) to specific students in the observer role. Ask these students to notice if their assigned skill is used during the role play.
3. Read the situation aloud and have selected students read the scripted role play.
4. Conduct large-group discussion.
  - Ask role players to comment on how they felt playing their roles and how they might feel if this was a real-life situation.
  - Ask how these feelings might affect their use of refusals or delay tactics.
  - Ask the observers for their reactions to the role play and to identify how the skill was practiced.

## Role Play Skill Practice

### Phase I: Prepare Small Groups for Role Play Practice

- Divide students into groups of 4 (equal numbers of males and females when possible).
- Identify roles (Person 1, Person 2, Observer, etc.) and instruct students to decide who will play which role in the first round, second round, etc.
- Prepare students for the observer roles by asking one Observer to set the stage for the role play and the other to lead the small-group discussion. Both Observers should use the **Observer Checklist** to indicate behaviors demonstrated.

(continued)

- Use a management tool such as instruction cards to assign roles and help keep students on task in their small groups. (A set of *Role Play* cards is provided in the Activity Kit.)

**Phase 2: Small Groups Act Out Role Plays**

- Walk around the room and gather data about how students are using the skill. Use this data in the discussion phase.
- While walking from group to group, offer coaching if students are stuck or clearly practicing the skill incorrectly.
- Time each round of practice and tell students when to pass their cards for the next round. Once students become familiar with the process, you can drop this step.

**Phase 3: Small-Group Discussion**

Instruct students to discuss the following after each role play:

- Debrief feelings on how each person experienced his or her role (Person 1, Person 2, Observers).
- Using the checklist, Observers give feedback on how the skill was demonstrated. Encourage them to identify the behaviors that illustrated the skill was being practiced.
- Discuss any behaviors that weren't practiced and why they may have been omitted.
- Record any questions for large-group discussion.

**Phase 4: Large-Group Discussion**

- Identify feelings that came up about using the skill during the practice, including what was easy and what was difficult about practicing the skill.
- Ask if the Observers saw any behaviors that took away from the effectiveness of the skill (e.g., giggling, saying "I'm sorry," etc.).
- Discuss how this situation was or wasn't similar to real life.
- Discuss any barriers to using the skill, and help students identify ways to overcome these barriers.
- If students feel the situation isn't like real life, have them rewrite the situation and scripted dialog so that it is.
- Discuss any questions students identified in their small-group discussion.

**Phase 5: Personalize Experiences and Generalize**

- Ask what left the biggest impression with students as a result of the role play.
- Ask students to identify how they will use the skill in the next week or so with their friends.



# Skills Overview

## Refusals

**Purpose:** A way of communicating that lets us effectively say no to things we do not want to do, such as taking sexual risks.

Behavior	Actions*	Examples
<b>1. Say "No!"</b>	Use the word <i>no</i> .	"No, I don't want to do that."
	Don't laugh, look away, make excuses or explain.	Look straight at the other person with a serious look on your face.
<b>2. Use body language that says "No!"</b>	Firm voice	Use a strong, business-like tone.
	Serious expression	"I mean it" look on face.
	Eye contact	Look directly at the person's face.
	"Soldier body"	Stand up straight and confident.
	Gestures that emphasize point	Use hand, arm movement to emphasize point.
	Body says the same thing as your words.	Look serious when you say no.
	Fight back as last resort.	Push person away.

(continued)

\* It is not necessary for all actions to be present to implement the skill effectively.

## Refusals *(continued)*

Behavior	Actions	Examples
<b>3. Repeat the refusal.</b>	<p>Use repetition technique, repeating original no-statement until other person stops pressuring.</p>	<p>“No, I don’t want to do that. No, I don’t want to do that. No, I don’t want to do that.”</p>
	<p>Restate no, increasing intensity by including:</p> <ul style="list-style-type: none"> <li>• statements about how the situation makes you feel</li> <li>• adding consequences if the situation doesn’t change</li> </ul>	<p>“No, and when you pressure me I feel angry.” “No, and if you keep pressuring me I’m going to leave.”</p>
<b>4. Suggest an alternative.</b>	<p>Suggest another activity that is realistic and appealing.</p>	<p>“Let’s go to a movie, for a walk, to a friend’s, etc.”</p>
	<p>Suggest another activity that gets you out of the situation.</p>	<p>“Let’s go to a movie, for a walk, to a friend’s, etc.”</p>
	<p>Move toward acting on the alternative.</p>	<p>Get the paper to see what is at the movies, start on a walk together, call friends to see if they’re home.</p>
<b>5. Build the relationship (if appropriate).</b>	<p>Strong, honest communication.</p>	<p>“I want you to stop that.”</p>
	<p>Use I-statements.</p>	<p>“I feel mad when you push me to do things I’m not ready for.”</p>
	<p>Accept and acknowledge other’s needs and wants.</p>	<p>“I want to be with you too.”</p>
	<p>Talk and act in a way that says you want to keep the relationship going.</p>	<p>“I don’t want to have sex with you but I do want to keep seeing you and being close.”</p>

## Delay Tactics

**Purpose:** A way of communicating that is an effective alternative to directly saying no and that can buy time until we can think about how to communicate what we really want.

Behavior	Actions	Examples
<b>1. Make a delay statement.</b>	Stall for time. Make an excuse. Question what is going on. Change the subject.  Excuse yourself from the situation.  Pretend request isn't serious.	"I'll have to think about this." "I'm really not feeling well." "What are you doing?" "Did you see 'The Simpsons' last night?" "Sorry, I have to go." "You're kidding, right?"
<b>2. Take a delay action.</b>	Change what you are doing.  Act distracted.  Drop something. Become physically unable to respond. Leave the situation.	Stop kissing. Get up and get something to eat. Look around. Pretend you've lost something. Drop your keys. Start coughing and ask for water. Get a sudden pain. Go to the restroom. Go get some fresh air.
<b>3. Create space.</b>	Use body language.  Move away.	Serious expression. Look directly at the person. Arms in front of body. Gestures that emphasize your point. Take a step back. Turn away.
<b>4. End the situation quickly.</b>	Leave the scene.  Fight back as last resort.	"Got to go, I'm late!" "I just remembered something." Push the person away.

*(continued)*