



Healthy Teen Network

MAKING A DIFFERENCE IN THE LIVES  
OF TEENS AND YOUNG FAMILIES

## Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People

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### Workshop Abstract:

A teachable moment is a situation where opportunity knocks and is a time at which a person, especially a child, is likely to be particularly disposed to learn something or particularly responsive to being taught or made aware of something. With accurate information and adequate support, young people can make healthy and responsible decisions about having sex and using contraception. Adults can be most effective by providing the information and support needed to promote responsible decision-making in youth and help ensure transition to adulthood is safe and healthy. The goal of this presentation is to educate and empower youth workers, unfamiliar with the field of sexual and reproductive health, to make the most of teachable moments with the young people they serve regarding safer sex and contraceptive choices. By the end of this presentation, participants will be able to: (1) define “teachable moment”; (2) identify at least three examples of teachable moments; (3) identify at least three tips to create a teachable moment; and (4) identify at least three important messages about safer sex to convey during a teachable moment.

### Goal:

The goal of this presentation is to educate and empower youth workers, unfamiliar with the field of sexual and reproductive health, to make the most of teachable moments with the young people they serve regarding safer sex and contraceptive choices.

### Objectives:

By the end of this presentation, participants will be able to:

1. Define “teachable moment”;
2. Identify at least three examples of teachable moments;
3. Identify at least three tips to create a teachable moment; and
4. Identify at least three important messages about safer sex to convey during a teachable moment

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## **Agenda** (Total: 90 minutes)

- I. Introduction to Teachable Moments (10 minutes)**
  - a. Welcome and Introduction
    - i. Review Goal/Objectives and Agenda
  - b. Definition of “teachable moment”
  
- II. What Do Teachable Moments Look Like? (25 minutes)**
  - a. Spontaneous and prompted teachable moments
    - i. Creating a safe space
      1. Body language activity
    - ii. Disclosure and confidentiality
    - iii. Media and current events
  
- III. How to Make the Most Out of a Teachable Moment (20 minutes)**
  - a. Important information about sex that you should know to share with youth
    - i. Protection
    - ii. Emergency contraception
    - iii. Confidentiality
  - b. Resources
  
- IV. Practice with Teachable Moments: Role Plays (30 minutes)**
  - a. Model Teachable Moment
  - b. Model Role Play Debrief
  - c. Role Play: Teachable Moments
  - d. Role Play Debrief
  
- V. Q&A (5 minutes)**
  - a. Q&A
  - b. Closure



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### Supply List

#### Materials

- Electronic copy of PowerPoint presentation file
- Laptop
- LCD projector
- Projection screen, or white wall
- Flip chart paper
- Easel
- Markers
- Masking Tape

#### Copies (# copies needed)

- Copies of Goal, Objectives, and Agenda
- Copies of PowerPoint presentation
- Copies of Handout: Role Play Scenarios
- Copies of post-assessment

#### Resources (# copies needed)

- Healthy Teen Network Resource: Opportunity Knocks
- Healthy Teen Network Resource: Advocacy Resource Guide: Comprehensive Sex Education
- Healthy Teen Network Resource: Advocacy Resource Guide: HIV
- Healthy Teen Network Resource: Advocacy Resource Guide: Emergency Contraception
- Healthy Teen Network Resource: Fast Facts: STIs
- Healthy Teen Network Resource: Fast Facts: Confidential Access

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### Presentation Design

#### Preparation

- a. Notes for the presenter(s):
  - i. *Instructions and notes for the presenter are in italics.*
  - ii. *This presentation was prepared under the assumption that participants work directly with youth in some context, or work with those who do, however the participants are not working directly in the field of sexual and reproductive health. Experienced professionals in the field of sexual and reproductive health may find this presentation to be too introductory.*
  
- b. List of Materials:
  - i. Electronic copy of PowerPoint presentation file
  - ii. Copies of PowerPoint presentation
  - iii. Copies of role play scenarios
  - iv. Copies of Healthy Teen Network's "Opportunity Knocks<sup>1</sup>" resource
  - v. Copies of Goal, Objectives, and Agenda (optional)
  - vi. Copies of Handouts (optional)
    1. Healthy Teen Network Fast Facts: Confidential Access to Contraception
    2. Healthy Teen Network Advocacy Resource Guide: Emergency Contraception
    3. Healthy Teen Networks Fast Facts: STIs
    4. Healthy Teen Network Advocacy Resource Guide: HIV
  - vii. Flip chart paper
  - viii. Markers
  - ix. Masking tape
  - x. Laptop
  - xi. LCD projector
  - xii. Extension cord and/or surge protector
  - xiii. Projection screen (or blank wall space)
  
- c. Before the presentation:

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<sup>1</sup> Opportunity Knocks: Using teachable moments to convey safer sex messages to young people (2007). *Healthy Teen Network*. Baltimore, Maryland. Retrieved online from: [http://www.healthyteennetwork.org/index.asp?Type=B\\_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={46867DFD-365C-47EE-9CEA-2139AAB371D8}](http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={46867DFD-365C-47EE-9CEA-2139AAB371D8})

- i. Review materials in preparation to present. Conduct any necessary background research (local, regional, or state specific information, etc).
- ii. Customize PowerPoint slides and presentation handouts as you see fit. Add your name, organization, logo, etc. *Please keep the Healthy Teen Network logo on the materials to give acknowledgement to Healthy Teen Network for the development of these materials.*
- iii. Copy PowerPoint slides and presentation handouts, if you wish, for your participants. We recommend copying PowerPoint slides in handout format, 4 slides to a page, in landscape format.
- iv. Prepare any other handouts your organization typically distributes (e.g., conference information, membership information, etc.)
- v. If desired, prepare a sign-in sheet for participants. This may be useful for you to contact participants later, for evaluation purposes, for example
- vi. Test A/V equipment.
- vii. If necessary, save PowerPoint presentation to a jump drive/USB disk on key.
- viii. If desired, do a dry run of the presentation; this is something we always do before any training or presentation. This is especially helpful when co-presenting.
- ix. *A note on timing: this can be a hot topic among audiences, and it may have the tendency to generate lots of discussion. The presenter(s) will need to monitor time appropriately, moving forward in the presentation as needed, in order to ensure that there is adequate time to complete the role play activity, an integral part of this presentation. For example, participants may wish to digress into discussions about how to talk about sex with much younger youth, however, this is not the topic of this presentation, so the presenter should acknowledge the need to always make teachable moments age appropriate, as well as the fact that some tips, such as clarifying what is being asked and why, and showing respect for the youth, are all still relevant, regardless of the youth's age. Then, the presenter should move the discussion forward to get back to the presentation agenda.*

d. At the presentation:

- i. Set up laptop, projector, and PowerPoint slides.
- ii. Have flip chart paper and markers ready.
- iii. Hand out copies and resources, either on a table by the door or at each seat.
- iv. Have water ready for the presenter.
- v. If desired, have sign-in sheet ready to be circulated among participants.

**I. Introduction to Teachable Moments (10 Minutes)**

- a. Welcome
  - i. **Slide #1:** Welcome to Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People.
  - ii. **Slides #2-3:** *Presenter introduces organization/agency and himself/herself.*

- iii. *Depending on group size and timing, presenter may wish to allow time for participants to introduce themselves, too. Note: A subsequent, optional activity, allows time for introductions, as part of the review of the importance of body language in creating a safe space.*
  - iv. **Slide #4:** The goal of this presentation is to educate and empower youth workers, unfamiliar with the field of sexual and reproductive health, to make the most of teachable moments with the young people they serve regarding safer sex and contraceptive choices.
  - v. **Slide #5:** By the end of this presentation, you will be able to:
    - a. Define “teachable moment”;
    - b. Identify at least three examples of teachable moments;
    - c. Identify at least three tips to create a teachable moment; and
    - d. Identify at least three important messages about safer sex to convey during a teachable moment
  - vi. **Slide #6:** In this presentation, we will first define a teachable moment and the situations under which you might encounter these opportunities. Next, we will review important information you should know to share with youth. Then, we will provide some examples and allow time for role-playing of possible scenarios. We’ll close with a question and answer session.
- b. Definition of “teachable moment”
- i. **Slide #7:** A “teachable moment” is a general term, but one that I’m sure you’ve come across or used in your experiences working with youth.
  - ii. How would you define a “teachable moment”? *(Presenter elicits responses.)*
  - iii. *Presenter acknowledges participants’ informed responses and provides the official definition of a “teachable moment”:*
    - a. *A teachable moment is a situation where opportunity knocks—a time at which a person, especially a child, is likely to be particularly disposed to learn something or to be particularly responsive to being taught or made aware of something.<sup>2</sup>*
  - iv. **Slide #8:** What are some of the advantages of teachable moments when trying to reach youth? *(Presenter elicits responses and records on flip chart paper.)*
    - a. *If the following points don’t surface in the large group discussion, presenter should add these points:*
      - i. *Youth can make healthy and responsible decisions:*
        - a. *With accurate information and adequate support, young people can make healthy and responsible decisions about having sex and using contraception.*
      - ii. *Adults can promote responsible decision-making:*

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<sup>2</sup> Teachable Moments. (2009). *Encarta Dictionary*. Retrieved online from: [http://encarta.msn.com/dictionary/561539567/teachable\\_moment.html](http://encarta.msn.com/dictionary/561539567/teachable_moment.html)

- a. *Adults can be most effective by providing the information and support needed to promote responsible decision-making in youth and help ensure transition to adulthood is safe and healthy.*
  - iii. *Creating a positive interaction opens the door for future opportunities:*
    - a. *A key component for adults is taking advantage of teachable moments to discuss sex and the use of contraception with young people. Youth are often hesitant to talk with adults about sex. When young people are willing to discuss this topic, adults must be prepared to help by providing information and resources. When the interaction is positive, it is more likely that the youth will return to the adult again.*
- v. *What are some of the challenges of teachable moments when trying to reach youth? (Presenter elicits responses and records on flip chart paper.)*
  - a. *If the following points don't surface in the large group discussion, presenter should add these points:*
    - i. *Talking about sex does not lead to sex:*
      - a. *Sometimes, adults are afraid that talking about sex leads to sex, but this is simply not true. Risk-taking can be part of normal adolescent development; adults can be most effective by promoting healthy decision making during this stage. Talking about sex does not mean an adult is advocating sexual activity; making the best use of teachable moments can help youth make better choices if and when they do make the decision to become sexually active.*
    - ii. *Sexual feelings are a part of normal adolescent development:*
      - a. *Having sexual feelings is a normal part of adolescent development.<sup>3</sup>*
    - iii. *Risk-taking is a part of normal adolescent development:*
      - a. *Risk taking can be part of normal adolescent development; adults can be most effective by promoting healthy decision making during this stage.<sup>4</sup>*
- vi. *Transition: You've already identified many advantages of using teachable moments with youth. Let's talk about situations that lead to a teachable moment—both spontaneous and prompted opportunities.*

## II. What Do Teachable Moments Look Like? (25 minutes)

<sup>3</sup> Haffner, D. (Ed.). (1995). *Facing facts: Sexual health for America's adolescents*. NY, NY: Sexuality Information and Education Council of the United States. [http://www.siecus.org/pubs/Facing\\_Facts.pdf](http://www.siecus.org/pubs/Facing_Facts.pdf).

<sup>4</sup> Haffner, D. (Ed.). (1995). *Facing facts: Sexual health for America's adolescents*. NY, NY: Sexuality Information and Education Council of the United States. [http://www.siecus.org/pubs/Facing\\_Facts.pdf](http://www.siecus.org/pubs/Facing_Facts.pdf).

- a. **Slide #9:** Teachable moments make initiating conversation about sex and contraception easier and more comfortable for everyone involved. There are two kinds of teachable moments—those that spontaneously occur, and those that can be prompted based on a situation.
- b. With spontaneous teachable moments, youth initiate the conversation. With prompted teachable moments, the adult initiates the conversation, using the current situation or topic as a jumping off point. Let's review a few ways these kinds of teachable moments may occur.
- c. **Slide #10:** Media often provide the opportunity for a prompted or a spontaneous teachable moment. A television show, movie, or song, for example, may present a storyline or subject that contains an important lesson or example. Youth may bring these topics up, or you may be able to take advantage of this example and use it as a “jumping off point” in your discussion about safer sex and contraception. This type of teachable moment may seem contrived, but it is a great way to begin a conversation that may otherwise be difficult to initiate.
  - i. What are some ways you have used media examples or current events to prompt a teachable moment? *(Presenter elicits responses and records on flip chart paper, if desired. Note: This can be a good large group discussion, if your participants are talkative. It's okay to let the conversation go for a few minutes, detailing examples, just as long as you keep your eye on the overall time. It's easy to digress to too many side conversations or examples here, and then you may be left without enough time to do the role play activity, which is a critical part of this presentation.)*
  - ii. Don't limit your teachable moments to media that interests you; take some time to understand what interests the youth you work with. Read their magazines and be aware of popular television shows, movies, and music. These images, storylines, songs, and ads are what they are absorbing all of the time.
- d. **Slide #11:** Teachable moments may also occur if a young person discloses something to, or confides in, you.
  - i. As an educator, nurse, social worker, clinician, or other direct service provider, it is important to feel confident in your response if a young person discloses a personal situation or asks for advice. This type of teachable moment may catch you off guard, so it is important that you have the training, resources, and preparation to respond accordingly.
    - 1. *Optional: Presenter may elect to share a personal anecdote. For example: I used to be a high school English teacher, and in my first year, I did not have any training or preparation in dealing with disclosure. A student confided in me that she sometimes cut herself. I was caught off guard; I*



didn't know how to respond to her, in the moment, and I didn't know what I was required to report, legally, or to keep confidential.

- e. Whether the disclosure is spontaneous or prompted, it's important to know the policy relevant to the situation. While we aren't able to review your specific organization's or agency's confidentiality and referral policy today, we want to go over some important key points, in the event of a disclosure (*Note: If presenter is giving presentation to participants from a single agency, it may be appropriate to include specific policies here*):
1. What must be kept confidential (e.g., HIV status, sexual orientation)?
  2. What must be reported (e.g., abuse, intent to harm self or others)?
  3. What is your professional role expected to be (e.g., referral to counseling/crisis intervention or counseling/crisis intervention)?
  4. What are your professional boundaries?
  5. Have resources and referrals available?
- ii. See your credentialing organization, state law, etc., to find out more about your relevant confidentiality and reporting policies and laws.
- iii. It's important to let youth know what's confidential, as well. This will help create a safe space, building trust, and encourage future opportunities for providing information, resources, and referrals.
1. *Optional: Presenter may elect to share a personal anecdote: For example: I used to provide crisis intervention at a university Women's Center for victims of sexual violence. My first responsibility was to be an advocate for the student, and so if a student started to confide in me about a sexual harassment situation, for example, I'd let him/her know his/her rights. For example, if he/she shared that a professor was the perpetrator, I'd be required to report this information. This way, I could maintain my role as the advocate for the student, he/she could still access all information necessary, and he/she could make the decision that was right for him or her. This was how our Women's Center had decided we would deal with confidentiality and reporting—we were prepared and had a policy in place before the situation would arise, so that we could serve the student first, and we would still be compliant with the law.*
- f. **Slide #12:** Confidentiality is the first step in creating a safe space, but you'll want to try to build a safe space, to help build an ongoing relationship, in other ways, too. In your experience, what has been helpful in creating a safe space? (*Presenter elicits responses, and then reviews following list.*)
1. Create a safe space to talk about sex. Use verbal and body language that signals that you are receptive to discussion about teen sex and sexuality.
    - a. For example:
      - i. Clarify what is being asked.
      - ii. Determine why they are asking the question.

- iii. Affirm them for asking. It's okay to talk about sex!
- iv. Be aware of your own boundaries.
- v. Give direct responses.
- vi. Use positive body language
- vii. Be accessible for future opportunities to interact
- viii. Bring it up! Open the door to conversation.
  - 1. For example: Relate to a media event or something from pop culture (e.g., tv show, movie, song, etc.)
- ix. Keep it private: a one-on-one conversation may be best.
  - 1. Remember your organization's policy regarding confidentiality, as we discussed previously.

ii. *Note: If time allows, you may choose to conduct the optional body language activity here, before reviewing the following body language tips. See the end of this design, in supplemental materials, for the activity directions.*

iii. **Slide #13:** *Presenter reviews the following tips for body language:*

- 1. Stop working, typing, etc.
- 2. Make frequent eye contact, as appropriate, but avoid staring
- 3. Face youth squarely
- 4. Nod, as appropriate
- 5. Use appropriate facial expressions
- 6. Don't cross your arms
- 7. Lean in, but don't stand too close
- 8. Don't fidget
- 9. Be aware of cultural differences
  - a. It's important to note that cultural differences can make a difference in how body language is interpreted, so it's important to be aware of the appropriate body language as relevant to the youth with whom you are speaking.

*g. Transition: Later in our presentation, we'll get a chance to see some of these teachable moments in action. First though, let's talk about what the message during a teachable moment should be.*

### III. **How to Make the Most Out of a Teachable Moment (20 minutes)**

a. Important Information about Sex You Should Know to Share with Youth

i. **Slide #14: It's important to protect yourself**

- 1. Many types of protection are available and can be low cost (contraception, condoms, etc.): a clinician can help you identify the right type for you.
- 2. Remember that all youth need information about protection, even abstinent youth. You should still first convey the message that abstinence from vaginal, anal, and oral sex is the only 100% way to

- prevent pregnancy, STIs, and HIV, but it's important for all youth to have this information.
- a. Youth may currently be abstinent, but it's important for them to be prepared for when they do engage in sex, which will happen at some point in their lives. They may be thinking about or preparing to engage in sex.
  - b. Youth may be defining "abstinent" differently—they may not realize that engaging in oral sex, for example, still puts them at risk.
3. Plan ahead: it is much easier to think about protection, and there are many more options before having sex.
  4. Choose what's right for you: methods that may not have worked for a friend or relative may work well for you.
  5. Talking to your partner makes it easier to make decisions together.
    - a. How can you help youth to be prepared to talk to their partner about sex and protection? (*Presenter elicits responses and affirms participants' knowledge.*)
    - b. *Presenter shares the following points, linking to previous large group discussion:* For example, youth can use these techniques when talking to partners:
      - i. Say "no" to sexual risk-taking behaviors.
      - ii. Explain why you want to make safer decisions (i.e., prevent pregnancy, STI, HIV).
      - iii. Offer alternatives or strategies to show you still care about your partner and want to have a relationship with him/her.
      - iv. Talk through your feelings together, to help grow your relationship and ease any tension.
  6. Both partners should use protection (such as condoms and/or birth control) to increase protection against pregnancy and STIs.
    - a. However, it is not safe to use two condoms at a time. This is sometimes referred to as double bagging and can actually increase the likelihood of the condom breaking
- ii. **Slide #14: Emergency contraception is safe, highly effective, and available; it's the only existing way to prevent pregnancy after having unprotected sex<sup>5</sup>.**
1. EC is now available without a prescription for 17 year olds.
  2. Healthy Teen Network has an [Advocacy Resource Guide](#) on Emergency Contraception, available online for free download.
  3. *Note: Sometimes, questions may arise related to EC, so the additional background information on EC is provided in the Supplemental Materials,*

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<sup>5</sup> Emergency Contraception (2009). Office of Population Research, Princeton University. Retrieved online from: [www.not-2-late.com](http://www.not-2-late.com)

*below. It may be helpful to review EC resources in preparation for these sometimes hard-to-answer questions.*

- iii. **Slide #16: It's Confidential!** Youth can feel comfortable seeking medical advice about protection because confidentiality laws protect their privacy. Youth have rights; confidentiality laws protect their privacy to access confidential health care services. It's okay to talk about sex!
- iv. *Note: Sometimes, questions may arise related to confidential access to health care services, so the additional background information on confidential access is provided in the Supplemental Materials, below, excerpted from Healthy Teen Network's Fast Fact on Confidential Access to Contraception. It may be helpful to review the confidential access information in preparation for these sometimes hard-to-answer questions. If you are presenting to participants all in the same state, it may also be useful to prepare information on the state's confidentiality laws for adolescents.*
- v. *Note: The following points may be useful, if they come up in conversation with participants:*
  - 1. *Many young people indicate that they would not use the services of a family planning clinic if their parents had to be informed, but few say they would stop having sex.<sup>6, 7</sup>*
  - 2. *A majority of young people share information about sensitive issues such as sexual activity with their parents and other adults in their lives,<sup>8</sup> but sometimes adolescents need or want confidential services.*
  - 3. *When adolescents are discouraged from seeking health care because their care will not be confidential, the result can lead to adverse health outcomes and significant social and economic costs.<sup>9, 10</sup>*
  - 4. *At least two recent studies have estimated the potential increase in pregnancies and sexually transmitted infections (STIs)—with the likelihood of significant increases in public financial costs—when adolescents are discouraged from seeking health care.<sup>11</sup>*

- b. In a teachable moment, it's not just the content of the message that's important. How you respond can be just as critical. Let's review some tips for how to deliver the message.

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<sup>6</sup> Reddy, D.M., Fleming, R., & Swain, C. (2002). Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *The Journal of the American Medical Association*, 288(6), 710-714.

<sup>7</sup> Jones, R.K., Singh, S., & Purcell, A. (2005). Parent-child relations among minor females attending U.S. family planning clinics. *Perspectives on Sexual and Reproductive Health*, 37(4), 192-201.

<sup>8</sup> Jones, R.K., Singh, S., & Purcell, A. (2005). Parent-child relations among minor females attending U.S. family planning clinics. *Perspectives on Sexual and Reproductive Health*, 37(4), 192-201.

<sup>9</sup> Ford, C.A., & English, A. (2002). Limiting confidentiality of adolescent health services: What are the risks? *The Journal of the American Medical Association*, 288(6), 752-753.

<sup>10</sup> English, A. & Ford, C.A. (2004). The HIPAA privacy rule and adolescents: Legal questions and clinical challenges. *Perspectives on Sexual and Reproductive Health*, 36(2), 80-86.

<sup>11</sup> Franzini, L., Marks, E., Cromwell, P.F., Risser, J., McGill, L., Markham, C., Selwyn, B., & Shapiro, C. (2004). Projected economic costs due to health consequences of teenagers' loss of confidentiality in obtaining reproductive health care services in Texas. *Archives of Pediatrics and Adolescent Medicine*, 158(12), 1140-1146.

**IV. Practice with Teachable Moments: Role Plays (30 Minutes)**

- a. **Slide #17:** First, let's model an example of a teachable moment. *(If there is a co-presenter, each presenter could take a role here; otherwise, solicit a volunteer from the participants to play the youth. Give participant the prompt card for this role play.)*
- b. *Model teachable moment role play.*

**Person #1: Service Provider (Mr./Ms. Garcia)**

*You are a nurse practitioner in a general care practice. You provide family planning services to all of your patients, and are very comfortable sharing this information with everyone who comes to your office. You want to make sure that your new patient, Christy, understands that your discussion will be totally confidential and that you can be a non-judgmental advocate for her health.*

**Person #2: 16 year old client (Christy)**

*You are a 16 year old girl getting your annual physical. This is the first year with a non-pediatrician and you have never met your new health care provider. You have a boyfriend of over 9 months and have some questions about pregnancy prevention and STIs. You know of at least four classmates who have become pregnant in the past year, and there has been a lot of media attention about the 'problem.' You want to stay safe but are unsure of how to broach the subject with the doctor. You do not want your parents to know that you are even thinking about sex and are afraid that the doctor may share this information.*

**Garcia:** Hi, Christy! I see you are here for your annual physical. It looks like we've taken care of all of your basic information. Is there anything else you would like to talk about today?

**Christy:** I'm not sure. Nothing really.

**Garcia:** Ok. Don't worry—if there is anything you would like to talk about, we can. As your health care provider, I can answer any questions you might have about health, your body, and even sexuality. Anything we talk about stays right here in this room.

**Christy:** Hmmm. OK.

**Garcia:** I see here that you attend Spring High School. You know, I saw that press conference last week with your superintendent. Sounds like there's been a lot of attention lately on the number of pregnancies. I bet that's been pretty stressful having your school get so much attention.

**Christy:** Yeah. I had Spanish class with one of the girls who dropped out last month. It's been making my parents totally nuts.

**Garcia:** I'm sure they're just worried! Have you felt comfortable asking them any questions you may have?

**Christy:** (laughs)...Not really! They're pretty strict. My mom said Ann—the girl from my Spanish class—was easy and deserved to get pregnant. My mom said her life is now totally ruined. Ann's really nice though. She's had the same boyfriend since forever—like over a year. She told me it was just an accident.

**Garcia:** Well, do you have any questions I could answer? It sounds like you think Ann and maybe some of the other girls were trying to protect themselves and it didn't work. Is that something you might like more information about?

**END**

- c. **Slide #18:** Model Role Play Debrief
- i. What are some things that the provider did well?
 

*Sample responses include:*

    1. *She used a relevant example.*
    2. *She used language that highlighted her openness to discuss sex and sexuality.*
    3. *She was non-judgmental.*
    4. *She offered to give resources.*
    5. *She normalized sex and sexuality in youth.*
  - ii. What are some other ways the provider could have broached the subject?
 

*Sample responses include:*

    1. *Other media examples*
    2. *Direct questions*
  - iii. Is this a realistic interaction?
- d. **Slide #19:** Role Play Scenarios
- i. Now, let's take a few minutes to practice a teachable moment with a partner. Each of you will take a turn as the youth as well as the adult in the role play, selecting from among the sample role plays on the handout. Be prepared to provide your partner with feedback about the role play. Role play each scenario for about five minutes each, and then take another 3-4 minutes to share feedback about the role plays. Try to use some of the tips we covered a few minutes ago. Please feel free to use your Opportunity Knocks handout as a guide when you respond in your role play. *(Presenter allows time for people to get settled into pairs (or triples, if participant numbers require) and find their handouts.)*
- e. **Slide #20:** Role Play Scenarios Debrief:
- i. What was your comfort level in role playing a situation like this? Why?
  - ii. What positive messaging did you observe from your partner?

- iii. What helpful feedback did you receive from your partner?
  - iv. Other comments or questions to share?
- f. Before we close and open up for questions and comments, let's review some final tips when sharing a teachable moment.
- g. **Slide #21: Keep an Open Mind:**
- i. Set aside your personal judgments!
  - ii. Be aware of your body-language and non-verbal cues; youth don't want to feel judged by adults.
  - iii. Don't assume you know how it feels to be a young person today.
  - iv. Don't make assumptions based on your personal experiences.
  - v. If a teen asks questions about sex, it does not mean that teen is having sex.
  - vi. Alter your approach according to the young person's developmental level.<sup>12, 13</sup>
- h. **Slide #22: Remember...**
- i. An integrated message is best: discussion of both pregnancy prevention and reducing sexually transmitted infections is crucial.
  - ii. It is important to know your own limitations and comfort level; it's okay to refer a young person to another trusted adult if the conversation moves outside of your personal boundaries, but check in with the young person to make sure that someone did indeed answer all of his/her questions.
  - iii. Using humor, when appropriate, can go a long way.
  - iv. All youth need this information.
    1. For example, often, girls are the focus of teen pregnancy, STI, and HIV prevention messages, but it's obviously important that boys are engaged in the conversation and receive this information too.
    2. Abstinent youth needs this information too! They may be thinking about or preparing to have sex; regardless, at some point in the future, they will engage in sexual activity, and it's better for them to be prepared.
    3. It's important to recognize that, for example, a young woman who identifies as a lesbian and lets the trusted adult know this will probably not be interested in hearing about contraception. If you do provide information on contraception, she may feel as if you are not listening to her. However, youth who may be questioning their sexual orientation may engage in sexual risk-taking behaviors. For example, a girl may engage in sexual activity with a boy, but she may not protect herself. Therefore, it's important to tailor your approach and information provided to the individual.

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<sup>12</sup> Haffner, D. (Ed.). (1995). *Facing facts: Sexual health for America's adolescents*. NY, NY: Sexuality Information and Education Council of the United States. [http://www.siecus.org/pubs/Facing\\_Facts.pdf](http://www.siecus.org/pubs/Facing_Facts.pdf).

<sup>13</sup> Zavodny, M. (2004). Fertility and parental consent for minors to receive contraceptives. *American Journal of Public Health*, 94(8), 1347-1351.

- v. It is okay to say “I don’t know” and look up answers together; be sure to use a credible source of information.

i. **Slide #23: Resources:**

- a. Healthy Teen Network: [www.healthyteennetwork.org](http://www.healthyteennetwork.org)
- b. Association of Reproductive Health Professionals: [www.arhp.org](http://www.arhp.org)
- c. Planned Parenthood: [www.plannedparenthood.org](http://www.plannedparenthood.org)
- d. Sex Etc.: [www.sexetc.org](http://www.sexetc.org) (or [www.sxetc.org](http://www.sxetc.org))
- e. Teen Wire: [www.teenwire.org](http://www.teenwire.org)
- f. SIECUS: [www.siecus.org/index.cfm](http://www.siecus.org/index.cfm)
- g. Campaign for Our Children: [www.cfoc.org](http://www.cfoc.org)

j. **Slide #24: Prepare Yourself:** Aside from online resources, there are also other ways to prepare yourself and send the message that you are a youth-friendly resource:

- i. Know other trusted allies and youth friendly professionals for referral.
- ii. Build a network of trusted adults in your community.
- iii. Display youth friendly fact sheets or pamphlets.
  - 1. Two examples of excellent youth-friendly sources are Sex, Etc. ([www.sexetc.org/](http://www.sexetc.org/)) and Planned Parenthood’s Teen Talk ([www.plannedparenthood.org/teen-talk/index.htm](http://www.plannedparenthood.org/teen-talk/index.htm)).
- iv. Make condoms readily available in your office/home.
- v. Be prepared to talk about sex to all youth (e.g., LGBTQ youth, heterosexual youth, abstinent youth, etc.).

k. Do you have any questions about these tips? In your experiences what are some other tips you have found helpful? (*Presenter elicits responses.*)

l. *Transition:* Ok! So now that we have defined a teachable moment, described when a teachable moment might occur, and reviewed tips for facilitating the teachable moment, let’s practice teachable moments.

**V. Question & Answer (5 minutes)**

- a. Do you have any questions or comments? (*Presenter responds to questions and comments as appropriate.*)
- b. *CLOSURE:* Thank you so much for your participation today. Please feel free to contact me if you have any questions. I’d like to credit Healthy Teen Network with the research and development of this presentation. If you’d like to download these presentation materials too, please see their website, at [www.healthyteennetwork.org](http://www.healthyteennetwork.org), or contact [training@healthyteennetwork.org](mailto:training@healthyteennetwork.org).



## Supplemental Materials

### a. Optional Body Language Activity:

- i. Let's take a moment to introduce ourselves to each other, as well as practice body language that demonstrates positive listening and engagement.
  1. In a moment, please turn to a partner and take turns introducing yourselves. The speaker should talk about him/herself for 2 minutes straight; the listener should remain silent for the entire 2 minutes, but he/she should demonstrate that he/she is listening and engaged in the conversation by using body language. I'll call time, and then the speaker and listener will switch roles.
  2. Any questions? Okay, find a partner and decide who will speak first. (Presenter allows less than a minute for participants to partner up. Presenter should ensure all participants have a partner. If necessary, trios can work, too, on a modified time schedule.)
  3. Okay, now that everyone has a partner, now, please start your introductions. (Presenter keeps time, and when 2 minutes are up, presenter asks participants to switch roles. After another 2 minutes, presenter calls time.)
- ii. Debrief:
  1. Even though your partner was not responding verbally, did you feel he/she was engaged?
  2. In what ways did your partner indicate positive listening and engagement through body language?

### b. Emergency Contraception Background Information:

- iii. The following key facts are highlighted by Advocates for Youth EC resource.<sup>14</sup>
  1. EC is also known as postcoital contraception or the morning-after pill, but the term emergency contraception underscores that EC can be used up to 120 hours (five days) after unprotected sex.
  2. EC delays or inhibits ovulation. It may prevent fertilization and may possibly prevent implantation.
  3. EC does not affect an established pregnancy and does not cause abortion.<sup>15</sup> The National Institutes of Health, the American College of Obstetricians and Gynecologists (ACOG), and the American Medical Women's Association (AMWA) define pregnancy as beginning with implantation. ACOG, AMWA, and other organizations, including the U.S. Food & Drug Administration (FDA), agree that EC has no effect once implantation has occurred. Moreover, the Society for Adolescent

<sup>14</sup> Advocates for Youth (2007). Emergency contraception: A safe and effective contraceptive option for teens. Washington, DC: Advocates for Youth. Retrieved from [http://www.advocatesforyouth.org/index.php?option=com\\_content&task=view&id=418&Itemid=177](http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=418&Itemid=177).

<sup>15</sup> Society for Adolescent Medicine. Provision of emergency contraception to adolescents: position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health* 2004; 35:66-70.

Medicine (SAM) asserts that there is no evidence that EC affects a fertilized egg, even before implantation. August 24, 2006, the FDA approved the OTC status of Plan B® for consumers 18 years and older, and maintained the prescription only status for those 17 and younger. This age restricted ruling comes without medical or scientific reasons or research to support it.

4. In 2000, use of EC prevented more than 50,000 abortions US.
5. EC is approximately 75 to 94 percent effective at preventing pregnancy, depending on how promptly a woman uses it, when during her cycle she had sex, and the kind of EC she takes. Some studies show EC is most effective when taken as soon as possible after unprotected sex. Progestin-only pills are more effective than combination pills (containing both estrogen and progestin).
6. The FDA states that EC is safe and effective. SAM, ACOG, AMWA, the American Medical Association, U.S. Department of Health & Human Services, and the World Health Organization all support women's access to EC.
7. Critics of EC have expressed concern that adolescents' access to and use of EC will increase sexual promiscuity and risky sexual behavior, as well as increase rates of STIs. However, research has shown that advance provisioning of EC and ease of access to EC does not affect adolescents' sexual behavior, nor increase their risk of STIs.

**c. Confidential Access to Health Care Services Information:**

- i. Teens Have the Right to:
  1. Be informed about and make responsible decisions about sex, pregnancy, and parenting.
  2. Be treated with respect and courtesy.
  3. Be given accurate and appropriate services, advice, and care.
  4. Be told about when they can give consent for their own care.
  5. Be told about when care will not be confidential.
  6. Involve family, friends, and partners.
  7. Ask questions.
- ii. Teens Consenting to Care:
  1. Depending on the state, teens may be able to consent to their own health care.
  2. Teens are often able to consent to services such as testing or treatment for sexually transmitted infections or receiving birth control. Teens may be able to consent to counseling for drugs, alcohol, or an HIV test.

3. Some teens are allowed to consent for all of their own health care. In some states, teens are able to do this if they are married, a parent, pregnant, in the armed services, or living on their own.
- iii. Tips for Teens about Confidentiality
1. Teens should ask whether the provider's office or clinic offers confidential care for minors.
  2. If a teen uses his/her parent's insurance, information about the provider visit and prescriptions will probably be sent to them.
  3. If a teen don't want to use his/her parent's insurance, he/she should try to find a clinic that offers free care or lets the teen make payments he/she can afford.
  4. The teen can let the provider's office or clinic know whether it's okay to call at home, on a cell phone, or at some other number.
  5. The teen should make plans for how to receive mail from the provider's office or clinic.



## OPPORTUNITY KNOCKS: USING TEACHABLE MOMENTS TO CONVEY SAFER SEX MESSAGES TO YOUNG PEOPLE

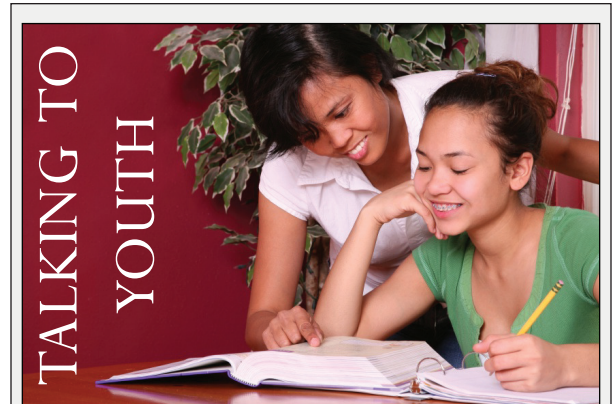
**teach•a•ble mo•ment** (*plural* teach•a•ble mo•ments): a time at which a person, especially a child, is likely to be particularly disposed to learn something or particularly responsive to being taught or made aware of something.<sup>1</sup>

With accurate information and adequate support, young people can make healthy and responsible decisions about having sex and using contraception. Adults can be most effective by providing the information and support needed to promote responsible decision-making in youth and help ensure transition to adulthood is safe and healthy. A key component for adults is taking advantage of teachable moments to discuss sex and the use of contraception with young people. Youth are often hesitant to talk with adults about sex. When young people are willing to discuss this topic, adults must be prepared to help them make the best decisions possible. The following information will help adults use teachable moments to talk to young people about safe sex.

### SPREAD THE WORD:

#### *Important information youth should know*

- **Abstaining from sex is the only 100% sure way to prevent pregnancy.**
- **Contraception works, is available, and can be low cost or free.**
  - Plan ahead: it is much easier to think about contraception, and there are many more options *before* having sex.
  - Many types of contraception are available: a clinician can help you identify the right type for you.
  - Methods that may not have worked for a friend or relative may work well for you.
  - Talking to your partner makes it easier to make decisions together.
  - Both partners can use contraception (such as condoms and pills) to increase protection against pregnancy and STIs.
- **Emergency contraception is safe, highly effective, and available;** it's the only existing way to prevent pregnancy after having unprotected sex ([www.not-2-late.com](http://www.not-2-late.com)).
- **Speak Up:** *It's okay to talk about sex.* Youth can feel comfortable seeking medical advice about contraception because confidentiality laws protect their privacy.



#### Tips for creating a teachable moment

- Create a safe space to talk about sex.
- Bring it up! Open the door to conversation.
- Refer to popular culture when initiating a conversation.
- Keep it private: a one-on-one conversation may be best.
- Be accessible: the conversation should be on-going and relationship-building.

## KEEP IN MIND

- Discussion of both pregnancy prevention and reducing sexually transmitted infections is crucial.
- It is okay to say “I don’t know” and look up answers together; be sure to use a credible source of information.
- It is important to know your own limitations and comfort level; it’s okay to refer a young person to another trusted adult if the conversation moves outside of your personal boundaries.
- Using humor, when appropriate, can go a long way.
- **Boys need information too!**

## THINK BEFORE YOU SPEAK

- Set aside your personal judgments!
- Be aware of your body-language and non-verbal cues; youth don’t want to feel judged by adults.
- Don’t assume you know how it feels to be a young person today.
- Don’t make assumptions based on your personal experiences.
- If a teen asks questions about sex, it does not mean that teen is having sex.
- **Educate everyone about contraception!** Pregnancy happens as a result of vaginal intercourse, regardless of sexual identity.

## ARM YOURSELF:

### *Gather Resources and Youth-Friendly Referrals*

- Know other trusted allies and youth friendly professionals for referral.
- Build a network of trusted adults in your community.
- Display youth friendly fact sheets or pamphlets.
- Make condoms readily available in your office/home.
- Be prepared to talk about sex to all youth (e.g. LGBTQ youth, heterosexual youth, and abstinent youth).



## RESOURCES

Healthy Teen Network: [www.healthyteennetwork.org](http://www.healthyteennetwork.org)

Association of Reproductive Health Professionals: [www.arhp.org](http://www.arhp.org)

Planned Parenthood: [www.plannedparenthood.org](http://www.plannedparenthood.org)

Sex Etc.: [www.sexetc.org](http://www.sexetc.org) ([www.sxetc.org](http://www.sxetc.org))

Teen Wire: [www.TeenWire.com](http://www.TeenWire.com)

<sup>1</sup> [http://encarta.msn.com/dictionary\\_561539567/teachable\\_moment.html](http://encarta.msn.com/dictionary_561539567/teachable_moment.html)

<sup>2</sup> Frost, J. J. & Forrest, J. D. (1995). Understanding the Impact of Effective Teenage Pregnancy Prevention Programs. *Family Planning Perspectives*, 27 (5). <http://www.guttmacher.org/pubs/journals/2718895.html>.

<sup>3</sup> Haffner, D. (Ed.). (1995). *Facing facts: Sexual health for America's adolescents*. NY, NY: Sexuality Information and Education Council of the United States. [http://www.siecus.org/pubs/Facing\\_Facts.pdf](http://www.siecus.org/pubs/Facing_Facts.pdf).



- Talking about sex does not lead to sex.<sup>2</sup>
- Having sexual feelings is a normal part of adolescent development.<sup>3</sup>
- Risk taking can be part of normal adolescent development; adults can be most effective by promoting healthy decision making during this stage.<sup>3</sup>
- Alter your approach according to the young person’s developmental level.<sup>3</sup>





Healthy Teen Network

MAKING A DIFFERENCE IN THE LIVES  
OF TEENS AND YOUNG FAMILIES

## Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People

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### Role Play Scenarios

#### Role Play 1

##### **Person 1: Mr./Ms. Jones**

You are a high school counselor. Several teachers have sent you report that James has been acting usually quiet for the last few weeks; a normally bright and attentive student, he has begun skipping class, handing in assignments late, and showing a general lack of interest in all of his classes. Some of his teachers are concerned the he has begun abusing drugs or alcohol, but you do not want to jump to conclusions.

##### **Person 2: James**

You are a high school student. You really like school, but have spent the last three weeks waiting to determine if your girlfriend is pregnant. It turns out that it was just a 'scare,' but you are not sure that you want to continue having sex. You are not sure if your girlfriend will still want to date you if you end the sexual relationship. You want to share all of this information with the counselor and seek advice.

#### Role Play 2

##### **Person 1: Dr./Ms./Mr. Rooney**

You are a health care provider at a local health clinic. You have been really frustrated lately by the number of very young girls who have come to the clinic for STI treatment and due to unplanned pregnancies. You are unsure how to help the local community due to some pressure from anti-family planning groups. You really want to share your knowledge, but you don't know how.

##### **Person 2: Mr./Ms. Sipes**

You are the parent of a 14 year old. Your daughter's best friend just found out that she is going to be a parent. You are very concerned about this news and brought your child to the clinic for birth control pills. You do not want you daughter to have sex, but you are unsure how to broach the topic without making her more likely to 'rebel.' You want to seek tips from Dr. Rooney.

#### Role Play 3

##### **Person 1: Tonya**

You are a healthcare worker and parent. You just finished a program about teachable moments and want to try it out on your own teenager. You wait until she is in the middle of watching one of her favorite shows (e.g., *90210*, *Gossip Girl*, *Real World*) and she does not seem surprised by the amount of drinking, drug use, and sexual acts portrayed. You want to use your new information, but you do not want to criticize your child's show.

##### **Person 2: Charmaine**

You are a 16-year-old high school student. You do well in most of your classes and play soccer in your free time. You really like several TV shows (e.g., *Gossip Girl*, *90210*, *Real World*) because the characters have such exciting and different lives. You and your boyfriend/girlfriend broke up a few weeks ago, but you are still hooking up occasionally. You have not had sex, but you are definitely considering the possibility.

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## Post-Assessment Survey

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer each question by completely filling in the circle (•) that corresponds to your level of competency. A core competency is fundamental knowledge, ability, or expertise in a specific subject area or skill set.

*Please rate your level of competency in the following areas:*

1. Define “teachable moment.”

Not at all Competent	Somewhat Competent	Competent	Very Competent	Extremely Competent
○	○	○	○	○

2. Identify at least three examples of teachable moments.

Not at all Competent	Somewhat Competent	Competent	Very Competent	Extremely Competent
○	○	○	○	○

3. Identify at least three tips to create a teachable moment.

Not at all Competent	Somewhat Competent	Competent	Very Competent	Extremely Competent
○	○	○	○	○

4. Identify at least three important messages about safe sex to convey during a teachable moment.

Not at all Competent	Somewhat Competent	Competent	Very Competent	Extremely Competent
○	○	○	○	○

5. To what extent do you agree or disagree with the following statements about the presentation program and presentation materials? (*circle one response for each statement listed below*)

<b>About the training program and training binder</b>	<b>Completely Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Completely Agree</b>
The overall purpose of the presentation was clear.	1	2	3	4
The content of the presentation met my expectations.	1	2	3	4
The activities were useful in building skills.	1	2	3	4
The teaching methods were effective.	1	2	3	4
The presentation was well-organized.	1	2	3	4
The presentation materials were easy to navigate.	1	2	3	4
This presentation has been a good use of my time.	1	2	3	4

6. What did you like most about this presentation?

7. What suggestions do you have, if any, for improving this presentation?

***Thank you for your thoughtful and honest responses!***

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