



My Life My Plan

Teacher Resource

Acknowledgements

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- OPHA Reproductive Health Working Group Members
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Introduction

Thank you for taking the time to review the *My Life, My Plan* – Teacher Resource. The Reproductive Health program has developed this Teacher Resource which includes five lesson plans developed to support educators in using the *My Life, My Plan* booklet in Grade 9 Health and Physical Education classes. The resource and activities will also facilitate completion of the Goal Setting and My Portfolio & Reflections requirements within the Individual Pathways Plan (IPP) Expectations for Grade 9 as part of the [Creating Pathways to Success](#) program.

If you have any questions or would like to speak with someone about the information found in this Teacher Resource, please contact Hastings Prince Edward Public Health's Reproductive Health program at 613-966-5500, ext. 223 or at rh@hpeph.ca.

Did you know? Hastings Prince Edward Public Health has a website section dedicated to educators. You can find it by going to hpepublichealth.ca, then click "For Professionals" then click "Educators". There are a number of different topics you can select from.

▶▶▶ **FACT**

What is My Life, My Plan?

My Life, My Plan is a booklet that guides students through topic areas that impact health and wellness (physical health, mental health, reproductive/sexual health, relationships, family health history, their future), providing information, facts, and the opportunity to respond to a series of questions that will help them make healthy decisions, set goals, and plan for their future.

The booklet was originally developed by the Best Start Resource Centre and has been adapted by Hastings Prince Edward Public Health to include local resources that are appropriate for students across Hastings and Prince Edward counties.

The booklet has been formatted as an electronic, fillable PDF document for students to complete and save. Links to myblueprint.ca have been incorporated to facilitate completion of the Goal Setting and My Portfolio & Reflections requirements within the IPP Expectations for Grade 9.

The booklet can also be printed for students to complete if access to electronic devices is not available.

Using “My Life, My Plan” in your Classroom

The *My Life, My Plan* booklet should be completed gradually by students according to the topics covered in your classroom.

The resources in this document were developed when considering the Healthy Active Living Education for Grade 9, but teachers may choose to use these resources in other grades.

Due to the reflective, personal nature of the questions answered by the students, students should not be expected to hand in their completed copy of *My Life, My Plan*. Instead, students can participate in the activities in the lesson plans that accompany each section, they can complete the self-assessments individually, set goals, and submit these goals within their Goal Setting box in myblueprint.ca. Teachers can evaluate students based on the completeness of their SMART Goals, and the appropriateness of their action plan (see tasks within the Goal Setting box).

Teachers may find it helpful to establish ground rules when beginning to use the resources. Suggestions for ground rules include:

- We have personal boundaries that must be respected
- We have a right to “pass”
- We have a right to our own beliefs and opinions
- We are responsible for our own learning
- Our questions or comments will be respected and taken seriously

▶▶▶ TIP

Health and Physical Education

Curriculum Links

At the beginning of each lesson there is a section that details how the lesson links to the [Health and Physical](#) Education curriculum for Grade 9. Teachers can adapt the format of the lesson plan to meet their needs and the needs of their students, and for the amount of time they have available. However, teachers will need to be mindful if they remove a section of the lesson plan the link to the curriculum may be compromised.

The lesson plans primarily include links to the Healthy Living strand, but also include many links to the Living Skills strand with some in the Active Living strand. A chart highlighting the curriculum links found in the lesson plans can be found on the following page.

Living Skills Learning Summary for Grade 9: Key Topics

Personal Skills	Interpersonal Skills	Critical and Creative Thinking
Self-awareness and Self-monitoring skills	Communication skills (verbal/non-verbal)	Planning
Adaptive coping and management skills	Relationship and social skills	Processing
		Drawing Conclusions/ Presenting Results
		Reflecting/Evaluating

Adapted from p.27 in [The Ontario Curriculum Grades 9 to 12: Health and Physical Education](#) (2015) document

Active Living Learning Summary for Grade 9: Key Topics

Active Participation	Physical Fitness	Safety
Regular participation, variety, lifelong activity	Fitness development through daily physical activity, personal fitness plans	Personal safety and safety of others during physical activity
Enjoyment, motivation		

Adapted from p.26 in [The Ontario Curriculum Grades 9 to 12: Health and Physical Education](#) (2015) document

Healthy Living Learning Summary for Grade 9: Key Topics

Topic	C1. Understanding Health Concepts	C2. Making Healthy Choices	C3. Making Connections for Healthy Living
Healthy Eating	C1.1 Connection to holistic health: physical, mental, emotional, spiritual [PS,CT]	C2.1 Healthy eating plans [PS,CT]	C3.1 Food and beverage choices - environmental, social factors [IS,CT]
Personal Safety and Injury Prevention	C1.2 Technology - benefits and risks, safe use [IS,CT]		C3.2 Mental health concerns - warning signs and responses [PS,IS] C3.3 Responding to bullying/ harassment (including sexual harassment, gender-based violence, homophobia, racism) [PS,IS,CT]
Substance Use, Addictions, and Related Behaviours	C1.3 Resilience - protective and risk factors [PS,CT]		C3.4 Social influences; decision-making, communication skills [IS,CT]
Human Development and Sexual Health	C1.4 Preventing pregnancy and STIs C1.5 Factors affecting gender identity and sexual orientation; supports [PS]	C2.2 Relationships - skills and strategies [PS,IS] C2.3 Thinking ahead about sexual health, consent, personal limits [PS,CT]	

Adapted from p.101 in [The Ontario Curriculum Grades 9 to 12: Health and Physical Education](#) (2015) document

Creating Pathways to Success Program Links

The framework of the education and career/life planning program, [Creating Pathways to Success](#), is an inquiry process based on four questions linked to four areas of learning in career and life planning (see below). In order for students to apply this model, they require guidance and must be taught the knowledge and skills related to the inquiry process. Regular use of this model, across the curriculum and throughout their school experience, will allow students to build connections between their learning in school and their lives beyond school, and to “become confident, independent, and effective education and career/life planners throughout their lives.” (p. 13)

Education and Career/Life Planning Framework: A Four-Step Inquiry Process



Retrieved from p.13 of the *Creating Pathways to Success: An education and career/life planning program for Ontario schools* (2013) document.

Through completing the different sections in the *My Life, My Plan* booklet, students will develop their skills and knowledge related to the inquiry process. They will achieve this by completing self-assessments and answering questions about their health, habits, relationships, and future (knowing themselves), identifying areas they can make changes (exploring opportunities), setting SMART goals (making decisions and setting goals) and tracking their progress related to their SMART goals (achieving goals and making transitions).

Students will also be able to complete their “Goal Setting” and “My Portfolio & Reflections” Individual Pathways Plan Expectations for Grade 9 by participating in and completing activities that are included in the *My Life, My Plan* booklet and activities included within the lesson plans (see next page).

Grade	Assessments	Goal Setting	Resume & Cover Letter	High School Planner	Post-Secondary Planner	Occupation Planner	Financial Planner	My Portfolio & Reflections
7	Complete Learning Styles Survey	Add 2 Goals	Add 2 Interests and/or Hobbies			Favourite 1 Occupation		Add 2 Boxes and Write 2 Reflections
8	Complete Personality Survey	Add 2 NEW Goals	Add 5 Skills & Abilities	Plan Courses for Grade 9		Favourite 1 NEW Occupation		Add 2 Boxes and Write 2 Reflections
9	Complete Interest Survey	Add 2 NEW Goals	Add 2 Extra-Curricular Activities	Plan Courses for Grade 10	Favourite 1 Opportunity	Favourite 1 NEW Occupation		Add 2 Boxes and Write 2 Reflections
10	Complete Knowledge & Motivation Survey and Compatibility Surveys related to Occupation Planner research	Add 2 NEW Goals	Complete Resume	Plan Courses to Graduate	Favourite 1 NEW Opportunity	Favourite 1 NEW Occupation	Create a Budget (minimum 5 fields)	Add 2 Boxes and Write 2 Reflections
11	Choose two assessments to revisit and update for accuracy. Complete Compatibility Surveys related to Occupation Planner research.	Add 2 NEW Goals	Update resume for relevance and currency	Review course plan and revise	Favourite 1 NEW Opportunity	Review Favourites and continue research based on goals		Add 2 Boxes and Write 2 Reflections
12	Choose two assessments to revisit and update for accuracy. Complete Compatibility Surveys related to Occupation Planner research.	Add 2 NEW Goals	Update resume for relevance and currency	Ensure Official Plan Fulfills all Requirements	Favourite 1 NEW Opportunity	Review Favourites and continue research based on goals	Create/Review a Budget (minimum 10 fields)	Add 2 Boxes and Write 2 Reflections

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Lesson Plans

The lesson plans included in this Teacher Resource were created to be used with the with the *My Life, My Plan* booklet. The five lesson plans follow a consistent format. They all include:

- A lesson overview and suggested completion time
- Suggested equipment and resources for teaching the lesson
- Curriculum links to Grade 9 Healthy Active Living Education
- Core lesson materials (introduction, activities and instruction material)
- Consolidation activities and/or homework
- Assessment strategies
- Resources for students and teachers

General Resources for Teachers

Teachers may find the resources below helpful when preparing to teach some of the lessons in this resource. Additional topic specific resources can be found at the end of each lesson plan.

- Approaches to Teaching Healthy Living: A guide for secondary Educators (OPHEA)**
Available to HPEDSB teachers through the Health and Physical Education Curriculum Coordinator.
www.teachingtools.ophea.net/supplements/hpe-secondary
** This resource includes valuable tips for creating safe, inclusive and accepting learning environments and why concepts in Health and Physical Education require sensitivity to teach.
- Creating Pathways to Success: An education and career/life planning program for Ontario schools
www.edu.gov.on.ca/eng/document/policy/cps/
- Ontario Secondary Curriculum
www.edu.gov.on.ca/eng/curriculum/secondary/index.html
- Hastings Prince Edward Public Health, For Educators
www.hpepublichealth.ca/professionals/educators?quicctabs-quicctabs_educators=2
- Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-Being
www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf
- My Blueprint—Support and Resources
www.myblueprint.ca/support/educator-resources

Lesson 1: What is Health?

Suggested time to complete: 75 minutes

Lesson Overview

- This lesson will introduce the *My Life, My Plan* booklet.
- This lesson will also introduce some of the concepts that will be discussed as students work through the *My Life, My Plan* booklet, including what health is, basic skills for healthy living, what major influencing factors of health are, and an introduction to some of the topics covered in the Grade 9 Healthy Living strand.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.
- This lesson will also introduce some key concepts found within the Living Skills expectations, such as self-awareness and monitoring, interpersonal skills, and creative thinking.

Equipment

- Electronic file: *My Life, My Plan* booklet.
- Students may choose to bring their own devices to complete work in electronic files.
- Flipchart, whiteboard, chalkboard or SMART Board to record student answers and create the concept map.
- Markers (if using flipchart paper).
- Cards for exit passes.
- Example concept map: What factors affect my health? And My Health Behaviours-Snapshot. ([Appendix A](#) and [B](#)).

Curriculum Links

- C1. Demonstrate an understanding of factors that contribute to healthy development.
- C3. Demonstrate the ability to make connections that relate to health and well-being – how choices and behaviours affect both themselves and others, and how factors in the world around them affect their own and others' health and well-being.

Teachers can consider applying the following filters for group responses:

- Is it true?
- Is it kind?
- Is it necessary?

▶▶▶ **TIP**

Minds On Activity (10 minutes)

Engage students in a group discussion to assess knowledge on the topic of holistic health.

Ask students to consider the following questions:

- What is health?
- How do you know the state of your health? Is it a feeling? Does someone tell you? (Personal Skills)
- What does good health feel like? (Personal Skills)
- If there are aspects of your health that need to be changed, how do you manage, adapt and/or cope? (Personal Skills)

As defined by the World Health Organization (2017), “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease...”.

Often, when we consider health, we emphasize the physical aspects. However, health is a holistic concept. It is more than just a physical state; there is a strong mind-body connection. When we lead healthy, active lifestyles physical health is enhanced along with other aspects such as our mental health and our social well-being.

My Life, My Plan (15 minutes)

This section closes the loop on the Minds On question and introduces the *My Life, My Plan* booklet.

Self-awareness is defined as “knowledge and awareness of your own personality or character” (“Self-awareness”, 2017). Self-awareness can be extended to your outlook, values, interests, motivations, skills, and preferences. Why does self-awareness matter? When we develop self-awareness we are able to be more conscious of our decisions, we are better able to make decisions that will positively impact us, and to understand strengths and areas for growth.

How do you become self-aware? Self-awareness arises by tuning into your own thoughts, feelings, behaviours, etc. Sometimes this can be done in your mind, but it can be helpful to write things down. Many people call this self-monitoring – keeping track of what you’re doing, and figuring out what’s working and what isn’t. This is an important step, because once you know what is or isn’t working; you can set goals in order to make changes.

My Life, My Plan is a tool that you can use to self-monitor throughout the semester. It describes aspects of your health that are important to monitor, what is important to you, how things are going, where you are headed, and where you want to be. It will help you think about how the decisions you make today can help you live a healthy and happy life now and in the future. By completing *My Life, My Plan* you may be creating your first life plan, and considering many questions you have never asked yourself before, such as: What do I want to do after high school; do I want to have children some day; and what do I need to do now, to ensure I achieve my goals in the future.

Why is this even important now? It is important because the teen years are a time of major transition, when young people develop many of the habits, patterns of behaviour, and relationships they will carry

into their adult life. These habits, behaviours, and relationships impact health in the adolescent years, but also risks for diseases later in adulthood (National Research Council and Institute of Medicine, 2009, p.1).

Allow students to spend some time looking at the *My Life, My Plan* booklet. Direct them to personalize the title page, first page and the “My Life – My Self” page, as a first step towards self-awareness.

Concept Map Activity (30 minutes)

Use a concept map to highlight the variety of factors that influence health. This activity is guided by the students and the example on page 17 is just that; an example. This concept map can help students make connections between new information and existing knowledge. The concept map can also be found in [Appendix A](#).

Influence is defined as “a power affecting a person, thing or course of events, especially one that operates without any direct or apparent effort.” (Dairy Farmers of Canada, 2014, Teach Nutrition). Introduce the concept map with “My Health & Well-being” in a middle circle. It may be helpful to include physical, mental, and social in brackets underneath the main heading to remind students that health is more than just a physical state.

Ask students: *What influences your health?*

- If students have challenges coming up with ideas independently, you can assist by adding some branches in the concept map such as:
 - ✧ My relationships (this would include the important people who may influence their health and could include family, friends, teachers, boyfriends/girlfriends, etc.)
 - ✧ My environments (this could include the physical, cultural and digital environments where students live)
 - ✧ My identity (this could include gender identity, or any other important factors students identify)
 - ✧ Personal health practices (this could include healthy eating, physical activity, coping skills, etc. can be listed)
 - ✧ Factors you’re born into (this can include race, sex, family income, etc.)

To help students build critical thinking skills, once students have finished listing the “influencers”, ask them to discuss how they interact with each other (ex. How do the factors you’re born into effect your environments?):

Example:

- My school environment influences my personal health practices because the cafeteria offers a variety of healthy options. That means I don’t have to eat junk food if I don’t pack a lunch. Add a link between personal health practices and my environments.
- My relationships, my environment, and my personal health practices are all influenced by each

other because whenever I feel upset about something, I talk to my friends about it. Sometimes we talk in person, but a lot of the time we use Snapchat or Instagram. Add a link between personal health practices, my environments, and my relationships.

*This activity will lay the foundation for many concepts discussed in subsequent lessons. Save a copy or take a picture of the concept map students create so you can refer to it later in the semester.

Concept Map De-brief (10 minutes)

There are many different factors that affect a person's health and well-being. There are two frameworks that describe the influences on health. They are called the "Determinants of Health" (DOH) and the "Social Determinants of Health" (SDOH) (see below). They do not exist in isolation of each other, but it is the combined influence of the determinants that determines health status.

The SDOH are "the conditions in which people are born, grow, live, work and age. They are shaped by the distribution of money, power and resources at a global, national, and local level. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries."

Review the concept map students have created with the determinants of health. Add determinants/factors as they are appropriate.

Determinants of Health

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills

A note for educators on gender, sex and gender identity:

Sex refers to the biological characteristics such as anatomy (e.g. body size and shape) and physiology (e.g. hormonal activity or functioning of organs) that distinguish males and females.

Gender refers to the array of socially and culturally constructed roles, relationships, attitudes, personality traits, behaviours, values and relative power and influence that society ascribes to two sexes on a differential basis.

Gender identity refers to how we define ourselves on the gender continuum (as man, woman or another identity in a spectrum of gender identities). This identity can affect our feelings and behaviours. Gender identity is not the same as sexual orientation – one can identify as female and be sexually attracted to women, men, neither or both. Rather, gender identity encompasses one's sense of being a woman or man. Most individuals develop a gender identity within the context of societal prescriptions about the appropriate expression of gender for their biological sex (as female or male). In other words, as we learn to think of ourselves as female or male, we also learn what behaviours, emotions, relationships, opportunities and work are considered appropriate for females and males (Her Majesty the Queen in Right of Canada, 2012).

See the reference for information on gender as a determinant of health.

- Early childhood development
- Food insecurity
- Housing
- Social exclusion
- Social safety network
- Health services
- Aboriginal status
- Gender/Sex
- Race
- Special needs (Mikkonen & Raphael, 2010; Ophea, 2016, p.3)

Consolidation – Exit Pass (10 minutes)

Use an exit pass to consolidate learning and help students make the link to their health and the different factors that influence their health.

1. Hand out exit passes near the end of class.
2. Ask students to consider the group-generated concept map. Ask students to consider their own health and well-being and to identify a factor they feel has the largest impact on their health and to answer the questions below.
 - a. Does this factor have a positive or negative effect on my health and well-being?
 - b. How does this influence my personal health practices (you may choose to select a topic like physical activity, healthy eating, etc.)?
3. Have students hand in exit pass as they leave the classroom
4. Review responses to assess learning and determine if the needs of your students have been met.

Homework

If students have additional time after completing their exit pass, direct them to the *My Life, My Plan* booklet. Students should complete pages 1 and 2 in the booklet by the next health class.

Distribute the My Health Behaviours – Snapshot (See [Appendix B](#)) and instruct students to record a snapshot of their health behaviours for 3 days. This should be completed in advance of the next class, as it is a key component of the next lesson. Students may record 3 days, but the days do not have to be consecutive days. It may be beneficial for students to include one weekend day as part of their snapshot.

Filling out the snapshot assumes students understand the following concepts:

- The various types of physical activity and exercises (ex. strength, endurance, balance, flexibility)
- How to rate exercise intensity (light, moderate, vigorous)

If students are not familiar with these concepts, reviewing them prior to distributing the snapshot will improve student's ability to record their information.

Assessment

Use the group discussion generated in the Minds On activity to assess understanding of the concept of holistic health (Curriculum link – Living Skills [Interpersonal Skills, Personal Skills]).

Use the concept map activity to assess student understanding of the factors that influence health, as well as how these factors interact with one another (Curriculum link – C1.1; C3; Living Skills [Personal Skills, Critical and Creative Thinking]).

Use the Exit Pass to assess student understanding of how various factors influence health and well-being (Curriculum link – C3; Living Skills [Personal Skills, Critical and Creative Thinking]).

Information discussed in this lesson will provide a foundation for the lessons to come.

Resources for Teachers

- My Blueprint – Support and Resources
www.myblueprint.ca/support/educator-resources
- The Ontario Curriculum, Grades 9-12: Health and Physical Education, 2015 (revised)
www.edu.gov.on.ca/eng/curriculum/secondary/health.html
- OPHEA – Approaches to Teaching Healthy Living: A Guide for Secondary Educators.
www.teachingtools.ophea.net/supplements/hpe-secondary
- Public Health Agency of Canada – The State of Public Health in Canada 2008, Chapter 4: Social and Economic Influences.
www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp07a-eng.php
- World Health Organization – The determinants of health
www.who.int/hia/evidence/doh/en/
- Juha Mikkonen & Dennis Raphael – Social Determinants of Health: The Canadian Facts
www.thecanadianfacts.org/

Resources for Students

- The My Life, My Plan resource
- www.myblueprint.ca
 - Students can look for examples of SMART Goals, and what SMART goals are.

References

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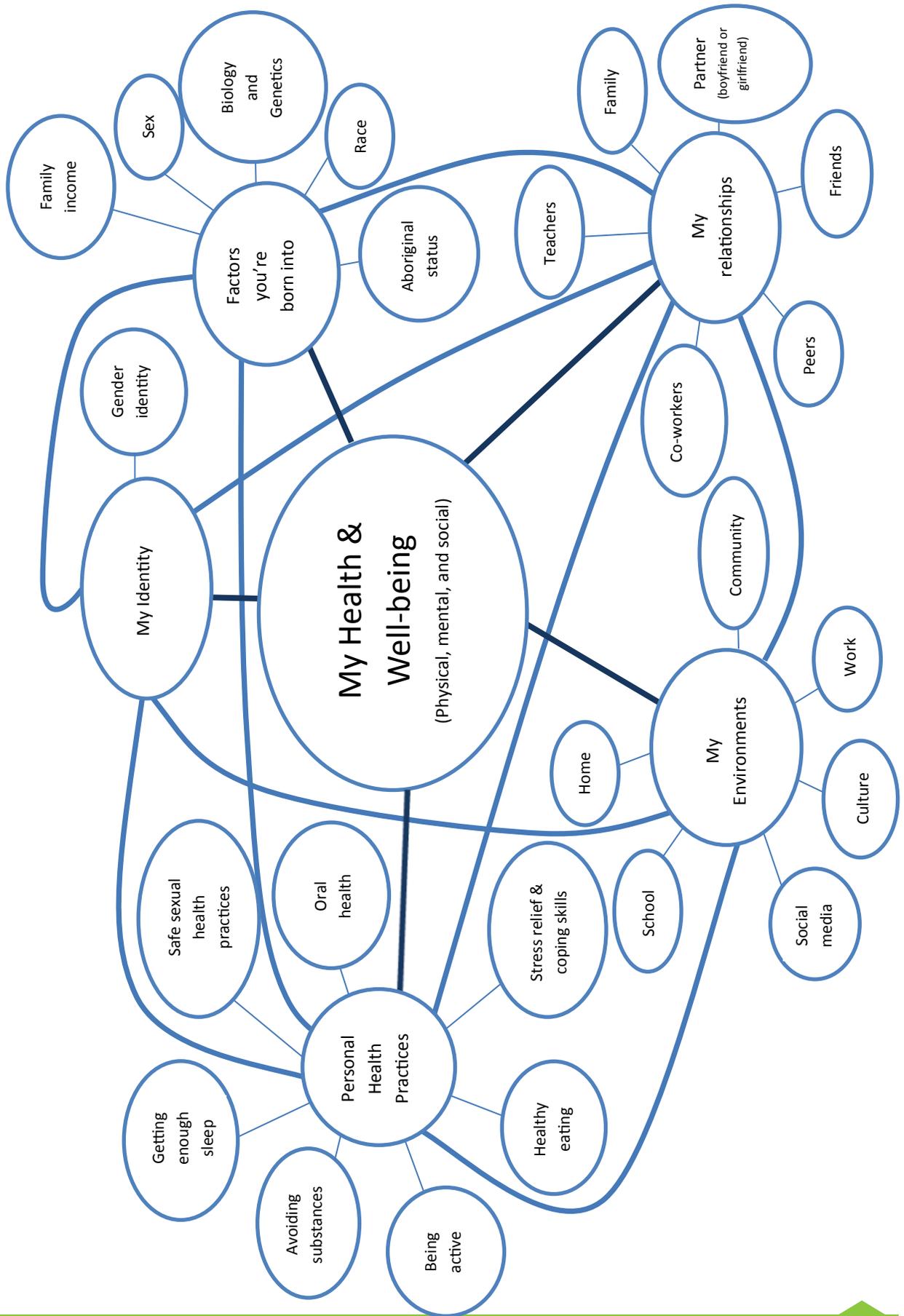
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Appendix A - Example concept map: What factors affect my health?



Appendix B - My Health Behaviours - Snapshot

	Example	Day 1	Day 2	Day 3
My Eating Habits				
What did I eat and drink for: Breakfast	2 pieces of whole wheat toast with peanut butter, banana and water			
Lunch	Pepperoni pizza and a yogurt smoothie			
Dinner	Greek salad with chicken, rice and juice			
Snacks	Popcorn (am), cheese & crackers (pm), sport drink			
My Physical Activity				
How many minutes did I spend being physically active? What did I do? (walking, running, yoga, soccer ...) What type of activity was it? (strength, endurance, balance, flexibility) How intense was the activity? (light, moderate, vigorous)	20 minutes walking to/from school (light, endurance) 20 minutes intramural soccer at lunch (moderate, endurance) 60 minute yoga class (moderate, flexibility and strength)			
My Sedentary Behaviour				
How much time did I spend being sedentary? (sitting for long periods, using motorized transportation). How much screen time did I have? (watching television, playing video games, on a computer, tablet or smartphone)	About 4 hours sitting in classes 5 hours while watching Netflix and doing homework 7 hours screen time through the day			
My Sleep				
How many hours of uninterrupted sleep did I get the night before?	8 hours sleep total (3 hours then woke up once, slept another 5 hours)			

Lesson 2: My Life – My Health

Suggested time to complete: 75 minutes

Lesson Overview

- This lesson corresponds with the “My Health” section of the *My Life, My Plan* booklet.
- This lesson will build on concepts introduced in the “What is Health?” lesson, such as how personal health practices such as physical activity, sedentary behaviour, healthy eating and sleep influence health.
- Prior to class, have students record a 3 day snapshot of their eating habits, activity, sedentary behaviour, and sleep ([Appendix B](#)). After discussing information related to healthy living students will review their snapshot to see how their behaviours compare to recommendations.
- Based on their assessment students will consider how different influences impact their decision making around healthy eating and activity.
- Students will select a portion of their snapshot to create a SMART goal.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.

This lesson assumes students have an understanding of the following concepts:

- The various types of physical activity and exercises (ex. strength, endurance, balance, flexibility).
- How to rate exercise intensity (light, moderate, vigorous).

Equipment

- Flipchart paper
- Markers
- SMART Board or computer with projector if possible to show videos and online tools.
- My Health Behaviours - Snapshot – Students will need completed copies and teachers may wish to have a reference copy during the lesson.
- Electronic file: My Life, My Plan booklet
- Eating Well with Canada’s Food Guide for each student (these can be printed from the Health Canada website or [ordered](#) for free from Health Canada)
- Electronic or paper copies of [A Handy Guide to Serving Sizes](#)
- Electronic or paper copies of [24-Hour Movement Guidelines](#)
- Cards for exit passes

Curriculum Links

Living Skills

1. Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living, Movement Competence, and Healthy Living strands for this grade [Grade 9 – PPL1O].

Personal Skills (PS)

- 1.1 Use self-awareness and self-monitoring skills to help them understand their strengths and needs, recognize sources of stress, take responsibility for their actions, and monitor their own progress as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Interpersonal Skills

- 1.3 Communicate effectively, using verbal or non-verbal means, as appropriate and interpret information accurately as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Critical and Creative Thinking

- 1.4 Apply relationship and social skills as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living to help them interact positively with others, build healthy relationships, and become effective group or team members.
- 1.5 Use a range of critical and creative thinking skills and processes to assist them in making connections, planning and setting goals, analyzing and solving problems, making decisions and evaluating their choices in connection with learning in health and physical education.

Active Living

- A1. Participate actively and regularly in a wide variety of physical activities, and demonstrate an understanding of factors that can influence and support their participation in physical activity now and throughout their lives;

Active Participation

- A1.2 Demonstrate an understanding of factors that contribute to their personal enjoyment of being active and that can support their participation in physical activity throughout their lives, and identify challenges and barriers to regular physical activity and actions they can take to overcome these.

Healthy Living

- C1. Demonstrate an understanding of factors that contribute to healthy development;

Healthy Eating

- C1.1 Explain how active living and healthy eating contribute to a person’s physical health and mental, emotional, and spiritual well-being, and describe the benefits of a holistic approach to health.
- C2. Demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions relating to their personal health and well-being;

Healthy Eating

- C2.1 Apply their knowledge of basic nutrition principles and healthy eating practices to develop a healthy eating plan.
- C3. Demonstrate the ability to make connections that relate to health and well-being – how choices and behaviours affect both themselves and others, and how factors in the world around them affect their own and others’ health and well-being.

Healthy Eating

- C3.1 Analyze the influence of social and environmental factors on food and beverage choices.

Introduction (5 minutes)

The importance of healthy behaviours such as healthy eating and physical activity were likely introduced to the students through the concept map activity in the “What is Health” lesson plan. Show the students the Concept Map they created to refresh their memory.

Ask students to pull out their “My Health Behaviours – Snapshot ” and begin a discussion on healthy lifestyles.

The Health Behaviours – Snapshot was created to assess how students’ health behaviours compare with Canada’s Food Guide and the Canadian Society for Exercise Physiologists “24-Hour Movement Guidelines”.

Healthy Eating (10 minutes)

- What is healthy eating, and why is it important?
- Tips from Canada’s Food Guide

*Information retrieved from Canada’s Food Guide unless otherwise specified (Health Canada, 2011).

[Canada’s Food Guide](#) describes the different amounts and types of food that people need as part of a healthy eating pattern for different ages and stages of life.

Canada’s Food Guide consists of four food groups (vegetables and fruit, grain products, milk and alternatives, meat and alternatives), and how many Food Guide Servings people should eat from each

group. Another part of following the Food Guide is to avoid foods and beverages high in calories, fat, sugar and salt. Distribute copies of Canada’s Food Guide to students.

Highlight the recommendations for teen males and females for each food group:

	Teens (14 – 18)	
	Females	Males
Vegetables and Fruit	7	8
Grain Products	6	7
Milk and Alternatives	3-4	3-4
Meat and Alternatives	2	3

Following a healthy eating pattern (Canada’s Food Guide) provides many benefits.

Ask students: *What do you think the benefits are of following a healthy eating pattern?*

Benefits include:

- Having enough energy to “fuel” activities
- Meeting your body’s needs for vitamins, minerals and other nutrients
- Strong muscles and bones
- Contributing to your overall health (feeling good both physically and emotionally/mentally)
- Reduce risk of illness and disease
- Along with being active – help you reach and maintain good health and a healthy weight (Health Canada, 2007).

Some key points from Canada’s Food Guide are:

General:

- Eat the recommended amount and type of food each day. Enjoy a variety of foods from the four food groups.
- Include a small amount of unsaturated fat each day.
- Satisfy your thirst with water.
- Be active every day.
- Limit foods and beverages high in calories, fat, sugar, or salt.

Fruits and Vegetables:

- Eat at least one dark green and one orange vegetable each day.
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt
- Have vegetables and fruit more often than juice.

Grain Products:

- Make at least half of your grain products whole grain each day.
- Choose grain products that are lower in fat, sugar or salt.

Milk and Alternatives:

- Drink skim, 1% or 2% milk each day.
- Select lower fat milk alternatives.

Meat and Alternatives:

- Have meat alternatives such as beans, lentils and tofu often.
- Eat at least two Food Guide Servings of fish each week (char, herring, mackerel, salmon, sardines and trout).
- Select lean meat and alternatives prepared with little or no added fat or salt.

EatRight Ontario has a serving size tool called [A Handy Guide to Serving Sizes](#) which can help you estimate the size of serving you have. This [video](#) also provides a good example.

Physical Activity, Sedentary Behaviour and Sleep (10 minutes)

- What are recommendations around physical activity, sedentary behaviour and sleep for children and teens?
- Why is it important to be physically active?

The [24-Hour Movement Guidelines](#) (Canadian Society for Exercise Physiologists [CSEP], 2016) state:

“For optimal health benefits, children and youth (aged 5–17 years) should achieve high levels of physical activity, low levels of sedentary behaviour, and sufficient sleep each day. A healthy 24 hours includes:

- Uninterrupted 9 to 11 hours of sleep per night for those aged 5–13 years and 8 to 10 hours per night for those aged 14–17 years, with consistent bed and wake-up times;
- An accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities and muscle and bone strengthening activities should each be incorporated at least 3 days per week;
- Several hours of a variety of structured and unstructured light physical activities;
- No more than 2 hours per day of recreational screen time;
- Limited sitting for extended periods.”

Being active and reducing sedentary behaviour has many benefits.

Ask students: *What do you think the benefits are of being active and reducing sedentary behaviour?*

Benefits include:

- Developing cardiovascular fitness, strength, flexibility and bone density

- Maintain a healthy body weight
- Reduce the risk of chronic disease and health problems
- Lessen the likelihood of tobacco, alcohol and drug use
- Feel better every day through improved mental health and well-being (Government of Canada, 2016)

The following statistics were taken from the [2016 ParticipACTION Report Card](#). You can choose to share some of these stats and facts as you feel they will contribute to student learning.

Physical Activity and Sedentary Behaviour

- Only 9 percent of 5-17 year olds get the recommended 60 minutes of heart-pumping activity they need each day.
- Only 10 percent of 11-15 year olds in Canada meet the screen time recommendation of no more than two hours per day, and only 20 percent of the same age group report at least 60 minutes of moderate to vigorous physical activity on all seven days of the week.
- Insufficient physical activity levels and increased sedentary behaviours impact sleep in children and youth.
- The average 5- 17 year old Canadian spends 8.5 hours being sedentary each day.
- 36 percent of 14-17 year olds find it difficult to stay awake during the day at least some of the time.
- The health benefits that come with heart-pumping physical activity are reduced if children have poor sleep habits or engage in excessive sedentary behaviour. And well-rested children are not healthy if they are not getting enough activity.
- Active transportation (e.g., walking or biking) and outdoor play increase exposure to sunlight, which helps regulate sleep patterns.
- Physical activity helps kids fall asleep faster.
- High school students who get at least 60 minutes of physical activity each day are 41 percent more likely to get sufficient sleep than those who don't.

Sleep (10 minutes)

- How much sleep do teens need, and why?
- What are sleep hygiene tips that teens can use to sleep better at night?

The following statistics were taken from the [2016 ParticipACTION Report Card](#). You can choose to share some of these stats and facts as you feel they will contribute to student learning

Teens need more sleep (between 8 and 10 hours) because their brains and bodies are growing quickly.

- 36 percent of Canadian 14-17 year olds find it difficult to stay awake during the day.
- 43 percent of Canadian 16-17 year olds are not getting enough sleep on weekdays.

- 33 percent of 5-13 year olds and 45 percent of 14-17 year-olds in Canada have trouble going to sleep or staying asleep at least some of the time.
- Too little sleep can cause hyperactivity, impulsiveness and a short attention span.
- Sleep is an essential component of healthy cognitive and physical development:
 - ✧ Children with reduced sleep are more likely to struggle with verbal creativity, problem solving, and generally score lower on IQ tests
 - ✧ Short sleep duration produces adverse hormonal changes like those associated with increased risks of obesity, diabetes and hypertension
 - ✧ Chronic sleep loss contributes to higher rates of depression and suicidal thoughts

Sleep hygiene describes the habits and practices that are conducive to sleeping well.

Ask students: *What sleep hygiene practices could you use to help you sleep well?*

Sleep hygiene practices include:

- Going to bed and waking up at the same time every day (even on weekends)
- Avoid caffeine consumption
- Expose yourself to bright light in the morning – it helps to reset your biological clock
- Make sure your bedroom is conducive to sleep (dark, quiet, comfortable and cool)
- Sleep on a comfortable mattress and pillow
- Don't go to bed feeling hungry, but don't eat a heavy meal right before bed
- Develop a relaxing bedtime routine
- Reserve your bedroom for sleeping only (keep cellphones, computers, tv and video games out of your bedroom)
- Exercise regularly during the day
- Don't have pets in your bedroom. (ParticipACTION, 2016, p. 36)

Naps can be a sign that you are not getting enough sleep at night, and don't necessarily make up for poor sleep at night. However, short naps (20-30 minutes) can help improve mood, alertness and performance. If you are going to nap, keep it short, and don't nap after dinner (National Sleep Foundation, 2017).

Independent Activity: Your Snapshot vs. Recommendations (15 minutes)

Allow students some time to look at their snapshot and compare their eating habits, their physical activity, their sedentary behaviour, and their sleep to the recommendations.

- Students will need to estimate the serving sizes from their snapshot. It may be helpful to show the "[A Handy Guide to Serving Sizes](#)" on a SMART Board, projector, or print copies for students to reference.

- For physical activity, sedentary behaviour, and sleep, students should compare their snapshot to the 24-Hour Movement Guidelines. It may be helpful to show the guidelines on a SMART Board, projector, or print copies for students to reference.
- **Students should not be expected to share the results of their review with others or the class, as some of this information may be sensitive and could make students feel uncomfortable.**
- To wrap up this activity, ask students to share their perceptions of their own healthy eating habits before and after the exercise. Some of these discussion points will lead well into the Four Corners Activity that follows.

Guiding questions:

- ◇ *Were there any of the food groups that you thought you met and didn't? Specific examples are not required, but were there any surprises after assessing diet and recommendations? Ex. More of one food group, or less than another? Were serving sizes much less, or much more than you expected?*
- ◇ *Were you surprised by the amount of time you spend sedentary/on screens compared to the recommendations?*
- ◇ *Is regular activity a part of your day? What could you do to build in more activity?*
- ◇ *Are you getting enough sleep? On nights were you didn't, do you think it had an impact on your activity and eating habits?*

Important considerations

- Educators need to recognize that students have a range of personal influences in their lives that will impact their decision making processes.
- It is important for educators to be non judgemental and avoid labelling, laying blame, or portraying influences in a negative manner.
- Remind students they have the right to pass and may choose to listen if they are not comfortable sharing with the group.

Four Corners Activity (15 minutes)

The Four Corners activity allows students to explore different influences in their lives and consider how each influence might affect both their feelings and behaviours. Many different factors can affect a person's health behaviours. When making a plan for healthy living and setting goals, it is important to consider these factors.

1. Divide the class into groups. Tell students they are going to identify influences that can affect their decision-making process when it comes to:
 - a) healthy eating,
 - b) physical activity, or
 - c) sedentary behaviour.
2. For each group, label three areas of your teaching space using some or all of the following factors, or other relevant influencing factors:
 - a) Home/Family
 - b) School

- c) Media/Advertising
- d) Friends/Peers
- e) Environment
- f) Other relevant factors could include finances, culture, religion, accessibility of different kinds of food, and environmental factors.

Depending on class size, you may wish to include all of these areas and influencers, or only some of them.

Post chart paper and markers in each of the areas.

3. Ask the students in each group to choose one of the factors and brainstorm the ways the influencing factor may influence someone's decision-making about their topic. Instruct them to record their answers on the chart paper.

It may be helpful have examples for students of what different factors could look like.

For example:

- Family – “My family has a meatless meal each Monday to reduce the amount of meat we eat.”
 - Family – “My family cuts up fresh fruits and vegetables on Sundays which last us for the week, to help us make sure we have healthy snacks available all week.”
 - School – “There aren't many options for fruits and vegetables in our cafeteria.”
 - Environment – “I live outside of the city so I have to drive to get most places.”
 - Friends/Peers – “My friends like to leave school at lunch. We usually walk somewhere nearby.”
4. In a large group discussion, have students share their findings. Ask them what influences have the most impact on their decisions.

Consolidation - Exit Pass and Goal Setting (10 minutes)

Use an exit pass to consolidate learning and help students identify barriers to leading a healthy lifestyle.

1. Hand out exit passes near the end of class.
2. Ask students to think about how some of the influencers discussed in the Four Corners activity create barriers to leading a healthy lifestyle. This does not need to be a barrier they have faced, but could be something they observed in family members, friends, or other students (ex. not enough money for fresh fruit/vegetables, live too far from school to walk, etc.).
 - a. Ask students to write down the barrier they identified.
 - b. Ask students to identify one thing that could help them reduce or overcome the barrier they identified.
3. Have students hand in exit pass as they leave the classroom.
4. Review responses to assess learning and determine if the needs of your students have been met.

Goal Setting - Direct students to page 3 in the *My Life, My Plan* booklet, and ask them to complete the My Life – My Health section. This will consolidate student understanding of their own personal health practices. Ask them to create a smart goal for their health and enter it into myblueprint.ca. Encourage students to use information from their snapshot to create their smart goal.

Homework

If students do not complete the My Life – My Health section and create a SMART goal, ask them to complete it for homework.

Assessment

Use the group discussions to assess student knowledge and understanding of how healthy living contributes to a person's overall health (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking], C1.1).

After students compare their snapshot to the recommendations outlined, use group discussion about their perceptions of their own health behaviours to assess their knowledge and understanding of their own strengths and areas for growth (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking]).

Use the Four Corners activity to assess students' understanding of factors that influence their health behaviours (physical activity, sedentary behaviour and healthy eating) (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking], C3.1, A1.2).

Use the exit pass to assess student understanding of barriers to leading a healthy lifestyle, and strategies that could be used to overcome these barriers (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], C3.1, A1.2).

Review student profiles in myblueprint.ca to ensure students have added a Health goal to their plan (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], depending on focus their goal: C2.1).

Resources for Teachers

- Healthy Eating Manual: Healthy Eating Made Easy
Healthy Eating lesson plans – Nutrition Resource Centre and Ontario Public Health Association.
www.healthyeatingmanual.ca/format/index.php Healthy Eating Lesson Plans
- EatRight Ontario
www.eatrightontario.ca/en/default.aspx
1-877-510-510-2 (to call a Registered Dietitian)
- Canada's Food Guide
www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

- Canadian Society for Exercise Physiology – 24-Hour Movement Guidelines
www.csep.ca/en/guidelines/24-hour-movement-guidelines
www.csep.ca/CMFiles/Guidelines/24hrGlines/Canadian24HourMovementGuidelines2016.pdf

Resources for Students

- www.eatrightontario.ca/en/Articles/Canada-s-Food-Guide/Eating-well-with-Canada-s-Food-Guide.aspx
- www.eatrightontario.ca/en/Articles/Weight-Loss/10--SMART%E2%80%9D-healthy-eating-goals.aspx
- www.eatrightontario.ca/en/Articles/Adolescents/teenagers/Healthy-Weights-for-Teens.aspx
- Eating Disorders:
 - ✧ www.eatrightontario.ca/en/Articles/Adolescents-teenagers/When-Eating-and-Weight-are-Concerns--A-Glimpse-at-Eating-Disorders.aspx
 - ✧ www.nedic.ca/
 - ✧ www.cmha.ca/mental_health/facts-about-eating-disorders/#.T8Onv5IYtjg

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Appendix B - My Health Behaviours - Snapshot

	Example	Day 1	Day 2	Day 3
My Eating Habits				
What did I eat and drink for: Breakfast	2 pieces of whole wheat toast with peanut butter, banana and water			
Lunch	Pepperoni pizza and a yogurt smoothie			
Dinner	Greek salad with chicken, rice and juice			
Snacks	Popcorn (am), cheese & crackers (pm), sport drink			
My Physical Activity				
How many minutes did I spend being physically active? What did I do? (walking, running, yoga, soccer ...) What type of activity was it? (strength, endurance, balance, flexibility) How intense was the activity? (light, moderate, vigorous)	20 minutes walking to/from school (light, endurance) 20 minutes intramural soccer at lunch (moderate, endurance) 60 minute yoga class (moderate, flexibility and strength)			
My Sedentary Behaviour				
How much time did I spend being sedentary? (sitting for long periods, using motorized transportation). How much screen time did I have? (watching television, playing video games, on a computer, tablet or smartphone)	About 4 hours sitting in classes 5 hours while watching Netflix and doing homework 7 hours screen time through the day			
My Sleep				
How many hours of uninterrupted sleep did I get the night before?	8 hours sleep total (3 hours then woke up once, slept another 5 hours)			

Lesson 3: My Life – My Mental Health

Suggested time to complete: 75 minutes

Lesson Overview

- This lesson corresponds with the “My Mental Health” section of the *My Life, My Plan* booklet.
- Through class discussion and activities students will learn about what mental health and well-being is, warning signs and symptoms of mental illness and treatment, as well as positive ways to cope with stress and anxiety and supports available.
- This lesson plan will connect the Grade 9 Health and Physical Education curriculum with the Pathways to Success program (using myblueprint.ca) and the *My Life, My Plan* booklet from Best Start.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.

Equipment

- Sticky notes (scrap paper)
- Chart paper
- Markers
- Whiteboard/SMART board
- Electronic file: *My Life, My Plan* Booklet
- Students may choose to bring their own devices to complete work in electronic files
- SMART Board or computer with projector if possible to show videos
- [Appendices C and D](#) with facts about mental health if you wish to hand them out, and a reference copy of the Mental Health Concept Map Example

Curriculum Links

Living Skills

1. Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living, Movement Competence, and Healthy Living strands for this grade [Grade 9 – PPL1O].

Personal Skills

- 1.1 Use self-awareness and self-monitoring skills to help them understand their strengths and needs, recognize sources of stress, take responsibility for their actions, and monitor their

own progress as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

- 1.2 Use adaptive, management, and coping skills to help them respond to the various challenges they encounter as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Interpersonal Skills

- 1.3 Communicate effectively, using verbal or non-verbal means, as appropriate and interpret information accurately as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.
- 1.4 Apply relationship and social skills as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living to help them interact positively with others, build healthy relationships, and become effective group or team members.

Critical and Creative Thinking

- 1.5 Use a range of critical and creative thinking skills and processes to assist them in making connections, planning and setting goals, analysing and solving problems, making decisions, and evaluating their choices in connection with learning in health and physical education.

Healthy Living

C1. Demonstrate an understanding of factors that contribute to healthy development.

C1.1 Explain how active living and healthy eating contribute to a person's physical health and mental, emotional, and spiritual well-being, and describe the benefits of a holistic approach to health (e.g., provides more energy, helps body develop to full physical potential, increases self-esteem).

C1.3 Demonstrate an understanding of resilience and related protective and risk factors, and explain how these can affect choices related to substance use and addictions.

C2. Demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions related to their personal health and well-being.

C2.2 Demonstrate an understanding of the skills and strategies needed to build healthy social relationships (e.g., peer, school, family, work) and intimate relationships.

C3. Demonstrate the ability to make connections that relate to health and well-being – how their choices and behaviours affect both themselves and others, and how factors in the world around them affect their own and others' health and well-being.

C3.2 Identify warning signs and symptoms that could be related to mental health concerns (e.g., inability to cope with stress; feelings of sadness, anxiety, hopelessness, or worthlessness;

negative thoughts about oneself, others, and the future; thoughts of suicide), and describe a variety of strategies for coping with or responding to mental health concerns affecting oneself or others (e.g., stress and mood management techniques, identifying ways to seek help for oneself or a friend/classmate, supporting others who are struggling with their emotional well-being).*

C3.4 Describe social factors that may influence substance use (e.g., use of prescription drugs, alcohol, tobacco, chewing tobacco, nutritional supplements, performance-enhancing drugs) or behaviours leading to addictions (e.g., gambling; video, Internet, or computer gaming; eating disorders), and explain how decision-making and communication skills can be used to respond effectively to these influences.

*** Discussions about mental health and suicide should be approached with caution and sensitivity. See The Ontario Curriculum Grade 9 to12, Health and Physical Education, 2015, pages 5, 39–40, and 42–43 for further information.**

www.youtube.com/watch?v=LxLiJKDqNMo&index=31&list=PLxmz9ERQlsZtVhlbwLNuRJcC-1W63yUnb

Minds On: Mental Health - Ponder It, Post It (15-20 minutes)

This ice breaker activity will encourage students to think about mental health and well-being, and encourage students to participate in a class discussion. It will give the teacher an idea of the baseline level of understanding among the class of the term mental health and student perspectives.

1. Hand out sticky notes to students and explain that they will need to work individually on the topic. Ask students to post their response in a designated area, i.e. wall, board or chart paper.
2. Ponder it: Ask students to think about what comes to mind when they hear the term mental health.
3. Post It: Have students record their responses on sticky notes and post in designated area.
4. Ponder It: Ask students to think about what comes to mind when they hear the term well-being.
5. Post It: Have students record their responses on sticky notes and post in designated area.
6. Class discussion:
 - a. The teacher will facilitate a discussion with the class based on students' responses. How are the terms mental health and well-being different? And how are they the same? Does one influence the other?
 - b. The teacher may want to group responses together into categories such as facts, myths, and misconceptions.
 - c. Ask students what influences their perspective on mental health and well-being? (i.e. personal experience, social media, news and movies). This could lead to a discussion on stigma.
 - d. Ask students why they think people with mental health illnesses are often stigmatised? Why do you think some people who suffer from mental health issues find it hard to talk about? What are some strategies that could be used to reduce the stigma around mental health?

Stigma and Mental Health

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA, School Materials for a Mental Health Friendly Classroom, 2004).

Videos to show to class:

- www.youtube.com/watch?v=WUaXFIANojQ
- <https://vimeo.com/130580621>
- www.letstalk.bell.ca/en/end-the-stigma/videos/

What is mental health? (5 minutes)

“*Mental health* includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood” (U.S. Department of Health and Human Services, 2016). Staying mentally healthy is important for your thinking, mood and behaviour.

Mental Illness is a disturbance in thoughts and emotions that decreases a person’s capacity to cope with the challenges of everyday life. Only a doctor can make a mental health diagnosis, such as depression or anxiety. Most health professionals and researchers believe that mental illness is usually the result of an interaction of physical, environmental, and social factors (CMHA, 2016).

- Anxiety disorders – Obsessive-compulsive disorder, post-traumatic stress disorder, phobias
- Eating disorders – Anorexia nervosa and bulimia nervosa
- Mood disorders – Major depressive disorder and bipolar disorder
- Psychosis
- Schizophrenia
- Personality disorders
- Substance-related and addictive disorders

While many people experience mental health issues, the good news is there are many supports in place to help. People with mental health issues can get better and some recover completely. (Supporting Minds, 2013).

Coping and Resilience (15 minutes)

Having a positive sense of self and positive coping skills in place will help you deal with your mood, behaviours and feelings and maintain positive mental health. Having positive mental health allows people to achieve their goals, cope with the stresses of life, work productively, and make meaningful contributions to their communities.

“*Resilience* is the ability to bounce back from challenges. It is an important aspect of an individual’s mental health and emotional and spiritual well-being. Factors that promote resilience are known as protective factors. Factors that compromise resilience are called risk factors.” (The Ontario Curriculum Grade 9 to12. Health and Physical Education. 2015).

Resilience is not something you are born with. It is something that needs to grow and develop, like a skill you build. Practicing coping skills every day will help you build your resilience.

Ask students what are some of the coping skills you use to deal with stress and maintaining positive mental health? What are your outlets to relieve stress and/or anxiety?

- Talking with a close friend
- Working out and/or playing sports
- Reading
- Watching a favourite TV show or movie
- Going for a walk
- Writing in a journal
- Painting
- Listening to music
- Cooking
- Taking some time to yourself
- Volunteering
- Getting enough sleep
- Yoga, deep breathing, progressive muscle relaxation, or meditation
- Being outside enjoying nature
- Taking a break from social media/electronic devices – we may not realize it but media influences our wellness.

Questions for students to consider and discuss as a group:

- *What are some other factors that may pose a risk to a person’s ability to cope with challenges?*
- *What are some unhealthy behaviours and choices a person might engage in when trying to forget their problems or when trying to cope if they do not have support?*
- *What are some of the ways you can strengthen your resilience?*
This may be a more challenging question for students to answer, as they might not have the connections made yet about what builds resilience.
This link has 10 tips www.apa.org/helpcenter/bounce.aspx

How can you maintain a positive sense of well-being?

Mental health is more than the absence of a mental health condition or illness: it is a positive sense of well-being, or the capacity to enjoy life and deal with the challenges we face (CMHA, 2016). Taking better care of your mind and body boosts your well-being. Eating well, exercising, and getting

adequate sleep provides many benefits, enabling the mind and body to manage most challenges in life, including anxiety and depression. In addition to nourishing your body and participating in physical activities you enjoy, there are many other ways to improve your mental health. Showing gratitude and kindness towards others and yourself is one way of boosting your well-being.

Have a class discussion about what it means to show gratitude and how we can practice kindness/mindfulness with others around us including family, friends and even strangers.

- *What is gratitude?*
- *How can you practice kindness/mindfulness in your daily life?*
- *How can we be kinder to others and to ourselves?*

Examples

Others	Self
Show appreciation Show genuine interest in others Be honest and sincere Be interested in what others think, even if you don't agree Listen Practice being nice Smile Spend time with kind people Take care of people that matter to you Give back to your community – volunteer or donate Praise/compliment others Be on time – respect other peoples schedules Random acts of kindness	Acknowledge your efforts Be thankful for what you have Pamper yourself (massage or relaxing bath) Surround yourself with people who lift you up Get up and move – physical activity improves mood Forgive yourself – everyone makes mistakes Compliment yourself Make a list of 5 things you like about yourself or things you do well Try something new (hobby, craft, recipe, adventure) Balance your use of social media/internet use – take a break from it Meet with friends face-to-face Set realistic goals

Inside and outside circles activity (10-15 minutes)

This activity will reinforce the concept of improving well-being by showing gratitude and kindness towards others and ourselves. Students will form two circles to face each other and respond to teacher prompts. This kinaesthetic activity will engage all students to exchange comments and allows students to share with peers they may rarely work with. Remind students to be considerate of others comments and to listen without judging.

1. Split the class in half and have half the students form an inside circle and the other half the outside circle.
2. Write the question “how have you shown kindness to someone in the last month?” on the board.
3. Ask students on the inside circle to share their response with the classmates facing them on the outside circle and then have students on the outside circle share with the classmate on the inside circle.

4. Instruct all students in the outside circle to move one spot to the right and discuss the question with their new partner.
5. Repeats steps 3 and 4.
6. Also ask students to share “how do you show kindness to yourself or how do you boost your well-being?” And ask them to “share a positive comment or compliment” with the classmate they are paired with.
7. To debrief ask students how it felt to share and/or receive a compliment from a classmate.

***Looking for more information and interactive tools visit www.mindyourmind.ca.** Mind Your Mind works with young people to co-create interactive tools and innovative resources to build capacity and resilience.

Mental Health Statistics - Did you know? (5 minutes)

(These statistics can also be found in [Appendix C](#) if you wish to print them as a student handout).

In Hastings and Prince Edward counties 12.8% of males and 16% of females self-report having mood and anxiety disorders.

Source: Canadian Community Health Survey 2011/12, Statistics Canada, Ontario Share File, distributed by Ontario Ministry of Health and Long-Term Care.

Almost 1 in 5 young people in Canada live with mental disorders.

Source: Waddell, C., McEwan, E., Hua, J., Shepherd, C, (2002). Child and youth mental health: Population health and clinical service considerations. A research report prepared for the British Columbia Ministry of Children and Family Development. Retrieved from http://www.childhealthpolicy.sfu.ca/research_reports_08/rr_pdf/RR-1-02-full-report.pdf

Only 1 in 5 children in Canada who need mental health services ever receives professional help.

Source: Canadian Mental Health Association (n.d.). Fast facts about mental illness. Retrieved from <http://www.cmha.ca/media/fast-facts-about-mental-illness/>

Suicide is the second leading cause of death for young people, after accidents, accounting for 24% of all deaths among Canadians ages 15 to 24.

Source: Canadian Mental Health Association (n.d.). Fast facts about mental illness. Retrieved from <http://www.cmha.ca/media/fast-facts-about-mental-illness/>

LGBTQ (lesbian, gay, bisexual, trans, queer and questioning) youth in Canada are approximately 3 times more likely to attempt suicide than their peers.

Source: Centre for Suicide Prevention (December, 2003). Suicide among gay, lesbian, bisexual or transgendered youth. Retrieved on March 3, 2009, from <http://www.suicideinfo.ca/csp/assets/alert53.pdf>

Teens who do not get enough sleep are more likely to feel depressed. To be at your best you need between 9 and 10 hours of sleep every day.

Source: Caring for Kids (2013). Teens and sleep: Why you need it and how to get enough. Retrieved from http://www.caringforkids.cpa.ca/handouts/teens_and_sleep

About 12% of students in grades 7 – 12 report using cannabis frequently (six or more times) in the last year. Frequent opioid pain reliever use is reported by about 4% of all students. 9.2% of grades 7 – 12 students drink two or three times a month, and about 6.1% drink at least once a week.

Source: Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2015). Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 41). Toronto, ON: Centre for Addiction and Mental Health. Retrieved from http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Pages/default.aspx

For additional mental health and wellness statistics visit: www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/37-4/assets/pdf/ar-04-eng.pdf

Discussing Mental Health – Signs/Symptoms/Treatment and Support (15-20 minutes)

Community Resources/Support Network

There are many supports and resources in place to help us maintain positive mental health and for those who are dealing with mental health concerns. Ask students: *“What does your support network look like? Who is part of your support system?”*

- Friends
- Siblings
- Parents
- Coaches
- Supportive Adults
- Teacher
- Guidance counsellor, CYC
- Doctor
- Faith-based organizations
- Online support groups

Community Supports

- Kids Help Phone1-800-668-6868
- Youthab (Youth Habilitation Quinte Inc.).....613-969-0830
- Children’s Mental Health Services.....1-844-462-2647
- Open Line Open Mind613-310 (OPEN) 6736

- Addictions Centre 613-969-0077
- Alcoholics Anonymous, Al-Anon, Alateen 1-877-961-2134
- Counselling Services of Belleville & District 613-966-7413
- Crisis Intervention Hastings/Prince Edward 613-962-7227
- Drug and Alcohol Information line..... 1-800-463-6273
- Mental Health Services Hastings/Prince Edward Corp 613-967-4734
- National Eating Disorder Information Line 1-866-633-4220
- QHC Mental Health Services..... 613-969-7400 ext. 2228

What contributes to the development of mental illness?

Ask students: *“What some factors are that may contribute to the development of mental illness?”*

Most health professionals and researchers believe that mental illness is usually the result of an interaction of physical, environmental, and social factors (CMHA, 2016).

Physical Factors

- Individuals genetic make-up, may put them at higher risk
- Physical trauma – brain injury, misuse of substances (street drugs or alcohol)

Environmental Factors

- Severe psychological trauma (war or sexual abuse)

Social Factors

- Where we live
- Whether we have strong support networks
- Work environment
- Level and duration of stress

Warning signs/Symptoms

Ask students: *“What some of the warning signs and symptoms are of mental health concerns?”* List them on chart paper or white board.

- Feeling sad or down.
- Changes in sleep patterns (e.g. having trouble falling asleep or staying asleep or wanting to sleep all the time).
- Changes in appetite (e.g. not wanting to eat much or wanting to eat all the time).
- Losing interest in things they previously enjoyed. Pulling away from people and usual activities.
- Having low or no energy.
- Feeling numb or like nothing matters.

- Feeling anxious, nervous or restless.
- Having unexplained aches and pains.
- Having trouble concentrating.
- Feeling helpless or hopeless.
- Smoking, drinking, or using drugs to cope.
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared.
- Yelling or fighting with family and friends.
- Experiencing severe mood swings that cause problems in relationships.
- Having persistent thoughts and memories you can't get out of your head.
- Hearing voices or believing things that are not true.
- Thinking of harming yourself or others. Having thoughts about death or suicide.
- Inability to perform daily tasks like taking care of yourself or getting to work or school.

If you or a friend are experiencing one or more of these feelings and/or behaviours it could be an early warning sign of a mental health concern. It's important to get help to determine why you are feeling and acting this way. Talk to a trusted adult or friend, or seek out school and community supports.

Treatment

In some cases treatment may be required for mental illnesses. Only a doctor can make a mental health diagnosis, such as depression or anxiety. Most types of mental health diagnoses can be treated in one of three ways:

- With counselling (psychotherapy, self-help groups, family support and community supports)
- With medication
- With a combination of both

Concept Map Activity – Mental Health – Coping and Supports (15-20 minutes) **(Ideal homework assignment)**

This activity will help students recognize what is currently going on in their life and in their future which could be possible causes of stress and anxiety. Students will identify supports and coping mechanisms to help them through their mental health journey.

1. Have students work independently (or in pairs or small group) and show sample concept map on board ([Appendix D - Mental Health Concept Map Example](#)). In the centre of the concept map will be "My Mental Health" have students draw lines to connect words and subtopics to this central idea. Ask students: what's going on in your life now? Or in the near future? For example possible causes of stress and/or anxiety (school, work, relationships, illness, family, jobs) and possible feelings this may cause. From there draw lines to identify supports available (CYC, friends, coach, health care professional, trusted adult, etc.) and positive ways students cope individually with stress and/or anxiety (listening to music, exercise, sports, reading, etc.).

2. Have students develop their concept map on a piece of paper or chart paper.
3. Have students discuss their concept map with a partner.
4. If completed in a group, provide an opportunity for each group to present their concept map and share some examples. Explain to students while these different areas of their life (school, work, relationships) may seem separate they are actually all connected. When one area in their life changes it can affect another area.

Consolidation - Exit Pass and Goal Setting (5 Minutes)

Use an exit pass to consolidate learning and help students make the link between mental health and positive coping mechanisms.

1. Have students think about their mental health and a change they plan to make to improve their mental health and/or boost their well-being. Also let students know they can ask any questions they might still have on this piece of paper.
2. A few minutes before the end of class, hand out the exit pass and ask student to respond.
3. Have students hand in exit pass as they leave the classroom.
4. Review responses to assess learning and determine if the needs of your students have been met.

Goal Setting - Direct students to page 4 in the *My Life, My Plan* booklet and ask them to complete the My Life – My Mental Health section. This will consolidate student understanding of their personal well-being and mental health. Ask them to create a smart goal for their mental health and enter it into myblueprint.ca.

Homework

If students do not have time to complete the mental health concept map in class have them complete for homework and pass in at the beginning of the next class.

Assessment

Use concept map to assess student knowledge and understanding in regard to possible causes of stress and anxiety, ways of coping and where they can seek support. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking], C1.1, C2.2, C3.3).

Use class discussion to assess student knowledge and understanding of warning signs and symptoms of mental health concerns, how their choices and behaviours affect themselves and others and strategies to cope (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking], C3.3, C3.4).

Observe student participation in class discussions and activities to assess decision-making and communication skills (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking], C3.4).

Review exit passes to assess for learning and next steps. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking]).

Review student profiles in myblueprint.ca to ensure students have added a mental health goal to their plan. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking]).

Resources for Teacher

- Kids Help Phone – 1-800-668-6868 - www.kidshelpphone.ca
- Supporting Minds: An Educators Guide to Promoting Students' Mental Health and Well-being. www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf
- OPHEA – Approaches to Teaching Healthy Living: A Guide for Secondary Educators. www.teachingtools.ophea.net/supplements/hpe-secondary
- Canadian 24-Hour Movement Guidelines for Children and Youth. www.csep.ca/CMFiles/Guidelines/24hrGlines/Canadian24HourMovementGuidelines2016.pdf
- Low-Risk Alcohol Drinking Guidelines. www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf

Resources for Students

- Your school's CYC
- Kids Help Phone – 1-800-668-6868 www.kidshelpphone.ca
- The Red Card www.ghc.on.ca/red-cards-p1824.php
- Youthab (Youth Habilitation Quinte Inc.) www.youthab.ca/
- Children's Mental Health Services www.cmhs-hpe.on.ca/
- Mind Your Mind www.mindyourmind.ca/

References

Substance Abuse and Mental Health Services Administration (SAMHSA). (2004). School Materials for a Mental Health Friendly Classroom: Training Package. Rockville, MD: Vanguard Communications, Inc., SAMHSA and the US Department of Health and Human Services.

Bell Canada (2014). Bell Let's Talk. Toolkit: Starting the Conversation About Mental Health. Retrieved from:

https://teachingtools.ophea.net/sites/default/files/ophea-files/resources/rgen_bellfacilitatorguide_02se16.pdf

U.S. Department of Health and Human Services (2016). What is Mental Health? Retrieved from: <https://www.mentalhealth.gov/basics/what-is-mental-health/index.html>

The Ontario Curriculum Grade 9 to12. (2015). Health and Physical Education.

Appendix C - Mental Health Statistics - Did you know?

In Hastings and Prince Edward counties 12.8% of males and 16% of females self-report having mood and anxiety disorders.

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Almost 1 in 5 young people in Canada live with mental disorders.

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LGBTQ (lesbian, gay, bisexual, trans, queer and questioning) youth in Canada are approximately 3 times more likely to attempt suicide than their peers.

Source: Centre for Suicide Prevention (December, 2003). Suicide among gay, lesbian, bisexual or transgendered youth. Retrieved on March 3, 2009, from <http://www.suicideinfo.ca/csp/assets/alert53.pdf>

In Canada, 75% of mental disorders develop by age 24; 50% by age 14.

Source: Mental Health Commission of Canada (2011). Youth a priority for mental health first aid. News From MHCC: Child and Youth Special Edition. 4. Retrieved from http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Newsletters/MHHC_Newsletter_Sept2011_ENG.pdf

About 3.2 million young people in Canada ages 12 to 19 are at risk for developing depression.

Source: Young people at risk for depression: Canadian Mental Health Association (n.d.). Fast facts about mental illness. Retrieved from <http://www.cmha.ca/media/fast-facts-about-mental-illness/>

The average rate of suicide in Canada among youth who are Aboriginal is estimated to be 5 to 6 times higher than among non-Aboriginal youth.

Source: Oppal, W. (2006). Sayt k'üülm goot – Of one heart: Preventing Aboriginal youth suicide through youth and community engagement. Retrieved from http://www.rcybc.ca/Groups/Archived%20Reports/cyo_of_one_heart_web.pdf

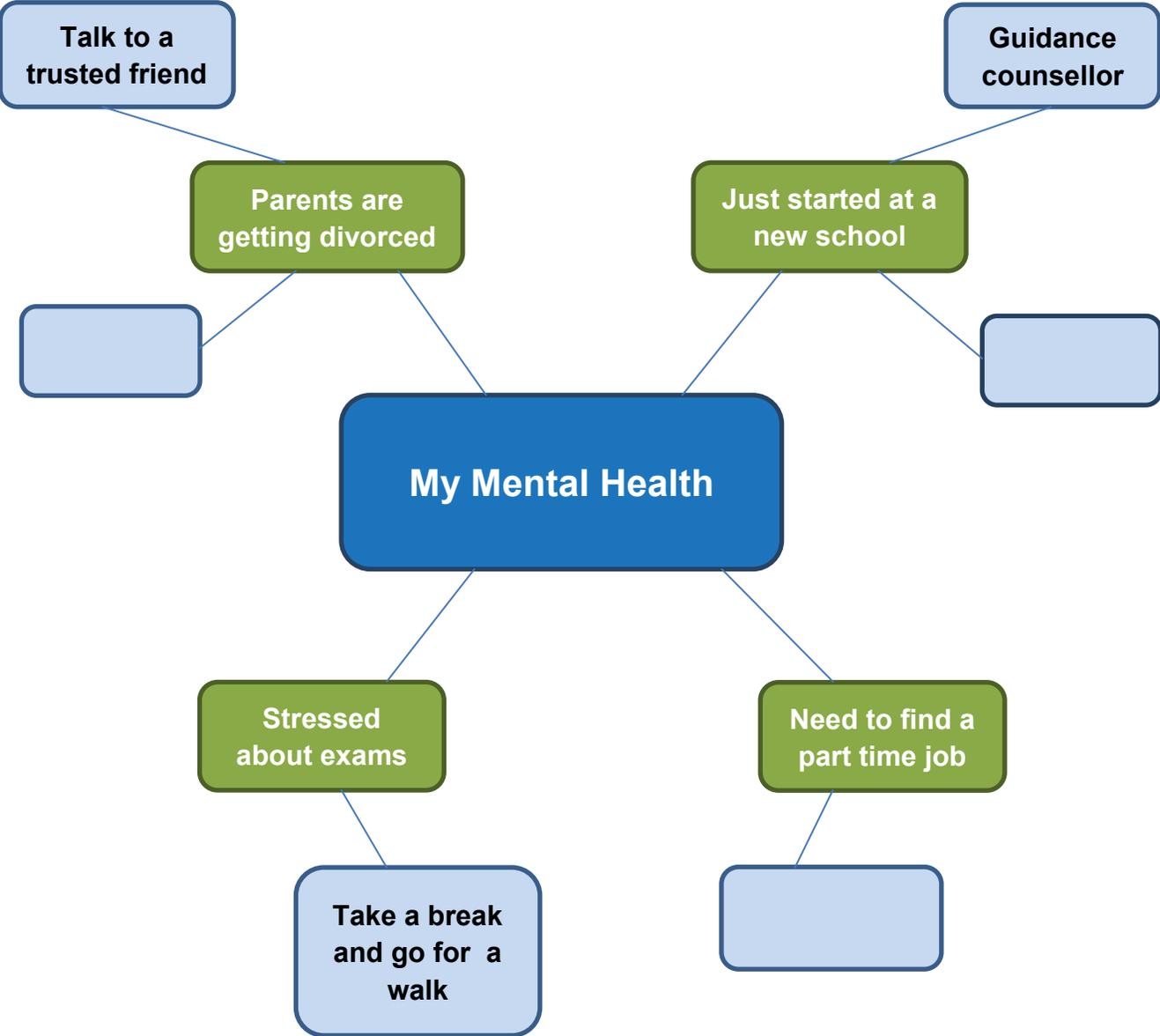
Teens who do not get enough sleep are more likely to feel depressed. To be at your best you need between 9 and 10 hours of sleep every day.

Source: Caring for Kids (2013). Teens and sleep: Why you need it and how to get enough. Retrieved from http://www.caringforkids.cpa.ca/handouts/teens_and_sleep

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Source: Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2015). Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 41). Toronto, ON: Centre for Addiction and Mental Health. Retrieved from http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Pages/default.aspx

Appendix D - Mental Health Concept Map Example



Lesson 4: My Life – My Relationships

Suggested time to complete: 2–3, 75 minute lessons

Lesson Overview

- This lesson corresponds with the “My Relationships” and “My Family Health History” sections of the *My Life, My Plan* booklet.
- This lesson will focus on the relationship the students have with themselves as the foundation for other relationships in their lives.
- This lesson will also build on previous lesson content, but will emphasize the importance of interpersonal skills students use in their current and/or future relationships, including a discussion about the importance of consent in intimate relationships.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.

Equipment

- Electronic file: *My Life, My Plan* booklet.
- Students may choose to bring their own devices to complete work in electronic files.
- Flipchart, whiteboard, chalkboard or SMART Board to record student answers and create the concept map.
- A computer and projector or SMART Board to show the consent video and the [Inspirational Quotes PowerPoint](#) (if using).
- Markers (if using flipchart paper).
- Cards for exit passes.
- [Appendices E, F, G, H, I, J, and K](#) for materials for the activities listed in the lesson (The Love Game; See, Hear, Feel, Act scenarios; How’s Your Self Esteem Quiz; Inspirational Quotes PowerPoint; Healthy Relationships Quiz; and the Family Health History Assignment).

Curriculum Links

Living Skills

1. Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living, Movement Competence, and Healthy living strands for this grade [Grade 9 – PPL10].

Personal Skills

- 1.2 Use self-awareness and self-monitoring skills to help them understand their strengths and needs, recognize sources of stress, take responsibility for their actions, and monitor their own

progress as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

- 1.2 Use adaptive, management, and coping skills to help them respond to the various challenges they encounter as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Interpersonal Skills

- 1.3 Communicate effectively, using verbal or non-verbal means, as appropriate and interpret information accurately as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.
- 1.4 Apply relationship and social skills as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living to help them interact positively with others, build healthy relationships, and become effective group or team members.

Critical and Creative Thinking

- 1.5 Use a range of critical and creative thinking skills and processes to assist them in making connections, planning and setting goals, analysing and solving problems, making decisions, and evaluating their choices in connection with learning in health and physical education.

Healthy Living

- C2. Demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions relating to their personal health and well-being;

Human Development and Sexual Health

C2.2 Demonstrate an understanding of the skills and strategies needed to build healthy social relationships and intimate relationships.

C2.3 Apply their knowledge of sexual health and safety, including a strong understanding of the concept of consent and sexual limits, and their decision-making skills to think in advance about their sexual health and sexuality.

- C3. Demonstrate the ability to make connections that relate to health and well-being – how choices and behaviours affect both themselves and others, and how factors in the world around them affect their own and others' health and well-being.

Personal Safety and Injury Prevention

C3.3 Describe skills and strategies that can be used to prevent or respond to situations of verbal, physical, and social bullying and sexual harassment.

Minds On Activity (5 minutes)

This activity will introduce the subject of the lesson, healthy relationships.

Ask students: *Describe the term “relationships”. Who or what does it involve?*

Relationship is defined as the way in which two or more people or things are connected (“Relationship”, 2017). We form relationships with the people we encounter in our day-to-day lives, such as our family members, friends, peers, community members, teachers, etc. You can form different types of relationships. Social relationships (peer, school, family and work) and intimate relationships.

Healthy relationships may offer many things:

- Make you feel like you belong and are valued
- Increase your confidence
- Provide understanding, respect, trust and care
- Support you to try out ideas and new things, or to discuss your opinions
- Provide a safe place to be and learn about yourself (Government of South Australia, 2016).

Some people choose to form a large number of social relationships, while others only form a few, and prefer to spend more time alone. What is more important the number of relationships you have is whether your relationships are healthy.

Healthy Relationships (25 minutes)

Activity: Think-Pair-Share

1. Explain the activity to the students. They will first think individually about a topic, next partner and discuss their answers, then the whole class will discuss the topic as a large group.
2. Think: Ask students to consider the qualities of a healthy relationship and the skills needed to create a healthy relationship.
Prompting question for teachers: *How does a healthy relationship make you feel? How do you think about yourself and others in a healthy relationship? How do people in healthy relationships interact compared to people in unhealthy relationships? What do they do that is different?* (3 minutes).
3. Pair: Have each student work with a partner to share their thinking and discuss ideas. Teachers can decide to assign pairs or let students pick their own partners (5 minutes).
4. Share: Discuss the qualities and characteristics of a healthy relationship as a class. Ask each student pair to share their thoughts. Record the qualities/characteristics students describe on the whiteboard/chalkboard/flipchart paper (15 minutes).
 - a. Review and describe the qualities of a healthy relationship if students do not generate ideas.
 - b. Compare and contrast these qualities with unhealthy relationships.
 - c. Discuss the skills that are required to develop and maintain healthy relationships.
 - d. How could you respond if you felt as though you were being bullied or harassed? What skills or strategies could you use?

Healthy Relationships	Unhealthy Relationships
<ul style="list-style-type: none"> • Mutual respect - Each person values who the other is and understands the other person's boundaries. • Trust - Trust is placed in each other and you give the person the benefit of the doubt. • Honesty - Honesty builds trust and strengthens relationships. • Compromise - Not always needing to get your own way. Being able to acknowledge different points of view and being willing to give and take. • Individuality - Not having to compromise who you are. Your identity isn't based on the other person's. You can have your own likes and dislikes, hobbies, and other social relationships. • Good communication - Speaking honestly and openly to avoid miscommunication. • Anger control - Anger happens, but how you express it can affect our relationships with others. Handling anger in a healthy way like taking a deep breath, counting to ten or talking it out. • Fighting Fair - Arguments happen, but those who are fair, stick to the subject and avoid insults are more likely to find a solution. Take a break if discussion gets heated. • Problem solving - Break a problem into small parts or talk through a situation. • Understanding - Take time to understand what the other person is feeling. • Self-confidence - Self-confidence can help your relationships with others. It helps to show that you are calm and comfortable enough with yourself to allow others to express their opinions without forcing your opinion on them. • Being a role model - By embodying what respect means, it can inspire others to act in a respectful way. 	<ul style="list-style-type: none"> • Control - One person makes all the decisions and tells the other what to do, what to wear, or who to spend time with. They are unreasonably jealous, and/or tries to isolate the other partner from their other relationships. Controlling behaviours could include guilt tripping, threats, or blaming. • Hostility - One person picks a fight with or antagonizes the other. This may lead to one person changing their behaviour in order to avoid upsetting the other. • Dishonesty - One person lies to or keeps information from the other, or steals from the other. • Disrespect - One person makes fun of the opinions and interests of the other partner or destroys something that belongs to the other. • Dependence - One person feels that he or she "cannot live without" the other. They may threaten to do something drastic if the relationship ends. • Intimidation - One person tries to control aspects of the other's life by making the other person fearful or timid. One person may attempt to keep the other from friends and family or threaten violence or to end the relationship. • Physical violence - One person uses force to get their way (such as hitting, slapping, grabbing, or shoving). • Sexual violence - One person pressures or forces the other into sexual activity against their will or without consent.

- **Healthy sexual relationship** - In intimate relationships, it is important that both partners are comfortable with their sexual relationship, and that neither feels pressured or forced to engage in a sexual activity that is outside their comfort zone or without consent.

Youth.gov (2016). Characteristics of Healthy & Unhealthy Relationships. Retrieved from <http://youth.gov/youth-topics/teen-dating-violence/characteristics>

To conclude this activity, describe the qualities and skills listed under healthy relationships that are part of the foundation of any relationship, whether it is a social relationship, a family relationship, or an intimate relationship.

Discuss the importance of having an understanding of healthy relationships now, because as you get older, your relationships can become more complex. Understanding the foundations of a healthy relationship now, will help you recognize healthy and unhealthy relationships in the future.

Love Game Activity (20 minutes)

This activity will encourage students to consider how the different attributes that keep us in relationships (social, intimate, etc.) can change, and how this can vary between groups and people (see attached).

Separate the class into two groups. Provide each group with a set of 10 cards, with the following words written on them (see [Appendix E](#) for printable copies):

- trust
- easy to talk to
- feel good about yourself
- sense of humour
- good looking
- honesty
- good listener
- affectionate
- mutual interest
- sex

Teacher instructions to each group

Discuss with the group that we have many relationships in our lives, and that includes many types of relationships. We have relationships with our families (parents and siblings), friends, intimate relationships (partners/spouse), and relationships with people in our community (co-workers, neighbours, etc.).

In those relationships, there are certain aspects or attributes that attract us and keep us in those relationships. When they have done studies, there were some common threads or reasons why those relationships continued. The top ten are listed on each set of cards.

Instruct each group that they have recently met someone who is becoming a friend. Ask them as a group to decide which of the parts of a relationship are important, listed from #1 being most important to #10, the least important. Individually, they may not entirely agree, but try to reach group decision/consensus.

When done, ask both groups to look at one ranking, reading from the least to most important. Compare this with the alternate group. Point out some of the differences/similarities and discuss.

Now have the same groups go back to their cards again. Tell them this friendship has now developed into an intimate relationship. Does this/how does it change the order of the cards. Repeat above, reviewing the ranking of each group. Has the order changed, and ask why?

One frequent difference is between male and female groups. Males will usually (not always) list good looking and sex within the top 3. Females usually rank it at the bottom. Even if it is a same sex group, this difference can be mentioned for discussion about the possibility of a communication problem.

Research shows that all of these factors are important in one's relationships. The order can sometimes change depending on the day, month, or by the type of relationship. Studies show that for relationships between long term marriage/relationships, sex is usually ranked closer to the bottom. It isn't that it's not important, but in daily living, it was noted to be more important to having someone who was trustful, honest, sense of humour or easy to talk with.

Your Relationship with Yourself: Self-Esteem (50 minutes – including discussion and activities below)

While having healthy relationships with others is important, a healthy relationship with yourself sets the tone for the health of your relationships with others. Have you ever heard that it's hard for someone to love you when you don't love yourself? It can be challenging to have any sort of relationship (social, family, intimate) with someone when one or both people have low self-esteem.

Self-Esteem Discussion (5 minutes)

What is self-esteem?

Ask students: *What is self-esteem?*

Self-esteem is a way of thinking and feeling about yourself (The Nemours Foundation, 2015a). It is your overall opinion of yourself – how you feel about your abilities and limitations. Having healthy self-esteem means having a good opinion of yourself and feeling good about yourself as a person. Having low self-esteem means having a lower opinion of yourself and feeling inadequate, inferior, or not deserving of good things (The Mayo Foundation for Medical Education and Research, 2014; The Nemours Foundation, 2015a).

What influences your self-esteem?

Ask students: *What influences your self-esteem?*

Self-esteem is the sum (total) of our own ideas, opinions and feelings about ourselves. Many different things can influence how we learn to think and feel about ourselves, including:

- **The people we have relationships with** – they influence the ideas we develop about ourselves. When they focus on what’s good and encourage us, our self-esteem can thrive. If they focus on the negative, it can harm self-esteem.
- **Our own “inner voice”** – we each have an inner voice that reflects the way we think about ourselves. If something doesn’t go well, having a helpful inner voice can remind us to keep things in perspective and encourage us to try again. When we think in kind ways towards ourselves – even if we make mistakes – self-esteem can grow. If we have a critical inner voice or find faults in everything we do, our inner voice can harm self-esteem – just as much as criticism from others can. Some people get so used to their inner critic they don’t even notice they’re putting themselves down.
- **Comparing ourselves with others** – every person has their ‘ideal me’ — the person they want to be or think they should be. It’s good to aspire to be our best, and other people can be role models for good qualities. But for each of us, being our best means knowing our own strengths and using them. Trying to be the very best me (instead of trying to be like someone else) helps self-esteem stay strong. Comparing ourselves with others, and focusing mostly on ways they seem better, can lower self-esteem. Some people just can’t see their own good qualities and strengths because they’re in the habit of ignoring or downplaying the good — and inflating the negative — when they think about themselves. Focusing on our weaknesses and ignoring our strengths is a recipe for low self-esteem (The Nemours Foundation, 2015b, p.2).

Activity – Self-Esteem: See, Hear, Feel Act (40 minutes)

Description: See, Hear, Feel, Act is a teaching strategy that encourages students to analyse how a concept looks, sounds, and feels – and then imagine how they could react to this concept.

1. Ask the students to brainstorm ideas about self-esteem.
Record their ideas on a piece of chart paper or on the SMART Board
 - a. What does healthy self-esteem sound like?
 - b. What does healthy self-esteem look like?
 - c. What does healthy self-esteem feel like?
2. Once students have provided some examples, ask them what actions they take if they experience or observe low self-esteem in:
 - a. Themselves
 - b. Someone they have a relationship with

Record student answers.

Important considerations:

- * Some students may suggest handling situations in ways that are unsafe or disrespectful. Educators need to ensure that only appropriate examples are presented to the class.
- * When students perform their skits, they may feel self-conscious. Students may feel vulnerable and concerned about their peers’ responses. Monitor those responses and reinforce class expectations for respect and support for one another. Acting out skits in front of their peers should be voluntary.

3. Assign students to small groups. Give each group a scenario in which they encounter someone they're in a relationship with experiencing low self-esteem. Ask them to think of ways they could respond to the situation. Consider asking students to practice their communication and conflict resolution skills by preparing a short skit (3 to 5 minutes) to illustrate their answers. Printable scenarios can be found in [Appendix F](#).

Homework Activity – How's Your Self-Esteem?

Ask students to complete the *How's Your Self-Esteem* quiz. See [Appendix G](#) for printable copies for students and [Appendix H](#) for a teacher copy of the quiz with answers.

Ask students to bring this completed quiz to the next class as it will be discussed as a group.

*Teachers may choose to continue with the next sections of the lesson in the following class.

Introduction (5 minutes)

Recap previous lessons related to what self-esteem is, what influences self-esteem, and skills important in healthy relationships. If you recorded answers on chart paper, it would be helpful to post these in the room.

Review of homework – How's Your Self-Esteem quiz (10 minutes)

Ask students to tally their answers in the “Strong self-esteem”, “Getting there” and “Needs work” categories and discuss the scoring below.

- Strong self-esteem. Did you score strong on self-esteem? Keep it up by using your strengths and trying new things.
- Getting there. The great thing about self-esteem is it's not fixed. We can all improve our self-esteem. When you put effort into things, pay attention to the results. Notice what you need to work on without being too hard on yourself. Make your inner voice your best supporter.
- Needs work. If your self-esteem needs a boost, identify and focus on the things you do well. Find ways to use your strengths as often as possible. Re-train your inner voice to be kinder and less critical about yourself – and others. Be yourself. Spend time with people who see the good in you and who accept you as you are. Remind yourself that no one's perfect, and make it your goal to do your best (The Nemours Foundation, 2014).

Now what? Building self-esteem (10 minutes)

The good news: even if your self-esteem is less than it could be, you can improve it!

Ask students: *What are ways you can build self-esteem?*

Record student answers on chart paper or the SMART Board. Provide answers below as necessary.

- **Manage your inner critic** – If you notice yourself being critical to yourself ask “would I talk to a best friend that way?” A harsh inner voice tears us down. If you’re in the habit of thinking critically about yourself, re-train yourself by rewording these negative unkind thoughts into more helpful feedback.
- **Focus on what goes well for you** – Are you so used to focusing on your problems that they’re all you see. Next time you catch yourself dwelling on problems or complaints about yourself or your day, find something positive to counter it. Each day, write down three good things about yourself, and/or three things that went well that day because of your action or effort.
- **Aim for effort rather than perfection** – Some people get held back by their own pressure to be perfect. They lose out because they don’t try. If you think “I won’t audition for the play because I probably won’t get the lead” it is guaranteed that role will go to someone else.
- **View mistakes as learning opportunities** – Accept that you will make mistakes. Everyone does. They’re part of learning. Instead of thinking, “I always mess up” remind yourself that it’s not about always, just this specific situation. What can you do differently next time?
- **Edit thoughts that get you feeling inferior** – Do you often compare yourself with others and come up feeling less accomplished or less talented? Notice what you’re thinking. Something like “She’s so much better than I am. I’m no good at basketball. I should just stop playing” lead to feeling inferior, not to feeling good about yourself.
- **Remind yourself that everyone excels at different things** – Focus on what you do well, and cheer on others for their success. Thinking more like this: “She’s a great basketball player — but the truth is, I’m a better musician than athlete. Still, I’ll keep playing because I enjoy it.” helps you accept yourself and make the best of the situation.
- **Try new things, and give yourself credit** – Experiment with different activities to help you get in touch with your talents. Then take pride in your new skills. Think about the good results. For example: I signed up for track and found out I’m pretty fast! These positive thoughts become good opinions of yourself, and add up to self-esteem.
- **Recognize what you can change and what you can’t** – If you realize that you’re unhappy with something about yourself that you can change (like getting to a healthy weight), start today. If it’s something you can’t change (like your height), work on accepting it. Obsessing about our “flaws” can really skew your opinion of yourself and bring down your self-esteem. Most of the time, other people don’t even notice these things!
- **Set goals** – Think about what you’d like to accomplish. Then make a plan for how to do it. Stick with your plan, and keep track of your progress. Train your inner voice to remind you of what you are accomplishing. For example: “I’ve been following my plan to exercise every day for 45 minutes. I feel good that I’ve kept my promise to myself. I know I can keep it up.”
- **Take pride in your opinions and ideas** – Don’t be afraid to voice them. If someone disagrees, it’s not a reflection on your worth or your intelligence. That person just sees things differently from you.
- **Accept compliments** – When self-esteem is low, it’s easy to overlook the good things people say about us. We don’t believe it when someone says a nice thing. Instead, we think, “...yeah, but I’m not all that great...” and we brush off the compliment. Instead, let yourself absorb a compliment, appreciate it, and take it seriously. Give sincere compliments, too.

- **Make a contribution** – Tutor a classmate who's having trouble, help clean up your neighbourhood, participate in a walkathon for a good cause, or volunteer your time in some other way. When you can see what you do makes a difference, it builds your positive opinion of yourself, and makes you feel good. That's self-esteem.
- **Exercise!** – Being active and fit helps you feel good about yourself. You'll relieve stress, and be healthier, too!
- **Relax and have fun** – Do you ever think stuff like "I'd have more friends if I were more attractive"? Thoughts like these can set you on a path to low self-esteem because they focus on what's not perfect instead of making the best of what is. Spend time with the people you care about, do the things you love, and focus on what's good. That helps you feel good about yourself, just as you are (The Nemours Foundation, 2015c).

*Show the [Inspirational Quotes PowerPoint Presentation](#).

Sexuality (45 minutes – including discussion and activities below)

This section of the lesson will differentiate between sex and sexuality and introduce the concept of consent, and the importance of healthy self-esteem in establishing and understanding personal limits.

As the lessons progress, it will be important to come to a common understanding of some terms, including sex and sexuality. The Ponder it, Post it activity below will help establish classroom definitions and a baseline understanding of these concepts that will be built upon in subsequent lessons.

Activity – Ponder it, Post it (25 minutes)

This activity will encourage students to think about sex, sexuality, and the difference between those two terms and record their responses individually before sharing their ideas with their classmates.

Instructions:

1. Explain to the students they will think individually about the topics and write their responses on a sticky note (post-it note). They will then post their responses on the appropriate chart paper.
 - a. What does the term sex mean?
 - b. What does the term sexuality mean?
2. Ponder it: Ask students to consider the questions below. Ask them to think about their response to each question for 1-3 minutes.
 - a. Do you think the terms sex and sexuality mean the same thing? If not, how do they differ?
 - b. Where do we learn the associations we have for these two words (provide specific examples) and how does this shape our understanding of the words?
 - c. How do these associations affect how people feel about sex and sexuality?
3. Post it – Ask students to write down their responses on a sticky note then post their responses in a designated space such as on a sheet of chart paper.

4. Students may then consolidate the responses in small groups for 2–5 minutes.
5. Teachers may choose to review the group discussions as a larger class.

Information for teachers:

- Sex refers to the biological characteristics such as anatomy (e.g. body size and shape) and physiology (e.g. hormonal activity or functioning of organs) that distinguish males and females (Her Majesty the Queen in Right of Canada, 2012).
- Sex is also a commonly used abbreviation to refer to sexual intercourse (Planned Parenthood Toronto, n.d.).
- Sexual intercourse is the act of engaging in sexual behaviours with another person such as oral, anal, or vaginal intercourse (Planned Parenthood Toronto, n.d.).
- Sexuality is a broad term that refers to far more than sexual behaviours and body parts. It also refers to how people feel about themselves and being with others, how they see gender and sexual identities, and how they interact with other people (Planned Parenthood Toronto, n.d.).
- Sexuality is not just about sex (but many people define sexuality in terms of genitals, what we do with them, and who we do it with (Options for Sexual Health, 2016).
- Sexuality refers to the total expression of who you are as a human being, your femaleness or your maleness. Our sexuality begins at birth and ends at death. Everyone is a sexual being. Your sexuality is an interplay between body image, gender identity, gender role, sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection. A person's sexuality includes his or her attitudes, values, knowledge and behaviours. How people express their sexuality is influenced by their families, culture, society, faith and beliefs (Education, Training and Research, 2017).
- People learn about sex and sexuality from many sources including: parents, friends, religion, culture, media, environment, law, school, teachers, the internet, etc. (Education, Training and Research, 2017).
- Our sexuality is a normal and healthy part of our lives (Education, Training and Research, 2017).

Consent (10 minutes)

The information below was retrieved from the Society of Obstetricians and Gynaecologists of Canada (2017) unless otherwise specified.

Consent is defined as permission for something to happen or agreement to do something (“Consent”, 2017). Consent is an important part of sexual activity. Consent for any sexual activity must be freely given. Consent cannot be given by someone who is intoxicated, unconscious, or otherwise considered incapable of giving their consent. Consent can also not be freely given if it follows from threats to personal safety, or threats to harm others.

Prior to engaging in any sexual activity, it should be clear that you and your partner are willing, comfortable, and in agreement to continue.

****REMINDER: One of the aspects of healthy relationships is a healthy sexual relationship. It is important that both partners are comfortable with their sexual relationship, and that neither feels pressured nor forced to engage in a sexual activity that is outside their comfort zone or without consent.**

Consent can be withdrawn at any time and this is indicated with either words or actions. No always means no, even if you or a partner initially agreed to sexual activity, OR, if sexual activity has already begun.

Sometimes a person may say yes and later be hesitant or feel uncomfortable about continuing. If someone changes their mind, sexual activity should stop.

If a person agrees to sex or sexual activity, but becomes unconscious or intoxicated by alcohol or drugs – the earlier consent does not count as a yes later. Sexual activity must stop – and your priority should now be keeping your partner safe.

If any type of sexual activity, including touching, kissing, fondling, oral sex, or intercourse, is forced on a person without their consent, it becomes a form of sexual assault and is considered a crime.

Show the tea consent video to reinforce the concept of consent.

Video: Tea consent www.youtube.com/watch?v=fGoWLWS4-kU (2 minutes and 49 seconds).

Summary

- Healthy relationships offer many things.
- There are a number qualities and skills that are important in healthy relationships.
- Your self-esteem can be impacted by your relationships. Healthy relationships can improve self-esteem, and unhealthy relationships can harm your self-esteem.
- Your self-esteem is always changing, and you can improve your self-esteem in many ways.
- Sex and sexuality are different things. Sex is a term used to describe anatomy and physiology, or as an abbreviation for sexual intercourse.
- Our sexuality is a normal and healthy part of our lives, and is shaped by a number of factors.
- Consent is an important part of sexual activity. Consent must be freely given, and consent must be clearly given before engaging in any sexual activity.
- Any type of sexual activity without consent is a form of sexual assault and is considered a crime.

“Healthy Relationships Quiz” (10 minutes)

This activity will summarize student understanding of a variety of concepts, including healthy relationships and consent.

Ask students to go to www.teenhealthsource.com/quiz/healthy-relationship-quiz/ and complete the “Healthy Relationships Quiz”. Debrief following the quiz using answers provided in the teacher copy of the quiz (see [Appendix I](#)).

Alternatively, students can complete paper copies of the quiz (see [Appendix J](#)).

Consolidation - Exit Pass and Goal Setting (5 minutes)

Use an exit pass to consolidate learning and help students identify a strategy they could implement to either improve low self-esteem, or maintain healthy self-esteem.

1. Hand out exit passes near the end of class.
2. Ask students to think about their results from the “How is Your Self-Esteem” quiz. Ask them to identify one of the strategies that were discussed that could be used to build self-esteem. How could they use this strategy?
3. Have students hand in exit pass as they leave the classroom.
4. Review responses to assess learning and determine if the needs of your students have been met.

Goal Setting - Direct students to page 5 in the *My Life, My Plan* booklet, and ask them to complete the My Life – My Relationships section. This will consolidate student understanding of their own relationships and personal feelings about limits related to sexual activity. Ask them to create a smart goal for their relationships and enter it into myblueprint.ca. Encourage students to use information from the activities and group discussions, as well as their *My Life, My Plan* document to form their SMART goal.

Homework

If students do not complete the My Life – My Relationships section and create a SMART goal, ask them to complete it for homework.

Ask students to go to their portfolio section in myblueprint.ca and add a journal. Ask them to reflect on how they will apply the information from these lessons to their self-esteem and their relationships with others.

Assignment – Family Health History Assignment

Teachers can pass this assignment out after the relationships lesson, or wait until this section is complete.

This assignment will require students to determine whether there are any health concerns that exist in their family, and who has them. This will help students become aware of how their biology and

genetics (a determinant of health) could impact their health now or in the future.

Students are required to interview one or more family members and produce a family tree detailing their family structure and family health history. The family tree should be as detailed as possible, dating back three generations (the student's great grandparents) and should include aunts, uncles and cousins as appropriate. Students will then write a short description describing based on what they learned in their interview, and what it means for their health, their future and their plans and post it in their portfolio section in myblueprint.ca. Students will then create a SMART goal based on what you have learned from their family health history. An example can be found on page 8 of the *My Life, My Plan* booklet.

See the assignment hand out and rubric in [Appendix K](#).

Assessment

Use group discussions throughout the lesson, including the Minds On activity, the discussion during the Think, Pair, Share activity about skills and qualities in healthy and unhealthy relationships, self-esteem and building self-esteem discussion, as well as the discussion about sexuality and sex to assess student knowledge and understanding (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], C2.2, C2.3, C3.3).

Use the See, Hear, Feel, Act activity to assess student knowledge, understanding, and application of skills that are important in developing and maintaining healthy relationships (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], C2.2).

Use the Ponder it, Post it Activity to assess student understanding of the difference between sexuality and sex (Curriculum link – C2.3).

Use the Healthy Relationships Quiz to assess student knowledge and understanding of sexual health and safety, including consent and their ability to recognize healthy and unhealthy relationships (Curriculum link – Living Skills [Interpersonal Skills], C2.2, C2.3 and C3.3).

Use the Exit Pass to assess student understanding of their self-esteem, strategies to support healthy self-esteem and how self-esteem can impact their relationships with others (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], C2.2).

Review student profiles in myblueprint.ca to ensure students have added a Relationships goal to their plan (Curriculum link – Living Skills [Personal Skills, Interpersonal Skills, Critical and Creative Thinking], depending on focus of their goal: C2.2 or C3.3).

Use the Family Health History Assignment to assess written communication and the student's ability to interpret information provided by family members (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking]).

Resources for Teacher

- OPHEA – Approaches to Teaching Healthy Living: A Guide for Secondary Educators. www.teachingtools.ophea.net/supplements/hpe-secondary
- Hastings Prince Edward Public Health www.hpepublichealth.ca/professionals/educators?quicktabs-quicktabs_educators=2#quicktabs-quicktabs_educators=11
- Sex and U. www.sexandu.ca/
- National Institute of Health – Genetic Home Reference www.ghr.nlm.nih.gov/primer/inheritance/familyhistory
- Intermountain Healthcare: A guide to family health history www.geneticalliance.org/sites/default/files/publicationsarchive/book1_intermountain.pdf

Resources for Student

- Kids Health - www.kidshealth.org/en/teens
- Sex and U - www.sexandu.ca/
- Teen Health Source - www.teenhealthsource.com/
- The Red Card - www.qhc.on.ca/red-cards-p1824.php
- Hastings Prince Edward Public Health - www.hpepublichealth.ca

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Appendix E - Love Game Activity

<p>SENSE OF HUMOUR</p>	<p>SENSE OF HUMOUR</p>
<p>MUTUAL INTEREST</p>	<p>MUTUAL INTEREST</p>
<p>GOOD LOOKING</p>	<p>GOOD LOOKING</p>
<p>SEX</p>	<p>SEX</p>

TRUST

TRUST

HONESTY

HONESTY

AFFECTIONATE AFFECTIONATE

**EASY TO
TALK TO**

**EASY TO
TALK TO**

**GOOD
LISTENER**

**GOOD
LISTENER**

**FEEL GOOD
ABOUT
YOURSELF**

**FEEL GOOD
ABOUT
YOURSELF**

Appendix F - Self-Esteem: See, Hear, Feel, Act Activity Scenarios

1. Alana – Alana has been your close friend since elementary school. You were always in the same classes and spent most of your time outside of school together. When you got to high school you were in different classes and you decided to try out for volleyball and get involved in student council. You haven't been spending very much time with Alana and she tells you that she feels like you ditched her when you both got to high school. Alana has texted you a few times about getting together but each time she suggested you were already busy with some of your new friends from volleyball. Even though Alana has a few other friends, she starts to feel like she has done something wrong. She starts to tell herself that you don't like her anymore because she isn't popular or athletic enough.
 - a. *How could you respond to this situation with Alana?*
 - b. *What qualities and skills of a healthy relationship are important in this situation?*
 - c. *Who could you ask for help from in this situation?*

2. Liam – You and Liam have known each other since you were young, and hang out in the same group of friends. You don't hang out just the two of you, but sometimes you see him outside of school because you both take guitar lessons at the same place and your lesson is right after his. The last time you saw him after his lesson he looked upset and said to you "Oh, you probably heard me totally mess that song. I don't even know why I try to play the guitar; I'm so bad at it." You notice that he seems upset. You heard him playing, and while he did make some mistakes, it sounded okay.
- a. *How could you respond to this situation with Liam?*
 - b. *What qualities and skills of a healthy relationship are important in this situation?*
 - c. *Who could you ask for help from in this situation?*

3. Nate – Nate is a new student at your school. You are both trying out for the basketball team. Nate keeps talking about how he made the team at his last school and always started in their games. At try outs you notice that he keeps judging himself against the other students trying out and is very critical of how everyone does, including himself. Nate’s height is average, but he is the shortest student at try outs. When the coach posts who was cut from the team, you notice that you made the team but Nate didn’t. Nate storms away and says that the try outs were a waste of time considering the coach only picked his favourites. You see him later that day and he starts calling you “Stretch” and makes a comment that implies that you only made the team because you’re tall.
- a. *How could you respond to this situation with Nate?*
 - b. *What qualities and skills of a healthy relationship are important in this situation?*
 - c. *Who could you ask for help from in this situation?*

4. Holly – You and Holly have been dating for a few weeks. You have a big group of friends, but Holly only has a few close friends and doesn't spend much time with them. When you hang out with your group of friends she texts you all the time asking what she did wrong and why you don't want to see her. When you are alone together, she always makes comments like "you're way too good for me", and that everyone must wonder what you see in her.
- a. *How could you respond to this situation with Holly?*
 - b. *What qualities and skills of a healthy relationship are important in this situation?*
 - c. *Who could you ask for help from in this situation?*

5. Heather – You and your aunt Heather, have always been very close and she comes over for dinner every Sunday evening. She and your uncle recently separated and you have noticed that she has cancelled her weekly visits. The last time you spent time together you noticed that she gets very frustrated with herself and says she never does anything right. You know that your aunt has been a very important, positive part of your life, and you know that she has been very successful in her career.
- a. *How could you respond to this situation with Heather?*
 - b. *What qualities and skills of a healthy relationship are important in this situation?*
 - c. *Who could you ask for help from in this situation?*

Appendix G - How's Your Self-Esteem? – Student Version

Is your self-esteem strong, or does it need a boost? Take our quiz to find out. For each item, choose the response that's most like you. When you're done, we'll have tips and advice on ways to build or maintain your self-esteem!

1. It's most like me to think:
 - a. There are plenty of things I'm good at.
 - b. There are a lot of things I'm not good at.
 - c. I do OK, but other people are way better at things than I am.

2. When I compare myself to other people:
 - a. I usually feel good about myself.
 - b. I usually feel OK about myself.
 - c. I usually feel bad about myself.

3. When it comes to being perfect:
 - a. I put a lot of pressure on myself to be perfect – I have to be the best at things.
 - b. I don't worry about it – I just try to do my best.
 - c. Other people expect me to be perfect – so if I'm not, I feel like I'm letting them down.

4. When I make a mistake:
 - a. I usually don't like to admit it.
 - b. I usually give up. If I think I won't do well at something, I'd rather not try.
 - c. I try to fix things. But if I can't, I try to move on and plan to do better next time.

5. When I meet new people:
 - a. I usually worry about rejection.
 - b. I usually expect they'll like me and accept me for who I am.
 - c. I don't always let them see the real me.

6. People in my life:
 - a. Are often critical and unkind toward me.
 - b. Don't really know me.
 - c. See the good in me and let me know it.

Answer Tally

Tally your answers in each category below.

Strong self-esteem	Getting there	Needs work

Quiz questions and answers retrieved from www.kidshealth.org/en/teens/about-self-esteem.html

Appendix H - How's Your Self-Esteem? – Teacher Version

Is your self-esteem strong, or does it need a boost? Take our quiz to find out. For each item, choose the response that's most like you. When you're done, we'll have tips and advice on ways to build or maintain your self-esteem!

1. It's most like me to think:

- a. There are plenty of things I'm good at.
- b. There are a lot of things I'm not good at.
- c. I do OK, but other people are way better at things than I am.

Answers:

a. Your answer is: Strong self-esteem

Knowing that you're good at certain things helps build self-esteem. Doing things you're good at builds self-esteem even more. Keep practicing what you're good at!

b. Your answer is: Needs work

If you usually focus on what you're not good at, try paying attention to things you are good at. Put effort into doing your best on something you enjoy.

c. Your answer is: Getting there

It can help to pay less attention to what others are doing. Identify one or two of your own skills, and set a goal to get even better at something you enjoy. Then practice – by focusing on your own improvement and having fun with what you're doing.

2. When I compare myself to other people:

- a. I usually feel good about myself.
- b. I usually feel OK about myself.
- c. I usually feel bad about myself.

3. When it comes to being perfect:

- a. I put a lot of pressure on myself to be perfect – I have to be the best at things.
- b. I don't worry about it – I just try to do my best.
- c. Other people expect me to be perfect – so if I'm not, I feel like I'm letting them down.

Answers:

a. Your answer is: Needs work

Pressuring yourself to be perfect can make it harder to do well. Aim for being your best, rather than the best. Make it a goal to challenge yourself and have fun. If we all did everything perfectly, we'd be very bored (and boring!).

- b. Your answer is: Strong self-esteem
Putting effort into doing your best – without the pressure to be perfect – is a sign of self-esteem. Everyone has different talents. It sounds like you know how to recognize your skills and enjoy challenging yourself. Well done!
- c. Your answer is: Getting there
Do you feel good about your skills and talents, but the people in your life expect you to be better? Don't take on impossible standards that others set for you. Find people who encourage you to try your best, but don't insist on perfection. Most of us do better when the unreasonable pressure is off.

4. When I make a mistake:

- a. I usually don't like to admit it.
- b. I usually give up. If I think I won't do well at something, I'd rather not try.
- c. I try to fix things. But if I can't, I try to move on and plan to do better next time.

Answers:

- a. Your answer is: Getting there
Mistakes can be painful, but we all mess up sometimes. Rather than blame, criticize, or get mad at yourself, put that energy into thinking how to make things right. Do what you can to apologize or fix things, then notice how you feel afterward. Think of how you can handle the situation better next time. Forgive yourself and move on.
- b. Your answer is: Needs work
If worry over mistakes holds us back from trying things, it's hard to grow. We may even hurt our chances for happiness. A key ingredient in feeling happy is having a sense of accomplishment. It's the deeper satisfaction we all get after putting in hard work and dedication to overcome setbacks. Keep trying. Remind yourself that everyone makes mistakes; we just don't always see it when other people do!
- c. Your answer is: Strong self-esteem
Using mistakes as a chance to learn is a sign of good self-esteem. Making things right, trying again, or offering a sincere apology are all ways to help us do better next time. After we've done what we can, it's healthiest to move past a mistake instead of dwelling on it.

5. When I meet new people:

- a. I usually worry about rejection.
- b. I usually expect they'll like me and accept me for who I am.
- c. I don't always let them see the real me.

Answer:

- a. Your answer is: Needs work
The way we think about ourselves can affect how others see us – meaning if we expect rejection, we might get it. Instead of worrying about the impression you make, switch your focus to the other person. Notice something interesting about him or her. Talk about it. As people warm up to you more, you'll feel more confident – and that will build your self-esteem.
- b. Your answer is: Strong self-esteem
When we're confident and relaxed about meeting new people, we're a lot more open to new friendships. That continues the cycle of feeling good about ourselves. Well done!
- c. Your answer is: Getting there
It's normal to worry about making a good impression. But hiding the real you or putting on a façade are signs that self-esteem needs a boost. Not letting others see the real you can also affect your happiness. Here's why: Good relationships are a key part of being happy. But we can't truly bond with people if we don't know who they really are. Remind yourself that the most interesting people are rarely perfect!

6. People in my life:

- a. Are often critical and unkind toward me.
- b. Don't really know me.
- c. See the good in me and let me know it.

Answers:

- a. Your answer is: Needs work
When friends and family are too critical or hard on you, it can lower your self-esteem. Your inner voice might start to imitate their criticism or unkindness. Don't let that happen! Seek out other people who are supportive and treat you with respect and kindness.
- b. Your answer is: Getting there
For self-esteem to grow, we need people to care about us. But if you hide the real you, others can't get to know you well. They won't feel as close to you as they want, and you may feel like no one understands you. Think about why you're not sharing your true self (like if you worry about rejection). Then give yourself some positive self-talk to get past it – like telling yourself about the qualities you have that make you interesting or a good friend.
- c. Your answer is: Strong self-esteem
It boosts self-esteem when others let us know they see good in us. If you're lucky enough to have people in your life like that, why not spread the recognition? When you notice other people's good qualities, tell them! Then pay attention to how doing that makes you feel. Helping to build someone else's self-esteem might give your own an even bigger boost!

End of Quiz Summary

Ask students to tally their answers in the “Strong self-esteem”, “Getting there” and “Needs work” categories and discuss the scoring below.

- Strong self-esteem. Did you score strong on self-esteem? Keep it up by using your strengths and trying new things.
- Getting there. The great thing about self-esteem is it's not fixed. We can all improve our self-esteem. When you put effort into things, pay attention to the results. Notice what you need to work on without being too hard on yourself. Make your inner voice your best supporter.
- Needs work. If your self-esteem needs a boost, identify and focus on the things you do well. Find ways to use your strengths as often as possible. Re-train your inner voice to be kinder and less critical about yourself – and others. Be yourself. Spend time with people who see the good in you and who accept you as you are. Remind yourself that no one's perfect, and make it your goal to do your best.

Quiz questions and answers retrieved from www.kidshealth.org/en/teens/about-self-esteem.html

Appendix I - Healthy Relationships Quiz – Teacher Version

1. A person cannot consent to sexual activity while drunk or high on drugs.
- a. True
 - b. False

Answer: True. According to Canadian law, a person cannot legally consent to any sexual activity when they are intoxicated. Of course, this doesn't mean that sex doesn't happen when people are drunk or high, but it's important to know the laws and to be aware of limitations on consent.

2. If my partner regularly checks in on me to see what I am doing and who I am with, these could be signs of controlling behaviour.
- a. True
 - b. False

Answer: True. It's normal for partners to check in with each other and see how they're doing. However, if taken to the extreme, this could be a sign that a partner is being controlling or possessive. Does your partner always need to know where you are or who you are with? Does your partner phone or text you constantly to check up on you? If yes, this may be something that you want to talk to a trusted adult or friend about.

3. If you're not in love, you shouldn't be having sex.
- a. True
 - b. False

Answer: False. It's up to you to decide what's important for your sexual relationship. Many people feel that sex without love is just fine whereas others feel differently. Nobody but you can decide whether or not love is necessary for you to have sex.

4. If I ask my partner to hang out and he or she would rather be alone, that means something must be wrong.
- a. True
 - b. False

Answer: False. Having some alone time is very important to many people and is not necessarily a reflection on their feelings towards others. Can you imagine being with one person 24/7? That could be pretty overwhelming! Spending some good quality time with yourself can be a positive thing for a relationship and can make the time spent with your partner more exciting.

5. It's not fair to my partner if I first agree to do a certain sexual act but then decide mid-way through that I want to stop, so I should just go through with it.

- a. True
- b. False

Answer: False. Even if you give consent for a certain sexual activity, you always have the right to change your mind. There are many reasons why this might happen. Maybe you find it painful or uncomfortable, maybe it triggers negative memories for you, or maybe you just realized you're not into it. Regardless of your reason, you don't have to continue something you don't want to do. You can withdraw (or take away) consent at any time. Consent is an ongoing process and checking in with each other is a great way to ensure that sexual activities continue to be consensual.

6. If my partner isn't jealous when other people flirt with me, he or she must not be into me.

- a. True
- b. False

Answer: False. Jealousy and love don't necessarily go together. A partner can be completely into you and also completely trusting of you, making them feel like there is nothing to be jealous about. In fact, when we see jealousy as a sign of love in our relationships, we may put up with unhealthy jealous behaviours from our partners that can signal control or possessiveness.

7. Because my partner isn't affectionate toward me in public, this must mean he or she doesn't want others to know that we are together.

- a. True
- b. False

Answer: False. There are different reasons why someone who likes you may not be comfortable with public displays of affection (PDAs). They may be uncomfortable with or not used to touching in public or they may just prefer keeping things private. This doesn't necessarily mean that they want to hide your relationship or that they are embarrassed by you.

8. Discussing comfort levels and desires before engaging in sexual activity can be a good way of setting sexual boundaries that everyone involved feels comfortable with.

- a. True
- b. False

Answer: True. You may want to find a quiet and private place where you and your partner(s) feel comfortable discussing sexual boundaries. It's easier to do this beforehand when you're not in the heat of the moment so that you feel comfortable laying out your boundaries clearly. This can include talking about what sexual activities you are interested in, safer sex, and anything else that you want your partner(s) to know about what kinds of things are ok or not ok for you.

9. It's normal to feel attraction to members of both the same sex and the opposite sex.
- a. True
 - b. False

Answer: True. It is very common that people feel attracted to people of different sexes or genders. These feelings can happen at the same time or people may find that their attractions change over time. Many people experience different sexual attractions throughout their teen years and even during their entire life – that is totally normal!

10. After a break up, ex-partners can never be “just friends”.
- a. True
 - b. False

Answer: False. It's true that for some ex-partners, friendship is never going to happen. For others though, it's absolutely possible to remain friends. Things may be a bit awkward for a while, but in many cases people who used to be together can become friends after they break up.

Quiz questions and answers were retrieved from www.teenhealthsource.com/quiz/healthy-relationship-quiz/

Appendix J - Healthy Relationships Quiz – Student Version

1. A person cannot consent to sexual activity while drunk or high on drugs.
 - a. True
 - b. False
2. If my partner regularly checks in on me to see what I am doing and who I am with, these could be signs of controlling behaviour.
 - a. True
 - b. False
3. If you're not in love, you shouldn't be having sex.
 - a. True
 - b. False
4. If I ask my partner to hang out and he or she would rather be alone, that means something must be wrong.
 - a. True
 - b. False
5. It's not fair to my partner if I first agree to do a certain sexual act but then decide mid-way through that I want to stop, so I should just go through with it.
 - a. True
 - b. False
6. If my partner isn't jealous when other people flirt with me, he or she must not be into me.
 - a. True
 - b. False
7. Because my partner isn't affectionate toward me in public, this must mean he or she doesn't want others to know that we are together.
 - a. True
 - b. False
8. Discussing comfort levels and desires before engaging in sexual activity can be a good way of setting sexual boundaries that everyone involved feels comfortable with.
 - a. True
 - b. False
9. It's normal to feel attraction to members of both the same sex and the opposite sex.
 - a. True
 - b. False
10. After a break up, ex-partners can never be "just friends".
 - a. True
 - b. False

Appendix K - My Family Health History Assignment

You inherit many things from your parents and grandparents. They pass on things like values and beliefs and other characteristics including how you look (for example, your hair or eye colour). Small structures in cells called genes carry information for these characteristics and how your body works. Your genes were passed on to you from your biological parents.

Some genes can increase your chance of developing certain diseases. When members of your family share health problems, you could be at risk for developing the same problems in the future. This is because family members can have genes, lifestyle, and environment in common.

However, you may be able to prevent illness by being aware of your family health history, and by making healthy choices. Many different factors influence health. Factors such as your genes are beyond your control, but other factors such as what you eat, whether you are physically active, or whether you smoke can be influenced by the choices you make.

To make healthy choices, you need to understand your current health, your risk for developing certain diseases, and your environment. Understanding your family health history is the first step on the road to better health.

This assignment will require you to do the following:

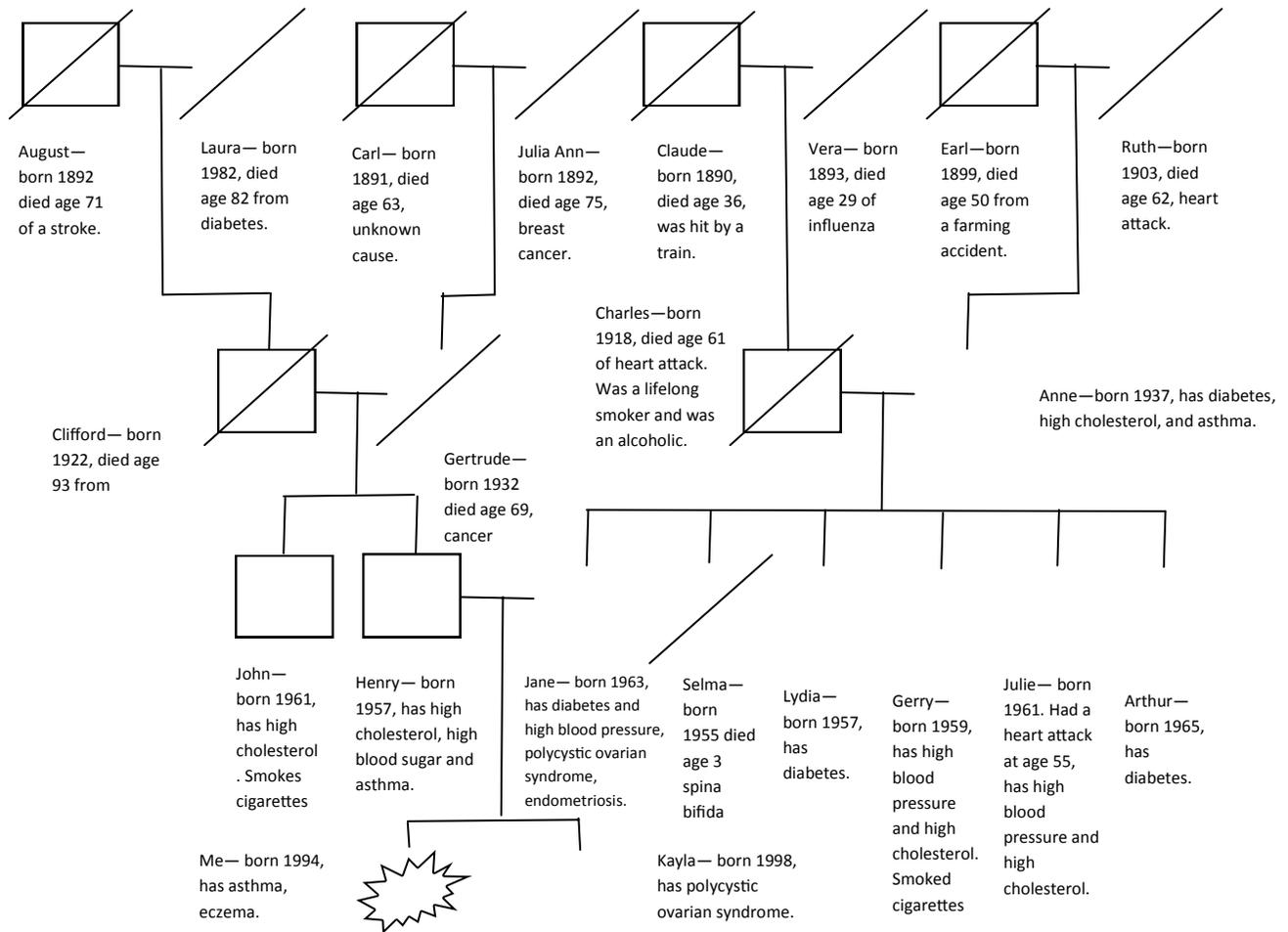
- ◆ Interview members of your family to find out about your family health history
- ◆ Map your family health history on a family tree for three generations.
Include:
 - ▲ Year of birth
 - ▲ Year of death or age at death (if deceased)
 - ▲ Health information you have collected for all family members (health concerns like asthma, heart disease, mental illness, infants born premature, cause of death, personal practices that could affect health like smoking, drinking alcohol, dangerous working conditions, or sun exposure, where they were born and/or grew up.
- ◆ Write a short description based on what you learned in your interview. Describe what it means for your health, your future and your plans. Post your reflection in your portfolio section in myblueprint.ca
- ◆ Create a SMART goal for your health now, and in the future based on what you have learned from your family health. An example can be found on page 8 of the My Life, My Plan booklet.

Other sources of family health history

If you need more information you may be able to find family health history information from these sources:

- ◆ Your legal guardian
- ◆ Your health care provider
- ◆ Children's Aid Society 1-800-267-0570 <https://highlandshorescas.com/>

What does a family tree look like? An example of a basic family tree is below.

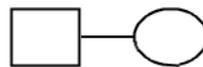


 Represents a female

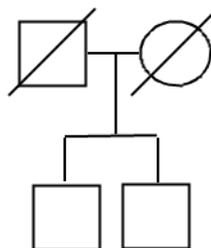
 Represents a male

 A line drawn through the box represents a deceased family member

 This represents you!



A line joining family members on the same level represents a marriage or common law relationship.



A line extended below a marriage or common law relationships to another family member represents a child

Success Criteria	Level 1	Level 2	Level 3	Level 4
Family Tree Content	Family tree includes one or fewer generations. Little detail is provided for family members; a number of errors in the use of some components of the family tree; a number of errors in spelling.	Family tree includes two generations. Detail is provided for some family members; some components of the family tree are used properly; errors in spelling.	Family tree includes three generations. Detail is provided for most family members; most components of the family tree are used properly; design is appealing; few errors in spelling.	Family tree includes three or more generations. Extensive detail is provided for each family member; all components of the family tree are used properly; design is appealing and creative; no errors in spelling.
Family History Reflection	Reflection does not provide sufficient detail and contains many spelling or grammatical errors. Connections are not made between family health history, student risk, and healthy behaviours that could be used to reduce risk. Reflection not submitted to myblueprint.ca.	Reflection lacks detail and contains multiple spelling and/or grammatical errors. Connections between family health history, student risk, and healthy behaviours that could be used to reduce risk are not clearly made. Reflection submitted to myblueprint.ca after deadline.	Reflection provides sufficient detail but contains some spelling and grammatical errors. Connections between family health history, student risk, and healthy behaviours that could be used to reduce risk could be expanded. Reflection submitted to myblueprint.ca on deadline.	Reflection is detailed and contains no spelling or grammatical errors. Connections are made between family health history, student risk, and healthy behaviours that could be used to reduce risk. Reflection submitted to myblueprint.ca prior to deadline.
SMART Goal	Few or none of the components of the SMART goal (0-1/5) are present. Goal has no relevance to the content in the reflection and family tree.	Some components of the SMART goal (2/5) are present. Goal is not directly relevant and is not directly linked to content in the reflection or the family tree.	Most components of the SMART goal (3-4) are present; goal is relevant but not clearly linked to content in the reflection and family tree.	All components of the SMART goal (5/5) are present. Goal strongly relates to content in the reflection and family tree.

See also The Achievement Chart: [Health and Physical Education](#), Grades 9-12, pages 52-53.

Lesson 5: My Life – My Reproductive Health

Suggested time to complete: 75 minutes

Lesson Overview

- This lesson corresponds with the “My Reproductive Health” section of the *My Life, My Plan* booklet.
- Through discussion, presentations and activities students will learn about their reproductive health, sexually transmitted infections (STIs), contraceptive options and avoiding unplanned pregnancy.
- This lesson plan will connect the Grade 9 Health and Physical Education curriculum with the Pathways to Success program (using myblueprint.ca) and the *My Life, My Plan* booklet from Best Start.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.

Equipment

- Sticky notes (scrap paper)
- Chart paper or whiteboard
- Markers
- Electronic file: *My Life, My Plan* Booklet
- Students may choose to bring their own devices to complete work in electronic files
- Sexuality and U presentations on [Birth Control - Contraception](#) and [Sexually Transmitted Infections](#)
- SMART Board or computer with projector if possible to show presentations
- [Appendices L, M, N and O](#) for materials for the activities listed in lesson

Curriculum Links

Living Skills

1. Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living, Movement Competence, and Healthy Living strands for this grade [Grade 9 – PPL1O].

Personal Skills

- 1.3 Use self-awareness and self-monitoring skills to help them understand their strengths and needs, recognize sources of stress, take responsibility for their actions, and monitor their own progress as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

- 1.2 Use adaptive, management, and coping skills to help them respond to the various challenges they encounter as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Interpersonal Skills

- 1.3 Communicate effectively, using verbal or non-verbal means, as appropriate and interpret information accurately as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.
- 1.4 Apply relationship and social skills as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living to help them interact positively with others, build healthy relationships, and become effective group or team members.

Critical and Creative Thinking

- 1.5 Use a range of critical and creative thinking skills and processes to assist them in making connections, planning and setting goals, analysing and solving problems, making decisions, and evaluating their choices in connection with learning in health and physical education.

Healthy Living

C1. Demonstrate an understanding of factors that contribute to healthy development.

- C1.4. Describe the relative effectiveness of various methods of preventing unintended pregnancy or sexually transmitted infections (STIs), including HIV/AIDS (e.g., avoiding oral, vaginal, and anal intercourse; delaying first sexual intercourse; using protection, including barrier and hormonal methods, to prevent unintended pregnancy; using condoms and dental dams to protect against STIs), and identify sources of information and support (e.g., doctor, nurse practitioner, public health unit, parents, credible and accurate websites).
- C1.5. Demonstrate an understanding of factors (e.g., acceptance, stigma, culture, religion, media, stereotypes, homophobia, self-image, self-awareness) that can influence a person's understanding of their gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex) and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify sources of support for all students.

C2. Demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions relating to their personal health and well-being.

- C2.2. Demonstrate an understanding of the skills and strategies needed to build healthy social relationships (e.g., peer, school, family, work) and intimate relationships.
- C2.3. Apply their knowledge of sexual health and safety, including a strong understanding of the concept of consent and sexual limits, and their decision-making skills to think in advance about their sexual health and sexuality.

Minds On: Thinking Ahead (ice breaker) (5 minutes)

Have students sit at their desks and use their imagination to think about their future (10+ years). Ask them to think about these questions.

- *Where do you see yourself 10 years from now?*
- *Would you like to have a job or continue your education?*
- *Do you see yourself being in a relationship (heterosexual, gay/lesbian, or bisexual)? Single, long-term, or married?*
- *Would you like to be a parent some day? If so, when?*
- *How many children would you like to have?*

Have students write down what they were thinking/planning. Now have them imagine they just found out they or their partner is pregnant.

- *How would this change your future plans?*
- *What would you do?*
- *How would you feel?*

Facilitate a class discussion on how this would potentially affect their future. Refer to page 7 of *My Life My Plan* “The realities of a teen pregnancy”.

Tell students that today you will be discussing how to prevent unplanned pregnancies and STIs and types of contraception and protection available.

Key messages for students in the intermediate and secondary grades (5 minutes)

- Sexuality is a normal part of being human. Sexuality is not just about having sex. It is also about gender identity and roles, sexual orientation, intimacy, and reproduction. People express their sexuality in what they think, believe, value, desire, and do, as well as the roles and relationships they pursue. People’s sexuality is influenced by many factors, including their biology, culture, religion, and family.
- Learning about sexuality and sexual health does not mean you need to be sexually active. People are ready to become sexually active at different points in their life. You can use the information you learn in class to make decisions and take care of your health now and over your lifetime.
- Everyone has a unique sexuality. When it comes to sexual expression, what one person enjoys doing may be very different from someone else. Getting to know yourself and your boundaries, and getting comfortable talking with your partner, can help you make decisions you feel good about and help you to take care of yourself. You are worth standing up for. Your sexuality is yours alone.
- All people, including children and youth, have sexual and reproductive rights. These are human rights related to sexuality and reproduction. You have the right to learn about topics that affect your sexual and reproductive health. You have the right to make decisions about if, when, with whom, and under what circumstances you have intimate relationships, engage in sexual activity,

become pregnant, or have children. Only when people's rights are honoured by other people and by our government can they make choices about intimate relationships, sex, and childbearing.

- The only 100 percent effective way to prevent exposure to HIV is to avoid high- and low-risk activities, including abstaining from vaginal and anal sex and oral sex without a condom or dental dam, not using shared sex toys and not using shared needles to inject drugs.
- Untreated STIs can increase the risk for HIV transmission. Some STIs - such as HSV-2 (herpes) - can be transmitted through skin-to-skin contact in the genitals and buttocks region.
- Take steps to reduce the risks of HIV, STIs, and unplanned pregnancies by practising safer sex. What matters for taking care of your sexual health is “what you do, not who you do.” This means that HIV can be passed to anyone who engages in a risk behaviour, regardless of whether they belong to one of the most at-risk populations.
- Safer sex is a shared responsibility among sexual partners. You cannot “see” if someone is living with HIV or has an STI, and people may not even know their status.
- Regular testing for HIV and other STIs is part of taking care of your sexual health.
- Everyone has a role to play in creating a safe and inclusive school and community. Consider how your attitudes, words, and actions affect other people. You can make a difference!

From: The HIV/AIDS Online School Support Kit, developed by Ophea with support from the AIDS Bureau at the Ministry of Health and Long-Term Care.

Ponder It, Post It - Brainstorm (5 Minutes)

Have students quickly brainstorm ideas regarding factors that could influence their reproductive health, both positive and negative influencers. Write the question “What factors could influence your reproductive health?” on the board or chart paper. Have students write down their answers on a sticky note. Then have them post it in a designated area such as on a wall or chart paper. Based on previous lessons hopefully students will come up with some of the following:

- Alcohol
- Caffeine
- Drugs
- Healthy weights
- Immunization status
- Medications
- Tobacco products
- Income
- Education
- Genetics
- Friends and family
- Stress
- Folate/folic acid
- Healthy eating (nutrition)
- Physical activity (exercise)
- Sexually Transmitted Infections (STIs)
- Environment
- Culture
- Religion
- Values and beliefs
- Media

Sexual Health Statistics – Did you know? (5 minutes)

(See [Appendix L](#) for a printable copy of these statistics)

The only 100% effective way to not get pregnant or get your partner pregnant and avoid an STI is to not have sex. (My Life, My Plan. Best Start. 2014).

Eight in 10 young women and 6 in 10 young men say they wish they had waited until they were older to have sex. (My Life, My Plan. Best Start. 2014).

In 2014, there were 1513 live births in Hastings and Prince Edward counties. Of those births 44% (n=653) were to first time mothers. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Six percent of births in Hastings and Prince Edward counties are among mothers 20 and younger, higher than the Ontario provincial average of 2.3%. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Almost half (50%) of all pregnancies are unplanned. An unplanned pregnancy is a pregnancy that is unintended and can happen even when birth control is being used. If you plan a pregnancy, you have time to make sure you are healthy and prepared before it happens. (My Reproductive Life Plan. Best Start. 2016).

In 2015, Hastings Prince Edward Public Health sexual health clinics saw over 4500 client visits. (Hastings Prince Edward Public Health 2015 Annual Report).

Chlamydia is the most common STI and the greatest number of infections found in people 15 to 24 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

In 2014, there were 354 cases of chlamydia, and 26 cases of gonorrhoea in Hastings and Prince Edward counties (for all ages, both sexes). (Data retrieved from Public Health Ontario Snapshots <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Reportable-Burdensome-Infectious-Disease-Incidence.aspx>).

Rates of chlamydia and gonorrhoea in Hastings and Prince Edward counties are rising. The number of chlamydia infections rose to 391 in 2015 and gonorrhoea infections rose to 51 in 2015 (Hastings Prince Edward Public Health Communicable Disease Fast Facts. January 2016).

Gonorrhoea is the second most common STI and most common among individuals 15 to 29 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

Take a Stance (no, low or high risk) (15 minutes)

In this activity the teacher will read aloud statements of various risky sexual activities/behaviours (ex. abstinence, sexting) to the class and students will consider how they feel about it in regards to risk. Students will respond by placing themselves along a line that represents a continuum of behaviour risk (no-risk, low-risk or high-risk). Have students discuss the reasons for their position. This barometer activity helps students develop their analysis and evaluation skills. See [Appendix M](#) for the list of activities and behaviours and printable signs.

1. Find a space in the room where you can have students get up and create a line. You may wish to tape a line on the floor.
2. Place signs reading “no-risk” and “high-risk” at opposite ends of this continuum and “low-risk” in the middle (see [Appendix M](#)).
3. Read students one of the statements provided (see [Appendix M](#)).
4. Have students place themselves along the continuum in a spot that best represents their point of view on the statement.
5. Ask students why they have chosen their particular places to stand and what the risk is.
6. If behaviour is “high-risk” ask students how it could be made “low-risk” or “no-risk.”

*Adapted from Toronto Public Health, High School Sexual Health Education: Health and Physical Education. May 2010.

Classroom presentations from Sexuality and U (30 minutes)

Review the following presentations from Sexuality and U with students.

Birth Control - Contraception

This presentation covers contraceptive options, male and female reproductive anatomy, and STI prevention. Reviewed by medical experts, it includes pros and cons and side-by-side comparison of all the contraceptive methods currently available in Canada.

Sexually Transmitted Infections

This presentation covers STI prevention, transmission, signs and symptoms, descriptions and complications if left untreated. The material covers all major Sexually Transmitted Infections.

Public Health Sexual Health Clinics

Public Health sexual health clinics provide many services such as low-cost birth control, STI testing and treatment, HIV testing, free condoms, emergency contraceptive pill at a reduced cost, pregnancy testing, options and referrals and IUD or IUS prescription/insertion. Clinics are held at our Belleville, Trenton, and Bancroft Public Health offices, as well as in downtown Belleville, Madoc and Picton locations. For more information call 613-966-5500 ext. 243 or 1-800-267-2803 ext. 243 or visit <http://hpepublichealth.ca/clinics-classes/sexual-health-clinic>.

Identify the STI – Case Studies (20 minutes) (Ideal group homework assignment)

Have students divide up into groups of 4 or 5. Provide each group with a case study (see [Appendix N](#)). Have each group read through the assigned case study and answer the following questions.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can risk be reduced in the future?

5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Give students about 10 minutes to complete the questions. To find answers students may need access to the internet or the presentations from Sexuality and U.

Have each group report back to the larger class by reading their case study and reporting their findings based on the questions provided. Provide feedback as needed (see case study answer key in [Appendix O](#)).

Consolidation - Exit Pass and Goal Setting (5 Minutes)

Use an exit pass to consolidate learning and help students make the link between reproductive health and their long term plans.

1. Have students think about their reproductive health and have them identify at least two ways they can prevent an unplanned pregnancy. Also let students know they can ask any questions they might still have on this piece of paper.
2. A few minutes before the end of class, hand out the exit pass and ask students to respond.
3. Have students hand in exit pass as they leave the classroom.
4. Review responses to assess learning and determine if the needs of your students have been met.

Goal Setting - Direct students to page 6 in the *My Life, My Plan* booklet and ask them to complete the My Life – My Reproductive Health section. This will consolidate student understanding of their reproductive health, future plans and preventative actions to prevent a pregnancy. Ask them to create a SMART goal for their reproductive health and enter it into myblueprint.ca.

Assessment

Use the Minds On: Thinking Ahead, Ponder It, Post It and Take A Stance exercises to assess classroom participation and as a tool to measure class comprehension and connection to the material. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C1.5, C2.3).

Use the group discussions to assess student knowledge and understanding of their overall reproductive health and how the choices and actions they take now can help prevent unplanned pregnancy. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C2.2, C2.3).

Observe student participation in class discussions and activities to assess decision-making and communication skills (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C3.4).

Review the “Identify the STI” activity to determine overall student learning and critical thinking in regards to STI identification, treatment and prevention. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C2.3).

Review exit passes to assess student learning of actions they can take to prevent pregnancy. Exit passes will also help identify any areas that need further clarification. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C2.3).

Review student profile in myblueprint.ca to ensure students have added a reproductive health goal to their plan. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C2.3).

Additional quizzes and assessments for students: <http://teenhealthsource.com/quiz/>.

Resources for Teacher

- Ophea – Approaches to Teaching Healthy Living: A Guide for Secondary Educators. www.teachingtools.ophea.net/supplements/hpe-secondary
- [Teaching Sexual Health Education](http://www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf): A Primer for New Teachers, A Refresher for Experienced Teachers www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf
- Hastings Prince Edward Public Health www.hpepublichealth.ca/professionals/educators?quicktabs-quicktabs_educators=2#quicktabs-quicktabs_educators=11
- Sex and U www.sexandu.ca/

Resources for Student

- Sex and U www.sexandu.ca/
- The Red Card www.qhc.on.ca/red-cards-p1824.php
- Hastings Prince Edward Public Health www.hpepublichealth.ca
- Kids Health www.kidshealth.org/en/teens/sexual-health

References

Ophea (2016). The HIV/AIDS Online School Support Kit. Retrieved from: www.teachingtools.ophea.net/supplements/hivaids-online-school-support-kit

Toronto Public Health (May 2010). High School Sexual Health Education: Health and Physical Education.

Teaching Sexual Health Education: A Primer for New Teachers, a Refresher for Experienced Teachers. Retrieved from: www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf

The Society of Obstetricians and Gynaecologists of Canada (2016). Choosing a contraception that's right for u.

The Society of Obstetricians and Gynaecologists of Canada (2016). Understanding Sexually Transmitted Infections.

Appendix L - Sexual Health Statistics – Did you know?

The only 100% effective way to not get pregnant or get your partner pregnant and avoid an STI is to not have sex. (My Life, My Plan. Best Start. 2014).

Eight in 10 young women and 6 in 10 young men say they wish they had waited until they were older to have sex. (My Life, My Plan. Best Start. 2014).

In 2014, there were 1513 live births in Hastings and Prince Edward counties. Of these births 44% (n=653) were to first time mothers. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Six percent of births in Hastings and Prince Edward counties are among mothers 20 and younger, higher than the Ontario provincial average of 2.3%. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Almost half (50%) of all pregnancies are unplanned. An unplanned pregnancy is a pregnancy that is unintended and can happen even when birth control is being used. If you plan a pregnancy, you have time to make sure you are healthy and prepared before it happens. (My Reproductive Life Plan. Best Start. 2016).

In 2015, Hastings Prince Edward Public Health sexual health clinics saw over 4500 client visits. (Hastings Prince Edward Public Health 2015 Annual Report).

Chlamydia is the most common STI and the greatest number of infections found in people 15-24 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

In 2014, there were 354 cases of chlamydia, and 26 cases of gonorrhea in Hastings and Prince Edward counties (for all ages, both sexes). (Data retrieved from Public Health Ontario Snapshots www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Reportable-Burdensome-Infectious-Disease-Incidence.aspx).

Rates of chlamydia and gonorrhea in Hastings and Prince Edward counties are rising. The number of chlamydia infections rose to 391 in 2015 and gonorrhea infections rose to 51 in 2015 (Hastings Prince Edward Public Health Communicable Disease Fast Facts. January 2016).

Gonorrhea is the second most common STI and most common among individuals 15-29 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

Appendix M - Take A Stance - No, Low- or High-risk

Sexting

Unprotected (no condom) vaginal and/or anal intercourse

Kissing

Unprotected (no condom) oral sex

Dry sex (rubbing, clothes on)

Self-pleasuring/masturbation

Abstinence

Skin-to-skin touching in genital area

Massage

Protected (with condom) vaginal and/or anal intercourse

(See next page for signs).

No-risk

Low-risk

High-risk

Appendix N - Identify the STI – Case Studies – Student version

Case 1

Laura and Shane have dated throughout high school. They love and care for each other very much. So far in their relationship they have only kissed each other and fondled under each other's clothes. They decide they want to take their relationship to the next level and feel they have waited long enough. They decide to have intercourse one night and use a condom for protection. They have sex throughout the next few months and use protection. One night in the heat of the moment they realize they are out of condoms. Shane says not to worry he will pull-out before he ejaculates. A couple months later Laura realizes she can't remember the last time she had her period.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 2

Greg and his partner have been together for two years. They decide to take a break and see other people, but after several weeks, they realize they would like to be exclusive again. After being together again for two weeks, Greg notices small blisters (red bumps) on his as well as his partner's penis. They sort of seem like insect bites, and they tingle a little. Both begin to show flu-like symptoms – high temperature and swollen glands.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 3

Catherine and Mark have been together for just over a year. Their relationship has been a little strained lately. Mark has been acting strange, not answering his phone when she calls and then later making excuses and saying he was busy or out with friends. Catherine wonders if Mark may have cheated on her. Still, she loves Mark, and when he comes over to her apartment, he acts really sweet, and they end up having intercourse. A week later, Catherine starts feeling intense itchiness in her groin, especially around her vulva and in her pubic hair. It seems to get worse at night.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 4

Angela is 18 and has been seeing Michelle for a few weeks now. After going out each weekend night, they fool around, mostly making out, as well as touching over and under clothes. One night, after watching a movie together, they undress each other and rub their vulvas together as they make out. Angela feels strongly about waiting to do anything else, and considers this behaviour to be low-risk. A week later, Angela starts feeling itchy down there and experiences pain while she urinates. She also notices her vaginal discharge is different, kind of a yellow-white colour.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 5

Jenny is out with her friends at a party and has a few drinks, followed by several shots. On the way to the bathroom she falls down in the hallway and a friendly guy helps her up. She gives him a kiss on the mouth and thanks him for helping her up. He whispers in her ear, telling her she's hot and asks if she wants to come home with him. Jenny nods. What happens next she barely remembers, but she knows she leaves the party without telling her friends and goes back to his house. She wakes up in the morning with a very sore vagina. Jenny is worried about STIs because she doesn't know if they used protection, so she goes to the clinic the next day for testing. At the clinic Jenny gets an exam and cell samples are taken. She gets the morning after pill. While Jenny's results are "clear" she is warned that she may have an infection that could show up later. Five months later Jenny is showering and washing herself and discovers a cluster of cauliflower-like bumps around her vaginal opening. She has no other symptoms.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 6

Alex isn't seeing anyone right now but has been hooking up with a few people over the last few months. Whenever he hooks up with a girl, he always makes sure she's on the pill or patch, and if she isn't he uses a condom. Alex feels normal and hasn't had any symptoms of an STI.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Appendix O - Identify the STI – Case Studies – Teacher version

Have students divide up into 5 or 6 groups. Provide each group with a case study. Have each group read through the assigned case study and answer the following questions.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 1

Laura and Shane have dated throughout high school. They love and care for each other very much. So far in their relationship they have only kissed each other and fondled under each other's clothes. They decide they want to take their relationship to the next level and feel they have waited long enough. They decide to have intercourse one night and use a condom for protection. They have sex throughout the next few months and use protection. One night in the heat of the moment they realize they are out of condoms. Shane says not to worry he will pull-out before he ejaculates. A couple months later Laura realizes she can't remember the last time she had her period.

1. STI – No STI – Pregnancy – missed period
2. Test – Pregnancy test
3. Treatment – Options – have baby and keep/adoption or have an abortion
4. Prevention – Using a condom for each time they had sexual intercourse, being on birth control
5. Support/Help – Sexual health clinic/doctor/parents
6. Additional concerns

Case 2

Greg and his partner have been together for two years. They decide to take a break and see other people, but after several weeks, they realize they would like to be exclusive again. After being together again for two weeks, Greg notices small blisters (red bumps) on his as well as his partner's penis. They sort of seem like insect bites, and they tingle a little. Both begin to show flu-like symptoms – high temperature and swollen glands.

1. STI – Genital Herpes – small red bumps on penis that tingle – flu-like symptoms (high temperature and swollen glands)
2. Test – swab from sores and/or blood test
3. Treatment – antiviral medication – suppressive therapy for frequent outbreaks
4. Prevention – avoiding sexual contact during an outbreak, condoms have limited effectiveness at preventing infection as they do not cover entire genital area
5. Support/Help – sexual health clinic/doctor/counselling for relationship (chronic condition)
6. Additional concerns – partners during their break period should also be tested

Case 3

Catherine and Mark have been together for just over a year. Their relationship has been a little strained lately. Mark has been acting strange, not answering his phone when she calls and then later making excuses and saying he was busy or out with friends. Catherine wonders if Mark may have cheated on her. Still, she loves Mark, and when he comes over to her apartment, he acts really sweet, and they end up having intercourse. A week later, Catherine starts feeling intense itchiness in her groin, especially around her vulva and in her public hair. It seems to get worse at night.

1. STI – Pubic Lice – itchiness in the groin area, especially around vulva and pubic hair, worse at night
2. Test – examination of skin and hair
3. Treatment – affected area washed and a lice-killing cream, lotion or shampoo used. Medication for itchiness.
4. Prevention
5. Support/Help – sexual health clinic/doctor

6. Additional concerns – all sexual partners in last month should be treated. Clothes, bedding and towels washed. Catherine should be concerned about Mark’s behaviour (cheating).

Case 4

Angela is 18 and has been seeing Michelle for a few weeks now. After going out each weekend night, they fool around, mostly making out, as well as touching over and under clothes. One night, after watching a movie together, they undress each other and rub their vulvas together as they make out. Angela feels strongly about waiting to do anything else, and considers this behaviour to be low-risk. A week later, Angela starts feeling itchy down there and experiences pain while she urinates. She also notices her vaginal discharge is different, kind of a yellow-white colour.

1. STI – Gonorrhoea – itchy groin area, pain during urination, yellow-green vaginal discharge
2. Test – swab from infected area or urine sample
3. Treatment – antibiotics, follow-up at 6 months and test of cure (sometimes resistant to treatment). Should also be treated for Chlamydia
4. Prevention – protection during risky behaviours – STI testing before each new partner
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – sexual partners require testing and treatment (partners in the 60 days prior to diagnosis, “contact tracing”), abstinence from unprotected sexual intercourse until treatment is complete, partner may be asymptomatic, often associated with other undetected or untreated infections, increased risk of contracting and transmitting HIV

Case 5

Jenny is out with her friends at a party and has a few drinks, followed by several shots. On the way to the bathroom she falls down in the hallway and a friendly guy helps her up. She gives him a kiss on the mouth and thanks him for helping her up. He whispers in her ear, telling her she’s hot and asks if she wants to come home with him. Jenny nods. What happens next she barely remembers, but she knows she leaves the party without telling her friends and goes back to his house. She wakes up in the morning with a very sore vagina. She goes to the pharmacy to get the morning after pill. Jenny is worried about STIs because she doesn’t know if they used protection, so she goes to the clinic the next week for testing. At the clinic Jenny gets an exam and cell samples are taken. While Jenny results are “clear” she is warned that she may have an infection that could show up later. Five months later Jenny is showering and washing herself and discovers a cluster of cauliflower-like bumps around her vaginal opening. She has no other symptoms.

1. STI – HPV – cluster of cauliflower-like bumps
2. Test – physical exam for visible warts

3. Treatment – no cure – warts can be treated
4. Prevention – barrier methods (condoms) – HPV vaccine to protect against certain types of HPV
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – concerns about consent and possible sexual assault, concern about Jenny’s alcohol use and decision-making skills, consider birth control, partner should be tested as well

**If a person agrees to sex or sexual activity, but becomes unconscious or intoxicated by alcohol or drugs – the earlier consent does not count as a yes later. Sexual activity must stop – and your priority should now be keeping your partner safe. If any type of sexual activity, including touching, kissing, fondling, oral sex, or intercourse, is forced on a person without their consent, it becomes a form of sexual assault and is considered a crime. (see page 57 Consent).

Case 6

Alex isn’t seeing anyone right now but has been hooking up with a few people over the last few months. Whenever he hooks up with a girl, he always makes sure she’s on the pill or patch, and if she isn’t he uses a condom. Alex feels normal and hasn’t had any symptoms of an STI.

1. STI – Chlamydia – no symptoms
2. Test – urine sample for men
3. Treatment – antibiotics (single dose or over course of one week) and follow-up, abstinence from unprotected sexual intercourse until treatment is completed re-tested at 6 months
4. Prevention – condoms, STI testing before each new partner
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – partners require testing and treatment (partners in the 60 days prior to diagnosis, “contact tracing”), often associated with other undetected or untreated infections, increased risk of contracting and transmitting HIV