

Introduction

About the Curriculum

Curriculum Objectives

Get Real is a middle school curriculum designed to delay sex and to increase correct and consistent use of protection methods when a person becomes sexually active. *Get Real* views sexuality in the context of relationships and focuses on social and emotional skills as a key component of making responsible and healthy decisions.

As a result of participating in the *Get Real* program, students will be able to:

- Connect self-awareness, self-management, social awareness, and relationship skills to responsible decision making.
- Name reasons abstinence is the healthiest choice for youth their age.
- Describe consequences of sexual activity and ways to reduce the risk of negative consequences.
- Apply a decision-making model to real-life situations.
- Demonstrate assertive communication and refusal skills for delaying sexual intercourse and avoiding unprotected sexual activity.
- Increase their opportunities for conversations with their parents and other caring adults about personal, family and community beliefs about sexual health.

Premises on Sexual Health

Get Real consists of 27 sequential lessons taught across the middle school years—9 lessons each in Grades 6, 7 and 8. The following four premises are built into the curriculum:

- Sexual health is an integral part of health education.
- Parents and other caring adults are students' primary sexuality educators.
- Relationship skills are a key element of a comprehensive sexuality education curriculum.
- While abstinence from sex is the healthiest choice for avoiding sexually transmitted infections and unintended pregnancy, adolescents require a comprehensive understanding of sexual health, sexuality and protection methods, which they will need when they become sexually active.

When addressing abstinence with teens, educators must recognize that there is a range of ways in which people might define this term, from no sexual contact at all, to abstaining only from sexual intercourse. *Get Real* adopts the definition from the Sexuality Information and Education Council of the United States (SIECUS), which defines abstinence as voluntarily choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or sexually transmitted infections (STIs), including HIV.

Parent Involvement and Family Activities

The *Get Real* program recognizes parents as the primary sexuality educators of their children. Parents, guardians, grandparents and other caring adults in students' lives impart family and community values, attitudes and beliefs, and *Get Real* values their important role. For brevity, these roles are referred to in the curriculum by the phrase "parents and other caring adults." *Get Real* encourages students to talk with a parent or other caring adult about the material covered in class, and every lesson includes take-home Family Activities that encourage dialogue between students and their parents and other caring adults.

Parents are supported through:

- Informational letters that explain what's being covered in class and the corresponding Family Activity
- Strategies and tips for talking with their children about topics covered in class
- Additional education resources

Schools implementing *Get Real* are encouraged to host parent orientations to give an overview of the curriculum and to answer any questions parents may have. The Family Activities should be a focus of the meetings, as these will allow parents to explore their own values about sex and sexuality, learn developmentally appropriate information and develop the skills to communicate with their children about sexuality. Teachers are given thorough support for organizing parent orientations during the *Get Real* teacher training.

Social and Emotional Learning

Get Real is framed with the concept of social and emotional learning, or SEL. The program uses SEL because all consensual sexual activity takes place in the context of relationships. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL):

SEL is a process for helping children and even adults develop the fundamental skills for life effectiveness. SEL teaches the skills we all need to handle ourselves, our relationships, and our work effectively and ethically. These skills include recognizing and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically.¹

Get Real incorporates the five SEL skills of self-awareness, self-management, social awareness, relationship skills and responsible decision making as key elements in learning how to negotiate relationships. If young people can negotiate relationships, they can better negotiate sexual relationships. These skills are integrated into the content of the lessons through activities and process questions. Teachers are trained in the SEL framework during *Get Real* teacher training.

¹ See www.casel.org/basics/definition.php.

Preparation

Teacher Preparation

Teaching a comprehensive sexuality education program can be challenging, humorous and extremely rewarding. Skilled facilitation is vital for the successful implementation of *Get Real*. It's recommended that *Get Real* be taught by middle school teachers who have a high level of comfort in discussing sexuality with students. *Get Real* teachers are required to attend the *Get Real* curriculum training offered by Planned Parenthood League of Massachusetts or a certified *Get Real* replication partner.

Laws and Policies

It's essential that schools implementing *Get Real* adhere to all state and local laws and policies regarding informed parental consent, opt-out procedures, classroom discussions of parents' beliefs about sex, and mandated reporting.

Support from District and School Administration

Get Real should be implemented with full support from the school and district administrations. To optimize buy-in for this curriculum, follow standard procedures for curriculum implementation in the school district and ensure that the school administration is aware of the curriculum and its content.

Supporting and Preparing Parents

Parents and other caring adults play a critical role in how young people learn about their sexual health. The *Get Real* curriculum is best implemented with the support of parents at the school. It's recommended that teachers hold a parent orientation before the curriculum is delivered in the classroom. The objectives of this meeting should be to familiarize parents with the curriculum, allow them to ask questions, explain the Family Activities, and engage and support parents in their role as the primary sexuality educators of their children.

Confidentiality

Students can expect confidentiality from a teacher only if the teacher has no concerns about student safety. It's a legal requirement for teachers to report suspected abuse and neglect on behalf of certain vulnerable groups, including young people under age 18. It's important for teachers to know and understand school policies and state requirements for mandated reporting before beginning to teach *Get Real*. State policies on mandated reporting can be found at: www.childwelfare.gov/systemwide/laws_policies/state/

How To Use This Curriculum

Teacher Training and Support

The *Get Real* program trains teachers to implement the curriculum, ensuring that they develop the necessary knowledge and skills to become competent and comfortable teaching comprehensive sexuality education to middle school students. Teachers who complete the training are eligible for continuing education credits.

The Teacher's Guide for each grade was created to provide teachers with additional facts to know, ways to address potential challenges, strategies for engaging students and useful resources. Ongoing support through an online community, updated materials and additional resources will also be available.

Implementation Guidelines

Get Real is designed to be implemented with 9 sequential classes per year for 3 years while students are in the sixth, seventh and eighth grades, and the lessons are designed to be age appropriate for these particular grades. While schools should use their judgment and discretion about what will serve their students best, altering the lesson sequence, changing the lessons, or omitting lessons or activities may affect the behavior-change outcomes around which the curriculum is designed.

Each *Get Real* lesson is designed to be taught in 45 minutes. If classes are generally taught during longer blocks, the lessons can be expanded through prolonged discussion or review of anonymous questions. However, it will be difficult to implement the classes in less than 45 minutes each without substantial changes to the lessons. If necessary, two lessons may be taught in a 90-minute block.

In order to best facilitate group work and discussion, the optimal class size for teaching *Get Real* is 18–25 students.

Family Activity Implementation

In order to establish parents as the primary sexuality educators of their children, it's important to send home the Family Activities to be completed with the corresponding lessons. Methods of delivery for Family Activities can vary depending on the systems in place at each school. Examples of delivery methods include home mailings at the start of the school year, sending Family Activities home with students each week, posting them on a school website, or emailing them directly to parents.

It's important to acknowledge that it may be uncomfortable for students and parents to talk about sex and sexuality. Teachers can model how to approach a parent or other caring adult about completing the Family Activities, and it may be helpful to remind students that their parents have been informed about the activities. Students will identify caring adults in their lives in the first lesson of Grade 6. These may include mentors, other family members, religious leaders, coaches and teachers. Students who are concerned about asking a parent to participate may be able to complete the Family Activities with an alternate caring adult.

Parents should be encouraged to participate in the *Get Real* Family Activities at the parent orientation sessions, and they can be reminded of the importance of these activities through any outgoing mailings, emails or newsletters from the school. The Parent Letters that accompany each Family Activity explain the topic of the lesson, provide more information and offer tips on how to talk to their children about the topic. Note that some states may have laws regarding classroom discussions of parents' beliefs about sex. Teachers should research these and adapt how the Family Activities are processed in order to be in compliance with state laws.

Although implementation of the Family Activities is essential and completion is to be expected, it should not be a required component of the class or student grades. Due to the sensitive nature of the material, students should not be penalized for noncompletion of Family Activities. Teachers can encourage participation by offering incentives to the class that turns in the most homework. If the *Get Real* class meets only once a week, a Family Activity box or folder placed in the classroom can help keep students from losing or forgetting the assignments.

Setting and Resources Required

Get Real lessons should be taught in a classroom setting with a dry-erase board or blackboard and room to post student work. All other materials required are listed on the first page of each lesson.

Classroom Materials

An optional Activity Kit accompanies the *Get Real* curriculum. The kit includes scenario cards, wall signs and posters. These materials are not required to teach the curriculum, but can assist in faster and easier preparation and presentation of the lessons.

Role-plays

Role-plays allow cognitive and behavioral rehearsal and help develop communication skills. Using role-plays in *Get Real* enables students to practice communicating in sensitive situations, such as standing up to peer pressure or decision making about sexual behaviors. Some middle school students will not identify with the characters in role-play scenarios that deal with sexual activity. To reduce discomfort with these scenarios, teachers can tell students that the characters are older teens or young adults who need advice in order to make decisions. While keeping the goal of the role-plays intact, teachers can feel free to change details such as names or locations to make the scenarios more appealing and culturally relevant to the students. Changing names is also important to avoid embarrassing a student who may have the same name as a character in a scenario.

In order for the role-plays to improve self-efficacy of refusal skills, students must demonstrate their responses. Simply observing a role-play is not enough to change self-efficacy. Having students practice with a partner is a good way to ensure that everyone has a chance to demonstrate the skills being covered in the lesson. Some students are excited to participate in role-plays, while others are not. It's important that students who don't feel comfortable performing in front of the class have the option to practice with a partner, even

if they do not act it out for the class. Students can also be given the option to create a role-play script and then act as director of the scene for their classmates to act out.

Creating a comfortable space is necessary to engage students in role-plays. Depending on the students' developmental and social needs, teachers can modify the role-play situations or the way in which the role-plays are rehearsed in class. One option is to develop realistic assertive responses for the scenarios before class, and then model these responses before students begin the role-play activity, or use them to prompt students who draw a blank during the role-play practice.

Modeling a role-play first in front of the class helps give students a clearer sense of what to do. However, teachers must avoid putting themselves in a compromising situation in acting out a scenario with a student. Avoid modeling scenarios that feature dating relationships or threatening behaviors, or model these scenarios only with an adult classroom aide rather than a student volunteer. Coach students to act out assertive responses to pressure or problem behaviors, not the problem behavior itself.

It's essential to allow students time to process the role-plays and think about what components they could apply in real life. Whenever students are practicing role-plays, the teacher should circulate through the classroom to help process the situations with pairs or small groups and to keep students on task. It is good classroom management to establish the teacher as the master director of the role-plays who can freeze the action at any time and change out student actors when needed. The Assessment section below offers a simple tool for assessing student performance during role-plays.

Assessment

It's important to be able to gauge student learning throughout *Get Real*. There are a number of different formal and informal assessments built in to the curriculum.

- **Process questions** are included after many activities. These are intended to extend learning and assess student understanding through discussion. If students have difficulty answering the process questions, it may indicate that they do not fully comprehend the material. It's important that students not only recall facts and figures, but be able to apply the information and skills they are learning to their own lives. Process questions offer a chance to extend the information learned in class to broader scenarios or discussions.
- **Class participation** is another tool that can be used to assess student comprehension. However, keep in mind that many students may feel shy or reluctant to participate in a sexuality education class. Consider participation beyond speaking up in front of the whole class. Students may also be assessed on their participation in small-group or partner activities, or in written work. Participation assessment should also reward students who stay on task without distraction.
- **Student handouts** throughout the lessons offer a way to evaluate student work and assess their learning and application of knowledge and skills. These handouts, as well as the family activities for each lesson, are found in the Student Workbook.
- **Final assessments** can be used to assess overall learning in *Get Real*. Suggestions for final creative project options and a test question bank are provided at each grade level.

- **Role-plays** allow for cognitive and behavioral rehearsal of communication and refusal skills during difficult situations. The following simple checklist may be used to assess student performance in role-plays. Teachers are encouraged to share these criteria with students so they understand how they will be evaluated in the performance of the various role-plays.

Skill	3 = Demonstrates Excellence	2 = Shows Good Work at Times	1 = Needs Improvement
Stays focused and on task while practicing role-plays with partner			
Creates responses that are plausible and constructive			
Applies knowledge from the lesson			
Shows efficacy in assertive communication and refusal techniques			

Logic Model

Get Real is based on a behavior/determinant/intervention (BDI) logic model. The health goal of the curriculum is to promote positive sexual health behaviors and beliefs among students who have participated in the *Get Real* middle school comprehensive sexuality education curriculum, resulting in a delay of sexual initiation, a reduction of unintended pregnancies, and higher use of protection methods.

The behaviors targeted are as follows:

- Delay initiation of sex.
- Increase correct and consistent use of condoms and/or other protection methods.

Each behavior has corresponding determinants (risk and protective factors that affect the behavior). Lessons in *Get Real* are mapped to these determinants, which are listed on the first page of each lesson.

It should be noted that if lessons are altered or activities are omitted, some lessons may no longer address a particular determinant, which may alter the intended behavior-change outcomes.

Get Real: Comprehensive Sex Education That Works Logic Model Snapshot

Get Real/ Intervention Lessons Designed to Change Risk & Protective Factors	Risk & Protective Factors (Determinants) Affecting Sexual Behaviors Addressed in Get Real	Behaviors Directly Affecting Get Real's Health Goal	Get Real's Health Goal
<p>Grade 6 Lessons</p> <p>6.1: Creating the Classroom Climate Activities 6.1-1 – 6.1-5</p> <p>6.2: Communication and Refusal Skills Activities 6.2-1 – 6.2-5</p> <p>6.3: Relationships and Boundaries Activities 6.3-1 – 6.3-8</p> <p>6.4: Male Anatomy and Reproduction Activities 6.4-1 – 6.4-5</p> <p>6.5: Female Anatomy and Reproduction Activities 6.5-1 – 6.5-6</p> <p>6.6: Puberty Activities 6.6-1 – 6.6-4</p> <p>6.7: Abstinence Activities 6.7-1 – 6.7-4</p> <p>6.8: Decision Making and Values Activities 6.8-1 – 6.8-6</p> <p>6.9: Grade 6 Conclusion and Review Activities 6.9-1 – 6.9-7</p> <p>Grade 7 Lessons</p> <p>7.1: Creating the Classroom Climate Activities 7.1-1 – 7.1-6</p> <p>7.2: Media Literacy and Sexuality Activities 7.2-1 – 7.2-4</p> <p>7.3: Sexual Identity Activities 7.3-1 – 7.3-5</p> <p>7.4: Creating a Safe School Environment Activities 7.4-1 – 7.4-6</p> <p>7.5: Deciding About Sexual Behavior Activities 7.5-1 – 7.5-5</p> <p>7.6: Defining and Maintaining Abstinence Activities 7.6-1 – 7.6-6</p> <p>7.7: Introduction to Sexually Transmitted Infections Activities 7.7-1 – 7.7-6</p> <p>7.8: Introduction to Protection Methods Activities 7.8-1 – 7.8-4</p> <p>7.9: Grade 7 Conclusion and Review Activities 7.9-1 – 7.9-5</p> <p>Grade 8 Lessons</p> <p>8.1: Creating the Classroom Climate Activities 8.1-1 – 8.1-5</p> <p>8.2: Healthy and Unhealthy Relationships Activities 8.2-1 – 8.2-5</p> <p>8.3: Addressing Obstacles to Abstinence Activities 8.3-1 – 8.3-5</p> <p>8.4: Comprehensive Protection Methods Activities 8.4-1 – 8.4-7</p> <p>8.5: STI/HIV Transmission Activities 8.5-1 – 8.5-5</p> <p>8.6: Living with HIV Activities 8.6-1 – 8.6-5</p> <p>8.7: Refusal Skills Activities 8.7-1 – 8.7-4</p> <p>8.8: Goals and Decision Making Activities 8.8-1 – 8.8-4</p> <p>8.9: Get Real Capstone Project Activities 8.9-1 – 8.9-4</p>	<p>↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p>KNOWLEDGE of:</p> <ul style="list-style-type: none"> • Increase awareness of delaying sex as the healthiest choice • Increase knowledge of how pregnancy happens • Increase knowledge of how STIs are transmitted • Increase knowledge of how drugs and alcohol can affect decision making around sexual behavior • Increase awareness of consequences when condoms and/or other protection methods are not used • Increase knowledge of correct and consistent use of condoms and other protection methods • Increase knowledge of resources for community or reproductive health information and services <p>PERCEPTION OF RISK of:</p> <ul style="list-style-type: none"> • Increase perceived risk in having an older partner • Increase perceived risk of STIs <p>VALUES AND ATTITUDES towards:</p> <ul style="list-style-type: none"> • Increase positive attitudes toward condoms and/or other protection methods • Address values around abstinence and sex • Address attitudes about abstinence and sex <p>PERCEPTION OF PEER NORMS about:</p> <ul style="list-style-type: none"> • Address perceptions of peer norms regarding sexual behavior <p>SKILLS to:</p> <ul style="list-style-type: none"> • Increase self-efficacy of SEL skills to delay and /or refuse sex • Promote SEL skills to increase use of condoms and/or other protection methods • Increase self-efficacy to demand the use of condoms and/or other protection methods <p>PARENT-CHILD COMMUNICATION about:</p> <ul style="list-style-type: none"> • Increase communication with parents and other caring adults <p>INTENTIONS to:</p> <ul style="list-style-type: none"> • Address future goal setting 	<p>↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p>Delay initiation of sex Increase correct and consistent use of condoms and/or other methods of protection</p>	<p>Reduce incidence of unintended pregnancy</p>

Development of *Get Real* and Research Results

An Evidence-Based Program

In February 2015, *Get Real* was added to the U.S. Department of Health and Human Services (HHS) list of evidence-based programs. Inclusion on this list requires meeting stringent criteria for effectiveness.

Piloting and Formative Evaluation

Get Real was piloted in five Massachusetts schools over a 3-year period. During pilot testing, the curriculum was taught by trained Planned Parenthood educators. Experiences and observations gathered while teaching the curriculum contributed greatly to curriculum revisions. The final year of pilot testing culminated in a formative evaluation conducted by Wellesley Centers for Women (WCW), a scholarly research institution affiliated with Wellesley College. The formative evaluation, carried out with 500 sixth, seventh, and eighth graders, showed promising results, even though the students had only been exposed to 1 year of the 3-year curriculum.

The formative evaluation's results included the following findings:

- Students' belief in their ability to talk about abstinence increased after exposure to *Get Real* lessons. This finding suggests that the abstinence focus of the curriculum was effectively transmitted to the students.
- After exposure to *Get Real*, students who believed they could talk to a dating partner about abstinence were less likely to report having had sex, suggesting that increased trust in one's ability to talk about abstinence is associated with not being sexually active.
- Students who believed their peers had not had sex were less likely to have had sex themselves. Conversely, students who believed their peers were sexually active were more likely to report being sexually active. Both of these trends suggest that perceived peer norms about sex have an important role in adolescents' own sexual activity.
- Students identified their parents and teachers as the most important and most trusted sources of information on sex before they took the *Get Real* class. After exposure to *Get Real*, teachers' and parents' importance as sources of information increased significantly. None of the other sources of information, such as peers, the Internet, video games, or even books, were rated as highly as these two sources before or after exposure to *Get Real*.

Impact Evaluation Design

In 2008, Wellesley Centers for Women began the process of conducting a longitudinal impact evaluation to study the effectiveness of *Get Real*. This evaluation was a scientifically rigorous study featuring 24 middle schools in the greater Boston area. Half of the schools were randomly assigned to have *Get Real* taught by a trained educator to a cohort of students for 3 years, and half continued with their usual sex education programs. A total of 2,453 students participated in the evaluation. Of the participating schools, 22 were located in an urban area, 13 were traditional public schools, 9 were public charter schools, and 2 were private middle schools. The sample was 52% female and 48% male, and 33% were of

Hispanic or Latino ethnicity. With respect to race, 53% were Black/ African American, 28% White, 6% Asian/ Pacific Islander, 2% Native American and 11% biracial/ multiracial.

During the evaluation, students completed surveys that measured knowledge, attitudes, and sexual behavior. Surveys were given at the beginning of sixth grade before beginning the program, and follow-up surveys were conducted in seventh, eighth and ninth grades. Researchers also conducted focus groups with students, and interviewed parents about parent-child communication relating to relationships and sexuality.

Impact Evaluation Results

The ultimate aim of the evaluation was to establish whether *Get Real* had any impact on students' first vaginal sex. The sixth–eighth grade analyses showed that there was a significant difference between students attending the treatment schools compared to those in the comparison schools, with students in treatment schools reporting lower levels of sexual activity. The research findings show that *Get Real* works to delay sex among students who received the program, empowers parents to help their children delay sex, reinforces family communication and improves communication skills for healthy relationships.

In terms of delaying sex:

- There was a significant effect for both boys and girls, with 16% fewer boys and 15% fewer girls who received *Get Real* having had sex by the end of 8th grade compared to boys and girls who had sex education “as usual” in comparison schools.
- For boys, family involvement showed an additional effect, with boys who completed Family Activities in sixth grade being less likely to report having had sex in eighth grade than boys who did not complete these activities.

In addition to delaying sex, the research study found that *Get Real* also:

- Reinforced family communication through family activities and empowered parents to help their children delay sex.
- Improved communication skills for healthy relationships. Both boys and girls who received *Get Real* identified that they were more prepared to assert themselves and communicate in a relationship, including saying ‘no’ to sex.

Schools that can implement the program as intended are likely to reap significant benefits from exposing their students to a relationship-skills-based comprehensive sexuality education program with a Family Activities component.

Related Publications

Charmaraman, L., & McKamey, C. (2011). Urban early adolescent narratives on sexuality: Accidental and intentional influences of family, peers, and the media. *Sexuality Research and Social Policy*, 8(4), 253-266.

Erkut, S., Grossman, J. M., Frye, A. A., Ceder, I., Charmaraman, L., & Tracy, A. J. (2013). Can sex education delay early sexual debut? *Journal of Early Adolescence*, 33, 479-494.

Grossman, J. G., Frye, A., Charmaraman, L., & Erkut, S. (2013). Family homework and school-based sex education: Delaying early adolescents' sexual behavior. *Journal of School Health*, 83(11), 810-817.

Grossman, J. M., Tracy, A. J., Charmaraman, L., Ceder, I., & Erkut, S. (2014). Protective effects of middle school comprehensive sex education with family involvement. *Journal of School Health*, 84(11), 739-747.